I — Part III - Characteristics of Census House and Household Facilities (DO NOT FILL IF INSTITUTION)

1. What is use of census house?

1 - Residence
2 - Residence-cum-other use

2. What is the main material of the dwelling floor?

Natural floor
11- Earth / Sand
12- Dung

Rudimentary floor
21- Wood planks
22- Palm / Bamboo

Finished floor
31- Parquet or polished wood
32- Vinyl or asphalt strips
33- Ceramic tiles
34- Cement
35- Carpet
36- "Namad"/"Gleem"
37- "Moket"

3. What is the main construction material of outer walls?

Natural walls
11 - No walls
12 - Cane / Palm / Trunks
13 - Dirt

Rudimentary walls
21 – Bamboo/wood with mud
22 - Stone with mud
23 - Uncovered adobe
24 - Plywood
25 - Cardboard
26 - Reused wood

Finished walls
31 - Cement
32 - Stone with lime / cement
33 - Bricks
34 - Cement blocks
35 - Covered adobe
36 - Wood planks / shingles

96- Others, Specify _____

4. What is the main material of the roof?

Natural roofing
11 - No Roof
12 - Thatch / Palm leaf
13 - Sod

Rudimentary Roofing
21 - Rustic mat
22 - Palm / Bamboo
23 - Wood planks
24 - Cardboard

Finished roofing
31 - Metal
32 - Wood
33 - Calamine / Cement fibre
34 - Ceramic tiles
35 - Cement
36 - Roofing shingle

96- Others, Specify _____

5. How many rooms are there in the census house?

(Except kitchen, toilet and store)

6. How many rooms are at the disposal of the household?

7. How many rooms in this household are used for sleeping?

8. What is the main source of energy for cooking?

01 - Electricity
02 - Liquefied Petroleum Gas (LPG)
03 - Natural gas
04 - Biogas
05 - Kerosene
06 - Coal / Lignite
07 - Charcoal
08 - Wood
09 - Straw / Shrubs / Grass
10 - Animal dung
11 - Agricultural crop residue

96 - Others, Specify _____

95 - No food cooked in household

9. What is the main source of energy for lighting?

1 - Kerosene lamp
2 - Gas lamp
3 - Electricity
4 - Candle
5 - Solar

6 - Others, Specify _____

7 - No light

10. What is the main source energy for heating?

01 - Electricity
02 - Diesel
03 - Kerosene
04 - Gas
05 - Wood
06 - Coal
07 - Charcoal
08 - Animal dung/bushes

96 - Others, Specify _____

95 - No heating

11. What is the main source of drinking water?

Piped water
11 - Piped into dwelling
12 - Piped into compound, yard or plot
13 - Piped to neighbour
14 - Public tap / standpipe

Dug well
31 - Protected well
32 - Unprotected well

Water from spring
41 - Protected spring
42 - Unprotected spring

51 - **Rainwater collection**
61 - **Tanker-truck**
71 - **Cart with small tank / drum**
81 - **Surface water (river, stream, dam, lake, pond, canal, irrigation channel)**
91 - **Bottled water**

96 - Others, Specify _____

12. What is the main source of water used by your household for cooking, washing, or other household purposes?

Piped water
11 - Piped into dwelling
12 - Piped into compound, yard or plot
13 - Piped to neighbour
14 - Public tap / standpipe

21 - **Tube Well, Borehole**

Dug well
31 - Protected well
32 - Unprotected well

Water from spring
41 - Protected spring
42 - Unprotected spring

51 - **Rainwater collection**
61 - **Tanker-truck**
71 - **Cart with small tank / drum**
81 - **Surface water (river, stream, dam, lake, pond, canal, irrigation channel)**

96 - Others, Specify _____

(under Q11 Dug well section also: 21 - Tube Well, Borehole)

13. What kind of toilet facility does this household use?

If "flush" or "pour flush", probe: WHERE DOES IT FLUSH TO? If necessary, ask permission to observe the facility.

Flush / Pour flush
11 - Flush to piped sewer system
12 - Flush to septic tank
13 - Flush to pit (latrine)
14 - Flush to somewhere else
15 - Flush to unknown place / Not sure
16 - DK where

Pit latrine
21 - Ventilated Improved Pit latrine
22 - Pit latrine with slab
23 - Pit latrine without slab / Open pit

31 - **Composting toilet**
41 - **Bucket**
51 - **Hanging toilet, Hanging latrine**

96 - Others, Specify _____

95 - No facility, Bush, Field

14. Does your household have:

1 - Yes
2 - No

[A] *Electricity?...*
[B] *A Radio?...*
[C] *A Television ?...*
[D] *A Non-Mobile Telephone?...*
[E] *A Refrigerator?...*
[F] *A Washing Machine?...*
[G] *An Internet?...*

15. Does any member of your household own:

1 - Yes
2 - No

[A] *A Watch?...*
[B] *A Mobile Telephone?...*
[C] *A Computer?...*
[D] *A Bicycle?...*
[E] *A Motorcycle/Scooter?...*
[F] *An Animal-Drawn Cart?...*
[G] *A Car or Truck? ...*
[H] *A Generator?...*
[I] *A Boat with a Motor?...*

16. Does any member of this household own any land that can be used for agriculture?

1 - Yes
2 - No

If NO, PROCEED to Q.18

17. How many "gerib" of agricultural land do members of this household own?

If less than 1, record "000". If 995 or more, record "995". If unknown, record "998".

18. Does this household own any livestock, herds, other farm animals, or poultry?

1 - Yes
2 - No

If NO, PROCEED to Q.20

19. How many of the following animals does this household have:

[A] *Cattle/Milk Cows/ Bulls?...*
[B] *Horses, Donkeys, or Mules?...*
[C] *Goats?...*
[D] *Sheep?...*
[E] *Chickens?...*
[F] *Ducks/turkeys?...*

20. What is the mode of tenure of the house?

1 - Owned
2 - Rented
3 - Pledged (gera-wee)
4 - Free lodging

5 - Others, Specify _____

SDES (Form No. 4)- For Sample Households

Confidential

ISLAMIC REPUBLIC OF AFGHANISTAN
CENTRAL STATISTICS ORGANIZATION
SOCIO-DEMOGRAPHIC & ECONOMIC SURVEY

Booklet ____ of ____ Booklets

A — Part I - Identification Particulars

Province Name _____

District Name _____

City Name _____

Nahia Code _____

Village Name _____

Controller Area Code

Enumeration Area Code

Gate Serial No.

Building Serial No.

Good morning / afternoon. I am _____, the Enumerator assigned to collect information on Socio-Demographic and Economic data from the residents in this area (show your ID card). I am from the Central Statistics Organization and we are currently conducting the Socio-Demographic and Economic Survey in your area. Your cooperation is very important in order to generate accurate and reliable data that will serve as inputs for planning, monitoring and evaluation of programs and projects intended to improve your lives.

Rest assure that the information you will provide is strictly confidential and no reference is made to any individual. I would like therefore to ask for your cooperation in this undertaking by providing accurate information about your household. I will be asking for your signature or thumb impression at the end of the interview to signify that the information you have provided are correct.

1. Type of Population:

1 - Population in household
2 - Population in institution

2. If Population in household (Code 1 in Q1)

Type of household:

1 – Settled Households
2 – Mobile Households
3 – Household as IDP/Refugees
4 – Homeless Households

Census House No.

Household Serial No.

Proceed to Part - II

3. If Population in Institution (Code 2 in Q1)

Institutional Serial No.

Type of Institution:

1 - Hotels, lodging houses, dormitories, & others
2 - Hospitals and clinics
3 - Welfare institutions (orphanages, safe houses)
4 - Corrective and penal institutions
5 - Madrasah
6 - Logging, mining, and construction/public work camps
7 - Refugee camps
8 - Others, SPECIFY _____

Name of Enumerator: _____ Code

Signature of Enumerator: _____

Date: ___ / ___ / ___
Day / Month / Year

Name of Respondent: _____
First Name   Last Name

Signature of Respondent: _____

Name of Controller: _____

Signature of Controller: _____

Date: ___ / ___ / ___
Day / Month / Year

Line No. of Respondent:

Thumb impression of Respondent:

B	Part II - Individual Particulars (For all members)				

Part II - Individual Particulars (For all members)

Line Number	NAME	RELATIONSHIP TO HH HEAD	SEX	AGE	MARITAL STATUS
	Write the name of the household members in the following order:	What is _____'s relationship to the head of the household?	Is _____ a male or a female?	What is _____'s age as of last birthday?	Is _____ never married, married, widowed, divorced, or separated?
	- Head - Spouse of the head - Unmarried sons/daughters, ordered by age from oldest to youngest - Married sons/daughters with their spouses and children - Parents - Brothers/sisters with their spouses and children, if any - Other relatives with their spouses and children, if any - Non-relative - Servants (Remember to include new-born babies)	**Enter code in the box** 01 - Head 02 - Spouse 03 - Son 04 - Daughter 05 - Stepson 06 - Stepdaughter 07 - Son-in-law 08 - Daughter-in-law 09 - Grandson 10 - Granddaughter 11 - Father 12 - Mother 13 - Brother 14 - Sister 15 - Uncle 16 - Aunt 17 - Nephew 18 - Niece 19 - Other relative 20 - Non-relative 21 – Servant	**Enter code in the box** 1 - Male 2 - Female	**Record age in completed years** Enter "00" for children below one year of age Enter "97" for ages 97 years or more	**Enter code in the box** 1 - Never married, not engaged 2 - Never married, engaged 3 - Currently married 4 - Widowed 5 - Divorced 6 - Separated
	If Population in institution, list name of members of the institution starting with the manager, if he/she is a member of the institution.	If Population in institution, write '97' in the boxes			
0	1	2	3	4	5
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					

Are there more than 10 members in this household/Institution?

1- Yes
2- No

☐ If YES, please use another Booklet

Total Persons	☐☐	Item 1
Total Males (1s)	☐☐	Item 2
Total Females (2s)	☐☐	Item 3

H	Deaths in the Household

Deaths in the Household

Deaths during the past 2 years (24 months)

Were there any death(s) among the members of this household during the past 2 years (24 months)?

If Yes, enter "1" in the box and collect the information below.
If No, enter "2" in the box and cross out the columns below.

H.1 ☐

Line Number	For any deceased member of the household			If deceased was an ever-married woman below 50 years old
	Name	Was _____ a male or female?	What was _____'s age at the time of death? **Write the age in completed years**	Did _____ die during pregnancy, giving birth, or within 6 weeks of delivery?
	Write name of the deceased	**Enter code in the box** 1 - Male 2 - Female	Write the age in completed years Write "00" if less than one year old Write "97" for ages 97 years or more	**Enter code in the box** 1 - During pregnancy 2 - Giving birth 3 - Within six weeks of delivery 4 - No, did not die during pregnancy, giving birth or within six weeks of delivery 5 - Do not know
0	36	37	38	39
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				

Are there more than 10 deaths in this household/Institution during the past 2 years?

1- Yes
2- No

☐ If YES, please use another Booklet

G — Fertility (For ever-married women)

	For ever married women: codes 3, 4, 5, or 6 in Col. 5				For ever married women below 50 years old	

Column headers (questions):

Line Number	Has _____ ever had a child born alive?	How many children were born alive to _____?	How many children are currently alive?	How many children were born alive to _____ but later on died?	Did _____ have a child born alive during the past 12 months?	How many children were born alive to _____ during the past 12 months?	Line Number
	Enter code in the box 1 - Yes 2 - No If NO, PROCEED to the next household member	Write the number of males and females ever born alive *Write '00' if none*	Write the number of surviving males and females (currently alive) *Write '0' if none*	Write the number of dead males and females *Write '00' if none*	Enter code in the box 1 - Yes 2 - No If NO, PROCEED to the next household member	Write the number of males and females born alive during the past 12 months	
		Male	Female	Male	Female	Male	Female		Male	Female	

0	26	27	28	29	30	31	32	33	34	35	0
1											1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
0											0

REMARKS

C — Migration (For All Members)

	USUAL RESIDENCE	DURATION OF STAY		PREVIOUS RESIDENCE	RESIDENCE IN NAWROZ 1390	PLACE OF BIRTH	

Column headers (questions):

- **USUAL RESIDENCE:** In the past, has _____ ever lived for at least six months in a different City/District/Province/Country?
  - 1 - Yes
  - 2 - No
  - If NO, PROCEED to Col. 12
- **DURATION OF STAY:** How long has _____ been staying in this city/district?
  - If less than 4 years write the no. of months
  - If 4 years or more write the no. of years
- **PREVIOUS RESIDENCE:** Where was _____'s previous residence? Write the code in Column C
  - 2 - Other city/district, same province
  - 3 - Other province
  - 4 - Other country
  - If code 2, write the name of the city/district on the blank
  - If code 3, write the name of the city/district and province on the blank
  - If code 4, write the name of the country on the blank
  - DO NOT FILL IN THE BOXES IN COL. 9 (For Office Processing)
- **RESIDENCE IN NAWROZ 1390:** Where was _____'s usual residence in Nawroz 1390? Write the code in Column C
  - 1 - Same city/district
  - 2 - Other ctiy/district, same province
  - 3 - Other province
  - 4 - Other country
  - 5 - Not yet born in Nawroz 1390
  - If code 2, write the name of the city/district on the blank
  - If code 3, write the name of the city/district and province on the blank
  - If code 4, write the name of the country on the blank
  - DO NOT FILL IN THE BOXES IN COL. 10 (For Office Processing)
- **PLACE OF BIRTH:** Where was _____'s place of birth? Write the code in Column C
  - 1 - Same city/district
  - 2 - Other city/district, same province
  - 3 - Other province
  - 4 - Other country
  - If code 2, write the name of the city/district on the blank
  - If code 3, write the name of the city/district and province on the blank
  - If code 4, write the name of the country on the blank
  - DO NOT FILL IN THE BOXES IN COL. 11 (For Office Processing)

0	6	7	8	C	9	C	10	C	11	0
1										1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
0										0

Province Code	Village Code	Building SN	
District Code	CA Code	Census House SN	
City Code	EA Code	Household SN	
Nahia Code	Gate SN	Institutional SN	

D — Economic and Non-Economic Activity of Persons 5 years old and Above

Line Number	Did ___ work any time during the past one year?	How many months during the past year did ___ work?	Economic Activity of Workers (If code 1 in Col. 12) — What was ___'s main occupation during the past year?	What type of industry did ___ work?	What was ___'s employment status?	IF Worked less than 6 months / Did not work — What was the non-economic activity of ___?	Did ___ seek/available for work during the past 12 months?	During the past 12 months, how many months did ___ seek/available for work?	Line Number
	Enter code in the box 1 - Yes 2 – No *If code 2 (NO), PROCEED to Col. 17*	**Write the No. of months in the boxes**	**Give full details of the main occupation/type of activity** Examples: - Wheat grower - Animal producers (livestock/poultry) - Crop farm worker/Laborer - Accountant - Construction Laborer - Sales and Marketing Manager - Primary school teacher - Baker - Shop sales person - Barber - Tailor - Carpenter - Mason - Fisherman - Nurse - Doctor *DO NOT FILL IN THE BOXES (For Office Processing)*	**Give full details of the activity** Examples: - Agriculture & livestock production - Agriculture services - Education / services - Restaurant - Road construction - Banking / services - Retail trade of vegetables - Land transport - Baking -Mining coal *DO NOT FILL IN THE BOXES (For Office Processing)*	**Enter code in the box** 1 - Employer 2 - Employee 3 - Self-employed 4 - Family Worker *If number of months worked is 6 months or more (Col. 13), PROCEED to Col. 20*	**Enter code in the box** 1 - Student 2 - Household duties 3 - Dependent 4 - Pensioner 5 - Rentier 6 – Persons receiving interests, remittances, and others 7 – Inmate of jails/ patient of mental/ tuberculosis hospitals *If inmate/ patient of an institution, PROCEED to Col. 20*	**Enter code in the box** 1 - Actively seeking work 2 - Available for work but not actively seeking work 3 - Not seeking and not available for work *If did not seek/ not available for work (Code 3), PROCEED to Col. 20*	**Write the no. of months in the box**	
0	12	13	14	15	16	17	18	19	0
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
0									0

REMARKS

E — For Persons 5 Years Old and Above / F — For Persons 5 to 45 Years Old

FUNCTIONAL DIFFICULTY — Does ___ have any difficulty/problem in: A - Seeing, even when wearing eyeglasses? B - Hearing, even when using a hearing aid? C - Walking or climbing steps? D - Remembering or concentrating? E - Communicating? F - Self-caring (bathing or dressing)? Enter code in the box 1 - Yes 2 - No	LITERACY — Can ___ read and write a simple message in any language with understanding? Enter code in the box 1 - Yes 2 - No	EDUCATIONAL ATTAINMENT — Has ___ ever attended school/ university? Enter code in the box 1 - Yes 2 - No If NO, PROCEED to Col. 26	What is ___'s highest grade/class completed? Enter highest grade completed in Column C If no grade has been completed, enter '00' in Column C For those who completed grade 13 or above, write major subject of study on the blank *DO NOT FILL IN THE BOXES IN COL. 23 (For Office Processing)*	SCHOOL ATTENDANCE — Is ___ currently attending school/ university? Enter code in the box 1 - Yes 2 - No If NO, PROCEED to Col. 26	What grade/class is ___ currently attending? Enter grade / Class completed in Column C For those who are currently, attending grade 13 or above, write common/major subject of study on the blank Examples: Economics, Engineering, Medical, Law, Geology, Accounting, etc. *DO NOT FILL IN THE BOXES IN COL. 25 (For Office Processing)*
20	21	22	C — 23	24	C — 25
A B C D E F					
A B C D E F					
A B C D E F					
A B C D E F					
A B C D E F					
A B C D E F					
A B C D E F					
A B C D E F					
A B C D E F					
A B C D E F					

REMARKS