









1 Accommodation		2 Main Source of Light	3 Kitchen	4 Main Cooking Fuel	5 Bath Room	6 Toilet Facility			7 Main Source of Drinking Water	8 Number of rooms
a) On what basis do you occupy this dwelling? 1 - Owner Occupied (Skip to 2) 2 - Rent 3 - Not Owner, but Rent Free	b) If you rent it or it is rent-free, who owns the accommodation? 1 - Private (Individual) 2 - Public Ownership 3 - Other Private (Institution)	1 - Electricity (NAWEC) 2 - Electricity (Generator) 3 - Kerosene Lamp with Lamp Shade 4 - Other Kerosene Lamp 5 - Candle 6 - Solar 7 - Firewood	Where do you generally cook? 1 - Separate Room (in the House or Compound) for Exclusive Use of Household 2 - Separate Room (in the House or Compound) for Use of other Households also 3 - Open Space (in the Compound) 4 - Don't cook (Skip to 5)	1 - Firewood 2 - Kerosene 3 - Briquette 4 - Charcoal 5 - Gas 6 - Electricity 7 - Solar 8 - Saw dust	Where do you usually have your bath? 1 - Separate Room (in the House or Compound) for Exclusive Use of Household 2 - Separate Room (in the House or Compound) for Use of Other Households also 3 - Enclosure without roof (in the Compound) 4 - River/Sea	a) Is there a Toilet In this House or Compound? 1 - Yes 2 - No (Skip to 6c)	b) If Yes, does your Household use this Toilet? 1 - Yes (Household only) 2 - Yes (with other Households) 3 - No	c) What Type of Toilet does your Household use? 1 - W.C.(Flush) 2 - Private Pan 3 - Public Latrine 4 - Private Pit 5 - Public Pit 6 - Ventilated Improved Pit (V.I.P.) 7 - Bush / Open Space	1 - Stand Pipe or Running Water in Household or Compound 2 - Public Stand Pipe 3 - Well in Compound 4 - Well with Pump (Public) 5 - Well without Pump (Public) 6 - Stream or River 7 - Other, Specify:	Indicate the number of rooms occupied by the household (excluding kitchen, bathroom, toilet and stores)

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FORM A HOUSEHOLD QUESTIONNAIRE- PART 4: DEATHS IN HOUSEHOLD IN THE LAST 12 MONTHS  
(To be answered by head of household or any responsible member of household)

Deaths in the Household in the Last 12 Months				
(1) Name of the Deceased	(2) Sex	(3) Refer to Col 4 Rel. Inside Page	(4) Age at Death	
	1: Male 2: Female			

Note :- Has a continuation sheet been used? Yes - 1 No - 2  
This Set is  of







