



# Nepal Health Insurance Pilot Impact Evaluation, Nepal 2014

## Household Questionnaire Form

**Form no.**

*To be filled by the supervisor*

District code	VDC Code	Household No.

Tick (✓) in District group		
Treatment	1	
Control	2	

### Declaration for attending the Interview

Namaste! My name is..... and I come from Full Bright Consultancy, based in Kathmandu. We are collecting data in your locality on behalf of the World Bank and Ministry of Health and Population, Govt. of Nepal. The purpose of the collection of data is to understand utilization of health care by members of your household, and health expenditures of your family. As part of this data collection, we will record information on demography, economic activities, household consumption, and availability of health facilities and utilization of healthcare services. We need related information from you and your family in this regard. The information you give us is completely voluntary. You can withdraw from the study at any point in time and without giving any reason. In addition, you can refuse to answer any question at any time. Neither your current nor future benefits will be affected if you decide not to participate or if you withdraw from the study or if you decide not to answer any set of questions. All of your answers will be kept strictly confidential, and your name will never be connected to any of the answers you provide. The information will be used only for research purpose. This study has been approved by Nepal Health Research Council based in Kathmandu.

#### Declaration

I am involved in this household survey

Yes  No

Name =====

Signature=====Date=====

1. Name of District .....

2. Name of VDC.....

3. Name of place.....

4. Name of the respondent.....

5. Is respondent the HH head?  Yes 1, No 2

6. How long have you been residing in this locality?  ...year

7. Family ethnicity (code) .....  See Reference-I, below

8. Family religion (code).....  1) Hindu, 2) Buddha,

9. Family mother tongue (code)  3) Islam, 4) Christian, 5)

10. Interview language (code)  Kirant, 96) others

11. Translator used while interviewing, Yes 1, No 2  1, 2

Date of interview			If second time		
Day	Month	Year	Day	Month	Year
Time			Time		

#### Result of the interview

Interview done.....01

Partially complete.....02

Registered person refused interview.....03

Household members not present..04

Household vacated.....05

Household address not found....06

HH head refused to give interview.....07

Other.....96

Name of the interviewer	Name of the supervisor	Name of the data entry operator
ID code: .....	ID code: .....	ID code: .....

#### Control information

Total Number of Household Members

**SECTION 1: HOUSEHOLD ROSTER**

ID CODE	ALL HOUSEHOLD MEMBERS						HOUSEHOLD MEMBERS WHO ARE OUTSIDE			AGE GROUP DISTRIBUTION														
	1.01	1.02	1.03			1.04		1.05		1.06		1.07	1.08	1.09	1.11	1.11	1.12	1.13	1.14					
	Please give the names of all the family members who live in your household and who are leaving outside for employment/study. First start the listing with the household head thereafter the others members accordingly. (Write the first name and then the surname)	What is [NAME]'s relationship to the head of the household? (* code sheet is given below)	GENDER (1)Male (2)Female (3)Third			AGE Completed (if < 5 years old, write down months also )		What is [NAME]'s current marital status?  1) Unmarried 2) Married 3) Divorced] 4) Polygamous married 5) Widow		Has [NAME] been away from the household for more than 6 months in the last 12 months?  (1) yes ▶ 1.07  (2) no ▶ 1.08 (Income NA if response is 1 in 1.06)		If yes, for how many months has [NAME] been away?  -Write in month _	Is [NAME] a Household Member ?  (1)Yes (2)No  -Check in question 1.01	Circle ID of All HH Members 12 years and older	Circle ID of All Women 15-49 years old	Circle ID of All Women with Children < 5 years old	Circle ID of All Pregnant Women	Circle ID of All Children under 5 years old	Circle ID of All persons age 5-24					
01			1	2	3			1	2	3	4	5	1	2		1	2	01	01	01	01	01	01	01
02			1	2	3			1	2	3	4	5	1	2		1	2	02	02	02	02	02	02	02
03			1	2	3			1	2	3	4	5	1	2		1	2	03	03	03	03	03	03	03
04			1	2	3			1	2	3	4	5	1	2		1	2	04	04	04	04	04	04	04
05			1	2	3			1	2	3	4	5	1	2		1	2	05	05	05	05	05	05	05
06			1	2	3			1	2	3	4	5	1	2		1	2	06	06	06	06	06	06	06
07			1	2	3			1	2	3	4	5	1	2		1	2	07	07	07	07	07	07	07
08			1	2	3			1	2	3	4	5	1	2		1	2	08	08	08	08	08	08	08
09			1	2	3			1	2	3	4	5	1	2		1	2	09	09	09	09	09	09	09
10			1	2	3			1	2	3	4	5	1	2		1	2	10	10	10	10	10	10	10
11			1	2	3			1	2	3	4	5	1	2		1	2	11	11	11	11	11	11	11
12			1	2	3			1	2	3	4	5	1	2		1	2	12	12	12	12	12	12	12
13			1	2	3			1	2	3	4	5	1	2		1	2	13	13	13	13	13	13	13
14			1	2	3			1	2	3	4	5	1	2		1	2	14	14	14	14	14	14	14
15			1	2	3			1	2	3	4	5	1	2		1	2	15	15	15	15	15	15	15

\* (1) Household Head, (2) Spouse/wife or husband, (3) Son/daughter, (4) Daughter in-law (wife of son), (5) Grand Children, (6) Elder brother/his wife (sister in-law), (7) Younger brother/his wife (sister in-law), (8) Elder or younger sisters, (9) Brother's Children (niece), (10) Sisters' children (11) Mother/father, (12) Father in-law/Mother in-law, (13) Grand parent (self or spouse), (14) Father's sister, her husband and children, (15) Uncle/aunt, (16) Uncle's children (17) Legally adopted children, (18) Wife's brothers/sister, (19) Husband's brothers/sisters (her husband), (20) Servant and their family members, (21) Friends and their family, if living together. (This code sheet was given to enumerators separately during survey)

**SECTION 2: EDUCATIONAL STATUS**

ID CODE	ALL HOUSEHOLD MEMBERS of 5 YEARS AND ABOVE																
	2.01	2.02			2.03		2.04	2.05		2.06		2.07	2.08	2.09			
	ID Code of Respondent (person who Responded on behalf of the Family)	Can [NAME] read and write in any language? 1) read only 2) both read and write 3)cannot read or write			Has [NAME] ever attended Formal School?  1) yes 2) No  ▶(2.09)		What is the highest level of education that [NAME]'s has completed? (see codes below for this answer)*	During this Academic Year, is [NAME] attending any school or preschool?  1) yes ▶(2.06)  2) No ▶(2.09)		How long does it take [NAME] to travel to school / college (by the means he/she usually uses e.g. on foot? ▶(2.07)		During the past 14 days, how many days in Total was [NAME] absent in school / college ? (When school was not closed formally) (If not absent just write 0) ▶(2.09)	What was the main reasons for [NAME]'s absences from school/college? (Write codes as given in the bottom of the page)**	How many hours did [NAME] spend per day in the past 14 days in the following activities:  Write in Hours If no activities then write '0' Ask for all above 5 years (Probe)			
		Hour	Minute	-Write in days	School/college	Home study		Caring for children	Caring for sick members	Regular Housework	Work for income			Entertainment and Pleasure time			
01		1	2	3	1	2		1	2								
02		1	2	3	1	2		1	2								
03		1	2	3	1	2		1	2								
04		1	2	3	1	2		1	2								
05		1	2	3	1	2		1	2								
06		1	2	3	1	2		1	2								
07		1	2	3	1	2		1	2								
08		1	2	3	1	2		1	2								
09		1	2	3	1	2		1	2								
10		1	2	3	1	2		1	2								
11		1	2	3	1	2		1	2								
12		1	2	3	1	2		1	2								
13		1	2	3	1	2		1	2								
14		1	2	3	1	2		1	2								
15		1	2	3	1	2		1	2								

**\* (1) Grade-1, (2) Grade-2, (3) Grade-3, (4) Grade-4, (5) Grade-5, (6) Grade-6, (7) Grade-7, (8) Grade-8, (9) Grade-9, (10) Grade-10 or SLC, (11) Higher Secondary or Certificate Level, (12) Graduate or Diploma Level, (13) Masters Level, (14) Above Masters Degree, (15) No study in school, (16) None Formal Education (NFE), (17) Madarsa (Muslim ) Gumba (Buddhist Monk education)**

**\*\* (1) Problem caused due to lack of food sufficiency (2) Lack of transportation facility (3) Sickness (4) Sickness of the family member (5) Busy in the domestic affairs (6) Problems in the school (7) unwillingness of children to go to school (8) has to work to repay loan (9) Worked for future saving (10) TO CARE the junior (brother/sister) of the family (11) Study is worthless (12) Pregnant (13) Absence of the teacher (14) Strike in the school (15) Seasonal vacation (16) discourage of parents for not to go school (17) Other (mention) .....**

**SECTION 2: EDUCATIONAL STATUS (Cont..)**

Ask to ALL members of the Family										
ID CODE	Family Member's Father						Family Member's Mother			
	2.10			2.11	2.12	2.13			2.14	2.15
	Does Name's father stay in this house? <i>(1)stay (2)do not stay (▶2.13) (3)Dead (▶2.13)</i>			Write the ID code of father according to the question 1.01	What is the highest level of education that [NAME]'s father had attended?  <i>Write codes as Q. 2.04</i>	Does [NAME]'s mother stay in this house? <i>(1)stay (2)do not stay ▶ (3.01) (3)Dead▶ (3.01)</i>			Write the ID code of mother according to the question 1.01	What is the highest level of education that [NAME]'s mother had attended?  <i>Write codes as Q. 2.04</i>
01	1	2	3			1	2	3		
02	1	2	3			1	2	3		
03	1	2	3			1	2	3		
04	1	2	3			1	2	3		
05	1	2	3			1	2	3		
06	1	2	3			1	2	3		
07	1	2	3			1	2	3		
08	1	2	3			1	2	3		
09	1	2	3			1	2	3		
10	1	2	3			1	2	3		
11	1	2	3			1	2	3		
12	1	2	3			1	2	3		
13	1	2	3			1	2	3		
14	1	2	3			1	2	3		
15	1	2	3			1	2	3		

**RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER** **SECTION 3: LABOUR STATUS**

ID CODE	Primary occupation (Main occupation)																																			
	3.01	3.02														3.03		3.04										3.05					3.06			
	ID CO DE OF RE SP ON DE NT	In the last 12 months, what was [NAME]'s employment status?														In the last 12 months, did [NAME] do anything to earn income or help the family earn income? (1)yes (2)No ▶ question no. 3.12		In the last 12 months, what was the primary occupation that [NAME] was active in?										How often does [NAME] get paid for this work over the last 12 months?					In the last 12 months, how much did [NAME] normally get paid in [HIS/HER] primary work, per [PAY PERIOD IN (write in Rs. As per the question number 3.05) For occ. code 1 & 8 write -777 and enter the family income net of all expenses in 3.06 -1& 3.06-2			
		(Please circle only one major)																1. Agriculture (own farming) and allied 2. Agriculture (farming in other's land) and allied 3. Wage labor (agriculture) and allied 4. Wage labor (non-agriculture) 5. Salaried - Government 6. Salaried - Private 7. Professional/Artists/Carpenters/petty trade 8. Business 9. Migrant worker 10. Social worker 96. others										(1) daily (2) weekly (3) monthly (4) annually (96) irregular								
01	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	96	1	2	1	2	3	4	5	6	7	8	9	10	96	1	2	3	4	96	
02	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	96	1	2	1	2	3	4	5	6	7	8	9	10	96	1	2	3	4	96	
03	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	96	1	2	1	2	3	4	5	6	7	8	9	10	96	1	2	3	4	96	
04	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	96	1	2	1	2	3	4	5	6	7	8	9	10	96	1	2	3	4	96	
05	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	96	1	2	1	2	3	4	5	6	7	8	9	10	96	1	2	3	4	96	
06	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	96	1	2	1	2	3	4	5	6	7	8	9	10	96	1	2	3	4	96	
07	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	96	1	2	1	2	3	4	5	6	7	8	9	10	96	1	2	3	4	96	
08	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	96	1	2	1	2	3	4	5	6	7	8	9	10	96	1	2	3	4	96	
09	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	96	1	2	1	2	3	4	5	6	7	8	9	10	96	1	2	3	4	96	
10	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	96	1	2	1	2	3	4	5	6	7	8	9	10	96	1	2	3	4	96	
11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	96	1	2	1	2	3	4	5	6	7	8	9	10	96	1	2	3	4	96	
12	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	96	1	2	1	2	3	4	5	6	7	8	9	10	96	1	2	3	4	96	
13	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	96	1	2	1	2	3	4	5	6	7	8	9	10	96	1	2	3	4	96	
14	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	96	1	2	1	2	3	4	5	6	7	8	9	10	96	1	2	3	4	96	
15	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	96	1	2	1	2	3	4	5	6	7	8	9	10	96	1	2	3	4	96	

**3.06 -1 Total annual agricultural Income of the family NRs .....** **3.06 -2 Total annual Entrepreneurial Income of the family NRs .....**

Ask above 12 years of age

SECTION 3: LABOUR STATUS (Cont.)

Ask above 12 years of age											SECTION 3: LABOUR STATUS (Cont.)																								
ID CODE	3.07										3.08		3.09		3.10					3.11		3.12				3.13									
	Is [NAME] there a provision of health insurance in this primary occupation? (1)yes (2)no										In the last 12 months, how many hours per day did [NAME] normally work in this primary occupation?		In the last week, how many hours per day did [NAME] work, in this primary occupation?		Interviewer: (if the value of 3.08 is more than 3.09), <b>this sentence was missing during translation</b> Why did [NAME] work fewer hours than usual in this primary work last week?  (1) holiday/vacation (2) sick/illness (3) injury (4) caring for sick relative (5) attending the funeral (6) isn't the season for activity (96) others, specify					During the last 12 months, how many months did [NAME] do this primary work to earn income or help the family earn income?		In addition to this primary work, did [NAME] do any other activity to earn income or help the family earn income in the last 12 months?  (1) yes (2) no ▶ 3.21				If yes, In the last 12 months, what was the Secondary occupation that [NAME] was active in?  1. agriculture (own farming) and allied 2. agriculture (farming in other's land) and allied 3. wage labor (agriculture) and allied 4. wage labor (non-agriculture) 5. Salaried - Government 6. Salaried - Private 7. Professional/Artist/Carpenters/petty trade 8. Business 9. Migrant worker 10. Social worker 96. others									
											Hours/day		<b>If value of 3.08 is less lower than 3.09 ▶ 3.11</b> Hours/day		Reasons (Code)					Write in months						Secondary work (code)									
01	1	2						1	2	3	4	5	6	96			1	2	1	2	3	4	5	6	7	8	9	10	96						
02	1	2						1	2	3	4	5	6	96			1	2	1	2	3	4	5	6	7	8	9	10	96						
03	1	2						1	2	3	4	5	6	96			1	2	1	2	3	4	5	6	7	8	9	10	96						
04	1	2						1	2	3	4	5	6	96			1	2	1	2	3	4	5	6	7	8	9	10	96						
05	1	2						1	2	3	4	5	6	96			1	2	1	2	3	4	5	6	7	8	9	10	96						
06	1	2						1	2	3	4	5	6	96			1	2	1	2	3	4	5	6	7	8	9	10	96						
07	1	2						1	2	3	4	5	6	96			1	2	1	2	3	4	5	6	7	8	9	10	96						
08	1	2						1	2	3	4	5	6	96			1	2	1	2	3	4	5	6	7	8	9	10	96						
09	1	2						1	2	3	4	5	6	96			1	2	1	2	3	4	5	6	7	8	9	10	96						
10	1	2						1	2	3	4	5	6	96			1	2	1	2	3	4	5	6	7	8	9	10	96						
11	1	2						1	2	3	4	5	6	96			1	2	1	2	3	4	5	6	7	8	9	10	96						
12	1	2						1	2	3	4	5	6	96			1	2	1	2	3	4	5	6	7	8	9	10	96						
13	1	2						1	2	3	4	5	6	96			1	2	1	2	3	4	5	6	7	8	9	10	96						
14	1	2						1	2	3	4	5	6	96			1	2	1	2	3	4	5	6	7	8	9	10	96						
15	1	2						1	2	3	4	5	6	96			1	2	1	2	3	4	5	6	7	8	9	10	96						

**SECTION 3: LABOUR STATUS (Cont.)**

**ABOUT SECONDARY OCCUPATION (contd.)**

ID CODE	3.14					3.15	3.16		3.17	3.18	3.19						3.20	3.21		
	How often does [NAME] get paid for this secondary work?  (1) daily (2) weekly (3) monthly (4) annually (96) irregular					In the last 12 months, how much did [NAME] normally get paid in this secondary work, per [PAY PERIOD INCOME] (write according to 3.14)	Is [NAME] covered for health insurance by this secondary work?  (1)yes (2)no		In the last 12 months, how many hours per day did [NAME] normally work in this Secondary work?	In the last week, how many hours per day did [NAME] work, in this Secondary work?  <u>Skip to 3.20 if 3.18&gt;3.17</u>	Why did [NAME] work fewer hours than usual in this Secondary work last week?  (1) holiday/vacation (2) sick/illness (3) injury (4) caring for sick relative (5) attending the funeral (6) isn't the season for activity (96) others						During the last 12 months, how many months did [NAME] this Secondary work ?	During the last 12 months, has [NAME] received any income (cash or in-kind) from other work or activities not recorded already?  (1) yes  (2) no ▶ 3.24		
	Period					Rs.	Code		Hours/day	Hours/day	Reasons (code)						Month	code		
01	1	2	3	4	96		1	2			1	2	3	4	5	6	96		1	2
02	1	2	3	4	96		1	2			1	2	3	4	5	6	96		1	2
03	1	2	3	4	96		1	2			1	2	3	4	5	6	96		1	2
04	1	2	3	4	96		1	2			1	2	3	4	5	6	96		1	2
05	1	2	3	4	96		1	2			1	2	3	4	5	6	96		1	2
06	1	2	3	4	96		1	2			1	2	3	4	5	6	96		1	2
07	1	2	3	4	96		1	2			1	2	3	4	5	6	96		1	2
08	1	2	3	4	96		1	2			1	2	3	4	5	6	96		1	2
09	1	2	3	4	96		1	2			1	2	3	4	5	6	96		1	2
10	1	2	3	4	96		1	2			1	2	3	4	5	6	96		1	2
11	1	2	3	4	96		1	2			1	2	3	4	5	6	96		1	2
12	1	2	3	4	96		1	2			1	2	3	4	5	6	96		1	2
13	1	2	3	4	96		1	2			1	2	3	4	5	6	96		1	2
14	1	2	3	4	96		1	2			1	2	3	4	5	6	96		1	2
15	1	2	3	4	96		1	2			1	2	3	4	5	6	96		1	2

Ask above 12 years of age						SECTION 3: LABOUR STATUS (Cont.)									
ID CODE	3.22					3.23	3.24		3.25					3.26	
	In the past 12 months, how often does [NAME] get paid for these other work or activities not recorded already?  (1) daily (2) weekly (3) monthly (4) annually (96) irregular					Please mention the income that [NAME] normally receive from these other work or activities  [PAY PERIOD IN 3.22]  <b>(INCLUDE CASH AND IN-KIND)</b>	During the last 12 months, has [NAME] received any income (cash or in-kind) from retirement, pension, unemployment compensation, or insurance from past work? (1) yes (2) no ▶ 4.01		How often does [NAME] get paid for retirement, pension, unemployment compensation, or insurance from past work?  (1) daily (2) weekly (3) monthly (4) annually (96) irregular					How much does [NAME] normally receive from retirement, pension, unemployment compensation, or insurance from past work, per [PAY PERIOD IN 3.25]  -Write in Rs. According to 3.25)	
	Period					Amount (Rs.)			Period					Amount (Rs.)	
01	1	2	3	4	96		1	2	1	2	3	4	96		
02	1	2	3	4	96		1	2	1	2	3	4	96		
03	1	2	3	4	96		1	2	1	2	3	4	96		
04	1	2	3	4	96		1	2	1	2	3	4	96		
05	1	2	3	4	96		1	2	1	2	3	4	96		
06	1	2	3	4	96		1	2	1	2	3	4	96		
07	1	2	3	4	96		1	2	1	2	3	4	96		
08	1	2	3	4	96		1	2	1	2	3	4	96		
09	1	2	3	4	96		1	2	1	2	3	4	96		
10	1	2	3	4	96		1	2	1	2	3	4	96		
11	1	2	3	4	96		1	2	1	2	3	4	96		
12	1	2	3	4	96		1	2	1	2	3	4	96		
13	1	2	3	4	96		1	2	1	2	3	4	96		
14	1	2	3	4	96		1	2	1	2	3	4	96		
15	1	2	3	4	96		1	2	1	2	3	4	96		

**Note: After completing this section, ask Section-6: Other Sources of Household Income for sequential flow of family income**

## SECTION 4: HOUSING CONDITION AND PHYSICAL FACILITIES

**Select the answers according to the Household head or the household member who is able to give answer**

No.	Question	Answer to select	Write code
4.01	ID code Respondent	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	For above 15 ID please mention here .....
4.02	Is this your own house?	(1) own (2) Rented (3) Institutional (96) others, specify	1 2 3 96
4.03	What type of foundation of house?	(1) MUD bonded bricks/stone (2) Cement bonded bricks/stone (3) RCC pillared (4) WOODEN pillared (96) others, specify	1 2 3 4
4.04	What type of material does the outer wall of a house made of?	(1) BAMBOO (2) Cement bonded bricks/stone (3) MUD bonded bricks/stone (4) WOOD/PLANK (5) concrete structure (6) uncooked brick (7) mud (8) not outer wall (96) others, specify	1 2 3 4 5 6 7 8 96
4.05	What type of roof structure?	(1) Thatch/straw (2) Galvanized iron (CGI Sheets) (3) RCC (4) WOOD / PLANK (5) MUD (6) Stone / Slate (96) others, specify	1 2 3 4 5 6 96
4.06	What type of material does the floor made of?	(1) Earthen floor (2) Wood planks (3) Parquet (4) Ceramic tile (5) Cement (6) Carpet (96) others, specify	1 2 3 4 5 6 96
4.07	If you are staying in a rented house then how much you pay?	Amount in Rs.	Rs. .... per month
4.08	If you sold this dwelling today, how much would you receive for it?	Amount in Rs. (if the answer of the respondent seemed not realistic, please probe and try to get the actual amount)	Rs. ....
4.09	If you rented this dwelling, how much rent would you receive, per month?	Amount in Rs. (as in practice in the community)	Rs. .... per month
4.10	If you had to rent this dwelling, how much would you have to pay, per month?		Rs. .... per month

<b>SECTION 4: HOUSING CONDITION AND PHYSICAL FACILITIES (Contd.)</b>			
<b>Select the answers according to the response of the household head</b>			
<b>No.</b>	<b>Question</b>	<b>Answer to select</b>	<b>Write code</b>
4.11	How many rooms does your dwelling have?	INCLUDE ROOMS OUTSIDE THE MAIN DWELLING, DO NOT INCLUDE KITCHEN AND BATHROOMS	Total room number .....
4.12	What is your household's main source for drinking water?	(1) Tap / piped (2)Community tap (3) Natural source water (4) Tube well / Hand pump (5) Closed/Covered well (6) Open well / Kuwa (7) Spout water (8) River / Stream (9) Tanker truck (10) others, specify	1 2 3 4 5 6 7 8 9 10 <i>(resource could be more than one)</i>
4.13	How long does it take you to go to this source on foot?	Write the time in minutes for one way only for the source which is used for more than 6 months regularly. <i>-Write 96 if you do not have to go to bring water)</i>	...hour....minute
4.14	How do you treat your drinking water during the dry season?	(1) NO TREATMENT (2) Boiling (3) By using purifier , such as, water guard (4) By using SODIS technology (5) Filtering	1 2 3 4 5 <i>(response could be more than one)</i>
4.15	What is the main source of energy used for cooking?	(1) Firewood (6)LP Gas (2) Dried leaves, straw (7)Biogas (3) Animal dung (8)Electricity (4) Charcoal (9)Kerosene (5) Wood charcoal (96)Others	<i>If there is only one source than circle one only</i> <b>First]</b> 1 2 3 4 5 6 7 8 9 96 <b>Second]</b> 1 2 3 4 5 6 7 8 9 96
4.16	What type of toilet facility do your household members use at home?	(1) Flush toilet (public sewerage) (2) Flush toilet (Septic tank) (3) Pan/slab toilet with septic tank (4) Biogas connected improved toilet (5) Ordinary toilet in the compound ► 4.18 (6) Public toilet (7) Open defecation (96) Others	1 2 3 4 5 6 7 96
4.17	How many other households does your household share the toilet facility with?	Write family number Write 96 if family members use your toilet only	Family number .....
4.18	What is your household's main source of energy for lighting?	(1) Kerosene (2) Electricity (3) Solar (4) Biogas lighting (96) Others	1 2 3 4 96

**SECTION 5: HOUSEHOLDS ASSETS**

**RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER**

<b>5.01</b>	ID CODE OF RESPONDENT: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	For above 15 ID please mention here .....
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**( Section A : Durable Goods):**

- *Include details of the property/material that the respondent family members have (mention the number of currently using or usable goods)*

DURABLE GOOD	5.02 How many [DURABLE GOOD]s does your household own?	5.03 If you sell it [your DURABLE GOOD] today, how much money could you get for it?	DURABLE GOOD	5.02 How many [DURABLE GOOD]s does your household own?	5.03 If you sell it [your DURABLE GOOD] today, how much money could you get for it?
01. Radio/CD/cassette player		Rs.	11. Motor/car		Rs.
02. Television		Rs.	12. Bus/truck		Rs.
03. LPG stove		Rs.	13. Tractor/tiller		Rs.
04. Landline phone		Rs.	14. Rickshaw		Rs.
05. Mobile phone		Rs.	15. Motorcycle		Rs.
06. Sofa set		Rs.	16. Cycle		Rs.
07. Dining table set		Rs.	17. Plough		Rs.
08. Refrigerator		Rs.	18. Animal drawn cart		Rs.
09. Micro oven		Rs.	19. Computer/laptop		Rs.
10. Sewing machine		Rs.	20.....		Rs.

**( Section B : Land Ownership and Livestock):**

5.04	Does your household own any agricultural land?	(1)Yes (2) No ► <b>5.07</b>	1 2		
5.05	If yes, what is the size of this plot?	• <i>Write in any one unit</i>	Ropani	Aana	Paisa
			Bigha	Kattha	Dhur
5.06	If you sell the agricultural land, how much do you receive for it?	Write total amount of all agricultural land	Rs .....		
5.07	Does your household own any land besides this agricultural land?	(1)Yes (2) No ► <b>5.10</b>	1 2		
5.08	How much non-agricultural land does your household own?	• <i>Write in any one unit</i>	Ropani	Aana	Paisa
			Bigha	Kattha	Dhur
5.09	If you sell the non-agricultural land, how much would you receive for it?	Write amount in Rs. Of all non-agricultural land	Rs .....		
5.10	How much land did your household sell in the last 12 months?	• <i>-If not sold then write '0' _</i>	Ropani	Aana	Paisa
			Bigha	Kattha	Dhur
5.11	How much money did your household receive by selling the land in the last 12 months?	Write amount obtained by selling the land	Rs .....		

**(Livestock):**

Include the details of animals that the respondent family members have

ANIMAL	5.12 How many [ANIMAL]s does your household own?	5.13 If you were to sell your [ANIMAL] today, how much money could you get for it?	ANIMAL	5.12 How many [ANIMAL]s does your household own?	5.13 If you were to sell your [ANIMAL] today, how much money could you get for it?
01. Cow		Rs.	08 Mountain goat		Rs.
02. Bull		Rs.	09. Horse /donkey		Rs.
03. Buffalo		Rs.	10. Pig		Rs.
04 Male buffalo		Rs.	11.Poultry		Rs.
05. Goat		Rs.	12. Duck		Rs.
06. Small Goats		Rs.	13. Fish *		Rs.
07. Sheep		Rs.	14. Others		Rs.

\* for Fish, write the fishlings put in the pond, the last time

<b>(Health Related Financial Shocks):</b>			
5.14	In the last 12 months, in order to pay for health care, did anyone in your household use their own savings, sell any land, buildings, jewellery, farm equipment, livestock, food reserves or other possessions, or borrow from anybody?	(1)Yes (2)No] ► 5.18  Please probe properly on expenses	1 2

*If saving used or sold, then answer below:*

Multiple Response possible	5.15 Yes = 1 No = 2	5.16 What is the amount?-Rs.)	Multiple Response possible	5.15 Yes = 1 No = 2	5.16 What is the amount?-Rs.)
01.Saving used	1 2	Rs.	05.Buildings sold	1 2	Rs.
02.Borrowed money	1 2	Rs.	06.Industrial machinery sold	1 2	Rs.
03.Land sold	1 2	Rs.	07.Livestock sold	1 2	Rs.
04.Ornaments sold	1 2	Rs.	08.Stored grains sold	1 2	Rs.
			09 other assets sold		

5.17	As of today, from the borrowed amount, how much money do you still need to pay back? (If the answer of 02 is yes in above section)	Mention amount to be paid if there is no amount to be paid then write 0	Rs.
5.18	In the last 12 months, did anyone in your household receive money as a gift, to help pay for health care? This includes assistance from your community to your household to help pay for bills, gifts from family outside of your household, and other gifts to help pay for health care.	(1)Yes ► Question no. 5.19 (2) No ► Question no. 5.20	1 2
5.19	If yes, how much money did you receive in total over the last 12 months?	(Include amount and also discount)	Rs.
5.20	In the last 12 months, for how many months did anyone in your households have to sacrifice consumption in order to pay for health care?	1)Yes ► 5.21 (2) No ► 5.22	1 2
5.21	If yes, how many months did your family sacrifice consumption in order to pay for health care?	In Months	
5.22	In the last 12 months, did anyone in your household have to work additional hours or different job in order to pay for health care?	(1)Yes ► 5.23 (2) No ► 6.01	1 2
5.23	In the last 12 months, how many days of such additional work was performed in order to pay for health care?	Write in month number	Month number

**SECTION 6: OTHER SOURCES OF HOUSEHOLD INCOME**

Now I am going to ask you about other source of income instead the regular income source

6.01	ID CODE OF RESPONDENT: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	For above 15 ID please mention here...	
SOURCE OF INCOME		<b>6.02</b> In the past 12 months, did any member of your household receive income from [SOURCE OF INCOME]?  (1)Yes                      (2) No	<b>6.03</b> If yes please mention the amount  (If not mention 0)
01. Interest or investment income	1      2	Rs.	
02. Renting a building and/or land to others	1      2	Rs.	
03. Renting equipment / vehicles / machinery to others	1      2	Rs.	
04. Livestock earnings from others	1      2	Rs.	
05. Scholarships for study or training	1      2	Rs.	
06. Government transfer/Senior Citizen Allowance, disabled citizen allowance etc. <i>(Record the income not included in pension reported in 3.24/3.26)</i>	1      2	Rs.	
07. Assistance/allowance from community organizations and other institutions etc.	1      2	Rs.	
08. Gift, grants, donations etc. received from relatives, acquaintances etc.	1      2	Rs.	
09. Remittances / gifts (in cash or in kind) from relatives, co-workers or friends sent <i>from within country</i>	1      2	Rs.	
10. Remittances / gifts (in cash or in kind) from relatives, co-workers or friends sent <i>from outside the country</i>	1      2	Rs.	
11. Inheritance	1      2	Rs.	
96. Other income not from work, specify	1      2	Rs.	

SECTION 7: CONSUMPTIONS																
7.01	ID CODE OF RESPONDENT: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15														ID, if more the 15 members...	
Part A: Weekly Food Consumption																
Which of the FOOD ITEM] did your household consume [during the past 7 days? <i>-If -1_ then go to question 7.03 and 7.04_</i>			7.02 Has your household consumed [FOOD ITEM] during the past 7 days? (1)Yes (2) No			7.03 During the past 7 days, what is the amount and total value of the [FOOD ITEM] that your household consumed?			7.04 What was the main source of this [FOOD ITEM]? Was it mainly produced by the household, bought, or received for free?							
						Amount			Write unit code by seeing the code sheet		Market Rate in the Unit mentioned above			(1)Self Produced (2)Purchased (3)Received for free		
<b>(Grain)</b>																
01	Maize grain		1	2					Rs.	1	2	3				
02	Rice		1	2					Rs.	1	2	3				
03	Beaten rice		1	2					Rs.	1	2	3				
04	Millet		1	2					Rs.	1	2	3				
05	Wheat flour		1	2					Rs.	1	2	3				
06	Barley		1	2					Rs.	1	2	3				
07	Phapar		1	2					Rs.	1	2	3				
<b>(Pulses and Beans)</b>																
08	Mas, Gahat etc.		1	2					Rs.	1	2	3				
09	Gram, pea		1	2					Rs.	1	2	3				
10	Rahar, mung		1	2					Rs.	1	2	3				
<b>(Fish and Meats)</b>																
11	Fish		1	2					Rs.	1	2	3				
12	Meat		1	2					Rs.	1	2	3				
13	Egg		1	2					Rs.	1	2	3				
<b>(Dairy and Oils)</b>																
14	Milk		1	2					Rs.	1	2	3				
15	Curd		1	2					Rs.	1	2	3				
16	Ghee		1	2					Rs.	1	2	3				
17	Vegetable ghee		1	2					Rs.	1	2	3				
18	Oil		1	2					Rs.	1	2	3				
<b>(Vegetables and Fruits)</b>																
19	Potato		1	2					Rs.	1	2	3				
20	Garlic/onion		1	2					Rs.	1	2	3				
21	Cabbage/cauliflower		1	2					Rs.	1	2	3				
22	Other vegetables		1	2					Rs.	1	2	3				
23	Fruits/nuts		1	2					Rs.	1	2	3				
<b>(Others)</b>																
24	Spices		1	2					Rs.	1	2	3				
25	Salt		1	2					Rs.	1	2	3				
26	Sugar		1	2					Rs.	1	2	3				
27	Honey		1	2					Rs.	1	2	3				
28	Tea/coffee		1	2					Rs.	1	2	3				
29	Alcoholic beverage		1	2					Rs.	1	2	3				
30	Soft drinks		1	2					Rs.	1	2	3				
31	Cigarette		1	2					Rs.	1	2	3				
32	Tobacco		1	2					Rs.	1	2	3				
33	Noodles/Biscuits		1	2					Rs.	1	2	3				
34	Amount spent in Teas, Snacks, Meals by whole family						In 1 week			Rs.						

### Part B: Monthly Non- Food Consumption

Has your household purchased [NON-FOOD ITEM] during the past 30 days or consumed?		7.05 During 1 month these items were purchased or not  (1)Yes ▶ Question no. 7.06 and 7.07  (2) No	7.06 In the past 30 days, how much did your household spend on [NON-FOOD ITEM]?  (if not mention 0)	7.07 If these are the gifts or donation, then the estimated value for these NON-FOOD ITEM (if not mention 0)
01	Toiletries (soap, shaving soap, toothpaste, tissues, sanitary towels)	1 2	Rs.	Rs.
02	Candles, lighters and matches, Electricity Bill	1 2	Rs.	Rs.
03	Vehicle parts, Fuel and lubrication for personal vehicle	1 2	Rs.	Rs.
04	Public transport (to and from work, (to and from school)	1 2	Rs.	Rs.
05	Health & Other insurance/Premium/Fee	1 2	Rs.	Rs.
06	Telephone (Telephone calls, cards, recharge vouchers, etc.)	1 2	Rs.	Rs.
07	Email/Internet charges (including Cyber cafes)	1 2	Rs.	Rs.
08	Fuel cost for the cooking	1 2	Rs.	Rs.
09	Others, if any.....	1 2	Rs.	Rs.

**Health Related expenditures are NOT ASKED in this section, Pls ask in detail the health related expenditure in section 8.**

#### Codes for Question 7.03:

#### Units of Measurement

(1) Kilogram (kg), (2) Gram, (3) Dharni (2.5 Kg), (4) Pau (200 gram), (5) Pauwa (250 gram), (6) Mana (500 gram), (7) Pathi (3.5 kg), (8) Number (9) One spoonful (big), (10) One spoonful (small), (11) Liter, (12) One bottle (750 ml), (13) Packet, (14) Khilli (one piece of cigarette), (15) Muttha (bunch) (16) Pasari (5 kg)

Part C: Annual Non- Food Consumption				
SN	Has your household purchased [NON-FOOD ITEM] during the past 12 months or received it for free? <i>If (1) then only go to 7.09 and 7.10</i>	7.08 During 12 months these items were purchased or not (1) Yes (2) No	7.09 In the past 12 months, how much did your household spend on [NON-FOOD ITEM]? (write 0 for no expense)	7.10 If these are the gifts or donation, then the estimated value for these NON-FOOD ITEM  (if not mention write 0)
01	Clothing material and tailoring	1 2	Rs.	Rs.
02	Shoes and footwear	1 2	Rs.	Rs.
03	Household utensils (cutlery, glassware, plates, etc.)	1 2	Rs.	Rs.
04	Furniture	1 2	Rs.	Rs.
05	School fees	1 2	Rs.	Rs.
06	Tuition and boarding costs	1 2	Rs.	Rs.
07	Textbooks	1 2	Rs.	Rs.
08	Uniforms and other materials	1 2	Rs.	Rs.
09	Remittance send to member living outside of the families (school/college tuition fees and other expenses for kids living outside; other members gone for jobs)	1 2	Rs.	Rs.
10	Parties (wedding, birthday, child naming, etc)	1 2	Rs.	Rs.
11	Festival expenditures ( <i>Dashsin, Tihar</i> )	1 2	Rs.	Rs.
12	Funerals (including contributions given out)	1 2	Rs.	Rs.
13	Expenditures while purchasing Vehicles and other durables (cars, motor cycles, bicycles, TV, radio, cell phone etc.)	1 2	Rs.	Rs.
14	Jewelry, clocks and watches	1 2	Rs.	Rs.
15	Expenditure while purchasing animals	1 2	Rs.	Rs.
16	Purchasing/making new house/shed.	1 2	Rs.	Rs.
17	Repairing and maintenance of house/sheds	1 2	Rs.	Rs.

## Part D : Borrowing and Savings

Respondent code no: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 For above 15 ID please mention here .....

7.11 Do your currently HH have any outstanding loan from? (1)Yes ▶ 7.12 (2) No ▶ 7.17

	7.12	7.13	7.14	7.15		7.16
	From where did you get the loan  *Code of the institution or individual	Amount of loan taken	How long ago (month) was the loan been take	Purpose of loan  <i>Write reason from code sheet</i>		
			Months	First reason	If there is second	To calculate Interest rate:
First Loan	1 2 3 4 5 6 7 96	Rs.				
Second Loan	1 2 3 4 5 6 7 96	Rs.				
Third Loan	1 2 3 4 5 6 7 96	Rs.				
Fourth Loan	1 2 3 4 5 6 7 96	Rs.				
Fifth Loan	1 2 3 4 5 6 7 96	Rs.				
Sixth Loan	1 2 3 4 5 6 7 96	Rs.				

7.17 How many loans did your HH took and repaid from the following sources in the past 12 months? (up to 6 loans to be asked) (1)Yes ▶ 7.18 (2) No ▶ 7.19

1 2

	7.18	7.19	7.20		7.21
	Principle amount of loan taken	Loan period (in months)	Purpose of loan  <i>Write reason from code sheet</i>		
		Months	First reason	If there is second reason	(Principle and interest together)
First Loan	Rs.				Rs.
Second Loan	Rs.				Rs.
Third Loan	Rs.				Rs.
Fourth Loan	Rs.				Rs.
Fifth Loan	Rs.				Rs.
Sixth Loan	Rs.				Rs.

**\* Codes of borrowing institutions or individual (Q. 7.12):**

(1) Friends, Relatives, Neighbors, (2) Shopkeeper/Vendor/food grain store, (3) Local Money lenders, (4) Boss/ house owner (s), (5) Cooperatives/local groups/NGO, (6) Bank/ Finance, (7) Credit brokers, and (96) Others

**\*\* Codes of Purpose of taking loan (Q. 7.15 and 7.20):**

(1) To buy food grains, (2) To buy household goods, (3) For Treatment, (4) Agro materials (Fertilizer, seeds, machineries, livestock etc), (5) Construction or maintenance of house/shades, (6) Educational activities, (7) Business activities, (8) Festival or socio-cultural activities and (96) Others

No.	Question	Answers to select	Write code
7.22	Has anybody in your household saved money in the past 12 months?	Yes ---1      No ----2 → 7.24	1 2
7.23	If yes, the last time your household saved money, for what purpose did you save for? (rank the 3 most important reasons)	(1)Emergencies – crop loss, natural calamities (2)Sickness/Health expenses (3)Old age requirements (4)Purchase of household items (5)Education of children (6)Invest in business/job-related costs (7)Holidays/Festivals/Gifts/Funerals (8)marriage (9) No specific purpose (10) Other (Specify) (11) Do not know (12)Refused to answer	Main reason 1 2 3 4 5 6 7 8 9 10 11 12
			Second reason 1 2 3 4 5 6 7 8 9 10 11 12
			Third reason 1 2 3 4 5 6 7 8 9 10 11 12
7.24	Why hasn't your household saved money? (rank the 3 most important reasons)	(1) Too many expenses/servicing debts for non-health related expenses (2) Family illness/Health related expenses /servicing debts for health related expenses (3) Agricultural/business-related loss (4) Unexpected expenses/Temptation to spend (5)Other reasons (6)Don't know (7)Did not answer	Main reason 1 2 3 4 5 6 7
			Second reason 1 2 3 4 5 6 7
			Third reason 1 2 3 4 5 6 7
7.25	How much money your family have saved till present in the following (total accumulated amount as of now)? This could be the savings generated more than one year back  <b><u>If there is no saving then write "0"</u></b>	(1)Bank and Finance	Rs.
		(2)Credit given to friends, neighbors	Rs.
		(3) Deposited in local Cooperatives/ Groups	Rs.
		(4) Kept in the house	Rs.
		(5) Bought lands, livestock, Ornaments/jewelries	Rs.
		(96) Others	Rs.
7.26	How much money did your family save in the <u>past 12 months</u> ? Skip this for those with 2 in 7.22  <b><u>If there is no saving then write "0"</u></b>	(1) By buying Land	Rs.
		(2) By buying Livestock	Rs.
		(3) By buying Ornaments/jewelries	Rs.
		(4) Saved in Banking Institutions	Rs.
		(5) Saved as cash in home	Rs.

**SECTION 8: HEALTH STATUS AND UTILIZATION**

SUBJECT: ALL HOUSEHOLD MEMBERS

RESPONDENT: SELF RESPONDENT; AND FOR CHILDREN UNDER 15, THE MOTHER OR PRIMARY CAREGIVER.

[Take information on health of all the family members] *(In case of children below 15 years of age ask to their parents or caretaker)*

ID	CODE OF CAREGIVER	8.01				8.02				8.03				8.04														8.05				8.06		8.07	
		Currently, how is YOUR/[NAME]'s health in a normal day, would you say it is excellent, good, fair or poor? (1)Excellent (2)Good (3)Fair (4)poor				Do YOU/Does [NAME] suffer from any disabilities or chronic illnesses? (1)Yes (2)No ▶ 8.07				What disabilities or chronic illnesses do YOU/[NAME] suffer <b>Disability:</b> (1)Physically disability (2)Mental Disability (3)Blindness (4)Deafness (5)Other disability <b>Chronic illness</b> (6)Heart diseases (7)Diabetes (8)Epilepsy (9) Rheumatism (10) Cancer (11) HIV AIDS (12) Tuberculosis (13) Asthma (14)Other chronic illness														Given YOUR/[NAME]'s health, how are YOU/[NAME] currently able to do daily activities such as work, school, etc?  (1)Easily (2)With some difficulty (3)With much difficulty (4)Unable to do				Are YOU/[NAME] currently covered under a health insurance scheme? Can we ask for the name of the scheme? (1)Yes (2)No		In the PAST 30 DAYS have YOU/[NAME] been sick or suffering from any illness or injury, excluding disabilities or chronic illnesses?<  (1)Yes (2)No ▶ Question no. 8.48					
01		1	2	3	4	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	1	2	1	2						
02		1	2	3	4	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	1	2	1	2						
03		1	2	3	4	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	1	2	1	2						
04		1	2	3	4	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	1	2	1	2						
05		1	2	3	4	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	1	2	1	2						
06		1	2	3	4	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	1	2	1	2						
07		1	2	3	4	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	1	2	1	2						
08		1	2	3	4	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	1	2	1	2						
09		1	2	3	4	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	1	2	1	2						
10		1	2	3	4	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	1	2	1	2						
11		1	2	3	4	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	1	2	1	2						
12		1	2	3	4	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	1	2	1	2						
13		1	2	3	4	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	1	2	1	2						
14		1	2	3	4	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	1	2	1	2						
15		1	2	3	4	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	1	2	1	2						

## SECTION 8: HEALTH STATUS AND UTILIZATION (Cont.)

ID CODE	8.08 What were YOU/[NAME] mainly suffering from?																																				
	<b>Disease:</b> (1) Malaria (2) HIV AIDS (3) MEASLES (4) Cancer (5) Anemia (6) Diabetes (7) Malnutrition (8) Mental Disability									(9) Paralysis (10) Eye problem (11) Ear problem (12) Heart disease (13) Tuberculosis (14) Pneumonia/Chest infection (15) Respiratory disease (16) Digestive (17) Muscle bone									(18) Skin disease (19) Urinary problem (20) Pregnancy (21) Parental (22) Congenital (23) Fever (24) Female reproductive problems (25) Stone, hernia (26) Injury/Accident <b>Symptoms:</b> (27) Abdominal pain (28) Cough									(29) Chronic Cough (30) Diarrhea without blood (31) Diarrhea with blood (32) Diarrhea and vomiting (33) Vomiting (34) Headache (35) Weight loss (36) Operation  (96) Others .....									
01	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	96
02	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	96
03	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	96
04	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	96
05	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	96
06	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	96
07	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	96
08	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	96
09	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	96
10	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	96
11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	96
12	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	96
13	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	96
14	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	96
15	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	96

## SECTION 8: HEALTH STATUS AND UTILIZATION (Cont...)

[Take information on health of all the family members] *(In case of children below 15 years of age ask to their parents or caretaker)*

ID CODE	8.09	8.10	8.11	8.12	8.13	8.14		8.15			
	Respondent Code no.	How long ago did the illness start?  <i>Write in days (if it started more than a month, write "more than 30 days")</i>	How long ago did the illness stop?  <i>write in days, if illness not stopped yet then write "0"</i>	In the past 30 days, how many days of work, school, playing, or other main activities did YOU/[NAME] miss due to poor health?  <i>write in days, if illness not stopped yet then write N/A</i>  <i>{here: enumerators mentioned N/A or -, we have converted those to -99}</i>	In the past 30 days, how many days was YOU/[NAME] confined to bed due to poor health?  <i>write in days,</i>  <i>to be asked 6 month and above family members (if not confined to bed write -99)</i>	Interviewer please check: if there is a response in question 8.08 and NAME is a child under age of five years, please circle the applicable answer <b>30, 31, 32, 33</b>  <b>(1) Yes (30, 31, 32, 33)</b> <b>(2) No ▶ 8.19</b>		Was YOU/[NAME] given a fluid made from a special pack, called Oral Rehydration Solution (ORS), like this one?  <i>(1)More than usual</i> <i>(2)About the same</i> <i>(3)Less than usual</i> <i>(4)Nothing to eat/drink</i>			
01						1	2	1	2	3	4
02						1	2	1	2	3	4
03						1	2	1	2	3	4
04						1	2	1	2	3	4
05						1	2	1	2	3	4
06						1	2	1	2	3	4
07						1	2	1	2	3	4
08						1	2	1	2	3	4
09						1	2	1	2	3	4
10						1	2	1	2	3	4
11						1	2	1	2	3	4
12						1	2	1	2	3	4
13						1	2	1	2	3	4
14						1	2	1	2	3	4
15						1	2	1	2	3	4

## SECTION 8: HEALTH STATUS AND UTILIZATION (Cont..)

**[Take information on health of all the family members] (In case of children below 15 years of age ask to their parents or caretaker)**

<b>ID CODE</b>	<b>8.16</b>				<b>8.17</b>		<b>8.18</b>						<b>8.19</b>		<b>8.20</b>														
	How much was YOU/[NAME] offered to DRINK during this illness? Was he/she offered more than usual, about the same, less than usual, or nothing at all?  <i>(1)More than usual (2&gt;About the same as usual (3)Less than usual (4)Nothing to eat/drink</i>				Was he/she given to drink fluid or Oral Rehydration Solution (ORS) during this illness?  <i>(1)Yes (2)No</i>		Where did you obtain the pack of Oral Rehydration Solution (ORS) from?  <i>(1)Government hospital (2)Government health center (3)Private hospital/clinic (4)Pharmacy/drug store (5)Community health worker (6)Friends/Neighbor (7) Traditional healer – dhama, Jhakri (8) Local/domestic treatment (96)Others</i>						Did YOU take [NAME] to any health facility, health personnel or traditional healer to seek care for this illness?  <i>(1)Yes ▶8.2 1 (2)No ▶8.20</i>		-Why didn't YOU/[NAME] go to a health facility or health personnel for care?  <i>(1)Too expensive (2)Too far (3)Too busy work (4)Wasn't sick enough (5)Lack of management at health institution (6)Lack of medicine (7)Lack of skilled staff (8)Bad behavior of health worker (9)Usually staff don't come (10)Have to wait too long (11)Lack of transportation facility (12)Believe in home medicine (13)Lack of appropriate time (96)Others, specify</i>														
01	1	2	3	4	1	2	1	2	3	4	5	6	96	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	96
02	1	2	3	4	1	2	1	2	3	4	5	6	96	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	96
03	1	2	3	4	1	2	1	2	3	4	5	6	96	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	96
04	1	2	3	4	1	2	1	2	3	4	5	6	96	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	96
05	1	2	3	4	1	2	1	2	3	4	5	6	96	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	96
06	1	2	3	4	1	2	1	2	3	4	5	6	96	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	96
07	1	2	3	4	1	2	1	2	3	4	5	6	96	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	96
08	1	2	3	4	1	2	1	2	3	4	5	6	96	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	96
09	1	2	3	4	1	2	1	2	3	4	5	6	96	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	96
10	1	2	3	4	1	2	1	2	3	4	5	6	96	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	96
11	1	2	3	4	1	2	1	2	3	4	5	6	96	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	96
12	1	2	3	4	1	2	1	2	3	4	5	6	96	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	96
13	1	2	3	4	1	2	1	2	3	4	5	6	96	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	96
14	1	2	3	4	1	2	1	2	3	4	5	6	96	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	96
15	1	2	3	4	1	2	1	2	3	4	5	6	96	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	96

## SECTION 8: HEALTH STATUS AND UTILIZATION (Cont...)

[Take information on health of all the family members] *(In case of children below 15 years of age ask to their parents or caretaker)*

ID CODE	8.21						8.22												8.23		8.24		8.25			
	When did you seek the treatment of the disease for NAME ?  <i>(1)Instantly (2)Within 24 hour (3)Within (4)Within 1 week (5)Within (6)Over 2 weeks</i>						Where did YOU/[NAME] seek care?  <i>(1)Government hospital (2)Primary health service (3)Health post/Sub-Health post (4)Government Teaching hospital (5)Private Teaching Hospital  (6)Female community health worker (7)Private hospital (8) Private pharmacy or clinic (9) Ayurvedic/Homeopathy hospital (10) Traditional healer (11) Faith healer's medicine (12) Home made medicine (96)Others</i>												IF HOSPITAL, CLINIC OR CENTER, PROBE FOR NAME OF FACILITY AND RECORD CODE		For the last visit, how much time did it take to travel to the health care provider?  Write on way time in minutes		For the last visit, did YOU/[NAME] have a direct interaction with a health worker?  <i>(1)Yes ▶ 8.27 (2)No</i>			
																					Name	Code				
01	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	96					1	2		
02	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	96					1	2		
03	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	96					1	2		
04	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	96					1	2		
05	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	96					1	2		
06	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	96					1	2		
07	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	96					1	2		
08	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	96					1	2		
09	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	96					1	2		
10	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	96					1	2		
11	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	96					1	2		
12	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	96					1	2		
13	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	96					1	2		
14	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	96					1	2		
15	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	96					1	2		

## SECTION 8: HEALTH STATUS AND UTILIZATION (Cont..)

[Take information on health of all the family members] *(In case of children below 15 years of age ask to their parents or caretaker)*

ID CODE	8.26 Why YOU/[NAME] did not have a direct interaction with a health worker? <i>(1)No health worker present (5)No female health worker (2)Health worker too busy (6)Health worker not qualified (3)Health worker not seeing patient (7)Waiting for too long (4)Health worker refused (8)Patient arrived late (9)Could not afford fee (96)Other reasons</i>										8.27 For the last visit, how much time did YOU/[NAME] wait to be seen by a health worker?  <i>Write in minutes</i>	8.28 For the last visit, who treated YOU/[NAME]?  <i>(1)Medical doctor (6)Assistant Medical Person (2)Nurse (7)Sudini - Midwife (3)Auxillary nurse (8)Pharmacist (4)Community health worker (9)Aurvedic Doctor (5)Lab technician (10)Spiritual healer (96)Others (multiple choices are also possible)</i>										8.29 Did this health care provider ask questions about how YOU/[NAME] was feeling or the symptoms that YOU/[NAME] had? <i>(1)Yes (2)No</i>		8.30 Did this health care provider do any physical exams on YOU/[NAME] such as taking blood pressure, listening heartbeat, etc? <i>(1)Yes (2)No</i>		
	1	2	3	4	5	6	7	8	9	96		1	2	3	4	5	6	7	8	9	10	96	1	2	1	2
01	1	2	3	4	5	6	7	8	9	96		1	2	3	4	5	6	7	8	9	10	96	1	2	1	2
02	1	2	3	4	5	6	7	8	9	96		1	2	3	4	5	6	7	8	9	10	96	1	2	1	2
03	1	2	3	4	5	6	7	8	9	96		1	2	3	4	5	6	7	8	9	10	96	1	2	1	2
04	1	2	3	4	5	6	7	8	9	96		1	2	3	4	5	6	7	8	9	10	96	1	2	1	2
05	1	2	3	4	5	6	7	8	9	96		1	2	3	4	5	6	7	8	9	10	96	1	2	1	2
06	1	2	3	4	5	6	7	8	9	96		1	2	3	4	5	6	7	8	9	10	96	1	2	1	2
07	1	2	3	4	5	6	7	8	9	96		1	2	3	4	5	6	7	8	9	10	96	1	2	1	2
08	1	2	3	4	5	6	7	8	9	96		1	2	3	4	5	6	7	8	9	10	96	1	2	1	2
09	1	2	3	4	5	6	7	8	9	96		1	2	3	4	5	6	7	8	9	10	96	1	2	1	2
10	1	2	3	4	5	6	7	8	9	96		1	2	3	4	5	6	7	8	9	10	96	1	2	1	2
11	1	2	3	4	5	6	7	8	9	96		1	2	3	4	5	6	7	8	9	10	96	1	2	1	2
12	1	2	3	4	5	6	7	8	9	96		1	2	3	4	5	6	7	8	9	10	96	1	2	1	2
13	1	2	3	4	5	6	7	8	9	96		1	2	3	4	5	6	7	8	9	10	96	1	2	1	2
14	1	2	3	4	5	6	7	8	9	96		1	2	3	4	5	6	7	8	9	10	96	1	2	1	2
15	1	2	3	4	5	6	7	8	9	96		1	2	3	4	5	6	7	8	9	10	96	1	2	1	2

## SECTION 8: HEALTH STATUS AND UTILIZATION (Cont..)

[Take information on health of all the family members] *(In case of children below 15 years of age ask to their parents or caretaker)*

ID CODE	8.31		8.32		8.33		8.34		8.35		8.36				8.37			
	Did this health care provider administer any rapid test (such as a fingerprick to detect malaria)? (1)Yes (2)No		: Did this health care provider order any X-rays or laboratory examinations such as urine or blood tests?  (1)Yes (2)No ▶ 8.36		Did YOU/[NAME] do these tests as prescribed? (1)Yes (2)No		Did YOU/[NAME] receive results? (1)Yes (2)No		- Did this health care provider prescribe any medicines? (1)Yes (2)No		In the past 30 Days, how much did your household spend out of its own pocket for the treatment of YOU/[NAME]'s illness? Specifically, how much did your household pay out of pocket for .....				Did an employer or insurance pay for the fees for laboratory and X ray fees or transportation?  (1) Yes, employer (2) Yes, insurance company (3) None (4) Received free of costs (96) Others			
											A	B	C	D				
	Official provider fees	Laboratory and X-ray Fees	Any other payments to the provider?	Transportation														
01	1	2	1	2	1	2	1	2	1	2					1	2	3	96
02	1	2	1	2	1	2	1	2	1	2					1	2	3	96
03	1	2	1	2	1	2	1	2	1	2					1	2	3	96
04	1	2	1	2	1	2	1	2	1	2					1	2	3	96
05	1	2	1	2	1	2	1	2	1	2					1	2	3	96
06	1	2	1	2	1	2	1	2	1	2					1	2	3	96
07	1	2	1	2	1	2	1	2	1	2					1	2	3	96
08	1	2	1	2	1	2	1	2	1	2					1	2	3	96
09	1	2	1	2	1	2	1	2	1	2					1	2	3	96
10	1	2	1	2	1	2	1	2	1	2					1	2	3	96
11	1	2	1	2	1	2	1	2	1	2					1	2	3	96
12	1	2	1	2	1	2	1	2	1	2					1	2	3	96
13	1	2	1	2	1	2	1	2	1	2					1	2	3	96
14	1	2	1	2	1	2	1	2	1	2					1	2	3	96
15	1	2	1	2	1	2	1	2	1	2					1	2	3	96

## SECTION 8: HEALTH STATUS AND UTILIZATION (Cont..)

**[Take information on health of all the family members] (In case of children below 15 years of age ask to their parents or caretaker)**

ID CODE	8.38		8.39		8.40		8.41		8.42		8.43			8.44					
	In the past 30 Days, did YOU/[NAME] have to spend the night in a health facility or hospital to treat this illness?  (1)Yes (2)No ▶ 8.41		If yes, how many nights did YOU/[NAME] spend?  <i>Number of nights</i>		In the past 30 Days, how much did your household spend out of its own pocket on YOUR/[NAME]'s stay on the health facility or hospital to treat this illness? (other than mentioned in 8.36) <i>Rs.</i>		In the past 30 Days, did YOU/[NAME] take any medicines to address this illness? An injection is also possible.  (1)Yes (2)No ▶ 8.47		How many different kinds of medicines did YOU/[NAME] take in past 30 Days?  <i>Number</i>		Now I am going to ask you some questions about the medicines that YOU/[NAME] took. What kinds of medication did YOU/[NAME] take? (MULTIPLE RESPONSE POSSIBLE)  Pain Killers (1) Citamol (2) Bruphen (3) Aspirin (4) Antibiotics (5) Anti Hypertensive (6) Anti Asthma (7) Anti Diabetics (8) Anti TB (9) ORS (Jeevan Jal) (10) Zinc Tablets (11) Iron Tablets (12) Others  {Multiple responses possible}			Did YOU/[NAME] obtain this medication with a doctor's prescription?  (1)Yes (2) No  (probing is very essential, explain about what is a prescription)					
																	Medication 1	Medication 2	Medication 3
01	1	2				1	2						1	2	1	2	1	2	
02	1	2				1	2							1	2	1	2	1	2
03	1	2				1	2							1	2	1	2	1	2
04	1	2				1	2							1	2	1	2	1	2
05	1	2				1	2							1	2	1	2	1	2
06	1	2				1	2							1	2	1	2	1	2
07	1	2				1	2							1	2	1	2	1	2
08	1	2				1	2							1	2	1	2	1	2
09	1	2				1	2							1	2	1	2	1	2
10	1	2				1	2							1	2	1	2	1	2
11	1	2				1	2							1	2	1	2	1	2
12	1	2				1	2							1	2	1	2	1	2
13	1	2				1	2							1	2	1	2	1	2
14	1	2				1	2							1	2	1	2	1	2
15	1	2				1	2							1	2	1	2	1	2

## SECTION 8: HEALTH STATUS AND UTILIZATION (Cont..)

[Take information on health of all the family members] (In case of children below 15 years of age ask to their parents or caretaker)

ID CODE	8.45	8.46				8.47											8.48		8.49			8.50	
	In the past 30 Days, how much did your household spend out of pocket in total to obtain these medications for YOU/[NAME]?  <i>Except the expenses of 8.36 Rs.</i>	Did your employer or insurance pay for any of this medication?  1) Yes, employer 2) Yes, insurance company 3) None 4) Received free of costs 96) Others				Why did YOU/[NAME] not take medication for the illness? <i>(1)Too expensive (7)Side effects of medicine (2)Too far (8) lack of transportation facility (3)Too busy (9)Poor quality of drugs (4)Medicine not in stock (10)Long waiting times (5)Wasn't sick enough (11)Believe in traditional medicines (6)Not believing in medicine (96)Others</i>											Last night, did YOU/[NAME] sleep under a mosquito net?  (1)Yes (2)No  ▶ 8.51		What type of net did YOU/[NAME] sleep under last night, was it a long-term treated net, a net that was treated after it was bought, or a net that has never been treated?  (1)Treated by the government (2)Self treated after being purchased (3)Not treated			How long ago was the net dipped in the liquid to kill mosquitoes?  <b>Month</b>	
01		1	2	3	96	1	2	3	4	5	6	7	8	9	10	11	96	1	2	1	2	3	
02		1	2	3	96	1	2	3	4	5	6	7	8	9	10	11	96	1	2	1	2	3	
03		1	2	3	96	1	2	3	4	5	6	7	8	9	10	11	96	1	2	1	2	3	
04		1	2	3	96	1	2	3	4	5	6	7	8	9	10	11	96	1	2	1	2	3	
05		1	2	3	96	1	2	3	4	5	6	7	8	9	10	11	96	1	2	1	2	3	
06		1	2	3	96	1	2	3	4	5	6	7	8	9	10	11	96	1	2	1	2	3	
07		1	2	3	96	1	2	3	4	5	6	7	8	9	10	11	96	1	2	1	2	3	
08		1	2	3	96	1	2	3	4	5	6	7	8	9	10	11	96	1	2	1	2	3	
09		1	2	3	96	1	2	3	4	5	6	7	8	9	10	11	96	1	2	1	2	3	
10		1	2	3	96	1	2	3	4	5	6	7	8	9	10	11	96	1	2	1	2	3	
11		1	2	3	96	1	2	3	4	5	6	7	8	9	10	11	96	1	2	1	2	3	
12		1	2	3	96	1	2	3	4	5	6	7	8	9	10	11	96	1	2	1	2	3	
13		1	2	3	96	1	2	3	4	5	6	7	8	9	10	11	96	1	2	1	2	3	
14		1	2	3	96	1	2	3	4	5	6	7	8	9	10	11	96	1	2	1	2	3	
15		1	2	3	96	1	2	3	4	5	6	7	8	9	10	11	96	1	2	1	2	3	

**SECTION 8: HEALTH STATUS AND UTILIZATION (Cont.)**

**CARE FOR OTHRS**

ID CODE	8.51	8.52				8.53			8.54	
	ARE YOU/[NAME] 5 YEARS OLD OR OLDER?  (1)Yes (2)No  <i>Look at question 1.04 Ask to another person</i>	In the past 30 Days, did YOU/[NAME] stop regular activities at any time to take care of a sick household member?  (1)Yes (2)No ▶ 8.55  <i>Ask to another person</i>				Who did YOU/[NAME] take care of?  (1)Father/mother, Father in Law/mother in law (2) Husband or wife (Spouse) (3)Own son/daughter (4)Step son/daughter (5)Daughter in law (6)Grandchild  <b>Code 1</b>			(7)Parent in law (8)Brother/sister (9)Relatives of wife's house (10)Maternal uncle/aunty (11)Niece/nephew (12)Other members of the family  <b>Code 2</b>	(13)Domestic maid (14) Baby sitters (15)Neighbor (16)Another wife (staying out of home) (96)Others  <b>Code 3</b>
01		1	2	3	96					
02		1	2	3	96					
03		1	2	3	96					
04		1	2	3	96					
05		1	2	3	96					
06		1	2	3	96					
07		1	2	3	96					
08		1	2	3	96					
09		1	2	3	96					
10		1	2	3	96					
11		1	2	3	96					
12		1	2	3	96					
13		1	2	3	96					
14		1	2	3	96					
15		1	2	3	96					

**SECTION 8: HEALTH STATUS AND UTILIZATION (Cont...)**

<b>8.55</b>	<b>Respondent code no. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</b>	For above 15 ID please mention here .....
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**Usual Place to Visit for Care**

S.N	Question	Place to visit	Code (Circle it)
8.56	Where do your family members usually go when they fall sick? (mention 2 main places)	(1)Government hospital (2)PHCC (3)Health post/sub-health post (4)Ayurvedic clinic (5)Homeopathy/ <b>Unani treatment center</b> (6)Private hospital (7)Private clinic (8)Pharmacy (9) Governmental Teaching hospital (10) Private teaching hospital (11) Mission/NGO/community (12) Community health workers (13) Traditional healer (14) None (96) Others	1 2 3 4 5 6 7 8 9 10 11 12 13 14 96

**8.57 How long does it take for you to reach the health facility where you usually visit?**

	Code of the usually visited health facility  According to 8.56	Location of the usually visited health facility ++	Distance		On foot			Cycle			Motorcycle/Car			
			Dist.	1= m 2= km	Day	Hour	Minute	Day	Hour	Minute	Day	Hour	Minute	
First visited place				1 2										
Second Visited place				1 2										

++ Location of the usually visited health facility

- (1)Within the VDC
- (2)Outside the VDC but inside the district
- (3)Outside the district
- (4)Outside the district but within Nepal
- (5)Neighboring country
- (96)Others

<b>8.58</b>	<b>Is any member of your family suffered from any major sickness / diseases/INJURIES in past 12 months?</b> (1) Yes ▶ 8.59 (2) No ▶ go to Section 9	1 2		
		First Event	Second Event	Third Event
8.59	What was the types of the disease (check the codes from question 8.08)			
8.60	Who was the member from the Household? Write ID Line number <b>If the member had already died, within this year, then write "0"</b>			
8.61	Did you take him or her to any Health Institutions or meet any health personnel? (1)Yes → 8.63 (2) No → 8.62			
8.62	If not gone, what is the MAIN reason? Refer to Code on Question 8.20 Go to Section 9 after this			
8.63	If gone for treatment, where did you go? Refer code from Question 8.22			

8.64	Who did you meet in the Health Institute? Refer code from Question 8.28			
	How much did you spend for the treatment?			
8.65	Consultation fee, Admission fee etc			
8.66	Expense on Medication			
8.67	Transportation, accompany expenses			
8.68	How did you manage the expenses? (1) Using family savings (2) Selling of assets (3) Borrowing (4) Others (Assistance, donations, gifts etc.) (5) Free of costs	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
8.69	For the above expenses, did you get any assistance from any government institutions or agencies? If yes, please give the amount. (If no, write '0')			

### SECTION 9: CONTACT INFORMATION

**9.01 Could you give me the names of the household members that have a cell phone?**

S.N	ID Code	Name	Phone Number
1			
2			
3			
4			
5			

**9.02 Could you also give us the cell phone numbers of at least two other family members, relatives, or friends of your household? If we need to contact you again and your cell phone number does not work, we would call them to ask how you can be located. (1) Relatives, (2) Friends (3) Neighbours**

	Name	Phone/Mobile number	Relation of the household
1			1 2 3
2			1 2 3
3			1 2 3
4			1 2 3

**9.03 In your view how relevant is this kind of survey?**

1	Relevant	1 2 3 4
2	Very relevant	
3	Partially relevant	
4	I do not know about this	

**SECTION 10: RISK PREFERENCE**

**10.01** Now, let us play a small game: Below there are three bags. In every 3 bags there are five white balls and five black balls. You have to pick one ball from any of the one bag.

If you can win money on the basis of the bag and color of the ball then which bag do you pick?

10.01		Money you can get if white ball comes	Money you can get if black ball comes	Which of the bag do you pick?
1	First bag 	Rs. 100	Rs. 100	1 2 3
2	Second bag 	Rs. 180	Rs. 40	
3	Third bag 	Rs. 0	Rs. 220	
10.02	<p>Let's say you are purchasing a lottery ticket. There are only 10 people who are playing this lottery game. In between these 10 people one person can get Rs. 1000 prize.</p> <p>If you have to purchase this ticket how much money would you like to spend?</p>			Rs. ....

*Note: Actual money will not be provided.*

**Thank you for providing the information regarding health instead of your busy schedule.**

.....

## Note on interview

**How do you feel when you are interviewing this house?**

<b>(Response against Questionnaire)</b>	<b>Circle option</b>
1. The respondents have answered all the questions	1   2   3
2. The respondents did not understand some questions	
3. The respondents did not understand many questions	

**Note down if there are any on the family members of this house**

<b>Code no.</b>	<b>Notes</b>
<b>01</b>	
<b>02</b>	
<b>03</b>	
<b>04</b>	
<b>05</b>	
<b>06</b>	
<b>07</b>	
<b>08</b>	
<b>09</b>	
<b>10</b>	
<b>11</b>	
<b>12</b>	
<b>13</b>	
<b>14</b>	
<b>15</b>	

**To be filled by the supervisor:**

**Name of the supervisor..... ID.....**

- 1. This questionnaire is filled in the sampled HH
- 2. Supervisor receive this questionnaire after filled by the remunerator
- 3. Supervisor declared that all the questions were filled properly

**(Any Additional Remarks)**

.....  
 .....  
 .....  
 .....

**Signature .....**

**Date .....**

Reference-I: Ethnicity Codes (related to # 7, cover page)

**3. Caste Ethnicity**

Codes	Castes	Codes	Castes	Codes	Castes	Codes	Castes	Codes	Castes
1	Chhetri	23	Rajput	45	Sudi	67	Vediyar	89	Halkhor
2	Brahmin	24	Kayastha	46	Lohar	68	Nurang	90	Panjabi
3	Magar	25	Kumbhar	47	Tatma	69	Yakkha	91	Kisan
4	Tharu	26	Thakali	48	Khatwe	70	Darai	92	Raaji
5	Tamang	27	Kusbaha	49	Majhi	71	Tajpuriya	93	Hayu
6	Newar	28	Bhamihar	50	Naniya	72	Chidimar	94	Koche
7	Yadav	29	Muslim	51	Danuwar	73	Pahari	95	Dhuniya
8	Rai	30	Kami	52	Chepang	74	Mali	96	Balung
9	Gurung	31	Damai	53	Haluwai	75	Bangali	97	Jaaine
10	Limbu	32	Sarki	54	Badai	76	Chhantel	98	Munda
11	Thakuri	33	Chamar	55	Marwadi	77	Dom	99	Raute
12	Teli	34	Koiree	56	Santhal	78	Kamar	100	Hyalmo
13	Kurmi	35	Dhanuk	57	Dhangad	79	Bote	101	Kusbadiya
14	Sanyasi	36	Musahar	58	Bantar	80	Baramu	102	Kusunda
15	Dusad	37	Sonar	59	Barai	81	Gaine	103	Bankatiya
16	Sherpa	38	Kebat	60	Kahar	82	Jirel	104	Siyar
17	Terai Brahmin	39	Gharti	61	Gangaai	83	Aadibasi	105	Zinsha
18	Baniya	40	Mallaha	62	Lodha	84	Dura	106	Thudam
19	Kalwar	41	Kumal	63	Dhami	85	Churaute	107	Baraam
20	Kanu	42	Hazam	64	Dhimal	86	Baadi	108	Others
21	Dhobi	43	Rajbansi	65	Bhote	87	Meche		
22	Rajbhar	44	Sunuwar	66	Binda	88	Lepcha		