



# THE REPUBLIC OF THE UNION OF MYANMAR

MINISTRY OF IMMIGRATION AND POPULATION  
2014 POPULATION AND HOUSING CENSUS

## Main Questionnaire

### INSTRUCTIONS FOR COMPLETION

USE 2B BLACK PENCIL ONLY. Write then shade like this:

23

or this:

1 2 3 4 5 6 7 8 9 10

Write numbers like this:

1 2 3 4 5 6 7 8 9 0

Questionnaire number

of

for this household

### HOUSEHOLD IDENTIFICATION

| State/Region         | District             | Township/<br>SubTownship | Ward/Village<br>Tract | Urban or<br>Rural    | Enumeration Area<br>(Block No.) | Household No.        |
|----------------------|----------------------|--------------------------|-----------------------|----------------------|---------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>     | <input type="text"/>  | <input type="text"/> | <input type="text"/>            | <input type="text"/> |
| Urban<br>1           |                      |                          |                       | Rural<br>2           |                                 |                      |

### FOR ALL MEMBERS OF THE HOUSEHOLD

| 1. Serial number of household member | 2. Name<br>(Write all persons who spent the night of 29 March 2014 in this household. Make sure to include babies, elderly persons, disabled persons and visitors)<br><b>ONLY PERSONS WHO SPENT THE CENSUS NIGHT IN THIS HOUSEHOLD</b> | 3. Relationship to the head of the household<br>Head of Household<br>Spouse<br>Son/Daughter<br>Son/Daughter-in-law<br>Grandchild/Great grandchild<br>Parent/Parent-in-Law<br>Sibling<br>Grandparent<br>Other Relative<br>Adopted Child<br>Non Relative | 4. Sex<br>Male<br>Female | 5. Completed Age<br><i>If age greater than or equal to 98, write "98". If less than one write "00".</i><br><br>In Years | 6. Marital status<br>Single (Never married)<br>Married<br>Widowed<br>Divorced/Separated<br>Renounced | 7. Religion<br>Buddhist<br>Christian<br>Islam<br>Hindu<br>Animist<br>Other Religion<br>No Religion | 8. Ethnicity | 9. Disability<br>Does (Name) have any difficulty...?<br>i. Seeing, even if wearing glasses<br>ii. Hearing, even if using hearing aid<br>iii. Walking, climbing steps, carrying items<br>iv. Remembering or concentrating |         |         |             |  |
|--------------------------------------|--|--|--------------------------|---|--|--|--------------|--|---------|---------|-------------|--|
|                                      |  |  |                          |   |  |  |              | Seeing   | Hearing | Walking | Remembering |  |
| 1                                    |  |  |                          |   |  |  |              |  |         |         |             |  |
| 2                                    |  |  |                          |   |  |  |              |  |         |         |             |  |
| 3                                    |  |  |                          |   |  |  |              |  |         |         |             |  |
| 4                                    |  |  |                          |   |  |  |              |  |         |         |             |  |
| 5                                    |  |  |                          |   |  |  |              |  |         |         |             |  |
| 6                                    |  |  |                          |   |  |  |              |  |         |         |             |  |
| 7                                    |  |  |                          |   |  |  |              |  |         |         |             |  |
| 8                                    |  |  |                          |   |  |  |              |  |         |         |             |  |

### CONFIDENTIALITY:

We assure that the personal information collected in this interview is confidential and will not be disclosed in any way.



12345678 (90)



12345678(90)

| Serial Number | FOR ALL MEMBERS OF THE HOUSEHOLD  |       |     |       |     |     |               |       |     |     |   |                            |  | AGE 5 AND ABOVE    |  |  | AGE 10 AND ABOVE                  |  |  |  |   |   |           |  |   |   |
|---------------|---|-------|-----|-------|-----|-----|---------------|-------|-----|-----|---|----------------------------|--|--------------------|--|--|-----------------------------------|--|--|--|---|---|-----------|--|---|---|
|               | IDENTITY CARD   |       |     |       |     |     |               |       |     |     | MIGRATION   |                            |  | EDUCATION          |  |  | LABOUR FORCE                      |  |  |  |   |   |           |  |   |   |
|               | 10. Type of identity card   |       |     |       |     |     |               |       |     |     | Place of Birth  |                            | Place of Usual Residence   |                    | 15. Duration in place of usual residence (in years)  | 16. Reason for movement to this township (usual residence) | Place of Previous Usual Residence |  | 19. Can (Name) read and write in any language? | 20. Is (Name) currently attending, previously attended or never attended school/college? | 21. What is the highest education grade/level (Name) completed? | 22. What was (Name's) activity status during the last 12 months? (April 2013 - March 2014)<br><i>If options 6 to 11 skip to Q25</i> |           |  |   |   |
|               | Citizenship Scrutiny Card (pink)<br>Associate Scrutiny Citizenship Card (blue)<br>Naturalised Scrutiny Citizenship Card (green)<br>National Registration Card (three fold card, green for men, pink for women)<br>Religious Card<br>Temporary Registration Card (white)<br>Foreign Registration Card (FRC)<br>Foreign Passport<br>None of the documents above<br>Child below 10 years |       |     |       |     |     |               |       |     |     | 11. Township<br><i>If born here write "000", if not write Township code</i> | 12. Urban or Rural         | 13. Township<br><i>If here write "000", if not write Township code</i> | 14. Urban or Rural |  |  |                                   |  |  |  |   |   | Yes<br>No | Currently attending<br>Previously attended<br>Never attended | None - 00<br>Grade - 01-11<br>College - 12<br>Vocational training - 13<br>Undergraduate diploma - 14<br>Graduate - 15<br>Postgraduate diploma - 16<br>Masters Degree - 17<br>PhD - 18<br>Other - 19 | Employee (Government)<br>Employee (Private, Org)<br>Employer<br>Own account worker<br>Contributing family worker<br>Sought work<br>Did not seek work<br>Full time student<br>Household work<br>Pensioner, retired, elderly person<br>Ill, disabled<br>Other |
|               | Enter code from manual  |       |     |       |     |     |               |       |     |     | Urban<br>Rural  | Enter code from manual     | Urban<br>Rural   |                    | Employment/in search for employment<br>Education<br>Marriage<br>Followed family<br>Conflict<br>Did not move<br>Other | Enter code from manual                                     | Urban<br>Rural                    |  |  |  |   |   |           |  |   |   |
| 1             | 1 2 3 4 5 6 7 8 9 10  | 1 2 3 | 1 2 | 1 2 3 | 1 2 | 1 2 | 1 2 3 4 5 6 7 | 1 2 3 | 1 2 | 1 2 | 1 2 3   | 1 2 3 4 5 6 7 8 9 10 11 12 |  |                    |  |  |                                   |  |  |  |   |   |           |  |   |   |
| 2             | 1 2 3 4 5 6 7 8 9 10  | 1 2 3 | 1 2 | 1 2 3 | 1 2 | 1 2 | 1 2 3 4 5 6 7 | 1 2 3 | 1 2 | 1 2 | 1 2 3   | 1 2 3 4 5 6 7 8 9 10 11 12 |  |                    |  |  |                                   |  |  |  |   |   |           |  |   |   |
| 3             | 1 2 3 4 5 6 7 8 9 10  | 1 2 3 | 1 2 | 1 2 3 | 1 2 | 1 2 | 1 2 3 4 5 6 7 | 1 2 3 | 1 2 | 1 2 | 1 2 3   | 1 2 3 4 5 6 7 8 9 10 11 12 |  |                    |  |  |                                   |  |  |  |   |   |           |  |   |   |
| 4             | 1 2 3 4 5 6 7 8 9 10  | 1 2 3 | 1 2 | 1 2 3 | 1 2 | 1 2 | 1 2 3 4 5 6 7 | 1 2 3 | 1 2 | 1 2 | 1 2 3   | 1 2 3 4 5 6 7 8 9 10 11 12 |  |                    |  |  |                                   |  |  |  |   |   |           |  |   |   |
| 5             | 1 2 3 4 5 6 7 8 9 10  | 1 2 3 | 1 2 | 1 2 3 | 1 2 | 1 2 | 1 2 3 4 5 6 7 | 1 2 3 | 1 2 | 1 2 | 1 2 3   | 1 2 3 4 5 6 7 8 9 10 11 12 |  |                    |  |  |                                   |  |  |  |   |   |           |  |   |   |
| 6             | 1 2 3 4 5 6 7 8 9 10  | 1 2 3 | 1 2 | 1 2 3 | 1 2 | 1 2 | 1 2 3 4 5 6 7 | 1 2 3 | 1 2 | 1 2 | 1 2 3   | 1 2 3 4 5 6 7 8 9 10 11 12 |  |                    |  |  |                                   |  |  |  |   |   |           |  |   |   |
| 7             | 1 2 3 4 5 6 7 8 9 10  | 1 2 3 | 1 2 | 1 2 3 | 1 2 | 1 2 | 1 2 3 4 5 6 7 | 1 2 3 | 1 2 | 1 2 | 1 2 3   | 1 2 3 4 5 6 7 8 9 10 11 12 |  |                    |  |  |                                   |  |  |  |   |   |           |  |   |   |
| 8             | 1 2 3 4 5 6 7 8 9 10  | 1 2 3 | 1 2 | 1 2 3 | 1 2 | 1 2 | 1 2 3 4 5 6 7 | 1 2 3 | 1 2 | 1 2 | 1 2 3   | 1 2 3 4 5 6 7 8 9 10 11 12 |  |                    |  |  |                                   |  |  |  |   |   |           |  |   |   |

**AGE 10 AND ABOVE AND EMPLOYED**

**LABOUR FORCE**

**EVER MARRIED WOMEN (AGED 15 AND ABOVE)**

**Number of children ever born alive**

**Particulars of last live birth**

| Serial Number | Occupation   | Industry  | 25. Number of children ever born alive<br><i>(If no children, write "00")</i> |        | 26. How many of those children are living in this household? |        | 27. How many of those children are living elsewhere (not in this household)? |        | 28. How many of those children are no longer alive (dead)? |        | 29. Date of last live birth |      | 30. Sex of last live birth | 31. Is the child still alive? |     |    |
|---------------|--|---|---|--------|--|--------|--|--------|--|--------|-----------------------------|------|----------------------------|-------------------------------|-----|----|
|               | 23. What work was (Name) mainly doing during the last 12 months? Write detailed work descriptions (for example, Primary teacher, Rice farmer, Taxi driver) | 24. What is the major product or service provided in the organisation/enterprise where (Name) mainly worked during the last 12 months? Write detailed descriptions (e.g. Hotel service, Building construction, Garment manufacture) | Male  | Female | Male   | Female | Male   | Female | Male   | Female | Month                       | Year | Male                       | Female                        | Yes | No |
| [1]           |  |   |   |        |  |        |  |        |  |        |                             |      |                            |                               |     |    |
| [2]           |  |   |   |        |  |        |  |        |  |        |                             |      |                            |                               |     |    |
| [3]           |  |   |   |        |  |        |  |        |  |        |                             |      |                            |                               |     |    |
| [4]           |  |   |   |        |  |        |  |        |  |        |                             |      |                            |                               |     |    |
| [5]           |  |   |   |        |  |        |  |        |  |        |                             |      |                            |                               |     |    |
| [6]           |  |   |   |        |  |        |  |        |  |        |                             |      |                            |                               |     |    |
| [7]           |  |   |   |        |  |        |  |        |  |        |                             |      |                            |                               |     |    |
| [8]           |  |   |   |        |  |        |  |        |  |        |                             |      |                            |                               |     |    |

**HOUSING CHARACTERISTICS**

| <p><b>32. Type of housing unit occupied by this household</b></p> <p>Condominium [1]</p> <p>Apartment/Flat [2]</p> <p>Bungalow/Brick house [3]</p> <p>Semi-pacca house [4]</p> <p>Wooden House [5]</p> <p>Bamboo [6]</p> <p>Hut 2-3 years [7]</p> <p>Hut 1 year [8]</p> <p>Other [9]</p> | <p><b>33. Type of ownership of housing unit</b></p> <p>Owner [1]</p> <p>Renter [2]</p> <p>Provided free (Individual) [3]</p> <p>Government Quarter [4]</p> <p>Private Company Quarter [5]</p> <p>Other [6]</p> | <p><b>34. Main source of lighting in the household</b></p> <p>Electricity [1]</p> <p>Kerosene [2]</p> <p>Candle [3]</p> <p>Battery [4]</p> <p>Generator (Private) [5]</p> <p>Water mill (Private) [6]</p> <p>Solar System/energy [7]</p> <p>Other [8]</p> | <p><b>35. Main source of water for drinking and non-drinking in this household</b></p> <table border="1"> <thead> <tr> <th></th> <th>Drinking</th> <th>Non-Drinking</th> </tr> </thead> <tbody> <tr><td>Tap water/Piped</td><td>[1]</td><td>[1]</td></tr> <tr><td>Tube well, borehole</td><td>[2]</td><td>[2]</td></tr> <tr><td>Protected well/Spring</td><td>[3]</td><td>[3]</td></tr> <tr><td>Unprotected well/Spring</td><td>[4]</td><td>[4]</td></tr> <tr><td>Pool/Pond/Lake</td><td>[5]</td><td>[5]</td></tr> <tr><td>River/Stream/Canal</td><td>[6]</td><td>[6]</td></tr> <tr><td>Waterfall/Rain water</td><td>[7]</td><td>[7]</td></tr> <tr><td>Bottled water/water from vending machine</td><td>[8]</td><td>[8]</td></tr> <tr><td>Tanker/Truck</td><td>[9]</td><td>[9]</td></tr> <tr><td>Other</td><td>[10]</td><td>[10]</td></tr> </tbody> </table> |     | Drinking | Non-Drinking | Tap water/Piped | [1] | [1] | Tube well, borehole | [2] | [2] | Protected well/Spring | [3] | [3] | Unprotected well/Spring | [4] | [4] | Pool/Pond/Lake | [5] | [5] | River/Stream/Canal | [6] | [6] | Waterfall/Rain water | [7] | [7] | Bottled water/water from vending machine | [8] | [8] | Tanker/Truck | [9] | [9] | Other | [10] | [10] | <p><b>36. Main type of cooking fuel used in this household</b></p> <p>Electricity [1]</p> <p>Liquefied Petroleum Gas (LPG) [2]</p> <p>Kerosene [3]</p> <p>BioGas [4]</p> <p>Firewood [5]</p> <p>Charcoal [6]</p> <p>Coal [8]</p> <p>Straw/Grass [8]</p> <p>Other [9]</p> | <p><b>37. Type of toilet used in this household</b></p> <p>Flush [1]</p> <p>Water Seal (Improved PL) [2]</p> <p>Pit (Traditional pit latrine) [3]</p> <p>Bucket (Surface latrine) [4]</p> <p>Other [5]</p> <p>No toilet [6]</p> | <p><b>38. Main construction material of the housing unit</b></p> <table border="1"> <thead> <tr> <th></th> <th>Roof</th> <th>Wall</th> <th>Floor</th> </tr> </thead> <tbody> <tr><td>Dhani/Theke/In leaf</td><td>[1]</td><td>[1]</td><td>[1]</td></tr> <tr><td>Bamboo</td><td>[2]</td><td>[2]</td><td>[2]</td></tr> <tr><td>Earth</td><td>[3]</td><td>[3]</td><td>[3]</td></tr> <tr><td>Wood</td><td>[4]</td><td>[4]</td><td>[4]</td></tr> <tr><td>Corrugated Sheet</td><td>[5]</td><td>[5]</td><td>[5]</td></tr> <tr><td>Tile/Brick/Concrete</td><td>[6]</td><td>[6]</td><td>[6]</td></tr> <tr><td>Other</td><td>[7]</td><td>[7]</td><td>[7]</td></tr> </tbody> </table> |  | Roof | Wall | Floor | Dhani/Theke/In leaf | [1] | [1] | [1] | Bamboo | [2] | [2] | [2] | Earth | [3] | [3] | [3] | Wood | [4] | [4] | [4] | Corrugated Sheet | [5] | [5] | [5] | Tile/Brick/Concrete | [6] | [6] | [6] | Other | [7] | [7] | [7] | <p><b>39. Which of the following items does your household have? (mark all that apply)</b></p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Radio</td><td>[1]</td><td>[2]</td><td></td><td></td></tr> <tr><td>Television</td><td>[1]</td><td>[2]</td><td></td><td></td></tr> <tr><td>Land line phone</td><td>[1]</td><td>[2]</td><td></td><td></td></tr> <tr><td>Mobile phone</td><td>[1]</td><td>[2]</td><td></td><td></td></tr> <tr><td>Computer</td><td>[1]</td><td>[2]</td><td></td><td></td></tr> <tr><td>Internet at home</td><td>[1]</td><td>[2]</td><td></td><td></td></tr> <tr><td>Car/Pick-up/Truck/Van</td><td>[1]</td><td>[2]</td><td></td><td></td></tr> <tr><td>Motorcycle/Moped/Tuk Tuk</td><td></td><td></td><td>[1]</td><td>[2]</td></tr> <tr><td>Bicycle</td><td></td><td></td><td>[1]</td><td>[2]</td></tr> <tr><td>4 wheel tractor</td><td></td><td></td><td>[1]</td><td>[2]</td></tr> <tr><td>Canoe/Boat</td><td></td><td></td><td>[1]</td><td>[2]</td></tr> <tr><td>Motor Boat</td><td></td><td></td><td>[1]</td><td>[2]</td></tr> <tr><td>Cart (Bullock)</td><td></td><td></td><td>[1]</td><td>[2]</td></tr> </tbody> </table> |  | Yes | No | Yes | No | Radio | [1] | [2] |  |  | Television | [1] | [2] |  |  | Land line phone | [1] | [2] |  |  | Mobile phone | [1] | [2] |  |  | Computer | [1] | [2] |  |  | Internet at home | [1] | [2] |  |  | Car/Pick-up/Truck/Van | [1] | [2] |  |  | Motorcycle/Moped/Tuk Tuk |  |  | [1] | [2] | Bicycle |  |  | [1] | [2] | 4 wheel tractor |  |  | [1] | [2] | Canoe/Boat |  |  | [1] | [2] | Motor Boat |  |  | [1] | [2] | Cart (Bullock) |  |  | [1] | [2] |
|--|--|---|--|-----|----------|--------------|-----------------|-----|-----|---------------------|-----|-----|-----------------------|-----|-----|-------------------------|-----|-----|----------------|-----|-----|--------------------|-----|-----|----------------------|-----|-----|--|-----|-----|--------------|-----|-----|-------|------|------|--|---|---|--|------|------|-------|---------------------|-----|-----|-----|--------|-----|-----|-----|-------|-----|-----|-----|------|-----|-----|-----|------------------|-----|-----|-----|---------------------|-----|-----|-----|-------|-----|-----|-----|---|--|-----|----|-----|----|-------|-----|-----|--|--|------------|-----|-----|--|--|-----------------|-----|-----|--|--|--------------|-----|-----|--|--|----------|-----|-----|--|--|------------------|-----|-----|--|--|-----------------------|-----|-----|--|--|--------------------------|--|--|-----|-----|---------|--|--|-----|-----|-----------------|--|--|-----|-----|------------|--|--|-----|-----|------------|--|--|-----|-----|----------------|--|--|-----|-----|
|  | Drinking   | Non-Drinking  |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Tap water/Piped  | [1]  | [1]   |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Tube well, borehole  | [2]  | [2]   |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Protected well/Spring  | [3]  | [3]   |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Unprotected well/Spring  | [4]  | [4]   |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Pool/Pond/Lake   | [5]  | [5]   |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| River/Stream/Canal   | [6]  | [6]   |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Waterfall/Rain water   | [7]  | [7]   |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Bottled water/water from vending machine   | [8]  | [8]   |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Tanker/Truck   | [9]  | [9]   |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Other  | [10]   | [10]  |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
|  | Roof   | Wall  | Floor  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Dhani/Theke/In leaf  | [1]  | [1]   | [1]  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Bamboo   | [2]  | [2]   | [2]  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Earth  | [3]  | [3]   | [3]  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Wood   | [4]  | [4]   | [4]  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Corrugated Sheet   | [5]  | [5]   | [5]  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Tile/Brick/Concrete  | [6]  | [6]   | [6]  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Other  | [7]  | [7]   | [7]  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
|  | Yes  | No  | Yes  | No  |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Radio  | [1]  | [2]   |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Television   | [1]  | [2]   |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Land line phone  | [1]  | [2]   |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Mobile phone   | [1]  | [2]   |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Computer   | [1]  | [2]   |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Internet at home   | [1]  | [2]   |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Car/Pick-up/Truck/Van  | [1]  | [2]   |  |     |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Motorcycle/Moped/Tuk Tuk   |  |   | [1]  | [2] |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Bicycle  |  |   | [1]  | [2] |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| 4 wheel tractor  |  |   | [1]  | [2] |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Canoe/Boat   |  |   | [1]  | [2] |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Motor Boat   |  |   | [1]  | [2] |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |
| Cart (Bullock)   |  |   | [1]  | [2] |          |              |                 |     |     |                     |     |     |                       |     |     |                         |     |     |                |     |     |                    |     |     |                      |     |     |  |     |     |              |     |     |       |      |      |  |   |   |  |      |      |       |                     |     |     |     |        |     |     |     |       |     |     |     |      |     |     |     |                  |     |     |     |                     |     |     |     |       |     |     |     |   |  |     |    |     |    |       |     |     |  |  |            |     |     |  |  |                 |     |     |  |  |              |     |     |  |  |          |     |     |  |  |                  |     |     |  |  |                       |     |     |  |  |                          |  |  |     |     |         |  |  |     |     |                 |  |  |     |     |            |  |  |     |     |            |  |  |     |     |                |  |  |     |     |

### LIST OF FORMER HOUSEHOLD MEMBERS LIVING ABROAD

40. Number of former household members living abroad

| Serial number | Name of former household member living abroad | Relationship to head of household<br>Spouse<br>Son/Daughter<br>Son/Daughter-in-law<br>Grandchild<br>Parent/Parent-in-Law<br>Sibling<br>Grandparent<br>Other Relative<br>Adopted Child<br>Non Relative | Completed age (current) |                      | Sex  |        | Year of Departure    |                      |                      |                      | Country of residence |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|---------------|---|---|-------------------------|----------------------|------|--------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|               |   |   |                         |                      | Male | Female |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| [1]           |   | 2 3 4 5 6 7 8 9 10 11   | <input type="text"/>    | <input type="text"/> | 1 2  |        | <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"/> |
| [2]           |   | 2 3 4 5 6 7 8 9 10 11   | <input type="text"/>    | <input type="text"/> | 1 2  |        | <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"/> |
| [3]           |   | 2 3 4 5 6 7 8 9 10 11   | <input type="text"/>    | <input type="text"/> | 1 2  |        | <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"/> |
| [4]           |   | 2 3 4 5 6 7 8 9 10 11   | <input type="text"/>    | <input type="text"/> | 1 2  |        | <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"/> |
| [5]           |   | 2 3 4 5 6 7 8 9 10 11   | <input type="text"/>    | <input type="text"/> | 1 2  |        | <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"/> |
| [6]           |   | 2 3 4 5 6 7 8 9 10 11   | <input type="text"/>    | <input type="text"/> | 1 2  |        | <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"/> |

### SUMMARY COUNT

MALE

 

[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]  
[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]  
[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]  
[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]

FEMALE

 

[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]  
[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]  
[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]  
[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]

TOTAL

  

[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]  
[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]  
[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]  
[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]

ENUMERATOR

Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

SUPERVISOR

Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

### DEATHS IN THE HOUSEHOLD DURING THE LAST 12 MONTHS

41. Number of deaths in this household in the last 12 months (30-3-2013 to 29-3-2014)

| Serial number | Name of the deceased | Was the deceased Male or Female? | Age at death<br><i>If age is unknown, estimate age using local historic calendar. Record age in completed years.</i> | FEMALES AGED 15-49              |                   |                                   |                   |
|---------------|----------------------|----------------------------------|--|---------------------------------|-------------------|-----------------------------------|-------------------|
|               |                      |                                  |  | Did the death occur during ...? |                   |                                   |                   |
|               |                      |                                  |  | pregnancy?                      | delivery?         | the first 6 weeks after delivery? |                   |
| [1]           |                      | Male [1]<br>Female [2]           | <input type="text"/>   | <input type="text"/>            | Yes [1]<br>No [2] | Yes [1]<br>No [2]                 | Yes [1]<br>No [2] |
| [2]           |                      | Male [1]<br>Female [2]           | <input type="text"/>   | <input type="text"/>            | Yes [1]<br>No [2] | Yes [1]<br>No [2]                 | Yes [1]<br>No [2] |
| [3]           |                      | Male [1]<br>Female [2]           | <input type="text"/>   | <input type="text"/>            | Yes [1]<br>No [2] | Yes [1]<br>No [2]                 | Yes [1]<br>No [2] |
| [4]           |                      | Male [1]<br>Female [2]           | <input type="text"/>   | <input type="text"/>            | Yes [1]<br>No [2] | Yes [1]<br>No [2]                 | Yes [1]<br>No [2] |

**IF MORE THAN ONE QUESTIONNAIRE IS USED IN THE HOUSEHOLD, THEN SUMMARY COUNTS OF ALL MEMBERS MUST BE FILLED IN ON THE FIRST QUESTIONNAIRE USED**