

ANNEX F: SURVEY QUESTIONNAIRES



(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.*

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster No.	<input type="text"/>	HH2. Household number:
Name:		
HH3. Interviewer name and number:	<input type="text"/>	HH4. Supervisor name and number:
Name:		Name:
HH5. Day/Month/Year of interview: /		<input type="text"/> / <input type="text"/> / 2006
HH6. Area:		HH7. Region/Division:
Rural.....1		1. Barisal..... 1
Urban		2. Chittagong2
Urban (Municipality)2		3. Dhaka3
Urban non-slum (Metro)3		4. Khulna4
Urban slum4		5. Rajshahi.....5
Tribal5		6. Sylhet6
HH 7A. District Code	<input type="text"/>	HH 7B. Sub-district (Upazila) Code
Name:		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:		HH10. Respondent to HH questionnaire:
Completed.....1		Name:
Not at home2		Line No:
Refused3		
HH not found/destroyed.....4		HH11. Total number of household members:
Other (<i>specify</i>)6		
HH12. No. of women eligible (15-49) for interview:	<input type="text"/>	HH13. No. of women questionnaires (WM) completed:
HH14. No. of children under age 5:	<input type="text"/>	HH15. No. of under-5 questionnaires (UF) completed:
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 type="text"/>

HOUSEHOLD LISTING FORM

HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing.

Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick (✓) here if continuation sheet used

Eligible for:

LINE	NAME	REL.	M	F	AGE	WOMEN'S INTERVIEW		CHILD LABOUR MODULE		UNDER-5 INTERVIEW		For children age 0-17 years ask HL9-HL12		For age 5-18 years		
						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⇔ NEXT LINE 8 DK⇔ 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?			
01		0 1	1	2		15-49	MOTHER	MOTHER	1	2	8	1	2	8	1	2
02			1	2		02			1	2	8	1	2	8	1	2
03			1	2		03			1	2	8	1	2	8	1	2
04			1	2		04			1	2	8	1	2	8	1	2
05			1	2		05			1	2	8	1	2	8	1	2
06			1	2		06			1	2	8	1	2	8	1	2
07			1	2		07			1	2	8	1	2	8	1	2
08			1	2		08			1	2	8	1	2	8	1	2

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD?	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' (CIRCLE THE ANSWER)	HL11. IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ 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			
					<table border="1"> <thead> <tr> <th>Women 15-49</th> <th>Children 5-14</th> <th>Under-5s</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Women 15-49	Children 5-14	Under-5s	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Women 15-49	Children 5-14	Under-5s													
<input type="text"/>	<input type="text"/>	<input type="text"/>													

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.

* 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		For household members age 5-24 years												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 OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE/CLASS (name) COMPLETED AT THIS LEVEL?	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?	ED6C. TYPE OF SCHOOL	ED7. DID (name) ATTEND SCHOOL AT ANY TIME DURING THE JANUARY-DECEMBER, 2005?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE/CLASS DID (name) ATTEND?	F	NF	M	Y	N	DK	LEVEL	CLASS
LINE	YES NO	LEVEL	CLASS	YES NO	DAYS	LEVEL	CLASS	F	NF	M	Y	N	DK	LEVEL	CLASS	LEVEL	CLASS
01	1 2⇒NEXT LN	0 1 2 3 6 8		1 2		0 1 2 3 6 8		1 2 3	1 2 8	0 1 2 3 6 8							
02	1 2⇒NEXT LN	0 1 2 3 6 8		1 2		0 1 2 3 6 8		1 2 3	1 2 8	0 1 2 3 6 8							
03	1 2⇒NEXT LN	0 1 2 3 6 8		1 2		0 1 2 3 6 8		1 2 3	1 2 8	0 1 2 3 6 8							
04	1 2⇒NEXT LN	0 1 2 3 6 8		1 2		0 1 2 3 6 8		1 2 3	1 2 8	0 1 2 3 6 8							
05	1 2⇒NEXT LN	0 1 2 3 6 8		1 2		0 1 2 3 6 8		1 2 3	1 2 8	0 1 2 3 6 8							
06	1 2⇒NEXT LN	0 1 2 3 6 8		1 2		0 1 2 3 6 8		1 2 3	1 2 8	0 1 2 3 6 8							
07	1 2⇒NEXT LN	0 1 2 3 6 8		1 2		0 1 2 3 6 8		1 2 3	1 2 8	0 1 2 3 6 8							
08	1 2⇒NEXT LN	0 1 2 3 6 8		1 2		0 1 2 3 6 8		1 2 3	1 2 8	0 1 2 3 6 8							
09	1 2⇒NEXT LN	0 1 2 3 6 8		1 2		0 1 2 3 6 8		1 2 3	1 2 8	0 1 2 3 6 8							
10	1 2⇒NEXT LN	0 1 2 3 6 8		1 2		0 1 2 3 6 8		1 2 3	1 2 8	0 1 2 3 6 8							
11	1 2⇒NEXT LN	0 1 2 3 6 8		1 2		0 1 2 3 6 8		1 2 3	1 2 8	0 1 2 3 6 8							
12	1 2⇒NEXT LN	0 1 2 3 6 8		1 2		0 1 2 3 6 8		1 2 3	1 2 8	0 1 2 3 6 8							
13	1 2⇒NEXT LN	0 1 2 3 6 8		1 2		0 1 2 3 6 8		1 2 3	1 2 8	0 1 2 3 6 8							
14	1 2⇒NEXT LN	0 1 2 3 6 8		1 2		0 1 2 3 6 8		1 2 3	1 2 8	0 1 2 3 6 8							
15	1 2⇒NEXT LN	0 1 2 3 6 8		1 2		0 1 2 3 6 8		1 2 3	1 2 8	0 1 2 3 6 8							

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

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:</i> WHERE DOES IT FLUSH TO? <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	95⇒ WS9A.
WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?	Other (<i>specify</i>) 96 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	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	
<i>Record observation.</i>		
HC4. Main material of the roof	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	
<i>Record observation.</i>		
HC5. Main material of the walls	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	
<i>Record observation.</i>		
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>HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?</p> <p>HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p>HC9. DOES YOUR HOUSEHOLD HAVE:</p> <p>HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>HC11A. DID ANY BOY/GIRL UNDER 18 YEARS OF YOUR HOUSEHOLD GET INJURED/ACCIDENT /DROWNED IN THE LAST ONE YEAR?</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> <p>HC11C. HOW IS SHE/HE NOW? (WRITE 0 FOR CASES NO IN ANY BOX)</p> <p>HC11D. WAS THERE ANY MARRIAGE IN THE HOUSEHOLD IN LAST THREE YEARS? IF YES, WAS THE MARRIAGE REGISTERED?</p>	<p>Open fire..... 1</p> <p>Open stove 2</p> <p>Closed stove..... 3</p> <p>Other (<i>specify</i>) 6</p> <p>Yes 1</p> <p>No..... 2</p> <p>In the house 1</p> <p>In a separate building..... 2</p> <p>Outdoors..... 3</p> <p>Other (<i>specify</i>) 6</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. 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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> <p>Yes 1</p> <p>No..... 2</p>		Yes	No	A. Electricity.....	1	2	B. Radio.....	1	2	C. Television.....	1	2	D. Mobile phone.....	1	2	E. 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Other _____</td><td></td><td></td></tr> </tbody> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <tbody> <tr><td>A. Recovered</td><td></td><td></td></tr> <tr><td>B. Still suffering</td><td></td><td></td></tr> <tr><td>C. Died</td><td></td><td></td></tr> </tbody> </table>		Boy	Girl	A. Fall			B. Burn			C. Accidental poisoning			D. Animal/snake/insect			E. Rd. Accident			F. Drowned			G. Acid victim			X. Other _____			A. Recovered			B. Still suffering			C. Died		
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J. Air conditioner/ cooler.....	1	2																																																																																																
	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																																																																																																
	Boy	Girl																																																																																																
A. Fall																																																																																																		
B. Burn																																																																																																		
C. Accidental poisoning																																																																																																		
D. Animal/snake/insect																																																																																																		
E. Rd. Accident																																																																																																		
F. Drowned																																																																																																		
G. Acid victim																																																																																																		
X. Other _____																																																																																																		
A. Recovered																																																																																																		
B. Still suffering																																																																																																		
C. Died																																																																																																		

SECURITY OF TENURE AND DURABILITY OF HOUSING		HC
HC15. HOW MANY YEARS DO YOU LIVE IN THIS PROPERTY/LAND?	Duration of living (In Yrs.) <input type="text"/>	
<i>(IF LESS THAN ONE YEAR WRITE 00)</i>		
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?	Certificate of occupation (or adjudication certificate) A Property tax certification B Utility bills C Other (<i>specify</i>) X None/No document Y	⇒HC15F
ANYTHING ELSE?		
Record all items mentioned.		
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?	Informal agreement (written) A Verbal agreement (no document) B	
<i>If Yes</i> , WHAT KIND OF DOCUMENT OR AGREEMENT DO YOU HAVE FOR THE RENTAL OF THIS DWELLING?	Occupied rent free With knowledge of owner C Without knowledge of owner D Other (<i>specify</i>) X None/No document Y	
ANYTHING ELSE?		
Record all items mentioned.		
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:	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	
Observe, and circle all items that describe the location of dwelling.		
HC15I. Condition of dwelling:	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	
<i>Record observation.</i>		
<i>Record all that apply.</i>		
HC15J. Dwelling surroundings:	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	
<i>Record observation.</i>		
<i>Record all that apply.</i>		

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?		CL4. If yes: 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?		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?		CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN?		CL7. If yes: 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?)		CL9. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?			
		PAID	UNPAID	NO	NO.	HOURS	NO.	HOURS	YES	NO	YES	NO	YES	NO	NO.	HOURS	
01		1	2	3			1	2	3	1	2	1	2	1	2		
02		1	2	3			1	2	3	1	2	1	2	1	2		
03		1	2	3			1	2	3	1	2	1	2	1	2		
04		1	2	3			1	2	3	1	2	1	2	1	2		
05		1	2	3			1	2	3	1	2	1	2	1	2		
06		1	2	3			1	2	3	1	2	1	2	1	2		
07		1	2	3			1	2	3	1	2	1	2	1	2		
08		1	2	3			1	2	3	1	2	1	2	1	2		
09		1	2	3			1	2	3	1	2	1	2	1	2		
10		1	2	3			1	2	3	1	2	1	2	1	2		
11		1	2	3			1	2	3	1	2	1	2	1	2		
12		1	2	3			1	2	3	1	2	1	2	1	2		
13		1	2	3			1	2	3	1	2	1	2	1	2		
14		1	2	3			1	2	3	1	2	1	2	1	2		
15		1	2	3			1	2	3	1	2	1	2	1	2		

DISABILITY		To be administered to caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank															DA						
Line no.	DA2. Child's name	DA3. COMPARED WITH OTHER CHILDREN, DOES OR DID (name) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	DA4. COMPARED WITH OTHER CHILDREN, DOES OR DID (name) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	DA5. DOES (name) APPEAR TO HAVE DIFFICULTY HEARING?	DA6. WHEN YOU TELL (name) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	DA7. DOES (name) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?	DA8. DOES (name) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSCIOUSNESS?	DA9. DOES (name) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	DA10. DOES (name) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	DA11. (For 3-9 year olds): Is (name)'s SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	DA12. (For 2-year-olds): CAN (name) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (name) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?	Y	N	Y	N	Y	N	Y	N	Y	N	
01		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
02		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
03		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
04		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
05		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
06		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
07		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
08		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
09		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
10		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
11		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
12		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
13		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
14		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
15		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2

SALT IODIZATION MODULE**SI**

S11. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED.	Not iodized.....	1
MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?	Iodized salt.....	4
	No salt in home.....	6
	Salt not tested.....	7

Once you have examined the salt, circle number that corresponds to test outcome.

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)

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).