

NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2016
 HOUSEHOLD QUESTIONNAIRE

NEPAL
 MINISTRY OF HEALTH

IDENTIFICATION																
NAME AND CODE OF DISTRICT _____	<table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>															
NAME AND CODE OF VILLAGE/MUNICIPALITY _____																
WARD NUMBER																
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>															
CLUSTER NUMBER																
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HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)																
INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
RESULT*	_____	_____	_____	YEAR <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">7</td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>	2	0	7									
2	0	7														
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
TIME	_____	_____		RESULT* <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL NUMBER OF VISITS <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>												
				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
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				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
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		02 NEPALI	04 BHOJPURI													
SUPERVISOR _____ NAME		OFFICE EDITOR _____ NUMBER		KEYED BY _____ NUMBER												

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Ministry of Health. We are conducting a survey about health and other topics all over Nepal. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 20 to 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. No part of this interview is being recorded in tape or video. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Do you have any questions?

May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED ... 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED ... 2 → END



100	RECORD THE TIME.	HOURS	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
		MINUTES	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER				
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			
1	2	3	4	5	6	7	8	9	10	10A	11
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME)'s current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY
		SEE CODES BELOW.				IF 95 OR MORE, RECORD '95'.	1 = CURRENTLY MARRIED 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED		CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL WOMEN AND MEN 15 YEARS AND ABOVE	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = BROTHER-IN-LAW OR SISTER-IN- SISTER-IN-LAW
03 = SON OR DAUGHTER	10 = NIECE/NEPHEW
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = CO-WIFE
05 = GRANDCHILD	12 = OTHER RELATIVE
06 = PARENT	13 = ADOPTED/STEP CHILD
07 = PARENT-IN-LAW	14 = NOT RELATED
	98 = DON'T KNOW

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER				
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			
1	2	3	4	5	6	7	8	9	10	10A	11
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11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = CO-WIFE
05 = GRANDCHILD	12 = OTHER RELATIVE
06 = PARENT	13 = ADOPTED/STEP CHILD
07 = PARENT-IN-LAW	14 = NOT RELATED
	98 = DON'T KNOW

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER			IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL			CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	16A	17B	18	19B	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	Has (NAME) ever participated in a literacy program or any other program that involves learning to read and write (not including primary school)?	What is the highest grade (NAME) has completed?	Did (NAME) attend school at any time during the [2072-2073] school year?	During [this/that] school year, what grade [is/was] (NAME) attending?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the VDC/municipality? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 17B	Y N 1 2 ↓ NEXT LINE	GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17B AND 19B: EDUCATION

GRADE

00 = LESS THAN 1 YEAR COMPLETED

01-10=GRADE 1 - GRADE 10

11= GRADE 11 AND ABOVE

94=SCHOOL BASED PRE-PRIMARY CENTERS

95= INFORMAL PRESCHOOL

98 = DON'T KNOW

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER			IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
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12	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17B	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17B AND 19B: EDUCATION

GRADE
 00 = LESS THAN 1 YEAR COMPLETED
 01-10=GRADE 1 - GRADE 10
 11= GRADE 11 AND ABOVE
 94=SCHOOL BASED PRE-PRIMARY CENTERS
 95= INFORMAL PRESCHOOL
 98 = DON'T KNOW

MIGRATION

21	<p>Now I would like to ask you about members of this household who lived here in the past 10 years but have since moved away since Baisakh 2063.</p> <p>Are there any mmembers of your household who lived here in the past 10 years but who have since moved away?</p>	YES 1 NO 2 DON'T KNOW 8	→ 101
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LINE NO.	MIGRANTS	SEX	MONTH AND YEAR MOVED AWAY	AGE	REASON FOR MOVING	PLACE TRAVELLED TO
22	23	24	25	26	27	28
	Please give me the names of the persons who are living outside of this household? AFTER LISTING THE NAMES AND RECORDING THE SEX FOR EACH PERSON, ASK QUESTIONS 25-28 FOR EACH PERSON	Is (NAME) male or female?	In what month and year did (NAME) move away?	How old was (NAME) when s/he moved away? IF 95 OR MORE, RECORD '95'. IF AGE LESS THAN 1 YEAR RECORD '00'	What was the main reason that (NAME) moved away?	Where has (NAME) travelled to? IF INDIA AND NEPAL, ASK FOR THE NAME OF THE CITY AND CODE; IF OTHER THAN INDIA OR NEPAL ASK FOR THE NAME OF THE COUNTRY. RECORD THE CODES AS PROVIDED.
01	_____	M F 1 2	MONTH <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> YEAR <div style="border: 1px solid black; width: 80px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 2px;"></div>	IN YEARS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	WORK 1 STUDY 2 MARRIAGE 3 ACCOMPANY FAMILY 4 SECURITY 5 OTHER 6 (SPECIFY) DON'T KNOW 8	NEPAL 1 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> INDIA 2 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> OTHER COUNTRY.. 3 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> DON'T KNOW 998
02	_____	M F 1 2	MONTH <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> YEAR <div style="border: 1px solid black; width: 80px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 2px;"></div>	IN YEARS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	WORK 1 STUDY 2 MARRIAGE 3 ACCOMPANY FAMILY 4 SECURITY 5 OTHER 6 (SPECIFY) DON'T KNOW 8	NEPAL 1 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> INDIA 2 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> OTHER COUNTRY.. 3 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> DON'T KNOW 998
03	_____	M F 1 2	MONTH <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> YEAR <div style="border: 1px solid black; width: 80px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 2px;"></div>	IN YEARS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	WORK 1 STUDY 2 MARRIAGE 3 ACCOMPANY FAMILY 4 SECURITY 5 OTHER 6 (SPECIFY) DON'T KNOW 8	NEPAL 1 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> INDIA 2 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> OTHER COUNTRY.. 3 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> DON'T KNOW 998
04	_____	M F 1 2	MONTH <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> YEAR <div style="border: 1px solid black; width: 80px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 2px;"></div>	IN YEARS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	WORK 1 STUDY 2 MARRIAGE 3 ACCOMPANY FAMILY 4 SECURITY 5 OTHER 6 (SPECIFY) DON'T KNOW 8	NEPAL 1 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> INDIA 2 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> OTHER COUNTRY.. 3 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> DON'T KNOW 998
05	_____	M F 1 2	MONTH <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> YEAR <div style="border: 1px solid black; width: 80px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 2px;"></div>	IN YEARS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	WORK 1 STUDY 2 MARRIAGE 3 ACCOMPANY FAMILY 4 SECURITY 5 OTHER 6 (SPECIFY) DON'T KNOW 8	NEPAL 1 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> INDIA 2 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> OTHER COUNTRY.. 3 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> DON'T KNOW 998
29	TOTAL NUMBER OF MIGRANTS		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>			
	TICK IF CONTINUATION SHEETS USED		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>			

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>	<div style="position: relative; height: 300px;"> → 106 → 103 → 103 </div>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>	<div style="position: relative; height: 300px;"> → 106 </div>
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<div style="position: relative; height: 100px;"> → 105 </div>
104	How long does it take to go there, get water, and come back?	MINUTES <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div> DON'T KNOW 998	
105	CHECK 101 AND 102: CODE '14' OR '21' <div style="display: flex; justify-content: space-around;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>		→ 107

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
106	In the past two weeks, was the water from this source not available for at least one full day?	YES 1 NO 2 DON'T KNOW 8			
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 109		
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER X (SPECIFY) DON'T KNOW Z			
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	→ 113		
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112		
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1"><tr><td>0</td><td></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3			

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 <div align="center">(SPECIFY)</div>	 → 116																																				
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 <div align="center">(SPECIFY)</div>	 → 116																																				
115	Do you have a separate room which is used as a kitchen?	YES 1 NO 2																																					
116	How many rooms in this household are used for sleeping?	ROOMS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																																					
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 119																																				
118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'.	<table border="0"> <tr> <td>a) Milk cows or bulls?</td><td>a) COWS/BULLS</td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td></tr> <tr> <td>b) Buffalo?</td><td>b) BUFFALO</td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td></tr> <tr> <td>c) Horses, donkeys, or mules?</td><td>c) HORSES/DONKEYS/MULES</td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td></tr> <tr> <td>d) Goats?</td><td>d) GOATS</td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td></tr> <tr> <td>e) Sheep?</td><td>e) SHEEP</td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td></tr> <tr> <td>f) Chickens or other poultry?</td><td>f) CHICKENS/POULTRY</td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td></tr> <tr> <td>g) Ducks?</td><td>g) DUCKS</td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td></tr> <tr> <td>h) Pigs?</td><td>h) PIGS</td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td></tr> <tr> <td>i) Yaks?</td><td>i) YAKS</td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td><td><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></td></tr> </table>	a) Milk cows or bulls?	a) COWS/BULLS	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	b) Buffalo?	b) BUFFALO	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	c) Horses, donkeys, or mules?	c) HORSES/DONKEYS/MULES	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	d) Goats?	d) GOATS	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	e) Sheep?	e) SHEEP	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	f) Chickens or other poultry?	f) CHICKENS/POULTRY	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	g) Ducks?	g) DUCKS	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	h) Pigs?	h) PIGS	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	i) Yaks?	i) YAKS	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
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119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121																																				
120	How many bigha/ropani of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	BIGHA 1 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> . <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> ROPANI 2 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> . <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> 95 OR MORE BIGHA/ROPANI 950 DON'T KNOW 998																																					

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
121	Does your household have:	YES	NO	
	a) Electricity?	a) ELECTRICITY 1	2	
	b) A radio?	b) RADIO 1	2	
	c) A television?	c) TELEVISION 1	2	
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE .. 1	2	
	e) A computer?	e) COMPUTER 1	2	
	f) A refrigerator?	f) REFRIGERATOR 1	2	
	g) A table?	g) TABLE 1	2	
	h) A chair?	h) CHAIR 1	2	
	i) A bed?	i) BED 1	2	
	j) A sofa?	j) SOFA 1	2	
	k) A cupboard?	k) CUPBOARD 1	2	
	l) A clock?	l) CLOCK 1	2	
	m) A fan?	m) FAN 1	2	
	n) A inverter?	n) INVERTOR 1	2	
	o) A dhiki/janto?	o) DHIKI/JANTO 1	2	
122	Does any member of this household own:	YES	NO	
	a) A watch?	a) WATCH 1	2	
	b) A mobile phone?	b) MOBILE PHONE 1	2	
	c) A bicycle/rickshaw?	c) BICYCLE/RICKSHAW 1	2	
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER 1	2	
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART 1	2	
	f) A car/truck/tractor?	f) CAR, TRUCK, OR TRACTOR .. 1	2	
	g) A three wheel tempo?	g) THREE WHEEL TEMPO 1	2	
123	Does any member of this household have a bank account/cooperative or other savings account?	YES 1	NO 2	
124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY 1	WEEKLY 2	
		MONTHLY 3	LESS OFTEN THAN ONCE A MONTH 4	
		NEVER 5		
127	Does your household have any mosquito nets?	YES 1	NO 2	→ 128A
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>		
128A	How can you protect yourself from mosquito bites?	USING NETS A	USING REPELLENT CREAM B	
		USING COILS C	USING GOODNIGHT MAT/LIQUID D	
		TAKE INJECTION E	ELECTRIC BAT TO KILL MOSQUITOES F	
		SPRAY INSECTICIDES G	USE FAN H	
		PROPER SANITATION I		
		OTHER X	(SPECIFY) Z	
128B	Have you heard about Lymphatic Filariasis (Hattipaile)?	YES 1	NO 2	→ 128D
128C	How does Lymphatic Filariasis (Hattipaile) transmit?	THROUGH MOSQUITO BITE A	FROM CONTAMINATED FOOD B	
		CURSE FROM GOD C		
		OTHER X	(SPECIFY) Z	
128D	How long does it take to reach the nearest government health facility from your house?	MINUTES <input type="text"/>		
		DON'T KNOW 998		

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE 4 NOT OBSERVED, OTHER REASON 5	→ 142
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL/GALVANIZED SHEET 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
144	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>MUD/SAND 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>PLYWOOD 23</p> <p>CARDBOARD 24</p> <p>REUSED WOOD 25</p> <p>METAL/GALVANIZED SHEET 26</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>WOOD PLANKS/SHINGLES 35</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
145	<p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p>IODINE PRESENT 1</p> <p>NO IODINE 2</p> <p>NO SALT IN HOUSEHOLD 3</p> <p>SALT NOT TESTED _____ 6</p> <p align="center">(SPECIFY REASON)</p>	

HOUSEHOLD FOOD SECURITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
145AA	Now I would like to ask you about food insecurity that your household might have faced during the past 12 months.										
145A	In the past 12 months, how frequently did you worry that your household would not have enough food?	NEVER 1 RARELY 2 SOMETIMES 3 OFTEN 4									
145B	In the past 12 months, how often were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	NEVER 1 RARELY 2 SOMETIMES 3 OFTEN 4									
145C	In the past 12 months, how often did you or any household member have to eat a limited variety of foods due to a lack of resources?	NEVER 1 RARELY 2 SOMETIMES 3 OFTEN 4									
145D	In the past 12 months, how often did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	NEVER 1 RARELY 2 SOMETIMES 3 OFTEN 4									
145E	In the past 12 months, how often did you or any household member have to eat a smaller meal than you felt you needed you felt you needed because there was not enough food?	NEVER 1 RARELY 2 SOMETIMES 3 OFTEN 4									
145F	In the past 12 months, how often did you or any household member eat fewer meals in a day because of lack of resources to get food?	NEVER 1 RARELY 2 SOMETIMES 3 OFTEN 4									
145G	In the past 12 months, how often was there with no food to eat of any kind in your household because of lack of resources to get food?	NEVER 1 RARELY 2 SOMETIMES 3 OFTEN 4									
145H	In the past 12 months, how often did you or any household member go to sleep at night hungry because there was not enough food?	NEVER 1 RARELY 2 SOMETIMES 3 OFTEN 4									
145I	In the past 12 months, how often did you or any household member go a whole day and night without eating anything because there was not enough food?	NEVER 1 RARELY 2 SOMETIMES 3 OFTEN 4									
146	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
