

SURVEY QU~:STIOPIATI~E: FIRST ROUND
Research Project~: Credit hrog~:ams for tl~e Poor

Name of Field Supervisor

Date of Interview DAY MONTH YEAR DAY MONTH YEAR

English:

Bangla:

VILLIIGE :

UNI ON

UPAZILLI~:

ZILLA:

IDENTIFYING FEATURGS OF HOUSE}IOLD:

Name of HOUSEHOLD HEAD:

Religion:

Father's Name:

Name of Primary Respondent: __

FIOUSBIIOLD ID CODE:

<p>Is the father of ..[NAME].. still alive?</p> <p>YES ...1 NO.... 2 (5) k</p>	<p>3</p> <p>Is the father of ..[NAME].. living in this household?</p> <p>YES ...1 NO.... 2 (5) ,</p>	<p>COPY THE IDENTIFICATION CODE FOR THE FATHER</p>	<p>What was the highest level of schooling that he completed?</p> <p>(For BRAC school use 91; for any adult literacy program use 92)</p>	<p>What is/was his primary occupation?</p> <p>Agriculture=1 Agricultural labor=2 Fisherman=3 Blacksmith=4 Potter=5 Weaver=6 Small business=7 Big business=8 Rickshaw driver=9; Boatman=10 Carpenter=11; Mason/helper=12 Household-work=13 Student=14 Invalid=15 Unemployed=16 teaching=17; Service=18 Other day laborer=19 Other=20</p>	<p>Where was ..(NAME'S).. father born?</p> <p>DISTRICT CODE</p>	<p>Is the nature of mother of ..[NAME].. Still alive?</p> <p>YES ...1 NO.... 2 (11) k</p>	<p>Is the natural mother of ..[NAME].. living in this household?</p> <p>YES... 1 NO....2 (11) k</p>	<p>0,-,-</p> <p>COPY THE IDENTIFICATION CODE FOR THE MOTHER</p>	<p>11</p> <p>Is/was the mother of ..[NAME].. literate?</p> <p>YES.... 1 NO..... 2 (13) k</p>	<p>What was the highest level of schooling that she completed?</p> <p>BRAC..... 91 OTHER ADULT LITERACY PROGRAM 92</p>	<p>What kind of work [s/was she primarily engaged in?</p> <p>(USE OCCUPATION CODES FROM COL.61)</p>	<p>Where was ..(NAME'S).. mother born?</p> <p>DISTRICT CODE</p>
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PRESENT ENRIT.LAENT- ~~~

11-24

t How mxh has your household spent during the past 12 months for each household
D memt--er proem(ily enrolled in school?
E
N IF NOTHING WAS SPENT, WRITE ZERO.

f IT THE RESPONDENT CAN ON- GIVE A TOTAL AMOUNT OF ALL EXPENSES
1 AND NOT THE AREAKDOWN PER 1YPE, WRITE DK (DON'T KNOW) I N COLUMNS
C 17 TO 23, AND THE 10TA1 AMOUNT IN COLUMN 24.
A
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11	18	19	20	21	zz	73	2b
Admission, Aegistrehon and Tuition	Uniforms	Books and school supplies	Transpor-cation	Private tutoring	mino-don Fees	Other ex-penses (i.e. meals, room,...)	Total
TAKA	TAKA	TAKA	TAKA	TAKA	rA KA	IAKA	TAKA

eb Who in the household pays most of your education expenses?

WRITE PERSON ID FROM SECTION 1A

Did you have a scholarship/stipend/tuition-waiver during the past 12 mths? If yes, which sources? No.... 0 GOVT.A NGO...2 SCHOOL4 OTHER.5 (17 IF %10-0) SOURCE AIN 1EXT

Whet was the value of these scholarship or stipend or tuition-waiver for the past 12 months?

TAKA

Did any person living outside the household help you pay your school expenses? YES..1 NO...2

Tr If yes,who paid these expenses? IN-LAWS..1 UNCLES ...2 BROTHER/ SISTER.3 GRAND-PARENTS; PATERNALA MATERNALA OTHERS...6

ow much id you eceive n the ast 12 nthst? TAKA

3r~ Which school did last attend?

NAME OF THE SCHOOL

34 What was the highest level of education completed?

Now old were you when you finished your schooling? YEARS

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WRITE ID OF RES-PONDEUT (Ram HOUSEHOLD ROSTER) Has ..(NAME).. had eny i(Iness or injury du r ing the pest 30 days? YES.....1 NO.....2 (NEXT li-1VIDUAL)	What type of illness or injury? COUGH/FLU/ FEVER 1 DIARRHEA 2 STOMACH PROBLEMS ...3 MEASLES 4 MALARIA5 TB/RE S PIRA-TORY 6 OTHER ILLNESS....? INJURY 8	How many days has ..(NAME).. been/were ill or injured during the past 30 days? DAYS	Is ..(NAME).. still suffering frm this illness or In-jury? YES...1 NO.... 2	Old you consult anybody (far ex-ample, a doctor, nurse, kabirej or other healer) for the illness or injury? YES.... 1 No..... 2 (10)	Who did you consult? HOMEOPATH 1 HERBALIST/HAKIM/ KABIRAJ..... 2 COMPOUNDER/MEDICAL STORE 3 CHARITABLE CENTER.A GOVT HOSPITAL 5 PRIVATE DOCTOR 6 PRIVATE HOSPITAL ...T FAITH HEALER 8 GOVT RURAL HEALTH CENTER 9 MATERNAL CHILD HEALTH CENTER 10 OTHER 11 (Specify)	What was the cost of the consult-ation, In-chiding any medi-cines provided? TAKA	Did ..III:AMEI.. have to 'top doing hia/ her usual activities because of his/her illness? YES..... 1 No..... 2 (* 12) NOT APPLICABLE (IF LESS THAN 10 YRS).... 3 (*12)	New mny days did ..(NAME).. have to stop doing his/her WORK due. to this illness? DAYS	How long has ..(NAME).. had this illness or injury i n TOTAL? (WRITE 0 IF LESS THAN ONE MONTH) MONTHS
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ID COOE

Each member of the household should answer for himself/herself. If not, use the ID code of respondent 9E1.0U.

		For the LAST 30 DAYS:			8-10-11 the LAST 10 DAYS:			Did you perform any unpaid or exchange labor in the LAST 30 DAYS (e.g. for a landlord or another farm to help in planting or harvesting?)		How many TOTAL DAYS of unpaid or exchange labor have you worked in the last 30 DAYS?
D E N T I F I C A T I O N O D E	3 Over the last AMAN season, did you work for payment in cash and/or In-kind on some OTHER person's farm? YES..... 1 No..... 2	Did you work as: Permanent labor?... 1 Seasonal labor?...2 Casuals (8) labor?...3 (8)	During this month, how many days did you spend working on someone else's farm?	How many hours did you normally work per day?	How much have you received in payments in cash and in kind?	During this month, how many days did you spend working on someone else's farm?	How many hours did you normally work per day?	Now much have you received in payments?	YES..... 1 NO..... 2 (PART 6)	TOTAL DAYS

SECTION S. SELF-EMPLOYMENT

SELF-EMPLOYMENT (All persons aged 10 years end older)

HOUSEHOLD ID CODE

FARMING 6 LIVES10CK)

1. Does your household sow crops either on your own land or land rented in/sharecropped?
 Does your household tend livestock (for example, cattle, goats, sheep etc.)

IATIR=TxRN -ATERTR1SE:

3. Does your household own any non-farm enterprise?
 YES..... NO..... 5

NO.....2 (PART B)

C7

k. If YES=1, what type of enterprise?
 SPECIFY.....; CODE

5. Among the household members, who knows most about it?
 who knows most about these?

MEMBER'S ID CODE f

2. Among the household members, who knows most about it?
 MEMBER'S ID CODE

OBTAIN INFORMATION ON EACH MEMBER'S LABOR CONTRIBUTION TO THE ACTIVITY(IES), INCLUDING THE PERSON IN-CHARGE AS WELL AS OTHER MEMBERS, FROM THE BEST-INFORMED PERSON.

SELF-EMPLOYMENT IN FARMING, LIVESTOCK AND NON-FARM ENTERPRISES

FARMING 1 Which household members contributed labor to the household's farm in THE LAST 30 DAYS?	2 3		L70ESTTICK 4 Which household members contributed labor to the household's livestock in THE LAST 30 DAYS?	6	
	TOTAL NO. OF DAYS IN THESE 30 DAYS	AVERAGE NO. OF HOURS PER DAY		TOTAL No. OF DAYS IN THESE 30 DAYS	AVERAGE NO. OF HOURS PER DAY
ID CODE	DAYS	HOURS	ID CODE	DAYS	HOURS

FIRIT - AOA=FHAR'EATERPR' -E 1			SE>:OgO'AOTT=TIRFF-ATERPRTEI -'' 8			TAT R6 *AOA=EXRFC-AT 13			GR4LJC 4 S		
Which household members provided labor to this enterprise in THE LAST 30 DAYS?			How much d d each member provide?			Which household members provided labor to this enterprise in THE LAST 30 DAYS?			Now such d d each member provide?		
ID CODE	DAYS	HOURS	TOTAL NO. OF DAYS IN THESE 30 DAYS	AVERAGE NO. OF HOURS PER DAY	TOTAL NO. OF DAYS IN THESE 30 DAYS	AVERAGE NO. OF HOURS PER DAY	ID CODE	DAYS	HOURS	TOTAL NO. OF DAYS IN THESE 30 DAYS	AVERAGE NO. OF HOURS PER DAY

	NON-IRRIGATED LAND	IRRIGATED LAND	TOTAL
13. Did your household rent-in or sharecrop-in any land during the last 12 months? YES.....? No.2 c -1e-			
14. Now much tend did you rent for FIXED RENT?	DECIMALS	DECIMALS	DECIMALS
15. How much TOTAL cash and in-kind rent did you pay for the land? (in TAKA)			TAKA
15. Now much land did you rent in under SHARECROPPING arrangements?	DECIMALS	DECIMALS	DECIMALS
17. What was your total operational land holding during the recent aman season?	DECIMALS	DECIMALS —	DECIMALS

1. Did you or any member of your household process any market crops you grew during the past 12 months?

INTERVIEWER:

NO.....,2 (PART E)
1



PROBE TO BE SURE ACTIVELY USES
PRIMARILY RAW INPUTS PRODUCED ON
THE HOUSEHOLD'S OWN FARM.
LARGE-SCALE, COMMERCIAL ACTIVITIES
WITH EXTENSIVE PURCHASED INPUTS
SHOULD BE REPORTED IN SECTION 1.

PROCESSING ACTIVITY	TOTAL MAN DAYS	Which household members helped? (WRITE HOUSEHOLD MEMBER ID CODE)				How much in total did you earn from ..(ACTIVITY).. over the past 4 months? TAKA	Did you spend any money on the ..(AC- TIVITY).. i.e. for tools, transport, chemicals for gur making, labor etc? YES...? NO 2 (PART E)	New much in total did you spend on this activity over the past 4 months? TAKA
CAN CRUSHING/ GUR PRODUCTION								
TOBACCO- RELATED								
FISH								
OTHER (Specify)								

OBTAIN INFORMATION ON EACH WOMAN WHO IS 14 YEARS OR OLDER PPF1SENTLY LIVING IN THE HOIISEN-LD. If V'1MAN NOT

T-TAT S

I 9 E N 1 I F I C A T I O N C O D E	ITE ID ODE OF ESPOW- ENT FROM OUSEHOLD OSTER	eve you ver been rried?	ow ny imes eve you en married?	At what age did you first marry?	How much dowry did your parents give to or receive from your spouse/In-laws?		Now far is your parent's homestead from your husband's homestead?	Since your marriage have you and your husband ever lived apart? If YES, how long in total did you live apart?		If you were starting your fa- mily today, how many children in total would you like to have?		Have you ever been pregnant, regardless of the outcome of the preg- nancy?	Have you ever given birth to a child?	Have you given birth to a boy or girl who was born at lve but later died, even if he or she only lived for a few minutes or hours?		Have you had any mtsce- rriages or stillbirths, that is, gf- van birth to a child who was born too early to live?	re you	ow many the regnant re you?
					GIVEN	RECEIVED		No. OF BOYS	No. OF GIRLS	How many boys?	How many girls?			How many boys have died?	How many girls have died?			
10 CODE	ES ...1 O....2 NEXT (OMAN)			YEARS	?AKA	?AKA	KILOMETERS	NO.... 0			YES..... 1 No..... 2 (NEXT 4bMAN)	YES.... 1 No..... 2 (12)	No. OF SONS	No. OF DAUGHTERS	No. OF STILLBIRTHS/ MISCARRIAGES	ES..... 1 O.....2 PART B)		MONTHS

ADMINISTER TO ALL EVER-MARRIED AGED 14 TO 50 YEARS WHO HAVE GIVEN BIRTH TO AT LEAST ONE CHILD.

WRITE WIFE'S ID CODE FROM ROSTER

WRITE ID CODE of PERSON ACTUALLY INTERVIEWED

1 e R T H O R D E R O F C H I L D	When was your (ORDER) child born?	What was the child's name?	What was the sex of the child?	Did you breast-feed ..(NAME)..?	New many months?	Is he/she still alive?	How long did the child live?	When you were pregnant ..(NAME).. where did you get pre-natal care from?	B I R T H	Who assisted you at birth?	Where <i>did</i> you give birth to ..(NAME)..?	Does that child now live with you?	If not, how long has ..(NAME).. been living elsewhere?
		RITE ID CODE FROM OSIER IF CURRENTLY LIVING IN HOUSEHOLD	MALE... 1 FEMALE 2	YES...1 NO... 2 (8)	STILL BREAST-FEEDING..T8	YES ...1 (12) NO.... 2		NOBODY 0 PRIVATE DOCTOR OR CLINIC 1 PRIVATE HOSPITAL 2 GOVT HOSPITAL OR MATERNAL DISPENSARY..... AND CHILD 3 HEALTH CARE CENTERA LOCAL PHARMACY 5 GOVT RURAL HEALTH CENTER (RHC).....6 OT HER.....7		DOCTOR.....1 NURSE 2 MIDWIFE OR TRAINED DAI..... 3 UNTRAINED DA1..... 4 FEMALE RELATIVE.3 OTHER 6	PRIVATE DOCTOR OR CLINIC 1 PRIVATE HOSPITAL 2 GOVT HOSPITAL DISPENSARY 3 MATERNAL AND CHILD HEALTH CARE CENTERA LOCAL PHARMACY 5 GOVT RURAL HEALTH CENTER (RHC)..... 6 OTHER 7	YES.....) (-22) NO.....2	

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OBTAIN INFORMATION ON EACH MFN WHO IS 14 YEARS OR OLDER PRESENTLY LIVING IN THE HOUSEHOLD. IF HEN NOT ALBE 0 INS11E---O- WK -4E6FN FORMED PERSON.

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NRi TE ID C00 E OF aEs POil- OANT FROM NOU #OLD ROS 1ER	Have you ever been married?	How many times have you been married?	At what aae did y-ai first marry?	How much dowry in total did you receive OR gave to your in- laws?	How much did you spend for the wedding (do not include ceremony ex- penses)?	Are you still married to her?	what is the main reason for not being married to her anymore?	in is she living your house- hold?	Please write her ID CODE from SECTION 1A	How Mich dowry in total did you receive OR gave to in-laws?	How much did you spend for the wedding (do not include ceremony ex- penses)	Are you still married to her?	What is the main reason for not being married to her anymore?	Is she living in your house- hold?	Please write her iD CODE from SECTION 10	If you were starting your fa- mily today, how many children in total would you like to have?
ID CODE	YES ...i NO.... 2 (NEXT SE0llow)		YEARS	YOU GOT YOU GAVE CURRENT TAKA	CURRENT TAKA	YES..1 NO..2	DIVORCED ..1 DIED.....2 SEPARATE0.3 ABANDONE0.4 OTHER 5 F MARRIED LY ONCE 22 HERWISE 15-16	YES..1 NO...2 (13)	[F MARRI LY ONCE 22	CURRENT TAKA YOU GOT YOU GAVE	CURRENT TAKA	YES..1 (No-.2 20)	DIVORCED.: OIED.....2 SEPARATE0.3 ABANDONED. 4 OTHER.....5 LN	YES..1 NO...2 (22)		No. OF BOYS No. OF GIRLS

<p>Is anybody "at risk" to be group members in this household?</p> <p>YES1 (PART E)</p>	<p>If YES, write ID code of members</p>	<p>Has s/he joined any loan program?</p> <p>YES... 1 NO2 (»6)</p>	<p>If YES, which loan program did s/he join?</p> <p>RAC..... 1 RAMEEN ...2 RDB RD 1Z..3 OTHER NGO..4 OTHER COOP.5 NY OTHER..6</p>	<p>Is s/he currently a member of this credit program?</p> <p>YES.... 1 (-8) NO2 (» 7)</p>	<p>Why did s/he drop out of the program?</p> <p>10 NOT WANT..0 TRIED TO BUT FAILED 1 HAD BETTER ALTERNATIVES.2</p>	<p>Why did s/he drop out of the program?</p> <p>DID NOT LIKE IT ANY MORE..0 NO LONGER QUALIFIED.... 1 HAD BETTER ALTERNATIVES.2</p>	<p>Why did s/he drop out of the program?</p> <p>11 Y did s/he Join the program?</p> <p>CLIFAPER CREDIT-1 EASIER ACCESS..2 GROUP FEELING.3 NO NEED OF COLATRLA COMBO OF ABOVE-5</p>	<p>What is the reason for dropping out?</p> <p>TAKA</p>	<p>How long was s/he in the program?</p> <p>EARS MONTHS</p>	<p>Since joining, how many weeks of training has s/he attended before any loan was given?</p> <p>WEEKS</p>	<p>Besides credit - what other services, loans or facilities are available for members of this program?</p> <p>PRIMARY HEALTH..1 BASIC LITERACY..2 MARKETING INFO..3 OCCUPATIONAL AND SKILL TRAINING.4 OTHER 5</p>	<p>How many weeks does it take to get a loan after joining the group?</p> <p>WEEKS</p>	<p>How many members are in the group or society of which s/he is a member?</p> <p>NUMBER</p>
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