

Appendix G. Questionnaires



Bhutan Multiple Indicator Survey (BMIS)

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL		HH
HH1. BLOCK/CHIWOG NAME & CODE: _____	HH1A. GEWOG/TOWN NAME & CODE: _____	
HH2. Household serial number: _____		
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day / Month / Year of interview: _____/_____/_____		
HH6. AREA: Urban 1 Rural 2	HH7. DZONGKHAG NAME & CODE:*	

* HH7: Code for Dzongkhags:

11 Bumthang	16 Lhuntse	21 Samdrup Jongkhar	26 Trashiyangtse
12 Chukha	17 Monggar	22 Samtse	27 Trongsa
13 Dagana	18 Paro	23 Sarpang	28 Tsirang
14 Gasa	19 Pemagatshel	24 Thimphu	29 Wangdue
15 Haa	20 Punakha	25 Trashigang	30 Zhemgang

WE ARE FROM NATIONAL STATISTICS BUREAU. WE ARE CONDUCTING A SURVEY ON THE SITUATION OF HOUSEHOLD, WOMEN AND CHILDREN. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW MIGHT TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL. WHILE YOUR PARTICIPATION IS VOLUNTARY IT IS OF UTMOST IMPORTANCE THAT YOU RESPOND TO THE SURVEY AS THE RESULTS WILL HELP THE GOVERNMENT IN PLANNING AND DECISION MAKING.

IF YOU HAVE NO OBJECTION, MAY I START NOW?

YES, PERMISSION IS GIVEN ⇒ *Go to HH18 to record the time and then begin the interview.*

NO, PERMISSION IS NOT GIVEN ⇒ *Complete HH9. Discuss this result with your supervisor.*

AFTER ALL QUESTIONNAIRES FOR THE HOUSEHOLD HAVE BEEN COMPLETED, FILL IN THE FOLLOWING INFORMATION:

HH8. Name of head of household: _____	
HH9. Status of household questionnaire: Completed 01 No household member or no competent respondent at home at time of visit 02 Entire household absent for extended period of time 03 Refused 04 Dwelling vacant / Address not a dwelling 05 Dwelling destroyed 06 Dwelling not found 07 Other (specify) 96	HH10. Respondent to household questionnaire: Name: _____ Serial Number: _____ HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____	HH13. Number of woman's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____
HH16. Field edited by (Name and number): Name _____	HH17. Data entry keyer (Name and number): Name _____

HH18.

Record the starting time (24 hours):

Hour -- --

Minutes -- --

HOUSEHOLD LISTING FORM

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? If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time. Use an additional questionnaire if all rows in the household listing form have been used.

HL

	FOR ALL HOUSEHOLD MEMBERS	FOR CHILDREN UNDER AGE 5	FOR CHILDREN AGE 2-17	FOR WOMEN AGE 15-49	FOR ALL HOUSEHOLD MEMBERS	FOR CHILDREN AGE 0-17 YEARS
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HL1. SL. NO.	HL2. NAME	HL3. WHAT IS THE RELATIONSHIP OF (NAME) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (NAME) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (NAME)'S MONTH AND YEAR OF BIRTH? 98 DK 9998 DK	HL6. HOW OLD IS (NAME)? <i>RECORD IN COMPLETED YEARS. IF AGE IS 95 OR ABOVE, RECORD '95'</i>	HL7. CIRCLE SL. NO. IF WOMAN IS AGE 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARE-TAKER OF THIS CHILD? RECORD SL. NO. OF MOTHER/ CARETAKER	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? RECORD SL. NO. OF MOTHER/ CARETAKER	HL10. DID (NAME) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. IS (NAME)'S NATURAL MOTHER ALIVE? 1 Yes 2 No⇒ HL13 8 DK⇒ HL13	HL12. DOES (NAME)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? RECORD SL. NO. OF MOTHER OR 00 FOR "NO"	HL13. IS (NAME)'S NATURAL FATHER ALIVE? 1 Yes 2 No⇒ Next Sl. No. 8 DK⇒ Next Sl. No.	HL14. DOES (NAME)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? RECORD SL. NO. OF FATHER OR 00 FOR "NO"	
														NAME
01		0 1				15-49								
02						02								
03						03								
04						04								
05						05								
06						06								
07						07								
08						08								
09						09								
10						10								

HL1. SL. NO.	HL2. NAME	HL3. WHAT IS THE RELATIONSHIP OF (NAME) TO THE HEAD OF HOUSE-HOLD?	HL4. IS (NAME) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (NAME)'S MONTH AND YEAR OF BIRTH?	HL6. HOW OLD IS (NAME)? RECORD IN COMPLETED YEARS. IF AGE ABOVE 95.	HL7. CIRCLE SL. NO. IF WOMAN IS AGE 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARE-TAKER OF THIS CHILD? RECORD SL. NO. OF MOTHER/ CARETAKER	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? RECORD SL. NO. OF MOTHER/ CARETAKER	HL10. DID (NAME) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. IS (NAME)'S NATURAL MOTHER ALIVE? 1 Yes 2 No⇒ HL13 8 DK⇒ HL13	HL12. DOES (NAME)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? RECORD SL. NO. OF MOTHER OR 00 FOR "NO"	HL13. IS (NAME)'S NATURAL FATHER ALIVE? 1 Yes 2 No⇒ Next SL. No. 8 DK⇒	HL14. DOES (NAME)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? RECORD SL. NO. OF FATHER OR 00 FOR "NO"
				98 DK 9998 DK									
	NAME	RELATION*		MONTH YEAR	AGE 5 OR ABOVE	15-49	MOTHER	MOTHER			MOTHER		FATHER
10						10							
11						11							
12						12							
13						13							
14						14							
15						15							

TICK HERE IF ADDITIONAL HOUSEHOLD LISTING SHEET USED

Probe for additional household members. Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.

Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and serial number and other identifying information in the information panel of a separate Individual Women's Questionnaire.

For each child under age 5, write his/her name and serial number AND the serial number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.

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	06 Parent	11 Niece / Nephew
02 Spouse	07 Parent-In-Law	12 Other relative
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related
05 Grandchild	10 Uncle / Aunt	98 Don't know

FOR HOUSEHOLD MEMBERS AGE 4 AND ABOVE FOR HOUSEHOLD MEMBERS AGE 4-24 YEARS

ED1 SL NO	ED2 NAME AND AGE COPY FROM HOUSEHOLD LISTING FORM, HL2 AND HL6	ED2A HAS (NAME) EVER ATTENDED NON-FORMAL OR MONASTIC EDUCATION?	ED3 HAS (NAME) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4 WHAT IS THE HIGHEST LEVEL OF SCHOOL (NAME) ATTENDED? WHAT IS THE HIGHEST GRADE (NAME) COMPLETED AT THIS LEVEL?		ED5 DURING THE (2009-2010) SCHOOL YEAR, DID (NAME) ATTEND SCHOOL OR PRE-SCHOOL AT ANY TIME?	ED5A IS NAME ATTENDING IN OR OUTSIDE BHUTAN?	ED6 DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS (NAME) ATTENDING?		ED7 DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2008-2009), DID (NAME) ATTEND SCHOOL OR PRE-SCHOOL AT ANY TIME?	ED8 DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (NAME) ATTEND?
				Level: 0 PRESCHOOL 1 PRIMARY(pp-6) 2 LOWER SECONDARY(7-8) 3 MIDDLE SECONDARY(9-10) 4 HIGHER SECONDARY(11-12) 5 COLLEGE/UNIVERSITY 8 DK	00 PP Grade 01...12 13 Diploma 14 Degree 15 Masters 16 >Masters 17 No grade 98 DK						
	NAME			LEVEL	GRADE			LEVEL	GRADE		LEVEL
01	---	---	---	---	---	---	---	---	---	---	---
02	---	---	---	---	---	---	---	---	---	---	---
03	---	---	---	---	---	---	---	---	---	---	---
04	---	---	---	---	---	---	---	---	---	---	---
05	---	---	---	---	---	---	---	---	---	---	---
06	---	---	---	---	---	---	---	---	---	---	---
07	---	---	---	---	---	---	---	---	---	---	---
08	---	---	---	---	---	---	---	---	---	---	---
09	---	---	---	---	---	---	---	---	---	---	---
10	---	---	---	---	---	---	---	---	---	---	---
11	---	---	---	---	---	---	---	---	---	---	---
12	---	---	---	---	---	---	---	---	---	---	---
13	---	---	---	---	---	---	---	---	---	---	---
14	---	---	---	---	---	---	---	---	---	---	---
15	---	---	---	---	---	---	---	---	---	---	---

WATER AND SANITATION

WS

<p>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Piped water</p> <p>Piped into dwelling 11</p> <p>Piped into compound 12</p> <p>Piped to neighbour 13</p> <p>Public tap 14</p> <p>Dug well</p> <p>Protected well 31</p> <p>Unprotected well 32</p> <p>Water from spring</p> <p>Protected spring 41</p> <p>Unprotected spring 42</p> <p>Rainwater collection 51</p> <p>Tanker-truck 61</p> <p>Cart with small tank / drum 71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81</p> <p>Bottled water 91</p> <p>Other (specify) 96</p>	<p>11⇒WS6</p> <p>12⇒WS6</p> <p>13⇒WS6</p> <p>14⇒WS3</p> <p>31⇒WS3</p> <p>32⇒WS3</p> <p>41⇒WS3</p> <p>42⇒WS3</p> <p>51⇒WS3</p> <p>61⇒WS3</p> <p>71⇒WS3</p> <p>81⇒WS3</p> <p>96⇒WS3</p>
<p>WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</p>	<p>Piped water</p> <p>Piped into dwelling 11</p> <p>Piped into compound 12</p> <p>Piped to neighbour 13</p> <p>Public tap / standpipe 14</p> <p>Dug well</p> <p>Protected well 31</p> <p>Unprotected well 32</p> <p>Water from spring</p> <p>Protected spring 41</p> <p>Unprotected spring 42</p> <p>Rainwater collection 51</p> <p>Tanker-truck 61</p> <p>Cart with small tank / drum 71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81</p> <p>Other (specify) 96</p>	<p>11⇒WS6</p> <p>12⇒WS6</p> <p>13⇒WS6</p>
<p>WS3. WHERE IS THAT WATER SOURCE LOCATED?</p>	<p>In own dwelling 1</p> <p>In own yard / plot 2</p> <p>Elsewhere 3</p>	<p>1⇒WS6</p> <p>2⇒WS6</p>
<p>WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>Number of minutes _ _ _</p> <p>DK 998</p>	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p>PROBE:</p> <p>IS THIS PERSON UNDER AGE 15?</p> <p>WHAT SEX?</p>	<p>Adult woman (age 15+ years)..... 1</p> <p>Adult man (age 15+ years)..... 2</p> <p>Female child (under 15)..... 3</p> <p>Male child (under 15)..... 4</p> <p>DK 8 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒WS8</p> <p>8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p>PROBE:</p> <p>ANYTHING ELSE?</p> <p>RECORD ALL ITEMS MENTIONED.</p>	<p>Boil.....A</p> <p>Add bleach / chlorineB</p> <p>Strain it through a cloth.....C</p> <p>Use water filter (ceramic, sand, composite, etc.)..... D</p> <p>Solar disinfectionE</p> <p>Let it stand and settleF</p> <p>Other (specify) X</p> <p>DKZ</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p>IF “FLUSH” OR “POUR FLUSH”, PROBE:</p> <p>WHERE DOES IT FLUSH TO?</p> <p>IF NECESSARY, ASK PERMISSION TO OBSERVE THE FACILITY.</p>	<p>Flush / Pour flush</p> <p>Flush to piped sewer system 11</p> <p>Flush to septic tank (without soak pit)..... 12</p> <p>Flush to septic tank (with soak pit)..... 16</p> <p>Flush to pit (latrine) 13</p> <p>Flush to somewhere else 14</p> <p>Flush to unknown place / Not sure / DK where15</p> <p>Pit latrine</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / Open pit..... 23</p> <p>Long drop latrine 24</p> <p>Composting toilet..... 31</p> <p>Bucket 41</p> <p>No facility, Bush, Field 95</p> <p>Other (specify) 96</p>	<p>95⇒Next</p> <p>Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next</p> <p>Module</p>
<p>WS10. 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?</p>	<p>Other households only (not public)..... 1</p> <p>Public facility 2</p>	<p>2⇒Next</p> <p>Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10)..... 0 _</p> <p>Ten or more households 10</p> <p>DK 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms	
HC2A. HOW MANY ROOMS ARE THERE IN THIS DWELLING UNIT? (EXCLUDE TOILET AND KITCHEN)	Number of rooms	
HC3. MAIN MATERIAL OF THE DWELLING FLOOR. <i>RECORD OBSERVATION.</i>	Natural floor Earthen / clay floor..... 11 Rudimentary floor Planks / shingles 21 Bamboo..... 22 Finished floor Polished wood..... 31 Tiles / marble 33 Cement / concrete / terrazzo 34 Other (specify)..... 96	
HC4. MAIN MATERIAL OF THE ROOF. <i>RECORD OBSERVATION.</i>	Natural roofing No Roof 11 Thatch 12 Rudimentary Roofing Bamboo..... 22 Planks / shingles 23 Cardboard..... 24 Tarpaulin 25 Finished roofing Metal sheets 31 Tiles / slates..... 34 Concrete / cement 35 Other (specify) 96	
HC5. MAIN MATERIAL OF THE EXTERIOR WALLS. <i>RECORD OBSERVATION.</i>	Natural walls No walls 11 Cane / Palm / Trunks/ Bamboo 12 Rudimentary walls Bamboo with mud..... 21 Stone with mud 22 Plywood 24 Cardboard..... 25 Finished walls Cement / RCC wall 31 Stone with lime / cement 32 Bricks 33 Cement blocks..... 34 Wood planks 36 Rammed earth..... 37 Mud blocks..... 38 Other (specify)..... 96	

<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity..... 01</p> <p>Liquefied Petroleum Gas (LPG) 02</p> <p>Kerosene 05</p> <p>Coal 06</p> <p>Wood 08</p> <p>Straw / Shrubs / Grass..... 09</p> <p>Dung cake 10</p> <p>No food cooked in household 95</p> <p>Other (specify) 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>																														
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p>If 'IN THE HOUSE', PROBE: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</p>	<p>In the house</p> <p> In a separate room used as kitchen 1</p> <p> Elsewhere in the house 2</p> <p>In a separate building..... 3</p> <p>Outdoors..... 4</p> <p>Other (specify) 6</p>																															
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A FIXED TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] A SOFA SET?</p> <p>[G] A WASHING MACHINE?</p> <p>[H] A SEWING MACHINE?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Fixed telephone.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refrigerator.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sofa set.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Washing machine.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sewing machine.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Fixed telephone.....	1	2	Refrigerator.....	1	2	Sofa set.....	1	2	Washing machine.....	1	2	Sewing machine.....	1	2				
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WRIST WATCH?</p> <p>[B] A MOBILE PHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] A CAR OR TRUCK?</p> <p>[F] A COMPUTER?</p> <p>[G] A FOREIGN BOW?</p> <p>[H] A CAMERA?</p> <p>[I] A VCR/VCD/DVD PLAYER?</p> <p>[J] A SERSHO GHO/KIRA?</p>	<table border="0"> <tbody> <tr> <td>Wrist watch.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mobile phone.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle / Scooter.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car/truck.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Computer.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Foreign bow.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Camera.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>VCR/VCD/DVD Player.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sersho Gho/Kira.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	Wrist watch.....	1	2	Mobile phone.....	1	2	Bicycle.....	1	2	Motorcycle / Scooter.....	1	2	Car/truck.....	1	2	Computer.....	1	2	Foreign bow.....	1	2	Camera.....	1	2	VCR/VCD/DVD Player.....	1	2	Sersho Gho/Kira.....	1	2	
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<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", THEN ASK:</i></p> <p>DO YOU RENT THIS DWELLING FOR PAY OR ARE YOU LIVING THERE RENT FREE?</p> <p><i>If "RENTED FROM SOMEONE ELSE FOR PAY", CIRCLE "2". If it is "RENT FREE", CIRCLE "3". FOR OTHER RESPONSES, CIRCLE "6".</i></p>	<p>Own..... 1</p> <p>Renting for pay 2</p> <p>Rent free..... 3</p> <p>Other (Not owned or rented)..... 6</p>	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒HC13</p>
<p>HC12. HOW MANY ACRES/DECIMALS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p>If less than 1 acre, record "00" followed by the number of decimals.</p> <p>If 95 or more, record '95.00'.</p> <p>If acre not known, record '99.98'.</p>	<p>Acres _ _ . _ _</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒HC15</p>
<p>HC14. HOW MANY OF THE FOLLOWING FARM ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p>[G] BUFFALO?</p> <p>[H] YAKS?</p> <p>If none, record '00'.</p> <p>If 95 or more, record '95'.</p> <p>If unknown, record '98'.</p>	<p>Cattle _ _ _</p> <p>Horses, donkeys, or mules _ _ _</p> <p>Goats _ _ _</p> <p>Sheep _ _ _</p> <p>Chickens _ _ _</p> <p>Pigs _ _ _</p> <p>Buffalo _ _ _</p> <p>Yaks _ _ _</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>HC16. NOW I WOULD LIKE TO TALK ABOUT FOOD SECURITY.</p> <p>IN THE LAST 12 MONTHS HAS A SITUATION BEEN FACED WHEN THERE WAS NOT ENOUGH FOOD TO FEED ALL MEMBERS OF THE HOUSEHOLD?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next module</p>
<p>HC17. IN WHAT MONTH(S) DID YOU EXPERIENCE THIS SITUATION?</p> <p>Circle all that apply.</p>	<p>January A</p> <p>February B</p> <p>March C</p> <p>April D</p> <p>May E</p> <p>June F</p> <p>July G</p> <p>August H</p> <p>September I</p> <p>October J</p> <p>November K</p> <p>December L</p>	

CHILD LABOUR

CL

TO BE ADMINISTERED FOR CHILDREN IN THE HOUSEHOLD AGE 5-17 YEARS. FOR HOUSEHOLD MEMBERS BELOW AGE 5 OR ABOVE AGE 17, LEAVE ROWS BLANK.

Now I would like to ask about any work children in this household may do.

CL1. SL. NO.	CL2. NAME AND AGE <i>Copy from Household Listing Form, HL2 and HL6</i>	CL3. DURING THE PAST WEEK, DID (NAME) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes, for pay in cash or kind?</i> 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5	CL4. SINCE LAST (DAY OF THE WEEK), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If more than one job, include all hours at all jobs.</i>	CL5. DURING THE PAST WEEK, DID (NAME) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE? 1 Yes 2 No ⇒ CL7	CL6. SINCE LAST (DAY OF THE WEEK), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	CL7. DURING THE PAST WEEK, DID (NAME) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET? INCLUDE WORK FOR A BUSINESS RUN BY THE CHILD ALONE OR WITH ONE OR MORE PARTNERS. 1 Yes 2 No ⇒ CL9	CL8. SINCE LAST (DAY OF THE WEEK), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/HERSELF?	CL9. DURING THE PAST WEEK, DID (NAME) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING, OR CARING FOR CHILDREN, OLD OR SICK PEOPLE? 1 Yes 2 No ⇒ Next SL, No	CL10. SINCE LAST (DAY OF THE WEEK), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	Number
										of hours
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02										
03										
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15										

DISABILITY

DA

To be administered to mothers/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

I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.

DA1.	DA2.	DA3.	DA4.	DA5.	DA6.	DA7.	DA8.	DA9.	DA10.	DA11.	DA12.	DA13.
Sl. No.	CHILD'S NAME <i>COPY FROM HOUSEHOLD LISTING FORM, HL2</i>	COMPARED WITH OTHER CHILDREN, DOES OR DID (NAME) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING? 1 Yes 2 No	COMPARED WITH OTHER CHILDREN, DOES (NAME) HAVE DIFFICULTY SEEING, EITHER IN THE DAY-TIME OR AT NIGHT? 1 Yes 2 No	DOES (NAME) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?) 1 Yes 2 No	WHEN YOU TELL (NAME) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING? 1 Yes 2 No	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? 1 Yes 2 No	DOES (NAME) SOME-TIMES HAVE FITS, BECOME RIGID, OR LOSE CONSCIOUSNESS? 1 Yes 2 No	DOES (NAME) LEARN TO DO THINGS LIKE OTHER CHILD-REN HIS/HER AGE? 1 Yes 2 No	DOES (NAME) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)? 1 Yes 2 No	(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)? 1 Yes 2 No	(FOR 2-YEAR-OLDS): CAN (NAME) NAME AT LEAST ONE OBJECT (FOR EXAM-PL E, AN ANIMAL, A TOY, A CUP, A SPOON)? 1 Yes 2 No	COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (NAME) APPEAR IN ANY WAY MEN-TALLY BACK-WARD, DULL OR SLOW? 1 Yes 2 No
01	NAME											
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HANDWASHING		HW
<p>HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.</p>	<p>Observed 1</p> <p>Not observed</p> <p>Not in dwelling / plot / yard..... 2</p> <p>No permission to see..... 3</p> <p>Other reason..... 6</p>	<p>2 ⇒HW4</p> <p>3 ⇒HW4</p> <p>6 ⇒HW4</p>
<p>HW2. <i>OBSERVE PRESENCE OF WATER AT THE SPECIFIC PLACE FOR HAND WASHING</i></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 available 1</p> <p>Water is not available..... 2</p>	
<p>HW3. <i>RECORD IF SOAP OR DETERGENT IS PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING.</i></p> <p><i>CIRCLE ALL THAT APPLY.</i></p>	<p>Bar soapA</p> <p>Detergent (Powder / Liquid / Paste).....B</p> <p>Liquid soap.....C</p> <p>Ash / Mud / Sand D</p> <p>None..... Y</p>	<p>HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT (OR OTHER LOCALLY USED CLEANSING AGENT) IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒HH19</p>
<p>HW5. CAN YOU PLEASE SHOW IT TO ME?</p> <p><i>RECORD OBSERVATION. CIRCLE ALL THAT APPLY</i></p>	<p>Bar soapA</p> <p>Detergent (Powder / Liquid / Paste).....B</p> <p>Liquid soap.....C</p> <p>Ash / Mud / Sand D</p> <p>Not able / Does not want to show Y</p>	

HH19. RECORD THE END TIME. (24 HOURS)	HOUR AND MINUTES.....__ : __
<p>HH20. DOES ANY ELIGIBLE WOMAN AGE 15-49 RESIDE IN THE HOUSEHOLD?</p> <p>CHECK HOUSEHOLD LISTING, COLUMN HL7 FOR ANY ELIGIBLE WOMAN.</p> <p>YOU SHOULD HAVE A QUESTIONNAIRE WITH THE INFORMATION PANEL FILLED IN FOR EACH ELIGIBLE WOMAN.</p> <p><input type="checkbox"/> YES. ⇒ GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN</p> <p style="padding-left: 40px;">TO ADMINISTER THE QUESTIONNAIRE TO THE FIRST ELIGIBLE WOMAN.</p> <p><input type="checkbox"/> NO. ⇒ CONTINUE.</p>	
<p>HH21. DOES ANY CHILD UNDER THE AGE OF 5 RESIDE IN THE HOUSEHOLD?</p> <p>CHECK HOUSEHOLD LISTING, COLUMN HL9 FOR ANY ELIGIBLE CHILD UNDER AGE 5.</p> <p>YOU SHOULD HAVE A QUESTIONNAIRE WITH THE INFORMATION PANEL FILLED IN FOR EACH ELIGIBLE CHILD.</p> <p><input type="checkbox"/> YES. ⇒ GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE</p> <p style="padding-left: 40px;">TO ADMINISTER THE QUESTIONNAIRE TO MOTHER OR CARETAKER OF THE FIRST ELIGIBLE CHILD.</p> <p><input type="checkbox"/> No. ⇒ End the interview by thanking the respondent for his/her cooperation.</p> <p style="padding-left: 40px;">GATHER TOGETHER ALL QUESTIONNAIRES FOR THIS HOUSEHOLD AND COMPLETE THE RELEVANT INFORMATION ON THE COVER PAGE.</p>	

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations