

Household Member List

Confidentiality of the information!

The information collected from the individuals and households is accorded confidential treatment and will not be used for any legal purpose.

It is an offence to publish or disclose any individual or household information

Confidential

Remarks

Code

2- Block number

11 of 11

3- Number of books completed for this block of

of

Name

Signature

1- Interviewer 1

2- Interviewer 2

3- Supervisor

4- Key operator

Place Identification			Name (List the Household head first)	Person Number	Nationality 1- Maldivian Foreigner	Gender 1- Female 2- Male	Age 1- Less than 15 years 2- 15 years & above	Q6. Expenditure Unit no.	To be checked by the interviewer If a form does not have to be filled for a person listed cross column 8-11				
1-Structure number <input type="text"/> <input type="text"/> <input type="text"/> 2- Name of building/unit or number/Floor <input type="text"/> 3- Household serial number <input type="text"/> <input type="text"/> <input type="text"/> 4- Contact person and contact number <input type="text"/> 5- Number of pages filled for this household <input type="text"/> <input type="text"/> of <input type="text"/> <input type="text"/>									Form 3: Expenditure Units	Form 4: Individual form completed	Form 5: Labor force module Completed	Form 6: Employment & Income form completed	
									Tick <input checked="" type="checkbox"/> completed forms				
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Q1- Who are the regular members who eats and sleeps in this household 1.1- How many Maldivians? 1.2 How many Foreigners? Guests and visitors are not included			1	<input type="checkbox"/>		1 2	1 2	1 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List			2	<input type="checkbox"/>		1 2	1 2	1 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2- Who are the regular members who sleeps in this household and eats elsewhere People who eats from the household and sleeps elsewhere are not included			3	<input type="checkbox"/>		1 2	1 2	1 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List			4	<input type="checkbox"/>		1 2	1 2	1 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3- Who are the regular members of this household and currently living abroad or in another island for a short period of time? DO INCLUDE the people who are <u>currently staying in another island or abroad for less than 1 year</u> , or who <u>do not intend to live outside the household for 1 year or more</u> for the purpose of education, employment, medication, and so on. Household members <u>living in resorts, members who are studying in another island or country for 1 year or more</u> , and the <u>members who intend to live outside the household for 1 year or more</u> SHOULD NOT be included			5	<input type="checkbox"/>		1 2	1 2	1 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List			6	<input type="checkbox"/>		1 2	1 2	1 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			7	<input type="checkbox"/>		1 2	1 2	1 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			8	<input type="checkbox"/>		1 2	1 2	1 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			9	<input type="checkbox"/>		1 2	1 2	1 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4- Who are the members who moved recently to this household and intend to stay in this household for 1 year or more?			10	<input type="checkbox"/>		1 2	1 2	1 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List			11	<input type="checkbox"/>		1 2	1 2	1 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q5- Was any member listed here: 4.1- Residing on a temporary stay/ visit? 4.2- Taking meals in this household but sleeping elsewhere? 4.3- Has not been residing in this household for more than 1 year and does not intend to live for 1 year or more?			12	<input type="checkbox"/>		1 2	1 2	1 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If such a person was listed "X" cross column 2			13	<input type="checkbox"/>		1 2	1 2	1 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			14	<input type="checkbox"/>		1 2	1 2	1 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			15	<input type="checkbox"/>		1 2	1 2	1 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
! Fill Q6 after completion of column 3 to 6 Q6- Which household members make expenditure on their own/ for their nuclear families? ! Identify such spending units and give unit no. in column 7			Form 2: Household form completed <input type="checkbox"/> Form 7: Consumption form completed <input type="checkbox"/>										