





**PART B: PERSON(S) PRESENT IN HOUSEHOLD continued...** (For persons Age 10 years and above)

| Member Number | Main Job previous week<br>(If options 1-5 Go to Col.14,<br>and if options 6 or 7<br>Go to Next Person ) | If person did nothing, what<br>was the reason?<br>(If options 6-8 Go to Col.12) | Length of<br>unemployment<br>(from the last paid<br>work)<br>Next Person | Do<br>you<br>like<br>to<br>change<br>job? | Reason<br>for<br>the<br>change | Primary<br>or<br>Main<br>Occu-<br>pation | Industry<br>of<br>Primary<br>or<br>Main<br>Occu-<br>pation | Employment<br>Status |
|---------------|---|---|--|---|--------------------------------|--|--|----------------------|
|               | (11)  | (12)  | (13)   | (14)                                      | (15)                           | (16)                                     | (17)   | (18)                 |
| 1 2           | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 6 7 8   | 1 2 3 4 5 6  | 1 2                                       | 1 2                            | 1 2                                      | 1 2  | 1 2 3 4 5 6          |
| 1 2           | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 6 7 8   | 1 2 3 4 5 6  | 1 2                                       | 1 2                            | 1 2                                      | 1 2  | 1 2 3 4 5 6          |
| 1 2           | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 6 7 8   | 1 2 3 4 5 6  | 1 2                                       | 1 2                            | 1 2                                      | 1 2  | 1 2 3 4 5 6          |
| 1 2           | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 6 7 8   | 1 2 3 4 5 6  | 1 2                                       | 1 2                            | 1 2                                      | 1 2  | 1 2 3 4 5 6          |
| 1 2           | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 6 7 8   | 1 2 3 4 5 6  | 1 2                                       | 1 2                            | 1 2                                      | 1 2  | 1 2 3 4 5 6          |
| 1 2           | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 6 7 8   | 1 2 3 4 5 6  | 1 2                                       | 1 2                            | 1 2                                      | 1 2  | 1 2 3 4 5 6          |
| 1 2           | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 6 7 8   | 1 2 3 4 5 6  | 1 2                                       | 1 2                            | 1 2                                      | 1 2  | 1 2 3 4 5 6          |
| 1 2           | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 6 7 8   | 1 2 3 4 5 6  | 1 2                                       | 1 2                            | 1 2                                      | 1 2  | 1 2 3 4 5 6          |
| 1 2           | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 6 7 8   | 1 2 3 4 5 6  | 1 2                                       | 1 2                            | 1 2                                      | 1 2  | 1 2 3 4 5 6          |
| 1 2           | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 6 7 8   | 1 2 3 4 5 6  | 1 2                                       | 1 2                            | 1 2                                      | 1 2  | 1 2 3 4 5 6          |
| 1 2           | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 6 7 8   | 1 2 3 4 5 6  | 1 2                                       | 1 2                            | 1 2                                      | 1 2  | 1 2 3 4 5 6          |
| 1 2           | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 6 7 8   | 1 2 3 4 5 6  | 1 2                                       | 1 2                            | 1 2                                      | 1 2  | 1 2 3 4 5 6          |
| 1 2           | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 6 7 8   | 1 2 3 4 5 6  | 1 2                                       | 1 2                            | 1 2                                      | 1 2  | 1 2 3 4 5 6          |
| 1 2           | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 6 7 8   | 1 2 3 4 5 6  | 1 2                                       | 1 2                            | 1 2                                      | 1 2  | 1 2 3 4 5 6          |
| 1 2           | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 6 7 8   | 1 2 3 4 5 6  | 1 2                                       | 1 2                            | 1 2                                      | 1 2  | 1 2 3 4 5 6          |

- Col. 11: Main Job previous week**
1. Worked for pay
  2. Got job but did not work
  3. Worked for profit
  4. On attachment but didn't work
  5. Apprenticeship
  6. Kept home
  7. Went to School
  8. Did Nothing
- Col.12: If person did nothing, what was the reason?**
1. Looked for job
  2. Sick
  3. Believed no job available
  4. Laid off 30 days or less
  5. Waiting to join work
  6. Retired
  7. Invalid
  8. Others

- Col.13: Length of un-employment (from the least paid work)**
1. Less than 1 month
  2. Between 1 and 2 months
  3. Between 2 and 3 months
  4. Between 3 and 4 months
  5. More than 4 months
  6. Never had a paid work
- Col.14: Do you like to change job?**
1. Yes
  2. No
- Col.16: Primary or Main Occupation**
- See Occupational codes on Page 12

- Col.15: Reason for the change**
- 01 Low income in present job
  - 02 Job doesn't match skill
  - 03 Job environment not congenial
  - 04 Excessive hours of work
  - 05 Precarious job(s)
  - 06 Inadequate tools
  - 07 Equipment or training for assigned task
  - 08 Travel to work difficulties
  - 09 Inconvenient work schedules
  - 10 Recurring work stoppage
  - 11 Prolonged non wage payment
- Col.18: Employment Status**
1. Employer
  2. Employee
  3. Own Account Worker
  4. Members of Producer Coop.
  5. Unpaid Family Worker
  6. Others

**Col.17: Industry of Primary or Main Occupation**

See Industry codes on Page 12









**PART C: USUAL RESIDENT ABSENT** [FOR PERSONS NOT AVAILABLE IN THE HOUSEHOLD DURING THE PERIOD OF THE SURVEY]

| Member Number        | Name of Household Member | Relationship to Head | Sex                  | Age (Last Birthday)  | Marital Status       | Attendance at formal Sch. | Date last in HH      | Date Expected back in HH | Reason for Absence   |
|----------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|---------------------------|----------------------|--------------------------|----------------------|
| (0)                  |                          | (1)                  | (2)                  | (3)                  | (4)                  | (5)                       | (6)                  | (7)                      | (8)                  |
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| <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>      | <input type="text"/> | <input type="text"/>     | <input type="text"/> |

- |   |  |   |  |  |
|---|--|---|--|--|
| <b>Col.1: Relationship to Head</b><br>01 Head<br>02 Spouse<br>03 Own Child<br>04 Step Child<br>05 Grand Child<br>06 Brother/Sister<br>07 Niece/Nephew<br>08 Brother/Sister-in-law<br>09 Parent<br>10 Parent-in-law<br>11 Other relative<br>12 Maid/Nanny/House<br>13 Non-Relative | <b>Col. 2: Sex</b><br>1. Male<br>2. Female | <b>Col.4: Marital Status</b><br>1. Married<br>2. Divorced<br>3. Separated<br>4. Widowed<br>5. Never Married | <b>Col.5: Attendance at formal School</b><br>1. Never<br>2. Now in School<br>3. Before but not now | <b>Col. 8: Reason for Absence</b><br>01 Schooling<br>02 Visitation<br>03 Hospitalisation<br>04 Temporary Transfer<br>05 On Holiday<br>06 Other (specify) |
|---|--|---|--|--|

**PART D: CONTRACEPTIVE PREVALENCE (For both male and female)**

| For all persons aged 15 years and over |                      |                      |                      |                      |                      |  |                      |                      | Children ever born by women married or aged 15 years and over |  |                      |   |                      |                                       |                      |                      |                                     |  |                        |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|--|----------------------|----------------------|---|--|----------------------|---|----------------------|---------------------------------------|----------------------|----------------------|-------------------------------------|--|------------------------|
| List Persons Age 15 years and above    | Member Number        | Relationship to Head | Age (Last Birthday)  | Sex                  | Educational Level    | If ever Married, Age at first marriage | Currently using FP?  | Which Method?        | Ever Pregnant?  | Number of Own Children living in this HH |                      | Number of Own Children living elsewhere |                      | Number of Own Children that have died |                      | Currently Pregnant?  | If pregnant                         |  | Received Anti-Tetanus? |
|  |                      |                      |                      |                      |                      |  |                      |                      |   | M  | F                    | M                                       | F                    | M                                     | F                    |                      | Are you registered with the clinic? | How many times do you go to the clinic in a month? |                        |
|  |                      |                      |                      |                      |                      |  |                      |                      |   |  |                      |   |                      |                                       |                      |                      |                                     |  |                        |
| (0)                                    | (1)                  | (2)                  | (3)                  | (4)                  | (5)                  | (6)                                    | (7)                  | (8)                  | (9)   | (10)                                     | (11)                 | (12)                                    | (13)                 | (14)                                  | (15)                 | (16)                 |                                     |  |                        |
| <input type="text"/>                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                   | <input type="text"/> | <input type="text"/> | <input type="text"/>  | <input type="text"/>                     | <input type="text"/> | <input type="text"/>                    | <input type="text"/> | <input type="text"/>                  | <input type="text"/> | <input type="text"/> | <input type="text"/>                | <input type="text"/>                               | <input type="text"/>   |
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| <input type="text"/>                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                   | <input type="text"/> | <input type="text"/> | <input type="text"/>  | <input type="text"/>                     | <input type="text"/> | <input type="text"/>                    | <input type="text"/> | <input type="text"/>                  | <input type="text"/> | <input type="text"/> | <input type="text"/>                | <input type="text"/>                               | <input type="text"/>   |
| <input type="text"/>                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                   | <input type="text"/> | <input type="text"/> | <input type="text"/>  | <input type="text"/>                     | <input type="text"/> | <input type="text"/>                    | <input type="text"/> | <input type="text"/>                  | <input type="text"/> | <input type="text"/> | <input type="text"/>                | <input type="text"/>                               | <input type="text"/>   |

- |   |   |  |   |   |
|---|---|--|---|---|
| <b>Col.2: Relationship to Head</b><br>01 Head<br>02 Spouse<br>03 Own Child<br>04 Step Child<br>05 Grand Child<br>06 Brother/Sister<br>07 Niece/Nephew<br>08 Brother/Sister-in-law<br>09 Parent<br>10 Parent-in-law<br>11 Other relative<br>12 Maid/Nanny/House<br>13 Non-Relative | <b>Columns 4: Sex</b><br>1. Male<br>2. Female | <b>Col. 5: Educational Level</b><br>1. Below Pry.<br>2. Primary<br>3. Secondary<br>4. Post Secondary | <b>Columns 7, 9, 13, 14, 16?</b><br>1. Yes<br>2. No | <b>Col.8: Which Method?</b><br>01 Pill<br>02 Condom<br>03 Injection<br>04 IUD<br>05 Female sterilization<br>06 Male sterilization<br>07 Douche<br>08 Norplant<br>09 Foaming tab<br>10 Diaphragm<br>11 Foam jelly<br>12 Traditional methods<br>13 Abstinence<br>14 Withdrawal<br>15 Rythm<br>16 Others |
|---|---|--|---|---|

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**PART E: BIRTHS IN THE LAST 12 MONTHS**

| Name of Child<br>(0) | Child Member Number<br>(1) | Mother Member Number<br>(2) | Age of Mother<br>(3) | Sex of Child<br>(4) | Date of Birth<br>(5)<br>d d m m y y | Weight at Birth<br>(6) | Delivered by Trained Birth Attendant?<br>If 2=No, GO TO Part F | What type of Trained Birth Attendant?<br>(8) |
|----------------------|----------------------------|-----------------------------|----------------------|---------------------|-------------------------------------|------------------------|--|--|
|                      |                            |                             |                      |                     |                                     |                        | (7)  |  |
|                      |                            |                             |                      | 1 2                 |                                     |                        | 1 2  | 1 2 3 4 5                                    |
|                      |                            |                             |                      | 1 2                 |                                     |                        | 1 2  | 1 2 3 4 5                                    |
|                      |                            |                             |                      | 1 2                 |                                     |                        | 1 2  | 1 2 3 4 5                                    |
|                      |                            |                             |                      | 1 2                 |                                     |                        | 1 2  | 1 2 3 4 5                                    |
|                      |                            |                             |                      | 1 2                 |                                     |                        | 1 2  | 1 2 3 4 5                                    |

**Col. 4: Sex of Child**  
1. Male  
2. Female

**Col. 7: Delivered by Trained Birth Attendant?**  
1. Yes  
2. No

**Col. 8: What type of Trained Birth Attendant?**  
1. Doctor  
2. Trained Nurse/Midwife  
3. Auxillary Midwife  
4. Trained Traditional Midwife  
5. Traditional Birth Attendant

**PART F: NATIONAL PROGRAMME ON IMMUNIZATION (NPI) [FOR CHILDREN 1 YEAR OR LESS]**

| List of all Children one year or less in this Household<br>(0) | Child Member Number<br>(1) | Age of Child (in completed months)<br>(2) | Sex of Child<br>(3) | Vaccination Records      |                 |            |              |              |              |               |               |               |               |                       |             |                    |     |
|--|----------------------------|---|---------------------|--------------------------|-----------------|------------|--------------|--------------|--------------|---------------|---------------|---------------|---------------|-----------------------|-------------|--------------------|-----|
|  |                            |   |                     | Do you have card?<br>(4) | Mea-sles<br>(5) | BCG<br>(6) | DPT 1<br>(7) | DPT 2<br>(8) | DPT 3<br>(9) | OPV 0<br>(10) | OPV 1<br>(11) | OPV 2<br>(12) | OPV 3<br>(13) | Yel-low Fever<br>(14) | MMR<br>(15) | Vita-min A<br>(16) |     |
|  |                            |   | 1 2                 | 1 2                      | 1 2             | 1 2        | 1 2          | 1 2          | 1 2          | 1 2           | 1 2           | 1 2           | 1 2           | 1 2                   | 1 2         | 1 2                | 1 2 |
|  |                            |   | 1 2                 | 1 2                      | 1 2             | 1 2        | 1 2          | 1 2          | 1 2          | 1 2           | 1 2           | 1 2           | 1 2           | 1 2                   | 1 2         | 1 2                | 1 2 |
|  |                            |   | 1 2                 | 1 2                      | 1 2             | 1 2        | 1 2          | 1 2          | 1 2          | 1 2           | 1 2           | 1 2           | 1 2           | 1 2                   | 1 2         | 1 2                | 1 2 |
|  |                            |   | 1 2                 | 1 2                      | 1 2             | 1 2        | 1 2          | 1 2          | 1 2          | 1 2           | 1 2           | 1 2           | 1 2           | 1 2                   | 1 2         | 1 2                | 1 2 |
|  |                            |   | 1 2                 | 1 2                      | 1 2             | 1 2        | 1 2          | 1 2          | 1 2          | 1 2           | 1 2           | 1 2           | 1 2           | 1 2                   | 1 2         | 1 2                | 1 2 |

**Col. 3: Sex of Child**  
1. Male  
2. Female

**Col. 4: Do you have card?**  
1. Yes  
2. No

**Columns 5-16: Vaccination Records**  
1. Yes  
2. No

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|  |  |  |  |
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**PART G: CHILD NUTRITION [BREASTFEEDING MODULE] [FOR CHILDREN LESS THAN 1 YEAR OLD]**

| List of all Children less than one year old in this Household<br>(0) | Child Member Number<br>(1) | Age of Child (in months)<br>(2) | Has [NAME] ever been breast-fed?<br><small>If 2=No or 3=Don't Know, GO TO G22</small><br>(3) | Did [NAME] get first milk (Colostrum, yellow coloured breast milk)?<br><small>If 1=Yes or 3=Don't Know, GO TO G13</small><br>(4) | Why did [NAME] not get first milk?<br>(5-12) |                        |                       |                    |                              |                        |                             |               | Since the time of birth, for how long (in months) was [NAME] fed exclusively on breast milk (without water, herbal tea or any fluid except vitamin, medicine and ORS)?<br>(13) |  |
|--|----------------------------|---------------------------------|--|--|--|------------------------|-----------------------|--------------------|------------------------------|------------------------|-----------------------------|---------------|--|--|
|  |                            |                                 |  |  | Bad milk<br>(5)                              | Mother ill/weak<br>(6) | Child ill/weak<br>(7) | Mother died<br>(8) | Nipple/Breast problem<br>(9) | Child Re-fused<br>(10) | Didn't produce milk<br>(11) | Other<br>(12) |  |  |
|  |                            |                                 | 1 2 3  | 1 2 3  | 1 2  | 1 2                    | 1 2                   | 1 2                | 1 2                          | 1 2                    | 1 2                         | 1 2           | 1 2  |  |
|  |                            |                                 | 1 2 3  | 1 2 3  | 1 2  | 1 2                    | 1 2                   | 1 2                | 1 2                          | 1 2                    | 1 2                         | 1 2           | 1 2  |  |
|  |                            |                                 | 1 2 3  | 1 2 3  | 1 2  | 1 2                    | 1 2                   | 1 2                | 1 2                          | 1 2                    | 1 2                         | 1 2           | 1 2  |  |
|  |                            |                                 | 1 2 3  | 1 2 3  | 1 2  | 1 2                    | 1 2                   | 1 2                | 1 2                          | 1 2                    | 1 2                         | 1 2           | 1 2  |  |
|  |                            |                                 | 1 2 3  | 1 2 3  | 1 2  | 1 2                    | 1 2                   | 1 2                | 1 2                          | 1 2                    | 1 2                         | 1 2           | 1 2  |  |

Col.3, 4: Has [NAME] ever been breastfed?

- 1. Yes
- 2. No
- 3. Don't Know

Columns 5-12: Why did [NAME] not get first milk?

- 1. Yes
- 2. No

**PART G: CHILD NUTRITION [BREASTFEEDING MODULE] ... continued [FOR CHILDREN LESS THAN 1 YEAR OLD]**

| Child Member Number | Why were you not able to exclusively breastfeed [NAME] for 6 months? |                                 |                         |                          |                   |                                |               | Is [NAME] still being breast fed?<br><small>If 2 or 3 answer Col.30</small><br>(21) | Since this time yesterday, did [NAME] receive any of the following? |                     |  |  |   |  |  |                                   |
|---------------------|--|---------------------------------|-------------------------|--------------------------|-------------------|--------------------------------|---------------|---|---|---------------------|--|--|---|--|--|-----------------------------------|
|                     | Nature of Work<br>(14)   | Shortage of breast milk<br>(15) | Mother's health<br>(16) | Child's Re-fusal<br>(17) | Tradition<br>(18) | Age less than 6 months<br>(19) | Other<br>(20) |   | Vitamin, mineral supplements or medicine<br>(22)                    | Plain Water<br>(23) | Sweetened, flavoured water or fruit juice or tea or infusion<br>(24) | Oral Re-hydration Solution (ORS)<br>(25) | Tinned powdered or fresh milk or infant formula<br>(26) | Any other liquids (specify ..)<br>(27) | Solid or semi-solid (mushy) food<br>(28) | Received ONLY breast milk<br>(29) |
|                     | 1 2  | 1 2                             | 1 2                     | 1 2                      | 1 2               | 1 2                            | 1 2           | 1 2 3   |   |                     |  |  |   |  |  |                                   |
|                     | 1 2  | 1 2                             | 1 2                     | 1 2                      | 1 2               | 1 2                            | 1 2           | 1 2 3   |   |                     |  |  |   |  |  |                                   |
|                     | 1 2  | 1 2                             | 1 2                     | 1 2                      | 1 2               | 1 2                            | 1 2           | 1 2 3   |   |                     |  |  |   |  |  |                                   |
|                     | 1 2  | 1 2                             | 1 2                     | 1 2                      | 1 2               | 1 2                            | 1 2           | 1 2 3   |   |                     |  |  |   |  |  |                                   |
|                     | 1 2  | 1 2                             | 1 2                     | 1 2                      | 1 2               | 1 2                            | 1 2           | 1 2 3   |   |                     |  |  |   |  |  |                                   |

Columns 14-20: Why were you not able to exclusively breastfeed [NAME] for 6 months?

- 1. Yes
- 2. No

Col. 21: Is [NAME] still being breast fed?

- 1. Yes
- 2. No
- 3. Don't Know

Columns 22-29: Since this time yesterday, did [NAME] receive any of the following?

- 1. Yes
- 2. No
- 3. Don't Know

**PART G: CHILD NUTRITION [BREASTFEEDING MODULE] ... continued [FOR CHILDREN LESS THAN 1 YEAR OLD]**

| Child Member Number | If [NAME] is no longer breast fed, at what age (in months) was breast feeding stopped?<br>(30) | Since this time yesterday, has [NAME] been given anything to drink from a bottle with a nipple or teat?<br>(31) | If [NAME] is receiving complementary food, at what age (in months) was it introduced?<br>(32) |
|---------------------|--|---|---|
|                     |  | 1 2 3   |   |
|                     |  | 1 2 3   |   |
|                     |  | 1 2 3   |   |
|                     |  | 1 2 3   |   |
|                     |  | 1 2 3   |   |

Col. 31: Since this time yesterday, has [NAME] been given anything to drink from a bottle with a nipple or teat? 1. Yes 2. No 3. Don't

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**PART H: DEATHS IN THE LAST 12 MONTHS**

| Name of Deceased<br>(0) | Age<br>(in completed years at the time of death)<br>(1) | Sex<br>(2) | Date of Death<br>d d m(3) m y y | Cause of Death<br>(4)   |
|-------------------------|---|------------|---------------------------------|-------------------------|
|                         |   | (1) (2)    |                                 | (1) (2) (3) (4) (5) (6) |
|                         |   | (1) (2)    |                                 | (1) (2) (3) (4) (5) (6) |
|                         |   | (1) (2)    |                                 | (1) (2) (3) (4) (5) (6) |
|                         |   | (1) (2)    |                                 | (1) (2) (3) (4) (5) (6) |
|                         |   | (1) (2)    |                                 | (1) (2) (3) (4) (5) (6) |

Col.2: Sex

1. Male 2. Female

Col. 4: Cause of Death

1. illness 2. Accident/Injury 3. Murder 4. Suicide 5. Died in Sleep 6. Others

**PART I: HEALTH [FOR ALL PERSONS IN THE HOUSEHOLD]**

| Name of Member<br>(0) | Member Number<br>(1) | Was [NAME] injured/Sick in the last 7 days?<br>(2)<br><small>If 2=No, GO TO Part J</small> | What sort of sickness/injury did [NAME] suffer in the last 7 days? |                                 |                                      |                                   |                     |                          |               |                  |               | Did [NAME] miss work or school due to injury/sickness in the last 7 days?<br>(12) | How many days of work or school did [NAME] miss due to illness/injury in the last 7 days?<br>(13) | Did [NAME] consult a health provider (traditional healer inclusive) for any reason in the last 7 days?<br>(14) |
|-----------------------|----------------------|--|--|---------------------------------|--------------------------------------|-----------------------------------|---------------------|--------------------------|---------------|------------------|---------------|---|---|--|
|                       |                      |  | Fever/Malaria<br>(3)   | Diarrhea/Abdominal pains<br>(4) | Pain in back, limbs or joints<br>(5) | Cough/breathing difficulty<br>(6) | Skin problem<br>(7) | Ear, Nose, Throat<br>(8) | Dental<br>(9) | Accident<br>(10) | Other<br>(11) |   |   |  |
|                       |                      | (1) (2)  | (1) (2)  | (1) (2)                         | (1) (2)                              | (1) (2)                           | (1) (2)             | (1) (2)                  | (1) (2)       | (1) (2)          | (1) (2)       | (1) (2)   | (1) (2) (3) (4)   | (1) (2)  |
|                       |                      | (1) (2)  | (1) (2)  | (1) (2)                         | (1) (2)                              | (1) (2)                           | (1) (2)             | (1) (2)                  | (1) (2)       | (1) (2)          | (1) (2)       | (1) (2)   | (1) (2) (3) (4)   | (1) (2)  |
|                       |                      | (1) (2)  | (1) (2)  | (1) (2)                         | (1) (2)                              | (1) (2)                           | (1) (2)             | (1) (2)                  | (1) (2)       | (1) (2)          | (1) (2)       | (1) (2)   | (1) (2) (3) (4)   | (1) (2)  |
|                       |                      | (1) (2)  | (1) (2)  | (1) (2)                         | (1) (2)                              | (1) (2)                           | (1) (2)             | (1) (2)                  | (1) (2)       | (1) (2)          | (1) (2)       | (1) (2)   | (1) (2) (3) (4)   | (1) (2)  |
|                       |                      | (1) (2)  | (1) (2)  | (1) (2)                         | (1) (2)                              | (1) (2)                           | (1) (2)             | (1) (2)                  | (1) (2)       | (1) (2)          | (1) (2)       | (1) (2)   | (1) (2) (3) (4)   | (1) (2)  |

Col. 2: Was [NAME] injured in the last 7 days?

1. Yes  
2. No

Columns 3-11: What sort of sickness/injury did [NAME] suffer in the last 7 days?

1. Yes  
2. No

Col. 14: Did [NAME] consult a health provider (traditional healer inclusive) for any reason in the last 7 days?

1. Yes  
2. No

Col. 12: Did [NAME] missed work or school due to injury/sickness in the last 7 days?

1. Yes  
2. No

Col. 13: How many days of work or school did [NAME] miss due to illness/injury in the last 7 days?

1. None  
2. 1-3 days  
3. 4-7 days

**PART I: HEALTH ... continued**

| Member Number | How did [NAME] pay for most of the Consultation?<br>(15) | Which main health provider did [NAME] see in the last 7 days?<br>(16) | How many times did [NAME] use the service in the last 7 days?<br>(17) |
|---------------|--|---|---|
|               | (1) (2) (3) (4) (5) (6) (7) (8)                          | (1) (2) (3) (4) (5) (6) (7) (8)                                       | (1) (2) (3)   |
|               | (1) (2) (3) (4) (5) (6) (7) (8)                          | (1) (2) (3) (4) (5) (6) (7) (8)                                       | (1) (2) (3)   |
|               | (1) (2) (3) (4) (5) (6) (7) (8)                          | (1) (2) (3) (4) (5) (6) (7) (8)                                       | (1) (2) (3)   |
|               | (1) (2) (3) (4) (5) (6) (7) (8)                          | (1) (2) (3) (4) (5) (6) (7) (8)                                       | (1) (2) (3)   |
|               | (1) (2) (3) (4) (5) (6) (7) (8)                          | (1) (2) (3) (4) (5) (6) (7) (8)                                       | (1) (2) (3)   |

Col. 15: How did [NAME] pay for most of the consultation?

1. Free  
2. Self paid  
3. Employer  
4. Insurance  
5. Other relative  
6. Spouse  
7. Parents  
8. Other

Col. 16: Which main health provider did [NAME] see in the last 7 days?

1. Private dispensary/hospital  
2. Public dispensary/hospital  
3. Community health center  
4. Private doctors/dentist  
5. Traditional healer  
6. Religious hospital/dispensary  
7. Pharmacist/chemist  
8. Other

Col.17: How many times did [NAME] use the service in the last 7 days?

1. 1 to 3  
2. 4 to 6  
3. More than 6

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**PART J: HOUSEHOLD ENTERPRISES**

| For Own Account Worker and Employee of Informal Sector Only                    |                      |                  |   |                        |                           |     |               |     |                         |      |               |      |                           |                                      |                         |  |
|--|----------------------|------------------|---|------------------------|---------------------------|-----|---------------|-----|-------------------------|------|---------------|------|---------------------------|--------------------------------------|-------------------------|--|
| Does the household own any enterprise?<br><small>If 2=No, GO TO Part K</small> | Name of Enterprises? | Kind of Activity |   | Location of Enterprise | Number of Persons Engaged |     |               |     |                         |      |               |      | Is Enterprise Registered? | Income/Profit Enterprises last month |                         |  |
|  |                      |                  |   |                        | Full Time                 |     |               |     | Part Time               |      |               |      |                           |                                      |                         |  |
|  |                      | Industry Code    |   |                        | Occupation Code           |     | Paid Employee |     | Unpaid Household Member |      | Paid Employee |      |                           |                                      | Unpaid Household Member |  |
|  |                      | M                | F |                        | M                         | F   | M             | F   | M                       | F    |               |      |                           |                                      |                         |  |
| (1)  | (2)                  | (3)              |   | (4)                    | (5)                       | (6) | (7)           | (8) | (9)                     | (10) | (11)          | (12) | (13)                      | (14)                                 |                         |  |
| 1 2  |                      |                  |   |                        |                           |     |               |     |                         |      |               |      | 1 2                       |                                      |                         |  |
| 1 2  |                      |                  |   |                        |                           |     |               |     |                         |      |               |      | 1 2                       |                                      |                         |  |
| 1 2  |                      |                  |   |                        |                           |     |               |     |                         |      |               |      | 1 2                       |                                      |                         |  |
| 1 2  |                      |                  |   |                        |                           |     |               |     |                         |      |               |      | 1 2                       |                                      |                         |  |
| 1 2  |                      |                  |   |                        |                           |     |               |     |                         |      |               |      | 1 2                       |                                      |                         |  |
| 1 2  |                      |                  |   |                        |                           |     |               |     |                         |      |               |      | 1 2                       |                                      |                         |  |
| 1 2  |                      |                  |   |                        |                           |     |               |     |                         |      |               |      | 1 2                       |                                      |                         |  |
| 1 2  |                      |                  |   |                        |                           |     |               |     |                         |      |               |      | 1 2                       |                                      |                         |  |

\*M=Males F=Females Col. 13: 1=Yes 2=No

**PART K: HOUSEHOLD EXPENDITURE**

How much did you spend in the last one month on the following items

| School Fees<br>(1) | Medical Expenses<br>(2) | House Expenses<br>(3) | Remittances<br>(4) |
|--------------------|-------------------------|-----------------------|--------------------|
|                    |                         |                       |                    |

How much did you spend in the last one month on the following items

| Cloth Expenses<br>(5) | Transport Expenses<br>(6) | Food Expenses<br>(7) | Others<br>(8) |
|-----------------------|---------------------------|----------------------|---------------|
|                       |                           |                      |               |

\*Food Expenses include Tomato, Onion, Salt, Vegetable spices, etc

Number of Visits:

Length of Interview:

|      | FIELD SUPERVISOR | STATE OFFICE EDITOR | EDITED BY | KEYED BY |
|------|------------------|---------------------|-----------|----------|
| Name |                  |                     |           |          |
| Date |                  |                     |           |          |

**INDUSTRY AND OCCUPATIONAL CODES**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>01 - Agriculture, hunting and forestry                     <ul style="list-style-type: none"> <li>01 - Agriculture, hunting and related service activities</li> <li>02 - Forestry, logging and related service activities</li> </ul> </li> <li>02 - Fishing                     <ul style="list-style-type: none"> <li>05 - Fishing, operation of fish hatcheries and fish farms; service activities incidental to fishing</li> </ul> </li> <li>03 - Mining and quarrying                     <ul style="list-style-type: none"> <li>10 - Mining of coal and lignite; extraction of peat</li> <li>11 - Extraction of crude petroleum and natural gas; service activities incidental to oil and gas extraction, excluding surveying</li> <li>12 - Mining of uranium and thorium ores</li> <li>13 - Mining of metal ores</li> <li>14 - Other mining and quarrying</li> </ul> </li> <li>04 - Manufacturing                     <ul style="list-style-type: none"> <li>15 - Manufacture of food products and beverages</li> <li>16 - Manufacture of tobacco products</li> <li>17 - Manufacture of textiles</li> <li>18 - Manufacture of wearing apparel; dressing and dyeing of fur</li> <li>19 - Tanning and dressing of leather; manufacture of luggage, handbags, saddlery, harness and footwear</li> <li>20 - Manufacture of wood and of products of wood and cork, except furniture; manufacture of articles of straw and plating materials</li> <li>21 - Manufacture of paper and paper products</li> <li>22 - Publishing, printing and reproduction of recorded media</li> <li>23 - Manufacture of coke, refined petroleum products and nuclear fuel</li> <li>24 - Manufacture of chemicals and chemical products</li> <li>25 - Manufacture of rubber and plastics products</li> <li>26 - Manufacture of other non-metallic mineral products</li> <li>27 - Manufacture of basic metals</li> <li>28 - Manufacture of fabricated metal products, except machinery and equipment</li> <li>29 - Manufacture of machinery and equipment n.e.c.</li> <li>30 - Manufacture of office, accounting and computing machinery</li> <li>31 - Manufacture of electrical machinery and apparatus n.e.c.</li> <li>32 - Manufacture of radio, television and communication equipment and apparatus</li> <li>33 - Manufacture of medical, precision and optical instruments, watches and clocks</li> <li>34 - Manufacture of motor vehicles, trailers and semi-trailers</li> <li>35 - Manufacture of other transport equipment</li> <li>36 - Manufacture of furniture, manufacturing n.e.c.</li> <li>37 - Recycling</li> </ul> </li> <li>05 - Electricity, gas and water supply                     <ul style="list-style-type: none"> <li>40 - Electricity, gas, steam and hot water supply</li> <li>41 - Collection, purification and distribution of water</li> </ul> </li> <li>06 - Construction                     <ul style="list-style-type: none"> <li>45 - Construction</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>07 - Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods                     <ul style="list-style-type: none"> <li>50 - Sale, maintenance and repair of motor vehicles and motorcycles; retail sale of automotive fuel</li> <li>51 - Wholesale trade and commission trade, except of motor vehicles and motorcycles</li> <li>52 - Retail trade, except of motor vehicles and motorcycles; repair of personal and household goods</li> </ul> </li> <li>08 - Hotels and restaurants                     <ul style="list-style-type: none"> <li>55 - Hotels and restaurants</li> </ul> </li> <li>09 - Transport, storage and communications                     <ul style="list-style-type: none"> <li>60 - Land transport; transport via pipelines</li> <li>61 - Water transport</li> <li>62 - Air transport</li> <li>63 - Supporting and auxiliary transport activities; activities of travel agencies</li> <li>64 - Post and telecommunications</li> </ul> </li> <li>10 - Financial inter-mediation                     <ul style="list-style-type: none"> <li>65 - Financial inter-mediation, except insurance and pension funding</li> <li>66 - Insurance and pension funding, except compulsory social security</li> <li>67 - Activities auxiliary to financial inter-mediation</li> </ul> </li> <li>11 - Real estate, renting and business activities                     <ul style="list-style-type: none"> <li>70 - Real estate activities</li> <li>71 - Renting of machinery and equipment without operator and of personal and household goods</li> <li>72 - Computer and related activities</li> <li>73 - Research and development</li> <li>74 - Other business activities</li> </ul> </li> <li>12 - Public administration and defence; compulsory social security                     <ul style="list-style-type: none"> <li>75 - Public administration and defence; compulsory social security</li> </ul> </li> <li>13 - Education                     <ul style="list-style-type: none"> <li>80 - Education</li> </ul> </li> <li>14 - Health and social work                     <ul style="list-style-type: none"> <li>85 - Health and social work</li> </ul> </li> <li>15 - Other community, social and personal service activities                     <ul style="list-style-type: none"> <li>90 - Sewage and refuse disposal, sanitation and similar activities</li> <li>91 - Activities of membership organizations n.e.c.</li> <li>92 - Recreational, cultural and sporting activities</li> <li>93 - Other service activities</li> </ul> </li> <li>16 - Activities of private households as employers and undifferentiated production activities of private households                     <ul style="list-style-type: none"> <li>95 - Activities of private households as employers of domestic staff</li> <li>96 - Undifferentiated goods-producing activities of private households for own use</li> <li>97 - Undifferentiated service-producing activities of private households for own use</li> </ul> </li> <li>17 - Extraterritorial organizations and bodies/ethers                     <ul style="list-style-type: none"> <li>99 - Extraterritorial organizations and bodies</li> </ul> </li> </ul> |
|--|---|

Occupational code  
Industry code