

FORM B HOUSEHOLD QUESTIONNAIRE PART 3 : FERTILITY INFORMATION OF FEMALES AGED 15 AND OVER LISTED IN COLUMN 2 OF PART 2

Sl. No.	Full Name of woman	Sl. No. in col.1 of Part 2	Age of woman at the time of birth of first child	FERTILITY INFORMATION									
				Give the age in completed years	Number of Children Born (Give number in two digits like 01, 02,.....10, 11. If None, write 00)						Particulars of Birth in the last 12 months to women aged 15-49 years		
How many Children have been born alive to the woman ?		How many of them are living ?			How many of them have died ?		Any child born alive to the woman during the last 12 months ? (Give actual number like 1,2 under the appropriate column. If none write 0) (If no child was born to the woman in the last 12 months, put dash(-) in Col.9&10)	State who assisted her during the delivery (Enter Code from list below)	Did she get the birth of this child registered with the civil authority? Yes = 1 No = 2 (Enter code)				
(1)	(2)	(3)	(4)	(5)		(6)		(7)		(8)		(9)	(10)
				(a) Male	(b) Female	(a) Male	(b) Female	(a) Male	(b) Female	(a) Male	(b) Female		
1													
2													
3													
4													
5													
6													
7													
8													
9													
0													

Codes for Column 9
 1. Doctor
 2. Nurse
 3. Midwife
 4. Traditional Birth Attendant (TBA)
 5. Other
 6. None

FORM B HOUSEHOLD QUESTIONNAIRE PART 4 : DEATH IN HOUSEHOLD

Deaths in Household in the last 12 months: Total Number of Deaths

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PARTICULARS OF THE DECEASED									
Sl. No.	Name of Deceased	Sex 1: Male 2: Female (Enter Code)	Relationship to Head of Household (Use Code given for col.3 of Par 2)	Age at Death Write the age in total years completed at the time of death 00: Less than 1 year 01: 1 year to less than 2 years 02: 2 years to less than 3 years . 97: 97 years to less than 98 years 98: 98 years and over	What was the cause of death? (Enter Code from the list below)	Has this death been registered with the civil authority? 1: Yes 2: No	For women aged 15-49 years who died		
							Did the woman die while pregnant, during delivery or within 42 days after giving birth? 1: Yes 2: No	If "Yes" in column 7(a) State where the death took place (Enter Code from the list below)	
1	2	3	4	5	6	7	8(a)	8(b)	8(c)
1									
2									
3									
4									
5									
6									
7									
8									
9									
0									

214

Codes for column 4
Relationship to Head of Household
1: Head
2: Wife / Husband
3: Son / Daughter
4: Step child
5: Adopted/ Foster child
6: Father / Mother
7: Sibling
8: Grand child
9: Niece /nephew
10: Son / Daughter-in-law
11: Brother / Sister in- law
12: Father /mother in law
13: Other Relative
14: Servant
15: Non-Relative including boarder

Codes for col. 6		
Cause of Death		
ILLNESS	ACCIDENT	NOT KNOWN
01: Fever	12: Land mine	16: Don't known
02: Diarrhoea	13: Road Accident	
03: Tuberculosis	14: Drowning	
04: Heart disease	15: Other accident (specify.....)	
05: Dengue fever		
06: Malaria		
07: Tetanus		
08: HIV/AIDS		
09: Pregnancy complication		
10: Delivery complication		
11: Other illness (specify.....)		

Codes for Col. 8(b)
Place of Death
1: Hospital
2: Health Center
3: Home
4: Other

Codes for Col. 8 (c)
1: Doctor
2: Nurse
3: Midwife
4: Traditional Birth Attendant (TBA)
5: Other (Specify)...
6: None

FORM B HOUSEHOLD QUESTIONNAIRE PART 5 : HOUSING CONDITIONS AND FACILITIES

(Enter Code in the box below)

On what basis does this household occupy this dwelling?	Main Source of light	Main Cooking Fuel	Toilet facility within premises	Main Source of drinking water supply	Location of Drinking water source	No. of rooms occupied by household (exclude kitchen, bathroom, toilet and storeroom)	Availability of separate kitchen within premises
1	2	3	4	5	6	7	8
1 : Owner occupied 2 : Rent 3 : Not owner, but rent free 4 : Other (specify) <input type="text"/> (Enter Code)	1 : City power 2 : Generator 3 : Both city power and generator 4 : Kerosene 5 : Candle 6 : Battery 7 : Other (specify) <input type="text"/> (Enter Code)	1 : Firewood 2 : Charcoal 3 : Kerosene 4 : Liquefied Petroleum Gas (LPG) 5 : Electricity 6 : None 7 : Other (specify) <input type="text"/> (Enter Code)	1 : Not available If available give one of the codes 2 to 5: 2 : Connected to sewerage 3 : Septic tank 4 : Pit latrine 5 : Other type of toilet (specify)..... <input type="text"/> (Enter Code)	1 : Piped water 2 : Tube / pipe well 3 : Protected dug well 4 : Unprotected dug well 5 : Rain 6 : Spring river, stream, lake/pond 7 : Bought 8 : Other (specify)..... <input type="text"/> (Enter Code)	1: Within the premises 2: Near the premises 3: Away <input type="text"/> (Enter Code)	1 : One Room 2 : Two Rooms 3 : Three Rooms 4 : Four Rooms 5 : Five Rooms 6 : Six Rooms 7 : Seven Rooms 8 : Eight Rooms and above <input type="text"/> (Enter Code)	1: Yes 2: No <input type="text"/> (Enter Code)

INFORMATION ON OWNERSHIP OF SOME FACILITIES BY THE HOUSEHOLD (Under each item write "00" in the square if not available, or give the actual number if available)

Radio/ Transistor	Television	Telephone (Desk phone)	Cell phone	Personal Computer	Bicycle	Motorcycle	Refrigerator	Washing Machine	Air-Conditioner	Fan	Car/Van	Boat
9	10	11	12	13	14	15	16	17	18	19	20	21
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tractor	
22	
(a) Big tractor	(b) Hand tractor (Koyaon)
<input type="text"/>	<input type="text"/>

State whether the household accesses the Internet

At home	Outside home	At home and Outside home
23	24	25
1: Yes 2: No <input type="text"/> (Enter Code)	1: Yes 2: No <input type="text"/> (Enter Code)	1: Yes 2: No <input type="text"/> (Enter Code)