

State Name: \_\_\_\_\_

District Name: \_\_\_\_\_

Block Name: \_\_\_\_\_

Village Name: \_\_\_\_\_

Qre SN Stamp:

Village Code:

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# WSP IMPACT EVALUATION – HOUSEHOLD QRE

## Baseline 2009

### Name of Head of the HH and Detailed Address

HH Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Land Mark:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Water Sample Collected:

[ 1 ] YES / [ 0 ] NO

Bottle Barcode:

--	--	--	--	--

Stool Sample Collected?

[ 1 ] YES / [ 0 ] NO

Bottle ID:

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## WSP IMPACT EVALUATION – BASE LINE 2009

## HOUSEHOLD QUESTIONNAIRE

## IDENTIFICATION

A. STATE \_\_\_\_\_

DISTRICT \_\_\_\_\_

TEHSIL/TALUK/COMMUNITY DEVELOPMENT BLOCK/MANDAL \_\_\_\_\_

PSU (GP) \_\_\_\_\_

PSU POPULATION AS PER 2001 CENSUS \_\_\_\_\_

NO. OF SEGMENT CREATED IN GP \_\_\_\_\_

NO OF SEGMENT SELECTED \_\_\_\_\_

NAME OF VILLAGE IN THE GP \_\_\_\_\_

NAME OF HEAD OF THE HOUSEHOLD \_\_\_\_\_

ADDRESS \_\_\_\_\_

(TO BE ENTERED AT OFFICE)

IDENTIFICATION NUMBER OF THE COMMUNITY QUESTIONNAIRE.....

SERIAL NUMBER OF THE HOUSEHOLD QUESTIONNAIRE.....

## B. RESULT STATUS OF THE HOUSEHOLD QUESTIONNAIRE

COMPLETED.....1	DWELLING VACANT/ADDRESS
PARTLY COMPLETED.....2	NOT A DWELLING.....6
HOUSE HOLD PRESENT BUT NO	DWELLING DESTROYED.....7
COMPETENT RESP. AT HOME.....3	DWELLING NOT FOUND.....8
HOUSEHOLD ABSENT.....4	OTHER.....9
REFUSED.....5	(SPECIFY)

## INTERVIEW DATE

DATE		MONTH		YEAR			

Total &lt;5 Yrs child in the HH

## C. LINE NUMBER OF RESPONDENT IN HOUSEHOLD SCHEDULE

NUMBER OF VISITS MADE

	First Visit	Second Visit	Third Visit
Date			
Time Begun			
Time Ended			
Duration			
Result	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8

NTOTALPERSONSIN HOUSEHOLD

F2. TOTAL MALE

F3. TOTAL FEMALE

G1. SPOT CHECKED BY

G2. FIELD EDITED BY

G3. OFF. EDITED BY

KEYED BY

NAME &amp; DATE \_\_\_\_\_

CODE \_\_\_\_\_

CODE \_\_\_\_\_

CODE \_\_\_\_\_

NAME OF THE INVESTIGATOR \_\_\_\_\_

CODE \_\_\_\_\_

SIGNATURE OF THE INVESTIGATOR \_\_\_\_\_

**Intentionally Left Blank**

## CONSENT:

Namaste. I am -----, working for agency GfK MODE. We are evaluating impacts of rural sanitation and hygiene by collecting baseline and endline data from Madhya Pradesh and Himachal Pradesh. This study is being done by the World Bank in collaboration with the state government and GfK Mode. The purpose of these surveys is to better understand the conditions within your community and household in order to improve available social programs. We are seeking your consent to participate in this study. If you do not understand any words in this consent, then you can ask the interviewers or main researchers with the team to explain those terms to you. You can also request a copy of this consent for your records.

This questionnaire is completely confidential so that we request you to kindly give us the consent and answer questions asked. The questionnaire is designed to collect information about you and your family, your economic status and activities, your children's health, your psychological well being, attitudes towards community and other related topics. Besides a medical status of children will be assessed by testing for anemia (blood test from the child's finger), and his/her height and weight. From some households, we may collect stool samples from under 2 years old children as well as drinking water samples. It will take approximately 1-2 hours to collect all this information from you.

Also, in future someone will visit your household one time each month for at least 12 months and will talk with you for about 10 minutes. The interviewers may also seek your permission to observe your house.

### Benefits of participation

We can better understand and thus possibly help improve government schemes on your household or community health welfare. However, you will not receive any direct benefit by participating in this study. However, you will receive information on your children health status based on our assessment.

### Confidentiality

All information collected during this interview will remain completely confidential and will not be disclosed to anyone without your consent or knowledge. All information you provide about the household or individual will be linked with only a code or number. We will average and analyze all information at village or higher level but not at individual household level so your identity will remain undisclosed. Therefore, we request that you will give us truthful and honest answers.

### Voluntary Participation

Your participation is voluntary and you can choose not to answer any question or all the questions. You can withdraw from the study even in the middle. If you decide to withdraw, it will not result in any loss or penalty to you. The study doctor or sponsors can also stop this study at any time if they think that it is in your best interest or for any other reason.

**Seeking Clarifications**

You can ask any clarification or question to the interviewer during the survey. If you have questions about the study or your participation, you can contact Dr. PP Talwar of GfK Mode Pvt Ltd at:  
Dr. P.P.Talwar/Ms. Urmil Dosajh  
GfK MODE (Pvt.) Ltd  
K-12 Green Park Extension, New Delhi-110016  
Tel. No. 011-41758952/53; Fax: 011-41756785.

**Consent Declaration**

**I willingly agree to participate in the study. I may withdraw my consent at any time and stop participation without penalty. All my questions about the study and my participation in it have been answered.**

I understand that my participation in the study is not compromising legal rights.

Your Signature or thumb impression indicates that you have given your consent to participate in this study.

Name of the respondents: \_\_\_\_\_

Signature or thumb impression of the respondent \_\_\_\_\_ Date: \_\_\_\_\_

Name of the person administering the consent form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (supervisor/editor/interviewer) Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 1. Household Roster (1 of 2)

## ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

ID CODE	G.1.1. Name of the household member  (PLEASE LIST ALL MEMBERS WHO ARE RESIDENT FOR AT LEAST 6 MONTHS IN LAST YEAR. . PLEASE LIST FROM THE OLDEST TO THE YOUNGEST)  CONFIRM THERE IS NO OTHER INDIVIDUAL LIVING IN THE HOUSEHOLD, INCLUDING YOUNG CHILDREN, ELDERLY, OR NON-FAMILY RESIDENTS <input type="checkbox"/>	G.1.2. Sex:  Male..... 1  Female.... 2	G.1.3. Relationship to Head of Household:  Head of Household..... 1 Wife / Husband / Partner..... 2 Child / Adopted Child..... 3 Grandchild.....4 Niece / Nephew.....5 Father / Mother.....6 Sister / Brother..... 7 Son-in-Law / Daughter-in-Law..... 8 Brother-in-Law / Sister-in-Law.....9 Grandfather / Grandmother.....10 Father-in-Law / Mother-in-Law..... 11 Resident Housekeeper.....12 Resident Caregiver.....13 Non-Resident Caregiver.....14 Cousins.....17 Uncles/Aunt.....18 Other (Specify:.....)....-96	G.1.4. What is [NAME]'s birth date?  IF CANNOT REMEMBER, ASK TO SEE BIRTH CERTIFICATE  <b>For &lt;5 years children, IF DOCUMENT NOT AVAILABLE, PROBE TO ESTIMATE MONTH OF BIRTH.</b>  IF STILL DON'T KNOW, MARK -99			G.1.5. How old is [NAME]?  IF < 24 MONTHS OLD, ALSO COLLECT DAYS.  IF < 5 YEARS OLD, ALSO COLLECT MONTHS.  IF < 12 YEARS OLD, [ >>G.1.8.].  DON'T KNOW.....-99			N1.15 What is [NAME]'s main occupation? (1) Too young/ too old to work (2) Student (3) Work on own farm (4) Work on own and other's farm (5) Farms labor (6) Construction labor (7) Skilled artisan (8) Factory worker (9) Service (govt / pvt) (10) Professional (lawyer, doctor, nurse, teacher, etc.) (11) Self-employed business / shop (12) Housewife (13) household labor/ Petty assistant (14) Not currently working (-96) Other (specify.....)
				Date (DD)	Month (MM)	Year (YYYY)	Years	Months	Days	
1		1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96							1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96
2		1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96							1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96
3		1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96							1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96
4		1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96							1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96
5		1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96							1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96
6		1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96							1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96
7		1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96							1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96
8		1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96							1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96
9		1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96							1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96
10		1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96							1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96

# 1. Household Roster (2 of 2)

## ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

ID CODE	G.1.6. What is the present marital status of [NAME]?  Married.....1  Unmarried partners.... 2  Separated.....3 [>>G.1.8.] Divorced.....4 [>>G.1.8.] Widowed..... 5 [>>G.1.8.] Single..... 6 [>>G.1.8.] Other.....-96	G.1.7. COPY THE ID CODE OF THIS PERSON'S SPOUSE/ PARTNER.  NOT IN HOUSEHOLD .....-88  IF MULTIPLE PARTNERS, RECORD ONLY FIRST WIFE.	G.1.8. COPY THE ID CODE OF THIS PERSON'S FATHER.  DECEASED .....-77  NOT IN HOUSEHOLD .....-88	G.1.9. COPY THE ID CODE OF THIS PERSON'S MOTHER.  DECEASED .....-77  NOT IN HOUSEHOLD .....-88	G.1.10. FOR EACH CHILD <5 YEARS, COPY THE ID CODE OF THE PRIMARY CAREGIVER.  THE PRIMARY CAREGIVER IS THE PERSON WITH WHOM THE CHILD SPENDS THE MOST TIME. THIS IS USUALLY THE MOTHER.  IF PRIMARY CAREGIVER NOT IN ROSTER, RETURN to PAGE 4 AND ENTER ROSTER INFO FOR CAREGIVER.	G.1.11. IS THIS PERSON PRESENT AT HOME DURING THIS INTERVIEW?  YES .....1 NO.....2	G.1.91 <b>CONFIRM</b>  IS THIS PERSON A CHILD <5 YEARS OLD ?  Yes.... 1 No.... 2	G.1.92 <b>CONFIRM</b>  IS THIS PERSON A CAREGIVER OF CHILD UNDER < 5 YEARS OLD?  Yes.... 1 No.... 2	N.1.50 Are you below poverty line (BPL) or APL? (SEE RATION CARD COLOR. White = BPL)	N.1.51 What is the religion of the head of the household?	N.1.52 PROBE FOR THE CASTE OF THE HOUSEHOLD HEAD AND RECORD
1	1 2 3 4 5 6 -96					1 2	1 2	1 2	BPL .....1	No religión.....1	No caste..... 1
2	1 2 3 4 5 6 -96					1 2	1 2	1 2	APL ... ..2	Hindu .....2	SC..... 2
3	1 2 3 4 5 6 -96					1 2	1 2	1 2	DK.....-99	Muslim.....3	ST ..... 3
4	1 2 3 4 5 6 -96					1 2	1 2	1 2		Christian.....4	Nomadic tribe (NT)..... 4
5	1 2 3 4 5 6 -96					1 2	1 2	1 2		Sikh.....5	OBC ..... 5
6	1 2 3 4 5 6 -96					1 2	1 2	1 2		Buddhist/ Neo-Buddhist .....6	Open/ General ..... 6
7	1 2 3 4 5 6 -96					1 2	1 2	1 2		Jain .....7	Don't know/ cant say..... -99
8	1 2 3 4 5 6 -96					1 2	1 2	1 2		Jewish .....8	
9	1 2 3 4 5 6 -96					1 2	1 2	1 2		Zoroastrian/ parsi 9	
10	1 2 3 4 5 6 -96					1 2	1 2	1 2		Other (specify . -96 _____)	

## 2. Education Module (1of 2)

### ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

G.2.1.	N.2.20	G.2.3.	N.2.21.	G.2.5.	G.2.8.		G.2.9.	G.2.10.						G.2.11.	G.2.12.						
CIRCLE THE ID CODE FOR EACH PERSON AND OLDER, AND DO THIS TABLE FOR EACH.	<b>Ask only for member s &lt; 12 years</b>  Has [NAME] ever attended Anganwadi? Yes.....1 No.....2  DON'T KNOW .....-99	Has [NAME] ever attended school? Yes.....1 No.....2 [>>G.2.11]  DON'T KNOW .....-99 [>>G.2.11]	What is the highest education [NAME] completed? Or what is the highest standard completed?  E.G. COLLEGE DEGREE = 15 STANDARD. 7HT FAIL = 6 STD. DOCTOR = 17 STD.  DON'T KNOW.....-99 <b>STANDARD</b>	<b>Ask only if &lt;25 years</b> Is [NAME] currently enrolled in school or was [enrolled in school during the past 12 months? Yes.....1 No.....2 [>> G.2.11]	How long does it take [NAME] to travel to school?  <b>Only one direction</b>	HOURS	MINUTES	Is [NAME] currently on seasonal break / vacation? Yes.....1 [>>G.2.11] No.....2	Last week, did [NAME] attend school on [DAY]?  Yes ..... 1 No, due to being sick ..... 2 No, due to caring for sick relative ..... 3 No, due to school closure or teacher absence ..... 4 No, didn't want to go ..... 5 No, working to earn income..... 8 No, helping family (No income) ..... 9 No, School holiday ..... 10 No, other reason, please specify ..... 6 No, unknown reason ..... 7 DON'T KNOW ..... -99						IS [NAME] MORE THAN 5 BUT LESS THAN OR EQUAL TO 15 YEARS OF AGE?  YES.....1 [>> ASK G2.12]  NO.....2 [>>Dont Ask G2.12]	Last week, how many hours did [NAME] spend in the following activities:  DIDN'T PARTICIPATE -88 DON'T KNOW. -99					
								a) MON	b) TUES	c) WED	d) THUR	e) FRI	f) SAT		a) School	b) Studying	c) Caring for children in hh	d) Housework	e) Work for pay	f) Work without pay	
1	1 2 -99	1 2 -99		1 2										1 2							
2	1 2 -99	1 2 -99		1 2										1 2							
3	1 2 -99	1 2 -99		1 2										1 2							
4	1 2 -99	1 2 -99		1 2										1 2							
5	1 2 -99	1 2 -99		1 2										1 2							
6	1 2 -99	1 2 -99		1 2										1 2							
7	1 2 -99	1 2 -99		1 2										1 2							
8	1 2 -99	1 2 -99		1 2										1 2							
9	1 2 -99	1 2 -99		1 2										1 2							
10	1 2 -99	1 2 -99		1 2										1 2							

**6. Dwelling Characteristics ( 1 of 2)      ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

G.6.1.	How many total rooms does your dwelling have?  DON'T KNOW.....-99	TOTAL NUMBER ROOMS _____
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G.6.7.	Are [ANIMAL] allowed in the house?  Yes .....1 No.....2 Don't know.....-99	G1. Dog(s)	1	2	-99
		G2. Cat(s)	1	2	-99
		G3. Chicken(s)	1	2	-99
		G4. Goat(s)	1	2	-99
		G5. Pig(s)	1	2	-99
		N6. Sheep	1	2	-99

G.6.11.	What fuel do you use most often to light your dwelling?  CIRCLE ONLY ONE.	No Lighting .....	0	
		Electricity .....	1	
		Gas.....	2	
		Kerosene .....	3	
		Wood.....	5	
		Candles .....	7	
		Battery .....	8	
		Generator / Invertor .....	14	
		Solar.....	15	
G.6.12.	What fuel do you use most often for cooking?  CIRCLE ONLY ONE.	Other (Specify.....)	-96	
		No Fuel for Cooking.....	0	
		Electricity .....	1	
		Gas.....	2	
		Kerosene .....	3	
		Coal.....	4	
		Wood.....	5	
		Peat / Manure .....	6	
		Solar.....	15	
		Other (Specify.....)	-96	

## 6. Dwelling Characteristics ( 2 of 2)

ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

G.6.13.	How do you heat your dwelling?	Do not heat dwelling ..... Water Radiators in Rooms from a Gas, Coal, or Electric Boiler in House Radiators ..... Electric Heaters ..... Coal Stove..... Kerosene Stove ..... Stove for Straw, Brush, Manure, Peat..... Other (Specify.....).....	0 2 3 4 5 6 7 -96					
G.6.14.	The dwelling that you live in is -----	Owned by a household member, but still not paid for..... Owned by a household member, and fully paid for..... Rented..... Loaned by family or friends.....  Other (Specify .....) Don't know.....	1 2 3 4 -96 -99	[ >>G.7.1.] [ >>G.7.1.]  [ >>G.6.17.] [ >>G.7.1.]				
G.6.15.	How many years have you owned your dwelling? IF LESS THAN ONE YEAR, ENTER MONTHS. DON'T KNOW.....-99	YEARS _____ MONTHS _____						
G.6.16.	How much did your household pay for this dwelling when you bought it? DON'T KNOW.....-99	AMOUNT (Rupees) _____						
G.6.17.	If you sold this dwelling today how much would you receive for it? DON'T KNOW.....-99	AMOUNT (Rupees) _____						
G.6.18.	Please estimate the amount of money you could receive as rent, if you let this dwelling to another person? Weekly.....1      Bi-Weekly.....2      Monthly.....3      Annually.....4 DON'T KNOW.....-99	AMOUNT (Rupees) _____ TIME UNIT: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	1	2	3	4		
1	2	3	4					

## 7. **Drinking Water Sources (1 of 2) (JC) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

G.7.0. Do you use the same water source year round, i.e. do you use the same source in the rainy and dry season or different sources?

YES, same source all year round..... 1 → FILL IN ONLY COLUMN A  
 NO, changes with the season .....2 → FILL IN COLUMNS A & B

--	--

DON'T KNOW .....-99 → FILL IN ONLY COLUMN A

		A) RAINY SEASON			B) DRY SEASON ENSURE THAT DIFFERENT THAN RAINY SEASON (IF SAME STOP)		
G.7.1	What is the main source of <u>DRINKING</u> water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 1 PIPED INTO YARD / PLOT ..... 2 PUBLIC TAP / STANDPIPE ..... 3 TUBE WELL OR BOREHOLE (Hand pump) ..... 4 DUG WELL PROTECTED WELL ..... 5 UNPROTECTED WELL ..... 6 WATER FROM SPRING PROTECTED SPRING ..... 7 UNPROTECTED SPRING ..... 8 RAINWATER ..... 9 TANKER TRUCK ..... 10 CART WITH SMALL TANK ..... 11 SURFACE WATER (RIVER / DAM / LAKE / POND / STREAM / CANAL / IRRIGATION CHANEL) ..... 12 BOTTLED WATER ..... 13 OTHER (Specify) ..... -96	>> G.7.7 >> G.7.7	PIPED WATER PIPED INTO DWELLING ..... 1 PIPED INTO YARD / PLOT ..... 2 PUBLIC TAP / STANDPIPE ..... 3 TUBE WELL OR BOREHOLE ..... 4 DUG WELL PROTECTED WELL ..... 5 UNPROTECTED WELL ..... 6 WATER FROM SPRING PROTECTED SPRING ..... 7 UNPROTECTED SPRING ..... 8 RAINWATER ..... 9 TANKER TRUCK ..... 10 CART WITH SMALL TANK ..... 11 SURFACE WATER (RIVER / DAM / LAKE / POND / STREAM / CANAL / IRRIGATION CHANEL) ..... 12 BOTTLED WATER ..... 13 OTHER (Specify) ..... -96	>> G.7.7 >> G.7.7		
G.7.2	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD / PLOT ..... 2 ELSEWHERE ..... 3		IN OWN DWELLING ..... 1 IN OWN YARD / PLOT ..... 2 ELSEWHERE ..... 3			
G.7.3	Is this source covered?	COVERED ..... 1 OPEN ..... 2 BOTH COVERED AND OPEN ..... 3 DON'T KNOW ..... -99		COVERED ..... 1 OPEN ..... 2 BOTH COVERED AND OPEN ..... 3 DON'T KNOW ..... -99			

## 7. Water Sources (2 of 2) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

		A) RAINY SEASON			B) DRY SEASON		
G.7.4	How long does it take to go there, collect water, and come back?	MINUTES..... _ _ _ DON'T KNOW ..... -99			MINUTES..... _ _ _ DON'T KNOW ..... -99		
G.7.5	How often does your household collect water from this source?	TRIPS ..... _ _ _ PER : DAY ..... 1 WEEK ..... 2 MONTH ..... 3 DON'T KNOW ..... -99			TRIPS ..... _ _ _ PER : DAY ..... 1 WEEK ..... 2 MONTH ..... 3 DON'T KNOW ..... -99		
G.7.6	Who usually goes to this source to fetch water for your household?	ADULT WOMAN ..... ADULT MAN ..... FEMALE CHILD < 15 YEARS ..... MALE CHILD < 15 YEARS.....	1 2 3 4		ADULT WOMAN ..... ADULT MAN ..... FEMALE CHILD < 15 YEARS ..... MALE CHILD < 15 YEARS.....	1 2 3 4	
G.7.7	Are you satisfied with the <u>quantity</u> of water that you obtain from this source?	YES..... NO ..... DON'T KNOW .....	1 2 -99		YES ..... NO ..... DON'T KNOW.....	1 2 -99	
G.7.8	Does your household pay (bill, tax, fee) for water from [SOURCE]?	YES..... NO ..... DON'T KNOW .....	1 2 -99	>> G.8.1 >> G.8.1	YES ..... NO ..... DON'T KNOW.....	1 2 -99	>> G.8.1 >> G.8.1
G.7.9	Do you obtain a fixed/limited quantity of water for this payment?	YES, FIXED/LIMITED ..... NO, UNLIMITED ..... DON'T KNOW .....	1 2 -99		YES, FIXED/LIMITED ..... NO, UNLIMITED ..... DON'T KNOW.....	1 2 -99	
G.7.10	How much do you pay for water from [SOURCE]?	AMOUNT (Rupees)..... _ _ _ PER : DAY ..... 1 WEEK ..... 2 MONTH ..... 3 3 MONTHS ..... 4 6 MONTHS ..... 5 YEAR..... 6 DON'T KNOW ..... -99			AMOUNT (Rupees)..... _ _ _ PER : DAY ..... 1 WEEK ..... 2 MONTH ..... 3 3 MONTHS ..... 4 6 MONTHS ..... 5 YEAR ..... 6 DON'T KNOW ..... -99		

**8. Drinking Water storage and treatment (1 of 1) (JC) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

G.8.1.	Do you store drinking water in your home?	Yes ..... 1 No..... 2	[>>G.8.4.]
G.8.2.	How often do you wash the primary storage container?	Do not wash / Never ..... 1 Rarely ..... 2 Once per week..... 3 More than once per week..... 4 Every day..... 5	[>>G.8.4.]
G.8.3.	How do you wash the primary storage container?  DO NOT READ OUT THE ANSWERS.	WATER ONLY ..... 1 SOAP / DETERGENT / BLEACH ..... 2 MUD ..... 3 ASH ..... 4 OTHER (SPECIFY _____) ..... -96 DON'T KNOW..... -99	
G.8.4.	Do you do anything to your water before you drink it? To clean it, or to prepare it for drinking?	Yes ..... 1 Sometimes..... 2 No..... 3	[>>G.9.1.]
G.8.5.	What do you do to your water to prepare it for drinking?  DO NOT READ OUT THE ANSWERS.  CIRCLE ALL THAT APPLY.	BOIL ..... 1 CHLORINE ..... 2 IODINE ..... 3 SOLAR DISINFECTION (SODIS) ..... 4 FILTER (CERAMIC / SAND / ETC.) ..... 5  <b>N8.5A What type of Filter?</b> Electric / Duel filter (e.g. Pure It, Aquaguard) ..... 10 Candle (Ceramic) Filter..... 11 Filter filltd to tap (e.g. Zero-B)..... 12 Plastic sieve / net..... 13 STRAIN THROUGH A CLOTH ..... 6 USE ALUM SO DIRT SETTLES DOWN ..... 14 LET IT STAND AND SETTLE ..... 7 OTHER (SPECIFY _____) ..... -96	
G.8.6.	In the last 7 days, how often did you or somebody in your household do something to prepare the water that members of your household drank at home?	No, Not in the last 7 days ..... 0 Every day..... 1 Every other day..... 2 Once or twice..... 3 Don't know..... -99	

## 9. Sanitation Facilities (1 of 4) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

G.9.1.	What is your household's main sanitation facility (main toilet facility)? (or, Where do members of your household usually go to defecate?) SHOW PICTURES.	Flush / Pour Flush: to Piped Sewer System ..... 1 to Septic Tank ..... 2 to Pit Latrine (OFFSET PIT LATRINE) ..... 3 to Elsewhere ..... 4 to Don't Know Where ..... 5 Ventilated Improved Pit Latrine (VIP) ..... 6 Pit Latrine with Slab (On pit)..... 7 Composting Toilet ..... 8 Pit Latrine without Slab / Open Pit..... 9 Bucket ..... 10 Hanging Toilet / Hanging Latrine ..... 11 No Facilities or Open Defecation ..... 12 Other (Specify) ..... -96	[ >>G.9.9] [ >>G.9.9]
G.9.2	Is this facility public or private?	Public..... 1 Private..... 2	[ >>G.9.8]
G.9.3	Who chose or decided to install the latrine / toilet you use?	Individual household member.....ID CODE ..... 100 Multiple household members..... 101 Non-household members (community members, volunteers) ..... 102 Was already here when we moved in..... 103 Other (Specify.....) -96 DON'T KNOW ..... -99	[ >>G.9.9.] [ >>G.9.9.] [ >>G.9.9.] [ >>G.9.9.]
G.9.4.	When was the latrine / toilet installed?	_____ Months ago, _____ Years ago.	
G.9.5.	How much did the <b>materials</b> cost to install the latrine / toilet?	Cost of <b>Materials</b> (Rupees) ..... Free / Donated Materials ..... 0 DON'T KNOW ..... -99	
G.9.6.	How much did the <b>labor</b> cost to install the latrine / toilet?	Cost of <b>Labor</b> (Rupees) ..... Free / Donated Labor ..... 0 Used Own Labor ..... -88 DON'T KNOW ..... -99	

### 9. Sanitation Facilities (2 of 4) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

G.9.7.	How much were the <b>other</b> costs to install the latrine / toilet?	<b>Other</b> costs (Rupees) _____ No other costs ..... 0 DON'T KNOW ..... -99	
G.9.8.	What were the main reasons your household decided to install the latrine / toilet?  DO NOT READ ANSWERS OUT LOUD.  CIRCLE UP TO FIRST THREE RESPONSES GIVEN.	CONVENIENCE (OR LOCATION) ..... 1 MORE HEALTHY FOR THE FAMILY ..... 2 EASIER TO KEEP CLEAN ..... 3 PRIVACY / DIGNITY ..... 4 SAFETY / SECURITY ..... 5 AVOID SHARING WITH OTHERS ..... 6 COMFORT ..... 7 PRESTIGE / PRIDE ..... 8 RESPONSE TO SANITATION PROMOTION PROGRAM ..... 9 NEIGHBORCED / COMMUNITY MEMBERED INSISTED ..... N10 GP Members / Govt Officials / Social workers INSISTED ..... N11 OTHER (SPECIFY) ..... -96	
G.9.9.	Where is this facility or area located?	Inside household ..... 1 In household yard or land ..... 2 Less than 10 minute walk from house ..... 3 More than 10 minute walk from house ..... 4 No designated area (anywhere we find convenient) ..... 5 Other (Specify) ..... -96	
G.9.10.	Do you share this facility or area with other households?	Yes ..... 1 No ..... 2	[>>G.9.12]
G.9.11.	How many households use this toilet facility or area?  Don't know.....-99	Number of households _____	
G.9.12.	Overall, how satisfied are you with your main sanitation facilities?  READ OUT THE ANSWERS.  CIRCLE ONLY ONE.	Very Satisfied ..... 1 Somewhat Satisfied ..... 2 Less than Satisfied ..... 3 Completely Dissatisfied ..... 4 DON'T KNOW ..... -99	

## 9. Sanitation Facilities (3 of 4) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

G.9.13.	<p>What would you like to change about your current sanitation situation?</p> <p>READ OUT THE OPTIONS.</p> <p>CIRCLE ALL THAT APPLY.</p> <p>FOLLOW THE SKIP FOR THE TOPMOST CIRCLED RESPONSE.</p>	<p>Build a private latrine ..... 1</p> <p>Improve current private latrine / toilet ..... 2</p> <p>Help build a community latrine ..... 3</p> <p>Request government or outside assistance for improving sanitation..... 4</p> <p>Nothing, satisfied with current situation ..... 5</p> <p>Other (Specify) ..... -96</p> <p>DON'T KNOW ..... -99</p>	<p>[&gt;&gt;G.9.16.]</p> <p>[&gt;&gt;G.9.17.]</p> <p>[&gt;&gt;G.9.17.]</p> <p>[&gt;&gt;G.9.17.]</p> <p>[&gt;&gt;G.9.17.]</p> <p>[&gt;&gt;G.9.17.]</p>
G.9.14.	<p>How likely is it that you will install a private latrine or toilet in the next 12 months?</p>	<p>High ..... 1</p> <p>Medium ..... 2</p> <p>Low ..... 3</p> <p>None ..... 4</p>	
G.9.15.	<p>What are the three main constraints facing your household in installing a private latrine / toilet?</p> <p>DO NOT READ ANSWERS OUT LOUD.</p> <p>CIRCLE UP TO FIRST THREE RESPONSES GIVEN.</p>	<p>HIGH COST ..... 1</p> <p>NO ONE TO BUILD IT ..... 2</p> <p>MATERIALS NOT AVAILABLE ..... 3</p> <p>WATER TABLE / SOIL CONDITIONS ..... 4</p> <p>TOO COMPLEX TO BUILD ..... 5</p> <p>SAVINGS / CREDIT ISSUES ..... 6</p> <p>COMPETING PRIORITIES ..... 7</p> <p>TENANCY ISSUES (E.G., NO TITLE, RENTING, OTHER'S HOUSE) ... 8</p> <p>LIMITED SPACE ..... 9</p> <p>PERMIT PROBLEMS ..... 10</p> <p>SATISFIED WITH CURRENT FACILITY ..... 11</p> <p>DON'T LIKE AVAILABLE LATRINE DESIGNS / OPTIONS ..... 12</p> <p>OTHER (SPECIFY) ..... -96</p>	
G.9.16.	<p>Why do you want to build or improve a private latrine / toilet?</p> <p>DO NOT READ ANSWERS OUT LOUD.</p> <p>CIRCLE UP TO FIRST THREE RESPONSES GIVEN.</p>	<p>CONVENIENCE (OR LOCATION) ..... 1</p> <p>MORE HEALTHY FOR THE FAMILY ..... 2</p> <p>EASIER TO KEEP CLEAN ..... 3</p> <p>PRIVACY / DIGNITY ..... 4</p> <p>SAFETY / SECURITY ..... 5</p> <p>AVOID SHARING WITH OTHERS ..... 6</p> <p>COMFORT ..... 7</p> <p>PRESTIGE / PRIDE ..... 8</p> <p>RESPONSE TO SANITATION PROMOTION PROGRAM ..... 9</p> <p>NEIGHBORCED / COMMUNITY MEMBERED INSISTED ..... N10</p> <p>GP Members / Govt Officials / Social workers INSISTED ..... N11</p>	

**9. Sanitation Facilities (4 of 5) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**






G.9.16A	Please tell me how strongly you agree or disagree with the following statement I know who to contact to access sanitation goods and services. [EXAMPLES: concrete, bricks, buckets, toilet pots, Latrine design instructions, mason for latrine building]	STRONGLY DISAGREE ..... 1 DISAGREE ..... 2 AGREE ..... 3 STRONGLY AGREE ..... 4 DON'T KNOW ..... -99	
G.9.16B.	Please tell me how strongly you agree or disagree with the following statements  Affordable sanitation goods and services that I want are available to me.	STRONGLY DISAGREE ..... 1 DISAGREE ..... 2 AGREE ..... 3 STRONGLY AGREE ..... 4 DON'T KNOW ..... -99	
G.9.17.	Is it safe for female members of your house to go to this place for defecation in the day?  ASK FEMALE HOUSEHOLD MEMBER IF POSSIBLE.	Yes ..... 1 No ..... 2 DON'T KNOW ..... -99	
G.9.18.	Is it safe for female members of your house to go to this place for defecation in the night?  ASK FEMALE HOUSEHOLD MEMBER IF POSSIBLE.	Yes ..... 1 No ..... 2 DON'T KNOW ..... -99	
G.9.19.	Do you feel that women and young girls in your house have privacy during defecation?  ASK FEMALE HOUSEHOLD MEMBER IF POSSIBLE.	Yes ..... 1 No ..... 2 DON'T KNOW ..... -99	
G.9.20.	Have women or young girls in your village been harassed, or even attacked, when going to places for defecation / bathing or during defecation / bathing?  ASK FEMALE HOUSEHOLD MEMBER IF POSSIBLE.	Never ..... 1 Rarely ..... 2 Sometimes ..... 3 Often ..... 4 DON'T KNOW ..... -99	
G.9.21.	Are there flies at or near your sanitation facility or the place where you defecate?	Always and Many ..... 1 Always and Some ..... 2 Sometimes and Many ..... 3 Sometimes and Few ..... 4 Rarely / Hardly Any ..... 5 DON'T KNOW ..... -99	

G.9.22.	Where does the waste from your baby / youngest child usually go after they defecate?  DO NOT READ OUT OPTIONS.	BUSHES / GROUND ..... 1 PIT / HOLE IN GROUND ..... 2 OPEN SEWER / DRAIN ..... 3 TOILET / LATRINE ..... 4 GARBAGE ..... 5 RIVER..... 6 BASIN / SINK..... 7 GIVE IT TO ANIMALS..... 8 OTHER (SPECIFY)..... -96	
N9.27	Has there been any information campaigns, Meetings, Visits Govt officials or NGOs on IHL (Individual Household Latrine), sanitation and hygiene in past 1 year?	Yes ..... 1 No ..... 2 DON'T KNOW ..... -99	[ >> G.31.1] [ >> G.31.1]
N9.28	Did anyone from your household participate in these campaigns / Meetings / Visits?	Yes ..... 1 No ..... 2 DON'T KNOW ..... -99	[ >> G.31.1] [ >> G.31.1]
N9.29	What were the messages from these campaigns / meetings / visits?	Please build and use toilets..... 1 Information about governments TSC program..... 2 NGP award of Gol..... 3 Financial help/incentives available for toilet construction ..... 4 Technical help available for toilet construction..... 5 Need for school sanitation and toilets ..... 6 Shameful sanitation practices by the GP ..... 7 Link between open defecation and health ..... 8 Privacy benefits of toilets..... 9 Hand washing ..... 10 Water safety / Proper storage..... 11 Proper household waste disposal..... 12 Keeping community clean / cleanliness..... 13 Others (Specify ..... ) ..... 14 No one from our household participated so we don't know ..... 15 Don't Know ..... -99	




### 31. **Mortality** ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

G.31.1.			Has there been a death of any adult, child or infant living in this household <b>in the past year</b> (in the last 365 days)?			
			IF <b>"NO"</b> , INVESTIGATE: Any baby who cried or showed signs of life, but only survived for a few hours or days?			
			Yes.....		1	
			No.....		2	[>>G.10.1.]
			Don't know.....		-99	[>>G.10.1.]
COMPLETE ONE ROW FOR EACH DEATH IN THE HOUSEHOLD IN THE PAST YEAR.						
G.31.2. What was the gender of the deceased?  Male.....1 Female.....2	G.31.3. How old was the deceased? (If less than 1 day or a few hours, then code 0 in age and circle DAY)  Less than one day.....0 Days.....1 Months.....2 Years.....3	G.31.4. What was the cause of death? Aging..... 1 Accident or Physical Trauma.....2 Diarrhea.....3 Pneumonia / ARI (Acute Respiratory Infection)..... 4 Birth-related..... 5 Malaria..... 6 TB (Tuberculosis)..... 7 Other acute diseases..... 8 Other chronic diseases..... 9 Other (Specify:.....).....-96 Don't know.....-99	G.31.5. What was the relationship of the deceased to the current head of household? Wife / Husband..... 2 Child / Adopted Child..... 3 Grandchild..... 4 Niece / Nephew..... 5 Father / Mother..... 6 Sister / Brother..... 7 Son-in-Law / Daughter-in-Law..... 8 Brother-in-Law / Sister-in-Law..... 9 Grandfather / Grandmother..... 10 Father-in-Law / Mother-in-Law..... 11 Resident Housekeeper..... 12 Resident Caregiver..... 13 Non-Resident Caregiver..... 14  Other (Specify:.....)....-96			
1 2		0 1 2 3	1 2 3 4 5 6 7 8 9 -96 -99		2 3 4 5 6 7 8 9 10 11 12 13 14 -96	
1 2		0 1 2 3	1 2 3 4 5 6 7 8 9 -96 -99		2 3 4 5 6 7 8 9 10 11 12 13 14 -96	
1 2		0 1 2 3	1 2 3 4 5 6 7 8 9 -96 -99		2 3 4 5 6 7 8 9 10 11 12 13 14 -96	
1 2		0 1 2 3	1 2 3 4 5 6 7 8 9 -96 -99		2 3 4 5 6 7 8 9 10 11 12 13 14 -96	
1 2		0 1 2 3	1 2 3 4 5 6 7 8 9 -96 -99		2 3 4 5 6 7 8 9 10 11 12 13 14 -96	





# 10. Observations of Dwelling Characteristics (1 of 2) Interviewer direct observation, accompanied by respondent.

G.10.1.	<b>Tell</b> .....We are interested in what kinds of housing people have in the community? Lets go and take a look at your home	
G.10.2. WHAT TYPE OF DWELLING IS IT?   ONLY FOR OBSERVATION  SELECT ONLY ONE RESPONSE.	DETACHED HOUSE .....1 MULTI-FAMILY HOUSE .....2 ROOM IN A LARGER DWELLING .....5 SEVERAL BUILDINGS CONNECTED.....6 SEVERAL SEPARATE BUILDINGS .....7 IMPROVISED HOUSING UNIT .....8 OTHER (SPECIFY _____) -96	
G.10.3. WHAT IS THE MATERIAL FOR THE WALLS OF THE MAIN LIVING AREA?   ONLY FOR OBSERVATION	BRICK .....1 STONE / CONCRETE .....2 UNBAKED BRICK, ADOBE .....3 WOOD, LOGS.....4 TIN, ZINC SHEETING .....5 MUD .....6 BAMBOO .....7 CANVAS, FELT .....8 DRIED GRASS / THATCH .....14 OTHER (SPECIFY _____) -96	
G.10.4. WHAT IS THE MATERIAL FOR THE ROOF OF THE MAIN LIVING AREA?   ONLY FOR OBSERVATION	BRICK .....1 CONCRETE .....2 UNBAKED BRICK, ADOBE .....3 WOOD, LOGS.....4 TIN, ZINC SHEETING .....5 MUD .....6 BAMBOO .....7 CANVAS, FELT .....8 DRIED GRASS / THATCH .....14 SLATE / TILES .....15 OTHER (SPECIFY _____) -96	
G.10.5. WHAT IS THE MATERIAL FOR THE FLOOR OF THE MAIN LIVING AREA?   ONLY FOR OBSERVATION	TILE .....3 3 CONCRETE .....5 CLAY/EARTHEN FLOOR.....6 STONES .....12 BRICK .....13 WOOD .....14 OTHERS (SPECIFY _____) -96	
G.10.6. IS THE DWELLING RELATIVELY CLEAN?  ONLY FOR OBSERVATION	YES.....1 NO.....2	






### 11. Observations of Food Storage (1 of 1) Interviewer direct observation, accompanied by respondent.

G.11.1.	IS THERE GARBAGE IN THE KITCHEN OR HOUSE?  ONLY FOR BSERVATION	YES ..... NO .....	1 2	
G.11.2.	IS THE FOOD COVERED?  ONLY FOR OBSERVATION	YES, COMPLETELY COVERED ..... YES, PARTIALLY COVERED ..... NO .....	1 2 3	
N11.3	WHERE IS PREPARED FOOD "MAINLY" STORED? (Single code)  ONLY FOR OBSERVATION	VESSELS ON THE FLOOR ..... VESSELS ON AN ELEVATED PLATFORM ..... VESSELS IN A CUPBOARD ..... REFRIGERATOR .....	1 2 3 4	



### 12. Observations of Drinking Water (1 of 1) Interviewer direct observation, accompanied by respondent.

G.12.1.	Could you please show me where you store drinking water?  RECORD THE NUMBER OF EACH TYPE OF CONTAINER. IF NONE OF SOME TYPE, RECORD "00."	COVERED, WIDE MOUTH (Fist easily pass) ..... COVERED, NARROW MOUTH (Fist cannot easily pass) ..... UNCOVERED, WIDE MOUTH (Fist easily pass) ..... UNCOVERED, NARROW MOUTH (Fist cannot easily pass) .....	_____ _____ _____ _____	
G.12.2.	Can you please identify your primary storage container for drinking water?  RECORD ONLY ONE.	NONE (Drink directly from tap water) ..... COVERED, WIDE MOUTH (Fist easily pass) ..... COVERED, NARROW MOUTH (Fist cannot easily pass) ..... UNCOVERED, WIDE MOUTH (Fist easily pass) ..... UNCOVERED, NARROW MOUTH (Fist cannot easily pass) .....	0 → 1 2 3 4	[>>G.12.4.]
G.12.3.	 FOR PRIMARY STORAGE CONTAINER ONLY: ON OR CLOSE TO THE CONTAINERS DO YOU OBSERVE:	DIP CUP WITH HANDLE ..... DIP CUP WITHOUT HANDLE ..... TAP ..... FLIES .....	YES NO 1 2 1 2 1 2 1 2	
G.12.4.	Do you have water that you have prepared or cleaned / filtered for drinking in your home now? Can you show me?  CAN THEY PRODUCE TREATED WATER?	Seen ..... Not Seen .....	1 2	
G.12.5.	Do you have the materials or system that you use to clean the water? Can you show me? CAN THEY PRODUCE THE MATERIALS? (E.G., CHLORINE, OR STOVE AND POT FOR BOILING, FILTER OR OTHERS)	Verified ..... Not Verified .....	1 2	





## 12.B Observations of Handwashing Facilities (1 of 2) Interviewer direct observation, accompanied by respondent.

G.12B.1	Do you or others in your family wash hands after going to the toilet?	Yes ..... No ..... DON'T KNOW .....	1 2 - 99	
G.12B.2	Please show me where you or others in your family usually wash your hands after going to the toilet.   RECORD OBSERVATION OF LOCATION OF HANDWASH STATION.  ONLY ONE RESPONSE.	INSIDE TOILET FACILITY ..... INSIDE KITCHEN / COOKING PLACE ..... ELSEWHERE IN YARD (WITHIN 3 FEET OF THE TOILET FACILITY) ..... (> 3 FEET BUT ≤ 10 FEET FROM THE TOILET FACILITY) ..... (> 10 FEET FROM THE TOILET FACILITY) ..... NO SPECIFIC PLACE ..... REFUSED – NO PERMISSION TO SEE .....	1 2  3 4 5 6 -98	     → [ >> G.12B.7] → [ >> G.12B.7]
G.12B.3	 RECORD OBSERVATION OF HANDWASHING DEVICE.  ONLY ONE RESPONSE.	TAP / FAUCET ..... TIPPY TAP ..... BASIN / BUCKET ..... CONTAINER FROM WHICH WATER IS POURED..... OTHER (SPECIFY _____) ..... OBSERVATION NOT POSSIBLE .....	1 2 3 4 -96 -99	
G.12B.4	 RECORD OBSERVATION OF WHETHER WATER IS AVAILABLE AT THE HANDWASHING STATION. ONLY ONE RESPONSE.	YES – WATER IS AVAILABLE ..... NO – WATER IS NOT AVAILABLE ..... OBSERVATION NOT POSSIBLE .....	1 2 -99	
G.12B.5	 RECORD OBSERVATION OF WHETHER SOAP IS AVAILABLE AT THE HANDWASHING STATION.  CIRCLE EACH SOAP/ DETERGENT THAT APPLIES. CIRCLE RESPONSE 4 ONLY IF NO SOAP/DETERGENT IS OBSERVED	MULTIPURPOSE BAR SOAP..... BEAUTY / TOILET BAR SOAP ..... POWDER (LAUNDRY) SOAP / DETERGENT ..... NO SOAP OBSERVED..... OBSERVATION NOT POSSIBLE .....	1 2 3 4 -99	
G.12B.6	 RECORD OBSERVATION OF WHETHER ASH OR MUD IS AVAILABLE AT THE HANDWASHING STATION.  ONLY ONE RESPONSE.	ASH ..... MUD ..... BOTH OBSERVED ..... NEITHER OBSERVED..... OBSERVATION NOT POSSIBLE .....	1 2 3 4 -99	
G.12B.7	Do you or others in your family wash hands before or after preparing food or feeding your child?	YES ..... NO ..... DON'T KNOW .....	1 2 -99	

**12.B Observations of Handwashing Facilities (2 of 2) Interviewer direct observation, accompanied by respondent.**

G.12B.8	<p>Please show me where you or others in your family usually wash your hands before or after preparing food or feeding your child.</p> <p> RECORD OBSERVATION OF LOCATION OF HANDWASH STATION.</p> <p>ONLY ONE RESPONSE.</p>	<p>INSIDE TOILET FACILITY ..... 1</p> <p>INSIDE KITCHEN / COOKING PLACE ..... 2</p> <p>ELSEWHERE IN YARD</p> <p>    (WITHIN 3 FEET OF THE KITCHEN FACILITY) ..... 3</p> <p>    (&gt; 3 FEET BUT ≤ 10 FEET FROM THE KITCHEN FACILITY) ..... 4</p> <p>    (&gt; 10 FEET FROM THE KITCHEN FACILITY) ..... 5</p> <p>NO SPECIFIC PLACE ..... 6</p> <p>REFUSED – NO PERMISSION TO SEE ..... -98</p>		<p>[&gt;&gt; G.12B.14]</p> <p>[&gt;&gt; G.12B.14]</p>
G.12B.9	<p> RECORD OBSERVATION OF WHETHER THIS HANDWASH STATION IS DIFFERENT FROM THAT USED AFTER GOING TO THE TOILET.</p>	<p>YES – DIFFERENT PLACE ..... 1</p> <p>NO – SAME PLACE ..... 2</p>		<p>[&gt;&gt; G.12B.14]</p>
G.12B.10	<p> RECORD OBSERVATION OF HANDWASHING DEVICE.</p> <p>ONLY ONE RESPONSE.</p>	<p>TAP / FAUCET ..... 1</p> <p>TIPPY TAP ..... 2</p> <p>BASIN / BUCKET ..... 3</p> <p>CONTAINER FROM WHICH WATER IS POURED ..... 4</p> <p>OTHER (SPECIFY _____) ..... -96</p> <p>OBSERVATION NOT POSSIBLE ..... -99</p>		
G.12B.11	<p> RECORD OBSERVATION OF WHETHER WATER IS AVAILABLE AT THE HANDWASHING STATION.</p>	<p>YES – WATER IS AVAILABLE ..... 1</p> <p>NO – WATER IS NOT AVAILABLE ..... 2</p>		
G.12B.12	<p> RECORD OBSERVATION OF WHETHER SOAP IS AVAILABLE AT THE HANDWASHING STATION.</p> <p>CIRCLE EACH SOAP/ DETERGENT THAT APPLIES. CIRCLE RESPONSE 4 ONLY IF NO SOAP/DETERGENT IS OBSERVED</p>	<p>MULTIPURPOSE BAR SOAP ..... 1</p> <p>BEAUTY / TOILET BAR SOAP/LIQUID SOAP ..... 2</p> <p>POWDER (LAUNDRY) SOAP / DETERGENT ..... 3</p> <p>NO SOAP OBSERVED ..... 4</p>		
G.12B.13	<p> RECORD OBSERVATION OF WHETHER ASH AND/OR MUD ARE AVAILABLE AT THE HANDWASHING STATION.</p> <p>ONLY ONE RESPONSE.</p>	<p>ASH ..... 1</p> <p>MUD ..... 2</p> <p>BOTH OBSERVED ..... 3</p> <p>NEITHER OBSERVED ..... 4</p>		
G.12B.14	<p><b>Do you have soap to wash hand anywhere in the house?</b></p> <p> RECORD OBSERVATION OF WHETHER SOAP IS AVAILABLE ANYWHERE IN THE HOME.</p> <p>CIRCLE EACH SOAP/ DETERGENT THAT APPLIES. CIRCLE RESPONSE 4 ONLY IF NO SOAP/DETERGENT IS OBSERVED</p>	<p>MULTIPURPOSE BAR SOAP ..... 1</p> <p>BEAUTY / TOILET BAR SOAP/LIQUID SOAP ..... 2</p> <p>POWDER (LAUNDRY) SOAP / DETERGENT ..... 3</p> <p>NO SOAP OBSERVED ..... 4</p>		

**13. Observations of Animals and Feces (1 of 1) Interviewer direct observation, accompanied by respondent.**

G.13.1.	CAN YOU SEE DOMESTIC ANIMALS IN THE HOUSE OR IN THE LIVING AREA AROUND THE HOUSE?   ONLY FOR OBSERVATION	G.1. DOGS / CATS ..... G.2. CHICKENS / DUCKS ..... G.3. PIGS ..... G.4. COWS / HORSES / DONKEYS / MULES ..... OTHER .....	NUMBER _____ _____ _____ _____ _____	
G.13.2.	ARE HUMAN OR ANIMAL FECES VISIBLE IN THE HOUSE OR IN THE LIVING AREA AROUND THE HOUSE?   ONLY FOR OBSERVATION	NONE ..... 1 – 5 FECES..... 5 – 10 FECES..... MORE THAN 10 FECES..... CANNOT TELL .....	1 2 3 4 -99	
G.13.3.	CAN YOU SMELL HUMAN OR ANIMAL FECES WHILE IN OR NEAR THE HOUSE?   ONLY FOR OBSERVATION	YES ..... NO .....	1 2	
N.13.4	CAN YOU SEE OPEN SEWER / UNORGAINZED DRAIN JUST OUTSIDE THE HOUSE?   ONLY FOR OBSERVATION	YES ..... NO .....	1 2	

### 3. Labor Module (1 of 5) Part A: Labor Force Participation – ONLY FOR 15 YEARS AND ABOVE MEMBERS

G.3.1. CIRCLE THE ID CODE FOR EACH PERSON AGE 15 AND OLDER, AND DO THIS TABLE FOR EACH.	G.3.2. Last week, was [NAME] .....? READ EACH OPTION UNTIL GETTING THE FIRST "YES," AND MARK THAT RESPONSE ONLY. Working to earn livelihood?.....1 [ <b>&gt;&gt;G.3.8.</b> ] Not working, although [NAME] had a job?.....2 [ <b>&gt;&gt;G.3.8.</b> ] Looking for work?.....3 [ <b>&gt;&gt;G.3.4.</b> ] Studying?.....4 Taking care of the home?.....5 Rent earner?.....6 Permanently unable to work..7 Retired?.....8 Not working?.....9 DON'T KNOW?.....-99	G.3.3. Last week [NAME] did not look for work because [NAME]?  Did not want to work?.....1 Was sick?.....2 Believed she / he could not find a job?.....3 Other reason?.....-96  DON'T KNOW?.....-99	G.3.4. Additionally, last week, did [NAME] .....? READ EACH RESPONSE UNTIL GETTING A "YES," AND MARK THAT RESPONSE. Sell products, clothes, food, cosmetics, etc. as family business?.....1 [ <b>&gt;&gt;G.3.8.</b> ] Sell products, clothes, food, cosmetics, etc. for someone else's business?.....2 [ <b>&gt;&gt;G.3.8.</b> ] Make a product at home to sell (clothes, artisanal, food, etc.)?.....3 [ <b>&gt;&gt;G.3.8.</b> ] Wash, iron, or sew clothes for pay?.....4 [ <b>&gt;&gt;G.3.8.</b> ] Help work in a business, shop, agriculture, or caring for livestock?.....5 [ <b>&gt;&gt;G.3.8.</b> ] Do some other type of work (or activity), whether paid or not?.....6 Not work at all?.....7 DON'T KNOW?.....-99	G.3.5. In the last 12 months, did [NAME] do anything to earn money or help the family earn money?  Yes....1 [ <b>&gt;&gt;G.3.8.</b> ]  No.....2  DON'T KNOW .....-99	G.3.6. In the last 12 months, has [NAME] helped in any way in a family business / shop / farm etc, whether paid or not?  Yes....1  No.....2 [ <b>&gt;&gt;G.3.19.</b> ]  DON'T KNOW .....-99 [ <b>&gt;&gt;G.3.19.</b> ]
1	1 2 3 4 5 6 7 8 9 -99	1 2 3 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
2	1 2 3 4 5 6 7 8 9 -99	1 2 3 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
3	1 2 3 4 5 6 7 8 9 -99	1 2 3 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
4	1 2 3 4 5 6 7 8 9 -99	1 2 3 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
5	1 2 3 4 5 6 7 8 9 -99	1 2 3 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
6	1 2 3 4 5 6 7 8 9 -99	1 2 3 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
7	1 2 3 4 5 6 7 8 9 -99	1 2 3 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
8	1 2 3 4 5 6 7 8 9 -99	1 2 3 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
9	1 2 3 4 5 6 7 8 9 -99	1 2 3 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
10	1 2 3 4 5 6 7 8 9 -99	1 2 3 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99

### 3. Labor Module (2of 5) – Part B: Primary Work: FOR EACH PERSON WORKING OR HELPING THE FAMILY EARN INCOME IN SOME WAY

<p>G.3. 8. CIRCLE THE ID CODE FOR EACH PERSON WORKING OR HELPING THE FAMILY EARN INCOME IN SOME WAY, AND DO THIS TABLE FOR EACH.</p> <p>(CIRCLE THE CODE FOR EVERY PERSON WHO HAD AN ANSWER WITH A [&gt;&gt;G.3.8.] SKIP AFTER IT IN THE PREVIOUS PAGE.) (THIS SHOULD BE EVERYONE CIRCLED IN G.3.1. EXCEPT THOSE FOR WHOM G.3.6. WAS "NO" OR "DON'T KNOW.")</p>	<p>G.3.9. In past 12 months, What was [NAME]'s <b>primary</b> work? (In case of more than one work activity, primary refers to the one which consumed the most time)</p> <p>Self-employed..... 1 Employee..... 2 Employer, or boss of a business..... 3 Worker without remuneration ..... 4 [&gt;&gt;G.3.10B.]</p> <p>Day Laborer ..... 5 Other (Specify ..... )..... 96</p>	<p>G.3.10A. How much does [NAME] normally earn in [NAME]'s <b>primary</b> work?</p> <table border="1"> <tr> <td>WRITE AMOUNT</td> <td>PER</td> </tr> <tr> <td>Does not receive wage/salary .. 0</td> <td>Day..... 1</td> </tr> <tr> <td>REFUSE TO ANSWER....-98</td> <td>Week..... 2</td> </tr> <tr> <td>DON'T KNOW .....-99</td> <td>Every two weeks..... 3</td> </tr> <tr> <td></td> <td>Month..... 4</td> </tr> <tr> <td></td> <td>Year..... 5</td> </tr> </table>		WRITE AMOUNT	PER	Does not receive wage/salary .. 0	Day..... 1	REFUSE TO ANSWER....-98	Week..... 2	DON'T KNOW .....-99	Every two weeks..... 3		Month..... 4		Year..... 5	<p>G.3.10B. Does [NAME] receive any of the following additional benefits other than money for this <b>primary</b> work? (IS THERE ANY COMPENSATION NOT COUNTED IN G.3.10A?)</p> <p>Yes..... 1 No..... 2 [&gt;&gt;G.3.11A.]</p> <p>REFUSE TO ANSWER .....-98 [&gt;&gt;G.3.11A.]</p> <p>DON'T KNOW .....-99 [&gt;&gt;G.3.11A.]</p> <p><b>[MAKE SURE YOU REMIND RESPONDENT OF ALL ITEMS: a, b, c, &amp; d BY READING THESE OUT]</b></p>			
WRITE AMOUNT	PER																		
Does not receive wage/salary .. 0	Day..... 1																		
REFUSE TO ANSWER....-98	Week..... 2																		
DON'T KNOW .....-99	Every two weeks..... 3																		
	Month..... 4																		
	Year..... 5																		
ID CODE	REFUSE TO ANSWER.....-98 DON'T KNOW.....-99	RUPEES	PER PERIOD	a) Food, Lodging	b) Health benefits	c) Sick Leave	d) Other In-kind												
1	1 2 3 4 5 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99												
2	1 2 3 4 5 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99												
3	1 2 3 4 5 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99												
4	1 2 3 4 5 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99												
5	1 2 3 4 5 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99												
6	1 2 3 4 5 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99												
7	1 2 3 4 5 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99												
8	1 2 3 4 5 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99												
9	1 2 3 4 5 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99												
10	1 2 3 4 5 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99												
00	TOTALS																		

### 3. Labor Module (3 of 5) (PG) Part B: Primary Work : FOR EACH PERSON WORKING OR HELPING THE FAMILY EARN INCOME IN SOME WAY

CIRCLE THE ID CODE FOR EACH PERSON WORKING OR HELPING THE FAMILY EARN INCOME IN SOME WAY, AND DO THIS TABLE FOR EACH.  (CIRCLE THE SAME CODES THAT WERE CIRCLED IN G.3.8 ON THE PREVIOUS PAGE.)		G.3.11A. In this work, how many hours per week does [NAME] normally work?  REFUSE TO ANSWER .....-98  DON'T KNOW .....-99	G.3.11B. In this work, did [NAME] work fewer hours than normal <b>last week</b> ?  Yes.....1 No.....2 [ <b>&gt;&gt;G.3.12</b> ]  REFUSE TO ANSWER.....-98 [ <b>&gt;&gt;G.3.12</b> ]  DON'T KNOW....-99 [ <b>&gt;&gt;G.3.12</b> ]	G.3.11C. In this work, how many hours did [NAME] work <b>last week</b> ?  REFUSE TO ANSWER .....-98  DON'T KNOW .....-99	G.3.11D. Why did [NAME] work fewer hours than usual in this work last week?  Holiday / Vacation.....1 Sick.....2 Caring for sick relative .....3 Other reason.....-96  REFUSE TO ANSWER.....-98  DON'T KNOW.....-99	N.3.25. <b>Out of the last 12 months</b> , how many man days did [NAME] do this work to earn income or help the family earn income?  REFUSE TO ANSWER .....-98  DON'T KNOW .....-99	G.3.13. In addition to this primary activity, did [NAME] do any other activity to earn income or help the family income <b>in the last 12 months</b> ?  Yes.....1 No.....2 [ <b>&gt;&gt;G.3.19.</b> ]  REFUSE TO ANSWER ... -98 [ <b>&gt;&gt;G.3.19.</b> ]  DON'T KNOW....-99 [ <b>&gt;&gt;G.3.19.</b> ]
ID CODE	HOURS / WEEK			HOURS LAST WEEK		Days / last 12 months	
1			1 2 -98 -99		1 2 3 -96 -98 -99		1 2 -98 -99
2			1 2 -98 -99		1 2 3 -96 -98 -99		1 2 -98 -99
3			1 2 -98 -99		1 2 3 -96 -98 -99		1 2 -98 -99
4			1 2 -98 -99		1 2 3 -96 -98 -99		1 2 -98 -99
5			1 2 -98 -99		1 2 3 -96 -98 -99		1 2 -98 -99
6			1 2 -98 -99		1 2 3 -96 -98 -99		1 2 -98 -99
7			1 2 -98 -99		1 2 3 -96 -98 -99		1 2 -98 -99
8			1 2 -98 -99		1 2 3 -96 -98 -99		1 2 -98 -99
9			1 2 -98 -99		1 2 3 -96 -98 -99		1 2 -98 -99
10			1 2 -98 -99		1 2 3 -96 -98 -99		1 2 -98 -99
00	TOTALS						

### 3. Labor Module (4 of 5) (PG) Part C: Secondary Work: FOR EACH PERSON WORKING OR HELPING THE FAMILY EARN INCOME

<p>G.3.14. CIRCLE THE ID CODE FOR EACH PERSON WITH A SECOND JOB OR ACTIVITY TO HELP EARN INCOME IN SOME WAY, AND DO THIS TABLE FOR EACH.</p> <p>(CIRCLE THE CODE FOR EVERY PERSON WHO ANSWERED "YES" TO G.3.13.)</p>	<p>G.3.15. What was [NAME]'s <b>secondary</b> work? (In case of more than one work activity, secondary refers to the one which consumed the most <b>time</b> after the primary work)</p> <p>Self-employed.....1 Employee.....2 Employer or boss of a business...3 Worker without remuneration.....4 [&gt;&gt;G.3.17A.]</p> <p>Day Laborer .....5</p> <p>Other (Specify .....)-96 REFUSE TO ANSWER.....-98 [&gt;&gt;G.3.17A.] DON'T KNOW.....-99 [&gt;&gt;G.3.17A.]</p>	<p>G.3.16A. How much does [NAME] earn in this <b>secondary</b> work?</p> <p>WRITE AMOUNT</p> <p>Does not receive wage/salary .. 0</p> <p>REFUSE TO ANSWER....-98</p> <p>DON'T KNOW.....-99</p>	<p>PER</p> <p>Day.....1 Week.....2 Every two weeks.....3 Month.....4 Year.....5</p>	<p>G.3.17A. In this <b>second</b> work, how many hours per week does [NAME] normally work?</p> <p>REFUSE TO ANSWER... -98</p> <p>DON'T KNOW... -99</p>	<p>G.3.17B. In this work, did [NAME] work fewer hours than normal <b>last week</b>?</p> <p>Yes.....1 No.....2 [&gt;&gt;N.3.26]</p> <p>REFUSE TO ANSWER...-98 [&gt;&gt;N.3.26]</p> <p>DON'T KNOW .....-99 [&gt;&gt;N.3.26]</p>	<p>G.3.17C. In this work, how many hours did [NAME] work <b>last week</b>?</p> <p>REFUSE TO ANSWER .....-98</p> <p>DON'T KNOW .....-99</p>	<p>G.3.17D. Why did [NAME] work fewer hours than usual in this work last week?</p> <p>Holiday / Vacation....1 Sick.....2 Caring for sick relative.....3</p> <p>Other.....-96</p> <p>REFUSE TO ANSWER.....-98</p> <p>DON'T KNOW.....-99</p>	<p>N.3.26. <b>Out of the last 12 months</b>, how many days did [NAME] do this work to earn income or help the family earn income?</p> <p>REFUSE TO ANSWER .....-98</p> <p>DON'T KNOW .....-99</p>
ID CODE		Rupees	PER PERIOD	HOURS / WEEK				Days / last 12 months
1	1 2 3 4 5 -96 -98 -99		1 2 3 4 5		1 2 -98 -99		1 2 3 -96 -98 -99	
2	1 2 3 4 5 -96 -98 -99		1 2 3 4 5		1 2 -98 -99		1 2 3 -96 -98 -99	
3	1 2 3 4 5 -96 -98 -99		1 2 3 4 5		1 2 -98 -99		1 2 3 -96 -98 -99	
4	1 2 3 4 5 -96 -98 -99		1 2 3 4 5		1 2 -98 -99		1 2 3 -96 -98 -99	
5	1 2 3 4 5 -96 -98 -99		1 2 3 4 5		1 2 -98 -99		1 2 3 -96 -98 -99	
6	1 2 3 4 5 -96 -98 -99		1 2 3 4 5		1 2 -98 -99		1 2 3 -96 -98 -99	
7	1 2 3 4 5 -96 -98 -99		1 2 3 4 5		1 2 -98 -99		1 2 3 -96 -98 -99	
8	1 2 3 4 5 -96 -98 -99		1 2 3 4 5		1 2 -98 -99		1 2 3 -96 -98 -99	
9	1 2 3 4 5 -96 -98 -99		1 2 3 4 5		1 2 -98 -99		1 2 3 -96 -98 -99	
10	1 2 3 4 5 -96 -98 -99		1 2 3 4 5		1 2 -98 -99		1 2 3 -96 -98 -99	
00	TOTALS							

### 3. Labor Module (5 of 5) (PG) Part D : Other Sources of Income : FOR EACH PERSON AGE 15 AND OLDER.

G.3.19.	N.3.20A.	G.3.21.		N.3.20B.	G.3.22.	
CIRCLE THE ID CODE FOR EACH PERSON AGE 15 AND OLDER.  (SAME AS G.3.1.)	In last 12 months, Has [NAME] received any money from <b>other</b> work not covered above?  Yes.....1  No.....2  [>>N3.20B]  REFUSE TO ANSWER...-98 [>>N3.20B]  DON'T KNOW.....-99 [>>N3.20B]	How much does [NAME] normally receive from <b>other</b> work or activities?  Does not receive..... 0  Only once or seldom....0 Day.....1 Week.....2 Every two weeks.....3 Month.....4 Year.....5  REFUSE TO ANSWER.....-98  DON'T KNOW..... -99		Has [NAME] received any money from pension ,etc. ?  Yes.....1  No.....2 [>>Next Person]  REFUSE TO ANSWER...-98 [>>Next Person]  DON'T KNOW.....-99 [>>Next Person]	How much does [NAME] normally receive as pension and other such payments related to past work?  Does not receive..... 0  Only once or seldom....0 Day.....1 Week.....2 Every two weeks.....3 Month.....4 Year.....5  REFUSE TO ANSWER.....-98  DON'T KNOW..... -99	
ID CODE		Total Amount Rupees	PER PERIOD		Total Amount Rupees	PER PERIOD
1	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
2	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
3	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
4	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
5	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
6	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
7	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
8	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
9	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
10	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
<b>00</b>	<b>TOTALS</b>					

#### 4. Household Income ( 1 of 1) (PG) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

ENUMERATORS: CONFIRM THAT YOU HAVE COMPLETED '3. Labor Module' PROPERLY? ☐

G.4.1. Does your household have any other sources of income—such as remittances, government assistance, scholarships, rental income, or a small business based in the household—that were not reported in the last section on labor income?				Yes..... 1 No..... 2	[ >>G.5.1.]
G.4.2. Please tell me which of the following sources of income your household has received <b>during the last 12 months</b> .  READ EACH OPTION OUT AND CODE RESPONSE. IF RECIEVD INCOME <b>AND</b> NOT ALTREADY ACCOUNTED FOR IN MODULE 3, THEN CODE 1 ELSE CODE 2. ASK QUESTIONS G.4.4 – G.4.5 ONLY FOR THOSE SOURCES OF INCOME OR ACTIVITIES WHICH ARE CIRCLED (1) YES.  Yes ----- 1 No ----- 2 Don't know ----- 3			G.4.4. How much TOTAL revenue does your household earn from [SOURCE]?  GET TOTAL RS IN LAST 12 MONTHS.  DON'T KNOW.....-99	G.4.5. How much cost does your household incur in receiving [SOURCE] or producing [SOURCE]? DON'T KNOW..... -99.	
			AMOUNT Rupees	Weekly.....1 Bi-Weekly.....2 Monthly.....3 Annually.....4	
G.1	Interest or investment income	1 2 -99			1 2 3 4
G.2	Remittances	1 2 -99			1 2 3 4
G.3	Renting building / house / rooms / farm land	1 2 -99			1 2 3 4
G.4	Renting vehicles, equipment, or machinery to others	1 2 -99			1 2 3 4
G.5	Renting animals (horses, cattle, chickens, etc) to others	1 2 -99			1 2 3 4
G.6	Scholarship	1 2 -99			1 2 3 4
G.7	Government transfer / assistance	1 2 -99			1 2 3 4
G.8	Assistance from community group, local organization, church, etc.	1 2 -99			1 2 3 4
G.9	Gifts, or donations	1 2 -99			1 2 3 4
G.10	Household production and sale of any food products (meat, dairy, eggs, fruits, vegetables, nuts, bread, jams, other prepared food, etc.)	1 2 -99			1 2 3 4
G.11	Collection of plants, flowers, herbs, firewood, forest products, etc. and their sale?	1 2 -99			1 2 3 4
G.12	Other agricultural activities (other than G10 and G11)	1 2 -99			1 2 3 4
G.13	Reselling packaged food (soda, sweets, chips)	1 2 -99			1 2 3 4
G.14	Household production of clothing, textiles, other embroidery, etc.	1 2 -99			1 2 3 4
G.15	Household production of furniture	1 2 -99			1 2 3 4
G.16	Other non-agricultural activities	1 2 -99			1 2 3 4
G.20	Other (Specify _____)	1 2 -99			1 2 3 4
00	TOTALS				

## 5. Assets (1 of 3) – Part A : Household Durable Goods ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

GOODS		G.5.1. Does your household own at least one [GOOD]?  Yes.....1 No.....2 [ <b>&gt;&gt;Next GOOD</b> ] DON'T KNOW....-99 [ <b>&gt;&gt;Next GOOD</b> ]			G.5.2. How many years ago did you buy this [GOOD]?  IF LESS THAN ONE YEAR, RECORD AS ONE.  DIDN'T BUY IT.....-97 [ <b>&gt;&gt;Next item</b> ] DON'T KNOW.....-99 [ <b>&gt;&gt;Next item</b> ]		G.5.3. How much did you pay for this [GOOD] when you bought it?  DON'T KNOW.....-99  AMOUNT (RUPEES)	
G1	Radio / CD / cassette	1	2	-99				
G2	Television	1	2	-99				
G3	Videocassette, VCD, DVD player	1	2	-99				
G4	Computer	1	2	-99				
G5	Bicycle	1	2	-99				
G6	Motorcycle	1	2	-99				
G7	Automobile or truck	1	2	-99				
G8	Refrigerator	1	2	-99				
G9	Gas stove	1	2	-99				
G10	Other stove	1	2	-99				
G11	Blender / mixer	1	2	-99				
G12	Toaster	1	2	-99				
G16	Other house / other buildings	1	2	-99				
G17	Machinery, equipment, or tools for household business (NOT FARM EQUIPMENT)	1	2	-99				
G19	Sewing Machine	1	2	-99				
G20	Mosquito nets	1	2	-99				
G21	Cell Phone	1	2	-99				
G23	Clothes Iron (electric)	1	2	-99				
G25	Bed Frame	1	2	-99				
N27	Landline Phone	1	2	-99				
N28	Electricity Generator or invertor	1	2	-99				
N29	Cable TV / Dish TV	1	2	-99				
00	<b>TOTALS</b>							

G.5.4 Now, we want to ask you about the worth of jewelry you own?		Can ask ----- -----1 Can't ask -----2	[>>G.N5.6]	G.5.5 What do estimate the current value of your jewelry to be? Rupees----- --- Don't know.....-99
---	--	---	------------	---

## 5. Assets (2 of 3) (PG) – Part B : Land & Agricultural Equipment *ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD*

N.5.6.	Does your household own any Farm land besides the plot your residence is on?	Yes..... No.....	1 2	[>>G.5.10.]
N.5.7.	How many acres land does your household own?	DON'T KNOW .....-99	Area (Acres)_____	
G.5.8.	Is there a source of water on that land (besides rainfall)?	Yes..... No.....	1 2	
G.5.9.	Is that land irrigated?	Yes..... No.....	1 2	

G.5.10. Does your household own any agricultural or farm equipment? (CIRCLE ONE.)		Yes ..... 1 No ..... 2 [>>G.5.15.]		
EQUIPMENT	G.5.11. Does your household own [EQUIPMENT]? Yes.....1 No.....2 [>>Next EQUIPMENT] DON'T KNOW.....-99 [>>Next EQUIPMENT]	G.5.12. How many [EQUIPMENT] does your household own?  Number	G.5.13. How many years ago did you buy this [EQUIPMENT]?  IF LESS THAN ONE YEAR, RECORD AS ONE. Did not buy it -97 DON'T KNOW....-99	G.5.14. How much did you pay for [EQUIPMENT] when you bought it?  DON'T KNOW...-99  RUPEES
G41	Tractor	1 2 -99		
G42	Thresher/ Grain harvester	1 2 -99		
G49	Handcart / Farmcart	1 2 -99		
N50	Machine pulled plow or harrower	1 2 -99		
N51	Animal pulled plow	1 2 -99		
N53	Rice winnower	1 2 -99		
N54	Machine to process livestock feed	1 2 -99		
N55	Insecticide pump	1 2 -99		
N56	Shovels and spades	1 2 -99		
N57	Axes and machetes	1 2 -99		

## 5. Assets (3 of 3) – Part C : Animals ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

G.5.15. Does your household own any animals, even small animals or birds? (CIRCLE ONE.)		Yes ..... 1 No ..... 2 [ <b>&gt;&gt;G.6.1.</b> ]							
ANIMALS		G.5.16. Does your household own [ANIMAL]?  Yes.....1 No.....2 [ <b>&gt;&gt;Next ANIMAL</b> ] DON'T KNOW.....-99 [ <b>&gt;&gt;Next ANIMAL</b> ]	G.5.17. How many [ANIMAL] does your household own?  NUMBER	G.5.18. Has your household bought or sold any [ANIMAL] in the past 12 months?  Yes.....1 No.....2 [ <b>&gt;&gt;Next ANIMAL</b> ] DON'T KNOW....-99 [ <b>&gt;&gt;Next ANIMAL</b> ]	G.5.19A. How many [ANIMAL] did you buy?  NO..... 0 ( <b>&gt;&gt;G5.19B</b> ) DON'T KNOW .....-99 ( <b>&gt;&gt;G5.19B</b> )  NUMBER	G.5.20A. What was the total price for the purchase of these many [ANIMAL]?  DON'T KNOW.....-99  RUPEES	G.5.19B. How many [ANIMAL] did you sell? NO..... 0 ( <b>&gt;&gt;Next Animal</b> ) DON'T KNOW .....-99 ( <b>&gt;&gt;Next Animal</b> )  NUMBER	G.5.20C. What was the total price for the sale of this many [ANIMAL]?  DON'T KNOW .....-99  RUPEES	
G.61	Cow	1 2 -99		1 2 -99					
G.62	Bull	1 2 -99		1 2 -99					
G.63	Horse	1 2 -99		1 2 -99					
G.64	Mule	1 2 -99		1 2 -99					
G.65	Donkey	1 2 -99		1 2 -99					
G.66	Goat	1 2 -99		1 2 -99					
G.67	Sheep	1 2 -99		1 2 -99					
G.68	Pig	1 2 -99		1 2 -99					
G.69	Chicken	1 2 -99		1 2 -99					
G.70	Duck	1 2 -99		1 2 -99					
N76	Buffalo	1 2 -99		1 2 -99					
N77	Yak	1 2 -99		1 2 -99					
G.73	Other animals (Specify)	1 2 -99		1 2 -99					
00	TOTALS								

# **PRIMARY CARE GIVER SECTIONS**

- 1. THANK THE HOUSEHOLD HEAD / MOST KNOWLEDGEABLE RESPONDENT FOR HIS TIME**
- 2. PLEASE TAKE PERMISSION TO TALK WITH EACH PRIMARY CARE GIVER OF CHILDREN UNDER 5 YEARS OF AGE**
- 3. PLEASE INTERVIEW EACH PCG IN PRIVATE**
- 4. REMEMBER TO INTERVIEW ALL POSSIBLE PRIMARY CARE GIVERS**

**16. Perceptions of Illness (1 of 1) (JC)** EACH primary caregiver of children under 5

COPY THE ID CODES AND NAMES OF ALL THE PRIMARY CAREGIVERS OF CHILDREN UNDER 5 YEARS OF AGE IN THE BOXES TO THE RIGHT. (ALL THE ID CODES WHICH APPEAR AT LEAST ONCE IN G.1.11. SHOULD BE COPIED HERE.)			NAME _____ ID CODE ____	NAME _____ ID CODE ____	NAME _____ ID CODE ____	NAME _____ ID CODE ____
G.16.0	Is this person present?	Yes ..... No.....	1 2 [>>>Next Person]	1 2 [>>>Next Person]	1 2 [>>>Next Person]	1 2 [>>>Next Section]
G.16.1.	In your opinion, what are the symptoms of diarrhea?  DO NOT READ OUT THE ANSWERS.  PROMPT 1 – 2 TIMES.  CIRCLE ALL THAT APPLY.	LOOSE OR WATERY STOOL..... BLOOD OR MUCUS IN STOOL ..... FREQUENT STOOLS ..... ABDOMINAL PAIN ..... SOFT PART OF HEAD SUNKEN ..... FEVER ..... VOMITING..... NAUSEA..... WEAKNESS (LOSS OF WEIGHT, NOT EATING OR DRINKING WELL) ..... DEHYDRATION (MARKED THIRST, DRIED LIPS, NO TEARS) ..... LOSS OF SENSE (DIZZINESS, MENTAL STUPOR)..... HEADACHE..... CHILD IS TIRED / MOODY / CRIES A LOT..... OTHER (SPECIFY) ..... DON'T KNOW .....	1 2 3 4 5 6 7 8 9 10 11 12 13 -96 - 99	1 2 3 4 5 6 7 8 9 10 11 12 13 -96 - 99	1 2 3 4 5 6 7 8 9 10 11 12 13 -96 - 99	1 2 3 4 5 6 7 8 9 10 11 12 13 -96 - 99
G.16.2.	Does [CAUSE] cause diarrhea?  Yes .....1 No .....2  READ EACH ANSWER  CIRCLE ALL THAT APPLY	Eating stale foods..... Eating food from street vendors..... Eating food touched by flies..... Unclean / smelly food ..... Drinking dirty water ..... Using dirty latrines / open defecation ..... Not washing hands with water ..... Not washing hands with soap and water..... Bad weather / weather change ..... Exposure to sun..... Teething / new teeth ..... Some types of vaccines ..... Dirty household..... Unclean neighborhood / village..... Bite of mosquito ..... Not sleeps on time .....	1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2	1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2	1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2	1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2 1      2
G.16.3.	Do you think that diarrhea can be prevented?	Yes ..... No.....	1 2	1 2	1 2	1 2

### 17. Caregiver Time Use (1 of 1)

EACH primary caregiver of children **under 5**

[illegible]

## 21. Breastfeeding (1 of 1)

EACH primary caregiver of children under 2 years of age

G.21.0	G.21.1	G.21.4.	G.21.5.	G.21.6.	G.21.7.	G.21.9.	G.21.10.	G.21.11.	G.21.12.	G.21.13.	
LIST THE ID CODES FOR PCG.	LIST THE ID CODES FOR EVERY CHILD <b>LESS THAN 2 YEARS OF AGE.</b>	Was [CHILD] ever breastfed?  Yes..... 1 No..... 2 <b>[&gt;G.21.9.]</b>  DON'T KNOW ..... -99 <b>[&gt;G.21.9.]</b>	How long after birth was the first time [CHILD] was put to the breast?  IF LESS THAN ONE HOUR, RECORD "00" HOURS.  IF MORE THAN 24 HOURS, RECORD NUMBER OF DAYS.	Is [CHILD] still being breastfed ?  Yes ... 1 <b>[&gt;G.21.9.]</b>  No .....2  DON'T KNOW ..... -99	For how many months was [CHILD] breastfed?    DON'T KNOW ..... -99	During the first three days after delivery, did [CHILD]'s mother give [CHILD] the liquid that came from her breasts?  (THIS IS COLOSTRUM BEFORE MILK COMES IN.)  Yes..... 1 No..... 2  DON'T KNOW..... -99	In the first three days after delivery, was [CHILD] given anything to drink other than liquid from the breast?  Yes..... 1 No..... 2 <b>[&gt; G.21.12.]</b>  DON'T KNOW ... -99 <b>[&gt; G.21.12.]</b>	In the first three days after delivery, what was [CHILD] given to drink?  DO NOT READ THE LIST.  RECORD ALL MENTIONED BY CIRCLING NUMBER FOR EACH ONE MENTIONED.  I ysDVktsu @usLVktsu @ uku..... 1 MILK (OTHER THAN BREASTMILK).... 2 PLAIN WATER.....3 SUGAR OR GLUCOSE WATER.....4 GRIPE WATER.....5 SUGAR-SALT-WATER SOLUTION.....6 FRUIT JUICE.....7 TEA / INFUSIONS.....8 HONEY..... 9 Ayurvedic Tonic ( <i>Janam Ghutti</i> ) ..... N10 OTHER (SPECIFY) ..... -96	At what month (age) did you start giving [CHILD] semi-solid food?  E.G. KHICHDI, THICK KHEER, MASHED FRUITS, STEWS, ETC. SOLID FOODS – TYPICAL FOODS, BANANAS, ROTI, SABZI, .  <b>IF THE RESPONSE IS LESS THAN ONE MONTH OF AGE, RECORD "00" MONTHS. IF NEVER, ENTER "-97".</b>	Did [CHILD] drink anything from a bottle with a nipple yesterday or last night?  Yes ..... 1 No ..... 2  DON'T KNOW ..... -99	
PCG ID	CHILD ID		NUMBER	Hours... 1 Days... 2	MONTHS				MONTHS		
		1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 N10 Other.....-96	_ _	1 2 -99
		1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 N10 Other.....-96	_ _	1 2 -99
		1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 N10 Other.....-96	_ _	1 2 -99
		1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 N10 Other.....-96	_ _	1 2 -99
		1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 N10 Other.....-96	_ _	1 2 -99

## 22. Infant/Young Child Feeding (1 of 2)

EACH primary caregiver of children under 2 years of age

G.22.0	G.22.1	G.22.2.	G.22.3.	G.22.3B	G.22.4.	G.22.5.	G.22.6.
LIST THE ID CODES FOR PCG.	LIST THE ID CODES FOR EVERY CHILD LESS THAN 2 YEARS OF AGE.	<p>In last 24 hours, has [CHILD] received any of the following:</p> <p>READ OUT EACH ITEM. RECORD ALL "YES" BY CIRCLING CODE FOR EACH ONE [CHILD] DRANK YESTERDAY.</p> <p>Breast milk ..... 1            Plain water ..... 2  <b>ysDlktsu @ usLVktsu @ uku.....3</b>            Cerelac.....4            Kheer made in home.....5            Power milk, bottled or fresh milk.....6            Fruit juice..... 7            Tea or coffee.....8            Rice / Lentil water .....9</p> <p>ANY OTHER LIQUIDS NOT LISTED ABOVE? (SPECIFY) ..... -94            (SPECIFY) ..... -93            (SPECIFY) ..... -96</p>	<p>In last 24 hours, did [CHILD] eat any solid or semi-solid food in a day or night?</p> <p>E.G. KHICHDI, THICK KHEER, MASHED FRUITS, STEWS, ETC. SOLID FOODS – TYPICAL FOODS, BANANAS, ROTI, SABZI, .</p> <p>Yes..... 1            No ..... 2  <b>[&gt;&gt;G.22.34.]</b>            DON'T KNOW ..... -99  <b>[&gt;&gt;G.22.34.]</b></p>	<p>How many times did [CHILD] eat solid or semi-solid food yesterday?</p> <p>WE WANT TO FIND OUT HOW MANY TIMES THE CHILD ATE ENOUGH TO BE FULL. SMALL SNACKS AND SMALL FEEDS SUCH AS ONE OR TWO BITES OF MOTHER'S OR SISTER'S FOOD SHOULD NOT BE COUNTED.</p> <p>LIQUIDS DO NOT COUNT FOR THIS QUESTION. DO NOT INCLUDE THIN SOUPS OR BROTH, WATERY GRUELS, OR ANY OTHER LIQUID</p>	<p>Did [CHILD] eat any foods made from grains?</p> <p>MAIZE, RICE, WHEATOR ANY FOOD MADE OF LOCAL GRAINS</p> <p>Yes ..... 1            No..... 2            DON'T KNOW..... -99</p>	<p>Any food made with carrots, red sweet potatoes, ripe mangoes, papayas, or green leafy vegetables?</p> <p>ONLY VITAMIN A-RICH GREEN LEAFY VEGETABLES OR FRUITS</p> <p>Yes..... 1            No..... 2            DON'T KNOW ..... -99</p>	<p>Any food made with roots or tubers (white potatoes, onions, beet ROOTs,, etc.)</p> <p>Yes..... 1            No..... 2            DON'T KNOW ... -99</p>
PCG ID	CHILD ID	CIRCLE EACH "YES"		Number of times			
		1 2 3 4 5 6 7 8 9 -96 -94 -93	1 2 -99		1 2 -99	1 2 -99	1 2 -99
		1 2 3 4 5 6 7 8 9 -96 -94 -93	1 2 -99		1 2 -99	1 2 -99	1 2 -99
		1 2 3 4 5 6 7 8 9 -96 -94 -93	1 2 -99		1 2 -99	1 2 -99	1 2 -99
		1 2 3 4 5 6 7 8 9 -96 -94 -93	1 2 -99		1 2 -99	1 2 -99	1 2 -99
		1 2 3 4 5 6 7 8 9 -96 -94 -93	1 2 -99		1 2 -99	1 2 -99	1 2 -99

## 22. Infant/Young Child Feeding (2 of 2)

EACH primary caregiver of children under 2 years of age

[illegible]

## 23. Care Situation (1 of 1)

EACH primary caregiver of children **under 2 years of age**

BEFORE YOU BEGIN, TELL THE CAREGIVER THE FOLLOWING:

“We want to learn more about how you care for [CHILD]. We are gathering this information with the intention of using it to recommend services and interventions that would best serve the families here. Everything you tell us is completely confidential and cannot be identified to you. We will be asking you questions such as: ‘Who watches [CHILD] in your absence?’; ‘What types of activities you or others do with [CHILD]?’; and ‘What you do when [CHILD] misbehaves?’ We’ll also ask some questions about how you’ve felt the last month. Do you have any questions?” [RESPOND TO ANY QUESTIONS THEY MAY HAVE.] “We will start with questions about the people who take care of [CHILD].”

G.23.0 LIST THE ID CODES PCG responding to questions?	G.23.1 LIST THE ID CODES FOR EVERY CHILD <b>LESS THAN 2 YEARS OF AGE.</b>	G.23.2. Sometimes adults taking care of children may leave the house for any reason such as work, meet neighbors, or go to market. At such times a sibling or other child in house can take care of younger children.  During the last 7 days, how many times was [CHILD] left in the care of another child (that is, someone less than 10 years old)?  (FOCUS IS NOT ON THE CHORE BUT THAT THE ADULT LEFT THE HOUSE AND CANNOT SEE/HEAR THE CHILD.)  None / Never..... 0  DON'T KNOW ..... -99	G.23.3. Sometimes, a young child can be left alone when he cannot be readily observed or heard.  During the last 7 days, how many times was [CHILD] left alone even for just a little while?  ( When CHILD CANNOT BE READILY OBSERVED OR HEARD)  None / Never..... 0  DON'T KNOW ..... -99
PCG ID	CHILD ID	NUMBER OF TIMES	NUMBER OF TIMES

## 24. Support for Learning / Stimulating Environment (1 of 1)

EACH primary caregiver of children **under 2 years of age**

I am interested in learning about the things that [CHILD] plays with when he/she is at home and the type of activities [CHILD] does. Please tell me if [CHILD] plays with any of these things): → → →		G.24.4. Household objects such as bowls, baskets, spoons, blankets, plates, pots, pencil, etc?  Yes..... 1 No..... 2 DON'T KNOW ..... -99	G.24.5. Toys from market that were bought or received as gifts?  Yes..... 1 No..... 2 DON'T NOW ..... -99	G.24.6 About how many children's books or picture books do you have for [CHILD'S NAME]?  IF NONE, ENTER 00.  Yes..... 1 No..... 2 DON'T KNOW ..... -99	G.24.7 Does [CHILD] attend any type of early child education program, OR does a community worker come to your home to play with your child?  Yes..... 1 No..... 2 DON'T KNOW ..... -99	<b>In the past 3 days, did you or any other household member over 15 years of age do the following:</b> → → →	G.24.10. .... Read books or look at books with [CHILD]?  (CAN INCLUDE PHOTO ALBUMS, BUT NOT MAGAZINES)  Yes..... 1 No..... 2 DON'T KNOW ..... -99	G.24.12. ...Tell stories to [CHILD]?  (not with a book).  <b>BE CERTAIN THE PERSON WAS OVER 15 YEARS OF AGE</b>  Yes..... 1 No..... 2 DON'T KNOW ..... -99	G.24.14. ...Sing songs with [CHILD]?  <b>BE CERTAIN THE PERSON WAS OVER 15 YEARS OF AGE</b>  Yes..... 1 No..... 2 DON'T KNOW ..... -99	G.24.18. ...Take [CHILD] outside the home, compound, yard or enclosure? (SUCH AS TO VISIT A NEIGHBOR, GO TO STORE OR CLINIC)  <b>BE CERTAIN THE PERSON WAS OVER 15 YEARS OF AGE</b>  Yes..... 1 No..... 2 DON'T KNOW ..... -99	G.24.20. ...Play with [CHILD]?  <b>BE CERTAIN THE PERSON WAS OVER 15 YEARS OF AGE</b>  Yes..... 1 No..... 2 DON'T KNOW ..... -99	G.24.22. ...Spend time with [CHILD] naming things, counting, and/or drawing things?  <b>BE CERTAIN THE PERSON WAS OVER 15 YEARS OF AGE</b>  Yes..... 1 No..... 2 DON'T KNOW ..... -99
G.24.0	G.24.1											
LIST THE ID CODES FOR EVERY CHILD's PCG or Respondent	LIST THE ID CODES FOR EVERY CHILD LESS THAN 2 YEARS OLD											
PCG ID	CHILD ID											
		1 2 -99	1 2 -99		1 2 -99		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99		1 2 -99		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99		1 2 -99		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99		1 2 -99		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99		1 2 -99		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99

G.25B.1. PLEASE LIST THE ID CODE OF EACH CAREGIVER OF CHILDREN UNDER 2 YEARS. (USE THE ID CODE FROM THE ROSTER ON PAGE 1.)	G.25B.2. IS THIS PERSON PRESENT, ALONE WITH THE INTERVIEWER, AND ANSWERING FOR SELF?	G.25B.3. In last 24 hours, Have you used soap to wash your hands even once?	G.25B.4. Under what circumstances did you <b>last</b> use soap to wash your hands?  SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD.  CIRCLE <b>ONLY ONE</b> ANSWER.	G.25B.5. In last 24 hours, Under what <b>other</b> circumstances did you use soap to wash your hands?  SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD.  CIRCLE <b>ALL THAT APPLY</b> .
CAREGIVER ID CODE	YES ..... 1  NO ..... 2 [>>NEXT PERSON]	Yes..... 1  Never..... 2 [>>G.25.B.6]  DON'T KNOW ..... -99 [>>G.25.B.6]	BATHING A CHILD..... 1 BATHING ONESELF ..... 2 USING TOILET ..... 3 CLEANING BABY'S BOTTOM..... 4 CLEANING LATRINE/BATHROOM ..... 5 RETURNING HOME FROM OUTSIDE ..... 7 PREPARING FOOD / COOKING ..... 8 FEEDING CHILDREN..... 9 WASHING CHILD'S HANDS..... 10 CLEANING DISHES ..... 11 DOING LAUNDRY ..... 12 WHENTHEY LOOK OR FEEL DIRTY ..... 13 BEFORE EATING..... 14  AFTER EATING .....-----  -----20 OTHER (SPECIFY _____) .... -96 DON'T KNOW .....-99 [>>G.25.B.6]	NO OTHER CIRCUMSTANCES .....0 [>>G.25B.6] BATHING A CHILD ..... 1 BATHING ONESELF ..... 2 USING TOILET ..... 3 CLEANING BABY'S BOTTOM ..... 4 CLEANING LATRINE ..... 5 RETURNING HOME FROM OUTSIDE ..... 7 PREPARING FOOD / COOKING ..... 8 FEEDING CHILDREN ..... 9 WASHING CHILD'S HANDS ..... 10 CLEANING DISHES..... 11 DOING LAUNDRY ..... 12 BECAUSE THEY LOOK OR FEEL DIRTY ..... 13 BEFORE EATING ..... 14  AFTER EATING .....-----  -----20 OTHER (SPECIFY _____) .... -96 DON'T KNOW .....-99
	1    2	1    2    -99	1    2    3    4    5    7    8    9    10    11    12    13    14    20    -96    -99	0    1    2    3    4    5    7    8    9    10    11    12    13    14    20    -96    -99
	1    2	1    2    -99	1    2    3    4    5    7    8    9    10    11    12    13    14    20    -96    -99	0    1    2    3    4    5    7    8    9    10    11    12    13    14    20    -96    -99
	1    2	1    2    -99	1    2    3    4    5    7    8    9    10    11    12    13    14    20    -96    -99	0    1    2    3    4    5    7    8    9    10    11    12    13    14    20    -96    -99
	1    2	1    2    -99	1    2    3    4    5    7    8    9    10    11    12    13    14    20    -96    -99	0    1    2    3    4    5    7    8    9    10    11    12    13    14    20    -96    -99
	1    2	1    2    -99	1    2    3    4    5    7    8    9    10    11    12    13    14    20    -96    -99	0    1    2    3    4    5    7    8    9    10    11    12    13    14    20    -96    -99
	1    2	1    2    -99	1    2    3    4    5    7    8    9    10    11    12    13    14    20    -96    -99	0    1    2    3    4    5    7    8    9    10    11    12    13    14    20    -96    -99

[illegible]

## 29- Maternal Depression (1of 2)

EACH primary caregiver of children **under 2 years of age**, INTERVIEW EACH ONE IN PRIVATE

**BEFORE BEGINNING, SAY, “We know taking care of young children takes a lot of time and energy. Sometimes caregivers can feel overwhelmed or run-down. We are going to ask some questions about how you’ve been feeling.”**

G.29.1		G.29.9.	G.29.10.	G.29.13.	G.29.14.	G.29.15.
PLEASE LIST ALL THE CAREGIVERS OF CHILDREN UNDER 2 YEARS OF AGE. (USE THE ID CODE FROM THE ROSTER ON PAGE 1.)	I am going to read a list of ways that you may have felt or behaved during the past seven days. As I read these items, please tell me how often you have felt this way during the past week:  Never or rarely (less than one day);  Little of the time or occasionally (1-2 days);  Sometimes or about half the time (3-4 days); or  Most or all of the time (5-7 days).	During the past 7 days you felt depressed...  Never or rarely..... 1  Little of the time or occasionally ... 2  Sometimes or about half the time ..... 3  Most or all of the time ..... 4  PREFER NOT TO ANSWER ..... -98	You felt that everything you did was an effort...  Never or rarely..... 1  Little of the time or occasionally ... 2  Sometimes or about half the time ..... 3  Most or all of the time ..... 4  PREFER NOT TO ANSWER ..... -98	You felt fearful...  Never or rarely..... 1  Little of the time or occasionally ... 2  Sometimes or about half the time ..... 3  Most or all of the time ..... 4  PREFER NOT TO ANSWER ..... -98	Your sleep was restless...  Never or rarely..... 1  Little of the time or occasionally ... 2  Sometimes or about half the time ..... 3  Most or all of the time ..... 4  PREFER NOT TO ANSWER ..... -98	You were happy...  Never or rarely..... 1  Little of the time or occasionally ... 2  Sometimes or about half the time ..... 3  Most or all of the time ..... 4  PREFER NOT TO ANSWER ..... -98
		1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98
		1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98
		1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98
		1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98

## 29- Maternal Depression (2 of 2)

EACH primary caregiver of children **under 2 years of age**, INTERVIEW EACH ONE IN PRIVATE

G.29.1	G.29.18.	G.29.19.	G.29.20.	G.29.21B	G.29.22.	G.29.23.
PLEASE LIST ALL THE CAREGIVERS OF CHILDREN UNDER 2 YEARS OF AGE. (USE THE ID CODE FROM THE ROSTER ON PAGE 1.)	You felt Happy...	You felt that people were unfriendly...	You enjoyed life...	You felt that people disliked you...	You felt sad...	You could not get "going"...
						(UNABLE TO DO DAILY CHORES OR DAILY ACTIVITIES, WORK, ETC.)
	Never or rarely..... 1	Never or rarely..... 1	Never or rarely..... 1	Never or rarely..... 1	Never or rarely..... 1	Never or rarely..... 1
	Little of the time or occasionally ... 2	Little of the time or occasionally ... 2	Little of the time or occasionally ... 2	Little of the time or occasionally ... 2	Little of the time or occasionally ... 2	Little of the time or occasionally ... 2
	Sometimes or about half the time ..... 3	Sometimes or about half the time ..... 3	Sometimes or about half the time ..... 3	Sometimes or about half the time ..... 3	Sometimes or about half the time ..... 3	Sometimes or about half the time ..... 3
	Most or all of the time ..... 4	Most or all of the time ..... 4	Most or all of the time ..... 4	Most or all of the time ..... 4	Most or all of the time ..... 4	Most or all of the time ..... 4
	PREFER NOT TO ANSWER ..... -98	PREFER NOT TO ANSWER ..... -98	PREFER NOT TO ANSWER ..... -98	PREFER NOT TO ANSWER ..... -98	PREFER NOT TO ANSWER ..... -98	PREFER NOT TO ANSWER ..... -98
	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98
	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98
	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98
	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98	1 2 3 4 -98

**THANK THE P.C.G. RESPONDENT AND FINISH INTERVIEW. FILL THE NEXT PAGE**

**32. Interviewer Completion Checklist****Interviewer** response only.

G.32.1.	HAS EVERY PAGE BEEN MARKED?  PLEASE CHECK.	YES..... NO .....	1 2	
G.32.6.	PLEASE SIGN YOUR NAME AFFIRMING THAT YOU HAVE DILIGENTLY PERFORMED THESE CHECKS.	<div></div> <div>[SIGNATURE]</div>		

**Supervisor** response only.

G.32.7.	HAS EVERY PAGE BEEN MARKED?  PLEASE CHECK.	YES..... NO .....	1 2	
G.32.12.	PLEASE SIGN YOUR NAME AFFIRMING THAT YOU HAVE DILIGENTLY PERFORMED THESE CHECKS.	<div></div> <div>[SIGNATURE]</div>		

**Notes/ OBSERVATIONS:**