

A

Use No. 2 pencil only. Completely fill in the boxes and shade the ovals. Erase cleanly any changes. Make no stray marks on the form.

CODER	NAME													DATE				



HOUSEHOLD QUESTIONNAIRE (One for each household)

INTERVIEWER SAY:

I am a Census Interviewer assigned to this area and I would like to get some information about this household and its members. Here is my ID card. First please give me the names of the persons who live and share at least one meal daily with your household including persons who were present on census night but are no longer here.

LISTING OF HOUSEHOLD MEMBERS		R/V
01	<div>SURNAMEFIRST NAME</div>	<div></div>
02	<div>SURNAMEFIRST NAME</div>	<div></div>
03	<div>SURNAMEFIRST NAME</div>	<div></div>
04	<div>SURNAMEFIRST NAME</div>	<div></div>
05	<div>SURNAMEFIRST NAME</div>	<div></div>
06	<div>SURNAMEFIRST NAME</div>	<div></div>
07	<div>SURNAMEFIRST NAME</div>	<div></div>
08	<div>SURNAMEFIRST NAME</div>	<div></div>
09	<div>SURNAMEFIRST NAME</div>	<div></div>
10	<div>SURNAMEFIRST NAME</div>	<div></div>
11	<div>SURNAMEFIRST NAME</div>	<div></div>
12	<div>SURNAMEFIRST NAME</div>	<div></div>
13	<div>SURNAMEFIRST NAME</div>	<div></div>
14	<div>SURNAMEFIRST NAME</div>	<div></div>

Number of Persons in Household

Total

Male

Female

RECORD OF VISITS												
INTERVIEW CALLS	DATE			TIME STARTED			TIME ENDED			DURATION	* RESULTS	
1												
2												
3												
4												

* RESULT CODES:

1 = Completed

2 = Partially completed

3 = Dwelling vacant

4 = Address not a dwelling

5 = Address not found or non-existent

6 = No suitable respondent at home

7 = Refused

8 = Other (specify):



H1.1 Does this household own, rent, or lease this dwelling?

- 1 ☐ Owned
2 ☐ Squatted
3 ☐ Rented - private
4 ☐ Rented - govt.
5 ☐ Leased
6 ☐ Rent free
7 ☐ Don't know / not stated
8 ☐ Other (specify) _____

(Skip to H1.3)

H1.2 Under what type of arrangement is the land occupied?
Is it freehold, leased, or some other type of occupancy?

- 1 ☐ Owned/Freehold
2 ☐ Leased-hold
3 ☐ Rented
4 ☐ Permission to work land
5 ☐ Sharecropping
6 ☐ Squatted
7 ☐ Don't know / not stated
8 ☐ Other (specify) _____

H1.3 What type of dwelling does this household occupy?

- 1 ☐ Undivided private house
2 ☐ Part of private house
3 ☐ Flat / apartment / condominium
4 ☐ Townhouse
5 ☐ Double house / duplex
6 ☐ Combined business & dwelling
7 ☐ Barracks
8 ☐ Other (specify) _____

H1.4 Which year was this dwelling built?

- 1 ☐ Before 1970
2 ☐ 1970 - 1979
3 ☐ 1980 - 1989
4 ☐ 1990 - 1995
5 ☐ 1996 - 1997
6 ☐ 1998
7 ☐ 1999
8 ☐ 2000
9 ☐ 2001 or later
10 ☐ Don't know / not stated

H1.5 What is the main construction material of the outer walls?

- 1 ☐ Wood
2 ☐ Concrete
3 ☐ Wood & concrete
4 ☐ Stone
5 ☐ Adobe
6 ☐ Makeshift
7 ☐ Clay brick
8 ☐ Other (specify) _____

H1.6 What is the main material used for roofing?

- 1 ☐ Sheet metal (zinc, aluminum, galvanize)
2 ☐ Shingle (asphalt)
3 ☐ Shingle (wood)
4 ☐ Shingle (other)
5 ☐ Tile
6 ☐ Concrete
7 ☐ Thatched/troolie palm
8 ☐ Makeshift
9 ☐ Other (specify) _____

H1.7 What is the main source of water supply for members of this household?

- 1 ☐ Private, piped into dwelling
2 ☐ Private catchments/rain water
3 ☐ Private, piped into yard
4 ☐ Public, piped into dwelling
5 ☐ Public, piped into yard
6 ☐ Public standpipe or hand pump
7 ☐ Public well
8 ☐ River/stream/creek/pond/spring
9 ☐ Other (specify) _____

H1.8 What is the main source of drinking water for members of this household?

- 1 ☐ Piped into dwelling
2 ☐ Piped into yard or plot
3 ☐ Public standpipe
4 ☐ Tube-well/Borehole with pump
5 ☐ Protected dug well
6 ☐ Protected Spring
7 ☐ Bottled water
8 ☐ Rain water collection
9 ☐ Unprotected dug well
10 ☐ Unprotected spring
11 ☐ Pond/river/stream
12 ☐ Vendor/Private Supplier
13 ☐ Other (specify) _____

H1.9 What type of toilet facility does this household have?

- 1 ☐ W.C linked to sewer
2 ☐ W.C cesspit or septic tank
3 ☐ Pit - Latrine
4 ☐ Other (specify) _____
5 ☐ None (skip to H1.11)

H1.10 Is this toilet facility shared with persons who are not members of this household?

- 1 ☐ Yes
2 ☐ No

H1.11 What type of lighting does this household use most?

- 1 ☐ Gas
2 ☐ Kerosene
3 ☐ Electricity
4 ☐ Generator/inverter
5 ☐ Other (specify) _____

H1.12 What type of fuel does this household use most for cooking?

- 1 ☐ Coal
2 ☐ Wood
3 ☐ Gas
4 ☐ Kerosene
5 ☐ Electricity
6 ☐ Other (specify) _____

H1.13 Is your kitchen indoors or outdoors?

- 1 ☐ Indoors
2 ☐ Outdoors
3 ☐ No kitchen (skip to H1.15)

H1.14 Is your kitchen shared with persons who are not members of this household?

- 1 ☐ Yes
2 ☐ No

H1.15 How many rooms does your household occupy? - Do not count bathrooms, porches, and kitchen.

No. of Rooms

H1.16 How many bedrooms are there in this dwelling unit?
Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters. Count all bedrooms including spares not occupied.

No. of Bedrooms

H1.17 Does this household have any of the following items in working condition?

	Yes	No	Don't know
1 Radio / stereo...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Television set...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 VCR / DVD...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Personal computer...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Internet connection...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Private vehicle...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Refrigerator / freezer...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Washing machine...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Gas stove...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Microwave...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Telephone (land)...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Cellular telephone...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Water pump...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Electrical generator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H1.18 What is your main method of garbage disposal?

- 1 ☐ Dumping on land
2 ☐ Compost
3 ☐ Burning
4 ☐ Dumping river / sea / pond
5 ☐ Burying
6 ☐ Garbage collection service
7 ☐ Other (specify) _____

H2.1 Has anybody from this household gone abroad to live permanently in the past 5 years, i.e. between 1997 and present?

1 ☐ Yes

2 ☐ No (SKIP TO SECT P1)

H2.2 How many persons?

Total

Males

Females

Person Number	H2.3 What is (...) sex?	H2.4 What was (...) age at time of departure? If emigrant was less than 15 years at time of departure skip to H2.6	H2.5 What was (...) occupation at time of departure? Please specify in details	H2.6 What was the highest level of education reached by (...) at time of departure? 1 - None/Nursery/Kindergarten 2 - Primary 3 - Secondary 4 - Post secondary 5 - University/Tertiary 6 - Other (specify below) 7 - Not stated/Don't know	H2.7 Which country did (...) migrate to? N.B Write country on line.	H2.8 In which year did (...) migrate?
1	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	<input type="text"/> For official use only	<input type="text"/>	<input type="text"/> For official use only	<input type="text"/> <input type="radio"/> Don't Know / not stated
2	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	<input type="text"/> For official use only	<input type="text"/>	<input type="text"/> For official use only	<input type="text"/> <input type="radio"/> Don't Know / not stated
3	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	<input type="text"/> For official use only	<input type="text"/>	<input type="text"/> For official use only	<input type="text"/> <input type="radio"/> Don't Know / not stated
4	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	<input type="text"/> For official use only	<input type="text"/>	<input type="text"/> For official use only	<input type="text"/> <input type="radio"/> Don't Know / not stated
5	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	<input type="text"/> For official use only	<input type="text"/>	<input type="text"/> For official use only	<input type="text"/> <input type="radio"/> Don't Know / not stated
6	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	<input type="text"/> For official use only	<input type="text"/>	<input type="text"/> For official use only	<input type="text"/> <input type="radio"/> Don't Know / not stated