

DEMOGRAPHIC AND HEALTH SURVEYS  
MODEL FIELDWORKER QUESTIONNAIRE

[NAME OF COUNTRY]  
[NAME OF ORGANIZATION]

LANGUAGE OF  
QUESTIONNAIRE **ENGLISH**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	What is your name?	NAME _____	
101	RECORD FIELDWORKER NUMBER	NUMBER ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<p><b>INSTRUCTIONS</b></p> <p>We are collecting information on the DHS field staff. Please fill in the information below. The information will be part of the survey data files. Your name will not be in the data files; your information will remain anonymous. If there is any question you do not want to answer you may skip it and go to the next question.</p>			
102	In what [PROVINCE/REGION/STATE] do you live?	[PROVINCE/REGION/STATE] ..... 01 [PROVINCE/REGION/STATE] ..... 02 [PROVINCE/REGION/STATE] ..... 03 [PROVINCE/REGION/STATE] ..... 04 [PROVINCE/REGION/STATE] ..... 05 [PROVINCE/REGION/STATE] ..... 06 [PROVINCE/REGION/STATE] ..... 07 [PROVINCE/REGION/STATE] ..... 08 [PROVINCE/REGION/STATE] ..... 09 [PROVINCE/REGION/STATE] ..... 10	
103	Do you live in a city, town, or rural area?	CITY ..... 1 TOWN ..... 2 RURAL ..... 3	
104	How old are you? RECORD AGE IN COMPLETED YEARS.	AGE ..... <input type="text"/> <input type="text"/>	
105	Are you male or female?	MALE ..... 1 FEMALE ..... 2	
106	What is your current marital status?	CURRENTLY MARRIED ..... 1 LIVING WITH A MAN/WOMAN ..... 2 WIDOWED ..... 3 DIVORCED ..... 4 SEPARATED ..... 5 NEVER MARRIED OR LIVED WITH A MAN/WOMAN ..... 6	
107	How many living children do you have? INCLUDE ONLY CHILDREN WHO ARE YOUR BIOLOGICAL CHILDREN.	LIVING CHILDREN ..... <input type="text"/> <input type="text"/>	
108	Have you ever had a child who died?	YES ..... 1 NO ..... 2	
109 (1)	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
110 (1)	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111 (2)	What is your religion?	[RELIGION] ..... 01 [RELIGION] ..... 02 [RELIGION] ..... 03 [RELIGION] ..... 04 [RELIGION] ..... 05 [RELIGION] ..... 06  NO RELIGION ..... 95 OTHER _____ 96 (SPECIFY)	
112 (2)	What is your ethnicity?	[ETHNICITY] ..... 01 [ETHNICITY] ..... 02 [ETHNICITY] ..... 03 [ETHNICITY] ..... 04 [ETHNICITY] ..... 05 [ETHNICITY] ..... 06  OTHER _____ 96 (SPECIFY)	
113	What languages can you speak?  RECORD ALL LANGUAGES YOU CAN SPEAK.	[LANGUAGE] ..... A [LANGUAGE] ..... B [LANGUAGE] ..... C [LANGUAGE] ..... D [LANGUAGE] ..... E [LANGUAGE] ..... F  OTHER _____ X (SPECIFY)	
114	What is your mother tongue/native language (language spoken at home growing up)?	[LANGUAGE] ..... 01 [LANGUAGE] ..... 02 [LANGUAGE] ..... 03 [LANGUAGE] ..... 04 [LANGUAGE] ..... 05 [LANGUAGE] ..... 06  OTHER _____ 96 (SPECIFY)	
115	Have you ever worked on a DHS survey prior to this one?	YES ..... 1 NO ..... 2	
116	Have you ever worked on any other survey prior to this one (not a DHS)?	YES ..... 1 NO ..... 2	
117	Were you already working for [NAME OF IMPLEMENTING AGENCY 1 or NAME OF IMPLEMENTING AGENCY 2] at the time you were employed to work on this DHS?	YES, [IMPLEMENTING AGENCY 1] ..... 1 YES, [IMPLEMENTING AGENCY 2] ..... 2  NO ..... 3	→ 119
118	Are you a permanent or temporary employee of [NAME OF IMPLEMENTING AGENCY 1 or NAME OF IMPLEMENTING AGENCY 2]?	PERMANENT ..... 1 TEMPORARY ..... 2	
119	If you have comments, please write them here.		

(1) Revise according to the local education system.

(2) To be included in the Fieldworker Questionnaire when the survey includes this question in the Individual Questionnaire.