



99080946 (82)

HOUSEHOLD SUMMARY COUNT				INSTITUTIONAL			
Usual members present		Usual members absent		Type of Collective Quarters		Summary Count	
Male		Male		Hotel/Motel/Lodge		Male	
Female		Female		Hostel/Guest House/Inn		Female	
Total		Total		Hospital		Total	
				Learning Institution			
				Prison			
				Police Cell			
				Refugee Camp			
				Other (specify below)			

Person Number	FOR ALL MEMBERS PRESENT				ONLY FOR PERSONS LESS THAN 18 YEARS OLD				ONLY FOR PERSONS AGED 5 YEARS AND OLDER								
	P12 What is (NAME'S) ethnicity?	P13 What is (NAME'S) predominant language of communication?	P14 Where was (NAME) residing in October 2009?	P15 How long has (NAME) been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	P16 Is (NAME) disabled in any way?	P17 What is (NAME'S) disability?	P18 What is the cause of (NAME'S) disability?	P19 Is (NAME) an albino?	P20 Is (NAME'S) biological mother alive?	P21 Does (NAME'S) biological mother live in this household?	P22 Is (NAME'S) biological father alive?	P23 Does (NAME'S) biological father live in this household?	P24 Does (NAME'S) birth certificate have been seen?	P25 Can (NAME) read and write in any language?	P26 Has (NAME) ever attended school?	P27 Is (NAME) currently attending school?	P28 What is highest level of education completed?
1				Same as Head of Household	No	Blind	Congenital/pre-natal	No	Yes	No	Yes	Yes	Yes	No	Yes	No	1
2				Same as Head of Household	No	Partially sighted	Other	No	Yes	No	Yes	Yes	Yes	No	Yes	No	1
3				Same as Head of Household	No	Deaf	Other	No	Yes	No	Yes	Yes	Yes	No	Yes	No	1
4				Same as Head of Household	No	Deaf and Dumb	Other	No	Yes	No	Yes	Yes	Yes	No	Yes	No	1
5				Same as Head of Household	No	Hard of hearing	Other	No	Yes	No	Yes	Yes	Yes	No	Yes	No	1
6				Same as Head of Household	No	Dumb	Other	No	Yes	No	Yes	Yes	Yes	No	Yes	No	1
7				Same as Head of Household	No	Mental illness	Other	No	Yes	No	Yes	Yes	Yes	No	Yes	No	1
8				Same as Head of Household	No	Speech impairment	Other	No	Yes	No	Yes	Yes	Yes	No	Yes	No	1
9				Same as Head of Household	No	Physically disabled	Other	No	Yes	No	Yes	Yes	Yes	No	Yes	No	1
10				Same as Head of Household	No	Mentally retarded	Other	No	Yes	No	Yes	Yes	Yes	No	Yes	No	1

ONLY FOR PERSONS AGED 5 YEARS AND OLDER

P29 What is the highest professional or vocational qualification completed? (NAME) has completed? *Write field of study and enter code.*

P30 What is the field of study for the highest professional or vocational qualification completed? *Write field of study and enter code.*

P31 What did (NAME) do in the last 7 days?

P32 What did (NAME) do in the last 12 months?

P33 What was (NAME'S) employment status in the last 12 months? *Write main occupation and enter code.*

P34 What kind of work did (NAME) do in his/her main job or business during the last 12 months?

P35 What kind of business/service was mainly carried out by (NAME'S) employer/establishment/business in the last 12 months? *Write name of industry and enter code.*

P36 What is (NAME'S) marital status? *Go to P38 if married*

P37 How old was (NAME) when he/she first got married or started cohabiting? *Age at first marriage*

P38 Have you ever had a live birth (including babies who died after birth)?

P39 Living with you now?

P40 Living elsewhere?

P41 Dead?

P42 Did you have any live births in the last 12 months?

P43 Living with you now?

P44 Living elsewhere?

P45 Dead?

P46 Do you have a Green National Registration card?

P47 Are you a registered voter?

ONLY FOR PERSONS AGED 12 YEARS AND OLDER

P37 How old was (NAME) when he/she first got married or started cohabiting? *Age at first marriage*

P38 Have you ever had a live birth (including babies who died after birth)?

P39 Living with you now?

P40 Living elsewhere?

P41 Dead?

P42 Did you have any live births in the last 12 months?

P43 Living with you now?

P44 Living elsewhere?

P45 Dead?

P46 Do you have a Green National Registration card?

P47 Are you a registered voter?

ONLY FOR PERSONS AGED 12 YEARS OR OLDER

P31 What did (NAME) do in the last 7 days?

P32 What did (NAME) do in the last 12 months?

P33 What was (NAME'S) employment status in the last 12 months? *Write main occupation and enter code.*

P34 What kind of work did (NAME) do in his/her main job or business during the last 12 months?

P35 What kind of business/service was mainly carried out by (NAME'S) employer/establishment/business in the last 12 months? *Write name of industry and enter code.*

P36 What is (NAME'S) marital status? *Go to P38 if married*

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P42 Did you have any live births in the last 12 months?

P43 Living with you now?

P44 Living elsewhere?

P45 Dead?

P46 Do you have a Green National Registration card?

P47 Are you a registered voter?

ENUMERATOR: GO TO THE NEXT PAGE TO CONTINUE WITH THE LIST OF THE HOUSEHOLD'S MEMBERS. IF THE PERSON IS THE LAST MEMBER OF THE HOUSEHOLD, PROCEED TO SECTION D

SECTION A - AGRICULTURE

A1 Has your household engaged directly in any of the following agricultural activities, that is: crop growing, livestock and poultry raising, fish farming and game ranching since 1st October 2009?

Yes No **M1**

A2 On your holding, which of the following crops did you grow since 1st October 2009?

Yes	No
Maize	Virginia tobacco
Sorghum	Sunflower
Millet	Soya beans
Rice	Paprika
Cassava	Sugar cane
Sweet potatoes	Cashew Nuts
Irish potatoes	Vegetables
Groundnuts	Orchard
Mixed beans	Coffee
Cow peas	Velvet beans
Wheat	Bambara nuts
Cotton	Pineapple
Burley tobacco	Other crop

A3 On your holding, which of the following livestock/poultry have you raised since 1st October 2009?

Yes	No
Cattle	
Goats	
Pigs	
Sheep	
Donkeys	
Chickens	
Other Poultry	
Other Livestock	

A4 Has your agriculture holding included fish farming since 1st October 2009?

Yes No

A5 Has your agriculture holding included game ranching since 1st October 2009?

Yes No

SECTION H - HOUSING CHARACTERISTICS

H9 How many persons usually sleep in the housing unit(s)?

H10 Is this housing unit rented from the employer of any member of this household?

Yes No **HH12**

HH11 Is this employer ...

The Central Government?
 The Local Government?
 Parastatal?
 A private Organisation?
 An individual?
 All skip to A1

HH12 Is this housing unit rented from ...

The Central Government?
 The Local Government?
 Parastatal?
 A private Organisation?
 An individual?

HH3 How is the household refuse disposed?

Regularly collected
 Irregularly collected
 Burnt
 Roadside dumping
 Other dumping
 Burying/pit
 Other

HH4 What is the main type of toilet used by members of this household?

Flush Private connected to water sewer system **HH7**
 Flush Private connected to stand alone soak away
 Flush Communal
 Pit Latrine
 Ventilated Improved Pit Latrine (VIP)
 Bucket
 Other
 No toilet facility

HH5 Is this toilet inside or outside this housing unit?

Inside
 Outside

HH6 Is this toilet exclusively used by members of this household?

Yes No

HH7 Is this housing unit owned by any member of this household?

Yes No **HH9**

HH8 How was this housing unit acquired?

Purchased
 Mortgage
 Freely **A1**
 Inherited
 Self built
 Other

HH9 Is this housing unit provided free by the employer, friend or relative of any member of this household?

Yes, Employer **HH11**
 Yes, By friend or relative **A1**
 No

H4 What is the floor of this housing unit mainly made of?

Concrete
 Cement
 Brick
 Tiles
 Mud
 Wood (not wooden tiles)
 Marble
 Terrazzo
 Other

H5 Type of Occupancy?

Single household **H7**
 One household in several housing units
 Shared
 Vacant
 Non-contact
 Non-residential

H6 (If shared) what is the number of households?

H7 What is the main source of water supply for... Household use

Piped water inside the housing unit **Drinking**
 Piped water outside housing unit within stand/pit
 Communal tap
 Protected well
 Protected borehole
 Unprotected well
 River/Dam/Stream
 Rain Water Tank
 Other tap
 Water Kiosk
 Water Vendor
 Mineral/bottled water
 Other

H8 How many living rooms and bedrooms does this housing unit have? **LIVING** **BEDROOMS**

H1 Type of housing unit

Traditional
 Improved traditional
 Mixed
 Conventional flat
 Conventional house
 Mobile
 Part of commercial building
 Improvised/Makeshift
 Collective/institutional quarters
 Unintended
 Other

H2 What is the main type of material used for the roof?

Thatch/Palm Leaf
 Rustic Mat
 Palm/Bamboo
 Wood Planks
 Cardboard
 Metal/Iron Sheets
 Wood
 Asbestos
 Ceramic Tiles/Harvey Tiles
 Cement
 Roofing Shingles
 Mud Tiles
 Other

H3 What are the walls of this housing unit mainly made of?

Burnt bricks
 Mud bricks
 Compressed mud
 Compressed cement bricks
 Concrete blocks/slab
 Cement blocks
 Stone
 Iron sheets
 Asbestos/hardboard/wood
 Pole and daggamud
 Grass
 Other

SECTION M: GENERAL AND MATERNAL DEATHS

Please record information on the deaths that occurred in the household during the last 12 months. Do not forget the children.

M1 Is there any member of the household who died since October 2009?

Yes No **End**

Death Number	M2 What was the sex of the deceased?	M3 What was the age of the deceased? (Record 00 if less than 1 year)	M4 What was the cause of death?	M5 Did the death occur while pregnant?	M6 Did the death occur during childbirth?	M7 Did the death occur during the 6 weeks period following the end of pregnancy, irrespective of the way the pregnancy ended?
1	Male <input type="checkbox"/> Female <input type="checkbox"/>	Age in completed years (Record 00 if less than 1 year)	Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Injury <input type="checkbox"/> Spousal Violence <input type="checkbox"/> Other Violence <input type="checkbox"/> Other Diseases <input type="checkbox"/> Other <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Male <input type="checkbox"/> Female <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Male <input type="checkbox"/> Female <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Male <input type="checkbox"/> Female <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Male <input type="checkbox"/> Female <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Male <input type="checkbox"/> Female <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>