RWANDA SIZE ESTIMATES SURVEY
HOUSEHOLD QUESTIONNAIRE

School of Public Health   **CNLS**

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD STRUCTURE NUMBER . . . .

HOUSEHOLD NUMBER . . . .

HOUSEHOLD SELECTED FOR: BASIC DEFINITION OF "TO KNOW" = 1 (USE BLUE INDIVIDUAL QUESTIONNAIRE)
MEAL DEFINITION OF "TO KNOW" = 2 (USE GREEN INDIVIDUAL QUESTIONNAIRE)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE				DAY	
				MONTH	
				YEAR	2 0 1 1
INTERVIEWER'S NAME				INT. NUMBER	
RESULT*				RESULT	
NEXT VISIT: DATE					
TIME				TOTAL NUMBER OF VISITS	

*RESULT CODES:
- 1 COMPLETED
- 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
- 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
- 4 POSTPONED
- 5 REFUSED
- 9 OTHER _____
(SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

SUPERVISOR		KEYED BY	

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the School of Public Health of Rwanda. We are conducting a survey about health all over Rwanda. The information we collect will help the government to plan health services. Your household was selected by chance for the survey. I would like to ask you some questions about your household. The questions usually take about 10 to 15 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.
In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1   RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER MARITAL STATUS	ELIGIBILITY	
1	2	3	4	5	6	7	8	9	10
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-10 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD 95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15 +	CIRCLE LINE NUMBER OF ALL MEN AGE 15 +
			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS			
01		☐☐	1 2	1 2	1 2	☐☐	☐	01	01
02		☐☐	1 2	1 2	1 2	☐☐	☐	02	02
03		☐☐	1 2	1 2	1 2	☐☐	☐	03	03
04		☐☐	1 2	1 2	1 2	☐☐	☐	04	04
05		☐☐	1 2	1 2	1 2	☐☐	☐	05	05
06		☐☐	1 2	1 2	1 2	☐☐	☐	06	06
07		☐☐	1 2	1 2	1 2	☐☐	☐	07	07
08		☐☐	1 2	1 2	1 2	☐☐	☐	08	08
09		☐☐	1 2	1 2	1 2	☐☐	☐	09	09
10		☐☐	1 2	1 2	1 2	☐☐	☐	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW

08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/ STEPCHILD
11 = NOT RELATED
12 = DOMESTIC WORKER
98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER — MARITAL STATUS	ELIGIBILITY	
1	2	3	4	5	6	7	8	9	10
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-10 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD 95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15 +	CIRCLE LINE NUMBER OF ALL MEN AGE 15 +
1	2	3	4	5	6	7	8	9	10
			M F / 1 2	Y N / 1 2	Y N / 1 2	IN YEARS			
11		☐☐	1 2	1 2	1 2	☐☐	☐	11	11
12		☐☐	1 2	1 2	1 2	☐☐	☐	12	12
13		☐☐	1 2	1 2	1 2	☐☐	☐	13	13
14		☐☐	1 2	1 2	1 2	☐☐	☐	14	14
15		☐☐	1 2	1 2	1 2	☐☐	☐	15	15
16		☐☐	1 2	1 2	1 2	☐☐	☐	16	16
17		☐☐	1 2	1 2	1 2	☐☐	☐	17	17
18		☐☐	1 2	1 2	1 2	☐☐	☐	18	18
19		☐☐	1 2	1 2	1 2	☐☐	☐	19	19
20		☐☐	1 2	1 2	1 2	☐☐	☐	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE   NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐ → ADD TO TABLE   NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE   NO ☐

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

102	What is the main source of drinking water for members of your household?	PIPED WATER
		   PIPED INTO DWELLING 11
		   PIPED TO YARD/PLOT 12
		   PUBLIC TAP/STANDPIPE 13
		TUBE WELL OR BOREHOLE 21
		DUG WELL
		   PROTECTED WELL 31
		   UNPROTECTED WELL 32
		WATER FROM SPRING
		   PROTECTED SPRING 41
		   UNPROTECTED SPRING 42
		RAINWATER 51
		TANKER TRUCK 61
		CART WITH SMALL TANK 71
		SURFACE WATER (RIVER/DAM/
		   LAKE/POND/STREAM/CANAL/
		   IRRIGATION CHANNEL) 81
		BOTTLED WATER 91
		
		OTHER _____ 96
		         (SPECIFY)
			→107
			
			→107

103	Where is that water source located?	IN OWN DWELLING . . . . 1 IN OWN YARD/PLOT . . . . 2 ELSEWHERE 3	

107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET
		   FLUSH TO PIPED SEWER
		     SYSTEM 11
		   FLUSH TO SEPTIC TANK 12
		   FLUSH TO PIT LATRINE 13
		   FLUSH TO SOMEWHERE ELSE 14
		   FLUSH, DON'T KNOW WHERE 15
		PIT LATRINE
		   VENTILATED IMPROVED
		     PIT LATRINE 21
		   PIT LATRINE WITH SLAB 22
		   PIT LATRINE WITHOUT SLAB/
		     OPEN PIT 23
		COMPOSTING TOILET 31
		BUCKET TOILET 41
		HANGING TOILET/HANGING
		   LATRINE 51
		NO FACILITY/BUSH/FIELD 61
		
		OTHER _____ 96
		         (SPECIFY)
			→110

108	Do you share this toilet facility with other households?	YES . . . . 1 NO 2	
110	Does your household have: Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? A computer?	YES NO ELECTRICITY . . . . 1 2 RADIO . . . . 1 2 TELEVISION . . . . 1 2 MOBILE TELEPHONE . . . . . . 1 2 NON-MOBILE TELEPHONE . . . 1 2 REFRIGERATOR . . . . 1 2 COMPUTER 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR 　EARTH/SAND .... 11 　DUNG .... 12 RUDIMENTARY FLOOR 　WOOD PLANKS .... 21 　PALM/BAMBOO .... 22 FINISHED FLOOR 　PARQUET OR POLISHED 　　WOOD .... 31 　VINYL OR ASPHALT STRIPS .... 32 　CERAMIC TILES .... 33 　CEMENT .... 34 　CARPET .... 35 OTHER _____ 96 　　　　　(SPECIFY)	
115	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING 　NO ROOF .... 11 　THATCH/PALM LEAF/LEAF .... 12 　SOD .... 13 RUDIMENTARY ROOFING 　RUSTIC MAT/PLASTIC .... 21 　PALM/BAMBOO .... 22 　WOOD PLANKS .... 23 　CARDBOARD .... 24 FINISHED ROOFING 　METAL/IRON SHEET .... 31 　WOOD .... 32 　CALAMINE/CEMENT FIBER .... 33 　CERAMIC TILES .... 34 　CEMENT .... 35 　ROOFING SHINGLES .... 36 OTHER _____ 96 　　　　　(SPECIFY)	
116	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS 　NO WALLS .... 11 　CANE/PALM/TRUNKS .... 12 　DIRT .... 13 RUDIMENTARY WALLS 　BAMBOO WITH MUD .... 21 　STONE WITH MUD .... 22 　UNCOVERED ADOBE .... 23 　PLYWOOD .... 24 　CARDBOARD .... 25 　REUSED WOOD .... 26 FINISHED WALLS 　CEMENT .... 31 　STONE WITH LIME/CEMENT .... 32 　BRICKS .... 33 　CEMENT BLOCKS .... 34 　COVERED ADOBE .... 35 　WOOD PLANKS/SHINGLES .... 36 OTHER _____ 96 　　　　　(SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
117	How many rooms in this household are used for sleeping?	ROOMS .... ☐☐	
118	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat without a motor? A boat with a motor?	YES NO WATCH .... 1 2 BICYCLE .... 1 2 MOTORCYCLE/SCOOTER ... 1 2 ANIMAL-DRAWN CART ...... 1 2 CAR/TRUCK .... 1 2 BOAT WITHOUT MOTOR ... 1 2 BOAT WITH MOTOR 1 2	
119	Does any member of this household own any agricultural land?	YES .... 1 NO 2	→ 121
120	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'	HECTARES ☐☐.☐ 95 OR MORE HECTARES .... 95.0 DON'T KNOW 99.8	
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES .... 1 NO 2	→ 123

122	How many of the following animals does this household own?
	
	IF NONE, ENTER '00'.
	IF 95 OR MORE, ENTER '95'.
	IF UNKNOWN, ENTER '98'.
	
	    Cows (traditional)?
	
	    Milk cows (modern)?
	
	    Bulls?
	
	    Goats?
	
	    Sheep?
	
	    Chickens?
	
	    Pigs?
	
	    Rabbits?
	
	    Horses, donkeys, or mules?
		COWS .... ☐☐
		
		MILK COWS .... ☐☐
		
		BULLS .... ☐☐
		
		GOATS .... ☐☐
		
		SHEEP .... ☐☐
		
		CHICKENS .... ☐☐
		
		PIGS .... ☐☐
		
		RABBITS .... ☐☐
		
		HORSES/DONKEYS/MULES ...... ☐☐	

123	Does any member of this household have a bank account?	YES .... 1 NO 2	