

# Annex B: Survey Questionnaire



(CONFIDENTIAL)

Government of the People's Republic of Bangladesh  
 Bangladesh Bureau of Statistics  
 Monitoring the Situation of Children and Women Project  
Parisankhyan Bhaban, Agargaon, Dhaka.  
**MULTIPLE INDICATOR CLUSTER SURVEY (MICS) 2006**  
**HOUSEHOLD QUESTIONNAIRE**

WE ARE FROM BANGLADESH BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT ONE HOUR. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

MAY I START NOW? *If permission is given, begin the interview.*

<b>HOUSEHOLD INFORMATION PANEL</b>		<b>HH</b>
HH1. Cluster No. <input style="width: 50px;" type="text"/>	HH2. Household number: <input style="width: 50px;" type="text"/>	
Name: _____		
HH3. Interviewer name and number: <input style="width: 50px;" type="text"/>	HH4. Supervisor name and number: <input style="width: 50px;" type="text"/>	
Name: _____		
HH5. Day/Month/Year of interview: / / 2006		
HH6. Area: Rural ..... 1 Urban Urban (Municipality) ..... 2 Urban non-slum (Metro) ..... 3 Urban slum ..... 4 Tribal ..... 5	HH7. Region/Division: 1. Barisal ..... 1 2. Chittagong ..... 2 3. Dhaka ..... 3 4. Khulna ..... 4 5. Rajshahi ..... 5 6. Sylhet ..... 6	
HH 7A. District Code <input style="width: 50px;" type="text"/>	HH 7B. Sub-district (Upazila) Code <input style="width: 50px;" type="text"/>	
Name: _____		
HH 8. Name of head of household: .....		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview:  Completed ..... 1 Not at home ..... 2 Refused ..... 3 HH not found/destroyed ..... 4  Other ( <i>specify</i> ) ..... 6	HH10. Respondent to HH questionnaire:  Name: _____  Line No: <input style="width: 50px;" type="text"/>	
HH11. Total number of household members: <input style="width: 50px;" type="text"/>		
HH12. No. of women eligible (15-49) for interview: <input style="width: 50px;" type="text"/>	HH13. No. of women questionnaires (WM) completed: <input style="width: 50px;" type="text"/>	
HH14. No. of children under age 5: <input style="width: 50px;" type="text"/>	HH15. No. of under-5 questionnaires (UF) completed: <input style="width: 50px;" type="text"/>	
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>		
HH16. Data entry clerk: Name: _____		No. <input style="width: 50px;" type="text"/>



HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE? 1 MALE 2 FEM.	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  Record in completed years  98=DK*	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record Line no. of mother/ caretaker	HL9. Is (name's) NATURAL MOTHER ALIVE?  1 YES 2 NO⇒ HL11 8 DK⇒ HL11  (CIRCLE THE ANSWER)	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  Record Line no. of mother or 00 for 'no'	HL11. Is (name's) NATURAL FATHER ALIVE?  1 YES 2 NO⇒ 8 DK⇒ NEXT LINE NEXT LINE  (CIRCLE THE ANSWER)	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS household? Record Line no. of father or 00 for 'no'	HL13. CAN THE CHILD SWIM?
09		<input type="text"/>	1 2	<input type="text"/>	09	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2
10		<input type="text"/>	1 2	<input type="text"/>	10	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2
11		<input type="text"/>	1 2	<input type="text"/>	11	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2
12		<input type="text"/>	1 2	<input type="text"/>	12	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2
13		<input type="text"/>	1 2	<input type="text"/>	13	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2
14		<input type="text"/>	1 2	<input type="text"/>	14	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2
15		<input type="text"/>	1 2	<input type="text"/>	15	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2

ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? *If yes, insert child's name and complete form.*  
Then, complete the totals below.

	Women 15-49	Children 5-14	Under-5s
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire.  
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children Under Five.  
You should now have a separate questionnaire for each eligible woman and each child under five in the household.

\* Codes for HL3: Relationship to head of household:

01 = Head  
02 = Wife or Husband  
03 = Son or Daughter  
04 = Son or Daughter In-Law

05 = Grandchild  
06 = Parent  
07 = Parent-In-Law  
08 = Brother or Sister

09 = Brother or Sister-In-Law  
10 = Uncle/Aunt  
11 = Niece/Nephew By Blood  
13 = Other Relative

14 = Adopted/Foster/Stepchild  
15 = Not Related  
98 = Don't Know

EDUCATION MODULE														ED				
For household members age 5 and above					For household members age 5-24 years													
ED1. Line no.	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE/CLASS (name) COMPLETED AT THIS LEVEL? LEVEL: 0 PRE-SCHOOL (NURSERIES) 1 PRIMARY (I-V) 2 SECONDARY (VI-XII) 3 HIGHER (DEGREE & ABOVE) 6 NGO/MOSQUE BASED/ADULT LITERACY PROGRAMME 8 DK GRADE/CLASS: 98 DK If less than 1 grade, enter 00.		ED4. SINCE JANUARY/06 TO PRESENT, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE/CLASS IS/WAS (name) ATTENDING?  LEVEL: 0 PRESCHOOL (NURSERIES) 1 PRIMARY (I-V) 2 SECONDARY (VI-XII) 3 HIGHER (DEGREE & ABOVE) 6 NGO/MOSQUE BASED/ADULT LITERACY PROGRAMME 8 DK  CLASS: 98 DK		ED6C. TYPE OF SCHOOL  1 FORMAL SCHOOL 2 NON- FORMAL SCHOOL 3 FORMAL MADRASAH 4 NON-FORMAL MADRASAH			ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE JANUARY- DECEMBER, 2005?  1 YES  2 NO ⇨ NEXT LINE 8 DK ⇨ NEXT LINE			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE/CLASS DID (name) ATTEND? LEVEL: 0 PRESCHOOL (NURSERIES) 1 PRIMARY (I-V) 2 SECONDARY (VI-XII) 3 HIGHER (DEGREE & ABOVE) 6 NGO/MOSQUE BASED/ADULT LITERACY PROGRAMME 8 DK  CLASS: 98 DK		
LINE		YES NO	LEVEL	CLASS	YES	NO	DAYS	LEVEL	CLASS	F	NF	M	Y	N	DK	LEVEL	CLASS	
01		1 2⇨NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
02		1 2⇨NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
03		1 2⇨NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
04		1 2⇨NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
05		1 2⇨NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
06		1 2⇨NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
07		1 2⇨NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
08		1 2⇨NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
09		1 2⇨NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
10		1 2⇨NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
11		1 2⇨NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
12		1 2⇨NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
13		1 2⇨NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
14		1 2⇨NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
15		1 2⇨NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	

WATER AND SANITATION MODULE		WS
<p>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Piped water</p> <p>Piped into dwelling.....11</p> <p>Piped into yard or plot.....12</p> <p>Public tap/standpipe .....13</p> <p>Tubewell .....21</p> <p>Dug well</p> <p>Protected well .....31</p> <p>Unprotected well.....32</p> <p>Water from spring</p> <p>Protected spring.....41</p> <p>Unprotected spring .....42</p> <p>Rainwater collection .....51</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81</p> <p>Bottled water.....91</p> <p>Other (<i>specify</i>) .....96</p>	<p>11⇒WS5</p> <p>12⇒WS5</p> <p>⇒WS3</p> <p>96⇒WS3</p>
<p>WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</p>	<p>Piped water</p> <p>Piped into dwelling.....11</p> <p>Piped into yard or plot.....12</p> <p>Public tap/standpipe .....13</p> <p>Tubewell .....21</p> <p>Dug well</p> <p>Protected well .....31</p> <p>Unprotected well.....32</p> <p>Water from spring</p> <p>Protected spring.....41</p> <p>Unprotected spring .....42</p> <p>Rainwater collection .....51</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81</p> <p>Other (<i>specify</i>) .....96</p>	<p>11⇒WS5</p> <p>12⇒WS5</p>
<p>WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>No. of minutes ..... <input type="text"/></p> <p>Water on premises .....995</p> <p>DK.....998</p>	<p>995⇒WS5</p>
<p>WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i></p> <p>IS THIS PERSON UNDER AGE 15? WHAT SEX?</p> <p><i>Circle code that best describes this person.</i></p>	<p>Adult woman(15 &amp; above) ..... 1</p> <p>Adult man(15 &amp; above).....2</p> <p>Female child (under 15).....3</p> <p>Male child (under 15).....4</p> <p>DK.....8</p>	
<p>WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>	<p>2⇒WS6_1</p> <p>8⇒WS6_1</p>
<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil..... A</p> <p>Add bleach/chlorine ..... B</p> <p>Strain it through a cloth..... C</p> <p>Use water filter (ceramic, sand, composite, etc.) ..... D</p> <p>Let it stand and settle ..... F</p> <p>Alum..... G</p> <p>Other (<i>specify</i>) ..... X</p> <p>DK..... Z</p>	

WATER AND SANITATION MODULE		WS
WS 6_1. HAVE YOU HEARD OF ARSENIC IN WATER?	Yes.....1 No .....2	2⇒WS7
WS 6_2. WHAT ARE THE PROBLEM OR DISEASES CAUSED BY ARSENIC CONTAMINATION?  (MULTIPLE RESPONSE)	Black, white or red spot over the body ..... A Hand and feet become rough to touch ..... B Legs swells up ..... C Losing the feelings of hands and legs ..... D Sore over hand and leg ..... E Others ..... X Nothing/ don't know ..... Z	
WS 6_3. ARE YOU DOING ANYTHING TO PROTECT YOURSELF FROM ARSENIC CONTAMINATION? IF YES, WHAT ARE YOU DOING FOR THIS?  (MULTIPLE RESPONSE)	Using water from arsenic free TW ..... A Using boiled pond/river/ canal water ..... B Using rain water ..... C Using pond/sand filter water ..... D Using SIDKO filter ..... E Others ..... X Nothing/ Don't know ..... Z	
WS 6_4. IF IT IS TW, WAS IT'S WATER TESTED FOR ARSENIC AND TW MARKED BY ANY COLOR?	Not tested .....1 Tested (marked red) .....2 Tested (marked green) .....3	
WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?  <i>If "flush" probe: WHERE DOES IT FLUSH TO?</i>  <i>If necessary, ask permission to observe the facility.</i>	Flush / pour flush Flush to piped sewer system .....11 Flush to septic tank.....12 Flush to pit (latrine) .....13 Flush to somewhere else.....14 Flush to unknown place/not sure/DK where ..... 15  Pit latrine with slab.....22 Pit latrine without slab/open pit.....23 Bucket.....41 Hanging toilet/hanging latrine .....51 No facilities or bush or field .....95  Other ( <i>specify</i> ) ..... 96	95⇒ WS9A.
WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?	Yes.....1 No .....2	2⇒ WS9A.
WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?	No. of households (if less than 10).... <input type="text" value="0"/>  Ten or more households.....10 DK.....98	
WS9A. HOW DO YOU USUALLY WASH YOUR HAND AFTER OWN OR CHILD'S DEFAECATION ?	Only water.....1 Water and soil.....2 Water and ash .....3 Water and soap .....4 Others .....6	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Religion 1 Islam .....1 Religion 2 Hindu .....2 Religion 3 Christian .....3 Religion 4. Buddhist.....4 Other religion ( <i>specify</i> ) ..... 6 No religion.....7	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Ethnic group 1 Bengali.....1 Ethnic group 2 Chakma .....2 Ethnic group 3 Saotal.....3 Ethnic group 4 Marma.....4 Ethnic group 5 Tripura .....5 Ethnic group 6 Garo.....7 Other ethnic group ( <i>specify</i> ) ..... 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms ..... <input type="text"/>	
HC3. Main material of the dwelling floor <i>Record observation.</i>	Natural floor Earth/sand.....11 Rudimentary floor Wood planks .....21 Palm/bamboo.....22 Finished floor Polished wood .....31 Ceramic tiles/Mojaic .....33 Cement .....34 Carpet.....35 Other ( <i>specify</i> ) ..... 96	
HC4. Main material of the roof <i>Record observation.</i>	Natural roofing Thatch/ Sod/Leaf .....12 Rudimentary Roofing Rustic mat/Plastic sheet/Polythine .....21 Palm/bamboo.....22 Finished roofing Metal .....31 Wood .....32 Ceramic tiles .....34 Cement .....35 Other ( <i>specify</i> ) ..... 96	
HC5. Main material of the walls <i>Record observation.</i>	Natural walls Cane/palm/trunks/Leaf/Jute stick/Sod ...12 Dirt/Mud .....13 Rudimentary walls Bamboo/Bamboo with mud .....21 Stone with mud.....22 Tin sheet..... 25 Finished walls Cement/Cement block .....31 Bricks .....33 Other ( <i>specify</i> ) ..... 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity .....01 Liquid Propane Gas (LPG) .....02 Natural gas .....03 Biogas .....04 Kerosene .....05 Wood .....08 Straw/shrubs/grass .....09 Animal dung.....10 Agricultural crop residue.....11 Other ( <i>specify</i> ) ..... 96	

<p>HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? <i>Probe for type.</i></p>	<p>Open fire .....1 Open stove .....2 Closed stove .....3 Other (<i>specify</i>) .....6</p>	<p>3⇒HC8 6⇒HC8</p>																																	
<p>HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?</p>	<p>Yes.....1 No .....2</p>																																		
<p>HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p>	<p>In the house .....1 In a separate building .....2 Outdoors .....3 Other (<i>specify</i>) .....6</p>																																		
<p>HC9. DOES YOUR HOUSEHOLD HAVE:</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>A. Electricity .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>B. Radio .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>C. Television .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>D. Mobile phone .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>E. Non-Mobile Telephone.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>F. Refrigerator .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>G. Electric Fan .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>H. Computer .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>I. Washing machine .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>J. Air conditioner/ cooler .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		Yes	No	A. Electricity .....	1	2	B. Radio .....	1	2	C. Television .....	1	2	D. Mobile phone .....	1	2	E. Non-Mobile Telephone.....	1	2	F. Refrigerator .....	1	2	G. Electric Fan .....	1	2	H. Computer .....	1	2	I. Washing machine .....	1	2	J. Air conditioner/ cooler .....	1	2	
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<p>HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>A. Watch.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>B. Bicycle.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>C. Motorcycle or scooter.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>D. Animal-drawn cart.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>E. Car/truck/bus/micro-bus.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>F. Boat with a motor/ trawler.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>G. Sofa.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>H. Rickshaw van.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		Yes	No	A. Watch.....	1	2	B. Bicycle.....	1	2	C. Motorcycle or scooter.....	1	2	D. Animal-drawn cart.....	1	2	E. Car/truck/bus/micro-bus.....	1	2	F. Boat with a motor/ trawler.....	1	2	G. Sofa.....	1	2	H. Rickshaw van.....	1	2							
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H. Rickshaw van.....	1	2																																	
<p>HC11A. DID ANY BOY/GIRL UNDER 18 YEARS OF YOUR HOUSEHOLD GET INJURED/ACCIDENT /DROWNED IN THE LAST ONE YEAR?</p>	<p>Yes.....1 No .....2</p>	<p>2⇒ HC11D</p>																																	
<p>HC11B. IF YES, WHAT HAPPENED TO HOW MANY OF THEM? (WRITE THE NUMBER OF CASES FOR EACH ITEM IN THE BOXES SEPARATELY FOR BOYS AND GIRLS) (WRITE 0 FOR CASES NO IN ANY BOX)</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Boy</td> <td style="text-align: center;">Girl</td> </tr> <tr> <td>A. Fall</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>B. Burn</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>C. Accidental poisoning</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>D. Animal/snake/insect</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>E. Rd. Accident</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>F. Drowned</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>G. Acid victim</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>X. Other _____</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> </table>		Boy	Girl	A. Fall			B. Burn			C. Accidental poisoning			D. Animal/snake/insect			E. Rd. Accident			F. Drowned			G. Acid victim			X. Other _____									
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<p>HC11C. HOW IS SHE/HE NOW? (WRITE 0 FOR CASES NO IN ANY BOX)</p>	<table border="0"> <tr> <td>A. Recovered</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>B. Still suffering</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>C. Died</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> </table>	A. Recovered			B. Still suffering			C. Died																											
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<p>HC11D. WAS THERE ANY MARRIAGE IN THE HOUSEHOLD IN LAST THREE YEARS? IF YES, WAS THE MARRIAGE REGISTERED?</p>	<p>No marriage ..... 1 Registered ..... 2 Not registered ..... 3 Don't know ..... 8</p>																																		

SECURITY OF TENURE AND DURABILITY OF HOUSING		HC
HC15. HOW MANY YEARS DO YOU LIVE IN THIS PROPERTY/LAND ?  (IF LESS THAN ONE YEAR WRITE 00)	Duration of living (In Yrs.) ..... <input type="text"/>	
HC15A. DO YOU OR SOMEONE IN THIS HOUSEHOLD OWN THIS DWELLING, OR DO YOU RENT THIS DWELLING?	Own ..... 1 Rent ..... 2 Rent free/squatter/other..... 3	2⇒HC15D 3⇒HC15D
HC15B. DO YOU OR SOMEONE IN THIS HOUSEHOLD HAVE A TITLE DEED FOR THIS DWELLING?	Yes..... 1 No ..... 2	1⇒HC15F
HC15C. WHAT KIND OF DOCUMENT DO YOU HAVE FOR THE OWNERSHIP OF THIS DWELLING?  ANYTHING ELSE?  Record all items mentioned.	Certificate of occupation (or adjudication certificate) ..... A Property tax certification ..... B Utility bills..... C Other (specify) ..... X None/No document..... Y	] ⇒HC15F
HC15D. DO YOU HAVE A WRITTEN RENTAL CONTRACT FOR THIS DWELLING?	Yes..... 1 No ..... 2	1⇒HC15F
HC15E. DO YOU HAVE ANY DOCUMENTATION OR AGREEMENT FOR THE RENTAL OF THIS DWELLING?  <i>If Yes, WHAT KIND OF DOCUMENT OR AGREEMENT DO YOU HAVE FOR THE RENTAL OF THIS DWELLING?</i>  ANYTHING ELSE?  Record all items mentioned.	Informal agreement (written) ..... A Verbal agreement (no document)..... B  Occupied rent free With knowledge of owner ..... C Without knowledge of owner ..... D  Other (specify) ..... X None/No document..... Y	
HC15F. DO YOU FEEL SECURE FROM EVICTION FROM THIS DWELLING?	Yes..... 1 No ..... 2 DK..... 8	
HC15G. HAVE YOU BEEN EVICTED FROM YOUR HOME AT ANY TIME DURING THE PAST 5 YEARS?	Yes..... 1 No ..... 2	
HC15H. Dwelling located in or near:  Observe, and circle all items that describe the location of dwelling.	Landslide area ..... A Flood-prone area ..... B River bank..... C Steep hill ..... D Garbage mountain/pile ..... E Industrial pollution area ..... F Railroad ..... G None of the above ..... Y	
HC15I. Condition of dwelling:  <i>Record observation.</i>  <i>Record all that apply.</i>	Cracks/openings in walls ..... A No windows ..... B Windows with broken glass/no glass..... C Visible holes in the roof ..... D Incomplete roof ..... E Insecure door..... F Squatter (Jhupri)..... G None of the above ..... Y	
HC15J. Dwelling surroundings:  <i>Record observation.</i>  <i>Record all that apply.</i>	Very narrow passage between houses instead of road ..... A Too many power cables connecting to neighborhood's main distribution post.... B None of the above ..... Y	

**CHILD LABOUR MODULE**

**CL**

*To be administered to mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.*

**NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.**

CL1. Line no.	CL2. Name	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <i>If yes: FOR PAY IN CASH OR KIND?</i>  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5	CL4. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <i>If more than one job, include all hours at all jobs.</i>  <i>Record response then ⇒ CL6</i>	CL5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <i>If yes: FOR PAY IN CASH OR KIND?</i>  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN?  1 YES 2 NO ⇒ TO CL8	CL7. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?)  1 YES 2 NO ⇒ NEXT LINE	CL9. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?						
LINE NO.	NAME	YES			NO. HOURS	YES			YES	NO	NO. HOURS	YES	NO	NO. HOURS
		PAID	UNPAID	NO		PAID	UNPAID	NO						
01		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
02		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
03		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
04		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
05		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
06		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
07		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
08		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
09		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
10		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
11		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
12		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
13		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
14		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
15		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>



<b>SALT IODIZATION MODULE</b>		<b>SI</b>
<p>S11. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized..... 1            Iodized salt ..... 4            No salt in home..... 6            Salt not tested..... 7</p>	

S12. Does any eligible woman age 15-49 reside in the household?  
 Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

Yes. ⇒ Go to **QUESTIONNAIRE FOR INDIVIDUAL WOMEN** to administer the questionnaire to the first eligible woman.

No. ⇒ Continue (S13)

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S13. Does any child under the age of 5 reside in the household?  
 Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

Yes. ⇒ Go to **QUESTIONNAIRE FOR CHILDREN UNDER FIVE** to administer the questionnaire to caretaker of the first eligible child.

No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page (HH12-15).