

APPENDIX

SAMPLE HOUSEHOLD ROSTER QUESTIONS

No. *Question Description*

FULL NAME

Q1 Family and Household members
See instructions for listing of names above

RELATIONSHIP TO RESP

Q2 What is (name)'s relationship to you?

Q3 SEX

Is (name) male or female?
[M = 1 F = 2]

ALIVE?

Q4 Is (name) alive?
If (name) is dead, when did he/she die?
*If (name) is dead, strike out Q5-Q16;
do not ask Q5-Q16 for persons who have died*

AGE

Q5 How old is (name)?
OR, in what year was (name)
Born
Circle age or birth year
DK = 9999
If under 1 year, then age = 0.

REG MEM OF HOUSEHOLD

Q6 Where does (name) usually live?
Q7 Did (name) sleep here last night?
NO = 0
YES = 1

MOBILITY

Q8 When did (name) move to this place?
Ask only if Q6=1 or Q6=2

HEALTH

Q9 Has (name) been ill in the past 12 months?
IF YES: For how long?
Q10 How would you rate (name)'s health in general?
Q11 How would you compare (name)'s
health to other people in your village who are the same age and sex?

MARITAL STATUS

IF AGE ≥ 10
Q12 What is (name)'s current marital status?
Probe current marital status if not currently married.
IF MARRIED: To another household or family member?
WRITE LINE ID OF SPOUSE

EDUCATION

IF AGE ≥ 5

Q13 What is the highest level of schooling (name) attended?

Q14 How many grades (in years) did

(name) complete at that level?

[enter number of years]

DK/CR=99

WORK

IF AGE ≥ 15

Q15 What is (name)'s main way of earning money?

SAMPLE HOUSEHOLD ROSTER

ID	Relationship		Sex	Alive?	Age
	Full Name	to Resp			
LINE ID	NAME	CODE	CODE	CODE	AGE OR YEAR OF BIRTH
01	(=Resp.)	1		1	age b-year
02					age b-year
03					age b-year
04					age b-year
05					age b-year
06					age b-year
07					age b-year
08					age b-year
09					age b-year

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