

SDES (Form No. 4A)- For Non-Sample Households

Confidential

Sheet of Sheets

According to Articles 18 and 22 of Statistics Law, data collected in the survey is confidential and any person (s) violating this shall be subjected to justice investigation and punishment”



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



A Part I - Identification Particulars

Province Name _____	<input style="width: 20px; height: 20px;" type="text"/>	Village Name _____	<input style="width: 20px; height: 20px;" type="text"/>
District Name _____	<input style="width: 20px; height: 20px;" type="text"/>	Controller Area Code	<input style="width: 20px; height: 20px;" type="text"/>
City Name _____	<input style="width: 20px; height: 20px;" type="text"/>	Enumeration Area Code	<input style="width: 20px; height: 20px;" type="text"/>
Nahia Code	<input style="width: 20px; height: 20px;" type="text"/>	Gate Serial No.	<input style="width: 20px; height: 20px;" type="text"/>
		Building Serial No.	<input style="width: 20px; height: 20px;" type="text"/>

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 <input style="width: 20px; height: 20px;" type="text"/>	2. If Population in household (Code 1 in Q1) Type of household: 1 – Settled Households 2 – Mobile Households 3 – Household as IDP/Refugees <input style="width: 20px; height: 20px;" type="text"/> 4 – Homeless Households Census House No. <input style="width: 20px; height: 20px;" type="text"/> Household Serial No. <input style="width: 20px; height: 20px;" type="text"/> Proceed to Part - II	3. If Population in Institution (Code 2 in Q1) Institutional Serial No. <input style="width: 20px; height: 20px;" type="text"/> 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 <input style="width: 20px; height: 20px;" type="text"/> 8 - Others, SPECIFY _____ <input style="width: 20px; height: 20px;" type="text"/>
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Name of Enumerator: _____ <input style="width: 20px; height: 20px;" type="text"/> <small style="margin-left: 100px;">Code</small>	Name of Controller: _____
Signature of Enumerator: _____	Signature of Controller: _____
Date: <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <small style="margin-left: 20px;">Day Month Year</small>	Date: <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <small style="margin-left: 20px;">Day Month Year</small>
Name of Respondent: _____ <small style="margin-left: 20px;">First Name Last Name</small>	Line No. of Respondent: <input style="width: 20px; height: 20px;" type="text"/>
Signature of Respondent: _____	Thumb impression of Respondent: <div style="border: 1px solid black; width: 100px; height: 50px; margin-top: 10px;"></div>

Part II - Individual Particulars (For all members)

B

Line Number	NAME	RELATIONSHIP TO HH HEAD	SEX	AGE
		<p>Write the name of the household members in the following order:</p> <ul style="list-style-type: none"> - 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 <p>(Remember to include new-born babies)</p>	<p>What is _____'s relationship to the head of the household?</p>	<p>Is _____ a male or a female?</p>
		<p>Enter code in the box</p> <p>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</p>	<p>Enter code in the box</p> <p>1 - Male 2 - Female</p>	<p>Record age in completed years</p> <p>Enter "00" for children below one year of age</p> <p>Enter "97" for ages 97 years or more</p>
	<p>If Population in institution, list name of members of the institution starting with the manager, if he/she is a member of the institution.</p>	<p>If Population in institution, write '97' in the boxes</p>		
0	1	2	3	4
1		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
3		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
4		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
5		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
6		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
7		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
8		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
9		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
0		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

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

1- Yes If YES, please use another Sheet
2- No

Total Persons Item 1

Total Males (1s) Item 2

Total Females (2s) Item 3