B — Part II - Individual Particulars (For all members)

Line Number	NAME	RELATIONSHIP TO HH HEAD	SEX	AGE	MARITAL STATUS	PARENTS' LIVING STATUS	
	Write the name of the household members in the following order: - Head - Spouse of the head - Unmarried sons/daughters, ordered by age from oldest to youngest - Married sons/daughters with their spouses and children - Parents - Brothers/sisters with their spouses and children, if any - Other relatives with their spouses and children, if any - Non-relative - Servants (Remember to include new-born babies) If Population in institution, list name of members of the institution starting with the manager, if he/she is a member of the institution.	What is _____'s relationship to the head of the household? Enter code in the box 01 - Head 02 - Spouse 03 - Son 04 - Daughter 05 - Stepson/Adopted son 06 - Stepdaughter/Adopted daughter 07 - Son-in-law 08 - Daughter-in-law 09 - Grandchild 10 - Father 11 - Mother 12 - Brother 13 - Sister 14 - Uncle 15 - Aunt 16 – Nephew/Niece 17 - Other relative 18 - Non-relative 19 - Servant If Population in institution, write '97' in the boxes	Is _____ a male or a female? Enter code in the box 1 - Male 2 - Female	What is _____'s age as of last birthday? Record age in completed years Enter "00" for children below one year of age Enter "97" for ages 97 years or more	Is _____ never married, married, widowed, divorced, or separated? Enter code in the box 1 - Never married, not engaged 2 - Never married, engaged 3 - Currently married 4 - Widowed 5 - Divorced 6 - Separated	Is ___'s natural mother alive? Enter code in the box 1 - Yes 2 - No 3 - Don't know	Is ___'s natural father alive? Enter code in the box 1 - Yes 2 - No 3 - Don't know
0	1	2	3	4	5	6	7
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							

Are there more than 10 members in this household/Institution?
1- Yes
2- No
[ ] If YES, please use another Booklet

Total Persons [ ]
Total Males (1s) [ ]
Total Females (2s) [ ]

REMARKS

I — Deaths in the Household

Deaths during the past 2 years (24 months)

Were there any death(s) among the members of this household during the past 2 years (24 months)?

If Yes, enter "1" in the box and collect the information below.
If No, enter "2" in the box and cross out the columns below.

I.1 [ ]

Line Number	Name	Was _____ a male or female?	What was _____ ' s age at the time of death? **Write the age in completed years**	Which month and year did_____ die?	IF female (Col 42=2) and age (Col 43) is 10 to 49 years old What was her marital status before she died?	IF Col 45 = 3, 4, 5, or 6 Did _____ die during pregnancy, giving birth, or within 6 weeks of delivery?
	Write name of the deceased	Enter code in the box 1 - Male 2 - Female	Write the age in completed years Write "00" if less than one year old Write "97" for ages 97 years or more	Write the month and year.	Enter code in the box 1 - Never married, not engaged 2 – Never married, engaged 3 - Married 4 - Widowed 5 - Divorced 6 - Separated	Enter code in the box 1 - During pregnancy 2 - Giving birth 3 - Within six weeks of delivery 4 - No, did not die during pregnancy, giving birth or within six weeks of delivery 5 - Do not know
0	41	42	43	44	45	46
1				Month / Year		
2				Month / Year		
3				Month / Year		
4				Month / Year		
5				Month / Year		
6				Month / Year		
7				Month / Year		
8				Month / Year		
9				Month / Year		
0				Month / Year		

Are there more than 10 deaths in this household/Institution during the past 2 years?
1- Yes
2- No
[ ] If YES, please use another Booklet

J — Part III - Characteristics of Dwelling Units and Household Facilities (DO NOT FILL IF INSTITUTION)

1. What is the use of the housing unit?

1 - Residence
2 - Residence-cum-other use

Example of Residence-Cum-other use
- Residence with Carpentry
- Residence with Car workshop
- Residence with dressmaking
- Residence with bakery

2. What is the type of the housing unit?

1 - Conventional
2 - Semi-permanent Housing Unit
3 - Mobile Housing Unit
4 - Informal Housing Unit

3. What is the main material of the dwelling floor?

11- Earth / Sand
12- Dung
21- Wood planks
22- Palm / Bamboo
31- Parquet or polished wood
32- Ceramic tiles
33- Cement
96- Others, Specify ___

4. What is the floor covering?

1 - Vinyl
2 - Carpet
3 - Namad/Gleem
4 - Moket
5 - No floor covering
9- Others, Specify ___

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

12 - Cane / Palm / Trunks
13 - Dirt
21 – Bamboo/wood with mud
22 - Stone with mud
23 - Uncovered adobe
24 - Plywood
25 - Cardboard
26 - Reused wood
31 - Cement
32 - Stone with lime / cement
33 - Bricks
34 - Cement blocks
35 - Covered adobe
36 - Wood planks / shingles
96- Others, Specify ___

6. What is the main material of the roof?

12 - Thatch / Palm leaf
13 - Sod
21 - Rustic mat
22 - Palm / Bamboo
23 - Wood planks
24 - Cardboard
31 - Metal
32 - Wood
33 - Calamine / Cement fibre
34 - Ceramic tiles
35 - Cement
36 - Roofing shingle
96- Others, Specify ___

---

7. How many rooms are there in the dwelling units?

(Except kitchen, toilet and store)

8. How many rooms are at the disposal of the household?

9. How many rooms in this household are used for sleeping?

10. What is the main source of energy for cooking?

01 - Electricity
02 - Liquefied Petroleum Gas (LPG)
03 - Natural gas
04 - Biogas
05 - Kerosene
06 - Coal / Lignite
07 - Charcoal
08 - Wood
09 - Straw / Shrubs / Grass
10 - Animal dung
11 - Agricultural crop residue
96 - Others, Specify ___
95 – Household not cooking

11. What is the main source of energy for lighting?

1 - Kerosene lamp
2 - Gas lamp
3 - Electricity from Generator, Gridline or Hydropower
4 - Candle
5 - Electricity from Solar power
6 - Others, Specify ___
7 - No light

12. What is the main source energy for heating?

01 - Electricity
02 - Gas
03 - Kerosene
04 - Gas
05 - Wood
06 - Coal
07 - Charcoal
08 - Animal dung/bushes
96 - Others, Specify ___
95 - No heating

---

13. What is the main source of drinking water?

Piped water
11 - Piped into dwelling
12 - Piped into compound, yard or plot
13 - Piped to neighbour
14 - Public tap / standpipe

Dug well
31 - Protected well
32 - Unprotected well

Water from spring
41 - Protected spring
42 - Unprotected spring

51 - Rainwater collection
61 - Tanker-truck
71 - Cart with small tank / drum
81 - Surface water (river, stream, dam, lake, pond, canal, irrigation channel)
91 - Bottled water
96 - Others, Specify ___

14. What is the main source of water used by your household for cooking, washing, or other household purposes?

Piped water
11 - Piped into dwelling
12 - Piped into compound, yard or plot
13 - Piped to neighbour
14 - Public tap / standpipe
21 - Tube Well, Borehole

Dug well
31 - Protected well
32 - Unprotected well

Water from spring
41 - Protected spring
42 - Unprotected spring

51 - Rainwater collection
61 - Tanker-truck
71 - Cart with small tank / drum
81 - Surface water (river, stream, dam, lake, pond, canal, irrigation channel)
96 - Others, Specify ___

15. What kind of toilet facility does this household use?

If "flush" or "pour flush", probe:
WHERE DOES IT FLUSH TO?
If necessary, ask permission to observe the facility.

Flush / Pour flush
11 - Flush to piped sewer system
12 - Flush to septic tank
13 - Flush to pit (latrine)
14 - Flush to somewhere else/ unknown place/Not sure/DK where

Pit latrine
21 - Ventilated Improved Pit latrine
22 - Pit latrine with slab
23 - Pit latrine without slab / Open pit

31 - Composting toilet
41 - Bucket
51 - Hanging toilet, Hanging latrine
61 - Elevated toilet
96 - Others, Specify ___
95 - No facility, Bush, Field

16. Does your household have/own:

1 - Yes
2 - No

[A] Electricity?...
[B] A Radio?...
[C] A Television ?...
[D] A Non-Mobile Telephone?...
[E] A Refrigerator?...
[F] A Washing Machine?...
[G] An Internet?...
[H] Watch?...
[I] A Mobile Telephone?...
[J] A Computer?...
[K] A Bicycle?...
[L] A Motorcycle/Scooter?...
[M] An Animal-Drawn Cart?...
[N] A Car or Truck? .....
[O] A Generator?...
[P] A Boat with a Motor?...

---

17. Does any member of this household own any land that can be used for agriculture?

1 - Yes
2 - No

If NO, PROCEED to Q.19

18. How many "gerib" of agricultural land do members of this household own?

Write the size of the land owned in "GERIB"
If less than 1"GERIB", record "000".
If unknown, record "998".

19. Does this household own any livestock, herds, other farm animals, or poultry?

1 - Yes
2 - No

If NO, PROCEED to Q.21

20. How many of the following animals does this household have: *(write 97 if 97 or more)*

[A] Cattle/Milk Cows/ Bulls?...
[B] Horses, Donkeys, or Mules?...
[C] Goats?...
[D] Sheep?...
[E] Chickens?...
[F] Ducks/turkeys?...

21. What is the mode of tenure of the house?

1 - Owned
2 - Rented
3 - Pledged (gera-wee)
4 - Free lodging
5 - Others, Specify ___

SDES (Form No. 4)- For Sample Households

Confidential

According to Articles 18 and 22 of Statistics Law, data collected in the survey is confidential and any person (s) violating this shall be subjected to justice investigation and punishment"

ISLAMIC REPUBLIC OF AFGHANISTAN
CENTRAL STATISTICS ORGANIZATION
SOCIO-DEMOGRAPHIC & ECONOMIC SURVEY

Booklet [ ] of [ ] Booklets

Questionnaire Serial No. [ ]

A — Part I - Identification Particulars

Province Name _____ Code [ ]
District Name _____ Code [ ]
City Name _____ Code [ ]
Nahia Number [ ]

Village Name _____ Code [ ]
Controller Area Code [ ]
Enumeration Area Code [ ] -
Gate No. [ ] -
Building No. [ ] -

Salaam, I am _____, the Enumerator assigned to collect information on Socio-Demographic and Economic data from the residents in this area (show your ID card). I am from the Central Statistics Organization and we are currently conducting the Socio-Demographic and Economic Survey in your area. Your cooperation is very important in order to generate accurate and reliable data that will serve as inputs for planning, monitoring and evaluation of programs and projects intended to improve your lives.

Rest assure that the information you will provide is strictly confidential and no reference is made to any individual. I would like therefore to ask for your cooperation in this undertaking by providing accurate information about your household. I will be asking for your signature or thumb impression at the end of the interview to signify that the information you have provided are correct.

1. Type of Population:

1 - Population in household
2 - Population in institution

2. If Population in household (Code 1 in Q1)

Type of household:
1 - Settled Households
2 - Nomad Households
3 - Household as IDP
4 - Refugees
5 - Homeless Households

Dwelling Unit [ ] -
Household No. [ ]

Proceed to Part - II

3. If Population in Institution (Code 2 in Q1)

Institutional No. [ ] -

Type of Institution:
1 - Hotels, lodging houses, dormitories, & others
2 - Hospitals and clinics
3 - Welfare institutions (orphanages, safe houses)
4 - Corrective and penal institutions
5 - Madrasah
6 - Logging, mining, and construction / public work camps
7 - Refugee camps
8 - Others, SPECIFY ___

4. Prior to my visit here for this interview, did you know anything about SDES?

1 - Yes   2 - No

If yes, from where did you get the information about this survey?
Enter "1" for YES, "2" for No

A - Radio?
B - TV?
C - Mullah?
D - Villages heads/chiefs?
E - District/Province Officials?
F - Newspaper, Magazines, other print materials?
G - Neighbors, friends, relatives?
H - Others, specify ___ ?

Name of Enumerator: _____ [ ] Code
Signature of Enumerator: _____
Date: [ ] / [ ] / [ ]
      Day Month Year
Name of Respondent: _____
      First Name   Last Name
Signature of Respondent: _____

Name of Controller: _____
Signature of Controller: _____
Date: [ ] / [ ] / [ ]
      Day Month Year
Line No. of Respondent: [ ]
Thumb impression of Respondent:

E — Economic and Non-Economic Activity of Persons 5 years old and Above

Column	Question	Instructions
15	Did _____ work any time during the past one year?	Enter code in the box. 1 - Yes, 2 – No. If code 2 (NO), PROCEED to Col. 20
16	How many months during the past year did _____ work?	Write the No. of months in the boxes. If engaged in more than one job during the past year, add months worked for all jobs. Use code "00" for work less than one month
17	Economic Activity of Workers (If code 1 in Col. 15) — What was _____'s main occupation during the past year?	Give full details of the main occupation/type of activity. Examples: - Wheat grower, - Animal producers (livestock/poultry), - Crop farm worker/Laborer, - Accountant, - Construction Laborer, - Sales and Marketing Manager, - Primary school teacher, - Baker, - Shop sales person, - Barber, - Tailor, - Carpenter, - Mason, - Fisherman, - Nurse, - Doctor. DO NOT FILL IN THE BOXES (For Office Processing)
18	What type of industry did _____ work?	Give full details of the activity. Examples: - Agriculture & livestock production, - Agriculture services, - Education / services, - Restaurant, - Road construction, - Banking / services, - Retail trade of vegetables, - Land transport, - Baking, - Mining coal. DO NOT FILL IN THE BOXES (For Office Processing)
19	What was _____'s employment status?	Enter code in the box. 1 - Employer, 2 - Employee, 3 - Self-employed, 4 - Family Worker. If number of months worked is 6 months or more (Col. 16), PROCEED to Col. 23
20	What was the non-economic activity of _____ ?	Enter code in the box. 1 - Student, 2 - Household duties, 3 - Dependent, 4 - Pensioner, 5 - Rentier, 6 – Persons receiving interests, remittances, and others, 7 – Inmate of jails/ patient of mental/ tuberculosis hospitals. If inmate/patient of an institution, PROCEED to Col. 23
21	Did ____ seek/ available for work during the past 12 months?	Enter code in the box. 1 - Actively seeking work, 2 - Available for work but not actively seeking work, 3 - Not seeking and not available for work. If did not seek/ not available for work (Code 3), PROCEED to Col. 23
22	During the past 12 months, how many months did ____ seek/ available for work?	Write the no. of months in the box. Use code "00" if less than one month

Data grid (Columns 15–22)

Line	15	16	17	18	19	20	21	22
1								
2								
3								
4								
5								
6								
7								
8								
9								
0								

REMARKS

F — For Persons 5 Years Old and Above

Column	Question	Instructions
23	FUNCTIONAL DIFFICULTY — Does _____ have any difficulty/problem in: A - Seeing, even when wearing eyeglasses? B - Hearing, even when using a hearing aid? C - Walking or climbing steps? D - Remembering or concentrating? E - Communicating? F - Self-caring (bathing or dressing)?	Enter code in the box. 1 - Yes, 2 - No
24	LITERACY — Can _____ read and write a simple message in any language with understanding?	Enter code in the box. 1 - Yes, 2 - No
25	EDUCATIONAL ATTAINMENT — Has ____ ever attended school/ university?	Enter code in the box. 1 - Yes, 2 - No. If NO, PROCEED to Col. 29
26 (C)	What is _____'s highest grade/class completed?	Enter highest grade completed in Column C. If no grade has been completed, enter '00' in Column C. For those who completed grade 13 or above, write major subject of study on the blank. DO NOT FILL IN THE BOXES IN COL. 26 (For Office Processing)

G — For Persons 5 to 45 Years Old

Column	Question	Instructions
27	SCHOOL ATTENDANCE — Is _____ currently attending school/ university?	Enter code in the box. 1 - Yes, 2 - No. If NO, PROCEED to Col. 29
28 (C)	What grade/class is _____ currently attending?	Enter grade / Class completed in Column C. For those who are currently, attending grade 13 or above, write common/major subject of study on the blank. Examples: Economics, Engineering, Medical, Law, Geology, Accounting, etc. DO NOT FILL IN THE BOXES IN COL. 28 (For Office Processing)

Data grid (Columns 23–28)

Line	23	24	25	C	26	27	C	28
1	A B C D E F							
2	A B C D E F							
3	A B C D E F							
4	A B C D E F							
5	A B C D E F							
6	A B C D E F							
7	A B C D E F							
8	A B C D E F							
9	A B C D E F							
0	A B C D E F							

REMARKS

H — Fertility (For ever-married women)

For ever married women: codes 3, 4, 5, or 6 in Col. 5

Line Number	Has _____ ever had a child born alive?	SONS				DAUGHTERS				For ever married women below 50 years old			Line Number
		How many sons were born alive to _____ & currently staying in this household?	How many sons were born alive to _____ & currently staying elsewhere?	How many sons were born alive in total but later on died?	How many sons in total were born alive to _____?	How many daughters were born alive to _____ & currently staying in this household?	How many daughters were born alive to _____ & currently staying elsewhere?	How many daughters were born alive to _____ but later on died?	How many daughters in total were born alive to _____?	Did _____ have a child born alive during the past 12 months?	How many children were born alive to _____ during the past 12 months?		
	Enter code in the box	Write the number of surviving sons currently staying in this household	Write the number of surviving sons currently staying elsewhere	Write the number of sons ever born alive but now dead	Write the TOTAL number of sons ever born alive	Write the number of surviving daughters currently staying in this household	Write the number of surviving daughters currently staying elsewhere	Write the number of daughters ever born alive but now dead	Write the TOTAL number of daughters ever born alive	Enter code in the box	Write the number of sons and daughters born alive during the past 12 months		
	1 - Yes 2 - No If NO, PROCEED to the next household member	Write '00' if none	Write '00' if none	Write '00' if none	Write '00' if none	Write '00' if none	Write '00' if none	Write '00' if none	Write '00' if none	1 - Yes 2 - No If NO, PROCEED to the next household member			
					Col.33 = Col.I30+ Col.31+ Col.32				Col.37 = Col.34+ Col.35+ Col.36		Sons	Daughters	
0	29	30	31	32	33	34	35	36	37	38	39	40	0
1													1
2													2
3													3
4													4
5													5
6													6
7													7
8													8
9													9
0													0

REMARKS

C — Migration (For All Members) / D — Below 5 years old

Line Number	USUAL RESIDENCE IN THE PAST	PREVIOUS RESIDENCE	RESIDENCE IN NAWROZ 1390	PLACE OF BIRTH	DURATION OF STAY		BIRTH REGISTRATION	Line Number
	In the past, has _____ ever lived for at least six months in a different City/District/Province/Country?	Where was _____'s previous residence?	Where was _____'s usual residence in Nawroz 1390?	Where was _____'s mother's usual residence at the time of his/her birth?	How long has _____ been staying in this city/district?		Does _____ have a birth certificate?	
	Enter code in the box	Write the code in Column C	Write the code in Column C	Write the code in Column C	If less than 4 years write the no. of months	If 4 years or more write the no. of years	Enter code in the box	
	1 - Yes 2 - No If NO, PROCEED to Col. 14	2 - Other city/district, same province 3 - Other province 4 - Other country	1 - Same city/district 2 - Other city/district, same province 3 - Other province 4 - Other country 5 - Not yet born in Nawroz 1390	1 - Same city/district 2 - Other city/district, same province 3 - Other province 4 - Other country	(MONTH)	(YEAR)	1 - Yes 2 - No 3 - Don't Know	
		If code 2, write the name of the city/district on the blank	If code 2, write the name of the city/district on the blank	If code 2, write the name of the city/district on the blank				
		If code 3, write the name of the city/district and province on the blank	If code 3, write the name of the city/district and province on the blank	If code 3, write the name of the city/district and province on the blank	Enter "00" if less than one month			
		If code 4, write the name of the country on the blank	If code 4, write the name of the country on the blank	If code 4, write the name of the country on the blank				
		DO NOT FILL IN THE BOXES IN COL. 9 (For Office Processing)	DO NOT FILL IN THE BOXES IN COL.10 (For Office Processing)	DO NOT FILL IN THE BOXES IN COL.11 (For Office Processing)				
0	8	C / 9	C / 10	C / 11	12	13	14	0
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
0								0

For Office Processing:

Province Code		Village Code		Building No.	
District Code		CA Code		Dwelling House No.	
City Code		EA Code		Household No.	
Nahia Number		Gate No.		Institutional No.	