

SUDAN DEMOGRAPHIC AND HEALTH SURVEYS  
 HOUSEHOLD SCHEDULE

IDENTIFICATION	
REGION.....	[ ]
PROVINCE.....	[ ][ ]
URBAN/RURAL (urban=1, rural=2).....	[ ]
PLACE NAME _____	
CLUSTER NUMBER.....	[ ][ ]
HOUSEHOLD NUMBER.....	[ ][ ]
SAME HEAD OF HH <input type="checkbox"/> DIFF. HEAD OF HH <input type="checkbox"/> ADDITIONAL HH <input type="checkbox"/>	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE.....				MONTH      YEAR [ ][ ]      [ ][ ]
INTERVIEWER'S NAME				[ ][ ]
RESULT** .....				[ ]
NEXT VISIT:      DATE TIME				TOTAL NUMBER OF VISITS [ ]
<b>**RESULT CODES:</b> 1 COMPLETED 2 HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME 3 HOUSEHOLD ABSENT NIGHT BEFORE INTERVIEW 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL IN HOUSEHOLD [ ][ ]  TOTAL ELIGIBLE WOMEN [ ][ ]

NAME.....	FIELD EDITED BY	OFFICE EDITED BY	CODED BY	KEYED BY
DATE.....	_____	_____	_____	_____
	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]

ALL INFORMATION COLLECTED IS CONFIDENTIAL AND IS ONLY FOR RESEARCH

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

NO.	USUAL RESIDENTS AND VISITORS	RESIDENCE		SEX		AGE	EDUCATION		MARRIAGE	ELIGIBILITY
		Does (NAME) usually live here? (3)	Did (NAME) sleep here last night? (4)	M	F	How old is he/she in completed years? (6)	What is the highest level and grade of school (NAME) completed? (7)		Has (NAME) ever been married? (8)	
(1)	(2)	YES NO	YES NO			IN YEARS	LEVEL GRADE	YES NO		CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15 - 49. (9)
01	_____	1 2	1 2	1 2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2		01
02	_____	1 2	1 2	1 2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2		02
03	_____	1 2	1 2	1 2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2		03
04	_____	1 2	1 2	1 2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2		04
05	_____	1 2	1 2	1 2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2		05
06	_____	1 2	1 2	1 2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2		06
07	_____	1 2	1 2	1 2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2		07
08	_____	1 2	1 2	1 2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2		08
09	_____	1 2	1 2	1 2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2		09
10	_____	1 2	1 2	1 2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2		10
11	_____	1 2	1 2	1 2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2		11
12	_____	1 2	1 2	1 2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2		12
13	_____	1 2	1 2	1 2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2		13
14	_____	1 2	1 2	1 2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 2		14

TICK HERE IF CONTINUATION SHEET USED

TOTAL NUMBER OF ELIGIBLE WOMEN

Just to make sure that I have a complete listing:

- 1) Are there any other persons such as small children or infants that we have not listed? YES  ENTER EACH IN TABLE NO
- 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES  ENTER EACH IN TABLE NO
- 3) Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES  ENTER EACH IN TABLE NO

NO.	USUAL RESIDENTS AND VISITORS	RESIDENCE		SEX		AGE	EDUCATION	MARRIAGE	ELIGIBILITY
		ALL AGE 10 AND ABOVE		What is the highest level and grade of school (NAME) completed?		Has (NAME) ever been married?	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15 - 49.		
(1)	(2) Please give me the names of the persons who usually live in your household or are staying with you now, starting with the head of the household.	Does (NAME) usually live here? (3)	Did (NAME) sleep here last night? (4)	Is (NAME) male or female? (5)	How old is he/she in completed years? (6)	What is the highest level and grade of school (NAME) completed? (7)		Has (NAME) ever been married? (8)	(9)
		YES NO	YES NO	M F	IN YEARS	LEVEL GRADE	YES NO		
15		1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	15	
16		1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	16	
17		1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	17	
18		1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	18	
19		1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	19	
20		1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	20	
21		1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	21	
22		1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	22	
23		1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	23	
24		1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	24	
25		1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	25	
26		1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	26	
27		1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	27	
28		1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	28	
29		1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	29	
30		1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	30	

NOTE: IN ARABIC QUESTIONNAIRE THE SPACE IS PROVIDED TO RECORD UPTO 39 HOUSEHOLD MEMBERS

