

SURVEY OF HOUSEHOLD EXPENDITURE AND SMALL-SCALE ECONOMIC ACTIVITIES  
1990/91 (PILOT)

HESSEA-2:Household Composition Form

Interviewer's Name .....

Dwelling Location .....

<p align="center">1</p> <p>FORM <span style="border: 1px solid black; padding: 0 5px;">2</span></p> <p align="center">2      4</p> <p>ST <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span></p> <p align="center">5      6      7</p> <p>EA <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span></p> <p align="center">8      9      10</p> <p>DWG <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span></p>	<p align="center">11</p> <p>HLD(if multi) <span style="border: 1px solid black; padding: 0 5px;"> </span></p> <p align="center">12 13</p> <p>ID-CHECK <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span></p> <p align="center">14</p> <p>STATUS <span style="border: 1px solid black; padding: 0 5px;">1</span></p>	<p>DATE</p> <p>Day      Month      Year</p> <p align="center">15 16      17 18      19 20</p> <p><span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span></p> <p>No. of      Last person</p> <p>Diaries      No.</p> <p align="center">21 22      23 24</p> <p><span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span></p>
---	--	--

Cont  
Shee

☐

NAME	SPENDER	Person Number	Age	Sex 1 or 2	Educ. level
01		25 26	27 28	29	30
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02		31 32	33 34	35	36
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03		37 38	39 40	41	42
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04		43 44	45 46	47	48
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05		49 50	51 52	53	54
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06		55 56	57 58	59	60
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07		61 62	63 64	65	66
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08		67 68	69 70	71	72
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09		73 74	75 76	77	78
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10		79 80	81 82	83	84
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11		85 86	87 88	89	90
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12		91 92	93 94	95	96
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>