

■
A

INSTRUCTIONS

SERIAL NUMBER				Reg No.		Vill/Ward No.			ED No.				Bldg No.			Dw No.			HH No.		
0332250																					

[illegible][illegible][illegible]

NAME _____

DATE _____

D D M M Y Y

NAME _____

DATE _____

D	D	M	M	Y	Y
---	---	---	---	---	---

NAME

DATE _____

D D M M Y Y

NAME _____

DATE _____

D D M M Y Y

HOUSEHOLD QUESTIONNAIRE (One for each Household)

INTERVIEWER SAY:

"I am a census interviewer assigned to this area and I would like to get some information about the household and its members. My name is (...) and here is my ID card. First, please give me the names of all persons who usually live and share at least one meal daily with your household, including persons who were present on census night (14th/15th September 2012) but are no longer here."

LISTING OF HOUSEHOLD MEMBERS

	SURNAME	FIRST NAME	SEX	RP/RA/V
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				

No. of Persons in HH:

Total

--	--

Males

--	--

Females

--	--

Male = 1 Female = 2

RECORD OF VISITS

INTERVIEW CALLS	DATE							TIME STARTED				TIME ENDED				DURATION				*RESULTS
1																				
2																				
3																				
4																				

D D M M Y Y Y Y

*Result Codes 1 = Completed 2 = Partially completed 3 = Dwelling vacant 4 = No suitable respondent at home 5 = Refused 6 = Other (specify)

H1.0 INTERVIEWER: Please shade the appropriate oval for Sex of Head of Household

1 ☐ Male

2 ☐ Female

SECTION H1:

CHARACTERISTICS OF OCCUPIED BUILDING

H1.1 What type of building is this?

- 1 ☐ Residential
2 ☐ Residential/Commercial
3 ☐ Residential/Office
4 ☐ Community Service
5 ☐ Other (specify) _____

H1.2 What is the **main** material of the outer walls?

- 1 ☐ Wood
2 ☐ Concrete
3 ☐ Wood & Concrete
4 ☐ Stone
5 ☐ Adobe & Troolie Palm
6 ☐ Makeshift
7 ☐ Brick only (Clay Brick)
8 ☐ Stone and brick
9 ☐ Galvanize
10 ☐ Wood & Brick
11 ☐ Other (specify) _____

H1.3 What is the **main** material used for roofing?

- 1 ☐ Sheet metal (zinc, aluminium, galvanize)
2 ☐ Shingle (asphalt)
3 ☐ Shingle (wood)
4 ☐ Shingle (other)
5 ☐ Tile
6 ☐ Concrete
7 ☐ Thatched/Troolie Palm
8 ☐ Makeshift
9 ☐ Other (specify) _____

H1.4 In which year/period was this building completed?

- 1 ☐ Before 1980
2 ☐ 1980 - 1989
3 ☐ 1990 - 1999
4 ☐ 2000 - 2005
5 ☐ 2006
6 ☐ 2007
7 ☐ 2008
8 ☐ 2009
9 ☐ 2010
10 ☐ 2011 or later
11 ☐ Don't know/Not stated

SECTION H2:

CHARACTERISTICS OF OCCUPIED DWELLING UNIT AND TENANCY STATUS

H2.1 What is the occupancy status of the dwelling unit?

- 1 ☐ Occupied
2 ☐ Seasonally vacant

H2.2 What type of dwelling unit does this household occupy?

- 1 ☐ Separate house/Detached
2 ☐ Part of a private house/Attached
3 ☐ Flat/Apartment/Condominium
4 ☐ Townhouse
5 ☐ Double house/Duplex
6 ☐ Combined business & Dwelling
7 ☐ Barracks
8 ☐ Makeshift
9 ☐ Other (specify) _____

H2.3 Is this dwelling unit ----- by any member of the household?

- 1 ☐ Owned
2 ☐ Squatted
3 ☐ Rented - Private
4 ☐ Rented - Govt.
5 ☐ Leased
6 ☐ Rent-free
7 ☐ Other (specify) _____
8 ☐ Not stated

SECTION H4:

HOUSING UNIT BY FACILITIES AVAILABLE FOR USE

H4.1 What type of fuel does this household use **most** for cooking?

- 1 ☐ Charcoal
2 ☐ Wood
3 ☐ LPG (Cooking Gas)
4 ☐ Kerosene
5 ☐ Electricity
6 ☐ Other (specify) _____

H4.2 What is the **main** source of lighting for this household?

- 1 ☐ Gas Lantern
2 ☐ Kerosene
3 ☐ Electricity (Public)
4 ☐ Electricity (Private)
5 ☐ Solar/Inverter
6 ☐ Other (specify) _____

H4.3 What is the **main** source of water supply for this household?

- 1 ☐ Private, piped into dwelling
2 ☐ Private catchments/rain water
3 ☐ Private, piped into yard/plot
4 ☐ Public, piped into dwelling
5 ☐ Public, piped into yard/plot
6 ☐ Public standpipe or hand pump
7 ☐ Public well
8 ☐ Spring/river/pond
9 ☐ Truck borne
10 ☐ Dug well/borehole
11 ☐ Other (specify) _____

H4.4 What is the **main** source of drinking water for this household?

- 1 ☐ Piped into dwelling
2 ☐ Piped into yard/plot
3 ☐ Public standpipe
4 ☐ Tube-well/borehole with pump
5 ☐ Protected dug well/spring
6 ☐ Bottled water
7 ☐ Rain water collection
8 ☐ Unprotected dug-well/spring
9 ☐ Pond/river/stream
10 ☐ Vendor/private supplier
11 ☐ Other (specify) _____

SECTION H5:

HOUSEHOLD EQUIPMENT, APPLIANCE & OTHER FACILITIES AVAILABLE FOR USE

H5.1 Does this household have any of the following appliances or household items in working condition?

- | | Yes | No | | Yes | No |
|------------------------------|-----------------------|-----------------------|--------------------------|-----------------------|-----------------------|
| 1 Radio/stereo | <input type="radio"/> | <input type="radio"/> | 10 Microwave | <input type="radio"/> | <input type="radio"/> |
| 2 Television | <input type="radio"/> | <input type="radio"/> | 11 Telephone (landline) | <input type="radio"/> | <input type="radio"/> |
| 3 DVD/MP3/VCR | <input type="radio"/> | <input type="radio"/> | 12 Mobile/cellular phone | <input type="radio"/> | <input type="radio"/> |
| 4 Computer | <input type="radio"/> | <input type="radio"/> | 13 Water pump | <input type="radio"/> | <input type="radio"/> |
| 5 Internet access/connection | <input type="radio"/> | <input type="radio"/> | 14 Electrical generator | <input type="radio"/> | <input type="radio"/> |
| 6 Vehicle (private) | <input type="radio"/> | <input type="radio"/> | 15 Air condition unit | <input type="radio"/> | <input type="radio"/> |
| 7 Refrigerator/freezer | <input type="radio"/> | <input type="radio"/> | 16 Water heater | <input type="radio"/> | <input type="radio"/> |
| 8 Washing machine | <input type="radio"/> | <input type="radio"/> | 17 Cable TV/satellite | <input type="radio"/> | <input type="radio"/> |
| 9 Stove (gas/electric/solar) | <input type="radio"/> | <input type="radio"/> | 18 Solar panel | <input type="radio"/> | <input type="radio"/> |
| | | | 19 Boat (engine/paddle) | <input type="radio"/> | <input type="radio"/> |

SECTION H3:

LAND TENURE & HOUSE LOT APPLICATION

H3.1 Under what type of arrangement is the land occupied? (Lot on which building is located)

- 1 ☐ Owned/freehold
2 ☐ Lease-hold
3 ☐ Rented (paying)
4 ☐ Squatted
5 ☐ Rent-free
6 ☐ None/not applicable
7 ☐ Other (specify) _____
8 ☐ Not stated

H3.2 Have you ever applied to the Ministry of Housing for a House Lot?

- 1 ☐ Yes Region 2 ☐ No (Skip to Section H4)

H3.3 Were you allocated a House Lot?

- 1 ☐ Yes (Skip to Section H4) 2 ☐ No

H3.4 Are you still interested in the application?

- 1 ☐ Yes 2 ☐ No

H4.5 What type of toilet facility does this household have?

- 1 ☐ W.C. (Flush toilet) linked to sewer
2 ☐ W.C. (Flush toilet) linked to septic tank/soak-away
3 ☐ Ventilated Pit Latrine (VIP)
4 ☐ Trad. Pit Latrine with slab
5 ☐ Trad. Pit Latrine w/out slab
6 ☐ None (Skip to H4.7)
7 ☐ Other (specify) _____

H4.6 Is the toilet shared with any other household?

- 1 ☐ Yes 2 ☐ No

H4.7 How many rooms does this household occupy? (Do not count bathrooms and porches)

No. of rooms

H4.8 How many bedrooms are there in this dwelling unit? (Count all bedrooms including spares not occupied)

No. of bedrooms

H4.9 How does this household **usually** dispose of its garbage?

- 1 ☐ Dumping on land
2 ☐ Compost
3 ☐ Burning
4 ☐ Dumping/throwing into river/sea/pond
5 ☐ Burying
6 ☐ Garbage truck/skip/bin - Public
7 ☐ Garbage truck - Private
8 ☐ Other (specify) _____

SECTION H6:

ENVIRONMENT

H6.1 In this community, is your household most concerned about/affected by the following environmental issues?

- | | Yes | No | | Yes | No |
|----------------------------|-----------------------|-----------------------|--------------------|-----------------------|-----------------------|
| 1 Waste disposal | <input type="radio"/> | <input type="radio"/> | 8 Soil erosion | <input type="radio"/> | <input type="radio"/> |
| 2 Water contamination | <input type="radio"/> | <input type="radio"/> | 9 Squatting | <input type="radio"/> | <input type="radio"/> |
| 3 Drainage | <input type="radio"/> | <input type="radio"/> | 10 Flooding | <input type="radio"/> | <input type="radio"/> |
| 4 Air pollution | <input type="radio"/> | <input type="radio"/> | 11 Cellphone tower | <input type="radio"/> | <input type="radio"/> |
| 5 Use of pesticides | <input type="radio"/> | <input type="radio"/> | 12 Noise | <input type="radio"/> | <input type="radio"/> |
| 6 Deforestation | <input type="radio"/> | <input type="radio"/> | 13 Asbestos | <input type="radio"/> | <input type="radio"/> |
| 7 Destruction of mangroves | <input type="radio"/> | <input type="radio"/> | | | |

SECTION H7:

CRIME

H7.1 Has any member of the household been a victim of any of the following crimes during the past 12 months?

Type of Crime	Yes		No		No. of Cases		
					Males	Females	Total
1 Murder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
2 Kidnapping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
3 Shooting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
4 Rape/sexual abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
5 Armed Robbery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
6 Wounding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
7 Larceny/theft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
8 Domestic abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

SECTION H8:

MORTALITY

H8.1 Has any/any-other member of this household died during the past 12 months?

- 1 ☐ Yes 2 ☐ No (Skip to Section H9)

H8.2

Please provide me with the details of person(s) who died from this household during the past 12 months by age and sex.

Males	Females	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>
Person #	Age	Sex
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

Male = 1
Female = 2

Question H8.3 should only be asked for Females aged 14-49 years who died during the past 12 months. (As reported in H8.2 above)

H8.3

Did the death occur during pregnancy, at child birth or within six weeks after the end of pregnancy? (solely related to pregnancy and not any other cause such as accident)

- 1 ☐ Yes 2 ☐ No

SECTION H9:

INTERNATIONAL MIGRATION (EMIGRATION)

H9.1 Has anybody from this household gone to live abroad permanently in the past 5 years, i.e. between 2007 and present?

- 1 ☐ Yes 2 ☐ No (Skip to Section P1)

H9.2

How many persons?

Males	<input type="text"/>	Females	<input type="text"/>	Total	<input type="text"/>
-------	----------------------	---------	----------------------	-------	----------------------

Pers. No	H9.3 What is (...) sex? Male = 1 Female = 2	H9.4 What was (...) age at time of departure? <i>If emigrant was less than 15 yrs at time of departure Skip to H9.6</i>	H9.5 What was (...) occupation at time of departure? Please specify in details on line.	H9.6 What was the highest level of education reached by (...) at time of departure? 1. None/Nursery/Kindergarten 2. Primary 3. Secondary 4. Post Secondary 5. University/Tertiary 6. Other (specify below) 7. Don't know	H9.7 Which country did (...) migrate to? N.B. Write country on line	H9.8 In which year did (...) migrate?	H9.9 What was the main reason for leaving at the time of departure? 1. Family Reunification 2. Employment 3. Study 4. Crime 5. Medical 6. Other (specify below) 7. DK
1	<input type="text"/>	<input type="text"/> <input type="radio"/> DK	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/>	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/> <input type="radio"/> DK	<input type="text"/>
2	<input type="text"/>	<input type="text"/> <input type="radio"/> DK	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/>	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/> <input type="radio"/> DK	<input type="text"/>
3	<input type="text"/>	<input type="text"/> <input type="radio"/> DK	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/>	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/> <input type="radio"/> DK	<input type="text"/>
4	<input type="text"/>	<input type="text"/> <input type="radio"/> DK	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/>	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/> <input type="radio"/> DK	<input type="text"/>
5	<input type="text"/>	<input type="text"/> <input type="radio"/> DK	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/>	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/> <input type="radio"/> DK	<input type="text"/>