

NATIONAL STATISTICAL OFFICE
1996 DEMOGRAPHIC AND HEALTH SURVEY
Household Form B: Without Fertility Questions

Address of dwelling /Name of H/H Head

Form				2
Cluster				
Province				
District				
CD no.				
CU no.				
Dwelling no.				
Household no.				

INTERVIEWER VISITS				
	1	2	3	Final visit
Date				Day Month Year
Result *				Result
Interviewer's name				
Next visit: Date Time				Total number of visits
*Result codes: 1 Completed 2 No household member/No competent respondent at home 3 Entire household absent for extended period 4 Postponed 5 Refused 6 Dwelling vacant/Address not a dwelling 7 Dwelling destroyed 8 Dwelling not found 9 Other (Specify) _____				Total persons in H/H Total women age 15 to 50 Person No. of resp. to H/H form

INTERVIEWER	FIELD EDITOR	OFFICE EDITOR	KEYER

SECTION A: HOUSEHOLD FORM

Person No.	A1. NAME	A2. RELATIONSHIP	A3. SEX	A4. AGE	A5. MAR. STATUS	A6. MOTHER ALIVE	A7. MOTHER ALIVE	A8. FATHER
	WHAT ARE THE NAMES OF ALL THE PEOPLE WHO STAYED HERE LAST NIGHT? <i>Start with the HEAD of the household. If a baby has no name yet, enter as "BABY".</i>	WHAT IS (Name) RELATIONSHIP TO THE HEAD OF THIS HOUSEHOLD? 01=Head 02=Wife/husband 03=Own son /daughter 04=Son/daughter in-law 05=Grandchild 06=Parent 07=Parent-in-law 08=Brother/sister 09=Other relative /step child 11=Not related	WHAT IS (Name)'s SEX? 1=Male 2=Female	WHAT WAS (Name)'s AGE LAST BIRTHDAY? 00=Less than 1 <i>Please estimate age if exact age is not known.</i>	WHAT IS (Name)'s MARITAL STATUS? <i>If child is less than 15 years, then code 1</i> 1=Never married 2=Married 3=Divorced 4=Separated 5=Widowed	IS (Name)'s OWN MOTHER STILL ALIVE? 1=Yes 2=No → A8 8=Don't know → A8	<u>If A6=1</u> DOES (Name)'s NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>If Yes, record mother's person number.</i> <i>If No, enter "00".</i>	IS (Name)'s OWN FATHER STILL ALIVE? 1=Yes 2=No 8=Don't know
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								

A1A. ARE THERE ANY OTHER PEOPLE SUCH AS SMALL CHILDREN OR INFANTS OR ANY FRIENDS OR VISITORS WHO STAYED IN YOUR HOUSEHOLD LAST NIGHT?

Yes (Enter each in table)

No

**HOUSEHOLD AMENITIES
AND SERVICES**

A24. WHAT IS THE MAIN SOURCE OF DRINKING WATER YOUR HOUSEHOLD USES?

Piped water:

01. piped into household/yard
 1
 —▶ A27.....

02. piped into neighbourhood
 (communal).....
 2

Well water:

03. well in yard —▶ A27....
 3

04. public well.....
 4

Surface water:

05. spring.....
 5

06. river/stream.....
 6

07. pond/lake/dam.....
 7

Other:

08. communal tank.....
 8

09. rain water —▶ A27.....
 9

10. tanker truck —▶ A27....
 10

11. other (*Specify*).....
 96

A25. HOW LONG DOES IT TAKE TO GO THERE, GET WATER AND COME BACK?

Minutes.....

On premises.....
 996

A26. WHO USUALLY FETCHES WATER?

Interviewer:

Classify as follow:

Female child.....
 1

Other female.....
 2

Male child.....
 3

Other male.....
 4

A27. WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD HAVE?

Flush toilet

own flush toilet.....
 1

shared flush toilet.....
 2

Pit/latrine toilet

traditional pit latrine.....
 3

improved latrine.....
 4

Other

bucket system.....
 5

closet over sea/river.....
 6

No facility/bush/seashore.....
 7

<p>A28 DOES YOU HOUSEHOLD HAVE:</p> <p>A. Electricity</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>B. Radio</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>C. Television</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>D. Refrigerator</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>E. Motor vehicle</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>F. Telephone</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>		<p>A31. WHAT IS THE <u>MAIN</u> SOURCE OF LIGHTING YOUR HOUSEHOLD USES?</p> <p>Electricity..... <input type="checkbox"/> 1</p> <p>Pressure lamp (Coleman)..... <input type="checkbox"/> 2</p> <p>Kerosene lamp <input type="checkbox"/> 3</p> <p>Candles..... <input type="checkbox"/> 4</p> <p>Open fire <input type="checkbox"/> 5</p> <p>Other (<i>Specify</i>)..... <input type="checkbox"/> 6</p> <p>.....</p>	
<p>A29. HOW MANY ROOMS IN YOUR HOUSEHOLD ARE USED FOR SLEEPING?</p> <p><i>Number of rooms</i> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>		<p>A32. <u>MAIN</u> MATERIAL OF FLOOR?</p> <p><i>Interviewer:</i></p> <p><i>Record observation</i></p> <p>Natural floor</p> <p>Earth floor <input type="checkbox"/> 11</p> <p>Sand..... <input type="checkbox"/> 12</p> <p>Rudimentary floor</p> <p>Wood planks <input type="checkbox"/> 21</p> <p>Palm/bamboo <input type="checkbox"/> 22</p> <p>Finished floor</p> <p>Polished wood <input type="checkbox"/> 31</p> <p>Vinyl/asphalt strips <input type="checkbox"/> 32</p> <p>Ceramic tiles <input type="checkbox"/> 33</p> <p>Cement <input type="checkbox"/> 34</p> <p>Carpet..... <input type="checkbox"/> 35</p> <p>Other (<i>Specify</i>)..... <input type="checkbox"/> 96</p> <p>.....</p>	
<p>A30. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p> <p>Electricity..... <input type="checkbox"/> 1</p> <p>Gas <input type="checkbox"/> 2</p> <p>Kerosene <input type="checkbox"/> 3</p> <p>Charcoal..... <input type="checkbox"/> 4</p> <p>Firewood <input type="checkbox"/> 5</p> <p>Other (<i>Specify</i>)..... <input type="checkbox"/> 6</p> <p>.....</p>			