BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2017-18
HOUSEHOLD QUESTIONNAIRE

NIPORT, MOHFW
MITRA AND ASSOCIATES

IDENTIFICATION

DIVISION _____

DISTRICT _____

UPAZILA _____

UNION/WARD _____

VILLAGE/MOHALLA/BLOCK _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

RURAL=1, CITY CORPORATION=2, OTHER URBAN=3 . . . .

NAME OF THE HOUSEHOLD HEAD _____

IS HOUSEHOLD SELECTED FOR BIOMARKER? (YES = 1, NO = 2) . . . .

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	
				MONTH	
				YEAR	
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.	
RESULT*	_____	_____	_____	RESULT*	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	
TIME	_____	_____			

*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 PERSONS IN HOUSEHOLD

TOTAL EVER MARRIED WOMEN 15-49 YRS

TOTAL NUMBER OF CHILDREN 0-5 YRS

TOTAL WOMEN AND MEN 18+ YRS

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
_____ NAME NUMBER	_____ NAME NUMBER	NUMBER	NUMBER

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(2)

Introductory statement:
My name is _____. I am working for Mitra and Associates, a private research organization located in Dhaka. We are conducting a survey about health all over Bangladesh under the authority of the National Institute of Population Research and Training (NIPORT), Medical Education and Family Welfare Division, Ministry of Health and Family Welfare (MOHFW). The information we collect will help the government to plan health and family planning services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 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. 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.

Why is the study being done?
The survey aims to provide information to address the monitoring and evaluation needs of the Fourth Health, Population and Nutrition Sector Program (HPNSP) and to provide managers and policy makers involved in this program with the information that they need to effectively plan and execute future interventions.

What is involved in the study?
You have been selected as a respondent in this survey. I would like to ask you some questions about your household and household members.

What will you have to do if you agree to participate?
Since you have been selected as a respondent in this study, I shall be thankful if you provide your valuable response on certain issues. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them.

What are the risks and benefits of this study?
By providing information you will not have any risk whatsoever, rather this will help the government and policy planners to evaluate, strengthen and refocus national effort to improve health, population and nutrition programs.

Confidentiality:
Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?
Your participation in the study is voluntary and promises no financial benefit.

Right to refuse or withdraw:
Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have a question or problem?
If you wish to know more about your rights as a participant in this study you may write the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka or Mitra and Associates, Main Road 1, House 35, Senpara Parbata, Mirpur 10, Dhaka or Phone 9025410, 9025412. If you have further questions regarding the nature of this study you may also contact NIPORT, 13/1 Sheikh Shaheb Bazar, Azimpur, Dhaka-1205 or Phone 9662495, 58611206.

At this time, do you want to ask me anything about the survey?

SIGNATURE OF INTERVIEWER _____ DATE _____

| RESPONDENT AGREES TO BE INTERVIEWED . . 1 | RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . 2 ⟶ END |

	RECORD THE TIME.	HOURS		
		MINUTES		

HOUSEHOLD SCHEDULE

								IF AGE 15 OR OLDER	IF AGE 5 YEARS OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE		MARITAL STATUS	EVER ATTENDED SCHOOL	
1	2	3	4	5	6	7		8	9	10
	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.	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?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? / What is the highest class (NAME) completed at that level?
	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. / THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	SEE CODES BELOW.				IF 95 OR MORE, RECORD '95'.		1 = CURRENTLY MARRIED / 2 = DIVORCED/ SEPARATED / 3 = WIDOWED / 4 = NEVER-MARRIED		SEE CODES BELOW.
01		☐ ☐	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS ☐		☐	Y N 1 2 → COL. (13)	LEVEL ☐ CLASS ☐
02		☐ ☐	1 2	1 2	1 2	☐		☐	1 2 → COL. (13)	☐ ☐
03		☐ ☐	1 2	1 2	1 2	☐		☐	1 2 → COL. (13)	☐ ☐
04		☐ ☐	1 2	1 2	1 2	☐		☐	1 2 → COL. (13)	☐ ☐
05		☐ ☐	1 2	1 2	1 2	☐		☐	1 2 → COL. (13)	☐ ☐
06		☐ ☐	1 2	1 2	1 2	☐		☐	1 2 → COL. (13)	☐ ☐
07		☐ ☐	1 2	1 2	1 2	☐		☐	1 2 → COL. (13)	☐ ☐
08		☐ ☐	1 2	1 2	1 2	☐		☐	1 2 → COL. (13)	☐ ☐
09		☐ ☐	1 2	1 2	1 2	☐		☐	1 2 → COL. (13)	☐ ☐
10		☐ ☐	1 2	1 2	1 2	☐		☐	1 2 → COL. (13)	☐ ☐

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 ☐ → ADD TO TABLE   NO ☐

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 ☐ → ADD TO TABLE   NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE   NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/ STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER	IF AGE 5 YEARS OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	EVER ATTENDED SCHOOL	
1	2	3	4	5	6	7	8	9	10
	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. 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. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = CURRENTLY MARRIED 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER- MARRIED	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest class (NAME) completed at that level? SEE CODES BELOW.

HOUSEHOLD SCHEDULE

								IF AGE 15 OR OLDER	IF AGE 5 YEARS OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	EVER ATTENDED SCHOOL		
1	2	3	4	5	6	7	8	9	10	
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			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS		Y N 1 2 ↓ COL. (13)	LEVEL	CLASS
11		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	1 2 ↓ COL. (13)	☐	☐
12		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	1 2 ↓ COL. (13)	☐	☐
13		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	1 2 ↓ COL. (13)	☐	☐
14		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	1 2 ↓ COL. (13)	☐	☐
15		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	1 2 ↓ COL. (13)	☐	☐
16		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	1 2 ↓ COL. (13)	☐	☐
17		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	1 2 ↓ COL. (13)	☐	☐
18		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	1 2 ↓ COL. (13)	☐	☐
19		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	1 2 ↓ COL. (13)	☐	☐
20		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	1 2 ↓ COL. (13)	☐	☐

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	07 = PARENT-IN-LAW
02 = WIFE OR HUSBAND	08 = BROTHER OR SISTER
03 = SON OR DAUGHTER	09 = OTHER RELATIVE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	10 = ADOPTED/FOSTER/ STEPCHILD

							IF AGE 15 OR OLDER	IF AGE 5 YEARS OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	EVER ATTENDED SCHOOL	
1	2	3	4	5	6	7	8	9	10
	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. 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. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = CURRENTLY MARRIED 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER- MARRIED	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest class (NAME) completed at that level? SEE CODES BELOW.
							05 = GRANDCHILD 06 = PARENT	11 = NOT RELATED 98 = DON'T KNOW	

HOUSEHOLD SCHEDULE

							BIOMARKER TESTING					
	IF AGE 5-24 YEARS		IF AGE 8 OR OLDER	IF AGE 0-4 YEARS	IF AGE 18 OR OLDER	IF AGE 13 OR OLDER	ALL HOUSEHOLDS			SELECTED HOUSEHOLDS		
							WOMEN	WOMEN	CHILDREN	WOMEN		MEN
LINE NO.	CURRENT/RECENT SCHOOL ATTENDANCE		CURRENT WORK STATUS	BIRTH EGISTRATIO	NATIONAL ID CARD	MOBILE PHONE	INTERVIEW	WEIGHT HEIGHT	WEIGHT HEIGHT	BP GLUCOSE	WEIGHT HEIGHT BP GLUCOSE	WEIGHT HEIGHT BP GLUCOSE
	11	12	13	14	14A	15	15B	16	17	18	19	20
	Did (NAME) attend school at any time during the 2017 school year?	During [this/that] school year, what level and class [is/was] (NAME) attending? SEE CODES BELOW.	Is (NAME) currently working?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW		Does (NAME) have a mobile phone?	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 YEARS IF COLUMN 7 IS 0-5	CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 18-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 18-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 50+ IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 50+, AND IF COLUMN 8 IS 1-3, NEVER-MARRIED WOMEN AGE 18+ IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 18+, AND IF COLUMN 8	CIRCLE LINE NUMBER OF ALL MEN AGE 18+ IF COLUMN 4 IS 1 AND IF COLUMN 7 IS 18+.
01	Y N 1 2 ↓ COL. (13)	LEVEL CLASS ☐ ☐☐	Y N 1 2	☐	Y N DK 1 2 8	Y N 1 2	01	01	01	01	01	01
02	1 2 ↓ COL. (13)	☐ ☐☐	1 2	☐	1 2 8	1 2	02	02	02	02	02	02
03	1 2 ↓ COL. (13)	☐ ☐☐	1 2	☐	1 2 8	1 2	03	03	03	03	03	03
04	1 2 ↓ COL. (13)	☐ ☐☐	1 2	☐	1 2 8	1 2	04	04	04	04	04	04
05	1 2 ↓ COL. (13)	☐ ☐☐	1 2	☐	1 2 8	1 2	05	05	05	05	05	05
06	1 2 ↓ COL. (13)	☐ ☐☐	1 2	☐	1 2 8	1 2	06	06	06	06	06	06
07	1 2 ↓ COL. (13)	☐ ☐☐	1 2	☐	1 2 8	1 2	07	07	07	07	07	07
08	1 2 ↓ COL. (13)	☐ ☐☐	1 2	☐	1 2 8	1 2	08	08	08	08	08	08
09	1 2 ↓ COL. (13)	☐ ☐☐	1 2	☐	1 2 8	1 2	09	09	09	09	09	09
10	1 2 ↓ COL. (13)	☐ ☐☐	1 2	☐	1 2 8	1 2	10	10	10	10	10	10

CODES FOR Qs. 10 AND 12: EDUCATION

LEVEL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
6 = PRE-PRIMARY
8 = DON'T KNOW

CLASS
00 = LESS THAN 1 YEAR COMPLETED
    (USE '00' FOR Q. 10 ONLY.
    THIS CODE IS NOT ALLOWED
    FOR Q. 12.)
98 = DON'T KNOW

								BIOMARKER TESTING				
	IF AGE 5-24 YEARS		IF AGE 8 OR OLDER	IF AGE 0-4 YEARS	IF AGE 18 OR OLDER	IF AGE 13 OR OLDER	ALL HOUSEHOLDS			SELECTED HOUSEHOLDS		
							WOMEN	WOMEN	CHILDREN	WOMEN		MEN
LINE NO.	CURRENT/RECENT SCHOOL ATTENDANCE		CURRENT WORK STATUS	BIRTH EGISTRATIO	NATIONAL ID CARD	MOBILE PHONE	INTERVIEW	WEIGHT HEIGHT	WEIGHT HEIGHT	BP GLUCOSE	WEIGHT HEIGHT BP GLUCOSE	WEIGHT HEIGHT BP GLUCOSE
	11	12	13	14	14A	15	15B	16	17	18	19	20
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	IF AGE 5-24 YEARS		IF AGE 8 OR OLDER	IF AGE 0-4 YEARS	IF AGE 18 OR OLDER	IF AGE 13 OR OLDER	BIOMARKER TESTING					
							ALL HOUSEHOLDS			SELECTED HOUSEHOLDS		
							WOMEN	WOMEN	CHILDREN	WOMEN		MEN
LINE NO.	CURRENT/RECENT SCHOOL ATTENDANCE		CURRENT WORK STATUS	BIRTH EGISTRATIO	NATIONAL ID CARD	MOBILE PHONE	INTERVIEW	WEIGHT HEIGHT	WEIGHT HEIGHT	BP GLUCOSE	WEIGHT HEIGHT BP GLUCOSE	WEIGHT HEIGHT BP GLUCOSE
	11	12	13	14	14A	15	15B	16	17	18	19	20
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11	Y 1 N 2 ↓ COL. (13)	LEVEL CLASS	Y 1 N 2			Y 1 N 2	11	11	11	11	11	11
12	1 2 ↓ COL. (13)		1 2			1 2	12	12	12	12	12	12
13	1 2 ↓ COL. (13)		1 2			1 2	13	13	13	13	13	13
14	1 2 ↓ COL. (13)		1 2			1 2	14	14	14	14	14	14
15	1 2 ↓ COL. (13)		1 2			1 2	15	15	15	15	15	15
16	1 2 ↓ COL. (13)		1 2			1 2	16	16	16	16	16	16
17	1 2 ↓ COL. (13)		1 2			1 2	17	17	17	17	17	17
18	1 2 ↓ COL. (13)		1 2			1 2	18	18	18	18	18	18
19	1 2 ↓ COL. (13)		1 2			1 2	19	19	19	19	19	19
20	1 2 ↓ COL. (13)		1 2			1 2	20	20	20	20	20	20

CODES FOR Qs. 10 AND 12: EDUCATION

LEVEL   CLASS
1 = PRIMARY   00 = LESS THAN 1 YEAR COMPLETED
2 = SECONDARY   (USE '00' FOR Q. 10 ONLY.
3 = HIGHER   THIS CODE IS NOT ALLOWED
6 = PRE-PRIMARY   FOR Q. 12.)

		IF AGE 5-24 YEARS		IF AGE 8 OR OLDER	IF AGE 0-4 YEARS	IF AGE 18 OR OLDER	IF AGE 13 OR OLDER	BIOMARKER TESTING					
								ALL HOUSEHOLDS			SELECTED HOUSEHOLDS		
								WOMEN	WOMEN	CHILDREN	WOMEN		MEN
LINE NO.		CURRENT/RECENT SCHOOL ATTENDANCE		CURRENT WORK STATUS	BIRTH REGISTRATION	NATIONAL ID CARD	MOBILE PHONE	INTERVIEW	WEIGHT HEIGHT	WEIGHT HEIGHT	BP GLUCOSE	WEIGHT HEIGHT BP GLUCOSE	WEIGHT HEIGHT BP GLUCOSE
	11	12		13	14	14A	15	15B	16	17	18	19	20
	Did (NAME) attend school at any time during the 2017 school year?	During [this/that] school year, what level and class [is/was] (NAME) attending?		Is (NAME) currently working?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?		Does (NAME) have a mobile phone?	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 0-5 YEARS IF COLUMN 7 IS 0-5	CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 18-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 18-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 50+ IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 50+, AND IF COLUMN 8 IS 1-3, NEVER-MARRIED WOMEN AGE 18+ IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 18+, AND IF COLUMN 8	CIRCLE LINE NUMBER OF ALL MEN AGE 18+ IF COLUMN 4 IS 1 AND IF COLUMN 7 IS 18+.
		SEE CODES BELOW.			1 = HAS CERTIFI-CATE 2 = REGIS-TERED 3 = NEITHER 8 = DON'T KNOW								

8 = DON'T KNOW   98 = DON'T KNOW

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 　　　　　　　　(SPECIFY)	⎤ ⎥→ 107 ⎦ → 107 → 107
103	Where is that water source located?	IN OWN DWELLING . . . . 1 IN OWN YARD/PLOT . . . . 2 ELSEWHERE 3	
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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . [0][ ] 10 OR MORE HOUSEHOLDS . . . . 95 DON'T KNOW 98	
112	Where is this toilet facility located?	IN OWN DWELLING . . . . 1 IN OWN YARD/PLOT . . . . 2 ELSEWHERE 3	
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 (SPECIFY)	 → 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 (SPECIFY)	→ 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 . . . . [ ][ ]	
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'. a) Buffaloes? b) Millk cows or bulls? c) Goats or sheep? d) Chickens or ducks? e) Other farm animals?	a) BUFFALOES . . . . [ ][ ] b) MILK COWS/BULLS . . . . [ ][ ] c) GOATS/SHEEP . . . . [ ][ ] d) CHICKEN/DUCKS . . . . [ ][ ] e) OTHER FARM ANIMALS . . . . [ ][ ]	
119	Does any member of this household own any homestead? IF 'NO' PROBE: Does your household own homestead in any other places?	YES . . . . 1 NO 2	
119A	Does your household own any land other than the homestead land?	YES . . . . 1 NO 2	→ 121

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	How much land do members of this household own other than the homestead land? AMOUNT _____ SPECIFY LOCAL UNIT _____ 1 LOCAL UNIT = ……………………..ACRES IF 95 OR MORE, CIRCLE '950'.	ACRES DECIMAL AREA …………… [ ][ ] . [ ] 95 OR MORE ACRES …………… 995 DON'T KNOW ……………………… 998	
121	Does your household have: a) Electricity? b) Solar electricity? c) A radio? d) A television? e) A mobile phone? f) A non-mobile telephone? g) A computer/laptop? h) A refrigerator? i) An almirah/wardrobe? j) An electric fan? k) A DVD/VCD player? l) A water pump? m) An IPS/generator? n) An air conditioner?	YES NO a) ELECTRICITY ………… 1 2 b) SOLAR ELECTRICITY ……. 1 2 c) RADIO …………… 1 2 d) TELEVISION ………… 1 2 e) MOBILE TELEPHONE ……. 1 2 f) NON-MOBILE TELEPHONE .. 1 2 g) COMPUTER/LAPTOP ……. 1 2 h) REFRIGERATOR ………. 1 2 i) ALMIRAH/WARDROBE ….. 1 2 j) ELECTRIC FAN ………. 1 2 k) DVD/VCD PLAYER ……… 1 2 l) WATER PUMP ………. 1 2 m) IPS/GENERATOR ………. 1 2 n) AIR CONDITIONER ………. 1 2	

122	Does any member of this household own:
	
	a) A car/truck/microbus?
	b) An autobike/tempo/CNG?
	c) A rickshaw/van?
	d) A bicycle?
	e) A motorcycle or motor scooter?
	
	f) A boat with a motor?
	g) A canoe or boat without a motor?
		YES NO
		a) CAR/TRUCK/MICROBUS ….. 1 2
		b) AUTOBIKE/TEMPO/CNG ….. 1 2
		c) RICKSHAW/VAN ………. 1 2
		d) BICYCLE ………… 1 2
		e) MOTORCYCLE/MOTOR
		   SCOOTER ………… 1 2
		f) BOAT WITH MOTOR ……. 1 2
		g) CANOE/BOAT
		   WITHOUT MOTOR ……. 1 2	

123	Does any member of this household have a bank account?	YES ……………………………… 1 NO ……………………………… 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	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 WITHIN DWELLING 1 OBSERVED, FIXED PLACE NOT IN DWELLING 2 OBSERVED, NO FIXED PLACE 3 NOT OBSERVED, 　　NOT IN DWELLING/YARD/PLOT . . . . 4 NOT OBSERVED, NO PERMISSION TO SEE . . . . . 5 NOT OBSERVED, OTHER REASON 7	→ 128
126	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE . . . . 1 WATER IS NOT AVAILABLE 2	
127	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	
127A	OBSERVATION ONLY: OBSERVE TYPE OF PLACE FOR HAND WASHING	COVERED SPACE (INSIDE DWELLING) . . . . . 1 OPEN SPACE, NOT SHARED . . . . 2 OPEN SPACE, SHARED 3	
128	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)	
129	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	**NATURAL ROOFING** 　　NO ROOF . . . . 11 　　THATCH/PALM LEAF . . . . 12 　　SOD . . . . 13 **RUDIMENTARY ROOFING** 　　RUSTIC MAT . . . . 21 　　PALM/BAMBOO . . . . 22 　　WOOD PLANKS . . . . 23 　　CARDBOARD . . . . 24 **FINISHED ROOFING** 　　TIN/METAL . . . . 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
130	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	**NATURAL WALLS** 　NO WALLS . . . . 11 　CANE/PALM/TRUNKS . . . . 12 　DIRT . . . . 13 **RUDIMENTARY WALLS** 　BAMBOO WITH MUD . . . . 21 　STONE WITH MUD . . . . 22 　UNCOVERED ADOBE . . . . 23 　PLYWOOD . . . . 24 　CARDBOARD . . . . 25 　REUSED WOOD . . . . 26 **FINISHED WALLS** 　TIN . . . . 31 　CEMENT . . . . 32 　STONE WITH LIME/CEMENT . . . . 33 　BRICKS . . . . 34 　CEMENT BLOCKS . . . . 35 　WOOD PLANKS/SHINGLES . . . . 36 OTHER _____ 96 　　　　　　　(SPECIFY)	
131	RECORD THE TIME.	HOURS . . . . ☐☐ MINUTES . . . . ☐☐	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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