



HOUSEHOLD ID					
PSU NUMBER				HH	
0	1	4	5	0	1

HEAD OF THE HOUSEHOLD: _____ TELEPHONE: _____

LOCALITY:

WARD/SUB-WARD:		
----------------	--	--

VDC / MUNICIPALITY:

DISTRICT:

TEAM NUMBER:

Sir/Madam:

The Central Bureau of Statistics Office in cooperation with Is undertaking a household survey to collect ...

Your cooperation is earnestly solicited

Very truly yours,

Mr. Uttam Narayan Malla

Director General

Central Bureau of Statistics

Thapatali, Kathmandu, Nepal

I hereby certify that the data gathered in this questionnaire were obtained/reviewed by me personally and in accordance with instructions

Signature of Enumerator

Date accomplished

Signature of Supervisor

Date reviewed

LATITUDE (NORTH)

				•					
--	--	--	--	---	--	--	--	--	--

LONGITUDE (EAST)

				•					
--	--	--	--	---	--	--	--	--	--

Survey Information

RESULT OF THE VISIT

INTERVIEWER: _____

DATE OF INTERVIEWER'S VISITS			
No.	DAY	MONTH	YEAR
1			
2			
3			

A. HOUSEHOLD INTERVIEWED?

YES	1 ► HOUSEHOLD DATA
NO	2

2

SUPERVISOR: PLEASE FILL IF HOUSEHOLD TO BE REPLACED, OR IF THIS HOUSEHOLD IS A REPLACEMENT HOUSEHOLD:

C. THIS HOUSEHOLD WILL BE REPLACED BY HOUSEHOLD NUMBER:

0

3

D. THIS HOUSEHOLD REPLACES HOUSEHOLD NUMBER:

--	--

B. REASON NOT INTERVIEWED

DWELLING NOT FOUND	1
HOUSEHOLD NOT FOUND	2
REFUSAL	3

2

SUPERVISOR _____

CODE

DATE OF SUPERVISION

DAY MONTH YEAR

--	--	--

HOUSEHOLD DATA

E. RELIGION OF HEAD

F. LANGUAGE USED IN THE HOUSEHOLD

G. INTERPRETER:

YES	1
NO	2

USE RELIGION CODES PROVIDED OF HEAD: AT THE BACK OF THE QUESTIONNAIRE

DATA ENTRY

DATA ENTRY OPERATOR'S CODE

DATE OF ENTRY

DAY MONTH YEAR

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COMMENTS

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Section 1 Household Roster

IDENTIFICATION CODE	(1.04) What is the relationship of ..[NAME].. to the head of household?	(1.05) Where was ..[NAME].. born?	FOR INDIVIDUALS 10 YRS AND ABOVE		(1.08) What's ..[NAME].. Caste/Ethnic group?	(1.09) During the past 12 months, how many months did ..[NAME].. live here?	(1.10) ACCORDING TO CRITERIA, IS ..[NAME].. A MEMBER OF THE HOUSEHOLD?
	HEAD 01 HUSBAND/WIFE 02 SON/DAUGHTER 03 GRANDCHILD 04 FATHER/MOTHER 05 BROTHER/SISTER 06 NEPHEW/NIECE 07 SON/DAUGHTER-IN-LAW 08 BROTHER/SISTER-IN-LAW 09 FATHER/MOTHER-IN-LAW 10 OTHER FAMILY RELATIVE 11 SERVANT/SERVANT'S RELATIVES 12 TENANT/TENANT'S RELATIVE 13 OTHER PERSON NOT RELATED 14	Was it then an urban or rural area? URBAN 1 RURAL 2 SEE DISTRICTS IN TABLE "A"	(1.06) What is the present marital status of ..[NAME]..?	(1.07) COPY THE ID CODE OF THE SPOUSE IF NOT A HOUSEHOLD MEMBER WRITE "98" SPOUSE'S ID CODE	SEE CODES AT THE END DESCRIPTION CODE	WRITE 12 IF ALWAYS PRESENT, OR IF AWAY LESS THAN A MONTH MONTHS	YES 1 NO 2 ▶ NEXT PERSON
01	01						
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

Section 1 Household Roster

		FATHER		MOTHER		
IDENTIFICATION CODE	(1.11) Does ..[NAME].. 's father live in this household?	(1.12) COPY THE ID CODE OF THE FATHER	(1.13) What was the highest class that the father of ..[NAME].. completed? WRITE "98" IF DON'T KNOW	(1.14) Does ..[NAME].. 's mother live in this household?	(1.15) COPY THE ID CODE OF THE MOTHER	(1.16) What was the highest class that the mother of ...[NAME]... completed? WRITE "98" IF DON'T KNOW
	YES 1	▶ (1.14)	SEE EDUCATION CODES IN TABLE "E"	YES 1	NEXT PERSON	SEE EDUCATION CODES IN TABLE "E"
	NO 2			NO 2		
	▶ (1.13)			▶ (1.16)		
	DIED 3			DIED 3		
▶ (1.13)	FATHER'S ID CODE	EDUCATION CODE	▶ (1.16)	MOTHER'S ID CODE	EDUCATION CODE	
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

Section 2 Housing

2A.- COPY THE ID OF RESPONDENT FROM SECTION 1:

Part A: Type of dwelling

(2.01) Is this dwelling unit occupied by your household only?

YES	1
NO	2

(2.02) How many rooms does your household occupy?

- | | | | |
|----------------------|----------------------|--------------------------|----------------------|
| a) TOTAL | <input type="text"/> | e) Living / dining rooms | <input type="text"/> |
| b) Kitchen | <input type="text"/> | f) Business | <input type="text"/> |
| c) Toilet / bathroom | <input type="text"/> | g) Mixed use | <input type="text"/> |
| d) Bedrooms | <input type="text"/> | h) Other | <input type="text"/> |

(2.03) Is there a kitchen garden?

YES	1
NO	2

(2.04) MAIN CONSTRUCTION MATERIAL OF OUTSIDE WALLS

CEMENT BONDED BRICKS/STONES	1
MUD BONDED BRICKS/STONES	2
WOOD	3
BAMBOO/LEAVES	4
UNBAKED BRICKS	5
OTHER MATERIAL	6
NO OUTSIDE WALLS	7

(2.05) FOUNDATION OF DWELLING

PILLAR BONDED	1
CEMENT BOUNDED	2
MOD BONDED	3
WOODEN PILLAR	4
OTHER	5

(2.06) MAIN MATERIAL ROOF IS MADE OF

STRAW/ THATCH	1
EARTH/MUD	2
WOOD/ PLANKS	3
GALVANIZED IRON	4
CONCRETE/CEMENT	5
TILES/SLATE	6
OTHER	7

(2.07) THE WINDOWS ARE FITTED (CHECK THE FIRST THAT APPLIES)

NO WINDOWS/ NO COVERING	1
SHUTTERS	2
SCREENS/GLASS	3
OTHER	4

(2.08) HOW BIG IS THE HOUSING PLOT?

	CODE
ROPANI	1
BIGHA	2

CODE

R/B

A/K

P/D

(2.09) HOW BIG IS THE INSIDE OF THE DWELLING?

SQUARE FEET

(2.10) Which year was the house that you are living built?

YEAR:

Section 2 Housing

Part B: Housing expenses

(2.11) Is this dwelling yours?

YES	1	
NO	2	▶ (2.16)

(2.12) If you wanted to buy a dwelling just like this today, how much money would you have to pay?

RUPEES

INCLUDE VALUE OF HOUSING PLOT

(2.13) If someone wanted to rent this dwelling today, how much money would they have to pay each month?

RUPEES

(2.14) Did you rent out part of this dwelling unit?

YES	1	
NO	2	▶ PART C

(2.15) How much do you receive as rent per month?

RUPEES

▶ PART C

(2.16) What is your present occupancy status?

RENTER	1	▶ (2.18)
PROVIDED FREE OF CHARGE BY RELATIVES, LANDLORD OR EMPLOYER	2	
SQUATTING	3	
OTHER	4	

(2.17) If someone wanted to rent this dwelling (only the unit occupied by the household) today, how much money would they have to pay each month?

RUPEES

▶ PART C

(2.18) What is the rent per month? (cash plus value of in-kind payments)

RUPEES

Part C: Utilities and amenities

(2.19) Where does your drinking water come from?

PIPED WATER SUPPLY	1	
COVERED WELL	2	▶ (2.22)
HAND PUMP/ TUBEWELL	3	▶ (2.22)
OPEN WELL	4	▶ (2.22)
SPRING WATER	5	▶ (2.22)
RIVER	6	▶ (2.22)
OTHER SOURCE	7	▶ (2.22)

(2.20) Do you have water piped into your house?

YES	1
NO	2

(2.21) How many hours per WEEK does your household have tap water?

HRS/WEEK

(2.22) How much did you pay for water over the last 12 months?

RUPEES

(EXCLUDE WATER USED FOR IRRIGATION)

WRITE ZERO IF NOTHING

(2.23) Are you connected to a sanitary system for liquid wastes?

UNDERGROUND DRAINS	1	SOAK PIT	3
OPEN DRAINS	2	NO	4

(2.24) How does your household dispose of its garbage mainly?

COLLECTED BY GARBAGE TRUCK	1	
PRIVATE/COMMUNITY COLLECTOR	2	
DUMPED	3	▶ (2.26)
BURNED/BURIED	4	▶ (2.26)
DUMPED AND USED FOR FERTILIZER	5	▶ (2.26)
OTHER	6	

(2.25) How much do you pay for garbage disposal over the last 12 months?

RUPEES

WRITE ZERO IF NOTHING

(2.26) What type of toilet is used by your household?

HOUSEHOLD FLUSH (CONNECTED TO MUNICIPAL SEWER)	1
HOUSEHOLD FLUSH (CONNECTED TO SEPTIC TANK)	2
HOUSEHOLD NON-FLUSH	3
COMMUNAL LATRINE	4
NO TOILET	5

Section 2 Housing

Part C: Utilities and amenities	Part C: Utilities and amenities																																																																																																																																												
<p>(2.27) What is the main source of lighting for your dwelling? []</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">ELECTRICITY</td> <td style="width: 10%;">1</td> <td style="width: 30%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>SOLAR</td> <td>2 ▶ (2.31)</td> <td>KEROSENE</td> <td>4 ▶ (2.31)</td> <td></td> <td></td> </tr> <tr> <td>BIOGAS</td> <td>3 ▶ (2.31)</td> <td>OTHER</td> <td>5 ▶ (2.31)</td> <td></td> <td></td> </tr> </table> <p>(2.28) Do you have a joint or individual electric meter? []</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">INDIVIDUAL</td> <td style="width: 10%;">1</td> <td style="width: 30%;">NO METER</td> <td style="width: 10%;">3</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>JOINT</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>(2.29) How much did you spend on electricity over the past 12 months? []</p> <p style="text-align: center;">WRITE ZERO IF NOTHING RUPEES</p> <p>(2.30) In the past 7 days, how many hours (total) did your household NOT have electricity? []</p> <p style="text-align: center;">HRS</p> <p>(2.31) Which of the following facilities are there in your dwelling unit?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">YES</td> <td style="width: 10%;">1</td> <td style="width: 20%;">a) Telephone</td> <td style="width: 10%;">[]</td> <td style="width: 20%;">c) Cable T.V.</td> <td style="width: 10%;">[]</td> </tr> <tr> <td>NO</td> <td>2</td> <td>b) Mobile phone</td> <td>[]</td> <td>d) Email/Internet</td> <td>[]</td> </tr> </table> <p style="border: 1px solid black; padding: 2px; display: inline-block;">IF ALL ANSWERS ARE NO ▶ (2.33)</p> <p>(2.32) How much did you pay for using those facilities listed in (2.31) over the last 12 months? []</p> <p style="text-align: center;">RUPEES</p> <p>(2.33) What kind of fuel is most often used by your household for cooking? []</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">FIREWOOD</td> <td style="width: 10%;">1</td> <td style="width: 30%;">CYLINDER GAS</td> <td style="width: 10%;">4</td> </tr> <tr> <td>DUNG</td> <td>2</td> <td>KEROSENE</td> <td>5</td> </tr> <tr> <td>LEAVES/ RUBBISH/ STRAW/THATCH</td> <td>3</td> <td>BIO-GAS</td> <td>6</td> </tr> <tr> <td></td> <td></td> <td>OTHER</td> <td>7</td> </tr> </table> <p>(2.34) What type of stove does your household mainly use for cooking? []</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">OPEN FIREPLACE</td> <td style="width: 10%;">1</td> <td style="width: 30%;">KEROSENE STOVE</td> <td style="width: 10%;">4</td> </tr> <tr> <td>MUD</td> <td>2</td> <td>GAS STOVE</td> <td>5</td> </tr> <tr> <td>SMOKELESS OVEN</td> <td>3</td> <td>OTHER</td> <td>6</td> </tr> </table> <p>(2.35) Did your household use any firewood over the past 12 months? []</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">YES</td> <td style="width: 10%;">1</td> <td style="width: 30%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NO</td> <td>2 ▶ (2.41)</td> <td></td> <td></td> </tr> </table> <p>(2.36) Did your household collect any firewood in the past 12 months? []</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">YES</td> <td style="width: 10%;">1</td> <td style="width: 30%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NO</td> <td>2 ▶ (2.41)</td> <td></td> <td></td> </tr> </table>	ELECTRICITY	1					SOLAR	2 ▶ (2.31)	KEROSENE	4 ▶ (2.31)			BIOGAS	3 ▶ (2.31)	OTHER	5 ▶ (2.31)			INDIVIDUAL	1	NO METER	3			JOINT	2					YES	1	a) Telephone	[]	c) Cable T.V.	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<p>(2.43) What type of salt do you use for cooking? []</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">LARGE CRYSTAL SALT</td> <td style="width: 10%;">1</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>CRUSHED SALT</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>PACKED SALT WITH TWO CHILD LOGO</td> <td>3</td> <td>OTHERS (SPECIFY)</td> <td>4</td> </tr> </table> <p>(2.44) INTERVIEWER: USE YOUR SALT TEST KIT TO ASSES THE LEVEL OF IODINE IN SALT USED IN THIS HOUSEHOLD []</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">0 PPM</td> <td style="width: 10%;">1</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>BELOW 15 PPM</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>ABOVE 15 PPM</td> <td>3</td> <td></td> <td></td> </tr> </table>		LARGE CRYSTAL SALT	1			CRUSHED SALT	2			PACKED SALT WITH TWO CHILD LOGO	3	OTHERS (SPECIFY)	4	0 PPM	1			BELOW 15 PPM	2			ABOVE 15 PPM	3																																																																																																																						
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ABOVE 15 PPM	3																																																																																																																																												

Section 3 Access to facilities

3A COPY THE ID OF RESPONDENT FROM SECTION 1:

FACILITY CODE	FACILITY DESCRIPTION	(3.01) How do you OR would you normally travel to the <u>closest</u> ..[FACILITY]..?	(3.02) How long does it take to get from your house to the <u>closest</u> ..[FACILITY]..?			(3.03) How far is the <u>closest</u> ..[FACILITY].. from this household?		(3.04) Have the members of this household used ..[FACILITY].. during the past 12 months?	(3.05) How often do members of this household use ..[FACILITY].. during the past 12 months?
		FOOT (WITHOUT LOAD) 1 BICYCLE/RICKSHAW 2 MOTORCYCLE/TAMPOO 3 CAR/BUS 4 MIXED (FOOT+VEHICLE) 5 PRESENT NEXT TO HH 6 ► (3.04)	ONE WAY ONLY			KM	METERS	YES 1 NO 2 ► NEXT FACILITY	DAILY 1 WEEKLY 2 MONTHLY 3 RARELY 4 NEVER 5
		NOT APPLICABLE 7 ► NEXT	DAYS	HOURS	MINUTES	KM	METERS		
101	ECD center								
102	Primary School								
103	Secondary school								
104	Higher Secondary School								
105	Health post/Sub-health post								
106	Public Hospital/PHC								
107	Clinic/Hospital Private								
108	Bus Stop								
109	Paved Road								
110	Dirt Road, vehicle passable								
111	Dirt Road, vehicle impassable								
112	Local Shop/Shops (shopping centers)								
113	Haat Bazaar								
114	Market Center								
115	Agriculture Center								
116	Sajha (Cooperatives)								
117	Bank								
118	Source of Drinking Water in rainy season								
119	Source of Drinking Water in dry season								
120	Post Office								
121	Telephone Booth								
122	Police station								
123	Internet access								
124	Community library								

Section 4 Migration

ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER

IDENTIFICATION CODE	FIRST IN-MIGRATION TO THIS PLACE								OUT-MIGRATION OVER THE PAST 5 YEARS					
	(4.01) ID CODE OF RESPONDENT	(4.02) Has ..[NAME].. always lived in this location since birth?	(4.03) I want to ask you about the first time ..[NAME].. moved to this location. Where did ..[NAME].. move from?	(4.04) When did ..[NAME].. move to this place?	(4.05) Why did ..[NAME].. leave the previous place and move to this place?	(4.06) What primary activity did ..[NAME].. do when arrived at this place for the first time?	(4.07) Has ..[NAME].. lived outside this location for more than 2 continuous months over the past 5 years ?	(4.08) How many times has ..[NAME].. lived outside this location for more than 2 continuous months over the past 5 years?	(4.09) When was the <u>last time</u> ..[NAME].. left to live outside this location for a period of 2 continuous months or more?	(4.10) When was the <u>last time</u> ..[NAME].. came back to this household after living outside for a period of 2 continuous months or more?				
	WRITE ID CODE FROM HOUSEHOLD ROSTER OF PERSON PROVIDING THIS INFORMATION	YES 1 ▶ (4.07) NO 2	Was it then an urban or rural area? URBAN 1 RURAL 2	SEE DISTRICT CODES IN TABLE "A"	MARRIAGE 01 FOLLOW THE FAMILY 02 OTHER FAMILY REASONS 03 EDUCATION 04 TRAINING 05 LOOKING FOR WORK 06 START NEW JOB 07 START NEW BUSINESS 08 JOB TRANSFER 09 CONFLICT 10 NATURAL DISASTER 11 EASIER LIFE STYLE 12 OTHER 13	SEE OCCUPATION CODES IN TABLE "I"	YES 1 NO 2 ▶ NEXT PERSON	N OF TIMES	YEAR	MONTH	YEAR	MONTH	IF STILL AWAY WRITE "98" IN MONTH AND YEAR	
													YEAR	MONTH
RESPONDENT'S ID CODE	DISTRICT / COUNTRY	U/R	YEAR	OCCUPATION DESCRIPTION	NSCO CODE									
01														
02														
03														
04														
05														
06														
07														
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10														
11														
12														
13														
14														
15														

Section 4 Migration

ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER

[illegible]

Section 5 Food expenses and home production

(5.00) ID CODE RESPONDENT:

11

CODE	(5.01) Have you consumed ..[FOOD].. during the past 12 months?		
	<u>INSTRUCTIONS:</u>		
	(1) ASK QUESTION (5.01) ABOUT EACH ITEM IN THE LIST FIRST. PUT A TICK "✓" IN THE APPROPRIATE BOX (YES OR NO)		
	(2) IF THE ANSWER TO Q. (5.01) IS YES, ASK Q. (5.02) TO (5-08)		
	(3) ONLY ONCE YOU HAVE FINISHED WITH QUESTIONS (5.02) TO (5.08) FOR ALL ITEMS CONSUMED, ASK QUESTION (5.09) TO (5.12)		
	ITEM DESCRIPTION	NO	YES
010	1 GRAINS AND CEREALS:		
011	Fine rice		
012	Coarse rice		
013	Beaten, flattened rice		
014	Maize		
015	Maize flour		
016	Wheat flour		
017	Millet		
018	Other grains/cereals (Buckwheat, Barley, Sorghum, etc.)		
020	2 PULSES AND LENTILS:		
021	Black Gram (<i>Mas</i>)		
022	Lentil (<i>Musuro</i>)		
023	Red Gram		
024	Horse Gram (<i>Chana</i>)		
025	Other pulses (Green Gram, <i>Masyang</i> , Vetch, <i>Khesari</i> , etc.)		
026	Beans		
027	Other beans		
900	PAGE TOTAL		

PART A: TYPICAL MONTH

[illegible]

PART B: PAST 7 DAYS

[illegible]

11

[illegible]

PART B: PAST 7 DAYS						
ASK (5.09) FOR ALL ITEMS FIRST						
(5.09) How many days has the household consumed ..[FOOD].. during the past 7 days? IF NONE, WRITE ZERO AND ► NEXT	(5.10) How much ..[FOOD].. did your household consume during the past 7 days? QUANTITY CODES IN TABLE "F"		(5.11) What is the value of this quantity of ..[FOOD].. consumed during the past 7 days?	(5.12) MAIN SOURCE HOME PRODUCTION FOOD PURCHASES IN-KIND		
DAYS	QUANTITY	UNIT	RUPEES	1	2	3

CODE	(5.01) Have you consumed ...[FOOD].. during the past 12 months?			
	<u>INSTRUCTIONS:</u>			
	(1) ASK QUESTION (5.01) ABOUT EACH ITEM IN THE LIST FIRST. PUT A TICK "✓" IN THE APPROPRIATE BOX (YES OR NO)			
	(2) IF THE ANSWER TO Q. (5.01) IS YES, ASK Q. (5.02) TO (5-08)			
	(3) ONLY ONCE YOU HAVE FINISHED WITH QUESTIONS (5.02) TO (5.08) FOR ALL ITEMS CONSUMED, ASK QUESTION (5.09) TO (5.12)			
	ITEM DESCRIPTION	NO	YES	
	054	Tomatoes		
	055	Green leafy vegetables		
	056	Pointed gourd		
	057	Bitter gourd		
058	Other vegetables			
060	6 FRUITS AND NUTS:			
061	Bananas			
062	Citrus fruits (Oranges, Lemon, Lime, Sweet orange, Pummelo, etc.)			
063	Mangoes			
064	Apples			
065	Pineapple			
066	Papaya			
067	Other fruits (Grape, Pomegranate, etc.)			
068	Dried fruits (Walnut, Coconut, etc.)			
070	7 FISH AND MEAT:			
071	Fish			
072	Mutton			
902	PAGE TOTAL			

[illegible][illegible]

[illegible]15 / 80

CODE	(5.01) Have you consumed ..[FOOD].. during the past 12 months?		
	INSTRUCTIONS:		
	(1) ASK QUESTION (5.01) ABOUT EACH ITEM IN THE LIST FIRST. PUT A TICK "✓" IN THE APPROPRIATE BOX (YES OR NO)		
	(2) IF THE ANSWER TO Q. (5.01) IS YES, ASK Q. (5.02) TO (5-08)		
	(3) ONLY ONCE YOU HAVE FINISHED WITH QUESTIONS (5.02) TO (5.08) FOR ALL ITEMS CONSUMED, ASK QUESTION (5.09) TO (5.12)		
	ITEM DESCRIPTION	NO	YES
	100 10 NON-ALCOHOLIC BEVERAGES		
	101 Tea (dried leaves)		
	102 Coffee (ground, instant)		
	103 Fruit juices/Carbonated drinks (Coca cola, Pepsi cola, etc.)		
104 Other non-alcoholic drinks (Mineral water, Sarbat , etc.)			
110 11 ALCOHOLIC BEVERAGES			
111 Wine			
112 Gin, whiskey			
113 Beer/jandh			
114 Other alcoholic drinks (Tadi etc)			
120 12 TOBACCO & TOBACCO PRODUCTS:			
121 Cigarettes			
122 Bidis			
123 Tobacco			
124 Other (jarda, khaini, betel nut)			
130 13 MISC. FOOD PRODUCTS:			
131 Meals taken outside home			
132 Bread/ biscuit / Noodles			
133 Misc. other food expenditures			
904	PAGE TOTAL		
990	ASK RESPONDENT TO ESTIMATE AVERAGE MONTHLY EXPENDITURE ON FOOD, VALUE OF HOME PRODUCED FOOD, AND FOOD RECEIVED IN KIND		

PART A: TYPICAL MONTH

[illegible]

PART B: PAST 7 DAYS

[illegible]

Section 6 Non-food expenditures and inventory of durable goods

Part A: Frequent non-food expenditures

(6.00) ID CODE RESPONDENT:

CODE	(6.01) Were any of the following items purchased or received in-kind over the past 12 months?			(6.02) What is the money value of the amount purchased or received in-kind by your household:	
	PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q (6.02)			A.	B.
			 during the past 30 days?during the past 12 months?
	ITEM DESCRIPTION	NO	YES	RUPEES	RUPEES
210	21 FUELS:				
211	Wood (bundle wood, logwood, sawdust)				
212	Kerosene oil				
213	Coal, charcoal				
214	Cylinder gas (LPG)				
215	Matches, candles, lighters, lanterns, etc.				
220	22 APPAREL AND PERSONAL CARE ITEMS:				
221	Ready-made clothing and apparel				
222	Cloth, wool, yarn, and thread for making clothes and sweaters				
223	Tailoring expenses				
224	Footwear (shoes, slippers, sandals, etc.)				
225	Toilet soap				
226	Toothpaste, tooth powder, toothbrush, etc.				
227	Other personal care items (shampoo, combs, cosmetics, etc.)				
228	Dry cleaning and washing expenses				
229	Personal services (haircuts, shaving, shoeshine, etc.)				
905	PAGE TOTAL				

CODE	(6.01) Were any of the following items purchased or received in-kind over the past 12 months?			(6.02) What is the money value of the amount purchased or received in-kind by your household:	
	PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q (6.02)			A.	B.
			 during the past 30 days?during the past 12 months?
	ITEM DESCRIPTION	NO	YES	RUPEES	RUPEES
230	23 OTHER FREQUENT EXPENSES:				
231	Public transportation (buses, taxis, rickshaws, train tickets, etc.)				
232	Petrol, diesel, motor oil (for personal vehicle only)				
233	Entertainment (cinema, CD/cassette rentals, etc.)				
234	Newspapers, books, stationery supplies(except educational expenses)				
235	Pocket money to children				
236	Educational and professional services				
237	Modern medicines and health services (doctor fees, hospital charges etc.)				
238	Traditional medicines and health services				
239	Wages paid to watchman, servant, gardener, driver, etc.				
241	Light bulbs, shades, batteries, etc.				
242	Household cleaning articles (soap, bleach, washing powder, etc.)				
906	PAGE TOTAL				

260	ASK RESPONDENT TO ESTIMATE AVE. MONTHLY & ANNUAL EXPENDITURE ON FREQUENTLY PURCHASED NON-FOOD ITEMS		
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Section 6 Non-food expenditures and inventory of durable goods

Part B: Infrequent non-food expenditures

CODE	(6.03) Were any of the following items purchased or received in-kind over the past 12 months? PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q 6.04			(6.04) What is the money value of the amount purchased or received in-kind by your household during the past 12 months:
	ITEM DESCRIPTION	NO	YES	RUPEES
310	31 INFREQUENT EXPENSES:			
311	Legal expenses and insurance (life, car, etc.)			
312	Income taxes, land taxes, housing and property taxes			
313	Repair and other expenses for personal vehicle(registration, fines)			
314	Postal expenses, telegrams, fax, telephone			
315	Excursion, holiday, (including travel and lodging)			
316	Toys, sports goods			
317	Repair and maintenance of the house			
318	Repair and servicing of household effects			
319	Home improvements and additions			
320	32 MISCELLANEOUS EXPENSES:			
321	Marriages, births, and other ceremonies			
322	Dowry & bride price given			
323	Dowry & bride price received			
324	Funeral and death related expenses			
325	Expenditure on religious ceremonies			
326	Charity			
327	Cash losses			
328	Gifts and donations			
907	TOTAL			

CODE	(6.03) Were any of the following items purchased or received in-kind over the past 12 months? PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q 6.04			(6.04) What is the money value of the amount purchased or received in-kind by your household during the past 12 months:
	ITEM DESCRIPTION	NO	YES	RUPEES
410	41 DURABLE GOODS:			
411	Crockery, cutlery and kitchen utensils (household use)			
412	Kitchen appliances (refrigerator, cooking range, blenders, etc.)			
413	Pillows, mattresses, blankets, etc.			
414	Jewelry, watches			
415	Furniture and fixtures			
416	Electric fans			
417	Heaters (electric, gas, kerosene)			
418	Sewing machine			
419	Iron (electric or other)			
421	Television/VCR			
422	Washing machine			
423	Cassette recorder or player, radio, etc.			
424	Camera, camcorder, etc.			
425	Bicycle			
426	Motorcycle			
427	Motor car or other such vehicle			
428	Other durable goods (bullock/he buffalo carts, etc.)			
429	Pressure lamps / petromax			
431	Telephone sets / cordless/mobile phone/pager			
432	Computer/Printer			
908	TOTAL			

Section 6 Non-food expenditures and inventory of durable goods

Part C: Inventory of durable goods

CODE	(6.05) Does your household own any of the following items?			(6.06) How many ..[ITEM].. does your household own?	(6.07) How many years ago did you acquire ..[ITEM]..?	(6.08) Did you purchase it, receive it as a gift or payment for services, or receive it as dowry or inheritance?	(6.09) How much was it worth when you acquired it?	(6.10) If you wanted to sell this ..[ITEM].. today, how much money would you receive for it?
	PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q. (6.06) TO (6.10)					IF MORE THAN ONE ITEM OWNED, ASK ABOUT MOST RECENTLY ACQUIRED ITEM.		IF MORE THAN ONE ITEM OWNED, ASK ABOUT TOTAL VALUE OF ALL ITEMS
						PURCHASE	1	
						GIFT/PAYMENT	2	
						DOWRY/INHERITANCE	3	
	ITEM DESCRIPTION	NO	YES	NUMBER	YEARS		RUPEES	RUPEES
501	Radio/cassette/CD player							
502	Camera (still/movie)							
503	Bicycle							
504	Motorcycle/scooter							
505	Motor car, etc.							
506	Refrigerator or freezer							
507	Washing machine							
508	Fans							
509	Heaters							
510	Television/VCR/VCD Player							
511	Pressure lamps / petromax							
512	Telephone sets / cordless/mobile phone/pager							
513	Sewing machine							
514	Furniture, rugs, clocks							
515	Kitchen utensils							
516	Jewelry (including watches)							
517	Computer/Printer							
909	TOTAL							

Section 6 Non-food expenditures and inventory of durable goods

Part D: Own account production of goods

CODE	(6.11) Were any of the following items produced and consumed by your household over the past 12 months? PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q. (6.12)			(6.12) What is the monetary value in the local market of the items produced and consumed yourself during the past:	
				A.	B.
			 during the past 30 days?during the past 12 months?
				RUPEES	RUPEES
	SELF PRODUCED AND CONSUMED ITEMS	NO	YES		
600	Expenditures on self produced and consumed items				
601	Dalo, Nanglo, Doko, Namlo, Rope, Mudha, etc.				
602	Mandro, Mat, Sukul, Bhakari, Ghum, Chitro, Broom, etc.				
603	Radi, Pakhi, Homespun clothes, etc.				
604	Firewood/Dung collection				
605	Furniture and allied wooden materials				
606	Sickle, Chulesi, Knife, etc.				
607	Tailoring				
608	Shoe making/repairing				
609	Water fetching				
610	Minor house repairing				
611	Biogas				
612	Pickle, Gundruk, Masyaura, Titaura, Jam, etc.				
613	Other (Communal construction, Duna, Tapari, Batti, etc.)				
910	TOTAL				

Section 7 Education

ALL PERSONS 3 YEARS AND OLDER

Part A: Literacy

IDENTIFICATION CODE	(7.01) ID CODE OF RESPONDENT	(7.02) Can ..[NAME].. read a letter?	(7.03) Can ..[NAME].. write a letter?	(7.04) Where did ..[NAME].. learn to read and write?	(7.05) Has ..[NAME].. ever been refused admission in any school, grades 1 to 8?	(7.06) What was the main reason that ..[NAME].. was refused admission?	(7.07) What type of school / college did refuse ..[NAME]..?	(7.08) INTERVIEWER: ASK EACH PERSON ABOUT THEIR EDUCATIONAL BACKGROUND, AND CODE THEIR EDUCATIONAL BACKGROUND AS FOLLOWS:	(7.09) Why didn't ..[NAME].. ever attend school?
		WRITE ID CODE FROM HOUSEHOLD ROSTER OF PERSON PROVIDING THIS INFORMATION	YES 1 NO 2 ▶ (7.05)	YES 1 NO 2 ▶ (7.05)	FORMAL SCHOOLING 1 TAUGHT AT HOME 2 GOVT. LITERACY COURSE 3 NGO LITERACY COURSE 4 OTHER 5	YES 1 NO 2 ▶ (7.08)	POOR ACADEMICS 1 COULDNT PAY 2 CASTE/ ETHNICITY 3 RELIGION 4 OTHER 5	COMMUNITY/GOVERNMENT 1 INSTITUTIONAL/PRIVATE 2 GURUKUL / MADARSHA / GUMBA 4 OTHER 8	NEVER ATTENDED SCHOOL 1 ATTENDED SCHOOL/COLLEGE IN THE PAST 2 ▶ PART B CURRENTLY ATTENDING SCHOOL / COLLEGE / PRESCHOOL 3 ▶ PART C
01									
02									
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12									
13									
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15									

Section 7 Education PERSONS WHO HAVE ATTENDED SCHOOL/COLLEGE IN THE PAST

Part B: Past enrollment

INTERVIEWER: ASK ONLY OF THOSE PERSONS WHO HAVE ATTENDED SCHOOL/COLLEGE IN THE PAST

IDENTIFICATION CODE	(7.10) What type of school / college did ..[NAME].. last attend?	(7.11) What was the highest class that ..[NAME].. completed?	(7.12) How many years did it take ..[NAME].. to complete primary education (class 5) excluding time spent in ECD/Pre-school?	(7.13)		(7.14) How old was ..[NAME].. when he/she left school?	(7.15) What class was ..[NAME].. last attending before leaving the school?	(7.16) Why did ..[NAME].. leave school/college?
	COMMUNITY/GOVERNMENT 1 INSTITUTIONAL/PRIVATE 2 TECHNICAL/VOCATIONAL 3 GURUKUL / MADARSHA / GUMBA 4 COMMUNITY (PUBLIC) CAMPUS 5 PRIVATE CAMPUS 6 CONSTITUENT (ANGIK) CAMPUS 7 OTHER 8	EDUCATION CODES IN TABLE "E"	WRITE "98" IF PRIMARY LEVEL IS COMPLETED WITHOUT ATTENDING SCHOOL IF PRIMARY SCHOOL NOT COMPLETED WRITE NUMBER OF YEARS SCHOOL ATTENDED AND SKIP TO (7.14)	A. How many years did it take ..[NAME].. to complete class 10?	B. How many times did ..[NAME].. appear for SLC examination s?	AGE IN YEARS	EDUCATION CODES IN TABLE "E"	FURTHER SCHOOLING NOT AVAILABLE 01 TOO EXPENSIVE 02 TOO FAR AWAY 03 HAD TO HELP AT HOME 04 PARENTS DID NOT WANT 05 COMPLETED DESIRED SCHOOLING 06 MARRIAGE 07 MOVED AWAY 08 POOR ACADEMIC PROGRESS 09 STARTED WORKING/GOT A JOB 10 LACK OF TOILET FACILITY 11 LANGUAGE 12 NOT ALLOWED ADMISSION 13 MISTREATMENT AT SCHOOL 14 OTHER REASONS 15
01								
02								
03								
04								
05								
06								
07								
08								
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11								
12								
13								
14								
15								

Section 7 Education

PERSONS CURRENTLY ATTENDING SCHOOL/COLLEGE

Part C: Current enrollment

INTERVIEWER: ASK ONLY THOSE PERSONS CURRENTLY ATTENDING SCHOOL/COLLEGE OR PRESCHOOL

IDENTIFICATION CODE	(7.17) What type of school/college is ..[NAME].. currently attending?	(7.18) What class is ..[NAME].. currently attending?	(7.19) How many days did ..[NAME].. go to school during the past 7 days?	(7.20) How many days was ..[NAME].. supposed to go to school during the past 7 days?	(7.21) INTERVIEWER: IF (7.19) IS DIFFERENT THAN (7.20) THEN ASK: Why was ..[NAME].. absent from school some days?	(7.22) How do ..[NAME].. go to school/college?	(7.23) How much time does ..[NAME].. spend commuting every day?	(7.24) In the past 12 months, did ..[NAME].. take any private tuition classes?	(7.25) Was the private tuition ..[NAME].. received from a teacher in own school?
	COMMUNITY/GOVERNMENT 1 INSTITUTIONAL/PRIVATE 2 TECHNICAL/VOCATIONAL 3 GURUKUL / MADARSHA / GUMBA 4 COMMUNITY (PUBLIC) CAMPUS 5 PRIVATE CAMPUS 6 CONSTITUENT (ANGIK) CAMPUS 7 OTHER 8	IF "00" THEN ► NEXT PERSON EDUCATION CODES IN TABLE "E"			ILLNESS / INJURY 1 HAD TO HELP WITH HOUSEHOLD CHORES 2 HAD TO WORK 3 FAMILY MEMBERS SICK OR DIED 4 FAMILY FUNCTIONS 5 REMOVED OR QUIT SCHOOL 6 OTHER 7	WALK 1 BUS 2 BICYCLE/ RICKSHAW 3 MIXED 4 OTHER 5	GOING TO SCHOOL AND RETURNING HOME HRS MINS	YES 1 NO 2 ► (7.26)	YES 1 NO 2
01									
02									
03									
04									
05									
06									
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08									
09									
10									
11									
12									
13									
14									
15									

Section 7 Education

PERSONS CURRENTLY ATTENDING SCHOOL/COLLEGE

Part C: Current enrollment

INTERVIEWER: ASK ONLY OF THOSE PERSONS CURRENTLY ATTENDING SCHOOL/COLLEGE

IDENTIFICATION CODE	(7.26) How much has your household spent during the past 12 months for ..[NAME's].. schooling? IF NOTHING WAS SPENT, WRITE ZERO.							(7.27) Did ..[NAME].. receive a scholarship to help pay for your educational expenses?	(7.28) How much did ..[NAME].. receive over the past 12 months?	(7.29) What is the major form of the scholarship?	(7.30) What is the type of the scholarship?	(7.31) What class was ..[NAME].. attending in the last academic year?	(7.32) How many years did it take ..[NAME].. to complete primary education (class 5) excluding time spent in ECD/Pre-school?	(7.33) A. How many years did it take ..[NAME].. to complete class 10? B. How many times did ..[NAME].. appear for SLC examinations?				
	A Tuition fee	B Other fee (exams, admission, events, etc)	C Uniform	D Textbook / Supplies	E Transportation	F Private tuition	G Others (snacks, tea, etc)	YES 1 NO 2 ▶ (7.31)	RUPEES	1 2 3 4 5 6 7 8	POOR AND TALENTED GIRLS DALITS CONFLICT AFFECTED DISABLED HIV/AIDS KARNALI REGION OTHER	IF NOT APPLICABLE WRITE "98"	WRITE "98" IF PRIMARY LEVEL IS COMPLETED WITHOUT ATTENDING SCHOOL IF PRIMARY SCHOOL NOT COMPLETED WRITE NUMBER OF YEARS SCHOOL ATTENDED AND ▶ NEXT PERSON	EDUCATION CODE	NUMBER OF YEARS	YEARS	TIMES	
	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES
01																		
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13																		
14																		
15																		

Section 8 Health

ALL HOUSEHOLD MEMBERS

Part A: Chronic illnesses

IDENTIFICATION CODE	CHRONIC ILLNESS										
	(8.01) ID CODE OF RESPONDENT	(8.02) Do you suffer from any of the following disabilities?	(8.03) For how long have you suffered from this disability?	(8.04) Do ..[NAME].. suffer from a chronic illness?	(8.05) What chronic illness do ..[NAME].. primarily suffer from?	(8.06) How many years ago did the illness start?	(8.07) How much has ..[NAME].. spent in the past 12 months on the treatment <u>of this</u> illness in...	(8.08) Has ..[NAME].. received any in-kind medication for the treatment of this illness during the past 12 months?	(8.09) How many days did ..[NAME].. has to stop doing his/her usual activity due to this illness during the past 12 months?	(8.10) What is the present health status of ..[NAME]..?	
	WRITE ID CODE FROM HOUSEHOLD ROSTER OF PERSON PROVIDING THIS INFORMATION	Physical? 1	WRITE "98" IF SINCE BIRTH	YES 1 NO 2 ▶ (8.10)	HEART CONDITIONS 01	NB. OF YEARS	INCLUDE COST OF CONSULTATIONS, DIAGNOSIS, MEDICINES AND TRAVEL	A	B	YES 1 NO 2	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4
		Visual? 2			Visual and hearing? 4			RHEUMATISM RELATED 08	... medicines?		
RESPONDENT'S ID CODE	None 8 ▶ (8.04)	YEARS		GASTROINTESTINAL DISEASES 12							
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

Section 8 Health

ALL HOUSEHOLD MEMBERS

Part B: Illnesses or injuries

IDENTIFICATION CODE	(8.11) Has ..[NAME].. had any health problem or has been injured during the past 30 days, for example diarrhoea, respiratory problems, fever, burned, etc?	(8.12) What type of illness or injury?	(8.13) Was anyone consulted (e.g. a doctor, nurse, pharmacist or other healer) for the illness or injury in the last month?	(8.14) What is the main reason why ..[NAME].. didn't consult anybody?	(8.15) Where did ..[NAME].. go for the last consultation?	(8.16) Whom did ..[NAME].. consult with?
			DIARRHOEA 01 DYSENTRY 02 RESPIRATORY PROBLEMS 03 MALARIA 04 COLD/FEVER/FLU 05 OTHER FEVER 06 SKIN DISEASE 07 TB 08 MEASLES 09 JAUNDICE 10 PARASITES 11 INJURY 12 DENTAL PROBLEMS 13 OTHER (SPECIFY___) 14	YES 1 ▶ (8.15) NO 2	ILLNESS/INJURY NOT SERIOUS ENOUGH 01 HEALTH FACILITY TOO FAR 02 NO TRANSPORT 03 HEALTH CARE TOO EXPENSIVE 04 TRANSPORT TOO EXPENSIVE 05 HEALTH WORKERS UNFRIENDLY 06 HEALTH WORKERS NOT PRESENT 07 HEALTH CARE NOT GOOD QUALITY 08 OTHER (SPECIFY___) 09 <div>▶ (8.18)</div>	GOVT.HEALTH INST. SHP 01 HP 02 PHC 03 HOSPITAL 04 MOBILE CLINIC 05 AYURVED CENTRE 06 PVT. HEALTH INST. PHARMACY 07 CLINIC 08 PVT. HOSPITAL 09 HEALTH WORKER'S HOME 10 OTHER 11
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

Section 8 Health

ALL HOUSEHOLD MEMBERS

Part B: Illnesses or injuries

IDENTIFICATION CODE	(8.17) How much was spent for the past consultation of this injury and illness for service cost (cost of diagnostic service consisting of lab fee and cost of other services consisting of registration fee, consultation fee, surgery fee, etc.) medicine cost and travel cost over the past 30 days?			(8.18) How much in total was spent over this illness or injury over the past 30 days? (= A + B + C)	(8.19) Has ..[NAME].. received any in-kind medication for the treatment of this illness or injury during the past 30 days?	5 YEARS AND OLDER		FOR CHILDREN UNDER 5 YEARS WITH DIARRHOEA						
	A	B	C			(8.20) Did ..[NAME].. have to stop doing his/her usual activities because of this illness or injury?	(8.21) How many days did ..[NAME].. have to stop doing his/her usual activities?	(8.22) Did you give ..[NAME].. anything to treat the diarrhoea? ASK ONLY FOR THOSE WITH ANSWER "01" TO (8.12) AND CHILDREN UNDER 5 YEARS	(8.23) What did you give ..[NAME].. to treat the diarrhoea? ORS (PACKET OR HOME-MADE) 1 ALLOPATHIC MEDICINE 2 ▶ (8.28) TRADITIONAL MEDICINE 3 ▶ (8.28) OTHER 4 ▶ (8.28)	(8.24) Where did you obtain the ORS?				
											YES 1 NO 2 ▶ (8.25)	▶ (8.25)	YES 1 NO 2 ▶ (8.28)	SHP 1 HP 2 PHC 3 HOSPITAL 4 MOBILE CLINIC 5 MADE AT HOME 6 NON-GOVT. INST. 7 PHARMACY 8 OTHER. 9
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														
13														
14														
15														

Section 8 Health

ALL PERSONS 10 YEARS AND OLDER

Part C: HIV/AIDS Knowledge

ALL PERSONS 10 YEARS AND OLDER							
IDENTIFICATION CODE	(8.25) Have you heard about HIV/AIDS?	(8.26) How did you first hear about HIV/AIDS?	(8.27) What can a person do to prevent it? PROMPT: Anything else? RECORD ALL WAYS MENTIONED. DO NOT READ OUT RESPONSES				
			ABSTAIN FROM SEX	01	AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY	08	
			USE CONDOMS	02	AVOID BLOOD TRANSFUSIONS	09	
			LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER	03	AVOID INJECTIONS	10	
					AVOID SHARING RAZORS/BLADES	11	
	YES	1	NEWSPAPERS/PAMPHLETS/POSTERS	3	LIMIT NUMBER OF SEXUAL PARTNERS	04	
	NO	2			AVOID KISSING	12	
	▶ NEXT PERSON		FRIENDS/RELATIVES	4	AVOID SEX WITH PROSTITUTES	05	
	PERSON NOT CONTACTED	3	HEALTH WORKERS	5		AVOID MOSQUITO BITES	13
	▶ NEXT PERSON		TEXTBOOKS	6	AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS	06	
			OTHER	7		SEEK PROTECTION FROM TRADITIONAL PRACTITIONER	14
					AVOID SEX WITH HOMOSEXUALS	07	
					OTHER (SPECIFY____)	15	
					DON'T KNOW	16	
			1st	2nd	3rd	4th	
	01						
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

Section 8 Health CHILDREN UNDER 5 YEARS

Part D: Immunizations

IDENTIFICATION CODE			COPY FROM CARD										BCG	POLIO				DPT		MEASLES	HP-B	(8.39) Where was the most recent immunization given?
	(8.28) Has..[NAME] ... ever been immunized?	(8.29) Do you have a card which shows which vaccinations [NAME] has received?	(8.30) CHECK FROM CARD WHETHER IMMUNIZATION HAS TAKEN PLACE										(8.31) Has [NAME] received a BCG vaccination against tuberculosis, that is an injection in the upper arm that left a scar?	(8.32) Has [NAME] received a polio vaccine, that is pink or white drops in the mouth?	(8.33) When was the first polio vaccine received, just after birth or later?	(8.34) How many times was the polio vaccine given?	(8.35) Has [NAME] been given a DPT vaccination, that is an injection usually given in the thigh or buttocks at the same time as polio drops?	(8.36) How many times did [NAME] get this shot?	(8.37) Has [NAME] been given an injection against measles?	(8.38) Has [NAME] been given an injection against Hp-B?		
	YES 1 NO 2 ▶ NEXT CHILD	ASK TO SEE THE CARD	<div> <div>YES 1</div> <div>NO 2</div> </div> <div>(8.39)</div>										YES 1 NO 2	YES 1 NO 2	JUST AFTER BIRTH 1	ONCE 1 TWICE 2 THRICE 3 > 3 TIMES 4	YES 1 NO 2	TIMES	YES 1 NO 2 DON'T KNOW 3	YES 1 NO 2 DON'T KNOW 3		
	DO NOT KNOW 3 ▶ NEXT CHILD		YES, SEEN 1 YES, NOT AVAILABLE 2 ▶ (8.31)	BCG	DPT1	DPT2	DPT3	POLIO 1	POLIO 2	POLIO 3	MEASLES	HP-B 1	HP-B 2	HP-B 3	DON'T KNOW 3	DON'T KNOW 3	DON'T KNOW 3		DON'T KNOW 3			
	NO 3 ▶ (8.31)																					
01																						
02																						
03																						
04																						
05																						
06																						
07																						
08																						
09																						
10																						
11																						
12																						
13																						
14																						
15																						

Section 9 Marriage and maternity history

ALL EVER MARRIED WOMEN AGED 15-49 YEARS WHO HAVE GIVEN LIVE BIRTH

Part A: Maternity history

WOMAN

1

NAME OF WOMAN: _____

(9.01) ID CODE OF WOMAN

(9.02) ID CODE OF RESPONDENT

BIRTH ORDER	(9.03) What is the child's name?	(9.04) When was [ORDER] child born?		(9.05) What is the sex of [NAME]?	(9.06) Is [NAME] still alive?	(9.07) Does [NAME] currently live with you?	(9.08) COPY ID CODE OF CHILD FROM HOUSEHOLD ROSTER	(9.09) How long did the [NAME] live?			(9.10) What was the highest level of schooling that [NAME] completed?
				MALE 1	YES 1	YES 1	▶ NEXT CHILD				IF CHILD HAS NEVER GONE TO SCHOOL WRITE "98"
				FEMALE 2	NO 2	NO 2					
				▶ (9.09)		▶ (9.10)					
	NAME	MTH	YR				ID CODE	YRS	MTHS	DAYS	EDUCATION CODE
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

Section 9 Marriage and maternity history

ALL EVER MARRIED WOMEN AGED 15-49 YEARS WHO HAVE GIVEN LIVE BIRTH

Part A: Maternity history

WOMAN

2

NAME OF WOMAN: _____

(9.01) ID CODE OF WOMAN

(9.02) ID CODE OF RESPONDENT

BIRTH ORDER	(9.03) What is the child's name?	(9.04) When was [ORDER] child born?		(9.05) What is the sex of [NAME]?	(9.06) Is [NAME] still alive?	(9.07) Does [NAME] currently live with you?	(9.08) COPY ID CODE OF CHILD FROM HOUSEHOLD ROSTER	(9.09) How long did the [NAME] live?			(9.10) What was the highest level of schooling that [NAME] completed?
				MALE 1	YES 1	YES 1	▶ NEXT CHILD				
				FEMALE 2	NO 2	NO 2					
				▶ (9.09)		▶ (9.10)					
		IF NOT KNOWN, ESTIMATE USING SUPPLEMENTARY CALENDAR									
	NAME	MTH	YR				ID CODE	YRS	MTHS	DAYS	EDUCATION CODE
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

Section 9 Marriage and maternity history

ALL EVER MARRIED WOMEN AGED 15-49 YEARS WHO HAVE GIVEN LIVE BIRTH

Part A: Maternity history

WOMAN

3

NAME OF WOMAN: _____

(9.01) ID CODE OF WOMAN

(9.02) ID CODE OF RESPONDENT

BIRTH ORDER	(9.03) What is the child's name?	(9.04) When was [ORDER] child born?		(9.05) What is the sex of [NAME]?	(9.06) Is [NAME] still alive?	(9.07) Does [NAME] currently live with you?	(9.08) COPY ID CODE OF CHILD FROM HOUSEHOLD ROSTER	(9.09) How long did the [NAME] live?			(9.10) What was the highest level of schooling that [NAME] completed?
	NAME	MTH	YR	MALE 1	YES 1	YES 1	ID CODE	YRS	MTHS	DAYS	EDUCATION CODE
				FEMALE 2	NO 2	NO 2					
				▶ (9.09)		▶ (9.10)					
							▶ NEXT CHILD				IF CHILD HAS NEVER GONE TO SCHOOL WRITE "99"
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

Section 9 Marriage and maternity history

Part B: Pre and post-natal care

ALL WOMEN WITH A CHILD 3 YRS OR YOUNGER

		LAST PRE-NATAL CARE						
LINE NUMBER	(9.11) COPY ID CODE OF WOMEN WITH CHILDREN LESS THAN 3 YEARS FROM PART A QUESTION: (9.01)	(9.12) While you were pregnant with your last child, did you go for prenatal consultations to a health care facility?	(9.13) Where did you first receive this care?	(9.14) Who provided this care?	(9.15) At what month of pregnancy did you go for your first visit?	(9.16) During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus that is convulsions after birth?	(9.17) How many times did you receive this injection?	(9.18) What is the main reason why you didn't go for prenatal consultations the last time you were pregnant?
				<u>GOVT. HEALTH INST.</u> SHP 01 HP 02 PHC 03 HOSPITAL 04 MOBILE CLINIC 05 AYURVED CENTRE 06 <u>PVT. HEALTH INST.</u> PHARMACY 07 CLINIC 08 PVT. HOSPITAL 09 HEALTH WORKER'S HOME 10	DOCTOR 1 NURSE/ANM 2 HA/SAHW /AHW/MCHW/ VHW TBA 3 SBA 4 OTHER 5			ONCE 1 TWICE 2 MORE THAN TWICE 3
	ID CODE	YES 1 NO 2 ► (9.18)	OTHER 11		MONTHS	YES 1 NO 2 ► (9.19)	► (9.19)	
1								
2								
3								
4								
5								
6								

Section 9 Marriage and maternity history
Part B: Pre and post-natal care

ALL WOMEN WITH A CHILD 3 YRS OR YOUNGER

POST-NATAL CARE						
LINE NUMBER	(9.19) Where did you give birth?	(9.20) Who assisted you with this birth?	(9.21) After the birth, did you visit a health care facility within six weeks of delivery for a post-natal checkup?	(9.22) Where did you go for this visit?	(9.23) Who provided this care?	(9.24) What is the main reason why you didn't go for post-natal consultations the last time you were pregnant?
	HOME 1			GOVT. HEALTH INST.		
	SHP 2	FAMILY MEMBER OR 1		SHP 01		
	HP 3	RELATIVES		HP 02		
	PHC 4	NEIGHBOURS 2		PHC 03	DOCTOR 1	
	HOSPITAL 5	TBA 3		HOSPITAL 04	NURSE/ANM HA/SAHW 2	
	PVT. HOSPITAL 6	SBA 4		MOBILE CLINIC 05	/AHW/MCHW/ VHW	
		HA/SAHW/AHW/ 5		AYURVED CENTRE 06		DON'T THINK IS NECESSARY 1
	OTHER 7	MCHW/CHW/VHW	YES 1	PVT. HEALTH INST.	TBA 3	HEALTH FACILITY TOO FAR 2
			NO 2	PHARMACY 07	SBA 4	NO TRANSPORT 3
		ANM/NURSE/DOCTOR 6	▶ (9.24)	CLINIC 08	OTHER 5	HEALTH CARE TOO EXPENSIVE 4
		OTHER 7		PVT. HOSPITAL 09		TRANSPORT TOO EXPENSIVE 5
		NO ONE 8		HEALTH WORKER'S HOME 10		HEALTH WORKERS UNFRIENDLY 6
		DON'T KNOW 9		OTHER 11	▶ NEXT PERSON	HEALTH WORKERS NOT PRESENT 7
						HEALTH CARE NOT GOOD QUALITY 8
						OTHER (SPECIFY___) 9
1						
2						
3						
4						
5						
6						

Section 9 Marriage and maternity history

Part C: Family planning

ALL CURRENTLY MARRIED WOMEN AGED 15-49 YEARS

IDENTIFICATION CODE	(9.25) INTERVIEWER: LOOK BACK AT SECTION 1, QUESTIONS: (1.02)-SEX, (1.03)-AGE AND (1.06)-MARITAL STATUS :	(9.26) How old were you when you first got married?	(9.27) Do you know of any method to prevent pregnancy or space births?	(9.28) By which medium did you learn about family planning methods?	(9.29) Have you (or your husband) ever used any of these methods?	(9.30) Are you(or your husband) currently using any of these methods?	(9.31) Which method do you currently use?	(9.32) Where do you/ did you get this method?	(9.33) Why not?	(9.34) During the last six months, did any health worker visit your home to talk about family planning?	(9.35) How many children would you like to have?		
	IS THE PERSON A WOMAN, AGED 15-49 YEARS AND MARRIED?												
	YES 1 NO 2 ▶ NEXT PERSON		YES 1 NO 2 ▶ (9.35)	RADIO 1 TELEVISION 2 NEWSPAPERS/ PAMPHLETS/ POSTERS 3 FRIENDS/ RELATIVES 4 HEALTH WORKER 5 HUSBAND 6 TEXTBOOKS 7 OTHER 8	YES 1 NO 2 ▶ (9.33)	YES 1 NO 2 ▶ (9.33)	PILL 1 IUD 2 INJECTABLES 3 IMPLANTS 4 CONDOM 5 TRAD. METHOD 6 ▶ (9.34) FEMALE STERILIZATION 7 ▶ (9.34) MALE STERILIZ. 8 ▶ (9.34) OTHER 9	PUBLIC HEALTH INSTITUTION 1 PRIVATE HEALTH INSTITUTION 2 PHARMACY 3 VSC 4 OTHER 5	NOT AVAILABLE 1 TOO EXPENSIVE 2 HUSBAND AWAY 3 WANT MORE CHILDREN 4 RELIGIOUS REASONS 5 SCARED OF SIDE-EFFECTS 6 HUSBAND DOES NOT WANT 7 OTHER 8	YES 1 NO 2	IF RESPONDENT REPLIES "UPTO GOD OR KARMA" CODE AS "98" TO COLUMN TOTAL		
		YEARS						▶ (9.34)			A TOTAL	B BOYS	C GIRLS
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													

Section 9 Marriage and maternity history

PART D: Household decisions (PART I)

RESPONDENT: WOMAN WHO IS THE SPOUSE OF THE HOUSEHOLD HEAD OR FEMALE HEAD OF THE HOUSEHOLD

(9.36) COPY THE ID CODE OF RESPONDENT

DECISION NUMBER		(9.37)	(9.38)	(9.39)
		During the last 12 months did your household have to make a decision on ...[TYPE OF DECISION]..?	Were you involved in the most recent decision on ..[TYPE OF DECISION]..?	Who made the final decision on ..[TYPE OF DECISION]..?
		YES 1	A LOT 1	ME 1
		NO 2	A LITTLE 2	MY SPOUSE 2
	► NEXT DECISION	NOT INVOLVED 3	BOTH 3	OTHER 4
DECISION DESCRIPTION				
01	Up to what grade should the children attend school			
02	Which school do the children go to			
03	Obtaining health care for self			
04	Obtaining health care during pregnancy			
05	How many children to have			
06	Which contraceptive method use			
07	Obtaining health care for children			
08	Spending on food			
09	Spending on major household items			
10	Selling household assets (including livestock)			
11	Which crops to grow			
12	To take loans			
13	How to use loans			
14	To migrate for employment			
15	How to use remittances			

Section 10 Jobs and time use

Part A: Time use

FOR ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER

IDENTIFICATION CODE	(10.01) How many hours has ..[NAME].. spent doing the following activities during the past 7 days?													
	IN COMPLETED HOURS WRITE ZERO IF NONE													
	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	Fetching water	Collecting firewood and dung	Collecting fodder	Taking care of animals	Making mats, knitting, weaving, tailoring	Processing preserved food (pickle, jam, wine, etc) and milling	TOTAL (A + B + C + D + E + F)	Minor household repairs	Cooking/ serving food for household	Cleaning house, laundry, dishes	Shopping for household	Caring for elderly, sick or disabled	Babysitting / caring for children	Other volunteer/community services
	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														
13														
14														
15														

Section 10 Jobs and time use

FOR ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER

Part B: Jobs during the past 12 months

		PAST 12 MONTHS												PAST 7 DAYS								SECTOR OF EMPLOYMENT					
(10.02) INTERVIEWER: COPY THE ID CODE OF ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER	JOB ID	(10.03) Please describe all the jobs conducted during the last 12 months. PROBE FOR ALL JOBS CONDUCTED DURING THE PAST 12 MONTHS, EVEN IF THEY ARE NOT BEING CONDUCTED AT PRESENT EXCLUDE ACTIVITIES ALREADY ASKED IN PART A	(10.04) In which month did you work on this job during the past 12 months ? YES 1 NO 2												(10.05) On average, during the months when you did this job during the past 12 months, A B ...how many days per month did you work on this? ...how many hours per day did you work on this?		(10.06) How many hours per day did you work on this job during the past 7 days? WRITE THE NUMBER OF HOURS PER DAY WRITE ZERO IF NONE								(10.07) What was the type of work? WAGE EMPLOYMENT IN AGRICULTURE 1 NOT IN AGRICULTURE 2 SELF - EMPLOY-MENT IN AGRICULTURE 3 NOT IN AGRICULTURE 4		
ID CODE		DESCRIPTION OF OCCUPATION	NSCO CODE	A	B	C	D	E	F	G	H	I	J	K	L	DAYS / MTH	HRS / DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL		
	1																										
	2																										
	3																										
	4																										
	99	TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:																									
	1																										
	2																										
	3																										
	4																										
	99	TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:																									
	1																										
	2																										
	3																										
	4																										
	99	TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:																									
	1																										
	2																										
	3																										
	4																										
	99	TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:																									
	1																										
	2																										
	3																										
	4																										
	99	TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:																									

Section 10 Jobs and time use

FOR ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER

Part B: Jobs during the past 12 months

[illegible][illegible][illegible][illegible][illegible][illegible]

Section 11 Unemployment / Under-employment

FOR ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER

IDENTIFICATION CODE		UNEMPLOYMENT (NOT WORKING)			UNDEREMPLOYMENT (WORKING <40 HOURS/WEEK)		
		(11.02)	(11.03)	(11.04)	(11.05)	(11.06)	(11.07)
(11.01) INTERVIEWER: LOOK BACK TO QUESTIONS (10.01) COLUMN "G" AND (10.06) COLUMN "H": HOW MANY HOURS DID ..[NAME].. WORK IN TOTAL DURING THE PAST 7 DAYS?		(11.02) Was ..[NAME].. available for work during the past 7 days?	(11.03) Did ..[NAME].. look for work during the past 7 days?	(11.04) Why was ..[NAME].. not available /did ..[NAME].. not look for work during the past 7 days? ATTENDING SCHOOL 01 HOUSEHOLD DUTIES 02 OLD/SICK 03 DISABLED 04 THOUGHT NO WORK AVAILABLE 05 AWAITING REPLY TO EARLIER ENQUIRIES 06 WAITING TO START ARRANGED JOB/BUSINESS 07 OFF SEASON 08 NOT AVAILABLE 09 OTHERS (SPECIFY) 10	(11.05) Was ..[NAME].. available for additional work during the past 7 days?	(11.06) Did ..[NAME].. look for additional work during the past 7 days? YES 1 ▶ NEXT PERSON	(11.07) Why was ..[NAME].. not available/ did ..[NAME].. not look for more work during the past 7 days? COULD NOT FIND MORE WORK/LACK OF BUSINESS 01 LACK OF FINANCE, RAW MATERIALS 02 MACHINERY, ELECTRICAL , OTHER BREAKDOWN 03 OFF SEASON INACTIVITY 04 INDUSTRIAL DISPUTE (STRIKE, LAID OFF) 05 OTHER INVOLUNTARY (SPECIFY) 06 HAVE SUFFICIENT WORK 07 HOUSEHOLD DUTIES 08 STUDENT, UNPAID TRAINING 09 ILLNESS, DISABILITY 10 VACATION, FAMILY REASON 11 PREGNANT/DELIVERY 12 OTHER VOLUNTARY (SPECIFY) 13
<ul style="list-style-type: none"> IF MORE THAN 40 HRS ▶ NEXT PERSON IF GREATER THAT ZERO BUT LESS THAN 40 HRS ▶ (11.05) IF ZERO, CONTINUE WITH QUESTION 11.02 		YES 1	YES 1 ▶ NEXT PERSON		YES 1	▶ NEXT PERSON	
NB. OF HRS		NO 2 ▶ (11.04)	NO 2		NO 2 ▶ (11.07)	NO 2	
		▶ NEXT PERSON					
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
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12							
13							
14							
15							

Section 12 Wage jobs

					PAID BY DAY							
LINE NUMBER	(12.01) INTERVIEWER: COPY THE ID CODE AND JOB ID FROM SECTION 10 FOR ALL JOBS CLASSIFIED WAGE JOB (QUESTION (10.07) CODES 1 AND 2)		(12.02) Which industrial sector do you work for? WRITE THE NAME OF GOODS AND SERVICES PRODUCED AT THE INDUSTRIAL SECTOR WHERE THE RESPONDENT WORKS		(12.03) How did you work to receive wages? DAILY BASIS 1 LONG TERM BASIS 2 CONTRACT/PIECE-RATE 3		(12.04) How much did you get in cash per day for this job?		(12.05) What did you get in kind? PADDY/RICE 1 WHEAT 2 MAIZE 3 MEALS 4 CLOTHING 5 OTHER 6 RECEIVED NOTHING IN KIND 7 ▶ NEXT JOB		(12.06) What was the value of what you received in kind? RECORD VALUE OF DAILY IN-KIND PAYMENTS AND VALUE OF IN-KIND PAYMENTS FOR WHOLE PERIOD WORKED <div>▶ NEXT JOB</div>	
	ID CODE	JOB ID	PRODUCED GOODS AND SERVICES	NSIC CODE			RUPEES	FIRST	SECOND	RUPEES PER DAY	RUPEES/WHOLE PERIOD	
1												
2												
3												
4												
5												
6												
7												
8												

Section 12 Wage jobs

[illegible]

Section 12 Wage jobs

PAID ON A LONGER BASIS (NOT IN AGRICULTURE)											CONTRACT/PIECE-RATE
LINE NUMBER	(12.15) How much did you get for this job? WRITE ZERO IF NOTHING					(12.16) Are taxes already deducted?	(12.17) Do you contribute to an Employee Provident Fund?	(12.18) Will you receive a pension when you retire?	(12.19) Do you receive subsidized medical care?	(12.20) How many people work for your employer?	(12.21) During the past 12 months, having worked on a contract how much did you receive in-kind and cash?
	PER MONTH		PAST 12 MONTHS							ONE	1
	Take-home pay per month?	Transport per month?	Bonuses, tips, allowances (include. Dasain)?	Uniform / clothing ?	Any other payments?	YES 1	YES 1	YES 1	YES 1	2-9	2
						NO 2	NO 2	NO 2	NO 2	10 OR MORE	3
	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES					<div>▶ NEXT JOB</div>	
										RUPEES	
1											
2											
3											
4											
5											
6											
7											
8											

Section 13 Farming and livestock

PART A1: Landholding - land owned

(13.01) ID CODE OF RESPONDENT:

(13.02) Does your household own any agricultural land?

YES	1
NO	2 ► PART A2

PLOT NUMBER	(13.03) MAKE A LIST OF ALL THE PLOTS/GARDENS THAT THE HOUSEHOLD OWNS:	(13.04) What is the total area of this ..[PLOT]..?				(13.05) Where is this plot located?	(13.06) What type of land is the ..[PLOT]..?	(13.07) Is the ..[PLOT].. irrigated or rainfed?	(13.08) Is the irrigation on the ..[PLOT].. seasonal or year round?	(13.09) What is the mode of irrigation on the ..[PLOT]..?	(13.10) If you wanted to buy/sell a plot exactly like this, how much would it cost/fetch you?
	PLOT DESCRIPTION OR NAME	UNIT	AREA			DISTRICT CODE					RUPEES
			R/B	A/K	P/D						
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Section 13 Farming and livestock

PART A1: Landholding - land owned

		DRY SEASON						WET SEASON						
PLOT NUMBER	(13.11) Over the past DRY SEASON what did you do with the .[PLOT].?	(13.12) For the plots which you did not crop yourself during the last dry season, what net rent did you receive from the tenant?		(13.13) For the plots which you cropped yourself, what crops did you grow during the dry season?				(13.14) Over the past WET SEASON what did you do with the .[PLOT].?	(13.15) For the plots which you did not crop yourself during the last wet season, , what net rent did you receive from the tenant?		(13.16) For the plots which you cropped yourself, what crops did you grow during the wet season?			
	CROPPED YOURSELF 1 ► (13.13)	<div>► (13.14)</div> NET RENT (Rs.)		CROP CODE				CROPPED YOURSELF 1 ► (13.16)	<div>► NEXT PLOT</div> NET RENT (Rs.)		CROP CODE			
	SHARECROPPED OUT 2							SHARECROPPED OUT 2						
	FIXED RENT OUT 3							FIXED RENT OUT 3						
	MORTGAGED OUT 4 ► (13.14)							MORTGAGED OUT 4 ► NEXT PLOT						
	LEFT FALLOW 5 ► (13.14)							LEFT FALLOW 5 ► NEXT PLOT						
	OTHER 6							OTHER 6						
		CASH	IN-KIND	A	B	C	D		CASH	IN-KIND	A	B	C	D
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

Section 13 Farming and livestock

PART A2: Landholding - land sharecropped/rented/mortgaged -in

(13.17) ID CODE OF RESPONDENT:

(13.18) Over the past AGRICULTURE YEAR did your household cultivate land owned by someone else (or that was mortgaged in)?

YES	1
NO	2 ► PART A3

PLOT NUMBER	(13.19) MAKE A LIST OF ALL THE PLOTS/GARDENS THAT THE HOUSEHOLD CULTIVATED THROUGH SHARECROPPING-IN, RENTING-IN OR MORTGAGING-IN	(13.20) What is the contractual arrangement on this .[PLOT].? SHARECROPPED 1 ► (13.22) RENTED-IN 2 MORTGAGED-IN 3 ► (13.22) OTHER 4	(13.21) How much "rent" did you pay for this plot to the landlord? INCLUDE ONLY CASH PAYMENTS IF NOTHING WRITE ZERO RUPEES	(13.22) What is the total area of this .[PLOT].? UNIT CODE ROPANI 1 BIGHA 2			(13.23) What type of land is the .[PLOT].? UPLAND 1 LOWLAND 2	(13.24) Is the .[PLOT]. irrigated or rainfed? IRRIGATED 1 RAINFED 2 ► (13.27)	(13.25) Is the irrigation on the .[PLOT]. seasonal or year round? SEASONAL 1 YEAR ROUND 2	(13.26) What is the mode of irrigation on the .[PLOT].? TUBEWELL/ BORING 1 CANAL 2 POND/TANK 3 OTHER NATURAL SOURCES 4 MIXED 5	
				UNIT	AREA						
					R/B	A/K					P/D
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

Section 13 Farming and livestock
PART A2: Landholding - land sharecropped/rented/mortgaged -in (cont.)

PLOT NUMBER	DRY SEASON				WET SEASON			
	(13.27) What crops did you cultivate over the past DRY SEASON?				(13.28) What crops did you cultivate over the past WET SEASON?			
	CROP CODE				CROP CODE			
	A	B	C	D	A	B	C	D
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

PART A3: Landholding - increase-decrease in holdings

(13.29) Did your household sell/transfer any land over the past 12 months?

YES 1
 NO 2 ► (13.32)

(13.30) How much land did your household sell/transfer?

		R/B	A/K	P/D
1	ROPANI			
2	BIGHA			

(13.31) How much did your household receive from the sales?

WRITE ZERO IF FREE

RUPEES

(13.32) Did your household buy/get any land over the past 12 months?

YES 1

NO 2

IF THERE IS NO LAND ON THE OWNERSHIP (13.02) , NO LAND OPERATED (3.18), NO LAND SOLD/BOUGHT (13.29) AND NO LAND BOUGHT (13.32) DURING THE REFERENCE PERIOD
 ► PART E

(13.33) How much land did your household buy/get?

		R/B	A/K	P/D
1	ROPANI			
2	BIGHA			

(13.34) How much did your household pay for this land?

WRITE ZERO IF FREE

RUPEES

Section 13 Farming and livestock

PART B: Production and uses

LINE NUMBER	(13.35) In the past AGRICULTURE YEAR, what crops did you grow? LIST ALL CROPS GROWN BY HOUSEHOLD FIRST BEFORE ASKING Q. 36 - 38.		(13.36) Did you use an improved variety of seed of ...[CROP]..?	(13.37) Please provide the following information related to quantity of ...[CROP].. produced by your household, as well as the various uses to which it was put: USE QUANTITY CODES LISTED AT END OF THE QUESTIONNAIRE				(13.38) Please report the total quantity and value of ...[crop]...sold IF CROP NOT SOLD, WRITE ZERO IN TOAL SALES COLUMN AND LEAVE THE OTHERS BLANK			
			YES 1	A	B	C	D	A	B	C	D
			NO 2	UNIT	Total quantity Harvested	Quantity given to landlord	Quantity sold (or expected to sell)	UNIT	Total quantity sold	Price per unit	TOTAL SALES (B*C)
	CROP DESCRIPTION		CODE							RUPEES/UNIT	RUPPES
01					14	5	0				0
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

98 TOTAL

Section 13 Farming and livestock

PART C1: Expenditures on seeds and young plants

(13.39) Did you purchase or receive any seeds or young plants over the past AGRICULTURE YEAR?

YES 1
NO 2 ► PART C2

LINE NUMBER	(13.40) For which crops did you purchase or receive any seeds or young plants over the past AGRICULTURE YEAR?? WRITE NAME AND CODE OF CROP	(13.41) Where did you obtain them?		(13.42) How much did you spend on buying them? IF NOTHING WRITE ZERO	
		AGRICULTURE. DEV. OFFICE/SER.CENTRE 1	SEEDS COMPANY/COOPERATIVE 2		
		OTHER FARMERS 3			
		PRIVATE DEALER 4			
		FROM INDIA 5			
		LANDLORD 6			
		OTHER 7			
	CROP DESCRIPTION	CODE	FIRST	SECOND	RUPEES
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15		97	TRANSPORTATION COSTS:		
16		98	TOTAL EXPENDITURE ON SEEDS AND PLANTS:		

PART C2: Expenditures on fertilizers and insecticides

(13.43) Did you purchase any fertilizers or insecticides over the past AGRICULTURE YEAR (or receive them from the landlord)?

YES 1
NO 2 ► PART C3

LINE NUMBER	(13.44) TYPE OF FERTILIZER OR INSECTICIDE:		(13.45) Was this fertilizer or insecticide used in the past AGRIC YEAR?	(13.46) CROPS ON WHICH USED:			(13.47) AMOUNT PURCHASED IF NOTHING WRITE ZERO	
	DESCRIPTION	UNIT	YES 1 NO 2 ► NEXT TYPE	A	B	C	QUANTITY	RUPEES
01	UREA	KG						
02	COMPLEX	KG						
03	DAP	KG						
04	ORGANIC/COMPOST FERTILIZER	KG						
05	OTHER CHEMICAL FERTILIZER	KG						
06	INSECT/PESTICIDES	ml						
07	TRANSPORTATION COSTS:							
08	TOTAL EXPENDITURE ON FERTILIZER AND INSECTICIDES:							

(13.48) A)

Where did you obtain most of the fertilizer?

GOVERNMENT 1
NGO 2
PRIVATE 3
COOPERATIVE / COMMUNITY 4

B) Were you able to obtain all the fertilizer you needed over the past AGRICULTURE YEAR?

YES 1 ► PART C3
NO 2

(13.49) Why were you unable to get all the fertilizer you needed in the past AGRICULTURE YEAR?

NOT AVAILABLE FOR PURCHASE 1
NO MONEY FOR PURCHASE 2
OTHER 3

Section 13 Farming and livestock

PART C3: Expenditures on agricultural inputs - hiring labour

(13.50) Did you hire any casual farm workers over the past AGRICULTURE YEAR?

YES	1
NO	2 ► (13.58)

PAID ON A DAILY BASIS													
LINE NUMBER	(13.51) WORKERS HIRED ON A DAILY BASIS USE SEPARATE ROWS FOR WORKERS HIRED ON A PIECE- RATE BASIS AND TIME BASIS	(13.52) Did you hire these workers on a piece-rate basis?	(13.53) For how many days in total did you hire this type of workers over the past AGRICULTURE YEAR? A		(13.54) How much did you pay in cash per day to each worker? B		(13.55) What was the value of what you gave in kind to each worker? (meals, etc.) C		(13.56) INTERVIEWER: ADD THE AMOUNTS REPORTED IN Q13. 53 AND Q13.54 (B + C) D		(13.57) INTERVIEWER: MULTIPLY MAN-DAYS REPORTED IN "A" BY THE AMOUNT IN "D" (A. x D) IF SKIPPED FROM Q13.51, WRITE THE TOTAL ONLY RUPEES		
		YES 1 ► (13.57)											
		NO 2											
		DESCRIPTION		TOTAL MAN-DAYS		RUPEES PER DAY		RUPEES PER DAY		EXPENDITURE PER WORKER		EXPENDITURE PER WORKER	
			MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	TOTAL
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13	EXCHANGE LABOR												

(13.58) TOTAL EXPENDITURE ON HIRING CASUAL WORKERS (IF NOTHING WRITE ZERO)

RUPEES

(13.59) Did you hire any permanent farm workers over the past AGRICULTURE YEAR?

YES	1
NO	2 ► (13.62)

(13.61) How much did you pay (cash and in-kind) the permanent workers over the past AGRICULTURE YEAR? SUB-TOTAL - PERMANENT WORKERS

RUPEES

(13.60) How many permanent workers did you hire?

NUMBER

(13.62) TOTAL EXPENDITURE ON HIRING FARM LABOR
(ADD SUB-TOTAL FOR CASUAL AND PERMANENT WORKERS)RUPEES

Section 13 Farming and livestock

PART D: Agriculture-earnings/expenditures

REVENUES		
SOURCE NUMBER	REVENUE SOURCE	(13.63) TOTAL REVENUE OVER AGRICULTURE YEAR
		RUPEES
1	TOTAL CROP SALES (COPY FROM PART B ROW 98)	
2	Sale of crop by-products (straw, husk, etc.)	
INCOME FROM RENTING OUT:		
3	Draft animals	
4	Tractor	
5	Thresher	
6	Other machinery	
7	Other income	
8	TOTAL REVENUES	

EXPENDITURES		
EXP. NUMBER	EXPENDITURE ITEM	(13.64) TOTAL REVENUE OVER AGRICULTURE YEAR
		RUPEES
1	TOTAL EXPENDITURE ON SEEDS, ETC. (COPY FROM PART C1 ROW 16)	
2	TOTAL EXPENDITURE ON FERTILIZER (COPY FROM PART C2 ROW 8)	
3	TOTAL EXPENDITURE ON HIRED LABOR (COPY FROM PART C3 question [13.62])	
4	Irrigation charges/maintenance of watercourse, etc.	
5	Transportation of crops to market	
6	Sacks, twine, or other containers	
7	Storage facilities	
8	Improvements on land or buildings	
9	Repair and maintenance of equipment	
EXPENDITURE ON RENTING IN:		
11	Draft animals	
12	Tractor	
13	Thresher	
14	Other machinery	
15	Other expenditures	
16	TOTAL EXPENDITURES	

Section 13 Farming and livestock

PART E: Livestock – ownership and related expenses

(13.65) Has your household owned any livestock over the past 12 months?

YES 1
NO 2 ► PART F

☐

LIVESTOCK CODE	(13.66) Did you own any ..[ANIMALS].. over the past 12 months? PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ANIMAL. IF THE ANSWER IS YES, ASK Q (13.67) TO (13.70)			(13.67) How many do you own now? For how much could you buy them all today?		(13.68) How many did you have 12 months ago? For how much could you have bought them all then?		(13.69) How many did you sell over the past 12 months? How much did you sell them for?		(13.70) How many did you buy over the past 12 months? How much did you pay for them?	
	ANIMAL	NO	YES	NUMBER	RUPEES	NUMBER	RUPEES	NUMBER	RUPEES	NUMBER	RUPEES
1	Bullocks/Cows										
2	He/She Buffaloes										
3	Goats/Castrated goat										
4	He/She Sheep										
5	Yaks/Naks										
6	Pigs/Pork										
7	Horses/Donkeys/Mules										
8	Poultry/Ducks/ Pigeons										
9	Other livestock										
10	TOTAL										

INCOME		
NUMBER	INCOME ITEM	(13.71) TOTAL REVENUE OVER PAST 12 MONTHS RUPEES
1	Milk	
2	Ghee	
3	Eggs	
4	Curd	
5	Meat	
6	Animal hides	
7	Other income (Reproduction, Manure, Wool, Bones, etc.)	
8	TOTAL INCOME	

EXPENDITURES		
NUMBER	EXPENDITURE ITEM	(13.72) TOTAL EXPENDITURE OVER PAST 12 MONTHS RUPEES
1	Fodder	
2	Transportation of animal feed	
3	Veterinary services, inoculations, etc.	
4	Other expenditures(Reproduction, Shade improvement, Twine, etc.)	
8	TOTAL EXPENDITURES	

(13.73) During the past 12 months, did you hire any labor for tending livestock?

YES 1
NO 2

☐

Section 13 Farming and livestock

PART F: Ownership of farming assets and extension services

(13.74) Has your household owned any equipment over the past 12 months?

YES 1
NO 2 ► (13.82)

☐

EQ. CODE	(13.75) Do you own a ..[EQUIPMENT]..? PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ALL EQUIPMENT. IF THE ANSWER IS YES, ASK Q. (13.76) TO (13.81)			(13.76) How many ..[AGRICULTURALEQUIPMENT].. does your household presently own?	(13.77) For how much could you sell them all today?	(13.78) How many ..[AGRICULTURAL EQUIPMENT].. did your household sell over the past 12 months? IF NONE WRITE ZERO AND ► (13.80)	(13.79) How much did you receive from the sale OF AGRICULTURAL EQUIPMENT?	(13.80) How many ..[AGRICULTURAL EQUIPMENT].. did your household buy over the past 12 months? IF NONE WRITE ZERO AND ► NEXT EQUIPMENT	(13.81) How much did you pay for AGRICULTURAL EQUIPMENT?
	EQUIPMENT	NO	YES	NUMBER	RUPEES	NUMBER	RUPEES	NUMBER	RUPEES
1	Tractor								
2	Plough								
3	Cart								
4	Thresher								
5	Trolley								
6	Water Pump								
7	Generator/Diesel Engine								
8	Grain Storage Bin								
9	Other Machinery								
10	TOTAL								

(13.82) Have you or any member of your household taken technical advice from **Government Agriculture Technician** over the past 12 months?

YES 1 ► (13.84)
NO 2

☐

(13.84) Have you or any member of your household taken technical advice from **Government Livestock Service Technician** over the past 12 months?

YES 1 ► NEXT SECTION
NO 2

☐

(13.83) Why haven't you or any member of your household taken technical advice from **Government Agriculture Technician** over the past 12 months?

SERVICE FAR AWAY 1
SERVICE IS NOT GOOD 2
NOT NECESSARY 3
OTHER 4

☐

(13.85) Why haven't you or any member of your household taken technical advice from **Government Livestock Service Technician** over the past 12 months?

SERVICE FAR AWAY 1
SERVICE IS NOT GOOD 2
NOT NECESSARY 3
OTHER 4

☐

Section 14 Non-agriculture enterprises/activities

PART A: General characteristics

(14.01) CHECK SECTION 10 QUESTION (10.06) . SEE IF ANY SELF-EMPLOYMENT ACTIVITIES OUTSIDE AGRICULTURE REPORTED (CODE "4")

YES 1
NO 2 ► NEXT SECTION

☐

ENTERPRISE CODE	(14.02) What kind of enterprise did/do you operate? CROSS CHECK SELF-EMPLOYMENT ACTIVITIES REPORTED IN SECTION 10 QUESTION (10.06), CODE 4 WRITE DESCRIPTION IN FULL THE KIND OF ACTIVITY, GOODS AND SERVICES PRODUCED			(14.03) Which people in the household work in this enterprise/activity? WRITE ID CODES OF MAIN PERSON IN COLUMN "A" AND OF OTHERS IN OTHER COLUMNS FROM HOUSEHOLD ROSTER					(14.04) WRITE ID CODE OF PERSON INTERVIEWED	(14.05) For how long has the enterprise been operating? TOTAL TIME IS SUM OF YEARS AND MONTHS.		(14.06) Where do you operate the enterprise? HOME 1 OTHER FIXED LOCATION 2 OTHER CHANGING LOCATION 3	(14.07) In the past 12 months, how many months did the enterprise operate?	(14.08) Who owns the business? OWNED BY HOUSEHOLD ONLY 1 ► (14.10) PARTNERSHIP/ SHARED WITH OTHER OWNERS 2	(14.09) What share of the profits is kept by your household?
	DESCRIPTION OF THE ACTIVITY	PRODUCED, GOODS AND SERVICES	NSIC CODE	A	B	C	D	E							
				ID CODE	ID CODE	ID CODE	ID CODE	ID CODE							
				ID CODE	YEARS	MONTHS	MONTHS	PERCENT							
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															

Section 14 Non-agriculture enterprises/activities

PART A: General characteristics

ENTERPRISE CODE	(14.10) Who are your customers?		(14.11) Is the enterprise registered with the government?	(14.12) What was your main source of money for setting up the business?		(14.13) Have you tried to borrow money to operate or expand your business in the past 12 months?	(14.14) Whom did you borrow, or try to borrow, from?		(14.15) Did you hire anyone over the past 12 months?	(14.16) How many workers do you normally hire, during a month when the enterprise is operating?	(14.17) What problems, if any, do you have in running your business?	
	FIRST	SECOND										
	OTHER HOUSEHOLDS OR INDIVIDUALS	01		DIDN'T NEED ANY MONEY	01		RELATIVES/FRIENDS	1			NO MAJOR PROBLEM	01
	SMALL ENTERPRISES	02		OWN SAVINGS	02		AGRI. DEV. BANK	2			CAPITAL OR CREDIT PROBLEMS	02
	LARGE PRIVATE ENTERPRISES	03		RELATIVES/FRIENDS	03		COMMERCIAL BANK	3			LACK OF TECHNICAL KNOW-HOW	03
	GOVT. OR OTHER PUBLIC FIRM	04		AGRI. DEV. BANK	04		GRAMEEN-TYPE BANK	4			SUPPLY OF POWER	04
	LOCAL RETAIL TRADERS	05		COMMERCIAL BANK	05	YES, SUCCESSFULLY	OTHER FINANCIAL INSTITUTION	5	YES	1	PROBLEMS WITH EQUIPMENT OR SPARE PARTS	05
	EXPORTERS OR FOREIGN PURCHASERS	06	YES	GRAMEEN-TYPE BANK	06	YES, BUT UNSUCCESSFULLY	LOCAL GROUP (DHUKUTI)	6	NO	2	LACK OF ADEQUATE LABOR	06
	CONTRACTOR	07	NO	OTHER FINANCIAL INSTITUTION	07		NGO OR RELIEF AGENCY	7			GOVERNMENT REGULATIONS	07
	TOURISTS	08		LOCAL GROUP (DHUKUTI)	08	NO	OTHER	8			LACK OF RAW MATERIALS	08
	NGO/INTERNAT. ORGANIZATION	09		NGO OR RELIEF AGENCY	09						LACK OF CUSTOMERS	09
	OTHER	10		SALE OF ASSETS	10						TRANSPORT PROBLEMS	10
				OTHER	11						INTIMIDATION AND LABOR UNREST	11
											SUPPLY OF WATER	12
										NUMBER	OTHER	13
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												

Section 14 Non-agriculture enterprises/activities

PART B: Income from enterprises

ENTERPRISE CODE	INCOME	EXPENDITURES OVER PAST 12 MONTHS									
	(14.18) GROSS REVENUES OVER THE PAST 12 MONTHS (FROM SALES)	(14.19) EXPENDITURES ON WAGES BOTH CASH AND IN-KIND	(14.20) EXPENDITURE ON FUEL, KEROSENE, ELECTRICITY, ETC.	(14.21) EXPENDITURE ON RAW MATERIALS	(14.22) OTHER OPERATING EXPENSES	(14.23) NET REVENUES	(14.24) EXPENDITURE ON CAPITAL GOODS OVER PAST 12 MONTHS	(14.25) SALE OF ASSETS OVER PAST 12 MONTHS	(14.26) If someone wanted to buy this enterprise today, how much would he have to pay?	(14.27) And how much would he had to pay one year ago?	
	A	B	C	D	E	= A - (B + C + D + E)					
		WRITE ZERO IF NOTHING	WRITE ZERO IF NOTHING	WRITE ZERO IF NOTHING	WRITE ZERO IF NOTHING						
				RUPEES							
	RUPEES	RUPEES	RUPEES	CASH	IN-KIND	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											

Section 15 Credit and savings

PART A: Borrowing and outstanding loans

(15.01) Do you or any member of your household have loans outstanding, or have your household contracted any loans over the past 12 months that you have already repaid (include both cash and in-kind loans)?

YES	1
NO	2 ► PART B

7

LOAN NUMBER	(15.02) ASK THE RESPONDENT TO FIRST MENTION ALL THE LOANS THAT NEEDS TO BE PAID (OR THAT HAS ALREADY BEEN PAID IN CASE OF THE REFERENCE PERIOD) BY THE HOUSEHOLD	(15.03) Who was the primary borrower in the household?	(15.04) When did you get the loan?		(15.05) From whom did you obtain the loan?	(15.06) For what purpose did you obtain the loan?		(15.07) How much in total did you borrow?
						BUSINESS OR FARM USE:		
						PURCHASE OF INPUTS (FERTILIZERS, SEEDS, INSECTICIDES, ETC.)	01	
						RELATIVES/FRIENDS	01	
						PURCHASE OF EQUIPMENT	02	INCLUDE ONLY THE PRINCIPAL
						PURCHASE OF LAND	03	
						PURCHASE OF LIVESTOCK	04	
						BUILDING IMPROVEMENTS FOR BUSINESS	05	
						OTHER BUSINESS OR FARM USE	06	
						PERSONAL USE:		
						HOUSEHOLD CONSUMPTION NEEDS	07	
						PURCHASE/IMPROVEMENT OF DWELLING	08	
						MARRIAGE/FAMILY EVENTS	09	
						CONSUMER DURABLES	10	
						TO TRAVEL ABROAD	11	
						OTHER PERSONAL USE	12	
	DESCRIPTION OF LOAN	ID CODE	MONTH	YEAR				RUPEES
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

Section 15 Credit and savings

PART A: Borrowing and outstanding loans

LOAN NUMBER	(15.08) What is/was the interest or interest rate on the loan?		(15.09) Did/do you have to repay the loan by a particular time?		(15.10) Have you repaid the lone over the last 12 months? FULLY PAID 1 PARTLY PAID 2 NOT PAID AT ALL 3 ▶ (15.12)	(15.11) How much Principal and interest in total have you repaid?	(15.12) What collateral did you use to secure the loan?	(15.13) How many days did it take to obtain the loan? COUNT FROM THE TIME YOU FORMALLY REQUESTED OR APPLIED FOR THE LOAN TO THE TIME YOU RECEIVED THE MONEY
	RUPEES	PERCENT PER YEAR	MONTH	YEAR			AGRICULTURAL LAND 1 BUILDINGS OR OTHER PROPERTY 2 GOLD/SILVER 3 PROPERTY DOCUMENTS 4 PERSONAL GUARANTEE 5 PAST BORROWING RECORD 6 OTHER 7 NO COLLATERAL 8	
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

Section 15 Credit and savings

PART B: Lending and outstanding loans

(15.14) Does any person outside your household have loans owed to you or any member of your household?
Have any loans been repaid to members of your household over the past 12 months?

YES 1
NO 2 ► PART C

LOAN NUMBER	(15.15) ASK THE RESPONDENT TO FIRST MENTION ALL THE LOANS THAT NEEDS TO BE OWED (OR THAT HAS ALREADY BEEN RETURNED IN CASE OF THE REFERENCE PERIOD) BY THE HOUSEHOLD	(15.16) Who was the primary lender in the household?	(15.17) When was the loan made?		(15.18) What is the relationship of the borrower to the primary lender?	(15.19) What was the primary purpose for which you lent the money?		(15.20) How much in total did you lend? INCLUDE ONLY THE PRINCIPAL
			ID CODE	MONTH		YEAR		
						BUSINESS OR FARM USE: PURCHASE OF INPUTS (FERTILIZERS, SEEDS, INSECTICIDES, ETC.) 01 EMPLOYEE OR TENANT FARMER 1 BUSINESS CUSTOMER 2 OTHER BUSINESS ASSOCIATE 3 FRIEND/NEIGHBOR 4 RELATIVE 5 OTHER 6 PERSONAL USE: HOUSEHOLD CONSUMPTION NEEDS 07 PURCHASE/IMPROVEMENT OF DWELLING 08 MARRIAGE/FAMILY EVENTS 09 CONSUMER DURABLES 10 TO TRAVEL ABROAD 11 OTHER PERSONAL USE 12		
	DESCRIPTION OF LOAN	ID CODE	MONTH	YEAR				RUPEES
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

Section 15 Credit and savings

PART B: Lending and outstanding loans

LOAN NUMBER	(15.21) What is/was the interest or interest rate on the loan?		(15.22) When is/was the borrower scheduled to finish repaying the loan?		(15.23) Has the borrower finished repaying the loan? FULLY PAID 1 PARTLY PAID 2 NOT PAID AT ALL 3 ▶ (15.25)	(15.24) How much in total has been repaid on the loan?	(15.25) What collateral did you lend against?	
	RUPEES	PERCENT PER YEAR	MONTH	YEAR			RUPEES	AGRICULTURAL LAND 1 BUILDINGS OR OTHER PROPERTY 2 GOLD/SILVER 3 PROPERTY DOCUMENTS 4 PERSONAL GUARANTEE 5 PAST BORROWING RECORD 6 OTHER 7 NO COLLATERAL 8
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

Section 15 Credit and savings

PART C: Other assets

(15.26) Does your household own any land or property (do not include property in which the household lives, or land or property already reported in Section 13)?

YES	1
NO	2 ► (15.32)

(15.27) How much money would it cost to buy property like that owned by your household? RUPEES

(15.28) How much money would it have cost a year ago to buy the property that your household now owns? RUPEES

(15.29) How much did your household spend in total over the past 12 months in purchasing this property? RUPEES

WRITE ZERO IF NOTHING

(15.30) How much did your household receive in total over the past 12 months from selling this property? RUPEES

WRITE ZERO IF NOTHING

(15.31) How much did your household receive in total over the past 12 months from renting this property to others? RUPEES

WRITE ZERO IF NOTHING

(15.32) Does your household own any other real assets (other than financial assets or those assets already been reported in Section 12 or 13)?

YES	1
NO	2 ► NEXT SECTION

(15.33) How much money would it cost to buy assets like those owned by your household? RUPEES

(15.34) How much money would it have cost a year ago to buy the assets that your household now owns? RUPEES

(15.35) How much did your household spend in total over the past 12 months in purchasing these assets? RUPEES

WRITE ZERO IF NOTHING

(15.36) How much did your household receive in total over the past 12 months from selling these assets? RUPEES

WRITE ZERO IF NOTHING

(15.37) How much did your household receive in total over the past 12 months from renting these assets to others? RUPEES

WRITE ZERO IF NOTHING

Section 15 Credit and savings

PART D: Household decisions (PART II)

RESPONDENT: MALE HOUSEHOLD HEAD OR THE SENIOR MALE HOUSEHOLD MEMBER IF A FEMALE IS THE HEAD

(15.38) COPY THE ID CODE OF RESPONDENT

DECISION NUMBER		(15.39) During the last 12 months did your household have to make a decision on ...[TYPE OF DECISION]..? YES 1 NO 2 ► NEXT DECISION	(15.40) Were you involved in the most recent decision on ..[TYPE OF DECISION]..? A LOT 1 A LITTLE 2 NOT INVOLVED 3	(15.41) Who made the final decision on ..[TYPE OF DECISION]..?
				ME 1 MY SPOUSE/FEMALE HEAD 2 BOTH 3 OTHER 4
DECISION DESCRIPTION				
01	Up to what grade should the children attend school			
02	Which school do the children go to			
03	Obtaining health care for self			
04	Obtaining health care during pregnancy			
05	How many children to have			
06	Which contraceptive method use			
07	Obtaining health care for children			
08	Spending on food			
09	Spending on major household items			
10	Selling household assets (including livestock)			
11	Which crops to grow			
12	To take loans			
13	How to use loans			
14	To migrate for employment			
15	How to use remittances			

Section 16 Absentees information

PART A: General information on absentees

(16.00) Are there any people that are not current household members, therefore are not in Section 1, but were household members sometime in the past and is expected to come back to this household?

YES 1

NO 2 ► NEXT SECTION

☐

LINE NUMBER	(16.01) LIST ALL THE PEOPLE THAT ARE NOT CURRENT HOUSEHOLD MEMBERS BUT WERE HOUSEHOLD MEMBERS SOMETIME IN THE PAST AND ARE EXPECTED TO COME BACK	(16.02) GENDER	(16.03) What is ..[PERSON].. relationship to the head of this household?	(16.04) How old is ..[PERSON].. now?	(16.05) What was the highest class that ..[PERSON].. completed?	(16.06) What's ..[PERSON]..'s marital status?	(16.07) How many years ago did ..[PERSON].. leave this household?	(16.08) Where does ..[PERSON].. live now?	(16.09) What is the main reason why ..[PERSON].. left this household?
	NAME	MALE 1 FEMALE 2	HUSBAND/WIFE 02 SON/DAUGHTER 03 GRANDCHILD 04 FATHER/MOTHER 05 BROTHER/SISTER 06 NEPHEW/NIECE 07 SON/DAUGHTER-IN-LAW 08 BROTHER/SISTER-IN-LAW 09 FATHER/MOTHER-IN-LAW 10 OTHER FAMILY RELATIVE 11 SERVANT/SERVANT'S RELATIVES 12 TENANT/TENANT'S RELATIVE 13 OTHER PERSON NOT RELATED 14	AGE IN COMPLETED YEARS	CODE "97" IF DOES NOT KNOW	NEVER MARRIED 1 SINGLE MARRIED 2 POLY MARRIED 3 RE-MARRIED 4 WIDOW / WIDOWER 5 DIVORCED 6 SEPARATED 7 DON'T KNOW 8	IF LESS THAN 1 WRITE "0"	Is it an urban or rural area? URBAN 1 RURAL 2	TOGETHER WITH FAMILY/RELATIVES 01 OTHER FAMILY REASONS 02 EDUCATION 03 TRAINING 04 LOOKING FOR WORK 05 START NEW JOB 06 START NEW BUSINESS 07 JOB TRANSFER 08 CONFLICT 09 NATURAL DISASTER 10 EASIER LIFE STYLE 11 OTHER 12
				YEARS	EDUCATION CODE		YEARS AGO	DISTRICT / COUNTRY	U/R
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									

Section 16 Absentees information

PART B: Employment and remittances from absentees

LINE NUMBER	(16.10) What is ..[PERSON]'s primary activity now?		(16.11) What's ..[PERSON].. type of job?	(16.12) How did ..[PERSON].. find this current job?	(16.13) During the past 12 months, have the members of this household received money or goods from ..[PERSON]..?	(16.14) How many times did the members of this household receive money or goods from ..[PERSON].. during the past 12 months?	(16.15) How did ..[PERSON].. send you most of the money or goods during the past 12 months?	(16.16) How much money did the household members receive from ..[PERSON].. during the past 12 months?	(16.17) What is the value of all goods received by the household members from ..[PERSON].. during the past 12 months?	(16.18) What was the use of the remittances received from ...[PERSON].. during the past 12 months?		(16.19) How much in total has been sent by the household members to ..[PERSON].. during the past 12 months?
	OCCUPATION DESCRIPTION	NSCO CODE				TIMES				FIRST	SECOND	RUPEES
	HOUSEHOLD WORK	996	WAGE JOB 1							THE TWO MOST IMPORTANT		
	STUDENT	997	SELF-EMPLOYED 2	RELATIVES 1			FORMAL FINANCIAL INSTITUTIONS 1			DAILY CONSUMPTION 1		
	NOT WORKING	998	EXT. ECON. WORK 3	FRIENDS/ NEIGHBORS 2			HUNDI 2			EDUCATION 2		
	DON'T KNOW	995		EMPLOYMENT AGENCY 3			SELF 3			CAPITAL FORMATION 3		
			DON'T KNOW 4	OTHER 4	YES 1		THROUGH FRIENDS 4			BUSINESS OR INVESTMENT 4		
				DON'T KNOW 5	NO 2		THROUGH OTHER FAMILY MEMBERS/ RELATIVES 5			HOUSEHOLD ASSETS/DURABLES 5		
					► (16.19)		THROUGH ACQUAINTANCES 6	WRITE ZERO IF NOTHING	WRITE ZERO IF NOTHING	SAVINGS 6		
										REPAY LOAN 7		
										OTHERS (SPECIFY) 8		
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												

Section 17 Other remittances

PART A: Remittances and transfer-income sent

(17.01) During the past 12 months, did you, or any member of your household send money or other payments (for example, food or clothing) to someone who is not a member of your household?

YES 1
NO 2 ► PART B

☐
NOTE FOR THE INTERVIEWER:

NOT INCLUDE THOSE ABSENTEES ALREADY LISTED IN SECTION 16

LINE NUMBER	(17.02) ID CODE OF RESPONDENT	(17.03) What are the names of the people to whom members of your household have sent money or goods during the past 12 months? LIST ALL NAMES BEFORE GOING TO Q. 17.04-17.10 IF THE RESPONDENT DOES NOT WISH TO GIVE NAMES, LEAVE BLANK	(17.04) Who in your household is primarily responsible for sending this assistance? ID CODE OF RESPONDENT WRITE ID CODE FROM SECTION 1A	(17.05) What is the relationship of the ..[RECIPIENT] .. to the donor? HUSBAND/WIFE 02 SON/DAUGHTER 03 GRANDCHILD 04 FATHER/MOTHER 05 BROTHER/SISTER 06 NEPHEW/NIECE 07 SON/DAUGHTER-IN-LAW 08 BROTHER/SISTER-IN-LAW 09 FATHER/MOTHER-IN-LAW 10 OTHER FAMILY RELATIVE 11 SERVANT/SERVANT'S RELATIVES 12 TENANT/TENANT'S RELATIVE 13 OTHER PERSON NOT RELATED 14	(17.06) What is the sex of the ..[RECIPIENT] ..? MALE 1 FEMALE 2	(17.07) Where does the ..[RECIPIENT] .. currently live? Is it an urban or rural area? URBAN 1 RURAL 2 DISTRICT / COUNTRY U/R		(17.08) What is the ..[RECIPIENT]..'s primary work activity? WAGE EMPLOYEE IN AGRICULTURE 1 WAGE EMPLOYEE IN NON-AGRI. 2 SELF EMPLOYEE IN AGRICULTURE 3 SELF EMPLOYEE IN NON-AGRI. 4 STUDY 5 OTHER 6 DON'T KNOW 7	(17.09) How much in total did you send to ..[RECIPIENT].. over the past 12 months? CASH IN-KIND		(17.10) How did the ..[DONOR].. usually send the amount? FORMAL FINANCIAL INSTITUTIONS 1 HUNDI 2 SELF 3 THROUGH FRIENDS 4 THROUGH OTHER FAMILY MEMBERS/ RELATIVES 5 THROUGH ACQUAINTANCES 6 OTHERS 7
	ID CODE	NAMES	ID CODE								
01											
02											
03											
04											
05											
06											
07											
08											

Section 17 Remittances

PART B: Remittances and transfer income received

(17.11) During the past 12 months, have you received any money or payments in kind, or gifts from any person who is not a member of your household?

YES 1
NO 2 ► NEXT SECTION

☐
NOTE FOR THE INTERVIEWER:

NOT INCLUDE THOSE ABSENTEES ALREADY LISTED IN SECTION 16

LINE NUMBER	(17.12) ID CODE OF RESPOND ENT	(17.13) What are the names of all the people who sent you money or goods during the past 12 months? LIST ALL NAMES BEFORE GOING TO Q. 17.14 - 17.22. IF THE RESPONDENT DOES NOT WISH TO GIVE NAMES, LEAVE BLANK	(17.14) Who in your household is primarily responsible for receiving this assistance? WRITE ID CODE FROM SECTION 1A	(17.15) What is the relationship of the ..[DONOR].. to the recipient? USE CODES FROM QUESTION (17.05)	(17.16) What is the sex of the ..[DONOR]..? MALE 1 FEMALE 2	(17.17) What is the age of the ..[DONOR].. ? WRITE COMPLET ED YEARS	(17.18) Where does the ..[DONOR].. currently live? Is it an urban or rural area? URBAN 1 RURAL 2		(17.19) What is the ..[DONOR]..'s primary work activity? USE CODES FROM QUESTION (17.08)	(17.20) How much in total did you receive from. ..[DONOR].. over the past 12 months? CASH IN-KIND		(17.21) How did the ..[DONOR].. usually send the amount? USE CODES FROM QUESTION (17.10)	(17.22) What was the use of the remittances received from ...[DONOR].. during the past 12 months? THE TWO MOST IMPORTANT DAILY CONSUMPTION 1 EDUCATION 2 CAPITAL FORMATION 3 BUSINESS OR INVESTMENT 4 HOUSEHOLD ASSETS 5 SAVINGS 6 REPAY LOAN 7 OTHERS (SPECIFY) 8 FIRST SECOND
	ID CODE	NAMES	ID CODE			YEARS	DISTRICT / COUNTRY	U/R					
01													
02													
03													
04													
05													
06													
07													
08													

Section 18 Transfers, social assistance and Other Income

SERIAL NUMBER	SOURCE	(18.01)	(18.02)	(18.03)	(18.04)	(18.05)	(18.06)	(18.07)	(18.08)	(18.09)				
		Did any of the household members receive payment from ..[SOURCE].. during the past 12 months?		How many household members are receiving the payments from ...[SOURCE]... ?					How frequently are the household members supposed to receive the payments from ...[SOURCE]...?		Over that [PERIOD] how much are the household members supposed to receive from ..[SOURCE]..?	How much [SOURCE] was actually received last time? (Please provide approximate monetary value for in-kind payments)	Is anyone currently owed payment?	What is the total amount owed?
		YES 1		MONTHLY 1					WRITE "999" IF DON'T KNOW		YES 1			
		NO 2		QUARTERLY 2							NO 2			
		► NEXT SOURCE		HALF YEARLY 3							► NEXT SOURCE			
NOT APPL. 3	YEARLY 4													
► NEXT SOURCE	ONCE ONLY 5		NUMBER	PERIOD	RUPEES	MONTHS AGO	RUPEES	MONTHS	RUPEES					
Cash Transfer Programs														
01	Old age pension													
02	Widow pension													
03	Disability Allowance													
04	Endangered Ethnicities Pension													
05	Maternal Incentive Scheme													
06	Martyr's Family benefits													
07	People's movement victims Benefits													

SERIAL NUMBER		(18.10)
		Did any of the household members participate in or receive any benefits from ..[PROGRAM].. during the past 12 months?
		YES 1
		NO 2
In-Kind Transfer programs		
01	Public Food Distribution System	
02	Nutritional Supplement program for children	
03	Nutritional Supplement program for mothers	
Public Works		
04	Food for Work	
05	Cash for Work	
06	Rural Community Infrastructure Works Programme (RCIW)	

Section 18 Transfers, social assistance and Other Income

OTHER TYPE OF INCOME						
INCOME CODE	(18.11) PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q. (18.12) TO (18.14)			(18.12) What is the current value of the .[ITEM]. that the household owns?	(18.13) And what was the value of the .[ITEM]. one year ago?	(18.14) How much has the household received from .[ITEM]. in the past 12 months? (interest, dividends, profit, payments, etc.)
	ITEM	NO	YES	RUPEES	RUPEES	RUPEES
1	Current/Savings account					
2	Fixed deposit					
3	Stocks, shares, treasury bills, etc.					
4	Employee Provident Fund/Citizen Investment fund					
5	Internal Pension					
6	External Pension					
7	Commission fee, royalties, etc.					
8	Other					
9	Total					

Section 19 Adequacy of consumption and government facilities

(19.01) ID CODE OF RESPONDENT

	I would like to ask your opinion of your family's standard of living.	<table border="1"> <tr><td>It was less than adequate for your family's needs</td><td>1</td></tr> <tr><td>It was just adequate for your family's needs</td><td>2</td></tr> <tr><td>It was more than adequate for your family's needs</td><td>3</td></tr> <tr><td>Not applicable</td><td>4</td></tr> </table>	It was less than adequate for your family's needs	1	It was just adequate for your family's needs	2	It was more than adequate for your family's needs	3	Not applicable	4
It was less than adequate for your family's needs	1									
It was just adequate for your family's needs	2									
It was more than adequate for your family's needs	3									
Not applicable	4									
(19.02)	Concerning your family's food consumption over the past one month, which of the following is true?									
(19.03)	Concerning your family's housing, which of the following is true?									
(19.04)	Concerning your family's clothing, which of the following is true?									
(19.05)	Concerning the health care your family gets, which of the following is true?									
(19.06)	Concerning your children's schooling, which of the following is true?									
(19.07)	Concerning your family's total income over the past one month, which of the following is true?									

IF THE ANSWER TO Q. (19.02) IS "1", ASK:

(19.08) Do you consider that you, or any member of your family eats too little food to live a healthy and active live?

YES	1
NO	2

	Now, I would like to ask your opinion about the condition of government facilities your household consuming.	<table border="1"> <tr><td>GOOD</td><td>1</td></tr> <tr><td>FAIR</td><td>2</td></tr> <tr><td>BAD</td><td>3</td></tr> <tr><td>NOT APPLICABLE</td><td>4</td></tr> </table>	GOOD	1	FAIR	2	BAD	3	NOT APPLICABLE	4
GOOD	1									
FAIR	2									
BAD	3									
NOT APPLICABLE	4									
(19.09)	How do you take the health facilities consuming by your household?									
(19.10)	How do you take the education facilities consuming by your household?									
(19.11)	How do you take the drinking water facilities consuming by your household?									
(19.12)	How do you take the electricity facilities consuming by your household?									
(19.13)	How do you take the road facilities consuming by your household?									
(19.14)	How do you take the postal facilities consuming by your household?									
(19.15)	How do you take the telephone facilities consuming by your household?									

Section 19 Adequacy of consumption and government facilities

(19.16) In the past 30 days, have there been times when the household members didn't have enough food or money to buy food?

YES	1
NO	2 ► NEXT SECTION

(19.17) During the past 30 days, how many days has the household experienced this problem?

DAYS

SERIAL NUMBER		(19.18) In the past 30 days, when your household didn't have enough food or money to buy food, has your household had to ... [COPING OPTION]...:			
	COPING OPTION	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO
YES	1				
NO	2				
01	...rely on less preferred and less expensive foods?				
02	...borrow food or money, or rely on help from friends or relatives?				
03	...purchase food on credit?				
04	...gather wild food, hunt or harvest immature crops?				
05	...consume seed stock held for next season?				
06	...send household members to eat elsewhere?				
07	...send household members to beg?				
08	...limit portion sizes at mealtimes?				
09	...restrict consumption of adults so children can eat?				
10	...feed working members of household at the expense of non-working household members?				
11	...ration the money you had and buy prepared food?				
12	...reduced the number of meals eaten in a day?				
13	...skip entire days without eating?				
14	...sell assets, jewelry to purchase food?				

Section 20 Anthropometrics

FOR CHILDREN 59 MONTHS AND LESS

IDENTIFICATION CODE	EXACT AGE OF THE CHILD			RESULT	ANTHROPOMETRIC MEASUREMENTS			BREASTFEEDING PRACTICES			
	(20.01) Is there a birth certificate of ..[NAME]..?	(20.02) What is ..[NAME].. date of birth?	(20.03) What's ..[NAME].. age in months?	(20.04) RESULT OF THE MEASUREMENT	(20.05) RECORD HEIGHT IN CENTIMETERS	(20.06) RECORD METHOD FOR MEASURING HEIGHT	(20.07) RECORD WEIGHT IN KILOGRAMS	(20.08) DATE OF MEASUREMENT	(20.09) Was ..[NAME].. exclusively breastfed until 6 months of age?	(20.10) How many months was ..[NAME].. breastfed?	(20.11) After how many months did ..[NAME].. start receiving complimentary food?
	YES 1 NO 2			MEASURED 1 COULD NOT MEET THE CHILD AFTER MULTIPLE VISITS 2 TOO ILL OR DISABLED 3 REFUSED 4 OTHER (SPECIFY) 5		STANDING 1 LYING 2			IF THE CHILD IS LESS THAN 6 MONTHS ASK: Has ..[NAME].. been exclusively breastfed until now?	WRITE "90" IF NONE	WRITE "90" IF NOT RECEIVING YET
	DAY MONTH YEAR	AGE IN MONTHS		CENTIMETERS		KILOGRAMS		DAY MONTH YEAR		MONTHS	MONTHS
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

A DISTRICT CODES			
TAPLEJUNG	01	LAMJUNG	37
PANCHTHAR	02	TANAHUN	38
ILAM	03	SYANGJA	39
JHAPA	04	KASKI	40
MORANG	05	MANANG	41
SUNSARI	06	MUSTANG	42
DHANKUTA	07	MYAGDI	43
TEHRATHUM	08	PARBAT	44
SANKHUWASABHA	09	BAGLUNG	45
BHOJPUR	10	GULMI	46
SOLUKHUMBU	11	PALPA	47
OKHALDHUNGA	12	NAWALPARASI	48
KHOTANG	13	RUPANDEHI	49
UDAYAPUR	14	KAPILBASTU	50
SAPTARI	15	ARGHAKHANCHI	51
SIRAHA	16	PYUTHAN	52
DHANUSHA	17	ROLPA	53
MAHOTTARI	18	RUKUM	54
SARLAHI	19	SALYAN	55
SINDHULI	20	DANG	56
RAMECHHAP	21	BANKE	57
DOLAKHA	22	BARDIYA	58
SINDHUPALCHOK	23	SURKHET	59
KAVREPALANCHOK	24	DAILEKH	60
LALITPUR	25	JAJARKOT	61
BHAKTAPUR	26	DOLPA	62
KATHMANDU	27	JUMLA	63
NUWAKOT	28	KALIKOT	64
RASUWA	29	MUGU	65
DHADING	30	HUMLA	66
MAKWANPUR	31	BAJURA	67
RAUTAHAT	32	BAJHANG	68
BARA	33	ACHHAM	69
PARSA	34	DOTI	70
CHITWAN	35	KAILALI	71
GORKHA	36	KANCHANPUR	72

B MONTH CODES	
BAISAKH	01
JESTHA	02
ASADH	03
SHRAWAN	04
BHADRA	05
ASHWIN	06
KARTIK	07
MARG	08
PAUSH	09
MAGH	10
FALGUN	11
CHAITRA	12

C LANGUAGE CODES	
NEPALI	01
MAITHILI	02
BHOJPURI	03
THARU (DAGAURA/RANA)	04
TAMANG	05
NEWAR	06
MAGAR	07
AWADHI	08
BANTAWA	09
GURUNG	10
LIMBU	11
BAJJIKA	12
URDU	13
RAJBANSI	14
SHERPA	15
HINDI	16
CHAMLING	17
SANTHALI	18
CHEPANG	19
DANUWAR	20
JHANGAR/ DHANGAR	21
SUNUWAR	22
BANGLA	23
MARWARI (RAJSTHANI)	24
MANJHI	25
THAMI	26
KULUNG	27
DHIMAL	28
ANGIKA	29
YAKKHA	30
THULUNG	31
SANGPANG	32
BHUJEL/ KHAWAS	33
DARAI	34
KHALING	35
KUMAL	36
THAKALI	37
CHHANTYAL/ CHHANTEL	38
NEPALI SIGN LANGUAGE	39
TIBBETAN	40
DUMI	41

C LANGUAGE CODES (cont)	
JIREL	42
WAMBULE/ UMBULE	43
PUMA	44
YHOLMO	45
NACHHIRING	46
DURA	47
MECHE	48
PAHARI	49
LEPCHA/ LAPCHE	50
BOTE	51
BAHING	52
KOI/ KOYU	53
RAJI	54
HAYU	55
BYANGSHI	56
YAMPHU/ YAMPHE	57
GHALE	58
KHARIYA	59
CHHILING	60
LOHORUNG	61
PUNJABI	62
CHINESE	63
ENGLISH	64
MEWAHANG	65
SANSKRIT	66
KAIKE	67
RAUTE	68
KISAN	69
CHURAUTI	70
BARAM/ MARAMU	71
TILUNG	72
JERO/ JERUNG	73
DUNGMALI	74
ORIYA	75
LINGKHEM	76
KUSUNDA	77
SINDHI	78
KOCHE	79
HARIYANWI	80
MAGAH	81
SAM	82

C LANGUAGE CODES (end)	
KURMALI	83
KAGATE	84
DZONKHA	85
KUKI	86
CHHINTANG	87
MIZO	88
NAGAMESE	89
LHOMI	90
ASSAMISE	91
SADHANI	92
OTHERS	93

D RELIGION CODES	
HINDU	01
BOUDDHA	02
ISLAM	03
KIRANT	04
JAIN	05
CHRISTIAN	06
SHIKH	07
BAHAI	08
OTHER RELIGION	09

E EDUCATION CODES	
PRE-SCHOOL /KINDERGARTEN	00
CLASS 1	01
CLASS 2	02
CLASS 3	03
CLASS 4	04
CLASS 5	05
CLASS 6	06
CLASS 7	07
CLASS 8	08
CLASS 9	09
CLASS 10	10
SLC	11
INTERMEDIATE LEVEL OR +2 LEVEL	12
BACHELOR LEVEL	13
MASTER LEVEL OR HIGHER	14
PROFESSIONAL DEGREE	15
LITERATE (LEVELLESS)	16
ILLITERATE	17

F QUANTITY CODES	
KILOGRAM	01
GRAM	02
MAUND	03
LITER	04
MURI	05
PATHI	06
MANNA	07
KURUWA	08
NUMBER/PIECES	09
DOZEN	10

G ETHNICITY CODES

CHHETRI	001	RAJBANSI	035	THAKALI	069
BRAHMAN (HILL)	002	SUNUWAR	036	CHIDIMAR	070
MAGAR	003	SUDHI	037	PAHARI	071
THARU	004	LOHAR	038	MALI	072
TAMANG	005	TATMA	039	BANGALI	073
NEWAR	006	KHATWE	040	CHHANTAL	074
MUSLIM	007	DHOB	041	DOM	075
KAMI	008	MAJHI	042	KAMAR	076
YADAV	009	NUNIYA	043	BOTE	077
RAI	010	KUMHAR	044	BRAHMU/BARAMU	078
GURUNG	011	DANUWAR	045	GAINE	079
DAMAIN/DHOLI	012	CHEPANG/PRAJA	046	JIREL	080
LIMBU	013	HALUWAI	047	ADIBASI/JANAJATI	081
THAKURI	014	RAJPUT	048	DURA	082
SARKI	015	KAYASTHA	049	CHURAUTE	083
TELI	016	BADHAE	050	BADI	084
CHAMAR/HARIJAN/RAM	017	MARWADI	051	MECHE	085
KOIRI	018	SANTHAL/SATAR	052	LEPCHA	086
KURMI	019	DHAGAR/JHAGAR	053	HALKHOR	087
SANYASI	020	BANTAR	054	PUNJABI/SIKH	088
DHANUK	021	BARAE	055	KISAN	089
MUSAHAR	022	KAHAR	056	RAJI	090
DUSADH/PASWAN/PASI	023	GANGAI	057	BYANGSI	091
SHERPA	024	LODH	058	HAYU	092
SONAR	025	RAJBHAR	059	KOCHE	093
KEWAT	026	THAMI	060	DHUNIA	094
BRAHMAN (TARAI)	027	DHIMAL	061	WALUNG	095
BANIYA	028	BHOTE	062	JAIN	096
GHARTI/BHUJEL	029	BING/BINDA	063	MUNDA	097
MALLAH	030	BHEDIYAR/GADERI	064	RAUTE	098
KALWAR	031	NURANG	065	YEHLMO	099
KUMAL	032	YAKKHA	066	PATHARKATA/KUSWADIYA	100
HAJAM/THAKUR	033	DARAI	067	KUSUNDA	101
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H CROP CODES

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UPLAND PADDY	03	GARLIC	38
WHEAT	04	GINGER	39
SPRING/WINTER MAIZE	05	TURMERIC	40
SUMMER MAIZE	06	CARDAMOM	41
MILLET	07	CORIANDER SEED	42
BARLEY	08	OTHER SPICES	43
BUCKWHEAT	09	VEGETABLES:	
OTHER CEREALS	10	WINTER VEGETABLES	44
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SOYBEANS	11	CITRUS FRUITS:	
BLACK GRAM	12	ORANGE	46
RED GRAM	13	LEMON	47
GRASS PEA	14	LIME	48
LENTIL	15	SWEET LIME	49
GRAM	16	OTHER CITRUS	50
PEA	17	NON-CITRUS FRUITS:	
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COARSE GRAM	19	BANANA	52
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A TICK (✓) ONLY THE HOUSEHOLD MEMBERS	IDENTIFICATION CODE	(1.01) MAKE A COMPLETE LIST OF ALL CONCERNED BEFORE GOING TO Q.2 – 10. FIRST OF ALL WRITE THE NAME OF HOUSEHOLD HEAD, THEN HEAD'S SPOUSE, SON/DAUGHTER, GRAND- SON/DAUGHTER, PARENTS, ETC. RESPECTIVELY.	(1.02) GENDER MALE 1 FEMALE 2	(1.03) How old is ..[NAME]..? AGE IN COMPLETED YEARS YEARS	IDENTIFICATION CODE
	01				01
	02				02
	03				03
	04				04
	05				05
	06				06
	07				07
	08				08
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