Lao Reproductive Health Survey 2005

Household questionnaire

Identification

Province | District | Village | EA | Household No.

Name of household head

Interview Visit

First time	Day	Month	Results code
Second time	Day	Month	Results code
Final time	Day	Month	Results code

Total number of visits ☐ 1. One ☐ 2. Two ☐ 3. Three

Result code

1. Completed
2. No body was at home
3. Postponed
4. Refused
5. Partially completed
6. Vacant/ derelict dwelling
7. Other

Total

Total number of people in the household

Total number of eligible women

Total number of eligible men

Interviewer's name

Supervisor's name

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List of Usual Member

Line No.	1. Name and surname	2. Relationship with head of household 1. Head of household; 2. Spouse; 3. Son/daughter; 4. Parent; 5. Relative; 6. Other not relative	3. Did he/ she sleep here last night? 1. Yes 2. No	4. Sex 1. Male 2. Female	5. Age (Completed age)	6. What is your marital status ? (last relation/marriage) 1. Never married 2. Married 3. Divorced 4. Widowed
01		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1. Yes ☐ 2. No	☐ 1 ☐ 2		☐ 1 ☐ 2 ☐ 3 ☐ 4
02		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1. Yes ☐ 2. No	☐ 1 ☐ 2		☐ 1 ☐ 2 ☐ 3 ☐ 4
03		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1. Yes ☐ 2. No	☐ 1 ☐ 2		☐ 1 ☐ 2 ☐ 3 ☐ 4
04		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1. Yes ☐ 2. No	☐ 1 ☐ 2		☐ 1 ☐ 2 ☐ 3 ☐ 4
05		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1. Yes ☐ 2. No	☐ 1 ☐ 2		☐ 1 ☐ 2 ☐ 3 ☐ 4
06		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1. Yes ☐ 2. No	☐ 1 ☐ 2		☐ 1 ☐ 2 ☐ 3 ☐ 4
07		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1. Yes ☐ 2. No	☐ 1 ☐ 2		☐ 1 ☐ 2 ☐ 3 ☐ 4
08		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1. Yes ☐ 2. No	☐ 1 ☐ 2		☐ 1 ☐ 2 ☐ 3 ☐ 4
09		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1. Yes ☐ 2. No	☐ 1 ☐ 2		☐ 1 ☐ 2 ☐ 3 ☐ 4
10		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1. Yes ☐ 2. No	☐ 1 ☐ 2		☐ 1 ☐ 2 ☐ 3 ☐ 4
11		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1. Yes ☐ 2. No	☐ 1 ☐ 2		☐ 1 ☐ 2 ☐ 3 ☐ 4
12		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1. Yes ☐ 2. No	☐ 1 ☐ 2		☐ 1 ☐ 2 ☐ 3 ☐ 4
13		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1. Yes ☐ 2. No	☐ 1 ☐ 2		☐ 1 ☐ 2 ☐ 3 ☐ 4
14		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1. Yes ☐ 2. No	☐ 1 ☐ 2		☐ 1 ☐ 2 ☐ 3 ☐ 4
15		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 1. Yes ☐ 2. No	☐ 1 ☐ 2		☐ 1 ☐ 2 ☐ 3 ☐ 4

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Living in the Household

7. What is his/her ethnic? (See ethnic code in enumerator manual)	8. Has he/she ever been to school? (For person age >5 years old) 1. Yes 2. No, go to Q12	9. What is the highest level of education he/she completed? (see the coding in the manual)	10. What is the highest level vocational education he/she completed? (see the coding in the manual)	11. What has been his/her main activity during the last 12 months? (see the coding in the manual)	12. Eligible person (Age 15-49 for women and age 15-59 for men)
	☐ 1. Yes ☐ 2. No				01 ☐
	☐ 1. Yes ☐ 2. No				02 ☐
	☐ 1. Yes ☐ 2. No				03 ☐
	☐ 1. Yes ☐ 2. No				04 ☐
	☐ 1. Yes ☐ 2. No				05 ☐
	☐ 1. Yes ☐ 2. No				06 ☐
	☐ 1. Yes ☐ 2. No				07 ☐
	☐ 1. Yes ☐ 2. No				08 ☐
	☐ 1. Yes ☐ 2. No				09 ☐
	☐ 1. Yes ☐ 2. No				10 ☐
	☐ 1. Yes ☐ 2. No				11 ☐
	☐ 1. Yes ☐ 2. No				12 ☐
	☐ 1. Yes ☐ 2. No				13 ☐
	☐ 1. Yes ☐ 2. No				14 ☐
	☐ 1. Yes ☐ 2. No				15 ☐

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	Household Characteristics
Housing construction materials	**13. Roof** ☐ 1.Tile ☐ 2.Zinc ☐ 3.Wood ☐ 4.Bamboo ☐ 5.Grass ☐ 6.Other **14. Wall** ☐ 1.Cement ☐ 2.Wood ☐ 3.Bamboo ☐ 4.Other **15. Floor** ☐ 1.Tile ☐ 2.Cement ☐ 3.Wood ☐ 4.Bamboo ☐ 5.Other
16. Do you have electricity ? If so, What is the source?	☐ 1.Own meter ☐ 2.Shared with other HH ☐ 3.Generator ☐ 4. Other ☐ 5. No electricity
17. What is the source of energy you use for cooking?	☐ 1.Electricity ☐ 2.Fuel ☐ 3.Wood ☐ 4.Dust ☐ 5.Coal ☐ 6.Charcoal ☐ 7.Gas ☐ 8.Other
18. What type of toilet is used in your household?	☐ 1.Modern toilet ☐ 2.Normal toilet ☐ 3.Other ☐ 4.No toilet
19. What is your main source of drinking water?	☐ 1.Mineral/pipe water ☐ 2.Well with cover ☐ 3.Rain ☐ 4.Bore ☐ 5.Well without cover ☐ 6.River/stream/dam ☐ 7.Other
20.How long does it take to travel to your district hospital?	☐☐ Hour ☐ 97 Don't know
21. How do you get to your hospital?	☐ 1.Car ☐ 2.Walk ☐ 3.Motobike ☐ 4.Other
22. Which of the following do you have in your household? ***(Multiple answers)***	☐ 1.Radio ☐ 2.TV ☐ 3.Newspaper ☐ 4None

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Fertility

23. Have there been any births in your household in the last 12 months?

No. of children born:

☐ 1. Male

☐ 2. Female

☐ 3. None

Total Mortality

24. Has anyone died in your household in the last 12 months?

No. of person (s) died:

☐ 1. Male

☐ 2. Female

☐ 3. None

25. State name, sex and age of person (s) who died in your household during the last 12 months.

	Name	*Sex*	*Age*
1.		☐ 1. Male ☐ 2. Female	
2.		☐ 1. Male ☐ 2. Female	
3.		☐ 1. Male ☐ 2. Female	
4.		☐ 1. Male ☐ 2. Female	
5.		☐ 1. Male ☐ 2. Female	

Maternal Mortality

26. In your household, have any women aged 15-49 died while pregnant, while giving birth or within 42 days of giving birth in the last 12 months?

No. of death (s) occured during this premisisses

☐ Persons

☐ None

Of wich:

☐ 1. No. of death during pregnancy

☐ 2. No. of death during giving birth

☐ 3. No. of death after giving birth within 42 days

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Province	District	Village	EA	Household No.	Person ID

Total number of questionnaires used

1. Number of male questionnaires
2. Number of female questionnaires
3. Total (Not including the HH's questionaires)