

REPUBLIC OF YEMEN  
MINISTRY OF PLANNING AND DEVELOPMENT  
CENTRAL STATISTICAL ORGANIZATION  
YEMEN DEMOGRAPHIC AND CHILD HEALTH SURVEY

1. HOUSEHOLD QUESTIONNAIRE

1991

\* In collaboration with the Ministry of Public Health, the PAPCHILD Project, the Demographic and Health Survey Project (DHS), and USAID.  
Sana'a





1. HOUSEHOLD ROSTER

L I N E  N U M B E R	NAME	SEX	RELATIONSHIP	RESIDENCE	AGE		L I N E  N U M B E R
	101 Please give me the names of the persons who usually live in your household starting with the head of the household.	102 Is (NAME) male or female?  M A L E      F E M A L E	103 What is the relationship of (NAME) to the head of the household?  M O T H E R L I N E N O.	104 Does (NAME) usually live here?  Y E S      N O	105 How old is (NAME) now?  IF LESS THAN 6: in years and months.		
					M O N T H S	Y E A R S	
01		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	01
02		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	02
03		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	03
04		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	04
05		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	05
06		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	06
07		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	07
08		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	08
09		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	09
10		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10
11		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11
12		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12
13		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13
14		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14
15		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15
16		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16
17		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17
18		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18
19		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19
20		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20

JUST TO MAKE SURE I HAVE A COMPLETE LISTING:

1. Are there any other persons, such as small children or infants whom we have not listed?      YES       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       NO

IF ANSWER IS "YES", ENTER EACH IN TABLE. IF ANSWER IS "NO", ENTER EACH IN TABLE.

L I N E	EDUCATION														MARITAL STATUS				L I N E	
	ORPHANHOOD				PERSONS 6-30 YEARS				PERSONS AGED 10 AND OVER						PERSONS AGED 10 AND OVER					
	106 Is his/her father still alive?		107 Is his/her mother still alive?		108 Is (NAME) currently attending school, or has he/she ever attended school?		109 What is the educational status of (NAME)?						110 What is the marital status of (NAME)?							
	Y	N	Y	N	Y	N	I	R	P	S	P	U	S	M	D	W				
ES	O	ES	O	Y	N	L	E	R	E	E	E	E	I	I	I	I				
				U	N	L	R	P	S	P	U	S	M	D	W					
				N	T	L	E	R	E	E	E	E	I	I	I	I				
				Y	E	R	A	A	C	A	N	I	A	I	I					
				E	R	N	D	R	O	R	D	V	R	R	D					
				N	O	O	A	T	A	A	E	E	E	E	E					
01	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	01
02	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	02
03	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	03
04	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	04
05	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	05
06	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	06
07	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	07
08	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	08
09	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	09
10	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	10
11	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	11
12	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	12
13	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	13
14	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	14
15	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	15
16	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	16
17	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	17
18	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	18
19	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	19
20	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	20

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  NO

IF ANSWER IS "YES", ENTER EACH IN TABLE.

ECONOMIC ACTIVITY																	M <input type="checkbox"/> F <input type="checkbox"/>				
PERSONS AGED 10 YEARS AND OVER																	ELIGIBILITY				
LINE NUMBER	201 What did (NAME) do most of the time during the past month? Was he/she:								202 IF 201=1 or 4: What is (was) his/her status in employment?					203 IF 201=1 to 4: What is (was) his/her main occupation?				112	113	114	LINE NUMBER
	WORKING	UNEMPLOYED	HOUSEWORK	AND	STUDENT	SEEKING WORK	DOING HOUSEWORK	STUDENT	RETIRED	SALARIED	OWN ACCOUNT	UNPAID FAMILY	UNPAID APPRENTICE	CODE	WOMAN	CHILD	NUMBER OF EVERY ELIGIBLE CHILD (IF Deceased = 97 Other = 96)				
01	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01			
02	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02			
03	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03			
04	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04			
05	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05			
06	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06			
07	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07			
08	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08			
09	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09			
10	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10			
11	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11			
12	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12			
13	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13			
14	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14			
15	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15			
16	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16			
17	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17			
18	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18			
19	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19			
20	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20			

Total number of eligible women

Total number of eligible children

Total number of eligible children whose mothers live in the household

GENERAL MORTALITY								
301 During the past 24 months, has any of the usual members of this household died?								
YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2								
IF 'YES' ASK :				IF 'NO' GO TO 401				
302	Name	303	Relationship to the head of the household	304		305	306	
				SEX	Age at death		Date of death	
				M	F		Month	Year
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISABILITY			
401 Does anyone in this household, including very young children and women, have any long-term condition or health problem which prevents or limits his/her participation in activities normal for a person of his/her age?			YES <input type="checkbox"/> 1
			NO <input type="checkbox"/> 2
IF 'YES' ASK 402 - 404		IF 'NO' GO TO 501	
402	Name and line number in Household Roster	403	What is the type of his/her condition?
404	What is the cause of the condition? (See coding categories below)*		
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

\* Coding categories for Q404

- |                        |                    |
|------------------------|--------------------|
| 1. Congenital          | 5. Disease         |
| 2. Infant birth trauma | 6. Evil eye/envy   |
| 3. Injury/Accident     | 7. Other (specify) |
| 4. Infectious illness  | 8. D.K.            |

FERTILITY AND CHILD SURVIVAL (For ever married women under age 55)															
501	Name and line number in Household Roster	Children Ever Born							Last Live Birth						
		502 Does (Name) have any children of her own living with her?		503 Does she have any children of her own who do not live with her?		504 Has she ever given birth to a child who later died?		505 Just to make sure I have this correct, she has had (SUM) births. Is this correct?	506 In what month and year did her last live birth occur?		507 What was the sex of this child?		508 Is this child still living?		
		IF 'YES' : How many sons and how many daughters?		IF 'YES' : How many sons and how many daughters?		IF 'YES' : How many sons and daughters have died?		IF 'NO' : CORRECT THE RESPONSES.	MONTH	YEAR	BOY	GIRL	YES	NO	
		S	D	S	D	S	D	SUM							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2



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2. HOUSING CHARACTERISTICS QUESTIONNAIRE

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IDENTIFICATION	2
Urban/Rural :	<input type="checkbox"/>
Name of the cluster.....	
Cluster Number :	<input type="checkbox"/>
Household Number :	<input type="checkbox"/>

Section 1 : HOUSING

QUESTIONS		CODING CATEGORIES		SKIP TO
10	INTERVIEWER: Record the time	Hour	<input type="checkbox"/>	
		Minutes	<input type="checkbox"/>	
11	What type of dwelling unit does your household occupy?	Independent house/Villa	1	
		Apartment in building	2	
		Hut	3	19
		Wood house	4	19
		Cave	5	19
		Tent	6	19
		Temporary shelter	7	19
		Other(specify) _____	8	19
12	Is your dwelling owned by your household or is it rented?	Owned	1	
		Beneficial contract	2	
		Rented	3	
		Other(specify) _____	4	
13	What kind of material is the floor made from? (Record main type)	Earth	1	
		Cement	2	
		Stone/Mud	3	
		Gypsum	4	
		Tile	5	
		Wood	6	
		Marble	7	
		Other(specify) _____	8	
14	How many rooms are there in this dwelling for the exclusive use of this household?	Number of rooms	<input type="checkbox"/>	
15	Of this number, how many are bedrooms or used for sleeping?	Number of rooms	<input type="checkbox"/>	

QUESTIONS		CODING CATEGORIES		SKIP TO
16	INTERVIEWER: Check the ventilation in the house and mark the appropriate answer.	Good	1	
		Fair	2	
		Poor	3	
17	INTERVIEWER: Check light condition in the house and mark the appropriate answer.	Good	1	
		Fair	2	
		Poor	3	
18	INTERVIEWER: Check amount of sunlight in the house and mark the appropriate answer.	Good	1	
		Fair	2	
		No sun	3	
19	Are any farm animals kept in any part of this dwelling?	Yes	1	
		No	2	

Section 2 : COOKING

QUESTIONS		CODING CATEGORIES		SKIP TO
21	Is there a special room used for cooking inside or outside your dwelling?	Yes: Inside dwelling	1	
		Yes: Outside dwelling	2	
		No	3	
22	Is the place used for cooking shared with other households?	Not shared, only HH using	1	
		Shared	2	
23	What fuel is used for cooking?	Gas	1	
		Electricity	2	
		Kerosene	3	
		Coal/Charcoal	4	
		Wood	5	
		Other (specify) _____	6	

Section 3 : WATER

QUESTIONS		CODING CATEGORIES		SKIP TO
31	What is the major source of drinking water for members of the household?	Government project	1	
		-----	-----	
		Cooperative project	2	
		-----	-----	
		Private project	3	
		-----	-----	
		Well with pump	4	
		-----	-----	
		Regular well	5	
32	Where is this source of drinking water located?	Stream	6	
		-----	-----	
		Covered pool	7	
		-----	-----	
		Uncovered pool	8	
		-----	-----	
		Other (specify) _____	9	
		-----	-----	
		-----	-----	
33	How long does it take you to go to the source from the household and come back?	Within dwelling	1	35
		-----	-----	
34	Who usually brings the water?	Outside dwelling	2	
		-----	-----	
35	Do you buy this water?	Time (minutes)	_____	
		Children	1	
		-----	-----	
		Adult women	2	
		-----	-----	
		Adult men	3	
34	Who usually brings the water?	'Sakka' using animals	4	
		-----	-----	
		Trucks/Mules	5	
		-----	-----	
		-----	-----	
35	Do you buy this water?	Yes	1	
		-----	-----	
		No	2	
35	Do you buy this water?	-----	-----	
		Other (specify) _____	3	

QUESTIONS		CODING CATEGORIES		SKIP TO
36 What kind of container do you use to store water in your home?	Concrete/Zinc water tank	1		
	Plastic container	2		
	Bottles	3		
	Earthen pots	4		
	Tin	5		
	Other (specify) _____	6		
	No storage	7		
37 How do you treat drinking water to purify it in your house?	Boiling	1		
	Distillation	2		
	Chlorination	3		
	Filtration	4		
	Other (specify) _____	5		
	No treatment	6		

Section 4 : LIGHTING

QUESTIONS		CODING CATEGORIES		SKIP TO
41 What kind of lighting does this unit have?	Government electricity	1		
	Cooperative electricity	2		
	Private electricity	3		
	Personal generator	4		
	Gas	5	51	
	Kerosene/Oil lamps/Candle	6	51	
	Other (specify) _____	7	51	
	None	8	51	
42 How many hours in a whole day does your household use electricity?	Less than 6 hours	1		
	6-12 hours	2		
	13-18 hours	3		
	19-24 hours	4		

Section 5 : SANITATION

QUESTIONS		CODING CATEGORIES		SKIP TO
51	What type of toilet facilities are available for this household?	Flush toilet connected to sewer	1	
		-----	-----	-----
		Flush toilet not connected to sewer	2	
		-----	-----	-----
		Bucket	3	
		-----	-----	-----
		Pit	4	
		-----	-----	-----
		Toilet connected to an open drainage	5	53
52	Where is the toilet that you use located?	-----	-----	-----
		Latrine shared with others in building	6	53
		-----	-----	-----
		Public (street) toilet	7	53
		-----	-----	-----
		Open air	8	53
53	Do you use soap when you wash your hands?	-----	-----	-----
		Other (specify) _____	9	
		-----	-----	-----
		Yes	1	
		-----	-----	-----
		No	2	

Section 6 : WASTE DISPOSAL

QUESTIONS		CODING CATEGORIES		SKIP TO
61	In what do you put the garbage before it is disposed of?	Container with lid	1	
		-----	-----	
		Container without lid	2	
		-----	-----	
		Plastic bag	3	
62	And where is the garbage (container/bag/etc.) kept?	Thrown straight in street	4	71
		-----	-----	
		Other(specify) _____	5	
		-----	-----	
		-----	-----	
63	How do you dispose of the garbage?	Inside kitchen	1	
		-----	-----	
		Outside kitchen within dwelling	2	
		-----	-----	
		Outside dwelling	3	
64	How often do you dispose of the garbage?	Garbage collector	1	
		-----	-----	
		Dumping in special place	2	
		-----	-----	
		Burning	3	
		Thrown in street	4	71
		-----	-----	
		Other(specify): _____	5	
		-----	-----	
		-----	-----	
		Everyday	1	
		-----	-----	
		At least twice a week	2	
		-----	-----	
		Once a week	3	
		Other(specify): _____	4	
		-----	-----	
		-----	-----	
		-----	-----	
		-----	-----	

Section 7 : OWNERSHIP OF OBJECTS AND ASSETS

QUESTIONS		CODING CATEGORIES		SKIP TO
		Yes	No	
71	Do you have any of the following objects at this dwelling?:			
	1. Radio/Cassette recorder	1	2	
	2. Black & White TV	1	2	
	3. Colour TV	1	2	
	4. Video	1	2	
	5. Refrigerator	1	2	
	6. Gas/Electric cooking stove	1	2	
	7. Water heater	1	2	
	8. Sewing machine	1	2	
	9. Electric fan	1	2	
	10. Washing machine	1	2	
	11. Telephone	1	2	
	12. Air conditioner	1	2	
	13. Vacuum cleaner	1	2	
	14. Blender	1	2	
	15. Bicycle	1	2	
	16. Motorcycle	1	2	
	17. Private car	1	2	
18. Taxi	1	2		

Section 8 : DRAINAGE

QUESTIONS		CODING CATEGORIES		SKIP TO
81	INTERVIEWER: Observe around the dwelling and circle appropriate response.	Clean	1	
		Dirty	2	
		Stagnant water	3	
		Sewage overflow	4	
82	INTERVIEWER: Record the time.	Hour	[[ ]]	
		Minutes	[[ ]]	

