

DEMOGRAPHIC AND HEALTH SURVEY  
 HOUSEHOLD QUESTIONNAIRE

Confidential

<u>IDENTIFICATION</u>	
PROVINCE _____	PROVINCE.....
DEPARTMENT _____	STRATUM NO.....
ARROND./DISTRICT _____	ARROND./DISTRICT
CITY/CANTON/GROUPING _____	CLUSTER NO.....
VILLAGE _____	STRUCTURE NO....
QUARTER OF CITY/LOCALITY _____	HOUSEHOLD NO.....
NAME OF THE RESPONDENT _____	CENSUS ZONE (ZD) NO. _____

HUSBAND'S SURVEY:    YES    1                      NO    2
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INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY..... <input type="text"/> <input type="text"/>
				MONTH... <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	YEAR.... <input type="text"/> <input type="text"/>
RESULT*	_____	_____	_____	INTER- VIEWER'S CODE..... <input type="text"/> <input type="text"/>
				RESULT..... <input type="text"/>
NEXT VISIT:    DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <input type="text"/>
TIME	_____	_____	_____	
*RESULT CODES: 1 COMPLETED 2 HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME 3 HOUSEHOLD ABSENT 4 POSTPONED 5 REFUSED 6 DWELLING VACANT 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL IN HOUSEHOLD <input type="text"/> <input type="text"/>  TOTAL ELIGIBLE WOMEN <input type="text"/> <input type="text"/>  TOTAL ELIGIBLE HUSBANDS <input type="text"/>

QUESTIONNAIRE NO. <input type="text"/>	NUMBER OF QUESTIONNAIRES <input type="text"/>
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NAME	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
DATE	_____	_____	_____	<input type="text"/> <input type="text"/>



11			1 2	1 2	1 2		1 2	1 2			1 2	1 2 8		1 2 8		1 2	11	
12			1 2	1 2	1 2		1 2	1 2			1 2	1 2 8		1 2 8		1 2	12	
13			1 2	1 2	1 2		1 2	1 2			1 2	1 2 8		1 2 8		1 2	13	
14			1 2	1 2	1 2		1 2	1 2			1 2	1 2 8		1 2 8		1 2	14	
15			1 2	1 2	1 2		1 2	1 2			1 2	1 2 8		1 2 8		1 2	15	
16			1 2	1 2	1 2		1 2	1 2			1 2	1 2 8		1 2 8		1 2	16	
17			1 2	1 2	1 2		1 2	1 2			1 2	1 2 8		1 2 8		1 2	17	
18			1 2	1 2	1 2		1 2	1 2			1 2	1 2 8		1 2 8		1 2	18	
19			1 2	1 2	1 2		1 2	1 2			1 2	1 2 8		1 2 8		1 2	19	

CHECK HERE IF CONTINUATION SHEET USED AND NOTE THE SHEET NUMBER ON THE FIRST PAGE

TOTAL NUMBER OF ELIGIBLE WOMEN

TOTAL NUMBER OF ELIGIBLE HUSBANDS

Just make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed?

YES  → ENTER EACH IN TABLE

NO

2) In addition, are there any other people who may not be members of your family, such as domestic servants or friends who usually live in your household?

YES  → ENTER EACH IN TABLE

NO

3) In addition to all the persons already mentioned, do you have any guests or temporary visitors staying here, or anyone else who slept here last night?

YES  → ENTER EACH IN TABLE

NO

\* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

- 01= HEAD OF HOUSEHOLD
- 02= WIFE OR HUSBAND OF HEAD
- 03= SON OR DAUGHTER OF HEAD
- 04= SON- OR DAUGHTER-IN-LAW OF HEAD
- 05= GRANDCHILD OF HEAD
- 06= FATHER OR MOTHER OF HEAD
- 07= PARENT-IN-LAW OF HEAD
- 08= BROTHER OR SISTER OF HEAD
- 09= UNCLE OR AUNT OF HEAD
- 10= COUSIN/NEPHEW/NIECE OF HEAD
- 11= OTHER RELATIVE OF HEAD
- 12= NOT RELATED TO HEAD
- 98= DK

\*\* CODES FOR Q.10

LEVEL OF EDUCATION:

- 0= PRESCHOOL
- 1= PRIMARY
- 2= SECONDARY
- 3= HIGHER
- 8= DK

GRADE: CODES ACCORDING TO THE VARIOUS EDUCATIONAL SYSTEMS

0=LESS THAN ONE YEAR 8=DK FOR HIGHER: SEE THE INSTRUCTION MANUAL

PRIMARY			SECONDARY		
ANGLOPHONE	CODES	FRANCOPHONE	ANGLOPHONE	CODES	FRANCOPHONE
INFANT/CLASS ONE	1	SIL	FORM 1	1	SIXIEME/1°ANNEE
STANDARD ONE/CLASS TWO	2	CP	FORM 2	2	CINQUIEME/2°ANNEE
STANDARD TWO/CLASS THREE	3	CE1	FORM 3	3	QUATRIEME/3°ANNEE
STANDARD THREE/CLASS FOUR	4	CE2	FORM 4	4	TROISIEME/4°ANNEE
STANDARD FOUR/CLASS FIVE	5	CM1	FORM 5	5	SECONDE
STANDARD FIVE/CLASS SIX	6	CM2	LOWER SIXTH FORM	6	PREMIERE
STANDARD SIX/CLASS SEVEN	7	-	UPPER SIXTH FORM	7	TERMINALE

\*\*\* This question refers to the biological parents of the child. Record 00 if parent not member of household.

NO.	QUESTIONS AND FILTERS	CODES	SKIP TO																					
19	Where do you get water for washing the dishes, for washing clothes and for handwashing?	PIPED WATER PIPED INTO RESIDENCE.....11 PIPED INTO YARD.....12 NEIGHBOR'S TAP.....13 PUBLIC TAP.....14 WELL WATER WELL WITH HAND PUMP.....21 WELL WITHOUT HAND PUMP.....22 SURFACE WATER RIVER, SPRING, POND/MARIGOT..31 RAINWATER.....41 OTHER.....51 (SPECIFY)	21																					
20	How much time does it take to go and get water and return?  IF 90 MINUTES OR LESS, RECORD IN MINUTES. IN OTHER CASES, RECORD IN HOURS.	MINUTES..... <table border="1" data-bbox="1201 486 1306 580"><tr><td>1</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td></tr></table> HOURS..... ON PREMISES.....996	1			2																		
1																								
2																								
21	Does your household get drinking water from this same source which we have been talking about?	YES.....1 NO.....2	24																					
22	Where do you go to get drinking water in your household?	PIPED WATER PIPED INTO RESIDENCE.....11 PIPED INTO YARD.....12 NEIGHBOR'S TAP.....13 PUBLIC TAP.....14 WELL WATER WELL WITH HAND PUMP.....21 WELL WITHOUT HAND PUMP.....22 SURFACE WATER RIVER, SPRING, POND/MARIGOT..31 RAINWATER.....41 OTHER.....51 (SPECIFY)	24																					
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1																								
2																								
24	What kind of w.c. facility do you have in your household?	FLUSH TOILET.....11 LATRINE BUCKET LATRINE.....21 PIT LATRINE.....22 NO TOILETS/NATURE OPEN AIR.....31 RIVER.....32 NO W.C.....33 OTHER.....41 (SPECIFY)																						
25	Does your household have?  Electricity? A radio? A television? A refrigerator? A gas or electric oven? A gas or electric portable stove?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OVEN.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>PORTABLE STOVE.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	OVEN.....	1	2	PORTABLE STOVE.....	1	2	
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REFRIGERATOR.....	1	2																						
OVEN.....	1	2																						
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26	How many rooms in your household are used for sleeping?	ROOMS..... <table border="1" data-bbox="1235 1753 1306 1816"><tr><td></td><td></td></tr></table>																						
27	How many people sleep in the room where there are the most people sleeping?	NUMBER OF PEOPLE..... <table border="1" data-bbox="1235 1849 1306 1913"><tr><td></td><td></td></tr></table>																						
28	MAIN MATERIAL OF THE FLOOR  (RECORD OBSERVATION.)	NATURAL FLOOR EARTH.....11 RUDIMENTARY FLOOR WOOD.....21 FINISHED FLOOR CEMENT.....31 TILE.....32 OTHER.....41 (SPECIFY)																						
29	Does any member of your household own: A bicycle/bike? A motorcycle/motorbike? A car?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE/BIKE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/MOTORBIKE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE/BIKE.....	1	2	MOTORCYCLE/MOTORBIKE.....	1	2	CAR.....	1	2										
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30	RECORD THE TIME	HOUR..... <table border="1" data-bbox="1248 2308 1318 2372"><tr><td></td><td></td></tr></table> MINUTES..... <table border="1" data-bbox="1248 2372 1318 2435"><tr><td></td><td></td></tr></table>																						