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## INSTRUCTIONS

SERIAL NUMBER	Reg No.	Vill/Ward No.	ED No.	Bldg No.	Dw No.	HH No.
0332250						

Telephone Number

**SAMPLE - FOR INFORMATION ONLY**

DATE \_\_\_\_\_

D	D	M	M	Y	Y
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DATE \_\_\_\_\_

D D M M Y Y

DATE \_\_\_\_\_

D D M M Y Y

DATE \_\_\_\_\_

D D M M Y Y

# HOUSEHOLD QUESTIONNAIRE (One for each Household)

## INTERVIEWER SAY:

"I am a census interviewer assigned to this area and I would like to get some information about the household and its members. My name is (...) and here is my ID card. First, please give me the names of all persons who usually live and share at least one meal daily with your household, including persons who were present on census night (14<sup>th</sup>/15<sup>th</sup> September 2012) but are no longer here."

### LISTING OF HOUSEHOLD MEMBERS

	SURNAME	FIRST NAME	SEX	RP/RA/V
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				

SAMPLE - FOR INFORMATION ONLY

No. of Persons in HH:

Total

Males

Females

Male = 1 Female = 2

### RECORD OF VISITS

INTERVIEW CALLS	DATE	TIME STARTED	TIME ENDED	DURATION	*RESULTS
1					
2					
3					
4					

D D M M Y Y Y Y

\*Result Codes 1 = Completed 2 = Partially completed 3 = Dwelling vacant 4 = No suitable respondent at home 5 = Refused 6 = Other (specify) .....



H1.0 INTERVIEWER: Please shade the appropriate oval for Sex of Head of Household

1 ☐ Male

2 ☐ Female

SECTION H1:

CHARACTERISTICS OF OCCUPIED BUILDING

H1.1 What type of building is this?

- 1 ☐ Residential  
2 ☐ Residential/Commercial  
3 ☐ Residential/Office  
4 ☐ Community Service  
5 ☐ Other (specify) \_\_\_\_\_

H1.2 What is the **main** material of the outer walls?

- 1 ☐ Wood  
2 ☐ Concrete  
3 ☐ Wood & Concrete  
4 ☐ Stone  
5 ☐ Adobe & Troolie Palm  
6 ☐ Makeshift  
7 ☐ Brick only (Clay Brick)  
8 ☐ Stone and brick  
9 ☐ Galvanize  
10 ☐ Wood & Brick  
11 ☐ Other (specify) \_\_\_\_\_

H1.3 What is the **main** material used for roofing?

- 1 ☐ Sheet metal (zinc, aluminium, galvanize)  
2 ☐ Shingle (asphalt)  
3 ☐ Shingle (wood)  
4 ☐ Shingle (other)  
5 ☐ Tile  
6 ☐ Concrete  
7 ☐ Thatched/Troolie Palm  
8 ☐ Makeshift  
9 ☐ Other (specify) \_\_\_\_\_

H1.4 In which year/period was this building completed?

- 1 ☐ Before 1980  
2 ☐ 1980 - 1989  
3 ☐ 1990 - 1999  
4 ☐ 2000 - 2005  
5 ☐ 2006  
6 ☐ 2007  
7 ☐ 2008  
8 ☐ 2009  
9 ☐ 2010  
10 ☐ 2011 or later  
11 ☐ Don't know/Not stated

SECTION H2:

CHARACTERISTICS OF OCCUPIED DWELLING UNIT AND TENANCY STATUS

H2.1 What is the occupancy status of the dwelling unit?

- 1 ☐ Occupied  
2 ☐ Seasonally vacant

H2.2 What type of dwelling unit does this household occupy?

- 1 ☐ Separate house/Detached  
2 ☐ Part of a private house/Attached  
3 ☐ Flat/Apartment/Condominium  
4 ☐ Townhouse  
5 ☐ Double house/Duplex  
6 ☐ Combined business & Dwelling  
7 ☐ Barracks  
8 ☐ Makeshift  
9 ☐ Other (specify) \_\_\_\_\_

H2.3 Is this dwelling unit ----- by any member of the household?

- 1 ☐ Owned  
2 ☐ Squatted  
3 ☐ Rented - Private  
4 ☐ Rented - Govt.  
5 ☐ Leased  
6 ☐ Rent-free  
7 ☐ Other (specify) \_\_\_\_\_  
8 ☐ Not stated

SECTION H4:

HOUSING UNIT BY FACILITIES AVAILABLE FOR USE

H4.1 What type of fuel does this household use **most** for cooking?

- 1 ☐ Charcoal  
2 ☐ Wood  
3 ☐ LPG (Cooking Gas)  
4 ☐ Kerosene  
5 ☐ Electricity  
6 ☐ Other (specify) \_\_\_\_\_

H4.2 What is the **main** source of lighting for this household?

- 1 ☐ Gas Lantern  
2 ☐ Kerosene  
3 ☐ Electricity (Public)  
4 ☐ Electricity (Private)  
5 ☐ Solar/Inverter  
6 ☐ Other (specify) \_\_\_\_\_

H4.3 What is the **main** source of water supply for this household?

- 1 ☐ Private, piped into dwelling  
2 ☐ Private catchments/rain water  
3 ☐ Private, piped into yard/plot  
4 ☐ Public, piped into dwelling  
5 ☐ Public, piped into yard/plot  
6 ☐ Public standpipe or hand pump  
7 ☐ Public well  
8 ☐ Spring/river/pond  
9 ☐ Truck borne  
10 ☐ Dug well/borehole  
11 ☐ Other (specify) \_\_\_\_\_

H4.4 What is the **main** source of drinking water for this household?

- 1 ☐ Piped into dwelling  
2 ☐ Piped into yard/plot  
3 ☐ Public standpipe  
4 ☐ Tube-well/borehole with pump  
5 ☐ Protected dug well/spring  
6 ☐ Bottled water  
7 ☐ Rain water collection  
8 ☐ Unprotected dug-well/spring  
9 ☐ Pond/river/stream  
10 ☐ Vendor/private supplier  
11 ☐ Other (specify) \_\_\_\_\_

H4.5 What type of toilet facility does this household have?

- 1 ☐ W.C. (Flush toilet) linked to sewer  
2 ☐ W.C. (Flush toilet) linked to septic tank/soak-away  
3 ☐ Ventilated Pit Latrine (VIP)  
4 ☐ Trad. Pit Latrine **with** slab  
5 ☐ Trad. Pit Latrine **w/out** slab  
6 ☐ None (Skip to H4.7)  
7 ☐ Other (specify) \_\_\_\_\_

H4.6 Is the toilet shared with any other household?

- 1 ☐ Yes  
2 ☐ No

H4.7 How many rooms does this household occupy? (Do not count bathrooms and porches)

No. of rooms

H4.8 How many bedrooms are there in this dwelling unit? (Count all bedrooms including spares not occupied)

No. of bedrooms

H4.9 How does this household **usually** dispose of its garbage?

- 1 ☐ Dumping on land  
2 ☐ Compost  
3 ☐ Burying  
4 ☐ Dumping/throwing into river/sea/pond  
5 ☐ Burying  
6 ☐ Garbage truck/skip/bin - Public  
7 ☐ Garbage truck - Private  
8 ☐ Other (specify) \_\_\_\_\_

SECTION H5:

HOUSEHOLD EQUIPMENT, APPLIANCE & OTHER FACILITIES AVAILABLE FOR USE

H5.1 Does this household have any of the following appliances or household items in working condition?

- |                              | Yes                   | No                    |                          | Yes                   | No                    |
|------------------------------|-----------------------|-----------------------|--------------------------|-----------------------|-----------------------|
| 1 Radio/stereo               | <input type="radio"/> | <input type="radio"/> | 10 Microwave             | <input type="radio"/> | <input type="radio"/> |
| 2 Television                 | <input type="radio"/> | <input type="radio"/> | 11 Telephone (landline)  | <input type="radio"/> | <input type="radio"/> |
| 3 DVD/MP3/VCR                | <input type="radio"/> | <input type="radio"/> | 12 Mobile/cellular phone | <input type="radio"/> | <input type="radio"/> |
| 4 Computer                   | <input type="radio"/> | <input type="radio"/> | 13 Water pump            | <input type="radio"/> | <input type="radio"/> |
| 5 Internet access/connection | <input type="radio"/> | <input type="radio"/> | 14 Electrical generator  | <input type="radio"/> | <input type="radio"/> |
| 6 Vehicle (private)          | <input type="radio"/> | <input type="radio"/> | 15 Air condition unit    | <input type="radio"/> | <input type="radio"/> |
| 7 Refrigerator/freezer       | <input type="radio"/> | <input type="radio"/> | 16 Water heater          | <input type="radio"/> | <input type="radio"/> |
| 8 Washing machine            | <input type="radio"/> | <input type="radio"/> | 17 Cable TV/satellite    | <input type="radio"/> | <input type="radio"/> |
| 9 Stove (gas/electric/solar) | <input type="radio"/> | <input type="radio"/> | 18 Solar panel           | <input type="radio"/> | <input type="radio"/> |
|                              |                       |                       | 19 Boat (engine/paddle)  | <input type="radio"/> | <input type="radio"/> |

SECTION H6:

ENVIRONMENT

H6.1 In this community, is your household most concerned about/affected by the following environmental issues?

- |                            | Yes                   | No                    |                    | Yes                   | No                    |
|----------------------------|-----------------------|-----------------------|--------------------|-----------------------|-----------------------|
| 1 Waste disposal           | <input type="radio"/> | <input type="radio"/> | 8 Soil erosion     | <input type="radio"/> | <input type="radio"/> |
| 2 Water contamination      | <input type="radio"/> | <input type="radio"/> | 9 Squatting        | <input type="radio"/> | <input type="radio"/> |
| 3 Drainage                 | <input type="radio"/> | <input type="radio"/> | 10 Flooding        | <input type="radio"/> | <input type="radio"/> |
| 4 Air pollution            | <input type="radio"/> | <input type="radio"/> | 11 Cellphone tower | <input type="radio"/> | <input type="radio"/> |
| 5 Use of pesticides        | <input type="radio"/> | <input type="radio"/> | 12 Noise           | <input type="radio"/> | <input type="radio"/> |
| 6 Deforestation            | <input type="radio"/> | <input type="radio"/> | 13 Asbestos        | <input type="radio"/> | <input type="radio"/> |
| 7 Destruction of mangroves | <input type="radio"/> | <input type="radio"/> |                    |                       |                       |



## SECTION H7:

## CRIME

**H7.1** Has any member of the household been a victim of any of the following crimes during the past 12 months?

Type of Crime	Yes		No		No. of Cases		
					Males	Females	Total
1 Murder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
2 Kidnapping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
3 Shooting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
4 Rape/sexual abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
5 Armed Robbery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
6 Wounding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
7 Larceny/theft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
8 Domestic abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

## SECTION H8:

## MORTALITY

**H8.1** Has any/any-other member of this household died during the past 12 months?

1 ☐ Yes 2 ☐ No (Skip to Section H9)

## H8.2

Please provide me with the details of person(s) who died from this household during the past 12 months by age and sex.

Males	Females	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>
Person #	Age	Sex
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

Male = 1  
Female = 2

Question H8.3 should only be asked for Females aged 14-49 years who died during the past 12 months. (As reported in H8.2 above)

## H8.3

Did the death occur during pregnancy, at child birth or within six weeks after the end of pregnancy? (solely related to pregnancy and not any other cause such as accident)

1 ☐ Yes 2 ☐ No

## SECTION H9:

## INTERNATIONAL MIGRATION (EMIGRATION)

**H9.1** Has anybody from this household gone to live abroad permanently in the past 5 years, i.e. between 2007 and present?

1 ☐ Yes 2 ☐ No (Skip to Section P1)

## H9.2

How many persons?

Males  Females  Total

Pers. No	H9.3 What is (...) sex?  Male = 1 Female = 2	H9.4 What was (...) age at time of departure?  <i>If emigrant was less than 15 yrs at time of departure Skip to H9.6</i>	H9.5 What was (...) occupation at time of departure?  Please specify in details on line.	H9.6 What was the highest level of education reached by (...) at time of departure? 1. None/Nursery/Kindergarten 2. Primary 3. Secondary 4. Post Secondary 5. University/Tertiary 6. Other (specify below) 7. Don't know	H9.7 Which country did (...) migrate to?  N.B. Write country on line	H9.8 In which year did (...) migrate?	H9.9 What was the main reason for leaving at the time of departure? 1. Family Reunification 2. Employment 3. Study 4. Crime 5. Medical 6. Other (specify below) 7. DK
1	<input type="text"/>	<input type="text"/> <input type="radio"/> DK	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/>	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/> <input type="radio"/> DK	<input type="text"/>
2	<input type="text"/>	<input type="text"/> <input type="radio"/> DK	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/>	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/> <input type="radio"/> DK	<input type="text"/>
3	<input type="text"/>	<input type="text"/> <input type="radio"/> DK	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/>	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/> <input type="radio"/> DK	<input type="text"/>
4	<input type="text"/>	<input type="text"/> <input type="radio"/> DK	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/>	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/> <input type="radio"/> DK	<input type="text"/>
5	<input type="text"/>	<input type="text"/> <input type="radio"/> DK	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/>	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/> <input type="radio"/> DK	<input type="text"/>

SAMPLE - FOR INFORMATION ONLY