

English version

Urban Health Survey 2006

Household Questionnaire

NATIONAL INSTITUTE OF POPULATION RESEARCH AND TRAINING (NIPORT)
Ministry of Health and Family Welfare, Azimpur, Dhaka

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MEASURE *Evaluation*
USA

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION					
DIVISION				<input type="text"/>	
(BARISAL=1; CHITTAGONG=2; DHAKA=3; KHULNA=4; RAJSHAHI=5; SYLHET=6)					
DISTRICT				<input type="text"/>	
THANA				<input type="text"/>	
WARD/UNION				<input type="text"/>	
MOHALLA/MOUZA.....				<input type="text"/>	
DOMAIN 1 = DHAKA METROPOLITAN AREA: LARGE SLUM				<input type="text"/>	
2 = DHAKA METROPOLITAN AREA: MEDIUM/SMALL SLUM					
3 = DHAKA METROPOLITAN AREA: NON-SLUM					
4 = CHITTAGONG CITY CORPORATION: SLUM					
5 = CHITTAGONG CITY CORPORATION:NON SLUM					
6 = OTHER CITY CORPORATION: SLUM					
7 = OTHER CITY CORPORATION: NON-SLUM					
8 = DISTRICT MUNICIPALITY					
PSU NUMBER.....				<input type="text"/>	
HOUSEHOLD NUMBER.....				<input type="text"/>	
TYPE OF HOUSEHOLD: 1 = NON-MESS 2 = MESS				<input type="text"/>	
NAME OF THE HOUSEHOLD HEAD				<input type="text"/>	
NAME OF THE RESPONDENT.....				<input type="text"/>	
PHYSICAL MEASUREMENT:				<input type="text"/>	
NONE 0, ONLY ANTHROPOMETRIC 1, BOTH ANTHROPOMETRIC AND BIOMEDICAL 2				<input type="text"/>	
INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE				DAY	<input type="text"/>
INTERVIEWER'S NAME				MONTH	<input type="text"/>
				YEAR	<input type="text"/>
				INTV. CODE	<input type="text"/>
RESULT*				RESULT*	<input type="text"/>
NEXT VISIT: DATE				Total no. of visits	<input type="text"/>
TIME					
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				Total persons in household	<input type="text"/>
				Total eligible ever married women	<input type="text"/>
				Total eligible never married women	<input type="text"/>
				Total eligible ever married men	<input type="text"/>
				Total eligible never married men	<input type="text"/>
				Line no. of respondent to HH schedule	<input type="text"/>
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR	KEYED BY
NAME	<input type="text"/>	NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE		DATE			

INFORMED CONSENT

Hello. My name is _____. We come from Associates for Community and Population Research, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey about the health of urban residents. The survey is paid for by the United States Agency for International Development. The survey is being coordinate by National Institute of Population Research and Training (NIPORT). The data will be examined by NIPORT, ACPR in Bangladesh and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. We would very much appreciate your participation in this survey. I would like to ask you about your household. This information will help us to understand the state and determinants of health in urban Bangladesh. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. The survey usually takes between 15 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important. If you wish to know more about your rights as a participant in this study you may write the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka or Institutional Review Board (IRB) at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400, U.S.A .If you have further questions regarding the nature of this study you may also contact ACPR 3/10, Block-A, Lalmatia, Dhaka-1207 or phone 8117926.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED



RESPONDENT DOES NOT AGREE TO BE

INTERVIEWED2 →END

HOUSEHOLD CHARACTERISTICS

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY (All USUAL RESIDENTS)				EDUCATION IF AGE 5 YEARS OR OLDER			EMPLOYMENT IF AGE 8 YEARS OR OLDER	
				Does (NAME) usually live here?	Did (NAME) stay here last night?			How old is (NAME)? IF AGE IS LESS THAN 1 YEAR WRITE 00	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN Q5=1, Q8=1 OR 2 AND AGE < 60 (Q7= <60)	CIRCLE LINE NUMBER OF ALL NEVER MARRIED WOMEN Q5=1, Q8=3 AND AGE 18-59 Q7=18-59	CIRCLE LINE NUMBER OF ALL EVER MARRIED MEN Q5=1, Q8=1 OR 2 AND AGE <60 (Q7=<60)	CIRCLE LINE NUMBER OF ALL NEVER MARRIED MEN Q5=1, Q8=3 AND AGE 18-59 Q7=18-59	Has (NAME) ever attended school?	What is the level of schooling (NAME) has last attended?*** What is the highest class (NAME) completed at that schooling?***	IF AGED LESS THAN 25 YEARS Is (NAME) currently attending school?	Is (NAME) currently working?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
01		<input type="text"/>	Male1 Female ..2	Yes1 No.....2	Yes.....1 No.....2	<input type="text"/> In years	CM 1 FM 2 NM 3	01	01	01	01	Yes.....1 No2 Go to 16	Level Grade <input type="text"/> <input type="text"/>	Yes.....1 No2	Yes.....1 No2 Next line	Cash .. 1 Kind .. 2 Both... 3 None.. 4
02		<input type="text"/>	Male1 Female ..2	Yes1 No.....2	Yes.....1 No.....2	<input type="text"/> In years	CM 1 FM 2 NM 3	02	02	02	02	Yes.....1 No2 Go to 16	Level Grade <input type="text"/> <input type="text"/>	Yes.....1 No2	Yes.....1 No2 Next line	Cash .. 1 Kind .. 2 Both... 3 None.. 4
03		<input type="text"/>	Male1 Female ..2	Yes1 No.....2	Yes.....1 No.....2	<input type="text"/> In years	CM 1 FM 2 NM 3	03	03	03	03	Yes.....1 No2 Go to 16	Level Grade <input type="text"/> <input type="text"/>	Yes.....1 No2	Yes.....1 No2 Next line	Cash .. 1 Kind .. 2 Both... 3 None.. 4
04		<input type="text"/>	Male1 Female ..2	Yes1 No.....2	Yes.....1 No.....2	<input type="text"/> In years	CM 1 FM 2 NM 3	04	04	04	04	Yes.....1 No2 Go to 16	Level Grade <input type="text"/> <input type="text"/>	Yes.....1 No2	Yes.....1 No2 Next line	Cash .. 1 Kind .. 2 Both... 3 None.. 4
05		<input type="text"/>	Male1 Female ..2	Yes1 No.....2	Yes.....1 No.....2	<input type="text"/> In years	CM 1 FM 2 NM 3	05	05	05	05	Yes.....1 No2 Go to 16	Level Grade <input type="text"/> <input type="text"/>	Yes.....1 No2	Yes.....1 No2 Next line	Cash .. 1 Kind .. 2 Both... 3 None.. 4
06		<input type="text"/>	Male1 Female ..2	Yes1 No.....2	Yes.....1 No.....2	<input type="text"/> In years	CM 1 FM 2 NM 3	06	06	06	06	Yes.....1 No2 Go to 16	Level Grade <input type="text"/> <input type="text"/>	Yes.....1 No2	Yes.....1 No2 Next line	Cash .. 1 Kind .. 2 Both... 3 None.. 4
07		<input type="text"/>	Male1 Female ..2	Yes1 No.....2	Yes.....1 No.....2	<input type="text"/> In years	CM 1 FM 2 NM 3	07	07	07	07	Yes.....1 No2 Go to 16	Level Grade <input type="text"/> <input type="text"/>	Yes.....1 No2	Yes.....1 No2 Next line	Cash .. 1 Kind .. 2 Both... 3 None.. 4

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
08		<input type="text"/>	Male1 Female...2	Yes1 No.....2	Yes.....1 No.....2	<input type="text"/> In years	CM 1 FM 2 NM 3	08	08	08	08	Yes.....1 No2 ↓ Go to 16	Level Grade <input type="text"/> <input type="text"/>	Yes.....1 No2	Yes.....1 No2 ↓ Next line	Cash .. 1 Kind .. 2 Both... 3 None.. 4
09		<input type="text"/>	Male1 Female...2	Yes1 No.....2	Yes.....1 No.....2	<input type="text"/> In years	CM 1 FM 2 NM 3	09	09	09	09	Yes.....1 No2 ↓ Go to 16	Level Grade <input type="text"/> <input type="text"/>	Yes.....1 No2	Yes.....1 No2 ↓ Next line	Cash .. 1 Kind .. 2 Both... 3 None.. 4
10		<input type="text"/>	Male1 Female...2	Yes1 No.....2	Yes.....1 No.....2	<input type="text"/> In years	CM 1 FM 2 NM 3	10	10	10	10	Yes.....1 No2 ↓ Go to 16	Level Grade <input type="text"/> <input type="text"/>	Yes.....1 No2	Yes.....1 No2 ↓ Next line	Cash .. 1 Kind .. 2 Both... 3 None.. 4

TICK HERE IF CONTINUATION SHEET USED ☐

Just to make sure that I have a complete listing:

- Are there any other persons such as small children or infants that we have not listed? Yes ☐ → Enter each in table No ☐
- In addition, are there any other people who may not be Members of your family, such as domestic servants, Lodgers or friends who usually live here? Yes ☐ → Enter each in table No ☐
- Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? Yes ☐ → Enter each in table No ☐

18. Total number of ever married women circled in column (9)
(IF NONE WRITE 0 IN BOX)

19. Total number of never married women circled in column (10)
(IF NONE WRITE 0 IN BOX)

20. Total number of ever married men circled in column (11)
(IF NONE WRITE 0 IN BOX)

21. Total number of never married men circled in column (12)
(IF NONE WRITE 0 IN BOX)

* CODES FOR Q.3		** CODE FOR Q. 8	*** CODE FOR Q. 14	
RELATIONSHIP TO HEAD OF HOUSEHOLD:		MARITAL STATUS:	EDUCATION	
			LEVEL SCHOOL	GRADE
Household head =01	Parent in law =07	Currently married=1	Primary =1	Less than 1 year completed=00
Wife or husband =02	Brother or sister =08	Formerly married =2	Secondary =2	
Son or daughter =03	Other relative=09	(Divorced/widowed/ separated/deserted)	College and higher =3	Don't know =98
Son-in law or daughter-in law=04	Adopted/foster/stepchild=10	Never married =3		
Grandchild =05	Not related =11			
Parent =06				

Section 2. Basic Characteristics (BC)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
LEGAL STATUS			
201.	Is this dwelling your owned or rented or others?	Owned.....1 Rented.....2 From employer3 Relative's house.....4 Other.....6 (Specify)	
201a.	Who owns the land on which this dwelling is situated?	Respondent or other resident.....1 Government.....2 Employer non Government3 Landlord.....4 Relative5 Other.....6 (Specify) Don't know8	
BASIC PHYSICAL CHARACTERISTICS			
202.	How much usable living space does your family have (ie the total area of rooms, kitchen, bathroom, toilet, hall, pantries)? (Ask length and width and calculate the Square feet)	Square feet. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
203.	Besides kitchen and bathroom, how many rooms are there in your dwelling?	Rooms <input type="text"/> <input type="text"/>	
204.	What is the material from which the roof of this dwelling is made? (RECORD OBSERVATION)	Jhupri/polithin1 Bamboo/Thatch (Katcha)2 Tin3 Cement/ Concrete/Taly4	→ 205
204a.	What is the material from which the floor of this dwelling is made? (RECORD OBSERVATION)	Earth (Katcha)1 Wood.....2 Cement/ Concrete/Tiles3	
204b.	What is the material from which the walls of this dwelling are made? (RECORD OBSERVATION)	Jute/Bamboo/mud (Katcha)1 Wood.....2 Brick/Cement3 Tin.....4	
WATER AND ELECTRICITY			
205.	Does this household have electricity?	Yes1 No2	
206.	What is the main source of drinking water for your household?	INSIDE DWELLING Piped water01 Tube well02 Well03 OUTSIDE DWELLING Piped water04 Tube well05 Well06 SURFACE WATER Pond/river/stream07 Rainwater.....08 Other.....96 (Specify)	
207.	Any other families share your family's main drinking water source?	Yes1 No2	→ 207b
207a.	How many families share your family's main drinking water source? (Interviewer: If cannot tell exactly the number of families, ask approximate range.)	Families..... <input type="text"/> <input type="text"/> <input type="text"/> Families: from	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
207b.	INTERVIEWER: CHECK Q.206 AND CIRCLE IN APPROPRIATE CODE..	Code 01 or 02 or 03 is circled 1 Any one code is circled other than 01 or 02 or 03 2	→ 208
207c.	How much time (including travel and waiting) does your household usually spend to get the water for daily household consumption?	Minutes <input type="text"/> <input type="text"/> <input type="text"/>	
TOILET FACILITIES			
208.	What kind of toilet facility does your household use?	Septic tank/modern toilet 1 Water sealed/slab latrine 2 Pit toilet/latrine 3 Open latrine 4 Hanging latrine 5 No facility/bush/field 6	
208a.	Is it inside or outside your household?	Inside household 1 Outside household 2	
208b.	Any other families share this toilet?	Yes 1 No 2	→ 209
208c.	How many families, including your own, is it shared?	Families <input type="text"/> <input type="text"/>	
SEWERAGE AND GARBAGE			
209.	What is the principal way you dispose of garbage?	Collected from home 01 Household disposes within premises 02 Household disposes in a bin outside the house 03 Household disposes in open spaces outside the house 04 Burned 05 Buried 06 Other 96 (Specify)	→ 209b → 210
209a.	How frequently is garbage collected from your house?	Everyday 1 Several days a week 2 1 to 3 times a month 3 Less than once a month 4 Other 6 (Specify)	→ 210
209b.	How frequently is garbage collected from the place where you dispose it?	Everyday 1 Several days a week 2 1 to 3 times a month 3 Less than once a month 4 Never collected 5 Other 6 (Specify) Don't know 8	
REFRIGERATION, LIGHTING AND COOKING			
210.	What type of fuel does your household use for cooking?	Wood A Crop residue/grass B Dung cakes C Coal/coke/lignite D Charcoal E Kerosene F Electricity G Liquid gas/gas H Bio-gas I Fabric scraps (as in from textile factory) J Wood dust K Other X (Specify)	

Section 3. Consumption (CN)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
301.	INTERVIEWER: Check Q. 201 and circle in appropriate code	Owned 1 Rented 2 From employer 3 Other 6 (Specify)	→ 301b → 301c	
301a.	If you rented your house, how much will be the rent?	Taka <input type="text"/>	→ 302	
301b	How much the rent of this house?	Taka <input type="text"/>	→ 302	
301c.	Do you pay any money as rent ? If yes , how much?	None 00000 Taka <input type="text"/> Don't know 99998		
302.	What was the total household expenditure in the past month? (READ OUT)	Subjects	Taka (IF NONE WRITE 00000)	
		A. Food	<input type="text"/>	
		B. Electricity/fuel for lighting.....	<input type="text"/> Included in the house rent 99995	
		C. Telephone/Mobile	<input type="text"/> No telephone/ Mobile 99994	
		D. Gas/cooking fuel	<input type="text"/> Included in the house rent 99995	
		E. Water and sewage	<input type="text"/> Included in the house rent 99995	
		F. Transport	<input type="text"/>	
		G. Recreation/social obligations	<input type="text"/>	
303.	What was the total household expenditure in the last 1 year? (READ OUT)	Subjects	Taka (IF NONE WRITE 000000)	
		A. Education	<input type="text"/>	
		B. Health and treatment	<input type="text"/>	
		C. Clothing	<input type="text"/>	
304.	In the last one year, have you had purchased any of the following ? (READ OUT)	Subjects	Yes No	
		A. Land	1 2	
		B. Home	1 2	
		C. Ornament	1 2	
		D. Valuable things such as TV, refreezarator, furniture	1 2	
		E. Motor cycle	1 2	
		F. Car	1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305.	Did your household save any money in the past year, IF YES , How much? (IF NONE WRITE 000000)	Taka <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
306.	Did your household borrow in the past year, IF YES , How much? (IF NONE WRITE 000000)	Taka <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
307.	In the last 1 year, how frequently has your household faced the situation where at least some of the members couldn't have 3 (breakfast, lunch and dinner) meals (rice/ruti) due to a shortage of food?	Whole year 1 Special time 2 (Specify English month's name) Never 3	→ 401
307a.	(In the last 1 year) How many days? (Interviewer: If cannot tell exactly the number of days, ask approximate range.)	Days <input type="text"/> <input type="text"/> <input type="text"/> Days: _____ from _____	

Section 4. Basic Durable Goods and Assets (BD)

BASIC DURABLE GOODS AND ASSETS					
401.	Does your household own any [...]?	Goods and assets	Yes	No	
	(Read out)	A. Almirah/wardrobe	1	2	
		B. Table.....	1	2	
		C. Chair	1	2	
		D. Radio (working)	1	2	
		E. Television (working)	1	2	
		F. Motorcycle.....	1	2	
		G. Telephone/mobile phone ..	1	2	
		H. Computer.....	1	2	
		I. Refrigerator.....	1	2	
		J. Electric fan	1	2	
		K. Automobile.....	1	2	
		L. Tape player/CD Player / DVD Player.....	1	2	
		M. Air conditioner.....	1	2	
402.	Have you or someone in the household been victim of crime or violence in the last 6 months?	Crime/violence	Yes	No	
	(Read out)	A. Street robbery	1	2	
		B. Theft	1	2	
		C. Molest.....	1	2	
		D. Car theft.....	1	2	
		E. Abduction/kidnapping	1	2	
		F. Rape	1	2	
		G. Murder.....	1	2	

Section 5. Blood pressure and Blood glucose measurement
(Among 60 and above aged usual HH members)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
501.	INTERVIEWER: Check Column 5 and 7 in household roster and circle in appropriate code.	Yes in Q. column 5 and age 60 and above 1 No in Q. column 5 and age 60 and above 2 All ages are <60 3			Go to Individual Question
502.	INTERVIEWER: Record total number of usual HH members aged 60 and above from household rosters.	Number <input type="text"/>			
INTERVIEWER: ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH USUAL HH MEMBER AGED 60 AND ABOVE FROM HOUSEHOLD ROASTERS. ASK FROM Q. 503 SEPARATLY TO EACH MEMBER.					
502a.	Questions	Line # <input type="text"/> Name:	Line # <input type="text"/> Name:	Line # <input type="text"/> Name:	
		1	2	3	
503.	Do you have high blood pressure?	Yes 1 No 2 → 503c Don't know 8	Yes 1 No 2 → 503c Don't know 8	Yes 1 No 2 → 503c Don't know 8	
503a.	Did you seek any treatment?	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	
503b.	Do you take any medication?	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	
503c.	INTERVIEWER: CHECK THE BLOOD PRESSURE AND RECORD IN APPROPRIATE BOX.	Systolic <input type="text"/> Diastolic <input type="text"/>	Systolic <input type="text"/> Diastolic <input type="text"/>	Systolic <input type="text"/> Diastolic <input type="text"/>	
504.	Do you have diabetes?	Yes 1 No 2 → 504c Don't know 8	Yes 1 No 2 → 504c Don't know 8	Yes 1 No 2 → 504c Don't know 8	
504a.	Did you seek any treatment?	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	
504b.	Do you take any medication?	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	
504c.	Have you taken your breakfast?	Yes 1 No 2 → 504e	Yes 1 No 2 → 504e	Yes 1 No 2 → 504e	
504d.	INTERVIEWER: IF THE RESPONDENT TOOK HER BREAKFAST, THEN REQUEST THE RESPONDENT TO REMAIN FASTING UNTIL YOU ARRIVE THERE IN THE NEXT MORNING FOR TAKING BLOOD SAMPLE.				
504e.	INTERVIEWER: ENSURE THAT THE RESPONDENT IS FASTING AND THEN COLLECT BLOOD SAMPLE FOR BLOOD GLUCOSE AND RECORD IN APPROPRIATE BOX.	MG/DL <input type="text"/>	MG/DL <input type="text"/>	MG/DL <input type="text"/>	
505.	Result Code	Completed 1 Not available 2 Refused 3 Other 6 (Specify)	Completed 1 Not available 2 Refused 3 Other 6 (Specify)	Completed 1 Not available 2 Refused 3 Other 6 (Specify)	