

APPENDIX E



Government of the People's Republic of Bangladesh
 Bangladesh Bureau of Statistics (BBS)
HOUSEHOLD QUESTIONNAIRE
 Bangladesh MICS 2019



HOUSEHOLD INFORMATION PANEL		HH		
HH1. Cluster number: _____		HH2. Household number: _____		
HH3. Interviewer's name and number: NAME _____		HH4. Supervisor's name and number: NAME _____		
HH5. Day / Month / Year of interview: _____ / _____ / 2019		HH7. Division: BARISAL 10 CHITTAGONG 20 DHAKA 30 KHLUNA 40 MYMENSINGH 45 RAJSHAHI 50 RANGPUR 55 SYLHET 60		
HH6. Area: URBAN 1 RURAL 2	HH7A. District Name and Code: NAME _____			
HH9. Is the household selected for Water Quality Testing – household arsenic test? YES 1 NO 2	HH9A. Is the household selected for E. coli testing? YES 1 NO 2	HH10. Is the household selected for blank testing YES 1 NO 2		
HH9B. Is the household selected for source arsenic test? YES 1 NO 2		HH11. Record the time. HOURS : MINUTES _____ : _____		
Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15.				
HH12. Hello, my name is (<i>your name</i>). We are from Bangladesh Bureau of Statistics . We are conducting a survey about the situation of children, families and households. I would like to talk to you about these subjects. This interview usually takes about 45 minutes. Following this, I may ask to conduct additional interviews with you or other individual members of your household. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?				
YES 1 NO / NOT ASKED 2		1 ⇒ LIST OF HOUSEHOLD MEMBERS 2 ⇒ HH46		
HH46. Result of Household Questionnaire interview: <i>Discuss any result not completed with Supervisor.</i>	COMPLETED 01 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 02 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 03 REFUSED 04 DWELLING VACANT OR ADDRESS NOT A DWELLING 05 DWELLING DESTROYED 06 DWELLING NOT FOUND 07 OTHER (<i>specify</i>) 96			
HH47. Name and line number of the respondent to Household Questionnaire interview: NAME _____	To be filled after the Household Questionnaire is completed		To be filled after <u>all</u> the questionnaires are completed	
HOUSEHOLD MEMBERS	TOTAL NUMBER		COMPLETED NUMBER	
WOMEN AGE 15-49	HH48	_____	HH53	_____
CHILDREN UNDER AGE 5	HH49	_____	HH55	_____
CHILDREN AGE 5-17	HH51	_____	HH56	ZERO 0 ONE 1
	HH52	_____		

MICS6.HH.1

LIST OF HOUSEHOLD MEMBERS

HL

First complete HL2 for all members of the household. Then proceed with HL3 and HL4 vertically. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household. Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box:

HL1. Line number	HL2. First, please tell me the name of each person who usually lives here, starting with the head of the household.	HL3. What is the relationship of (name) to (name of the head of household)?	HL4. Is (name) male or female?	HL5. What is (name)'s date of birth?	HL6. How old is (name)? Record in completed years. If age is 95 or above, record '95'.	HL8. Record line number if woman and age 15-49.	HL10. Record line number if age 0-4.	HL11. Age 0-17?	HL12. Is (name)'s natural mother alive?	HL13. Does (name)'s natural mother live in this household?	HL14. Record the line number of mother and go to HL16.	HL15. Where does (name)'s natural mother live?	HL16. Is (name)'s natural father alive?	HL17. Does (name)'s natural father live in this household?	HL18. Record the line number of father and go to HL20.	HL19. Where does (name)'s natural father live?	HL20. Copy the line number of mother from HL14. If blank, ask: Who is the primary caretaker of (name)? If 'No one' for a child age 15-17, record '99'.
LINE	NAME	RELATIONSHIP*	M F	MONTH YEAR	AGE	W 15-49	0-4	Y N	Y N DK	Y N	MOTHER	1 2 3 4 8	Y N DK	Y N	FATHER	1 2 3 4 8	
01		0_1	1 2	98 DK 9998 DK		01	01	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	
02			1 2			02	02	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	
03			1 2			03	03	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	
04			1 2			04	04	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	
05			1 2			05	05	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	
06			1 2			06	06	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	
07			1 2			07	07	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	
08			1 2			08	08	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	
09			1 2			09	09	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	
10			1 2			10	10	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	
11			1 2			11	11	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	
12			1 2			12	12	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	
13			1 2			13	13	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	
14			1 2			14	14	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	
15			1 2			15	15	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	

* Codes for HL3:
01 HEAD
02 SPOUSE / PARTNER
03 SON / DAUGHTER
04 SON-IN-LAW / DAUGHTER-IN-LAW
05 GRANDCHILD
06 PARENT
07 PARENT-IN-LAW
08 BROTHER / SISTER
09 BROTHER-IN-LAW / SISTER-IN-LAW
10 UNCLE/AUNT
11 NIECE / NEPHEW
12 OTHER RELATIVE
13 ADOPTED / FOSTER / STEPCHILD
14 SERVANT (LIVE-IN)
96 OTHER (NOT RELATED)
98 DK

EDUCATION 1				ED													
ED1. Line number	ED2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	ED3. Age 3 or above? 1 YES 2 NO ∇ Next Line	ED4. Has (name) ever attended school or any Early Childhood Education programme? 1 YES 2 NO ∇ Next Line	ED5. What is the highest level and grade or year of school (name) has ever attended? LEVEL: 0 ECE ∇ ED7 1 PRIMARY 2 LOWER SECONDARY 3 SECONDARY/HIGHER SECONDARY 4 HIGHER 8 DK	ED6. Did (name) ever complete that (grade/year)? 1 YES 2 NO ∇ 8 DK	ED7. Age 3-24? 1 YES 2 NO ∇ Next Line	ED8. Check ED4: Ever attended school or ECE? 1 YES 2 NO ∇ Next Line										
LINE	NAME	AGE	YES	NO	YES	NO	YES	NO									
01		___	1	2	0	1	2	3	4	8	1	2	8	1	2	1	2
02		___	1	2	0	1	2	3	4	8	1	2	8	1	2	1	2
03		___	1	2	0	1	2	3	4	8	1	2	8	1	2	1	2
04		___	1	2	0	1	2	3	4	8	1	2	8	1	2	1	2
05		___	1	2	0	1	2	3	4	8	1	2	8	1	2	1	2
06		___	1	2	0	1	2	3	4	8	1	2	8	1	2	1	2
07		___	1	2	0	1	2	3	4	8	1	2	8	1	2	1	2
08		___	1	2	0	1	2	3	4	8	1	2	8	1	2	1	2
09		___	1	2	0	1	2	3	4	8	1	2	8	1	2	1	2
10		___	1	2	0	1	2	3	4	8	1	2	8	1	2	1	2
11		___	1	2	0	1	2	3	4	8	1	2	8	1	2	1	2
12		___	1	2	0	1	2	3	4	8	1	2	8	1	2	1	2
13		___	1	2	0	1	2	3	4	8	1	2	8	1	2	1	2
14		___	1	2	0	1	2	3	4	8	1	2	8	1	2	1	2
15		___	1	2	0	1	2	3	4	8	1	2	8	1	2	1	2

EDUCATION 2										ED		
ED1. Line number	ED2. Name and age.	ED9. At any time during the 2018 school year did (name) attend school or any (name) attend Early Childhood Education programme? 1 YES 2 NO ∇ ED15	ED10. During this 2019 school year, which level and grade or year is (name) attending? LEVEL: 0 ECE ∇ ED15 1 PRIMARY 2 LOWER SEC. 3 SECONDARY / HIGHER SECONDARY 4 HIGHER 8 DK	ED11. Is (he/she) attending a public school? If "Yes", record '1'. If "No", probe to code who controls and manages the school. 1 GOVT./PUBLIC 2 RELIGIOUS/ FAITH ORG. 3 PRIVATE 4 NGO 6 OTHER 8 DK	ED12. In the previous year, has (name) received any school tuition support? If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO ∇ 8 DK ∇ ED14 ED14	ED13. Who provided the tuition support? Record all mentioned. A GOVT./PUBLIC B RELIGIOUS/ FAITH ORG. C PRIVATE. D NGO X OTHER Z DK	ED14. For the 2019 school year, has (name) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies? If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO 8 DK	ED15. At any time during the 2018 school year did (name) attend school or any (name) attend Early Childhood Education programme? 1 YES 2 NO ∇ 8 DK ∇ Next Line Next Line	ED16. During that 2018 school year, which level and grade or year did (name) attend? LEVEL: 0 ECE ∇ Next Line 1 PRIMARY 2 LOWER SEC. 3 SECONDARY / HIGHER SECONDARY 4 HIGHER 8 DK	GRADE/YEAR:		
LINE	NAME	AGE	YES NO	LEVEL	GRADE/YEAR	AUTHORITY	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	GRADE/YEAR
01			1 2	0 1 2 3 4 8	1 2 3 4 6 8	1 2 8	1 2 8	ABCD XZ	1 2 8	1 2 8	0 1 2 3 4 8	
02			1 2	0 1 2 3 4 8	1 2 3 4 6 8	1 2 8	1 2 8	ABCD XZ	1 2 8	1 2 8	0 1 2 3 4 8	
03			1 2	0 1 2 3 4 8	1 2 3 4 6 8	1 2 8	1 2 8	ABCD XZ	1 2 8	1 2 8	0 1 2 3 4 8	
04			1 2	0 1 2 3 4 8	1 2 3 4 6 8	1 2 8	1 2 8	ABCD XZ	1 2 8	1 2 8	0 1 2 3 4 8	
05			1 2	0 1 2 3 4 8	1 2 3 4 6 8	1 2 8	1 2 8	ABCD XZ	1 2 8	1 2 8	0 1 2 3 4 8	
06			1 2	0 1 2 3 4 8	1 2 3 4 6 8	1 2 8	1 2 8	ABCD XZ	1 2 8	1 2 8	0 1 2 3 4 8	
07			1 2	0 1 2 3 4 8	1 2 3 4 6 8	1 2 8	1 2 8	ABCD XZ	1 2 8	1 2 8	0 1 2 3 4 8	
08			1 2	0 1 2 3 4 8	1 2 3 4 6 8	1 2 8	1 2 8	ABCD XZ	1 2 8	1 2 8	0 1 2 3 4 8	
09			1 2	0 1 2 3 4 8	1 2 3 4 6 8	1 2 8	1 2 8	ABCD XZ	1 2 8	1 2 8	0 1 2 3 4 8	
10			1 2	0 1 2 3 4 8	1 2 3 4 6 8	1 2 8	1 2 8	ABCD XZ	1 2 8	1 2 8	0 1 2 3 4 8	
11			1 2	0 1 2 3 4 8	1 2 3 4 6 8	1 2 8	1 2 8	ABCD XZ	1 2 8	1 2 8	0 1 2 3 4 8	
12			1 2	0 1 2 3 4 8	1 2 3 4 6 8	1 2 8	1 2 8	ABCD XZ	1 2 8	1 2 8	0 1 2 3 4 8	
13			1 2	0 1 2 3 4 8	1 2 3 4 6 8	1 2 8	1 2 8	ABCD XZ	1 2 8	1 2 8	0 1 2 3 4 8	
14			1 2	0 1 2 3 4 8	1 2 3 4 6 8	1 2 8	1 2 8	ABCD XZ	1 2 8	1 2 8	0 1 2 3 4 8	
15			1 2	0 1 2 3 4 8	1 2 3 4 6 8	1 2 8	1 2 8	ABCD XZ	1 2 8	1 2 8	0 1 2 3 4 8	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. What is the religion of (<i>name of the head of the household from HL2</i>)?	MUSLIM..... 1 HINDU..... 2 CHRISTIANITY..... 3 BUDDHISM..... 4 OTHER RELIGION (specify)..... 6 NO RELIGION..... 7	
HC1B. What is the mother tongue/native language of (<i>name of the head of the household from HL2</i>)?	BANGLA..... 2 OTHER LANGUAGE (specify)..... 6	
HC2. To what ethnic group does (<i>name of the head of the household from HL2</i>) belong?	BANGLI..... 01 CHAKMA..... 02 SAOTAL..... 03 MARMA..... 04 TRIPURA..... 05 GARO..... 06 TONCHANGYA..... 07 MRO..... 08 KHASHIA..... 09 MANIPUR..... 10 OTHER (specify)..... 96	
HC3. How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS..... _ _	
HC4. Main material of the dwelling floor. <i>Record observation.</i> <i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i>	NATURAL FLOOR EARTH / SAND..... 11 DUNG..... 12 RUDIMENTARY FLOOR WOOD PLANKS..... 21 PALM / BAMBOO/BETEL NUT..... 22 FINISHED FLOOR PARQUET OR POLISHED WOOD..... 31 VINYL OR ASPHALT STRIPS..... 32 CERAMIC TILES..... 33 CEMENT..... 34 CARPET..... 35 OTHER (specify)..... 96	

<p>HC5. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>NO ROOF 11</p> <p>NATURAL ROOFING</p> <p>THATCH / PALM LEAF/ NIPA PALM 12</p> <p>SOD 13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT 21</p> <p>PALM / BAMBOO 22</p> <p>FINISHED ROOFING</p> <p>METAL / TIN 31</p> <p>WOOD 32</p> <p>CALAMINE / CEMENT FIBRE 33</p> <p>CERAMIC TILES 34</p> <p>CEMENT 35</p> <p>ROOFING SHINGLES 36</p> <p>OTHER (<i>specify</i>) 96</p>																									
<p>HC6. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>NO WALLS 11</p> <p>NATURAL WALLS</p> <p>CANE / PALM / TRUNKS 12</p> <p>DIRT 13</p> <p>BAMBOO WITH POLITHINE 14</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>TIN 27</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>COVERED ADOBE 35</p> <p>WOOD PLANKS / SHINGLES 36</p> <p>OTHER (<i>specify</i>) 96</p>																									
<p>HC7. Does your household have:</p> <p>[A] A fixed telephone line?</p> <p>[B] A radio?</p> <p>[C] A Cot/Bed?</p> <p>[D] A Table/Chair?</p> <p>[E] An Almirah/wardrobe?</p> <p>[F] A Sofa set?</p> <p>[G] A Water Filter/Dispenser?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>FIXED TELEPHONE LINE 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>COT/BED 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>TABLE/CHAIR 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>ALMIRAH/WARDROBE 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOFA SET 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>WATER FILTER/DISPENSER 1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	FIXED TELEPHONE LINE 1	1	2	RADIO 1	1	2	COT/BED 1	1	2	TABLE/CHAIR 1	1	2	ALMIRAH/WARDROBE 1	1	2	SOFA SET 1	1	2	WATER FILTER/DISPENSER 1	1	2	
	YES	NO																								
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ALMIRAH/WARDROBE 1	1	2																								
SOFA SET 1	1	2																								
WATER FILTER/DISPENSER 1	1	2																								

HC8. Does your household have electricity?	YES, INTERCONNECTED GRID..... 1 YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM)..... 2 NO..... 3	3 ⇒ HC10
HC9. Does your household have:	YES NO	
[A] A television?	TELEVISION 1 2	
[B] A refrigerator/Freezer?	REFRIGERATOR/FREEZER 1 2	
[C] An air conditioner?	AIR CONDITIONER..... 1 2	
[D] A washing machine?	WASHING MACHINE 1 2	
[E] An electric water pump	ELECTRIC WATER PUMP..... 1 2	
[F] An electric fan?	ELECTRIC FAN..... 1 2	
HC10. Does any member of your household own:	YES NO	
[A] A wristwatch?	WRISTWATCH..... 1 2	
[B] A bicycle?	BICYCLE..... 1 2	
[C] A motorcycle or scooter?	MOTORCYCLE / SCOOTER 1 2	
[D] An animal-drawn cart?	ANIMAL-DRAWN CART 1 2	
[E] A car, truck or covered van?	CAR / TRUCK / COVERED VAN 1 2	
[F] A boat with a motor?	BOAT WITH MOTOR 1 2	
[G] A rickshaw/rickshaw-van	RICKSHAW/RIKSHAW-VAN..... 1 2	
[H] A nasiman/kariman/votbati	NASIMAN/KARIMAN/VOTBATI 1 2	
[I] An easy bike/auto bike	EASY BIKE/AUTO BIKE..... 1 2	
[J] Country Boat (without motor)	COUNTRY BOAT 1 2	
HC11. Does any member of your household have a computer or a tablet?	YES 1 NO..... 2	
HC12. Does any member of your household have a mobile telephone?	YES 1 NO..... 2	
HC13. Does your household have access to internet at home	YES 1 NO..... 2	
HC14. Do you or someone living in this household own this dwelling? <i>If 'No', then ask: Do you rent this dwelling from someone not living in this household?</i> <i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i>	OWN 1 RENT 2 OTHER (<i>specify</i>) 6	

HC15. Does any member of this household own any land that can be used for agriculture?	YES 1 NO 2	2 ⇒ HC17
HC16. How many Decimal of agricultural land do members of this household own? <i>If less than 1 Decimal, record '000'. If 995 or more, record '995' in unknown record '998'.</i>	DECIMAL 995 OR MORE 995 DK 998	
HC17. Does this household own any livestock, herd, other farm animals, or poultry?	YES 1 NO 2	2 ⇒ HC19
HC18. How many of the following animals does this household have? [A] Cows or bulls? [B] Water buffalo/goail? [C] Horses, donkeys or mules? [D] Goats? [E] Sheep? [F] Chickens? [G] Pigs? [H] Ducks? [I] Pigeons? <i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i>	COWS OR BULLS WATER BUFFALO/GOAIL HORSES, DONKEYS OR MULES GOATS SHEEP CHICKENS PIGS DUCKS PIGEONS	
HC19. Does any member of this household have a bank account?	YES 1 NO 2	

SOCIAL TRANSFERS

ST

ST1. I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.

	[A] MATERNITY ALLOWANCE – PREGNANT / LACTATING	[B] EMPLOYMENT GENERATION (WORK FOR MONEY (WFM) / TEST RELIEF (TR) CASH / EMPLOYMENT GENERATION PROG FOR THE POOR)	[C] FOOD SUPPORT (VGD / VGF)	[D] RETIREMENT PENSION FOR GOVERNMENT EMPLOYEES AND FAMILIES	[E] ALLOWANCES (OLD AGE / DISABLED / WIDOW / FREEDOM FIGHTERS / SHAHEED FAMILIES ETC.)	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
ST2. Are you aware of (name of programme)?	YES 1 NO 2 Δ [B]	YES 1 NO 2 Δ [C]	YES 1 NO 2 Δ [D]	YES 1 NO 2 Δ [E]	YES 1 NO 2 Δ [X]	YES (specify) 1 NO 2 Δ End
ST3. Has your household or anyone in your household received assistance through (name of programme)?	YES 1 Δ ST4 NO 2 Δ [B] DK 8 Δ [B]	YES 1 Δ ST4 NO 2 Δ [C] DK 8 Δ [C]	YES 1 Δ ST4 NO 2 Δ [D] DK 8 Δ [D]	YES 1 Δ ST4 NO 2 Δ [E] DK 8 Δ [E]	YES 1 Δ ST4 NO 2 Δ [X] DK 8 Δ [X]	YES 1 Δ ST4 NO 2 Δ End DK 8 Δ End
ST4. When was the <u>last time</u> your household or anyone in your household received assistance through (name of programme)? <i>If less than one month, record '1' and record '00' in Months. If less than 12 months, record '1' and record in Months. If 1 year/12 months or more, record '2' and record in Years.</i>	MONTHS AGO . 1 — — Δ [B] YEARS AGO 2 — Δ [B] DK 998 Δ [B]	MONTHS AGO . 1 — — Δ [C] YEARS AGO 2 — Δ [C] DK 998 Δ [C]	MONTHS AGO . 1 — — Δ [D] YEARS AGO 2 — Δ [D] DK 998 Δ [D]	MONTHS AGO . 1 — — Δ [E] YEARS AGO 2 — Δ [E] DK 998 Δ [E]	MONTHS AGO . 1 — — Δ [X] YEARS AGO 2 — Δ [X] DK 998 Δ [X]	MONTHS AGO . 1 — — Δ End YEARS AGO 2 — Δ End DK 998 Δ End

HOUSEHOLD ENERGY USE		EU
EU1. In your household, what type of cook stove is <u>mainly</u> used for <u>cooking</u> ?	ELECTRIC STOVE 01	01 ⇒EU5
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE 03	03 ⇒EU5
	PIPED NATURAL GAS STOVE..... 04	04 ⇒EU5
	BIOGAS STOVE 05	05 ⇒EU5
	LIQUID FUEL STOVE..... 06	06 ⇒EU4
	MANUFACTURED SOLID FUEL STOVE..... 07	
	TRADITIONAL SOLID FUEL STOVE 08	
	THREE STONE STOVE / OPEN FIRE..... 09	09 ⇒EU4
OTHER (<i>specify</i>) 96	96 ⇒EU4	
NO FOOD COOKED IN HOUSEHOLD 97	97 ⇒EU6	
EU2. Does it have a chimney?	YES..... 1	
	NO 2	
	DK 8	
EU3. Does it have a fan?	YES..... 1	
	NO 2	
	DK 8	
EU4. What type of fuel or energy source is used in this cookstove? <i>If more than one, record the main energy source for this cookstove.</i>	GASOLINE / DIESEL..... 02	
	KEROSENE / PARAFFIN 03	
	COAL / LIGNITE..... 04	
	CHARCOAL 05	
	WOOD 06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS..... 07	
	ANIMAL DUNG / WASTE 08	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS..... 09	
	GARBAGE / PLASTIC..... 10	
	SAWDUST 11	
	OTHER (<i>specify</i>) 96	
EU5. Is the cooking usually done in the house, in a separate building, or outdoors? <i>If in main house, probe to determine if cooking is done in a separate room.</i> <i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i>	IN MAIN HOUSE NO SEPARATE ROOM..... 1	
	IN A SEPARATE ROOM 2	
	IN A SEPARATE BUILDING..... 3	
	OUTDOORS OPEN AIR 4	
	ON VERANDA OR COVERED PORCH..... 5	
	OTHER (<i>specify</i>) 6	

EU9. At night, what does your household <u>mainly</u> use to <u>light</u> the household?	ELECTRICITY.....	01
	SOLAR LANTERN.....	02
	RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN.....	03
	BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN.....	04
	BIOGAS LAMP.....	05
	GASOLINE LAMP.....	06
	KEROSENE OR PARAFFIN LAMP.....	07
	CHARCOAL.....	08
	WOOD.....	09
	CROP RESIDUE / GRASS / STRAW / SHRUBS.....	10
	ANIMAL DUNG / WASTE.....	11
	OIL LAMP.....	12
	CANDLE.....	13
	OTHER (<i>specify</i>)	96
NO LIGHTING IN HOUSEHOLD.....	97	

WATER AND SANITATION

WS

WS1. What is the main source of drinking water used by members of your household?

If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).

PIPED WATER	
PIPED INTO DWELLING	11 11 ⇨WS7
PIPED TO YARD / PLOT	12 12 ⇨WS7
PIPED TO NEIGHBOUR	13 13 ⇨WS3
PUBLIC TAP / STANDPIPE.....	14 14 ⇨WS3
TUBE WELL / BOREHOLE	21 21 ⇨WS3
DUG WELL	
PROTECTED WELL.....	31 31 ⇨WS3
UNPROTECTED WELL	32 32 ⇨WS3
SPRING	
PROTECTED SPRING.....	41 41 ⇨WS3
UNPROTECTED SPRING	42 42 ⇨WS3
RAINWATER.....	51 51 ⇨WS3
TANKER-TRUCK.....	61 61 ⇨WS4
CART WITH SMALL TANK	71 71 ⇨WS4
WATER KIOSK (WATER SELLING PLANT)	72 72 ⇨WS4
SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)	81 81 ⇨WS3
PACKAGED WATER	
BOTTLED WATER	91
SACHET WATER	92
OTHER (<i>specify</i>).....	96 96 ⇨WS3

WS2. What is the main source of water used by members of your household for other purposes such as cooking and handwashing?

If unclear, probe to identify the place from which members of this household most often collect water for other purposes.

PIPED WATER	
PIPED INTO DWELLING	11 11 ⇨WS7
PIPED TO YARD / PLOT	12 12 ⇨WS7
PIPED TO NEIGHBOUR	13
PUBLIC TAP / STANDPIPE.....	14
TUBE WELL / BOREHOLE	21
DUG WELL	
PROTECTED WELL.....	31
UNPROTECTED WELL	32
SPRING	
PROTECTED SPRING.....	41
UNPROTECTED SPRING	42
RAINWATER.....	51
TANKER-TRUCK.....	61 61 ⇨WS4
CART WITH SMALL TANK	71 71 ⇨WS4
WATER KIOSK (WATER SELLING PLANT)	72 72 ⇨WS4
SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)	81
OTHER (<i>specify</i>).....	96

WS3. Where is that water source located?	IN OWN DWELLING1 IN OWN YARD / PLOT2 ELSE WHERE3	1 ⇒WS7 2 ⇒WS7
WS4. How long does it take for members of your household to go there, get water, and come back?	MEMBERS DO NOT COLLECT000 NUMBER OF MINUTES DK998	000 ⇒WS7
WS5. Who usually goes to this source to collect the water for your household? <i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i>	NAME _____ LINE NUMBER.....__	
WS6. Since last (<i>day of the week</i>), how many times has this person collected water?	NUMBER OF TIMES.....__ DK98	
WS7. In the last month, has there been any time when your household did not have sufficient quantities of drinking water?	YES, AT LEAST ONCE1 NO, ALWAYS SUFFICIENT2 DK8	2 ⇒WS9 8 ⇒WS9
WS8. What was the main reason that you were unable to access water in sufficient quantities when needed?	WATER NOT AVAILABLE FROM SOURCE...1 WATER TOO EXPENSIVE.....2 SOURCE NOT ACCESSIBLE3 OTHER (<i>specify</i>)6 DK8	
WS9. Do you or any other member of this household do anything to the water to make it safer to drink?	YES1 NO2 DK8	2 ⇒WS11 8 ⇒WS11
WS10. What do you usually do to make the water safer to drink? <i>Probe:</i> Anything else? <i>Record all methods mentioned.</i>	BOILA ADD BLEACH / CHLORINEB STRAIN IT THROUGH A CLOTHC USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.)D SOLAR DISINFECTIONE LET IT STAND AND SETTLEF OTHER (<i>specify</i>)X DKZ	
WS11. What kind of toilet facility do members of your household usually use? <i>If 'Flush' or 'Pour flush', probe:</i> Where does it flush to? <i>If not possible to determine, ask permission to observe the facility.</i>	FLUSH / POUR FLUSH FLUSH TO PIPED SEWER SYSTEM.....11 FLUSH TO SEPTIC TANK.....12 FLUSH TO PIT LATRINE13 FLUSH TO OPEN DRAIN14 FLUSH TO DON'T KNOW WHERE18 PIT LATRINE VENTILATED IMPROVED PIT LATRINE21 PIT LATRINE WITH SLAB22 PIT LATRINE WITHOUT SLAB / OPEN PIT23 COMPOSTING TOILET31	11 ⇒WS14 14 ⇒WS14 18 ⇒WS14

	BUCKET.....41 HANGING TOILET / HANGING LATRINE51 NO FACILITY / BUSH / FIELD.....95 OTHER (<i>specify</i>).....96	41 ⇒WS14 51 ⇒WS14 95 ⇒End 96 ⇒WS14
WS12. Has your (<i>answer from WS11</i>) ever been emptied?	YES, EMPTIED WITHIN THE LAST 5 YEARS.....1 MORE THAN 5 YEARS AGO.....2 DON'T KNOW WHEN3 NO, NEVER EMPTIED4 DK.....8	4 ⇒WS14 8 ⇒WS14
WS13. The last time it was emptied, where were the contents emptied to? <i>Probe:</i> Was it removed by a service provider?	REMOVED BY SERVICE PROVIDER TO A TREATMENT PLANT1 BURIED IN A COVERED PIT2 TO DON'T KNOW WHERE.....3 EMPTIED BY HOUSEHOLD BURIED IN A COVERED PIT4 TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE5 OTHER (<i>specify</i>).....6 DK.....8	
WS14. Where is this toilet facility located?	IN OWN DWELLING1 IN OWN YARD / PLOT.....2 ELSEWHERE3	
WS15. Do you share this facility with others who are not members of your household?	YES1 NO.....2	2 ⇒End
WS16. Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public?	SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC).....1 SHARED WITH GENERAL PUBLIC.....2	2 ⇒End
WS17. How many households in total use this toilet facility, including your own household?	NUMBER OF HOUSEHOLDS (IF LESS THAN 10) <u>0</u> _____ TEN OR MORE HOUSEHOLDS10 DK.....98	

HANDWASHING		HW
<p>HW1. We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household <u>most often</u> wash their hands?</p> <p><i>Record result and observation.</i></p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP/TUBEWELL)</p> <p>IN DWELLING1</p> <p>IN YARD /PLOT2</p> <p>MOBILE OBJECT OBSERVED (BUCKET / JUG / KETTLE)3</p> <p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT4</p> <p>NO PERMISSION TO SEE5</p> <p>OTHER REASON (<i>specify</i>)6</p>	<p>4 ⇨HW5</p> <p>5 ⇨HW4</p> <p>6 ⇨HW5</p>
<p>HW2. Observe presence of water at the place for handwashing.</p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>WATER IS AVAILABLE1</p> <p>WATER IS NOT AVAILABLE2</p>	
<p>HW3. Is soap or detergent or ash/mud/sand present at the place for handwashing?</p>	<p>YES, PRESENT1</p> <p>NO, NOT PRESENT2</p>	<p>1 ⇨HW7</p> <p>2 ⇨HW5</p>
<p>HW4. Where do you or other members of your household most often wash your hands?</p>	<p>FIXED FACILITY (SINK / TAP/TUBEWELL)</p> <p>IN DWELLING1</p> <p>IN YARD / PLOT2</p> <p>MOBILE OBJECT (BUCKET / JUG / KETTLE)3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT4</p> <p>OTHER (<i>specify</i>)6</p>	
<p>HW5. Do you have any soap or detergent or ash/mud/sand in your house for washing hands?</p>	<p>YES1</p> <p>NO2</p>	<p>2 ⇨End</p>
<p>HW6. Can you please show it to me?</p>	<p>YES, SHOWN1</p> <p>NO, NOT SHOWN2</p>	<p>2 ⇨End</p>
<p>HW7. Record your observation.</p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAPA</p> <p>DETERGENT (POWDER / LIQUID / PASTE)B</p> <p>ASH / MUD / SANDC</p>	

SALT IODISATION		SA
<p>SA1. We would like to check whether the salt used in your household is iodised. May I have a sample of the salt used <u>to cook meals</u> in your household?</p> <p><i>Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION)..... 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM) .. 2 ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p>SALT NOT TESTED NO SALT IN THE HOUSE..... 4 OTHER REASON (specify) _____ 6</p>	<p>2 ⇨ HH13 3 ⇨ HH13 4 ⇨ HH13 6 ⇨ HH13</p>
<p>SA2. I would like to perform one more test. May I have another sample of the same salt?</p> <p><i>Apply 5 drops of recheck solution. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION)..... 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM) .. 2 ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p>SALT NOT TESTED OTHER REASON (specify) _____ 6</p>	

HH13. Record the time.	HOUR AND MINUTES __ : __	
HH14. Language of the Questionnaire.	BANGLA 2	
HH15. Language of the Interview.	BANGLA 2 OTHER LANGUAGE (specify) _____ 6	
HH16. Native language of the Respondent.	BANGLA 2 OTHER LANGUAGE (specify) _____ 6	
HH17. Was a translator used for any parts of this questionnaire?	YES, ENTIRE QUESTIONNAIRE 1 YES, PART OF QUESTIONNAIRE 2 NO, NOT USED 3	
HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:	NO CHILDREN 0 1 CHILD 1 2 OR MORE CHILDREN (NUMBER)..... __	0 ⇨ HH29 1 ⇨ HH27

HH19. List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.

HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4		HH24. Age from HL6
RANK	LINE	NAME	M	F	AGE
1	___		1	2	___
2	___		1	2	___
3	___		1	2	___
4	___		1	2	___
5	___		1	2	___
6	___		1	2	___
7	___		1	2	___
8	___		1	2	___

o

HH25. Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

HH26. Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.

RANK NUMBER _

HH27. (When HH18=1 or when there is a single child age 5-17 in the household):
Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this child from the LIST OF HOUSEHOLD MEMBERS.

LINE NUMBER _ _

NAME

AGE _ _

HH28. Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the mother/caretaker of this child.

HH29. Check HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any women age 15-49?	YES, AT LEAST ONE WOMAN AGE 15-49.....1 NO2	2 ⇒ HH40
HH30. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN for each woman age 15-49 years.		
HH31. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any girls age 15-17?	YES, AT LEAST ONE GIRL AGE 15-171 NO2	2 ⇒ HH40
HH32. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠90.....1 NO, HL20=90 FOR ALL GIRLS AGE 15-17.....2	2 ⇒ HH40
<p>HH33. As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.</p> <p>For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of female member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all girls age 15-17 ⇒ Continue with HH40.</p> <p><input type="checkbox"/> 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH40.</p> <p><input type="checkbox"/> 'No' for all girls age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH40.</p>		
HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?	YES, AT LEAST ONE1 NO2	2 ⇒ HH42
HH41. Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.		
HH42. Check HH9 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Water Quality Testing Questionnaire?	YES, HH9=11 NO, HH9=2.....2	2 ⇒ HH45
HH43. Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household		
<p>HH44. As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test?</p> <p><i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i></p>	YES, PERMISSION IS GIVEN 1 NO, PERMISSION IS NOT GIVEN 2	2 ⇒ Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE
<p>HH45. Now return to the HOUSEHOLD INFORMATION PANEL and,</p> <ul style="list-style-type: none"> • Record '01' in question HH46 (Result of the Household Questionnaire interview), • Record the name and the line number (from the LIST OF HOUSEHOLD MEMBERS) of the Respondent to the Household Questionnaire interview in HH47, • Fill the questions HH48 – HH52, • Thank the respondent for his/her cooperation and then • Proceed with the administration of the remaining individual questionnaire(s) in this household. <p><i>If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.</i></p>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS