

Reference Number



CONFIDENTIAL/LEKUNUTU

TLHOKOMELISO: TŠOARA PAMPIRI EA LIPOTSO KA MOKHOA O MAKHETHE. SE KE UA E KOKOBANYA KAPA HO E TŠELA KA METSI.

2006 POPULATION AND HOUSING CENSUS OF THE KINGDOM OF LESOTHO

A. INTERVIEW INFORMATION

Lekala la Lipalo
Maseru, Lesotho

Shade Circles Like This--> ●
Not Like This--> ⊗

PRINT DIGITS AS SHOWN --->

1. NAME OF HEAD OF HOUSEHOLD	<input type="text"/>
2. DISTRICT NAME	<input type="text"/>
3. PRINCIPAL CHIEF	<input type="text"/>
4. AREA CHIEF	<input type="text"/>
5. VILLAGE CHIEF	<input type="text"/>
6. VILLAGE NAME	<input type="text"/>
7. HSA NAME	<input type="text"/>

District	Ward	Zone	Urban/Rural	E.A.Code	Village Number	Household Number	HSA No	Local Comm. Coun.	Ques. No
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IMPORTANT
Create a reference number by combining the EA Code, Village No, Household No. and the Questionnaire numbers
WRITE this number NOW on the top of all pages.

Number of Visits Write date of visit			Total Persons in household	Final Result code
1	2	3		
Final Visit			Males <input type="text"/>	Completed (1) No household member at home (2) Entire household absent for extended period of time (3) Dwelling vacant (4) Dwelling destroyed (5) Other (6)
			Females <input type="text"/>	

Interviewer's name	<input type="text"/>
Date	<input type="text"/>
Supervisor's Name	<input type="text"/>
Date	<input type="text"/>

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		B - LIST OF HOUSEHOLD MEMBERS							
<p>B1. Who slept in this household Saturday night (08/04/2006)?</p> <p>Write the names of all adults. Children and babies. Include visitors and persons temporarily absent (on night duty, travel, etc).</p> <p>Exclude those in Lesotho if away for more than six months and are in convents except for members in institutions.</p> <p>Exclude those outside the country continuously for more than three years, except those in institutions.</p>									
	head								
Person Number									
<p>B2. What is (name's) relationship to head of household?</p> <p>00 - Absentee Head 01 - Head 02 - Spouse 03 - Child 04 - son/daughter-in-law 05 - grand child/great grand child 06 - parent/parent in law 07 - other relative 08 - domestic employee 09 - other person not related 10 herd boy</p>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	
<p>B3. Is (name) male or female?</p> <p>1 - Male 2 - Female</p>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> M <input type="radio"/> F	
<p>B4. How old was (name) on his/her last birthday?</p> <p>Enter age in completed years. ("000" for children less than one year)</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input 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<p>B5. Date of birth</p> <p>Month</p> <p>Year</p>	<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"/> <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<p>B6. What is (name's) marital status? <i>Skip to B9 if coded 1 or 9</i></p> <p>1 - Never married 2 - Monogomously married 3 - polygamously married 4 - living together 5 - separated 6 - divorced 7 - Widowed 9 - DK</p>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 9	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 9	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 9	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 9	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 9	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 9	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 9		
<p>B7. Age at first marriage (for those who ever married i.e code 2,3,4,5,6,7 in B6)</p> <p>Enter age in completed years. 88 not applicable</p>	<input type="text"/> <input type="text"/> <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 6 <input type="radio"/> 8 <input type="radio"/> 7 <input type="radio"/> 9 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 6 <input type="radio"/> 8 <input type="radio"/> 7 <input type="radio"/> 9 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 6 <input type="radio"/> 8 <input type="radio"/> 7 <input type="radio"/> 9 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 6 <input type="radio"/> 8 <input type="radio"/> 7 <input type="radio"/> 9 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 6 <input type="radio"/> 8 <input type="radio"/> 7 <input type="radio"/> 9 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 6 <input type="radio"/> 8 <input type="radio"/> 7 <input type="radio"/> 9 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> 1 <input type="radio"/> 0 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 6 <input type="radio"/> 8 <input type="radio"/> 7 <input type="radio"/> 9 <input type="radio"/> 8 <input type="radio"/> 9		

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B8. Is (name's) first or only spouse alive? 1 - Alive 2 - Not alive 8 - Not applicable 9 - DK	1 2 8 9	1 2 8 9	1 2 8 9	1 2 8 9	1 2 8 9	1 2 8 9	1 2 8 9	1 2 8 9																																																																																																																																																									
B9. Is father of (name) alive? 1 - Yes 2 - No 9 - DK	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9																																																																																																																																																									
B10. Is mother of (name) alive? 1 - Yes 2 - No 9 - DK	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9																																																																																																																																																									
B11. What is (name's) current Residential Status? 1 - Present 2 - Visitor 3 - Member elsewhere in Lesotho 4 - Member in RSA 5 - Outside Lesotho & RSA	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5																																																																																																																																																									
B12. If (name) is absent outside Lesotho where is S/he staying? Codes 4 and 5 in B11 15 - RSA 80 - Europe 20 - Swaziland 85 - Other (specify) 25 - Botswana 88 - Not App 30 - Namibia 99 - DK 35 - Zimbabwe 40 - Zambia 45 - Mozambique 50 - Angola 55 - Tanzania 60 - Malawi 65 - Other Africa (specify) 70 - America 75 - Asia	<table border="1"> <tr><td></td><td></td></tr> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> <tr><td>9</td><td>8</td></tr> <tr><td>9</td><td></td></tr> </table>			1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7	9	8	9		<table border="1"> <tr><td></td><td></td></tr> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> <tr><td>9</td><td>8</td></tr> <tr><td>9</td><td></td></tr> </table>			1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7	9	8	9		<table border="1"> <tr><td></td><td></td></tr> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> <tr><td>9</td><td>8</td></tr> <tr><td>9</td><td></td></tr> </table>			1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7	9	8	9		<table border="1"> <tr><td></td><td></td></tr> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> <tr><td>9</td><td>8</td></tr> <tr><td>9</td><td></td></tr> </table>			1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7	9	8	9		<table border="1"> <tr><td></td><td></td></tr> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> <tr><td>9</td><td>8</td></tr> <tr><td>9</td><td></td></tr> </table>			1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7	9	8	9		<table border="1"> <tr><td></td><td></td></tr> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> <tr><td>9</td><td>8</td></tr> <tr><td>9</td><td></td></tr> </table>			1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7	9	8	9		<table border="1"> <tr><td></td><td></td></tr> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> <tr><td>9</td><td>8</td></tr> <tr><td>9</td><td></td></tr> </table>			1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7	9	8	9	
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Member Number	01	02	03	04	05	06	07	08
C. FOR ALL PERSONS - DISABILITY								
C18. Is (name) disabled? Note: state the main disability								
01 - Amputation of fingers	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
02 - Amputation of arms	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1
03 - Amputation of hands	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2
04 - Amputation of toes	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3
05 - Amputation of foot/leg	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4
06 - Lambe/paralysed limb	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5
07 - Blind (Total/Partial)	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6
08 - Deaf (Total/Partial)	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7
09 - Speech problem	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8
10 - Mental illness	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9
11 - Mental retardation								
12 - Not disabled								
13 - Other (Specify)								
99 - DK								
If coded 12 or 99 skip to D21								
C19. For how long has (name) been disabled?								
Enter number of years	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
"000" for less than 1 year	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1
"777" for since birth	2 2 2	2 2 2	2 2 2	2 2 2	2 2 2	2 2 2	2 2 2	2 2 2
	3 3 3	3 3 3	3 3 3	3 3 3	3 3 3	3 3 3	3 3 3	3 3 3
	4 4 4	4 4 4	4 4 4	4 4 4	4 4 4	4 4 4	4 4 4	4 4 4
	5 5 5	5 5 5	5 5 5	5 5 5	5 5 5	5 5 5	5 5 5	5 5 5
	6 6 6	6 6 6	6 6 6	6 6 6	6 6 6	6 6 6	6 6 6	6 6 6
	7 7 7	7 7 7	7 7 7	7 7 7	7 7 7	7 7 7	7 7 7	7 7 7
	8 8 8	8 8 8	8 8 8	8 8 8	8 8 8	8 8 8	8 8 8	8 8 8
	9 9 9	9 9 9	9 9 9	9 9 9	9 9 9	9 9 9	9 9 9	9 9 9
C20. What was the cause of disability?								
01 - Born disabled	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
02 - Illness	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1
03 - Traffic accidents	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2
04 - Domestic accident	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3
05 - Mine accident	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4
06 - Other work/ farming accident	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5
07 - Fight / assault	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6
08 - Playing / sport	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7
09 - Animal accident	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8
10 - Witchcraft	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9
11 - Unknown								
12 - Domestic Violence								
13 - Other (specify)								
D. EDUCATION - FOR ALL PERSONS AGED 2 YEARS AND OVER								
D21. Has (name) ever attended school?	<i>Those coded 1, probe</i>							
1 - Never Attended	1	1	1	1	1	1	1	1
2 - Still Attending	2	2	2	2	2	2	2	2
3 - Left School	3	3	3	3	3	3	3	3
8 - Not Applicable	8	8	8	8	8	8	8	8
9 - DK	9	9	9	9	9	9	9	9
D22. What is (name's) highest level of education completed?	Eg. 01 = standard 1							
00 - Pre school								
01 - 07 (Stds 1 - 7)								
11 - 15 (Form 1 - 5)								
20 - Diploma/Certificate after primary	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
21 - Vocational training after primary	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1
22 - Diploma/certificate after secondary	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2
23 - Vocational training after secondary	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3
24 - Diploma/certificate after high school	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4
25 - Vocational after high school	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5
26 - Graduate	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6
27 - Post graduate	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7
28 - Non Formal Education	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8
29 - None	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9
30 - Other (specify)								
88 NA								
99 - DK								
D23. Does (name) know how to read and write?	For those coded 01-07, 28 & 29 in D22, produce literacy card							
1 - Yes, with ease	1	1	1	1	1	1	1	1
2 - Yes, with difficult	2	2	2	2	2	2	2	2
3 - Not at all	3	3	3	3	3	3	3	3
4 - Blind	4	4	4	4	4	4	4	4
5 - No card with required language	5	5	5	5	5	5	5	5
6 - Pre school	6	6	6	6	6	6	6	6
8 - Not applicable	8	8	8	8	8	8	8	8
9 - DK	9	9	9	9	9	9	9	9

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Member Number	01	02	03	04	05	06	07	08
E24. What was (name's) employment status during last week? 10 - Employer 20 - Own account worker/farmer 31 - Regular wages/salary earner 32 - Casual worker 40 - Unpaid family worker 50 - Job seeking 55 - Job seeking for the first time 60 - Homemaker 65 - Housewife 70 - Retired 80 - Student 90 - Disabled 88 - Not Applicable 95 - Other (specify) 99 - DK	E - ECONOMIC STATUS - FOR PERSONS AGED 10 YEARS AND ABOVE							
	<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"/> 1 2 3 4 5 6 7 8 9	<input type="text"/> 1 2 3 4 5 6 7 8 9	<input type="text"/> 1 2 3 4 5 6 7 8 9	<input type="text"/> 1 2 3 4 5 6 7 8 9	<input type="text"/> 1 2 3 4 5 6 7 8 9	<input type="text"/> 1 2 3 4 5 6 7 8 9	<input type="text"/> 1 2 3 4 5 6 7 8 9	<input type="text"/> 1 2 3 4 5 6 7 8 9
E25. If job seeking (code 50 in E24), what was (name's) employment status 12 months ago (April 2005)? 10 - Employer 20 - Own account worker/farmer 31 - Regular wages/salary earner 32 - Casual worker 40 - Unpaid family worker 50 - Job seeking 55 - Job seeking for the first time 60 - Homemaker 65 - Housewife 70 - Retired 80 - Student 88 - Not Applicable 90 - Disabled 95 - Other (specify) 99 - DK	<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"/> 1 2 3 4 5 6 7 8 9	<input type="text"/> 1 2 3 4 5 6 7 8 9	<input type="text"/> 1 2 3 4 5 6 7 8 9	<input type="text"/> 1 2 3 4 5 6 7 8 9	<input type="text"/> 1 2 3 4 5 6 7 8 9	<input type="text"/> 1 2 3 4 5 6 7 8 9	<input type="text"/> 1 2 3 4 5 6 7 8 9	<input type="text"/> 1 2 3 4 5 6 7 8 9
E26. If employed last week, who was (name's) employer? (Codes 10 to 40 and 60 in E24) 1 - Government 2 - Parastatal 3 - Private (Including self employed) 4 - RSA 5 - Other (specify) 8 - Not Applicable	<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"/> 1 2 3 4 5 8	<input type="text"/> 1 2 3 4 5 8	<input type="text"/> 1 2 3 4 5 8	<input type="text"/> 1 2 3 4 5 8	<input type="text"/> 1 2 3 4 5 8	<input type="text"/> 1 2 3 4 5 8	<input type="text"/> 1 2 3 4 5 8	<input type="text"/> 1 2 3 4 5 8
E27. What was (name's) last type of work done last week?, ask those coded 10 to 50 and 60	<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"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
E28. What was (name's) main product/service/activity of place of work? 01 - Agriculture 02 - Fishing 03 - Mining/quarrying 04 - Manufacturing/processing 05 - Electricity 06 - Construction 07 wholesale & retail, repair of motor vehicles & personal & household Goods 08 Hotels & Restaurants 09 Transport, storage & communication 10 Financial Intermediation 11 Real estate, renting & buss. Activities 12 Public Admin., defence, comp. social service 13 Education 14 Health & social work 15 Other community, social & pers. services 16 -Private Household 17 Extra territorial organisations bodies 88 - Not Applicable	<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"/> 0 1 8 9	<input type="text"/> 0 1 8 9	<input type="text"/> 0 1 8 9	<input type="text"/> 0 1 8 9	<input type="text"/> 0 1 8 9	<input type="text"/> 0 1 8 9	<input type="text"/> 0 1 8 9	<input type="text"/> 0 1 8 9

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Member Number	01	02	03	04	05	06	07	08
E29.Location of Employment								
11 - Same village/town	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12 - different village/Town same district	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other district/country	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
01 - Butha-Buthe	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02 - Leribe	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03 - Berea	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04 - Maseru	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05 - Mafeteng	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06 - Mophale's Hoek	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07 - Quthing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08 - Qacha's Nek	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09 - Mokhotlong	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10 - Thaba -Tseka	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13 - RSA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14 Other countries(specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
88 - Not Applicable	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
99 - DK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E30.Location of Employment in Urban Areas								
01 - Butha-Buthe	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02 - Hlotse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03 - Mafutshe	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04 -Teyateyaneng	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05 - Maseru	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06 - Semonkong	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07 - Mafeteng	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08 - Mophale's Hoek	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09 - Moyeni	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10 - Qacha's Nek	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 - Mokhotlong	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12 Thaba-Tseka	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13 -RSA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14 - Other Countries (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
88 Not Applicable	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
99 - DK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E31.Has (name) ever worked in RSA in the past 10 years (since 1996)?								
1 - Never worked	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 - Worked in the past	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 - Presently working in RSA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8 - Not applicable	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9 - DK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E32.If (name) ever worked in RSA in the past 10 years, how long has s/he worked?								
<i>Enter 00 for less than 1 year</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Code "88" for those coded 1, 8 and 9 in E31	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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F. WOMEN 12 TO 49 YEARS (FERTILITY)**For each woman 12 - 49 years, enter woman line number from the list of household members**

Woman Line Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F33. How many pregnancies have you had? Enter 00 for no pregnancies. If 00 skip to G45	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F34. Have you ever given a live birth? Enter 00 for no. If yes: How many children were born alive altogether? If no, skip to G45	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F35. Have you ever given a live birth in the last 12 months?. If yes, how many? Enter 00 for none	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F36. When did you give your last live birth? Enter month and year	Month <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Year <input type="text"/>
F37. What was the sex of the last live birth? (Include those who were born alive and died afterwards).	Male <input type="radio"/> Female <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
F38. Is the last child still alive?	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
F39. How many sons live with you?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F40. How many daughters live with you?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F41. How many sons are alive but do not live with you?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F42. How many daughters are alive but do not live with you?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F43. How many sons have died?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F44. How many daughters have died?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G. WOMEN 12 TO 49 YEARS (MATERNAL MORTALITY)**For each woman 12 - 49 years, enter woman line number from the list of household members**

Woman Line Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G45. How many sisters (of the same mother) do you have aged 15 years and over? Enter 00 for no sisters 15 years and over & move to the next female/ section H (Alive or dead)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G46. How many sisters (of the same mother) died after reaching the age of 15?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G47. How many of these dead sisters died due to pregnancy?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G48. How many of these dead sisters died during childbirth?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G49. How many of these dead sisters died during six weeks after end of pregnancy?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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H - HOUSING CHARACTERISTICS AND HOUSEHOLD POSSESSIONS

<p>H50. What is the tenure of the land?</p> <p>Leasedhold (1) Title deed (2) Form C (3) No title (4) DK (9)</p>	<p>H51a. From whom did you acquire your land? Skip to H52 if coded 2 to 9</p> <p>Government Agency (1) Allocated by chief (2) Bought from somebody (3) Inherited/gift (4) Other (Specify) (5) <input type="text"/> DK (9)</p>	<p>H51b. From which government agency did you acquire your land?</p> <p>LEHCOOP/Lesotho housing/LHLDC (1) UDS/Mabote Project (2) LSPP (3) MCC (4)</p>
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H52. Number of housing units

Rontabole	<input type="text"/>	0	1	2	3	4	5	6	7	8	9
Heisi	<input type="text"/>	0	1	2	3	4	5	6	7	8	9
Polata	<input type="text"/>	0	1	2	3	4	5	6	7	8	9
Malaene	<input type="text"/>	0	1	2	3	4	5	6	7	8	9
Optaka	<input type="text"/>	0	1	2	3	4	5	6	7	8	9
Apartment\Town House	<input type="text"/>	0	1	2	3	4	5	6	7	8	9
Bungalow	<input type="text"/>	0	1	2	3	4	5	6	7	8	9
Temporary Structure	<input type="text"/>	0	1	2	3	4	5	6	7	8	9

H53. Number of rooms

Rontabole	<input type="text"/>	0	1	2	3	4	5	6	7	8	9
Heisi	<input type="text"/>	0	1	2	3	4	5	6	7	8	9
Polata	<input type="text"/>	0	1	2	3	4	5	6	7	8	9
Malaene	<input type="text"/>	0	1	2	3	4	5	6	7	8	9
Optaka	<input type="text"/>	0	1	2	3	4	5	6	7	8	9
Apartment\Town House	<input type="text"/>	0	1	2	3	4	5	6	7	8	9
Bungalow	<input type="text"/>	0	1	2	3	4	5	6	7	8	9
Temporary Structure	<input type="text"/>	0	1	2	3	4	5	6	7	8	9

<p>H54. Main type of house.</p> <p>Rontabole (1) Heisi (2) Polata (3) Malaene (4) Optaka (5) Apartment Houses (6) Bungalow (7) Temporary Structure/Mok'huk'hu (8)</p>	<p>H55. Main material of construction of walls of the main type of house</p> <p>Burned bricks (1) Cement bricks (2) Mud bricks (3) Stick and mud (4) Corrugated iron (5) Stone (6) Other/Specify (7) <input type="text"/></p>	<p>H56. Main material of the floor of the main type of house</p> <p>Brick tiles (1) Tiles (2) Mud and Dung (3) Wood (4) Cement (5) Vinyl/Linoleum (6) Carpet (7) Other/Specify (8) <input type="text"/></p>	<p>H57. Main material of the roof of the main type of house</p> <p>Thatch/Straw (1) Roof tiles (2) Corrugated iron (3) Other/Specify (4) <input type="text"/></p>
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<p>H58. Main fuel for cooking</p> <p>Electricity (mains) (0) Electricity (generator) (1) Electricity (solar) (2) Gas (3) Paraffin (4) Coal (5) Wood (6) Dung (7) Crop waste (8) Other Specify (9) <input type="text"/></p>	<p>H59. Main fuel for heating</p> <p>Electricity (mains) (0) Electricity (generator) (1) Electricity (solar) (2) Gas (3) Paraffin (4) Coal (5) Wood (6) Dung (7) Crop waste (8) Other Specify (9) <input type="text"/></p>	<p>H60. Main fuel for lighting</p> <p>Electricity (mains) (1) Electricity (generator) (2) Electricity (solar) (3) Electricity (battery) (4) Gas (5) Paraffin (6) Candles (7) Other/Specify (8) <input type="text"/></p>	<p>H61. Main toilet facility</p> <p>No toilet (1) Sewage system (2) Septic tank (3) Soak away (4) Pit Latrine (5) VIP (6)</p>
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<p>H62. What is the main source of drinking water for the household?</p> <p>01 Piped water on premises (0) 02-Piped water community supply (1) 03 -Catchment tank (2) 04 - Public well (3) 05 - Private well (4) 06 - Spring covered (5) 07 - spring not covered (6) 08 -River (7) 09 - Private borehole (8) 10 - Public borehole (9) 11 - Other/Specify (9) <input type="text"/></p> <p>If coded 1, 5 or 9 skip to H64</p>	<p>H63. How long does it take to get water. State time in minutes. i.e to go, get water and come back walking?</p> <p>00 - 14 (1) 15 - 29 (2) 30 - 44 (3) 45 - 49 (4) 50 - 59 (5) 60- 119 (6) 120 + (7)</p>	<p>H64. Possession of one of the following by one of the H/H members</p> <p>Radio (Y/N) Television (Y/N) Telephone (Y/N) Cellular Phone (Y/N) Refridgerator (Y/N) Bed/mattress (Y/N) Car (Y/N) Scotch cart (Y/N) Computer (Y/N) Internet (Y/N)</p>
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H65. Do you own one of the following *state the number*

Fields	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9	Donkeys	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9
Cattle	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9	Pigs	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9
Sheep	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9	Unimproved Poultry	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9
Goats	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9	Improved Poultry	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9
Horses	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9	Rabbits	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9
			Mules	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9

H66. How does this household dispose off its refuse/rubbish?

Regularly Collected 1
 Irregularly Collected 2
 Communal refuse dump 3
 Own refuse dump 4
 Roadside dumping 5
 Other(specify) 6

I: DEATHS OF HOUSEHOLD MEMBERS DURING PAST 12 MONTHS THAT IS, SINCE APRIL 2005

I67. Did death occur in the household since April 2005?

Y **IF NO, GO TO THE NEXT HOUSEHOLD**
 N

	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Serial Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I68. Sex of the Deceased

<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M
<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F

**I69. How old was the deceased?
Age in completed years.
Enter 00 for the age less than 1 year**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 0 <input type="text"/> 0	<input type="text"/> 0 <input type="text"/> 0	<input type="text"/> 0 <input type="text"/> 0	<input type="text"/> 0 <input type="text"/> 0	<input type="text"/> 0 <input type="text"/> 0
<input type="text"/> 1 <input type="text"/> 1	<input type="text"/> 1 <input type="text"/> 1	<input type="text"/> 1 <input type="text"/> 1	<input type="text"/> 1 <input type="text"/> 1	<input type="text"/> 1 <input type="text"/> 1
<input type="text"/> 2 <input type="text"/> 2	<input type="text"/> 2 <input type="text"/> 2	<input type="text"/> 2 <input type="text"/> 2	<input type="text"/> 2 <input type="text"/> 2	<input type="text"/> 2 <input type="text"/> 2
<input type="text"/> 3 <input type="text"/> 3	<input type="text"/> 3 <input type="text"/> 3	<input type="text"/> 3 <input type="text"/> 3	<input type="text"/> 3 <input type="text"/> 3	<input type="text"/> 3 <input type="text"/> 3
<input type="text"/> 4 <input type="text"/> 4	<input type="text"/> 4 <input type="text"/> 4	<input type="text"/> 4 <input type="text"/> 4	<input type="text"/> 4 <input type="text"/> 4	<input type="text"/> 4 <input type="text"/> 4
<input type="text"/> 5 <input type="text"/> 5	<input type="text"/> 5 <input type="text"/> 5	<input type="text"/> 5 <input type="text"/> 5	<input type="text"/> 5 <input type="text"/> 5	<input type="text"/> 5 <input type="text"/> 5
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<input type="text"/> 7 <input type="text"/> 7	<input type="text"/> 7 <input type="text"/> 7	<input type="text"/> 7 <input type="text"/> 7	<input type="text"/> 7 <input type="text"/> 7	<input type="text"/> 7 <input type="text"/> 7
<input type="text"/> 8 <input type="text"/> 8	<input type="text"/> 8 <input type="text"/> 8	<input type="text"/> 8 <input type="text"/> 8	<input type="text"/> 8 <input type="text"/> 8	<input type="text"/> 8 <input type="text"/> 8
<input type="text"/> 9 <input type="text"/> 9	<input type="text"/> 9 <input type="text"/> 9	<input type="text"/> 9 <input type="text"/> 9	<input type="text"/> 9 <input type="text"/> 9	<input type="text"/> 9 <input type="text"/> 9

I70. What was the cause of death?

- 01 - Respiratory disease/ serame
- 02 - Sejeso
- 03 - Headache
- 04 - Diarrhea
- 05 - Heart Diseases
- 06 - High Blood
- 07 - Stress
- 08 - Stroke
- 09 - Diabetis
- 10 - Accidents
- 11 - Borurusi
- 12 - HIV/AIDS
- 13 - Other (Specify)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 0 <input type="text"/> 0	<input type="text"/> 0 <input type="text"/> 0	<input type="text"/> 0 <input type="text"/> 0	<input type="text"/> 0 <input type="text"/> 0	<input type="text"/> 0 <input type="text"/> 0
<input type="text"/> 1 <input type="text"/> 1	<input type="text"/> 1 <input type="text"/> 1	<input type="text"/> 1 <input type="text"/> 1	<input type="text"/> 1 <input type="text"/> 1	<input type="text"/> 1 <input type="text"/> 1
<input type="text"/> 2 <input type="text"/> 2	<input type="text"/> 2 <input type="text"/> 2	<input type="text"/> 2 <input type="text"/> 2	<input type="text"/> 2 <input type="text"/> 2	<input type="text"/> 2 <input type="text"/> 2
<input type="text"/> 3 <input type="text"/> 3	<input type="text"/> 3 <input type="text"/> 3	<input type="text"/> 3 <input type="text"/> 3	<input type="text"/> 3 <input type="text"/> 3	<input type="text"/> 3 <input type="text"/> 3
<input type="text"/> 4 <input type="text"/> 4	<input type="text"/> 4 <input type="text"/> 4	<input type="text"/> 4 <input type="text"/> 4	<input type="text"/> 4 <input type="text"/> 4	<input type="text"/> 4 <input type="text"/> 4
<input type="text"/> 5 <input type="text"/> 5	<input type="text"/> 5 <input type="text"/> 5	<input type="text"/> 5 <input type="text"/> 5	<input type="text"/> 5 <input type="text"/> 5	<input type="text"/> 5 <input type="text"/> 5
<input type="text"/> 6 <input type="text"/> 6	<input type="text"/> 6 <input type="text"/> 6	<input type="text"/> 6 <input type="text"/> 6	<input type="text"/> 6 <input type="text"/> 6	<input type="text"/> 6 <input type="text"/> 6
<input type="text"/> 7 <input type="text"/> 7	<input type="text"/> 7 <input type="text"/> 7	<input type="text"/> 7 <input type="text"/> 7	<input type="text"/> 7 <input type="text"/> 7	<input type="text"/> 7 <input type="text"/> 7
<input type="text"/> 8 <input type="text"/> 8	<input type="text"/> 8 <input type="text"/> 8	<input type="text"/> 8 <input type="text"/> 8	<input type="text"/> 8 <input type="text"/> 8	<input type="text"/> 8 <input type="text"/> 8
<input type="text"/> 9 <input type="text"/> 9	<input type="text"/> 9 <input type="text"/> 9	<input type="text"/> 9 <input type="text"/> 9	<input type="text"/> 9 <input type="text"/> 9	<input type="text"/> 9 <input type="text"/> 9