



**HOUSEHOLD QUESTIONNAIRE**

Now we would like some information about the people who usually live in your household or who are staying with you now.

NO.	USUAL RESIDENTS AND VISITORS  Please give me the names of the persons who usually live in your household or are staying with you now, starting with the head of the household.	RELATIONSHIP 1 Head 2 Spouse 3 Son/daughter 4 Brother/sister 5 Grandchild 6 Parent 7 Other relative 8 Unrelated 9 Don't know	RESIDENCE		SEX		AGE	FOSTERING		ELIGIBILITY
			Does (NAME) usually live here? (4)	Did (NAME) sleep here last night? (5)	M	F	How old is he/she? (7)	ONLY FOR CHILDREN UNDER 15 YEARS OLD:  Do either of his/her natural parents usually live in this household? (8)	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (Slept here last night; female 15-49 years old) (9)	
(1)	(2)	(3)	YES NO	YES NO	M F	IN YEARS	YES NO			
01	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	01		
02	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	02		
03	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	03		
04	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	04		
05	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	05		
06	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	06		
07	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	07		
08	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	08		
09	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	09		
10	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	10		
11	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	11		
12	_____	<input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	12		

TICK HERE IF CONTINUATION SHEET USED

TOTAL NUMBER OF ELIGIBLE WOMEN

Just to make sure that I have a complete listing:

- 1) Are there any other persons such as small children or infants that we have not listed? YES  ENTER EACH IN TABLE NO
- 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES  ENTER EACH IN TABLE NO
- 3) Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES  ENTER EACH IN TABLE NO

