

BOTSWANA FAMILY HEALTH SURVEY 2007							
P Serial No.	ALL PERSONS				ALL PERSONS		
	NAME	RESIDENCE		RELATIONSHIP TO HEAD	SEX	AGE	PLACE OF BIRTH
	<p>Please give me names of <b>all persons who slept with</b> this household last night. Make sure to include :</p> <ol style="list-style-type: none"> <li>Persons who were away last night on duty, prayer meetings, wake keeping, etc</li> <li>Babies, newly born, elderly, visitors and persons with disability who slept with this household</li> </ol> <p><b>Please</b> also give names of all persons who did not sleep here last night but usually live with this household and <b>no other household</b></p> <p>Make sure to include:</p> <ol style="list-style-type: none"> <li>Usual members hospitalised, in prisons, in boarding schools, hotels and outside the country.</li> <li>Babies, newly- born, and persons with disabilities.</li> </ol> <p>(START WITH THE HEAD OF HOUSEHOLD)</p>	<p>Does ..... usually live here?</p> <ol style="list-style-type: none"> <li>Yes - present</li> <li>Yes - absent</li> <li>Visitor</li> </ol>	<p>Did..... Spend the last night here?</p> <ol style="list-style-type: none"> <li>Yes Usual member</li> <li>Yes Visitor</li> <li>No</li> </ol>	<p>What is.....'s relationship to the head of the house-hold?</p> <ol style="list-style-type: none"> <li>00 Head</li> <li>01 Spouse/Partner</li> <li>02 Son/Daughter</li> <li>03 Child In-law</li> <li>04 Step child/ Foster/adopted</li> <li>05 Grandchild</li> <li>06 Parent</li> <li>07 Parent In-law</li> <li>08 Grand Parent</li> <li>09 Brother/Sister</li> <li>10 Nephew/Niece</li> <li>11 Uncle/Aunt</li> <li>12 Other relative</li> <li>13 Not related</li> </ol>	<p>Is..... male or female?</p> <ol style="list-style-type: none"> <li>1 Male</li> <li>2 Female</li> </ol>	<p>How old is.....in completed years?</p> <p>(Age as at last birthday. If under 1 enter 00 and if 98 or above enter 98)</p>	<p>Where was ..... born? (USUAL PLACE OF RESIDENCE OF MOTHER BEFORE DELIVERY)</p> <p>(STATE DISTRICT VILLAGE AND LOCALITY IF BORN IN BOTSWANA) Otherwise state Country</p> <p>(IF AGE IS 1 YEAR AND OVER GO TO P10)</p>
P01	P02	P03	P04	P05	P06	P07	P08
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P BOTSWANA FAMILY HEALTH SURVEY 2007						
Serial No.	CHILDREN <1 PLACE OF DELIVERY	ALL PERSONS CITIZENSHIP	ALL PERSONS BELOW 18 YEARS			
			MOTHER		FATHER	
	Where was .... delivered  (STATE DISTRICT VILLAGE AND LOCALITY) IF BORN IN BOTSWANA) Otherwise state country	What is the country of .....s citizenship?  001 Botswana 002 Angola 003 Lesotho 004 Madagascar 005 Malawi 006 Mozambique 007 Namibia 008 South Africa 009 Swaziland 010 Zambia 011 Zimbabwe 012Tanzania 013 DRC 014 Mauritius 015 Seychelles Other - see list  (IF AGE IS 18 AND OVER GO TO P15)	Is ....s biological mother alive?  1. Yes 2. No  (GO TO P13)  3. Don't know (GO TO P13)	Does ....s biological mother usually live in this household?  1. Yes 2. No  (GO TO P13)  3 Don't Know (IF NO GO TOP15)	Is ....s biological father alive?  1. Yes 2. No  (GO TO P15)  3 Don't Know (IF NO GO TOP15)	Does ....s biological father usually live in this household?  1. Yes 2. No  (GO TO P15)  3 Don't Know (IF NO GO TOP15)
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P		BOTSWANA FAMILY HEALTH SURVEY 2007				
Serial No.		Serial No.	ALL PERSONS 2 YEARS AND OVER			PERSONS AGED 5-35
			LANGUAGE	EDUCATION (FORMAL OR NON FORMAL)	YEARS	
			What language does.... Speak most often at home?  01 Katanga 02 Shekgalagari 03 Herero 04 Sebirwa 05 Mbukushu 06 Sesarwa 07 Shona 08 Ndebele 09 Setswapong 10 Afrikaans 11 Subiya 12 Shiyeyi 13 Setswana 14 English 15 Sign language Other (Specify)	Has ....ever attended School ?  1. Attending  2. Left  3. Never Attended <b>(GO TO P19)</b>	What is the highest level that .... has completed?  Pre-school 00 01 02 03 09  30 Non standard curriculum  Non Formal 60 61 62 63 <b>64 65 69</b> Primary 10 11 12 13 14 15 16 17 19  Secondary 21 22 23 24 25 26 29  <b>(IF AGE IS 36 &amp; OVER GO TO P19)</b>  <b>(IF P16 IS 1 OR 3 GO TO P19)</b>	When did .....last attend school ?  <b>(State the year)</b>
<b>P01</b>		<b>P01</b>	<b>P15</b>	<b>P16</b>	<b>P17</b>	<b>P18</b>
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P	BOTSWANA FAMILY HEALTH SURVEY 2007			
Serial No.				PERSONS AGED
	ALL PERSONS 12 YEARS AND OVER			12-35 YEARS
	TRAINING			
	<p>Has ....ever had training of any type for at least 3 months?</p> <p>1. Still training</p> <p>2. Yes Completed</p> <p>3. Yes left not Completed training?</p> <p>4. No Training</p> <p><b>(IF NO TRAINING GO TO P22)</b></p>	<p>Highest level obtained / to be obtained?</p> <p>31 Apprent. Certificate</p> <p>32 Brigades Certificate</p> <p>33 Vocational Certificate</p> <p>34 Educ.College Certificate</p> <p>35 University Certificate</p> <p>36 Other Certificate</p> <p>41 Vocational Diploma</p> <p>42 Educ. College Diploma</p> <p>43 University Diploma</p> <p>44 IHS Diploma</p> <p>45 Other Diploma</p> <p>51 University Degree</p> <p>52 Post graduate</p> <p>53 Other Degree</p>	<p>What is/was .....s subject of training?</p> <p><b>(If AGE IS 36 &amp;OVER GO TO P22)</b></p> <p><b>(If P19 IS 1 GO TO P22)</b></p>	<p>When did ..... Last attend training</p> <p><b>(State the year)</b></p>
<b>P01</b>	<b>P19</b>	<b>P20</b>	<b>P20a</b>	<b>P21</b>
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P		BOTSWANA FAMILY HEALTH SURVEY 2007				
Serial No.		Serial No.	ALL PERSONS AGED 12 YEARS & OVER			
			RELIGION	MARITAL STATUS	ECONOMIC ACTIVITY	
			What is...s main religion?	What is .... 's current marital status?	What has .... been doing mainly in the past 12 Months	Did... do any type of work for pay, profit or home use for at least 1 hour in the past 7 days?
			1 Christianity 2 Islam 3 Bahai 4 Hinduism 5 Badimo 6 No Religion Other (Specify)	1 Never Married 2 Married 3 Living Together 4 Separated 5 Divorced 6 Widowed	<b>Seasonal work</b> 01 Paid 02 Unpaid  <b>Non seasonal work</b> 03 Paid 04 unpaid  <b>Other</b> 05 Job Seeker 06 Home maker 07 Student 08 Retired 09 Sick Other (specify)	1 Yes (GO TO P27)  2 No [If no, has ... worked at lands/cattle Post?]  <b>(IF YES, ENTER 1 &amp; GO TO P27)</b>
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P	BOTSWANA FAMILY HEALTH SURVEY 2007			
Serial No.	ALL PERSONS AGED 12 YEARS AND OVER			
	ECONOMIC ACTIVITY		OCCUPATION	INDUSTRY
	<p>Since ... was not working, what did he/she do?</p> <p>1 Actively seeking work  2 Home maker  3 Student  4 Retired  5 Sick  Other (specify)</p> <p><b>[IF FEMALE GO TO P30, IF MALE GO TO P38]</b></p>	<p>What was...working as during the past 7 days?</p> <p>01 Employee paid in cash  02 Employee- paid in kind only  03 Self-employed (no employee)  04 Self-employed (with employees)  05 Unpaid family helper IN business  06 Working at own lands/cattleposts</p>	<p>What type of work did .... do in the past 7 days?</p> <p><b>(PROBE AS NECESSARY, USE TWO OR MORE WORDS TO DESCRIBE OCCUPATION)</b></p>	<p>What was the main product /service or activity of .... place of work?</p> <p><b>(PROBE AS NECESSARY, USE TWO OR MORE WORDS TO DESCRIBE INDUSTRY)</b></p> <p><b>(GO TO P38 FOR MALE)</b></p>
<b>P01</b>	<b>P26</b>	<b>P27</b>	<b>P28</b>	<b>P29</b>
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P		BOTSWANA FAMILY HEALTH SURVEY 2007										
Serial No.		Serial No.	FEMALES AGED 12 YEARS AND OVER									
			FERTILITY AND CHILD SURVIVALS - FEMALES									
			Has..... ever given birth to a live child?	How many children have been born alive by.....? (including those who have died)	How many of these children are living with mother?	How many of these children are living elsewhere ?	How many of the children have died?					
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P01		P01	P30	P31	P32	P33	P34					
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BOTSWANA FAMILY HEALTH SURVEY 2007								
Serial No.	LAST LIVE BIRTH			ALL PERSONS				
				DISABILITY				
	When did ... last give birth to a live child?	Was the last birth a boy or a girl?  1. Male 2. Female	Is the child still alive?  1. Yes 2. No	Does any one listed under column 2 have one of the following disabilities?  11 Defect of seeing in 1 eye 12 Defect of seeing in 2 eyes 13 Blindness in 1 eye 14 Blindness in 2 eyes 21 Defect of hearing in 1 ear 22 Defect of hearing in 2 ears 23 Deafness in 1 ear 24 Deafness in 2 ears 31 Defect of speech 32 Inability to speak 41 Inability to use 1 leg 42 Inability to use 2 legs 51 Inability to use 1 arm 52 Inability to use 2 arms 61 Mental retardation 71 Epilepsy 72 No disability				
	MONTH   YEAR							
P01	P35	P36	P37	P38				
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P		BOTSWANA FAMILY HEALTH SURVEY 2007							
Serial No.		Serial No.	ALL PERSONS				ELIGIBILITY		
			HEALTH STATUS	HEALTH STATUS			Females 12-49	Children <5	Males 12-49
			Does any one listed under column 2 ever been diagnosed with one of the following diseases  01 High BP 02 Low BP 03 Diabetes 04 Cancer 05 Cardio-Vascular disease 06 Respiratory disease 07 Osteoporosis 08 Dental disease 09 None Other:..... (Specify)	Measure weight and record in kilograms (kg)	Measure height and record in centimeters(cm)		Circle line number of females eligible for individual interview. Female who spent last night here and are 12 to 49 yrs old	For each child age < 5 Who is the mother or primary caretaker of this child	Circle line number of males eligible for individual interview. Male who spent last night here and are 12 to 49 years old
								<i>Record line no. of this mother/ caretaker</i>	
<b>P01</b>		<b>P01</b>	<b>P39</b>	<b>P40</b>	<b>P41</b>		<b>E1</b>	<b>E2</b>	<b>E3</b>
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