

**ANTIGUA AND BARBUDA
STATISTICS DIVISION**

**POPULATION AND HOUSING CENSUS
27 MAY 2011**

CONFIDENTIAL WHEN COMPLETE

- 1) USE ONLY 2B PENCILS
- 2) Please print carefully and avoid contact with the edges of the box. Example:

4	5	6
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- 3) IMPORTANT!!! Place an X in the box for multiple choice options
- 4) Erase cleanly and make no stray marks on this form

IMPORTANT!!!

IDENTIFICATION

Transfer the ED, Block and Household Numbers to the top of EACH individual questionnaire

<i>ED No</i>	<i>Block No</i>	<i>Building No</i>	<i>Dwelling No</i>	<i>Household No</i>															
<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>		

Address of Household _____

Community _____

Town/Village _____

District/Parish _____

INTERVIEWER SAY:

I am the Census Interviewer assigned to this area and I would like to get some information about this household and its members. Here is my identification card. (Show card)

INTERVIEWER RECORD OF VISITS

Visit Number	Date (DD/MM/YY)	Time Started	Time Ended	Duration (in minutes)	*Results										
1	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> / <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> / <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>	
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4	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> / <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> / <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>	

*RESULTS CODES: 1 = Completed 2 = Partially Completed, call back 3 = Closed Dwelling
 4 = Vacant Dwelling 5 = No Suitable respondent at home 6 = Refusal 8 = Other

	<u>First Name</u>	<u>Surname</u>	<u>Date</u>	<u>Signature</u>	Code
Liaison officer					<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Supervisor					<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Interviewer					<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Editor/coder					<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

INTERVIEWER SAY: Please give me the names of all the persons who usually live and share one daily meal with your household starting with the head.

REMEMBER: Probe for infants, elderly, new born babies, disabled and persons who died but were members of the household at midnight on the 27 May 2011.

1 (a): LISTING OF HOUSEHOLD MEMBERS

Confidential

	<u>Surname</u>	<u>First Name</u>	<u>Sex</u>		<u>Surname</u>	<u>First Name</u>	<u>Sex</u>
01			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	11			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
02			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	12			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
03			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	13			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
04			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	14			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
05			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	15			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
06			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	16			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
07			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	17			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
08			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	18			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
09			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	19			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
10			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	20			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F

1(b) Total Number of Persons

COMMENTS

Mark multiple choice boxes like this

INTERVIEWER SAY: Now I would like to ask a few questions about the dwelling which your household occupies and the facilities that you have.

SECTION 1: HOUSING

Remember to mark multiple choice boxes like this

2. What is the MAIN material of the outer walls?

- 1 Concrete 7 Wood and brick
 2 Concrete and Blocks 8 Wood & Concrete
 3 Improvised/ Makeshift 9 Wood and galvanized
 4 Stone 88 Other
 5 Stone and brick 99 Don't know/not stated
 6 Wood

3: What is the MAIN material used for roofing?

- 1 Concrete 6 Shingle (wood)
 2 Improvised/Makeshift 7 Tarpaulin
 3 Sheet metal* 8 Tile
 4 Shingle (asphalt) 88 Other (Specify)_____
 5 Shingle (other) 99 Don't know/Not stated

*(zinc, aluminum, galvanise)

4. In which year/ period was this building built?

- 1 Before 1980 6 2008
 2 1980 - 1989 7 2009
 3 1990 - 1999 8 2010
 4 2000 - 2006 9 Don't Know/Not stated
 5 2007

5. What type of dwelling does this household occupy?

- 1 Separate house/ detached
 2 Part of a private house/attached
 3 Flat, apartment, condominium
 4 Double house/Duplex
 5 Townhouse
 6 Combine business and dwelling
 7 Barracks
 8 Other (Specify)_____
 9 Don't know/Not stated

6. How would you best describe the ownership of this dwelling unit?

- 1 Owned with a mortgage 6 Rented private (paying)
 2 Owned outright 7 Squatted
 3 Leased 8 Other (Specify)_____
 4 Rent-free 9 Don't know/Not stated
 5 Rented gov.(paying)

7. Under what type of arrangement is the land occupied?

- 1 Lease-hold 6 Sharecropping
 2 Owned/Freehold 7 Squatted
 3 Permission to work land 8 Other (Specify)_____
 4 Rented (paying) 9 Don't Know/Not Stated
 5 Rent-free

8. Is this dwelling insured?

- 1 Yes 2 No 9 Don't Know/Not Stated

9: Are the contents of this dwelling insured?

- 1 Yes, all
 2 Yes, partially
 3 No, none
 9 Don't know/Not stated

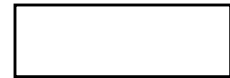
10: What type of fuel does this household use MOST for cooking?

- 1 Cooking gas/LPG
 2 Electricity
 3 Kerosene
 4 Wood/charcoal
 5 None
 6 Other (Specify)_____
 9 Don't know/Not stated

11: How does this household usually dispose of garbage?

- 1 Burning
 2 Burying
 3 Compost
 4 Dumping (land)
 5 Dumping (throwing into river/sea/pond)
 6 Garbage truck -Private
 7 Garbage truck/skip/bin/ -Public
 8 Other (Specify)_____
 9 Don't know/Not stated

Remember to mark multiple choice boxes like this

**SECTION 1: HOUSING****continued**12: What is your MAIN source of water supply?

- 1 Private not piped into dwelling
 2 Private, piped into dwelling
 3 Public standpipe
 4 Public well/tank
 5 Public piped into dwelling
 6 Public, piped into yard
 7 Spring/River
 8 Cistern/Tank
 88 Other (Specify) _____
 99 DK/NS

13: What is your MAIN source of DRINKING water?

- 1 Bottled water 6 Public, piped into dwelling
 2 Private, not piped into dwelling 7 Public, piped into yard
 3 Private, piped into dwelling 8 Spring/River
 4 Public standpipe 9 Cistern/Tank
 5 Public well/tank 88 Other (Specify) _____
 99 Don't know/Not stated

14: What type of toilet facility does this household have?

- 1 Pit latrine not ventilated
 2 Pit latrine ventilated and elevated/Ventilated Improved Pit (VIP)
 3 Pit-latrine ventilated and not elevated
 4 Water Closet (WC) (flush toilet) linked to septic tank/Soak-away
 5 Water Closet (WC) (flush toilet) linked to sewer
 6 None (Skip to 15)
 8 Other (Specify) _____
 9 Don't know/Not stated

15: Is this toilet shared with any other household?

- 1 Yes
 2 No
 9 Don't know/Not stated

16: Are your bathing facilities indoors?

- 1 Yes
 2 No
 9 Don't know/Not stated

17: Are your bathing facilities shared with another household?

- 1 Yes
 2 No
 9 Don't know/Not stated

18: Is your main kitchen inside the dwelling unit or outside?

- 1 Inside
 2 Outside
 9 Don't know/Not stated

19: Is your main kitchen shared with another person not of this household?

- 1 Yes
 2 No
 9 Don't know/Not stated

20: What is the MAIN source of lighting for this household?

- 1 Electricity - Private Generator
 2 Electricity - Public
 3 Gas Lantern
 4 Kerosene
 5 Solar
 6 None
 8 Other (Specify) _____
 9 Don't know/Not stated

21: How many rooms does this household unit have? (A room is enclosed by walls of at least 2m (6.5ft) high, and at least 4 square metres (43 square feet) in area. Do not count bathrooms and porches).

Number of Rooms

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22: How many bedrooms does this household unit have? (Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters. Count all bedrooms including spares not occupied).

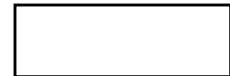
Number of Bedrooms

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40479

Remember to mark multiple choice boxes like this



SECTION 1: HOUSING

concluded

23. Which of these appliances or household equipment does this household have in use?

	Yes	No	How Many?		Yes	No	How Many?
1. Air condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	10. Radio	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
2. Clothes dryer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	11. Refrigerator	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
3. Computers:				12. Satellite dish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
(a) Desktop	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	13. Stereo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
(b) Laptop	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	14. Stove (Gas/electric/solar)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
(c) Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	15. Television (Flat screen)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
4. Dish washer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	16. Television (Regular)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
5. DVD/MP3 player	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	17. Washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
6. Freezer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	18. Water heater	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
7. Generator	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	19. Water pump	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
8. Microwave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>				
9. Mobile/cellular	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>				

24. How many motor vehicles does this household have in use?

25: Which of the following services does your household have in use?

- 1 Fixed line tel
- 2 Cable TV
- 3 Satellite TV
- 4 Internet access
- 9 DK/NS

SECTION 2: CRIME

26. Was any member of this household a victim of any crime during the past twelve months?

(If NO, skip to Section 3) 1 No

If Yes, (X all that apply) Yes

- (a) Murder
- (b) Kidnapping
- (c) Shooting
- (d) Rape/Abuse
- (e) Wounding
- (f) Larceny - Housebreaking
- (g) Larceny - Auto theft
- (h) Larceny - Other
- (i) Other (specify)

27. Was the crime reported?

- 1 Yes (GO TO Q29)
- 2 No (GO TO Q28)
- 9 DK/NS

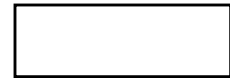
28. If no, why was/were the crime(s) not reported?

- 1 No confidence in the administration of justice
- 2 Afraid of perpetrator
- 3 Not serious enough
- 8 Other (Specify _____)
- 9 DK/NS

29. If yes, what was the result?

- 1 Pending
- 2 Convicted
- 3 Dismissed
- 8 Other (Specify _____)
- 9 DK/NS

Remember to mark multiple choice boxes like this



SECTION 3: INTERNATIONAL MIGRATION

For persons 15 years and over when moved

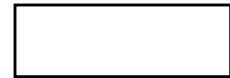
30: Did anyone in this household move abroad to live between 2001 and 2011 and is still living abroad?

31: How many persons?

- 1 Yes (if Yes, continue)
- 2 No (SKIP TO SECTION 4)
- 9 DK/NS (SKIP TO SECTION 4)

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32	33	34	35	36	37	38	39
Person Number	Sex 1 M 2 F	Age when moved <div style="border: 1px solid black; padding: 2px; width: fit-content;">IF AGE IS LESS THAN 15 YEARS SKIP TO 36</div>	Occupation when moved Describe as clearly as possible the person(s) occupation when he/she moved. <div style="border: 1px solid black; padding: 2px; width: fit-content;">For Persons 15 years and over when moved</div>	Highest level of education attained when moved 1 None/No schooling 2 Pre-primary education 3 Primary 4 Secondary 5 Post Secondary 6 University 8 Other 9 DK/NS	Which country did this person migrate to?	In which year did this person migrate?	What was the main reason for migrating at time of departure? 1 Family reunification 2 Employment 3 Study 4 Crime Rate 5 Medical 8 Other 9 DK/NS
	1	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 8	_____ Name of country	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 8
	2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 8	_____ Name of country	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 8
	3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 8	_____ Name of country	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 8
	4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 8	_____ Name of country	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 8
	5	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 8	_____ Name of country	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 8
	6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 8	_____ Name of country	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 8

**SECTION 4: MORTALITY****To be answered by Head of Household or Responsible adult**40: Did any member of this household die during the past 12 months

- 1 Yes
- 2 No (SKIP TO SECTION 5)
- 9 DK/NS (SKIP TO SECTION 5)

41: How many persons?

42: Please tell me the sex and age of each household member who died from this household during the past 12 months?

1	How old was..... when he /she died? <input type="text"/> <input type="text"/> <input type="text"/>	Sex of deceased <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	INTERVIEWER: For Females who died aged 14-49 years only Did the death occur during...? INTERVIEWER: READ OPTIONS BELOW <input type="checkbox"/> 1 Pregnancy <input type="checkbox"/> 2 During child birth <input type="checkbox"/> 3 During six weeks after the end of pregnancy <input type="checkbox"/> 8 Other
2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/> 1 Pregnancy <input type="checkbox"/> 2 During child birth <input type="checkbox"/> 3 During six weeks after the end of pregnancy <input type="checkbox"/> 8 Other
3	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/> 1 Pregnancy <input type="checkbox"/> 2 During child birth <input type="checkbox"/> 3 During six weeks after the end of pregnancy <input type="checkbox"/> 8 Other
4	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/> 1 Pregnancy <input type="checkbox"/> 2 During child birth <input type="checkbox"/> 3 During six weeks after the end of pregnancy <input type="checkbox"/> 8 Other
5	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/> 1 Pregnancy <input type="checkbox"/> 2 During child birth <input type="checkbox"/> 3 During six weeks after the end of pregnancy <input type="checkbox"/> 8 Other
6	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/> 1 Pregnancy <input type="checkbox"/> 2 During child birth <input type="checkbox"/> 3 During six weeks after the end of pregnancy <input type="checkbox"/> 8 Other

Remember to mark multiple choice boxes like this ☒

End of Household Questionnaire. Go to Person Questionnaire.