

# WSP IMPACT EVALUATION FEB-MAR 2010

District Name: \_\_\_\_\_

CODE  (Dhar = 3; Khargone = 4)

Block Name: \_\_\_\_\_

CODE   (Dhar = 1 to 11. Khargone= 12 to 19)

GP Name: \_\_\_\_\_

CODE    (Dhar=81-120. Khargone=121-160)

Village Name: \_\_\_\_\_

CODE   (01 to 99 as per No of villages in GP)

Habitation Name: \_\_\_\_\_

CODE   (01 to 99 as per No of habs in GP)

<b>HHID:</b>				
<input type="text"/>				

## HOUSEHOLD BOOKLET

<b>HH Head Name:</b>																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>HH address (additional Details):</b>																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<p><b>HH Type:</b>                  [ 1 ] HH from baseline                  [ 2 ] New listed HH</p> <p><b>Water Sample Collected?</b>                  [ 1 ] YES → Bottle Label No: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>                  [ 2 ] NO</p> <p><b>Stool Sample Collected?</b>                  [ 1 ] YES → Bottle Label No: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>                  [ 2 ] NO</p>	<p><b>Number of Members</b></p> <p>Total members <input type="text"/><input type="text"/></p> <p>Total Females <input type="text"/><input type="text"/></p> <p>Total Males <input type="text"/><input type="text"/></p> <p>Total under 2 children <input type="text"/><input type="text"/></p> <p>Total under 5 children <input type="text"/><input type="text"/></p>
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Please attach / staple pre-printed roster page. Tick mark to confirm roster is attached

**ADMINISTRATIVE / SUPERVISION**Number of visits made 

	First Visit	Second Visit	Final Visit
Date	MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
Time Begun (24 Hr format)	HH:MM	HH:MM	HH:MM
Time Ended (24 Hr format)	HH:MM	HH:MM	HH:MM
Duration (minutes)			
Result <b>*See below</b>	1 2 3 4 5 6 7 8 9 10 -95 _____	1 2 3 4 5 6 7 8 9 10 -95 _____	1 2 3 4 5 6 7 8 9 10 -95 _____

(1) COMPLETED

(2) PARTLY COMPLETED

(3) NO COMPETENT RESP. AT HOME

(4) HOUSEHOLD ABSENT

(5) REFUSED (**NO NEED FOR SECOND VISIT**)(6) DWELLING VACANT / ADDRESS NOT A DWELLING (**NO NEED FOR SECOND VISIT**)(7) DWELLING DESTROYED (**NO NEED FOR SECOND VISIT**)(8) DWELLING NOT FOUND (**NO NEED FOR SECOND VISIT**)

(9) HOUSEHOLD MIGRATED OUT TEMPORARILY

(10) HOUSEHOLD MIGRATED PERMANENTLY

(-95) OTHER (SPECIFY)

**CHECKING AND SUPERVISION**

	By Name	Person's ID	On Date	Signature
<b>Final Main Interview</b>			DD / MM / YYYY	
<b>Water sample</b>			DD / MM / YYYY	
<b>Stool sample</b>			DD / MM / YYYY	
<b>ASQ</b>			DD / MM / YYYY	
<b>Health &amp; Anthro</b>			DD / MM / YYYY	
<b>Field Editing</b>			DD / MM / YYYY	
<b>Back/Spot checking</b>			DD / MM / YYYY	
<b>DP/Office editing</b>			DD / MM / YYYY	
<b>Data entry / keying</b>			DD / MM / YYYY	
<b>Data entry check</b>			DD / MM / YYYY	
<b>Check by Sr mgrs</b>			DD / MM / YYYY	

**Notes:**

**CONSENT:**

Namaste. I am -----, working for agency GfK MODE. We are evaluating impacts of rural sanitation and hygiene by collecting baseline and endline data from Madhya Pradesh and Himachal Pradesh. This study is being done by the World Bank in collaboration with the state government and GfK Mode. The purpose of these surveys is to better understand the conditions within your community and household in order to improve available social programs. We are seeking your consent to participate in this study. If you do not understand any words in this consent, then you can ask the interviewers or main researchers with the team to explain those terms to you. You can also request a copy of this consent for your records.

This questionnaire is completely confidential so that we request you to kindly give us the consent and answer questions asked. The questionnaire is designed to collect information about you and your family, your economic status and activities, your children's health, your psychological well being, attitudes towards community and other related topics. Besides a medical status of children will be assessed by testing for anemia (blood test from the child's finger), and his/her height and weight. From some households, we may collect stool samples from under 2 years old children as well as drinking water samples. It will take approximately 1-2 hours to collect all this information from you.

**Benefits of participation**

We can better understand and thus possibly help improve government schemes on your household or community health welfare. However, you will not receive any direct benefit by participating in this study. However, you will receive information on your children health status based on our assessment.

**Confidentiality**

All information collected during this interview will remain completely confidential and will not be disclosed to anyone without your consent or knowledge. All information you provide about the household or individual will be linked with only a code or number. We will average and analyze all information at village or higher level but not at individual household level so your identity will remain undisclosed. Therefore, we request that you will give us truthful and honest answers.

**Voluntary Participation**

Your participation is voluntary and you can choose not to answer any question or all the questions. You can withdraw from the study even in the middle. If you decide to withdraw, it will not result in any loss or penalty to you. The study doctor or sponsors can also stop this study at any time if they think that it is in your best interest or for any other reason.

**Seeking Clarifications**

You can ask any clarification or question to the interviewer during the survey. If you have questions about the study or your participation, you can contact Dr. PP Talwar of GfK Mode Pvt Ltd at:

Dr. P.P.Talwar/Ms. Urmil Dosajh  
GfK MODE (Pvt.) Ltd  
K-12 Green Park Extension, New Delhi-110016  
Tel. No. 011-41758952/53; Fax: 011-41756785.

**Consent Declaration**

**I willingly agree to participate in the study. I may withdraw my consent at any time and stop participation without penalty. All my questions about the study and my participation in it have been answered.**

I understand that my participation in the study is not compromising legal rights.

Your Signature or thumb impression indicates that you have given your consent to participate in this study.

Name of the respondents: \_\_\_\_\_

Signature or thumb impression of the respondent \_\_\_\_\_ Date: \_\_\_\_\_

Name of the person administering the consent form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (supervisor/editor/interviewer) Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Household Roster (1 of 3) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

**G.1.0 WRITE ID CODE OF THE RESPONDENT OF THIS MODULE**

ID CODE	G.1.1. Name of the household member  (RELIST THE NAMES OF ALL MEMBERS EXACTLY AS PER THE BASELINE ROSTER. ADD ANY NEW MEMBERS TO THE END OF THE HH ROSTER. <b>For new HH:</b> LIST ALL MEMBERS WHO ARE RESIDENT FOR AT LEAST 6 MONTHS IN LAST YEAR. LIST FROM THE OLDEST TO THE YOUNGEST)  CONFIRM THAT NO OTHER MEMBER IS LEFT OUT <input type="checkbox"/>	G.1.1.B FOR EACH MEMBER, PLEASE CODE WHETHER HE/SHE IS STILL LIVING IN THE HOUSEHOLD, MOVED OUT, DIED, OR A NEW ADDITION TO THE ROSTER  Yes, still in HH .....1 No, moved away .....2 No, deceased .....3 New member.....4 Other (Specify _____) ....-96 Do not know .....-99  FOR CODE 2 AND 3 STRIKE OUT THE ENTIRE ROW FOR ALL QUESTIONS AND SKIP ALL QUESTIONS FOR THESE MEMBERS	G.1.2. Sex:  Male.....1 Female...2	G.1.3. Relationship to Head of Household:  Head of Household..... 1 Wife / Husband / Partner..... 2 Child / Adopted Child..... 3 Grandchild.....4 Niece / Nephew.....5 Father / Mother.....6 Sister / Brother.....7 Son-in-Law / Daughter-in-Law..... 8 Brother-in-Law / Sister-in-Law.....9 Grandfather / Grandmother.....10 Father-in-Law / Mother-in-Law.....11 Resident Housekeeper.....12 Resident Caregiver..... 13 Non-Resident Caregiver.....14 Cousins .....17 Uncles/Auntys .....18 Other (Specify: _____)....-96	G.1.4. <b>ASK ONLY FOR CHILDREN UNDER 5 YEARS</b>  What is [NAME]'s birth date?  SEE BIRTH CERTIFICATE. IF DOCUMENT NOT AVAILABLE, PROBE TO ESTIMATE.  IF STILL DON'T KNOW, MARK -99 iALL COLUMNS			G.1.5. How old is [NAME]?  IF < 5 YEARS OLD, RECORD DAYS, MONTHS, YEARS IF >= 5 YEARS OLD, then RECORD ONLY YEARS  IF < 12 YEARS OLD, [ <b>&gt;&gt;G.1.8.</b> ]  DON'T KNOW.....-99		
					DD	MM	YYY Y	Days	mths	years
1		1 2 3 4 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96						
2		1 2 3 4 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96						
3		1 2 3 4 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96						
4		1 2 3 4 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96						
5		1 2 3 4 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96						
6		1 2 3 4 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96						
7		1 2 3 4 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96						
8		1 2 3 4 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96						
9		1 2 3 4 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96						
10		1 2 3 4 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 17 18 -96						

**1. Household Roster (2 of 3)**  
**ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

	N1.15	G.1.6.	G.1.8.	G.1.9.	G.1.10.
	-----ASK ONLY IF MEMBER IS >12 YEARS-----		-----ASK IF PERSON IS UNDER 5 YEARS-----		
ID CODE	What is [NAME]'s main occupation? (1) Too young/ too old to work (2) Student (3) Work on own farm (4) Work on own and other's farm (5) Farms labor (6) Construction labor (7) Skilled artisan (8) Factory worker (9) Service (govt / pvt) (10) Professional (lawyer, doctor, nurse, teacher, etc.) (11) Self-employed business / shop (12) Housewife (13) household labor/ Petty assistant (14) Not currently working (-96) Other (specify _____)	What is the present marital status of [NAME]?  Married..... 1  Unmarried partners.... 2  Separated.....3 [ <b>&gt;&gt;G.1.8.</b> ]  Divorced..... 4 [ <b>&gt;&gt;G.1.8.</b> ]  Widowed..... 5 [ <b>&gt;&gt;G.1.8.</b> ]  Single..... 6 [ <b>&gt;&gt;G.1.8.</b> ]  Other..... -96	OTHERWISE COPY THE ID CODE OF THIS PERSON'S FATHER   DECEASED.....-77  NOT LISTED IN ROSTER.....-88	OTHERWISE COPY THE ID CODE OF THIS PERSON'S MOTHER.   DECEASED.....-77  NOT LISTED IN ROSTER...-88	FOR EACH CHILD <5 YEARS, COPY THE ID CODE OF THE PRIMARY CAREGIVER.   ENSURE THAT PRIMARY CAREGIVER IS LISTED IN ROSTER
1	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96			
2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96			
3	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96			
4	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96			
5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96			
6	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96			
7	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96			
8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96			
9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96			
10	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96			

## 1. Household Roster (3 of 3)

### ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

N.1.50 PLEASE ASK TO SEE RATION CARD OR BPL CARD/COUPON: WHAT IS THE COLOR OF SEE RATION CARD

DON'T HAVE CARD .....0  
 LIGHT BLUE .....1  
 WHITE .....2  
 YELLOW .....3  
 COULD NOT OBSERVE.....-98  
 REFUSED TO SHOW .....-97

N.1.51 What is the religion of the head of the household?

No religion.....1  
 Hindu.....2  
 Muslim.....3  
 Christian.....4  
 Sikh.....5  
 Buddhist/ Neo-Buddhist .....6  
 Jain .....7  
 Jewish .....8  
 Zoroastrian/ parsi .....9  
 Other (specify .....-96  
 \_\_\_\_\_)

N.1.52 PROBE FOR THE GOVT ASSIGNED CASTE CATEGIRY OF THE HOUSEHOLD HEAD. TAKE SUPERVISORS HELP IS NECESSARY

No caste.....1  
 SC or ST .....2  
 Nomadic tribe (NT).....4  
 OBC .....5  
 Open/General.....6  
 Don't know / cant say .....-99

**6. Dwelling Characteristics ( 1 of 2) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

**G.6.0 WRITE ID CODE OF THE RESPONDENT OF THIS MODULE**

G.6.1.	How many total rooms does your dwelling have?		No of ROOMS: <input type="text"/> <input type="text"/>	
		DON'T KNOW .....	-99	
G.6.7.	Are [ANIMAL] allowed in the house? READ ONE BY ONE AND CODE  Yes .....1 No.....2 Don't know.....-99	G1. Dog(s)	1 2 -99	
		G2. Cat(s)	1 2 -99	
		G3. Chicken(s)	1 2 -99	
		G4. Goat(s)	1 2 -99	
		G5. Pig(s)	1 2 -99	
		N6. Sheep	1 2 -99	
G.6.11.	What fuel do you use most often to light your dwelling?  CIRCLE ONLY ONE.	No Lighting .....	0	
		Electricity.....	1	
		Gas .....	2	
		Kerosene.....	3	
		Wood.....	5	
		Candles.....	7	
		Battery.....	8	
		Generator / Invertor .....	14	
		Solar .....	15	
		Other (Specify.....)	-96	
G.6.12.	What fuel do you use most often for cooking?  CIRCLE ONLY ONE.	No Fuel for Cooking.....	0	
		Electricity.....	1	
		Gas .....	2	
		Kerosene.....	3	
		Coal. ....	4	
		Wood.....	5	
		Peat / Manure.....	6	
		Solar .....	15	
		Other (Specify.....)	-96	

**6. Dwelling Characteristics (2 of 2)**

**ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

G.6.14.	The dwelling that you live in is[ READ OPTIONS]  CIRCLE ONE	Ancestral Home ..... 1 Constructed / Purchased using own funds / savings ..... 2 Given by relative / Dowry..... 3 Constructed/Purchased by taking loan and loan is not yet paid for ..... 4 Constructed / Purchased using loan, but loan is paid off..... 5 Rented ..... 6 Loaned Temerorily by family or friends ..... 7 Other (Specify _____) Don't know .....	1 2 3 4 5 6 7 -96 -99	[ <b>&gt;&gt;G.7.1.</b> ] [ <b>&gt;&gt;G.7.1.</b> ]  [ <b>&gt;&gt;G.6.17.</b> ] [ <b>&gt;&gt;G.7.1.</b> ]
G.6.15.	How many years have you owned your dwelling?  IF LESS THAN ONE YEAR, ENTER MONTHS. DON'T KNOW.....-99	YEARS _____ MONTHS _____		
G.6.16.	How much did your household pay for this dwelling when you bought it?  DON'T KNOW.....-99	AMOUNT (Rupees) _____		
G.6.17.	If you sold this dwelling today how much would you receive for it?  DON'T KNOW.....-99	AMOUNT (Rupees) _____		
G.6.18.	Please estimate the amount of money you could receive as rent, if you let this dwelling to another person?  DON'T KNOW.....-99	AMOUNT (Rupees) _____  TIME UNIT: Weekly..... 1 Bi-Weekly ..... 2 Monthly ..... 3 Annually..... 4		

**7. Drinking Water Sources (1 of 3) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

**G.7.0 WRITE ID CODE OF THE RESPONDENT OF THIS MODULE**

G.7.0A.	Do you use the same DRINKING water source year round, i.e. do you use the same source in the rainy and dry season or different sources?	YES, same source all year round ..... NO, changes with the season ..... DON'T KNOW .....	1 2 -99	
G.7.1	What is the main source of <u>DRINKING</u> water for members of your household?  PROBE FOR MAIN SOURCE EVEN IF NOT BEING USED NOW.  CIRCLE ONE	PIPED WATER PIPED INTO DWELLING ..... PIPED INTO YARD / PLOT ..... PUBLIC TAP / STANDPIPE ..... TUBE WELL OR BOREHOLE (Hand pump) ..... DUG WELL PROTECTED WELL..... UNPROTECTED WELL ..... WATER FROM SPRING PROTECTED SPRING..... UNPROTECTED SPRING..... RAINWATER ..... TANKER TRUCK..... CART WITH SMALL TANK..... SURFACE WATER (RIVER / DAM / LAKE / POND / STREAM / CANAL / IRRIGATION CHANEL) ..... BOTTLED WATER ..... OTHER (Specify) .....	1 2 3 4 5 6 7 8 9 10 11 12 13 -96	>> G.7.6B >> G.7.6B
G.7.1B.	How many months in an year does your household take water from this source?	IF DON'T KNOW CODE -99 . RECHECK G.7.1 IF NO OF MONTHS < 6 MONTHS No of Months:	<input type="text"/> <input type="text"/> <input type="text"/>	
N.7.1C.	Are you using this source now?	YES, same source all year round ..... NO, changes with the season ..... Don't Know.....	1 2 -99	
G.7.2	Where is that water source located?	IN OWN DWELLING..... IN OWN YARD / PLOT ..... ELSEWHERE .....	1 2 3	

## 7. Water Sources (2 of 3) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

G.7.4A	How long does it take to walk one way to the source	WATER SOURCE IN OWN HH OR YARD..... DO NOT COLLECT: USE AS NEEDED FROM SOURCE..... MINUTES TO WALK ONE WAY .....  DON'T KNOW.....	0 -92 <input type="text"/> <input type="text"/> <input type="text"/> -99	[>>G.7.6B] [>>G.7.6B]
G.7.4BA	How much time do you usually spend at the water source in collecting water such as to stand in line, fill bucket etc?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... -99		
G.7.4BB	How much time do you spend at water source doing activities other than collecting water?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... -99		
G.7.4C	What do you usually do at the water source other than collecting water?  CIRCLE ALL THAT APPLY	CHAT WITH NEIGHBORS/FRIENDS ..... WASH CLOTHS / VESSELS..... WASH ANIMALS ..... NOTHING ..... OTHER (SPECIFY _____)..... DON'T KNOW.....	1 2 3 4 -96 -99	
G.7.5	How often does your household collect water from this source?	NO of TRIPS..... <input type="text"/> <input type="text"/> <input type="text"/> Per: DAY ..... WEEK ..... MONTH..... DON'T KNOW .....	1 2 3 -99	
G.7.6B	How much water is brought to your dwelling/yard from this source in each trip made?	LITERS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... -99		
G.7.6	Who usually goes to this source to fetch water for your household?	ADULT WOMAN(approximately >= 15 yrs) ..... ADULT MAN (approximately >= 15 yrs) ..... FEMALE CHILD (approximately < 15 YEARS)..... MALE CHILD (approximately < 15 YEARS) .....	1 2 3 4	
G.7.6C	Is water ever scarce from this source?	NEVER ..... SOMETIMES ..... OFTEN, SEVERAL TIMES A WEEK..... DAILY, SEVERAL TIMES A DAY..... DON'T KNOW.....	1 2 3 4 -99	
G.7.7	Are you satisfied with the <u>quantity</u> of water that you obtain from this source?	YES ..... NO ..... DON'T KNOW.....	1 2 -99	

**7. Drinking Water Sources (3 of 3) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

G.7.7B	How much did you initially pay for this water source? (connection or construction)	LOCAL CURRENCY <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... -99. PAID NOTHING ENTER 000 ABOVE		
G.7.8	Does your household pay (bill, tax, fee) for water from [SOURCE]?	YES ..... NO ..... DON'T KNOW.....	1 2 -99	>> G.8.1 >> G.8.1
G.7.9	Do you obtain a fixed/limited quantity of water for this payment?	YES, FIXED/LIMITED ..... NO, UNLIMITED ..... DON'T KNOW.....	1 2 -99	
G.7.10	How much do you pay for water from [SOURCE]?	AMOUNT (Rupees)... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY WEEK..... MONTH..... 3 MONTHS..... 6 MONTHS..... YEAR ..... DON'T KNOW .....	1 2 3 4 5 6 -99	

**8. Drinking Water storage and treatment (1 of 2) (JC) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

**G.8.0 WRITE ID CODE OF THE RESPONDENT OF THIS MODULE**

G.8.1.	Do you store drinking water in your home?	Yes..... 1 No..... 2	[>>G.8.4A.]
G.8.2.	How often do you wash the primary storage container?	Do not wash / Never ..... 1 Rarely/ Not every weekly ..... 2 Once per week..... 3 More than once per week..... 4 Every day..... 5	[>>G.8.4A.]
G.8.3.	How do you wash the primary storage container?  DO NOT READ OUT THE ANSWERS. CIRCLE ONE.	WATER ONLY ..... 1 SOAP / DETERGENT / BLEACH ..... 2 MUD ..... 3 FRESH ASH ..... 4 OTHER (SPECIFY _____) ..... -96 DON'T KNOW..... -99	
8.4A	How much drinking water does your household consume on a average day? IF REPORTED IN NO OF POTS THEN CONVERT TO LITERS	LITERS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... -99	
8.4B	How often do you replace stored DW? Or How often do you collect DW?	Everyday..... 1 Alternate day / 2 days ..... 2 2 times a week..... 3 1 time per week ..... 4 Do not store DW, directly consume from source..... -93 Don't know..... -99	

**8. Drinking Water storage and treatment (2 of 2) (JC) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

Code No	Method of treatment	G.8.5 Do you use [METHOD] prepare your water for drinking?  READ OUT THE ANSWERS. CIRCLE THE CODE ACCORDINGLY.  YES.....1 NO .....2 [ <b>&gt;&gt;Skip to next method</b> ]	G.8.6 <b>In the last 7 days</b> , how often did you or somebody in your household [ <b>**TREATMENT**</b> ] to prepare the water that members of your household drank at home?  Not in the last 7 days0 [ <b>&gt;&gt;Skip to next method</b> ] Every day .....1 Every other day .....2 Once or twice .....3 Don't know-99 [ <b>&gt;&gt;Skip to next method</b> ]  <b>CIRCLE ONE</b>	G.8.7 Approximately how many liters of water did your household treat on an <b>average day</b> )?  DON'T KNOW .... -99 Nothing .... 000  (1) All of the water we consume (2) Most of the water we consume (3) About half of the water we consume (4) Less than half of the water we consume (-99) Don't know	G.8.8 Approximately what is the cost of materials used per month on this method? EXCLUDE COST OF EQUIPMENT IF ANY. WE WANT ONLY OPERATIONAL EXPENSE  DON'T KNOW .... -99 Nothing .... 000  In RUPEES.
1	Boiling	1 2	0 1 2 3 -99	1 2 3 4 -99	
2	Add Chlorine / Bleach / Chemicals in DW water container	1 2	0 1 2 3 -99	1 2 3 4 -99	
3	Add Bleach/Chemicals to private hand pump / well	1 2			
4	Straining through cloth	1 2	0 1 2 3 -99	1 2 3 4 -99	
5	Strain through Plastic sieve or net	1 2	0 1 2 3 -99	1 2 3 4 -99	
6	Let is stand and settle down dirt	1 2	0 1 2 3 -99	1 2 3 4 -99	
7	Use alum to settle down dirt	1 2	0 1 2 3 -99	1 2 3 4 -99	
8	Candle / Ceramic filter	1 2	0 1 2 3 -99	1 2 3 4 -99	
9	Zero-B type filter fitted to tap Not plastic net or cloth)	1 2	0 1 2 3 -99	1 2 3 4 -99	
10	Electric / Double Filter (e.g. Aquaguard)	1 2	0 1 2 3 -99	1 2 3 4 -99	
-96	Any Other (Specify _____)	1 2	0 1 2 3 -99	1 2 3 4 -99	

## 9. Sanitation Facilities (1 of 11) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

G.9.0 WRITE ID CODE OF THE RESPONDENT OF THIS MODULE

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N.9.0A	Does your household own any toilet even if no one is using it , or it is used as something else, or it is under construction, or common between your other joint family members?	Yes, we have a latrine ..... 1 No, we don't have any toilet..... 2	[>>G.9.9.]
N.9.0B	Is this toilet owned by you or commonly owned by your joint family? For example, 1 toilet for father, and 2 brothers.	Only my families toilet..... 1 Share with other joint families ..... 2	
N.9.0C	Please let me know the condition of the toilet.  PLEASE READ ANSWERS AND CIRCLE ONE	Toilet construction complete and it is usable..... 1 Toilet construction incomplete, but it is usable ..... 2 Toilet is under construction, not usable ..... 3 Toilet is dilapidated, not usable..... 4 Toilet materials received, but construction not started..... 5	[>>G.9.9.]
G.9.1.	PLEASE READ: You have a toilet which may or may not be used as a toilet or still under construction. However, please answer th following questions on your toilet construction type even if you don't use it. What is your household's main sanitation facility (main toilet facility)?  (or, Where do members of your household usually go to defecate?)  SHOW PICTURES	Flush / Pour Flush: to Piped Sewer System ..... 1 to Septic Tank ..... 2 to Pit Latrine (offset pit with chamber)..... 3 to Elsewhere..... 4 to Don't Know Where..... 5 Ventilated Improved Pit Latrine (VIP) ..... 6 Pit Latrine with Slab (On Pit / Simple) ..... 7 Composting Toilet..... 8 Pit Latrine without Slab / Open Pit ..... 9 Bucket Latrine ..... 10 Mound Latrine ..... 11 Other (Specify, _____) ..... -96	[>>G.9.2.] [>>G.9.2.] [>>G.9.2.] [>>G.9.2.] [>>G.9.9.] [>>G.9.9.] [>>G.9.9.] [>>G.9.2.]
G.9.1B.	Is this a single pit or double pit latrine?	Single pit ..... 1 Double pit..... 2 Don't know..... -99	

### 9. Sanitation Facilities (2 of 11) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

G.9.1C.	How long ago was the pit in this latrine emptied?	Within past 1 month ..... 1 1-3 months ago ..... 2 4-6 months ago ..... 3 7-12 months ago ..... 4 > 12 months ago ..... 5 Never, not yet need to empty latrine ..... 6 Never, not yet needed ..... 7 Never, latrine under construction ..... 8 Never, latrine not used as toilet..... 9 No pit in latrine ..... -96 Don't know ..... -99	
G.9.3	Who was the main person who pushed/insisted that toilet be built?  CIRCLE ONE	Household member Name: _____ ID CODE <input type="text"/> <input type="text"/> Non-household members (non-resident family member, friend, community members, volunteers, govt officer)..... 102 Was already here when we moved in ..... 103 Other (Specify, _____)..... -96 Don't know..... -99	[>>G.9.7D]
G.9.4.	When was the latrine / toilet installed? ENTER ONLY MONTHS IF LESS THAN AN YEAR. ENTER BOTH YEAR AND MONTH IF LESS THAN 2 YEARS. ENTER ONLY YEAR IF MORE THAN 2 YEARS OLD. IF UNDER CONSTRUCTION, THEN RECORD THE MONTH/YEAR WHEN CONSTRUCTION STARTED	Months ago : <input type="text"/> <input type="text"/> (Max 11 months), <input type="text"/> <input type="text"/> Years ago Don't know..... -99 Less than a month ago ..... 0 Was already here when we moved in ..... 103	[>>G.9.7D]
N.9.4A	Did you receive any materials for toilet construction from GP or others donors?	Yes..... 1 No ..... 2 Don't know..... -99	[>>N.9.4C] [>>N.9.4C]
N.9.4B	What will be today's market value of these materials you received?	Cost of <b>Materials Received</b> (RUPEES) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know..... -99	
N.9.4C	Did you buy or pay for any material used in toilet construction?	Yes..... 1 No ..... 2 Don't know..... -99	[>>N.9.6A] [>>N.9.6A]
G.9.5.	What was the cost of materials you purchased?	Cost of <b>Materials Purchased</b> (RUPEES) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know..... -99	

**9. Sanitation Facilities (3 of 11) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

N.9.6A	Did GP provide free labor to build part or entire toilet?	Yes..... No ..... Don't know.....	1 2 -99	[>>N.9.6C] [>>N.9.6C]
N.9.6B	How many man-days of labor did GP provide. If 2 masons/labor worked for 3 days, then 6 man-days	We did not receive any free labor ..... Labor given free (man-days) <input type="text"/> <input type="text"/> Don't know.....	0 -99	
N.9.6D	How much did the household pay for external laborer?	Did not buy for pay for external labor ..... Cost of <b>Labor Paid</b> (RUPEES) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know.....	0 -99	
N.9.6E	Did any household members used their own time / labor in building thhe toilet?	Yes..... No ..... Don't know.....	1 2 -99	[>>G.9.7] [>>G.9.7]
N.9.6F	How many man hours in total the household spend themselves in building toilet? PLEASE ASSUME 8 HOURS PER WORKING DAY. MULTUPLY NUMBER OF MEMBERS AND TIME SPENT BY EACH TO CACULATE MAN-HOURS SPENT BY THE HOUSEHOLD. FOR EXAMPLE, 1 MEMBER SENT 2 DAYS AND 1 MEMBER SPENT 6 HOURS THEN MAN HOURS = 16X1+ 6 = 22 HOURS	HH's Own labor (Man-Hours) <input type="text"/> <input type="text"/> <input type="text"/> Don't know.....	-99	
N.9.6G	Did household members recive any payment from GP for this labor from schemes such as NREGA, IAY, and other schemes?	Yes..... No ..... Don't know.....	1 2 -99	[>>G.9.7] [>>G.9.7]
N.9.6H	How much wages / money did household receive in total for their labor in building the toilets?	Wages Received by HH (RUPEES) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know.....	-99	
G.9.7.	How much were any <b>other</b> costs to install the latrine / toilet which are not included above?	<b>Other</b> costs (RUPEES) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> No other costs ..... Don't know.....	0 -99	
G.9.7B.	In how many installments did you pay the costs you incurred directly in material or labor for building toilet?	Number of Installments _____ Did not pay ..... Don't know.....	0 -99	[>>G.9.7D.] [>>G.9.7D.]

**9. Sanitation Facilities (4 of 11) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

G.9.7C.	Where did you obtain the money to pay for these costs? CIRCLE ALL THAT APPLY.  IF BORROWED, THEN CIRCLE ALL SOURCES FROM WHICH MONEY IS BORROWED.	From savings..... 1 Sale of assets..... 2 Borrowing. A. Money lender..... 3a B. Friends/relative..... 3b C. Self help group..... 3c D. Micro-finance institute..... 3d E. Bank..... 3e From our monthly income / wages ..... 4 From remittance sent by away family members ..... 5 Other (Specify, _____) -96 Don't know..... -99	
G.9.7D.	If you were to build this toilet completely on your own without any discount, financial assistance or free labor from others or GP, how much would it cost?	TOILET MARKET VALUE (RUPEES) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> None ..... 0 Don't know..... -99	

G.9.7E.	I am going to read 5 types of maintenance expenses. Please let me know IF your household have incurred these in past 12 months. And if yes, how much?	<b>A. READ ALOUD EACH [**EXPENSE**]</b> YES ..... 1 NO ..... 2 [ <b>&gt;&gt; Next EXPENSE</b> ] Don't Know ..... -99	<b>ASK ONLY IF CODED (1) IN A</b>  how much? <b>Costs (CURRENCY)</b>
	a) Repairs of toilet pot or pit	1      2      -99	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	b) Repairs of toilet room	1      2      -99	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	c) Fixing drainage problems	1      2      -99	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	d) Emptying septic tank/pit	1      2      -99	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	e) Other (Specify, _____)	1      2      -99	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**9. Sanitation Facilities (5 of 11) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

G.9.8.	What were the main reasons your household decided to install the latrine / toilet? DO NOT READ ANSWERS OUT LOUD. CIRCLE UP TO FIRST THREE RESPONSES GIVEN.	CONVENIENCE (OR LOCATION)..... 1 MORE HEALTHY FOR THE FAMILY ..... 2 EASIER TO KEEP CLEAN ..... 3 PRIVACY / DIGNITY ..... 4 SAFETY / SECURITY..... 5 AVOID SHARING WITH OTHERS ..... 6 COMFORT ..... 7 PRESTIGE / PRIDE ..... 8 RESPONSE TO SANITATION PROMOTION PROGRAM..... 9 NEIGHBORCED / COMMUNITY MEMBERES INSISTED ..... N10 GP Members / Govt Officials / Social workers INSISTED ..... N11 OTHER (SPECIFY, _____) ..... -96	
G.9.8B	Do you have adequate water available to use in the toilet throughout the year? CIRCLE ONE	Water is enough throughout the year ..... 1 Water availability is seasonal. Adeqyate only in some months ..... 2 Water is never adequate and sufficient ..... 3 Don't know ..... -99	
G.9.8C	Do you use this latrine fo defecation even if occasionally or by a few members in the household? PLEASE READ ANSWERS. CIRCLE ONE	Not usable (under construction or dipalidated) ..... 1 Used all times by all members ..... 2 Used all times by some members ..... 3 Used sometimes by some members ..... 4 Rarely used by anyone ..... 5 Usable, but we don't use it ever ..... 6 Used to keep animals ..... 7 Used as store room ..... 8 Used as bathroom ..... 9 Other use (Specify _____) ..... -96	
G.9.9.	Where is the toilet or the open area you go for defecation located? CIRCLE ONE	Inside household ..... 1 In household yard or land ..... 2 Less than 10 minute walk from house ..... 3 More than 10 minute walk from house ..... 4 No designated area ..... 5 Other (Specify, _____) ..... -96	
G.9.10.	Do other households share or use this toilet or area along with you?	Yes..... 1 No ..... 2	[>>G.9.12]

### 9. Sanitation Facilities (6 of 11) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

G.9.11.	How many households use this toilet facility or area?	Number of households _____ Don't know..... -99 Cannot guess; many or almost all ..... -91 Cannot guess; several ..... -92 Cannot guess; few ..... -93	
G.9.12.	Overall, how satisfied are you with your main sanitation facilities?  READ OUT THE ANSWERS.  CIRCLE ONLY ONE.	Very Satisfied ..... 1 Somewhat Satisfied ..... 2 Less than Satisfied ..... 3 Completely Dissatisfied..... 4 Don't know..... -99	
G.9.13.	What do you want to change about condition of your toilet or about your defecation situation at present?  READ OUT THE OPTIONS.  CIRCLE ALL THAT APPLY.  FOLLOW THE SKIP FOR THE TOPMOST CIRCLED RESPONSE.	Build a private latrine ..... 1 Improve current private latrine / toilet ..... 2 Help build a community latrine ..... 3 Request government or outside assistance for improving sanitation ..... 4 Make water available for toilet use ..... 5 Nothing, satisfied with current situation ..... 6 Other (Specify, _____) -96 Don't know..... -99	[>>G.9.16A.] [>>G.9.16A.] [>>G.9.16A.] [>>G.9.16A.] [>>G.9.16A.]
G.9.13A	Who is responsible to make this change?  IF NOT SPONTANEOUS ANSWER THEN READ ANSWERS AND SINGLE CODE	I/we household mebers..... 1 The government / GP ..... 2 Both, the household and Government..... 3 Don't know ..... -99	
G.9.13B.	How much would it cost to install or improve a private latrine?	<b>Costs (RUPEES):</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know..... -99	
G.9.14.	How likely is it that you will improve or install a private latrine or toilet in the next 12 months?	High..... 1 Medium..... 2 Low ..... 3 None..... 4	

**9. Sanitation Facilities (7 of 11) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

G.9.15.	<p>What are the three main constraints facing your household in improving or installing a private latrine / toilet?</p> <p>DO NOT READ ANSWERS OUT LOUD.</p> <p>CIRCLE UP TO FIRST THREE RESPONSES GIVEN.</p>	<p>HIGH COST/ CANNOT AFFORD IT ..... 1</p> <p>NO ONE TO BUILD IT ..... 2</p> <p>MATERIALS NOT AVAILABLE ..... 3</p> <p>WATER TABLE / SOIL CONDITIONS ..... 4</p> <p>TOO COMPLEX TO BUILD ..... 5</p> <p>SAVINGS / CREDIT ISSUES..... 6</p> <p>COMPETING PRIORITIES ..... 7</p> <p>TENANCY ISSUES (E.G., NO TITLE, RENTING, OTHER'S HOUSE) ... 8</p> <p>LIMITED SPACE ..... 9</p> <p>PERMIT PROBLEMS ..... 10</p> <p>SATISFIED WITH CURRENT FACILITY ..... 11</p> <p>DON'T LIKE AVAILABLE LATRINES CHOICES..... 12</p> <p>NOT MY JOB / GOVERNMENT SHOULD DO IT ..... 13</p> <p>ENOUGH WATER IS NOT AVAILABLE ..... 14</p> <p>OTHER (SPECIFY) _____ -96</p>	
G.9.16.	<p>Why do you want to build or improve a private latrine / toilet?</p> <p>DO NOT READ ANSWERS OUT LOUD.</p> <p>CIRCLE UP TO FIRST THREE RESPONSES GIVEN.</p>	<p>FOR PRIVACY OR PERSONAL DISCRETION ..... 1</p> <p>FOR SAFETY..... 2</p> <p>FOR CONVENIENCE..... 3</p> <p>FOR COMFORT OR INCREASED SATISFACTION ..... 4</p> <p>FOR PRIDE OR STATUS ..... 5</p> <p>FOR MY FAMILY'S HEALTH..... 6</p> <p>FOR MY COMMUNITY'S HEALTH ..... 7</p> <p>FOR BETTER HYGIENE OR PERSONAL CLEANLINESS ..... 8</p> <p>TO DEFECCATE IN A LESS SMELLY ENVIRONMENT ..... 9</p> <p>TO BE A BETTER HOST FOR MY GUESTS ..... 10</p> <p>TO BE ACCEPTED AS PART OF THE LOCAL COMMUNITY ..... 11</p> <p>TO AVOID SHARING WITH OTHERS ..... 12</p> <p>TO AVOID EMARRASSMENT/SHAME/HUMILIATION..... 13</p> <p>TO AVOID CONTAMINATING THE ENVIRONMENT ..... 14</p> <p>TO GATHER FECES FOR MANURE ..... 15</p> <p>OTHER 1 (SPECIFY) ..... -96</p>	
G.9.16C.	<p>Who in your household would be the most influential in deciding whether or not to improve or build a private latrine/toilet?</p>	<p>Name: _____ ID CODE _____</p>	

**9. Sanitation Facilities (8 of 11) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

G.9.16A.	Please tell me how strongly you agree or disagree with the following two statements:  I know who to contact to access sanitation goods and services.	STRONGLY DISAGREE ..... 1 DISAGREE ..... 2 AGREE ..... 3 STRONGLY AGREE ..... 4 DON'T KNOW ..... -99	
G.9.16B.	Affordable sanitation goods and services that meet my needs are available to me.	STRONGLY DISAGREE ..... 1 DISAGREE ..... 2 AGREE ..... 3 STRONGLY AGREE ..... 4 CANNOT DECIDE/DON'T KNOW ..... -99	
G.9.17A.	Would you be willing to pay Rs 5000 to build your own toilet?	YES ..... 1 NO ..... 2	[>>G.9.17C]
G.9.17B.	Would you be willing to pay Rs 8000 to build your own toilet?	YES ..... 1 NO ..... 2	[>>G.9.17F] [>>G.9.17F]
G.9.17C.	Would you be willing to pay Rs 2000 to build your own toilet?	YES ..... 1 NO ..... 2	[>>G.9.17F]
G.9.17D.	Would you be willing to pay Rs 500 to build your own toilet?	YES ..... 1 NO ..... 2	[>>G.9.17F]
G.9.17E.	What is the minimum you are willing to pay for your own toilet?	Nothing ..... 0 RUPEES: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	[>>G.9.22] [>>G.9.17G]
G.9.17F.	What is the maximum you are willing to pay above the price you just agreed for your own toilet?	Nothing ..... 0 RUPEES: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
G.9.17G	If you were to pay to above stated amount to install or improve latrine, then where will you get the funds to build this toilet? Please be specific  PLEASE PROBE TO GET ONE MOST LIKELY SOURCE. CIRCLE ONE	From my own savings / income ..... 1 Take loan from friends or relatives ..... 2 Take loan from self help group ..... 3 Take loan from informal lender ..... 4 Take loan from the bank ..... 5 From government scheme / GP funds ..... 6 I have no means to take money even if I wanted ..... 7 Other. Specify ..... -96	

## 9. Sanitation Facilities (9 of 11) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

G.9.22.	Where does the waste from your baby / youngest child usually go after they defecate?  DO NOT READ OUT OPTIONS.  CIRCLE ALL THAT APPLY.	BUSHES / GROUND ..... 1 PIT / HOLE IN GROUND ..... 2 OPEN SEWER / DRAIN ..... 3 TOILET / LATRINE ..... 4 GARBAGE..... 5 RIVER..... 6 BASIN / SINK..... 7 GIVE IT TO ANIMALS..... 8 OTHER (SPECIFY, _____) -96	
G.9.29.	Do you see that children's stools are disposed in the yard in your neighborhood?	Yes, often ..... 1 Yes, sometimes ..... 2 No, never ..... 3 Don't Know ..... -99	
G.9.28.	Do you know of other households in the community who practice open defecation, even if they might have a toilet or latrine at their house?	Yes, many ..... 1 Yes, a few ..... 2 No, rarely ..... 3 Don't Know..... -99	

### Now, I am going to ask you questions about latrine use behavior in your household and community.

		HOUSEHOLD MEMBERS			
		Men	Women	Children Under 5	
G.9.23.	Do [HOUSEHOLD MEMBERS] practice open defecation?	Daily/Always..... 1 Occasionally/Seasonally..... 2 Never..... 3 [ <b>&gt;&gt; G.18.0</b> ] Don't Know..... -99 [ <b>&gt;&gt; G.18.0</b> ]	1 2 3 [ <b>&gt;&gt; G. 18.0</b> ] -99 [ <b>&gt;&gt; G. 18.0</b> ]	1 2 3 [ <b>&gt;&gt; G.18.0</b> ] -99 [ <b>&gt;&gt; G.18.0</b> ]	
G.9.24.	Do [HOUSEHOLD MEMBERS] go to more or less the same area every time for open defecation?	Yes..... 1 No ..... 2 Don't Know..... -99	1 2 -99	1 2 -99	
G.9.25.	How long does it take to walk (one way) from your house to the most commonly visited open defecation site?	Minutes.....  __  Don't Know..... -99	__  -99	__  -99	
G.9.26.	Is it within the village/habitatin or outside?	Within the Village /habitation ..... 1 Outside the Village/habitation..... 2 Don't Know..... -99	1 2 -99	1 2 -99	
G.9.21.	How many are flies at / or near the open area where [MEMBER] defecate?  READ ANSWER IF NEEDED CIRCLE ONE	Always and Many ..... 1 Always and Some ..... 2 Sometimes and Many..... 3 Sometimes and Few..... 4 Rarely / Hardly Any ..... 5 Don't Know..... -99	1 2 3 4 5 -99	1 2 3 4 5 -99	

### 9. Sanitation Facilities (10 of 11) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

G.9.17.	Is it safe for adult female members of your house to go to this place for defecation in the day? ASK FEMALE HOUSEHOLD MEMBER IF POSSIBLE.	Yes ..... No ..... Don't know .....		1 2 -99	
G.9.18.	Is it safe for adult female members of your house to go to this place for defecation in the night? ASK FEMALE HOUSEHOLD MEMBER IF POSSIBLE.	Yes ..... No ..... Don't know .....		1 2 -99	
G.9.19.	Do you feel that adult females in your house have privacy during defecation? ASK FEMALE HOUSEHOLD MEMBER IF POSSIBLE.	Yes ..... No ..... Don't know .....		1 2 -99	
G.9.20.	Have women or young girls in your village been harassed, or even attacked, when going to places for defecation / bathing or during defecation / bathing? ASK FEMALE HOUSEHOLD MEMBER IF POSSIBLE.	Never ..... Rarely ..... Sometimes ..... Often ..... Don't know .....		1 2 3 4 -99	
			<b>Men</b>	<b>Women</b>	<b>Children Under 5</b>
G.9.27.	What are the main reasons that [HOUSEHOLD MEMBERS] in your household practice open defecation?  DO NOT READ RESPONSES  CIRCLE ALL THAT APPLY	NO CHOICE (NOTHING ELSE IS AVAILABLE) ..... PRIVACY ..... SAFETY ..... CONVENIENCE ..... CULTURE/ HABIT/ROUTINE..... PREFER / LIKE OD THAN USE A TOILET..... TOILET NOT AVAILABLE AT WORK ..... CHOOSE TO NOT SHARE TOILETS WITH IN-LAWS / EXTENDED FAMILY (OR CANNOT) ..... DON'T FIND ANY BENEFITS OF TOILET ..... USING TOILETS SEEMS DIRTY PRACTICE ..... TOILETS GIVES OUT SMELL ..... TOILET IS TOO CLOSE TO HOME/KITCHEN..... ENJOY WALKING TO OD SITE..... OD GIVES OPPORTUNITY TO TALK WITH FRIENDS / FAMILY ..... ENOUGH WATER IS NOT AVAILABLE ..... MAINTANING TOILET IS TOUGH ..... DON'T KNOW / NOT SURE .....	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 -99	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 -99	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 -99
G.9.21.	How many are flies at / or near the open area where [MEMBER] defecate?  READ ANSWER IF NEEDED CIRCLE ONE	Always and Many ..... Always and Some ..... Sometimes and Many..... Sometimes and Few..... Rarely / Hardly Any ..... Don't Know.....	1 2 3 4 5 -99	1 2 3 4 5 -99	1 2 3 4 5 -99

### 18. Program Exposure (1/1) Ask to the head of the HH or the most knowledgeable member

G.18.0 RESPONDENT NAME: \_\_\_\_\_ ID CODE:

Exposure through Mass Media >>>			TV	Radio	Poster/ wall painting/ billboard	News paper
G.18.1	In the past 12 months, have you watched / listened / read [ MEDIA ]?	YES .....	1	1	1	1
		NO .....[>>NEXT COLUMN / MEDIA]	2	2	2	2
		DON'T KNOW .....[>>NEXT COLUMN / MEDIA]	-99	-99	-99	-99
G.18.2	Do you remember getting any message related to sanitation, toilets, hygiene?  IF NO, THEN PROBE AND ENSURE	YES .....	1	1	1	1
		NO .....[>>NEXT COLUMN / MEDIA]	2	2	2	2
		DON'T KNOW .....[>>NEXT COLUMN / MEDIA]	-99	-99	-99	-99
G.18.3	Please repeat any specific catch phrase / slogan that you saw/heard?  (CIRCLE ONE)	DESCRIBED/SANG A MELODY/SONG .....	1	1	1	1
		REPEATED SLOGAN.....	2	2	2	2
		COULD NOT REMEMBER/RECITE .....	3	3	3	3
G.18.4	Which messages you remember receiving?  (DON'T READ OPTIONS. PROBE. CIRCLE ALL THAT APPLY)	PLEASE BUILD AND USE TOILETS .....	1	1	1	1
		INFORMATION ABOUT GOVERNMENTS TSC PROGRAM.....	2	2	2	2
		NGP AWARD OF GOI .....	3	3	3	3
		FINANCIAL HELP AVAILABLE FOR TOILET CONSTRUCTION .....	4	4	4	4
		TECHNICAL HELP AVAILABLE FOR TOILET CONSTRUCTION .....	5	5	5	5
		NEED FOR SCHOOL SANITATION AND TOILETS .....	6	6	6	6
		SHAMEFUL SANITATION PRACTICES BY THE GP .....	7	7	7	7
		LINK BETWEEN OPEN DEFECATION AND HEALTH .....	8	8	8	8
		KEEPING CHILDREN CLEAN.....	9	9	9	9
		PRIVACY / SAFETY BENEFITS OF TOILETS.....	10	10	10	10
		AMOUNT OF FECES IN VILLAGE ENVIRONMENT .....	11	11	11	11
		HOW FECES GET IN OUR FOOD AND WATER .....	12	12	12	12
		SOCIAL DUTY TO STOP OPEN DEFECATION.....	13	13	13	13
		HAND WASHING .....	14	14	14	14
		WATER SAFETY / TREATMENT / PROPER STORAGE.....	15	15	15	15
PROPER HOUSEHOLD WASTE DISPOSAL .....	16	16	16	16		
KEEPING COMMUNITY CLEAN / CLEANLINESS .....	17	17	17	17		
OTHER (SPECIFY _____) .....	-96	-96	-96	-96		
DON'T KNOW.....	-99	-99	-99	-99		
G.18.5	How frequently do you remember getting messages from [ MEDIA ]?  (READ OPTIONS ALOUD AND CIRCLE ONE OPTION)	VERY OFTEN.....	1	1	1	1
		OCCASIONALLY.....	2	2	2	2
		RARELY .....	3	3	3	3
		DON'T KNOW .....	-99	-99	-99	-99

G.18.6	Would you say that the messages from [ MEDIA ] made any impression on you to stop open defecation?	Yes .....	1	1	1	1
		No.....[>>NEXT COLUMN / MEDIA]	2	2	2	2
		I always used toilets.....	3	3	3	3
		Don't know / Cannot say .....	-99	-99	-99	-99
G.18.7	Did you make any changes in your sanitation / toilet facilities or behavior because of messages from [ MEDIA ] ?	Yes .....	1	1	1	1
		No.....[>>NEXT COLUMN / MEDIA]	2	2	2	2
		Don't know / Cannot say .....	-99	-99	-99	-99
G.18.8	What changes did you make because of these messages from [ MEDIA ]?	(DECIDED TO) BUILD A TOILET .....	1	1	1	1
		(DECIDED TO) STOP OPEN DEFECACTION .....	2	2	2	2
		STARTED TO DISPOSE OF CHILD FECES SAFELY .....	3	3	3	3
		STARTED BETTER MANAGING GARBAGE AND WASTEWATER .....	4	4	4	4
		STARTED TO WASH HANDS WITH SOAP AFTER DEFECACTION .....	5	5	5	5
		KEEP HOUSEHOLD YARD / NEIGHBORHOOD FREE OF FECES.....	6	6	6	6
		CONVINCED OTHERS TO BUILD TOILET / STOP OD .....	7	7	7	7
		OTHER (SPECIFY _____) .....	-96	-96	-96	-96

#### Exposure through Personal Visits

G.18.9	In the past 12 month, has someone <b>visited you personally</b> to talk about toilet use, stopping open defecation, and improving hygiene?	YES.....	1	
		NO.....	2	[>>G.18.17]
		DON'T KNOW .....	-99	[>>G.18.17]
G.18.10	Which of the following visited and talked to you about stopping open defecation and using toilets?  (READ OPTIONS ALOUD AND CIRCLE ALL THAT APPLY)	GP MEMBERS INCLUDING PRADHAN .....	1	
		MEMBERS OF A SOCIAL ORGANIZATION (NGO) .....	2	
		GOVERNMENT OFFICERS FROM BLOCK/DISTRICT .....	3	
		SHG GROUP MEMBER FROM THE VILLAGE/GP .....	4	
		LOCAL INFORMAL LEADER .....	5	
		LOCAL CHAMPION OF SANITATION .....	6	
		ASHA WORKER OR ANM .....	7	
		LOCAL DOCTOR .....	8	
		LOCAL TEACHER / ANGANWAADI DAI.....	9	
		FRIEND OR RELATIVE FROM THE SAME VILLAGE.....	10	→ Name _____
		FRIEND OR RELATIVE FROM DIFFERENT VILLAGE IN GP .....	11	→ Name _____
		FRIEND OR RELATIVE FROM ANOTHER GP .....	12	→ Name _____
OTHER (SPECIFY _____) .....	-96			
DON'T KNOW .....	-99			

G.18.11	What did you talk about? (DO NOT READ – CIRCLE ALL THAT APPLY)	PLEASE BUILD AND USE TOILETS..... 1 INFORMATION ABOUT GOVERNMENTS TSC PROGRAM..... 2 NGP AWARD OF GOI..... 3 FINANCIAL HELP AVAILABLE FOR TOILET CONSTRUCTION..... 4 TECHNICAL HELP AVAILABLE FOR TOILET CONSTRUCTION..... 5 NEED FOR SCHOOL SANITATION AND TOILETS..... 6 SHAMEFUL SANITATION PRACTICES BY THE GP..... 7 LINK BETWEEN OPEN DEFECATION AND HEALTH..... 8 KEEPING CHILDREN CLEAN..... 9 PRIVACY / SAFETY BENEFITS OF TOILETS..... 10 AMOUNT OF FECES IN VILLAGE ENVIRONMENT..... 11 HOW FECES GET IN OUR FOOD AND WATER..... 12 SOCIAL DUTY TO STOP OPEN DEFECATION..... 13 HAND WASHING..... 14 WATER SAFETY / TREATMENT / PROPER STORAGE..... 15 PROPER HOUSEHOLD WASTE DISPOSAL..... 16 KEEPING COMMUNITY CLEAN / CLEANLINESS..... 17 OTHER (SPECIFY _____)..... -96 DON'T KNOW..... -99		
G.18.12	Over last 12 months, how many times someone visited you to convince you to talk about sanitation like above?	No of times: <input type="text"/> <input type="text"/> Don't Know.....	-99	
G.18.13	Would you say that the personal visits made any impression on you to stop open defecation?	Yes..... No..... I always used toilets..... Don't know / Cannot say.....	1 2 3 -99	
G.18.14	Did you make any changes in your sanitation / toilet facilities or behavior as a result of these personal visits?	Yes..... No..... Don't know / Cannot say.....	1 2 -99	[>>G.18.16] [>>G.18.16]

G.18.15	What changes did you make?	(DECIDED TO) BUILD A TOILET ..... (DECIDED TO) STOP OPEN DEFECATION ..... STARTED TO DISPOSE OF CHILD FECES SAFELY ..... STARTED BETTER MANAGING GARBAGE AND WASTEWATER ..... STARTED TO WASH HANDS WITH SOAP AFTER DEFECATION ..... KEEP HOUSEHOLD YARD / NEIGHBORHOOD FREE OF FECES ..... CONVINCED OTHERS TO BUILD TOILET / STOP OD ..... OTHER (SPECIFY _____) .....	1 2 3 4 5 6 7 -96	
G.18.16	When was the most recent personal visit? REPORT IN DAYS AGO. E.G. 20 days ago	No of Days Ago: <input type="text"/> <input type="text"/>		
G.18.17	In the past 12 month, have <b>you or anyone else from the family personally visited others</b> to talk about toilet use, stopping open defecation, and improving hygiene?	YES NO DON'T KNOW .....	1 2 -99	[>>G.18.23] [>>G.18.23]
G.18.18	Which of the following people did you visit and talk to about stopping open defecation and using toilets?  (READ OPTIONS ALOUD AND CIRCLE ALL THAT APPLY)	GP MEMBERS INCLUDING PRADHAN ..... MEMBERS OF A SOCIAL ORGANIZATION (NGO) ..... GOVERNMENT OFFICERS FROM BLOCK/DISTRICT ..... SHG GROUP MEMBER FROM THE VILLAGE/GP ..... LOCAL INFORMAL LEADER ..... LOCAL CHAMPION OF SANITATION ..... ASHA WORKER OR ANM ..... LOCAL DOCTOR ..... LOCAL TEACHER / ANGANWAADI DAI ..... FRIEND OR RELATIVE FROM THE SAME VILLAGE ..... FRIEND OR RELATIVE FROM DIFFERENT VILLAGE IN GP ..... FRIEND OR RELATIVE FROM ANOTHER GP ..... OTHER (SPECIFY _____) ..... DON'T KNOW	1 2 3 4 5 6 7 8 9 10 11 12 -96 -99	→ Name _____ → Name _____ → Name _____

G.18.19	What did you talk about? (DO NOT READ – CIRCLE ALL THAT APPLY)	PLEASE BUILD AND USE TOILETS..... 1 INFORMATION ABOUT GOVERNMENTS TSC PROGRAM..... 2 NGP AWARD OF GOI..... 3 FINANCIAL HELP AVAILABLE FOR TOILET CONSTRUCTION..... 4 TECHNICAL HELP AVAILABLE FOR TOILET CONSTRUCTION..... 5 NEED FOR SCHOOL SANITATION AND TOILETS..... 6 SHAMEFUL SANITATION PRACTICES BY THE GP..... 7 LINK BETWEEN OPEN DEFECATION AND HEALTH..... 8 KEEPING CHILDREN CLEAN..... 9 PRIVACY / SAFETY BENEFITS OF TOILETS..... 10 AMOUNT OF FECES IN VILLAGE ENVIRONMENT..... 11 HOW FECES GET IN OUR FOOD AND WATER..... 12 SOCIAL DUTY TO STOP OPEN DEFECATION..... 13 HAND WASHING..... 14 WATER SAFETY / TREATMENT / PROPER STORAGE..... 15 PROPER HOUSEHOLD WASTE DISPOSAL..... 16 KEEPING COMMUNITY CLEAN / CLEANLINESS..... 17 OTHER (SPECIFY _____)..... -96 DON'T KNOW..... -99		
G.18.20	Over last 12 months, how many times did you / your family members visit someone else to talk about sanitation like above?	No of times: <input type="text"/> <input type="text"/> Don't Know.....	-99	

### Exposure through community events

G.18.23	In the 12 months, have you participated in or witnessed any community event or meeting where toilets, sanitation, hygiene was mentioned?	YES..... 1 NO..... 2 DON'T KNOW..... -99		[ >> G.18.33 ] [ >> G.18.33 ]
G.18.24	How many such events or meeting do you remember happening in past 12 months?	<input type="text"/> <input type="text"/>		

<p><b>G.18.25</b></p>	<p>What topics were mentioned or promoted in these events? Please consider all events you remember and not only the most recent event.</p> <p>(DO NOT READ – CIRCLE ALL THAT APPLY)</p>	<p>PLEASE BUILD AND USE TOILETS..... 1                  INFORMATION ABOUT GOVERNMENTS TSC PROGRAM..... 2                  NGP AWARD OF GOI..... 3                  FINANCIAL HELP AVAILABLE FOR TOILET CONSTRUCTION..... 4                  TECHNICAL HELP AVAILABLE FOR TOILET CONSTRUCTION ..... 5                  NEED FOR SCHOOL SANITATION AND TOILETS ..... 6                  SHAMEFUL SANITATION PRACTICES BY THE GP ..... 7                  LINK BETWEEN OPEN DEFECATION AND HEALTH..... 8                  KEEPING CHILDREN CLEAN..... 9                  PRIVACY / SAFETY BENEFITS OF TOILETS ..... 10                  AMOUNT OF FECES IN VILLAGE ENVIRONMENT ..... 11                  HOW FECES GET IN OUR FOOD AND WATER ..... 12                  SOCIAL DUTY TO STOP OPEN DEFECATION ..... 13                  HAND WASHING ..... 14                  WATER SAFETY / TREATMENT / PROPER STORAGE ..... 15                  PROPER HOUSEHOLD WASTE DISPOSAL..... 16                  KEEPING COMMUNITY CLEAN / CLEANLINESS..... 17                  OTHER (SPECIFY _____) ..... -96                  DON'T KNOW ..... -99</p>		
<p>G.18.26</p>	<p>Now I will ask you specifically whether participated or know of following events or meetings in your community. You can answer:</p> <p>(1) Some HH member participated                  (2) I know about this event, but no one from HH participated                  (3) I am not aware of any such event</p> <p>PLEASE READ EACH OPTION SLOWLY. CIRCLE ALL THAT APPLY</p>	<p>(1) A group of outside people came and showed us around the village. We walked through the areas where open defecation happens and felt disgust at this habit. .... 1 2 3                  (2) A group of us drew a map of our village and showed our water sources, our school, our homes and sites where people go to openly defecate. We tried to see how open defecation be harming our health ..... 1 2 3                  (3) We estimated the amount of stool that is generated in our community and can find way in our stomach. .... 1 2 3                  (4) We held a GP meeting where we decided to end open defecation practice (passed resolution to stop open defecation). .... 1 2 3                  (5) School children led a march / some other activity to promote end of open defecation..... 1 2 3                  (6) Street play that promoted use of toilets or end of open defecation..... 1 2 3                  (7) Government officers or political leaders addressed a meeting to end open defecation ..... 1 2 3                  (8) Clean your hands campaign in October 2010 ..... 1 2 3</p>		
<p>G.18.27</p>	<p>Do you remember any other event or meeting where a group of community members participated other than those listed above?</p>	<p>YES..... 1                  NO..... 2                  DON'T KNOW ..... -99</p>		<p>[&gt;&gt;G18.29]                  [&gt;&gt;G18.29]</p>

G.18.28	Please tell me what these events were in a few words?	Some type of group discussion or meeting ..... Some type of sermon ..... Some type of cultural event (drama, festival, etc) ..... Other Specify ( _____ ) .....	1 2 3 -96	
G.18.29	Would you say that these community level activities made any impression on you to stop open defecation?	Yes..... No ..... I always used toilets ..... Don't know / Cannot say.....	1 2 3 -99	
G.18.30	Did you make any changes in your sanitation / toilet facilities or behavior as a result of these activities?	Yes..... No ..... Don't know / Cannot say.....	1 2 -99	[>>G.18.32] [>>G.18.32]
G.18.31	What changes did you make?	(DECIDED TO) BUILD A TOILET ..... (DECIDED TO) STOP OPEN DEFECATION ..... STARTED TO DISPOSE OF CHILD FECES SAFELY..... STARTED BETTER MANAGING GARBAGE AND WASTEWATER..... STARTED TO WASH HANDS WITH SOAP AFTER DEFECATION ..... KEEP HOUSEHOLD YARD / NEIGHBORHOOD FREE OF FECES ..... CONVINCED OTHERS TO BUILD TOILET / STOP OD..... OTHER (SPECIFY _____) .....	1 2 3 4 5 6 7 -96	
G.18.32	When was the most recent community level activity you participated or know of?	No of Days Ago (Cannot exceed 30 days): <input type="text"/> <input type="text"/> If more than 30 days, then <u>also</u> enter No of Months Ago: <input type="text"/> <input type="text"/>		

**PREFERENCE FOR MEDIA**

G.18.33	Above we discussed the messages you have received about stopping open defecation, building toilets and sanitation from media such as TV, Radio, from personal visits to you and from community events. Which of the following has or will influence you the most with the need to build a toilet? You may have several favorites but please think of "one" most important of the following.  PLEASE READ EACH OPTION ALOUD. CIRCLE ONE.	MASS MEDIA SUCH AS TV, RADIO, WALL PAINTING, NEWSPAPER ..... PERSONAL VISITS ..... COMMUNITY EVENTS ..... OTHER (SPECIFY _____) ..... DON'T KNOW .....	1 2 3 -96 -99	
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### Knowledge and Access to Toilet technology

Now, lets talk about infrastructure and services available to you in the village or in the market to build toilets

G.18.34	Do you know any mason in your GP who can build toilets?	Yes..... No .....	1 2	[>>G.18.37]
G.18.35	Do you know if the mason is trained or recommended by GP or block officers to construct toilets?	Yes. He is trained by GP/govt ..... No. He is NOT trained by GP or govt..... Don't know .....	1 2 -99	
G.18.36	How many such recommended or trained masons do you have in your entire GP?	<input type="checkbox"/> <input type="checkbox"/>		
G.18.37	Do you know a place/shop where you can purchase materials such as bricks, cement, pot etc needed to build a toilet?	Yes..... No .....	1 2	[>>G.18.39]
G.18.38	Where is the nearest place/shop located.. your own village, neighboring GP, block HQ?  READ ANSWERS IF NEEDED. CIRCLE ONE	Shop in the same village..... Shop in the same GP ..... Market place in nearby GP ..... Market place in nearby town but not block or district HQ..... Market place in the block HQ..... Market place in the district HQ..... Other (Specify _____) .....	1 2 3 4 5 6 -96	
G.18.39	Are you aware of any GP/ government program of scheme that provides you free material or labor to build toilets? IF NO, PROBE/ENSURE BEFORE CODING	Yes..... No .....	1 2	[>>G.18.39]
G.18.40	Can you tell me the name of the program? DON'T PROMPT. PLEASE PROBE. CIRCLE ALL THAT APPLY	Total Sanitation Campaign ..... Indira Awas Yojna..... Nirmal Watika Program..... NREGS ..... Other (Specify _____)..... Don't know .....	1 2 3 4 -96 -99	

G.18.41	What does this scheme or program provide you?  DON'T PROMPT. PLEASE PROBE. CIRCLE ALL THAT APPLY	Gives us money to purchase toilet material ..... Gives us free toilet materials..... Gives us money to buy labor ..... Pays us money for our labor in building the toilet..... Provides us a free government assigned mason ..... Government construct only the pit for us Government constructs entire toilet (pit + room) Program does not give anything Other (Specify ..... Don't know .....	1 2 3 5 6 7 8 9 -96 -99	
G.18.42	Have you ever heard of OR know an award called Nirmal Gram Puraskar given by the government?	Yes..... No .....	1 2	[>>G.18.44]
G.18.43	Can you please tell me what are the features of this award? Please tell me why this award is given, what does the GP or households get in the award, and who gives the award.  DON'T READ. CIRCLE ALL THAT APPLY	Award is given if the entire GP is open defecation free ..... GP needs to be completely clean to get this award..... Government gives cash award ..... Award is given to entire GP / to Sarpanch ..... Households don't get any award money ..... Households get some money from the award ..... Outside people come to evaluate our GP's PDF status..... Don't know .....	1 2 2 3 4 5 6 -99	
G.18.44	Has your GP ever applied for this award?	Yes..... No .....	1 2 -99	[>>G.18.44]
G.18.42	What is the result of this application?	Some external team has audited our GP ..... Application is still pending/Results awaited ..... GP did not win ..... GP has won the award ..... Don't know .....	1 2 3 4 -99	
G.18.43	Is there any penalty for open defecation, throwing waste, or otherwise deviating from NGP or clean village status?	Yes..... No .....	1 2 -99	[>>G.2.0] [>>G.2.0]
G.18.44	How much is the penalty per offense? (RUPEES)	RUPEES: <input type="text"/> <input type="text"/> <input type="text"/> Don't know .....	-99	

**2. Education Module (1of 1) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

**G.2.0 RECORD ID OF RESPONDENT OF THIS SECTION**

ID	N.2.20	G.2.3.	N.2.21.	G.2.4B.	G.2.5.	G.2.8.	G.2.9.	G.2.10.	G.2.12.												
	<b>ASF FOR PERSON &lt;5 YEARS</b>	<b>ASK FOR PERSONS &gt; 5 YEARS</b>			<b>-----ASK FOR PERSON UNDER 18 YEARS AND ABOVE 5 YEARS-----</b>																
	Has [NAME] ever attended Anganwaadi?  Yes, attending.....1 Yes, not any more... 2  Never.....3 DON'T KNOW .....-99	Has [NAME] ever attended school?  Yes.....1 No.....2 [>>G.2.11]  DON'T KNOW .....-99 [>>G.2.11]	What is the highest education [NAME] completed? Or what is the highest standard / year completed?  E.G. COLLEGE DEGREE = 15 STANDARD. 7HT FAIL = 6 STD. DOCTOR = 17 STD. DON'T KNOW.....-99  <b>Years</b>	Has [NAME] reached 18th birthday  Yes.....1 [>> Next member or next module]  No.....2	[NAME] currently enrolled in school or was [enrolled in school during the past 12 months?  Yes.....1 No.....2 [>> G.2.11]	How long does it take [NAME] to travel to school?  <b>Only one direction. Using usual means of travel</b>  Dont know ...-99  Hrs MIN	Is [NAME] currently on seasonal break / vacation?  Yes.....1 [>>G.2.11]  No.....2	Last week, did [NAME] attend school on [DAY]? Yes ..... 1 No, due to being sick ..... 2 No, due to caring for sick relative ..... 3 No, teacher absence ..... 4 No, didn't want to go ..... 5 No, working to earn income..... 8 No, helping family (No income) ..... 9 No, School holiday ..... 10 No, other reason, please specify ..... 6 No, unknown reason ..... 7 DON'T KNOW ..... -99  WRITE MAIN REASON. CIRCLE ONE						Last week, how many hours did [NAME] spend in the following activities:  DIDN'T PARTICIPATE 0 DON'T KNOW. -99							
									a) MON	b) TUES	c) WED	d) THUR	e) FRI	f) SAT	a) School	b) Studying	c) Caring for children in hh	d) Housework	e) Work for pay	f) Work without pay	
1	1 2 3 -99	1 2 -99		1 2	1 2			1 2													
2	1 2 -99	1 2 -99		1 2	1 2			1 2													
3	1 2 -99	1 2 -99		1 2	1 2			1 2													
4	1 2 -99	1 2 -99		1 2	1 2			1 2													
5	1 2 -99	1 2 -99		1 2	1 2			1 2													
6	1 2 -99	1 2 -99		1 2	1 2			1 2													
7	1 2 -99	1 2 -99		1 2	1 2			1 2													
8	1 2 -99	1 2 -99		1 2	1 2			1 2													
9	1 2 -99	1 2 -99		1 2	1 2			1 2													
10	1 2 -99	1 2 -99		1 2	1 2			1 2													

**3. Labor Module (1 of 5) Part A: Labor Force Participation – ONLY FOR 15 YEARS AND ABOVE MEMBERS**

**G.3.0 RECORD ID OF RESPONDENT OF THIS SECTION**

G.3.1. CIRCLE THE ID CODE FOR EACH PERSON AGE 15 AND OLDER, AND DO THIS TABLE FOR EACH.	G.3.2. READ EACH OPTION UNTIL GETTING THE FIRST "YES," AND MARK THAT RESPONSE ONLY.  Last week, was [NAME] .....?  Working to earn livelihood?.....1 [ <b>&gt;&gt;G.3.8.</b> ] Not working, although [NAME] had a job?..... 2 [ <b>&gt;&gt;G.3.8.</b> ] Looking for work..... 3 [ <b>&gt;&gt;G.3.4.</b> ] Studying..... 4 [ <b>&gt;&gt;G.3.4.</b> ] Taking care of the home /children. ....5 [ <b>&gt;&gt;G.3.4.</b> ] Rent earner..... 6 Permanently unable to work.. 7 [ <b>&gt;&gt;G.3.4.</b> ] Retired..... 8 [ <b>&gt;&gt;G.3.4.</b> ] Not working..... 9 DON'T KNOW.....-99	G.3.3. Last week [NAME] did not look for work because [NAME]?  Did not want to work.....1 Was sick.....2 Believed she / he could not find a job.....3 Don't need to work to earn money.....4 Other reason.....-96  DON'T KNOW.....-99	G.3.4. READ EACH RESPONSE UNTIL GETTING A "YES," AND MARK THAT RESPONSE.  CIRCLE ONE.  Last week, did [NAME] .....?  Sell products, clothes, food, cosmetics, etc. as family business?..... 1 [ <b>&gt;&gt;G.3.8.</b> ] Sell products, clothes, food, cosmetics, etc. for someone else's business? ..... 2 [ <b>&gt;&gt;G.3.8.</b> ] Make a product at home to sell (clothes, artisanal, food, etc.)?..... 3 [ <b>&gt;&gt;G.3.8.</b> ] Wash, iron, or sew clothes for pay?..... 4 [ <b>&gt;&gt;G.3.8.</b> ] Help work in a business, shop, agriculture, or caring for livestock?..... 5 [ <b>&gt;&gt;G.3.8.</b> ] Do some other type of work (or activity), whether paid or not?..... 6 Not work at all?..... 7 DON'T KNOW..... -99	G.3.5. In the last 12 months, did [NAME] do anything to earn money or help the family earn money?  Yes...1 [ <b>&gt;&gt;G.3.8.</b> ]  No.....2  DON'T KNOW .....-99	G.3.6. In the last 12 months, has [NAME] helped in any way in a family business / shop / farm etc, whether paid or not?  Yes....1  No.....2 [ <b>&gt;&gt;G.3.19.</b> ]  DON'T KNOW .....-99 [ <b>&gt;&gt;G.3.19.</b> ]
1	1 2 3 4 5 6 7 8 9 -99	1 2 3 4 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
2	1 2 3 4 5 6 7 8 9 -99	1 2 3 4 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
3	1 2 3 4 5 6 7 8 9 -99	1 2 3 4 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
4	1 2 3 4 5 6 7 8 9 -99	1 2 3 4 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
5	1 2 3 4 5 6 7 8 9 -99	1 2 3 4 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
6	1 2 3 4 5 6 7 8 9 -99	1 2 3 4 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
7	1 2 3 4 5 6 7 8 9 -99	1 2 3 4 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
8	1 2 3 4 5 6 7 8 9 -99	1 2 3 4 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
9	1 2 3 4 5 6 7 8 9 -99	1 2 3 4 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99
10	1 2 3 4 5 6 7 8 9 -99	1 2 3 4 -96 -99	1 2 3 4 5 6 7 -99	1 2 -99	1 2 -99

**3. Labor Module (2of 5) – Part B: Primary Work: FOR EACH PERSON WORKING OR HELPING THE FAMILY EARN INCOME IN SOME WAY**

G.3. 8. CIRCLE THE ID CODE FOR EACH PERSON WHO WAS WORKING LAST WEEK; THAT IS IF AT LEAST ONE OF THE FOLLOWING CRITERIA ARE MET. G.3.2. = 1 OR 2 OR G.3.4. = 1 OR 2 OR 3 OR 4 OR 5 OR G.3.5. = 1 OR G.3.6. = 1	G.3.9. In past 12 months, What is (was) [NAME]'s <b>primary</b> work? (IN CASE OF MORE THAN ONE WORK ACTIVITY, PRIMARY REFERS TO THE ONE WHICH CONSUMED THE MOST TIME)  Self-employed..... 1 Employee. .... 2 Employer, or boss of a business..... 3 Worker without remuneration..... 4 [ <b>&gt;&gt;G.3.10B.</b> ] Family business/farming without remuneration ..... 5 [ <b>&gt;&gt;G.3.10B.</b> ] Day Laborer ..... 6 Other (Specify.....).....-96 REFUSE TO ANSWER.....-98 DON'T KNOW.....-99	G.3.10A. How much does [NAME] normally earn in [NAME]'s <b>primary</b> work?		G.3.10B. Does [NAME] receive [READ COLUMNS a to d ONE BY ONE] benefits for this <b>primary</b> work? (			
		WRITE AMOUNT  Does not receive wage/salary .. 0  REFUSE TO ANSWER.....-98  DON'T KNOW .....-99	PER  Day..... 1 Week..... 2 Every two weeks..... 3 Month..... 4 Year..... 5	Yes..... 1 No..... 2 [ <b>&gt;&gt;G.3.11A.</b> ]  REFUSE TO ANSWER .....-98 [ <b>&gt;&gt;G.3.11A.</b> ]  DON'T KNOW .....-99 [ <b>&gt;&gt;G.3.11A.</b> ]  <b>[MAKE SURE YOU REMIND RESPONDENT OF ALL ITEMS: a, b, c, &amp; d BY READING THESE OUT]</b>	a) Food, Lodging	b) Health benefits	c) Sick Leave
ID CODE		RUPEES	PER PERIOD				
1	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99
2	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99
3	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99
4	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99
5	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99
6	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99
7	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99
8	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99
9	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99
10	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99	1 2 -98 -99
00	TOTALS						

### 3. Labor Module (3 of 5) (PG) Part B: Primary Work : FOR EACH PERSON WORKING OR HELPING THE FAMILY EARN INCOME IN SOME WAY

(CIRCLE THE SAME CODES THAT WERE CIRCLED IN G.3.8 ON THE PREVIOUS PAGE.)		G.3.11A. In this primary work, how many hours per week does [NAME] normally work?  REFUSE TO ANSWER .....-98  DON'T KNOW .....-99	G.3.11C. In this primary work, how many hours did [NAME] work <b>last week</b> ?  REFUSE TO ANSWER .....-98  DON'T KNOW .....-99	G.3.11B. IN THIS PRIMARY WORK, DID [NAME] WORK FEWER HOURS THAN NORMAL <b>LAST WEEK</b> ?  YES.....1 NO.....2 [ <b>&gt;&gt;N.3.25</b> ]  REFUSE TO ANSWER.....-98 [ <b>&gt;&gt;N.3.25</b> ]  DON'T KNOW...-99 [ <b>&gt;&gt;N.3.25</b> ]	G.3.11D. Why did [NAME] work fewer hours than usual in this primary work last week?  Holiday / Vacation.....1 Sick.....2 Caring for sick relative .....3 No need for work..... 4 Work not available..... 5 Other reason.....-96  REFUSE TO ANSWER.....-98  DON'T KNOW.....-99	N.3.25. <b>Out of the last 12 months</b> , how many man months did [NAME] do this primary work to earn income or help the family earn income?  REFUSE TO ANSWER .....-98  DON'T KNOW .....-99	G.3.13. In addition to this primary activity, did [NAME] do any other activity to earn income or help the family income <b>in the last 12 months</b> ?  Yes.....1 No.....2 [ <b>&gt;&gt;G.3.19.</b> ]  REFUSE TO ANSWER ... .....-98 [ <b>&gt;&gt;G.3.19.</b> ]  DON'T KNOW....-99 [ <b>&gt;&gt;G.3.19.</b> ]
ID CODE	HOURS / WEEK	HOURS LAST WEEK			months / last 12 months		
1			1 2 -98 -99	1 2 3 4 5 -96 -98 -99		1 2 -98 -99	
2			1 2 -98 -99	1 2 3 4 5 -96 -98 -99		1 2 -98 -99	
3			1 2 -98 -99	1 2 3 4 5 -96 -98 -99		1 2 -98 -99	
4			1 2 -98 -99	1 2 3 4 5 -96 -98 -99		1 2 -98 -99	
5			1 2 -98 -99	1 2 3 4 5 -96 -98 -99		1 2 -98 -99	
6			1 2 -98 -99	1 2 3 4 5 -96 -98 -99		1 2 -98 -99	
7			1 2 -98 -99	1 2 3 4 5 -96 -98 -99		1 2 -98 -99	
8			1 2 -98 -99	1 2 3 4 5 -96 -98 -99		1 2 -98 -99	
9			1 2 -98 -99	1 2 3 4 5 -96 -98 -99		1 2 -98 -99	
10			1 2 -98 -99	1 2 3 4 5 -96 -98 -99		1 2 -98 -99	
<b>00</b>	<b>TOTALS</b>						

**3. Labor Module (4 of 5) (PG) Part C: Secondary Work: FOR EACH PERSON WORKING OR HELPING THE FAMILY EARN INCOME**

G.3.14. CIRCLE THE ID CODE FOR EACH PERSON WHO ANSWERE D "1" (YES) TO G.3.13. ON THE PREVIOUS PAGE.	G.3.15. What was [NAME]'s <b>secondary</b> work? (IN CASE OF MORE THAN ONE WORK ACTIVITY, SECONDARY REFERS TO THE ONE WHICH CONSUMED THE MOST <b>TIME</b> AFTER THE PRIMARY WORK)  Self-employed.....1 Employee.....2 Employer or boss of a business...3 Worker without remuneration.....4 [>>G.3.17A.]  Family business/farming without remuneration ..... 5 [>>G.3.10B.] Day Laborer .....6 Other (Specify .....)-96 REFUSE TO ANSWER.....-98 [>>G.3.17A.] DON'T KNOW.....-99 [>>G.3.17A.]	G.3.16A. How much does [NAME] earn in this <b>secondary</b> work?		G.3.17A. In this <b>secondary</b> work, how many hours per week does [NAME] normally work?  REFUSE TO ANSWER... -98  DON'T KNOW... .....-99	G.3.17C. In this <b>secondary</b> work, how many hours did [NAME] work <b>last week</b> ?  REFUSE TO ANSWER .....-98  DON'T KNOW ....-99	G.3.17B. IN THIS <b>SECONDARY</b> WORK, DID [NAME] WORK FEWER HOURS THAN NORMAL <b>LAST</b> <b>WEEK</b> ?  YES.....1 NO.....2 [>>N.3.26] REFUSE TO ANSWER...-98 [>>N.3.26] DON'T KNOW .....-99 [>>N.3.26]	G.3.17D. Why did [NAME] work fewer hours than usual in this primary work last week?  Holiday / Vacation.... 1 Sick ..... 2 Caring for sick relative. 3 No need for work ..... 4 Work not available... 5  Other reason ..... -96  REFUSE TO ANSWER. .....-98  DON'T KNOW ..... -99	N.3.26. <b>Out of the last 12 months,</b> how many <b>days</b> did [NAME] do this <b>secondary</b> work to earn income or help the family earn income?  REFUSE TO ANSWER .....-98  DON'T KNOW .....-99
		WRITE AMOUNT	PER					
ID CODE								
1	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			1 2 -98 -99	1 2 3 4 5 -96 -98 -99	
2	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			1 2 -98 -99	1 2 3 4 5 -96 -98 -99	
3	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			1 2 -98 -99	1 2 3 4 5 -96 -98 -99	
4	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			1 2 -98 -99	1 2 3 4 5 -96 -98 -99	
5	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			1 2 -98 -99	1 2 3 4 5 -96 -98 -99	
6	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			1 2 -98 -99	1 2 3 4 5 -96 -98 -99	
7	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			1 2 -98 -99	1 2 3 4 5 -96 -98 -99	
8	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			1 2 -98 -99	1 2 3 4 5 -96 -98 -99	
9	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			1 2 -98 -99	1 2 3 4 5 -96 -98 -99	
10	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			1 2 -98 -99	1 2 3 4 5 -96 -98 -99	
<b>00</b>	<b>TOTALS</b>							

### 3. Labor Module (5 of 5) (PG) Part D : Other Sources of Income : FOR EACH PERSON AGE 15 AND OLDER.

G.3.19.	N.3.20A.	G.3.21.		N.3.20B.	G.3.22.	
CIRCLE THE SAME ID CODES THAT WERE CIRCLED FOR G.3.1	In last 12 months, Has [NAME] received any money from <b>other</b> work not covered above? Yes.....1 No.....2 [>>N3.20B] REFUSE TO ANSWER...-98 [>>N3.20B] DON'T KNOW.....-99 [>>N3.20B]	How much does [NAME] normally receive from <b>other</b> work or activities? Combine multiple works, if any		Has [NAME] received any money from pension ,etc.? Yes.....1 No.....2 [>>Next Person] REFUSE TO ANSWER...-98 [>>Next Person] DON'T KNOW.....-99 [>>Next Person]	How much does [NAME] normally receive as pension and other such payments related to past work?	
		Does not receive..... 0	Only once or seldom....0 Day.....1 Week.....2 Every two weeks.....3 Month.....4 Year.....5		Does not receive..... 0	Only once or seldom....0 Day.....1 Week.....2 Every two weeks.....3 Month.....4 Year.....5
ID CODE		Total Amount Rupees	PER PERIOD		Total Amount Rupees	PER PERIOD
1	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
2	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
3	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
4	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
5	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
6	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
7	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
8	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
9	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
10	1 2 -98 -99		0 1 2 3 4 5	1 2 -98 -99		0 1 2 3 4 5
<b>00</b>	<b>TOTALS</b>					

**4. Household Income ( 1 of 1 ) (PG) ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

**G.4.0 RECORD ID OF RESPONDENT OF THIS SECTION**

**ENUMERATORS: CONFIRM THAT YOU HAVE COMPLETED '3. Labor Module' PROPERLY?**

<p>G.4.2. Please tell me which of the following sources of income your household has received <b>during the last 12 months</b>.</p> <p>READ EACH OPTION OUT AND CIRCLE CODE RESPONSE. IF RECIEVD INCOME <b>AND</b> NOT ALREADY ACCOUNTED FOR IN MODULE 3, THEN CODE 1 ELSE CODE 2. ASK QUESTIONS G.4.4 – G.4.5 ONLY FOR THOSE SOURCES OF INCOME OR ACTIVITIES WHICH ARE CIRCLED (1) YES.</p> <p style="text-align: right;">Yes ----- 1 No ----- 2 [<b>&gt;&gt; Next Item in the list</b>] Don't know ----- -99 [<b>&gt;&gt; Next Item in the list</b>]</p>			<p>G.4.4. How much TOTAL revenue did your household earn from [SOURCE] in last 12 months?</p> <p>GET TOTAL RS <b>EARNED</b> IN LAST 12 MONTHS.</p> <p>DON'T KNOW.....-99</p> <p style="text-align: center;"><b>Rupees Earned</b></p>		<p>G.4.5. How much TOTAL COST did your household incur in receiving [SOURCE] or producing [SOURCE] duing a 12 month period?</p> <p>GET TOTAL RS <b>SPENT</b> IN LAST 12 MONTHS.</p> <p>DON'T KNOW.....-99</p> <p style="text-align: center;"><b>Rupees Spent</b></p>	
G.1	Interest or investment income	1 2 -99				
G.2	Remittances	1 2 -99				
G.3	Renting building / house / rooms / farm land	1 2 -99				
G.4	Renting vehicles, equipment, or machinery to others	1 2 -99				
G.5	Renting animals (horses, cattle, chickens, etc) to others	1 2 -99				
G.6	Scholarship	1 2 -99				
G.7	Government transfer / assistance	1 2 -99				
G.8	Assistance from community group, local organization, church, etc.	1 2 -99				
G.9	Gifts, or donations	1 2 -99				
G.10	Household production and sale of any food products (meat, dairy, eggs, fruits, vegetables, nuts, bread, jams, other prepared food, etc.)	1 2 -99				
G.11	Collection of plants, flowers, herbs, firewood, forest products, etc. and their sale?	1 2 -99				
G.12	Other agricultural activities (other than G10 and G11)	1 2 -99				
G.13	Reselling packaged food (soda, sweets, chips)	1 2 -99				
G.14	Household production of clothing, textiles, other embroidery, etc.	1 2 -99				
G.15	Household production of furniture	1 2 -99				
G.16	Other non-agricultural activities	1 2 -99				
G.20	Other (Specify _____)	1 2 -99				
<b>00</b>	<b>TOTALS</b>					

**5. Assets (1 of 3) – Part A : Household Durable Goods ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD**

**G.5.0 RECORD ID OF RESPONDENT OF THIS SECTION**

GOODS		G.5.1. Does your household own at least one [GOOD]?			G.5.2. How many years ago did you buy this [GOOD]? If you own more than one [GOOD], refer to the last one purchased			G.5.3. How much did you pay for this [GOOD] when you bought it? If you own more than one [GOOD], refer to the last one purchased		
		Yes.....1	No.....2	[->Next GOOD]	IF LESS THAN ONE YEAR ..... 0	DIDN'T BUY IT.....-97	[->Next item]	DON'T KNOW.....-99	[->Next item]	AMOUNT (RUPEES)
G1	Radio / CD / cassette	1	2	-99						
G2	Television	1	2	-99						
G3	Videocassette, VCD, DVD player	1	2	-99						
G4	Computer	1	2	-99						
G5	Bicycle	1	2	-99						
G6	Motorcycle	1	2	-99						
G7	Automobile or truck	1	2	-99						
G8	Refrigerator	1	2	-99						
G9	Gas stove	1	2	-99						
G10	Other stove	1	2	-99						
G11	Blender / mixer	1	2	-99						
G12	Toaster	1	2	-99						
G16	Other house / other buildings	1	2	-99						
G17	Machinery, equipment, or tools for household business (NOT FARM EQUIPMENT)	1	2	-99						
G19	Sewing Machine	1	2	-99						
G20	Mosquito nets	1	2	-99						
G21	Cell Phone	1	2	-99						
G23	Clothes Iron (electric)	1	2	-99						
G25	Bed Frame	1	2	-99						
N27	Landline Phone	1	2	-99						
N28	Electricity Generator or inverter	1	2	-99						
N29	Cable TV / Dish TV	1	2	-99						
<b>00</b>	<b>TOTALS</b>									

### 5. Assets (2 of 3) (PG) – Part B : Land & Agricultural Equipment ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

G.5.4 Now, we want to ask you about the worth of jewelry you own. Are you willing to disclose the current value of your jewelry?	Yes ----- -1 No -----2	<b>[&gt;&gt;G.N5.6]</b>	G.5.5 What do you estimate the current value of your jewelry to be? Rupees----- ----- Don't know.....-99
---	------------------------------	-------------------------	---

N.5.6.	Does your household own any Farm land besides the plot your residence is on?	Yes..... No.....	1 2	<b>[&gt;&gt;G.5.10.]</b>
N.5.7.	How many acres land does your household own?	DON'T KNOW .....-99	Area (Acres)_____	CONVERT TO ACRES WITH SUPV. HELP
G.5.8.	Is there a source of water on that land (besides rainfall)?	Yes..... No.....	1 2	
G.5.9.	Is that land irrigated?	Yes..... No.....	1 2	

EQUIPMENT	G.5.11. Does your household own [EQUIPMENT]? Yes.....1 No.....2 <b>[&gt;&gt;Next EQUIPMENT]</b> REFUSED ..... -98 <b>[&gt;&gt;Next EQUIPMENT]</b> DON'T KNOW...-99 <b>[&gt;&gt;Next EQUIPMENT]</b>	G.5.12. How many [EQUIPMENT] does your household own?  Number REFUSED ..... -98 DON'T KNOW...-99	G.5.13. How many years ago did you buy this [EQUIPMENT]. If you own more than one [EQUIPMENT], refer to the last one purchased?  IF LESS THAN ONE YEAR, RECORD AS ONE. Did not buy it -97 REFUSED ..... -98 DON'T KNOW...-99	G.5.14. How much did you pay for [EQUIPMENT] when you bought it? If you own more than one [EQUIPMENT], refer to the last one purchased  TOO OLD TO REMEMBER -93 REFUSED ..... -98 DON'T KNOW...-99 RUPEES
G41	Tractor	1 2 -99		
G42	Thresher/ Grain harvester	1 2 -99		
G49	<b>Handcart / Farmcart</b>	1 2 -99		
N50	Machine pulled plow or harrower	1 2 -99		
N51	Animal pulled plow	1 2 -99		
N53	Rice winnower	1 2 -99		
N54	Machine to process livestock feed	1 2 -99		
N55	Insecticide pump	1 2 -99		
N56	Shovels and spades ( <i>Daratti</i> )	1 2 -99		
N57	Axes and machetes	1 2 -99		

### 5. Assets (3 of 3) – Part C : Animals ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

G.5.15. Does your household own any animals, even small animals or birds? (CIRCLE ONE.) Yes ..... 1 No ..... 2 [ <b>&gt;&gt;Next Section; G31.1</b> ]		G.5.16. Does your household own [ANIMAL]? Yes.....1 No.....2 [ <b>&gt;&gt;Next ANIMAL</b> ] DON'T KNOW.....-99 [ <b>&gt;&gt;Next ANIMAL</b> ]		G.5.17. How many [ANIMAL] does your household own?  NUMBER	G.5.19A. How many [ANIMAL] did you buy in the past 12 months? NONE..... 0 ( <b>&gt;&gt;G5.19B</b> ) DON'T KNOW...-99 ( <b>&gt;&gt;G5.19B</b> )	G.5.20A. What was the total price for the purchase of these many [ANIMAL]?  DON'T KNOW.....-99	G.5.19B. How many [ANIMAL] did you sell in the past 12 months? NONE..... 0 ( <b>&gt;&gt;Next Animal</b> ) DON'T KNOW...-99 ( <b>&gt;&gt;Next Animal</b> )	G.5.20C. What was the total price for the sale of this many [ANIMAL]?  DON'T KNOW .....-99
ANIMALS					NUMBER of ANIMALS	RUPEES	NUMBER IOF ANIMALS	RUPEES
G.61	Cow	1	2	-99				
G.62	Bull	1	2	-99				
G.64	Mule	1	2	-99				
G.65	Donkey	1	2	-99				
G.66	Goat	1	2	-99				
G.67	Sheep	1	2	-99				
G.68	Pig	1	2	-99				
G.69	Chicken	1	2	-99				
G.70	Duck	1	2	-99				
N76	Buffalo	1	2	-99				
G.73	Other animals (Specify)	1	2	-99				
00	TOTALS							

**31. Mortality** ASK TO MOST KNOWLEDGEABLE MEMBER OF HOUSEHOLD

G.31.0 Enter the ID code of the respondent who answered this.	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
G.31.1. Has there been a death of any adult, child or infant living in this household since June 2009? <b>(in the past 21 months)</b> IF "NO", PROBE FOR: Any baby who cried or showed signs of life, but only survived for a few hours or days? Yes..... No..... Don't know.....		1 2 -99	[ >>G.10.1.] [ >>G.10.1.]		

COMPLETE ONE ROW FOR EACH DEATH IN THE HOUSEHOLD IN THE PAST YEAR.

G.31.2.	G.31.3.	G.31.4.	G.31.5.		
What was the gender of the deceased?	How old was the deceased? (If less than 1 day or a few hours, then code 0 in age and circle DAY)	What was the cause of death?	What was the relationship of the deceased to the current head of household?		
Male.....1 Female.....2	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">AGE</td> <td>Less than one day.....0 Days.....1 Months.....2 Years.....3</td> </tr> </table>	AGE	Less than one day.....0 Days.....1 Months.....2 Years.....3	Aging..... 1 Accident or Physical Trauma.....2 Diarrhea..... 3 Pneumonia / ARI (Acute Respiratory Infection)..... 4 Birth-related..... 5 Malaria/dengue/chikunguniya.....6 TB (Tuberculosis)..... 7 Other acute diseases..... 8 Other chronic diseases..... 9 Other (Specify:.....).....-96 Don't know..... -99	Wife / Husband..... 2 Child / Adopted Child..... 3 Grandchild..... 4 Niece / Nephew..... 5 Father / Mother..... 6 Sister / Brother..... 7 Son-in-Law / Daughter-in-Law..... 8 Brother-in-Law / Sister-in-Law..... 9 Grandfather / Grandmother..... 10 Father-in-Law / Mother-in-Law..... 11 Resident Housekeeper..... 12 Resident Caregiver..... 13 Non-Resident Caregiver..... 14 Other (Specify:.....)....-96
AGE	Less than one day.....0 Days.....1 Months.....2 Years.....3				
1 2	0 1 2 3	1 2 3 4 5 6 7 8 9 -96 -99	2 3 4 5 6 7 8 9 10 11 12 13 14 -96		
1 2	0 1 2 3	1 2 3 4 5 6 7 8 9 -96 -99	2 3 4 5 6 7 8 9 10 11 12 13 14 -96		
1 2	0 1 2 3	1 2 3 4 5 6 7 8 9 -96 -99	2 3 4 5 6 7 8 9 10 11 12 13 14 -96		
1 2	0 1 2 3	1 2 3 4 5 6 7 8 9 -96 -99	2 3 4 5 6 7 8 9 10 11 12 13 14 -96		
1 2	0 1 2 3	1 2 3 4 5 6 7 8 9 -96 -99	2 3 4 5 6 7 8 9 10 11 12 13 14 -96		

# **OBSERVATION OF HOUSEHOLD**

**PLEASE SEEK PERMISSION FROM HEAD OF THE HOUSEHOLD TO SEE AROUND THE HOUSE**

**PLEASE GO AROUND HOUSE WITH THE HEAD OR SOME OTHER HH MEMBER IF POSSIBLE**

**10. Observations of Dwelling Characteristics (1 of 1) Interviewer direct observation, accompanied by respondent.**

G.10.1.	We are interested in what kinds of housing people have in the community? Can we go and take a look around your home	Yes..... No.....	1 2 [ <b>&gt;&gt;G.13.1.</b> ]
G.10.2.	WHAT TYPE OF DWELLING IS IT?  ONLY FOR OBSERVATION SELECT ONLY ONE RESPONSE.	SINGLE FAMILY DETACHED HOUSE..... 1 MULTI-FAMILY DETACHED HOUSE.....2 SINGLE FAMILY HOUSE CONNECTED IN A ROW WITH OTHER HOUSES 5 OTHER (SPECIFY _____) -96	
G.10.3.	WHAT IS THE MATERIAL FOR THE WALLS OF THE MAIN LIVING AREA?  ONLY FOR OBSERVATION SELECT ONLY ONE RESPONSE.	BURNT BRICK..... 1 STONE / CONCRETE .....2 UNBAKED BRICK, ADOBE .....3 WOOD PLANKS, LOGS, PLYWOOD .....4 TIN, ZINC SHEETING .....5 MUD(BAMBO, WOOD INSIDE).....6 BAMBOO .....7 CANVAS, FELT .....8 UNBURNT BRICK.....9 MUD(BRICK, STONE INSIDE) .....10 DRIED GRASS / THATCH .....14 OTHER (SPECIFY _____) -96	
G.10.4.	WHAT IS THE MATERIAL FOR THE ROOF OF THE MAIN LIVING AREA?  ONLY FOR OBSERVATION SELECT ONLY ONE RESPONSE.	BURNT BRICK..... 1 CONCRETE SLAB .....2 UNBAKED BRICK, ADOBE .....3 WOOD, LOGS / PLYWOOD .....4 TIN, ZINC SHEETING .....5 MUD(BAMBO/WOOD INSIDE).....6 BAMBOO .....7 CANVAS, PLASTIC, FELT .....8 DRIED GRASS / THATCH .....14 SLATE / TILES /SHINGLES .....15 OTHER (SPECIFY _____) -96	
G.10.5.	WHAT IS THE MATERIAL FOR THE FLOOR OF THE MAIN LIVING AREA?  ONLY FOR OBSERVATION SELECT ONLY ONE RESPONSE.	TILES .....3 CEMENT CONCRETE .....5 CLAY/DUNG/EARTHEN FLOOR.....6 STONES .....12 BURNT BRICK.....13 WOOD PLANKS.....14 OTHERS (SPECIFY _____) -96	
G.10.6.	IS THE DWELLING RELATIVELY CLEAN?  ONLY FOR OBSERVATION	YES..... 1 NO.....2	

**11. Observations of Food Storage (1 of 1) Interviewer direct observation, accompanied by respondent.**

G.11.1.	IS THERE GARBAGE IN THE KITCHEN OR HOUSE?  ONLY FOR OBSERVATION	YES ..... NO ..... COULD NOT OBSERVE.....	1 2 -98	
G.11.2.	IS THE FOOD COVERED?  ONLY FOR OBSERVATION	YES, COMPLETELY COVERED ..... YES, PARTIALLY COVERED ..... NO ..... COULD NOT OBSERVE.....	1 2 3 -98	
N11.3	WHERE IS PREPARED FOOD "MAINLY" STORED? (Single code)  ONLY FOR OBSERVATION	VESSELS ON THE FLOOR ..... VESSELS ON AN ELEVATED PLATFORM..... VESSELS IN A CUPBOARD..... REFRIGERATOR ..... COULD NOT OBSERVE.....	1 2 3 4 -98	

**12.B Observations of Handwashing Facilities (1 of 2) Interviewer direct observation, accompanied by respondent.**

G.12B.1	Do you or others in your family ever wash hands after going to the toilet?	Yes ..... No ..... DON'T KNOW .....	1 2 -99	[> G.12B.7] [> G.12B.7]
G.12B.2	Please show me where you or others in your family usually wash your hands after going to the toilet.   RECORD OBSERVATION OF LOCATION OF HANDWASH STATION.  READ DOWN LIST AND MARK THE FIRST RESPONSE THAT APPLIES. ONLY ONE RESPONSE.	INSIDE TOILET FACILITY ..... INSIDE KITCHEN / COOKING PLACE ..... ELSEWHERE IN YARD (WITHIN 3 FEET OF THE TOILET FACILITY) ..... ELSEWHERE IN YARD (>3 FEET BUT ≤ 10 FEET FROM THE TOILET FACILITY) ..... > 10 FEET FROM THE TOILET FACILITY ..... NO SPECIFIC PLACE IN THE HOUSE ..... NOWHERE NEAR / IN THE HOME ..... REFUSED – NO PERMISSION TO SEE .....	1 2 3 4 5 6 -97 -98	[> G.12B.7] [> G.12B.7] [> G.12B.7]
G.12B.3	 RECORD OBSERVATION OF HANDWASHING DEVICE.  ONLY ONE RESPONSE.	TAP / FAUCET ..... TIPPY TAP ..... BASIN / BUCKET ..... CONTAINER FROM WHICH WATER IS Poured..... OTHER (SPECIFY _____) ..... OBSERVATION NOT POSSIBLE .....	1 2 3 4 -96 -98	
G.12B.4	 RECORD OBSERVATION OF WHETHER WATER IS AVAILABLE AT THE HANDWASHING STATION. ONLY ONE RESPONSE.	YES – WATER IS AVAILABLE ..... NO – WATER IS NOT AVAILABLE ..... OBSERVATION NOT POSSIBLE .....	1 2 -98	

**12.B Observations of Handwashing Facilities (1 of 2) Interviewer direct observation, accompanied by respondent.**

G.12B.5	☞ RECORD OBSERVATION OF WHETHER SOAP OR DETERGENT IS AVAILABLE AT THE HANDWASHING STATION.  CIRCLE ALL THAT APPLY	BEAUTY / TOILET BAR SOAP..... 2 POWDER (LAUNDRY) SOAP / DETERGENT..... 3 LIQUID SOAP (Dettol, Life Buoy) ..... 4 SOAPY WATER ..... 5 FRESH ASH ..... 6 MUD ..... 7 OTHER (SPECIFY _____) ..... -96 NO SOAP OR DETERGENT PRESENT..... 8 OBSERVATION NOT POSSIBLE..... -98		[ >> G.12B.7 ] [ >> G.12B.7 ]
G.12B.5B	IF SOAP OR FRESH ASH IS OBSERVED AT HANDWASHING STATION, ASK RESPONDENT WHAT THEY USUALLY USE THE SOAP FOR, IF MORE THAN ONE SOAP IS OBSERVED ASK FOR EACH SOAP / FRESH ASH.  CIRCLE ALL THAT APPLY	DOING LAUNDRY / WASHING CLOTHES..... 1 WASHING DISHES..... 2 WASHING BODY / FACE / HEAD..... 3 WASHING HANDS..... 4 CLEANING THE HOUSE (FLOORS, SURFACES)..... 5 OTHER (SPECIFY _____)..... -96		
G.12B.7	Do you or others in your family ever wash hands before or after preparing food or feeding children?	Yes ..... 1 No ..... 2 DON'T KNOW ..... -99		[ >> G.12B.21 ] [ >> G.12B.21 ]
G12B.7B	Is this handwashing station / place same as the one used above for washing hands after defecation?	YES ..... 1 NO ..... 2 DON'T KNOW ..... -99		
G12B.7C	How do you wash hands before and after preparing food and before feeding children? With soap or without soap?	WITH SOAP..... 1 WITHOUT SOAP ..... 2 DON'T KNOW..... -99		

**12C. Observations of Toilet Facility (1 of 1) Interviewer direct observation, accompanied by respondent.**

N.12C.0A	PLEASE CONFIRM WITH N9.0A, N9.0B, AND N9.0C AND ASK HH TO RECONFIRM WHETHER THE HOUSEHOLD OWN A TOILET EVEN IF IT IS NOT BEING USED, INCOPLETE CONSTRUCTION, DILAPIDATED OR SHARED?	HH HAS TOILET (even if not used)..... HH DOES NOT HAVE ANY TOILET .....	1 2	[>>G.13.1]
N.12C.0B	IS THE TOILET IN USABLE CONDITION?  👁 RECORD OBSERVATION.	YES, READY TO USE ..... MAY BE. INCOMPLETE CONSTRUCTION BUT USABLE NO, UNDER CONSTRUCTION ..... NO, DILAPIDATED .....	1 2 3 4	[>>G.12C.1] [>>G.13.1]
N.12C.1B	HOW IS THE TOILET BEING USED?  👁 RECORD OBSERVATION.	MAY BE AS A TOILET ..... KEEPING ANIMALS ..... STORE ROOM ..... BATHROOM ..... OTHER SPECIFY.....	1 2 3 4 -96	
G.12C.1	PLEASE RECORD TYPE OF LATRINE  👁 RECORD OBSERVATION.	FLUSH / POUR FLUSH: TO PIPED SEWER SYSTEM..... TO SEPTIC TANK ..... TO PIT LATRINE (OFFSET PIT WITH CHAMBER) ..... TO ELSEWHERE ..... TO DON'T KNOW WHERE..... VENTILATED IMPROVED PIT LATRINE (VIP)..... PIT LATRINE WITH SLAB (ON PIT / SIMPLE) ..... COMPOSTING TOILET ..... PIT LATRINE WITHOUT SLAB / OPEN PIT ..... BUCKET LATRINE ..... MOUND LATRINE ..... OTHER (SPECIFY, _____ )	1 2 3 4 5 6 7 8 9 10 11 -96	
G.12C.2	WHICH OF THE FOLLOWING SPECIALFEATURES OF THE LATRINE ARE OBSERVED?  CIRCLE ALL THAT APPLY  👁 RECORD OBSERVATION.	LATRINE ELEVATED (BUILT ABOVE GROUND) ..... FOOT RESTS..... FLOOR TILES..... WALL TILES ..... WATER SEAL..... COULD NOT OBSERVE.....	1 2 4 5 8 -98	
G.12C.3	FOR LATRINES WITH DIRECT DROP PIT, IS THE COVER IN PLACE OVER THE DROP HOLE?  👁 RECORD OBSERVATION.	YES ..... NO ..... COULD NOT OBSERVE..... NOT A DIRECT DROP PIT TOILET.....	1 2 -98 -97	
N.12C.3B	WHAT TYPE OF PAN IS USED IN THE LATRINE  👁 RECORD OBSERVATION.	HIGH INCLINE RURAL PAN..... NORMAL SQUATTING PAN..... WESTERN STYLE..... COULD NOT OBSERVE.....	1 2 3 -98	

G.12C.5A	OBSERVE ROOF ON TOILET?  👁️ RECORD OBSERVATION.	<b>FULLY COVERED ROOF WITH ...</b> CEMANET SLAB ..... 1 METAL / ASBESTOS SHEET ..... 2 PLATIC/CANVAS/FELT ..... 3 GRASS/THATCH ..... 4 PARTIALLY COVERED ROOF ..... 5 NO ROOF AT ALL ..... 6 COULD NOT OBSERVE ..... -98		
G.12C.5B	OBSERVE WALLS OF TOILET?  👁️ RECORD OBSERVATION.	<b>FULL WALL / SHOULDER HEIGHT WALL OF ...</b> CONCRETE ..... 1 METAL / ASBESTOS SHEET ..... 2 PLATIC/CANVAS/FELT ..... 3 GRASS/THATCH ..... 4 BURNT BRICK ..... 5 MUD WITH REINFORCEMENT ..... 6 <b>HALF WALLS MADE OF ...</b> CONCRETE ..... 7 METAL / ASBESTOS SHEET ..... 8 PLATIC/CANVAS/FELT ..... 9 GRASS/THATCH ..... 10 BURNT BRICK ..... 11 MUD WITH REINFORCEMENT ..... 12 NO WALLS ..... 13 COULD NOT OBSERVE ..... -98		
G.12C.5B	OBSERVE DOOR OF TOILET?  👁️ RECORD OBSERVATION.	<b>FULL WALL / SHOULDER HEIGHT DOOR OF ...</b> METAL / ASBESTOS SHEET ..... 1 PLATIC/CANVAS/FELT ..... 2 GRASS/THATCH ..... 3 HALF DOOR ..... 4 NO DOOR ..... 5 COULD NOT OBSERVE ..... -98		
G.12C.6	ON HOW MANY SIDES OF THE LATRINE IS THERE A PRIVACY SCREEN OF SOME SORT?  A WALL, DOOR OR CURTAIN UP TO SHOULDER HEIGHT CAN BE CONSIDERED A PRIVACY SCREEN.  👁️ RECORD OBSERVATION.	ZERO ..... 0 ONE ..... 1 TWO ..... 2 THREE ..... 3 FOUR ..... 4 OTHER (SPECIFY) ..... -96 COULD NOT OBSERVE ..... -98		

N.12C.6C	DOES THE TOILET HAVE A VENT PIPE?  👁 RECORD OBSERVATION.	YES ..... NO ..... COULD NOT OBSERVE.....	1 2 -98	
N.12C.6D	DOES THE TOILET HAVE ATTACHED BATHROOM?  👁 RECORD OBSERVATION.	YES ..... NO ..... COULD NOT OBSERVE.....	1 2 -98	
G.12C.8	HOW STRONG IS THE ODOR OF FECES IN THE LATRINE FACILITY?  👁 RECORD OBSERVATION.	Very strong odor ..... Some odor ..... Little or no odor ..... Could not observe.....	1 2 3 -98	
G.12C.9	HOW STRONG IS THE ODOR OF URINE IN THE LATRINE FACILITY?  👁 RECORD OBSERVATION.	Very strong odor ..... Some odor ..... Little or no odor ..... Could not observe.....	1 2 3 -98	
G.12C.10	ARE FECES PRESENT, OUTSIDE THE PIT, IN THE LATRINE FACILITY? (E.G., ON THE SLAB)  👁 RECORD OBSERVATION.	YES ..... NO ..... COULD NOT OBSERVE.....	1 2 -98	
N.12C.10B	IS THE PIT SQUARE OR CIRCULAR?  👁 RECORD OBSERVATION.	SQUARE PIT HOLE..... CIRCULAR PIT HOLE ..... COULD NOT OBSERVE.....	1 2 -98	
N12C.10C	IS PIT COVERED WITH SLAB ?	YES, PIT IS COVERED ..... NO, PIT IS OPEN / NOT COVERED..... COULD NOT OBSERVE.....	1 2 -98	[>>G.12C.12] [>>G.12C.12]
G.12C.11	IF YOU CAN OBSERVE INSIDE THE PIT EASILY...  FULLNESS OF PIT – SHINE A LIGHT INTO PIT TO SEE IF WASTE IS...  👁 RECORD OBSERVATION.	VERY FAR FROM SURFACE (>1 METER) ..... WITHIN 1 METER..... VERY CLOSE TO SURFACE OR FULL..... COULD NOT OBSERVE.....	1 2 3 -98	
N.12C.11B	IF YOU CAN OBSERVE INSIDE THE PIT EASILY...  DEPTH OF PIT  👁 RECORD OBSERVATION.	MORE THAN 2 METERS..... 1-2 METER..... LESS THAN 1 METER..... COULD NOT OBSERVE.....	1 2 3 -98	
N.12C.11C	IF YOU CAN OBSERVE INSIDE THE PIT EASILY...  HONEY COMB STRUCTURE OF PIT  👁 RECORD OBSERVATION.	SEE SEVERAL HONEY COMB /SIDE HOLES IN PIT ..... FEW SIDE HOLES (1-2 SIDE HOLE PER 1 FT RISE)..... NO SIDE HOLES IN PIT ..... COULD NOT OBSERVE.....	1 2 3 -98	

G.12C.13	<p>WHAT MATERIALS FOR ANAL CLEANSING ARE PRESENT INSIDE THE LATRINE?</p> <p>CIRCLE ALL THAT APPLY</p> <p>👁 RECORD OBSERVATION.</p>	<p>TUMBLER/SMALL BUCKET.....</p> <p>HYGIENIC (TOILET) PAPER.....</p> <p>LEAVES.....</p> <p>TWIGS.....</p> <p>RAG OR CLOTH.....</p> <p>STONES.....</p> <p>NONE.....</p> <p>OTHER (SPECIFY).....</p> <p>COULD NOT OBSERVE.....</p>	<p>8</p> <p>7</p> <p>1</p> <p>2</p> <p>5</p> <p>6</p> <p>9</p> <p>-96</p> <p>-98</p>	
N.12C.13B	<p>WHAT PROVISION FOR WATER IS AVAILABLE NEAR TOILET?</p> <p>CIRCLE ALL THAT APPLY</p> <p>👁 RECORD OBSERVATION.</p>	<p>TAP INSIDE TOILET.....</p> <p>TAP JUST OUTSIDE TOILET (10 FEET).....</p> <p>WATER CONTAINER INSIDE TOILET.....</p> <p>WATER CONTAINER OUTSIDE TOILET (10 FEET).....</p> <p>NONE.....</p> <p>OTHER (SPECIFY.....)</p> <p>COULD NOT OBSERVE.....</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>-96</p> <p>-99</p>	
G.12C.14	<p>IS THERE A VISIBLE WELL USED PATH TO THE LATRINE FACILITY?</p> <p>👁 RECORD OBSERVATION.</p>	<p>YES.....</p> <p>NO.....</p> <p>COULD NOT OBSERVE.....</p>	<p>1</p> <p>2</p> <p>-99</p>	
N.12C.14B	<p>IS THERE A DUG WELL / HAND PUMP / SURFACE WATER WITHIN 15 FEET OF THE TOILET?</p> <p>👁 RECORD OBSERVATION.</p>	<p>YES, DUG WELL.....</p> <p>YES, BORE WELL / HAND PUMP.....</p> <p>YES, SURFACE WATER (POND, RIVER).....</p> <p>NO.....</p> <p>COULD NOT OBSERVE.....</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>-99</p>	

**13. Observations of Animals and Feces (1 of 1) Interviewer direct observation, accompanied by respondent.**

G.13.1.	CAN YOU SEE DOMESTIC ANIMALS SUCH AS GOGS, CATS, CHICKENS, ETC IN THE HOUSE?  ONLY FOR OBSERVATION	YES ..... NO COULD NOT OBSERVE.....	1 2 -98	
G.13.2.	ARE HUMAN OR ANIMAL FECES VISIBLE IN THE LIVING AREA AROUND THE HOUSE?  ONLY FOR OBSERVATION	NONE ..... 1 – 5 FECES ..... 5 – 10 FECES ..... MORE THAN 10 FECES ..... CANNOT TELL .....	1 2 3 4 -99	
G.13.3.	CAN YOU SMELL HUMAN OR ANIMAL FECES WHILE IN OR NEAR THE HOUSE?  ONLY FOR OBSERVATION	YES ..... NO .....	1 2	
N.13.4	CAN YOU SEE OPEN SEWER / UNORGAINZED DRAIN JUST OUTSIDE THE HOUSE?  ONLY FOR OBSERVATION	YES ..... NO .....	1 2	
N.13.5	IF HOUSEHOLD HASA PIPED WATER CONNECTION, THEN PLEASE CHECK IF THE PIPELINE IS COMING THROUGH ANY DRAIN, AREA WITH WASTE WATER, DUMP ETC  ONLY FOR OBSERVATION	YES, PIPELINE THROUGH WASTE WATER / DRAIN ..... NO, PIPELINE LAYED IN DRY AREA ..... HH DOES NOT HAVE PIPE CONNECTION ..... COULD NOT OBSERVE.....	1 2 -93 -98	

# **PRIMARY CARE GIVER SECTIONS**

- 1. THANK THE HOUSEHOLD HEAD / MOST KNOWLEDGEABLE RESPONDENT FOR HIS TIME**
- 2. PLEASE TAKE PERMISSION TO TALK WITH EACH PRIMARY CARE GIVER OF CHILDREN UNDER 5 YEARS OF AGE**
- 3. PLEASE INTERVIEW EACH PCG IN PRIVATE**
- 4. REMEMBER TO INTERVIEW ALL POSSIBLE PRIMARY CARE GIVERS**

**16. Perceptions of Illness (1 of 1) (JC)** EACH primary caregiver of **children under 5**

COPY THE ID CODES AND NAMES OF ALL THE PRIMARY CAREGIVERS OF CHILDREN UNDER 5 YEARS OF AGE IN THE BOXES TO THE RIGHT.			NAME _____ ID CODE _____			
G.16.0	Is this person present?	Yes ..... No, gone out of GP on all days of survey ..... No, not available during day light (at work) ..... No, could not locate even after trying multiple times.....	1 2 [>>Next Person] 3 [>>Next Person] 4 [>>Next Person]	1 2 [>>Next Person] 3 [>>Next Person] 4 [>>Next Person]	1 2 [>>Next Person] 3 [>>Next Person] 4 [>>Next Person]	1 2 [>>Next Section] 3 [>>Next Person] 4 [>>Next Person]
G.16.0B	Do you know what is diarrhea?	Yes ..... No.....	1 2 [>>Next erson]	1 2 [>>Next erson]	1 2 [>>Next erson]	1 2 [>>Next section]
G.16.1.	In your opinion, what are the symptoms of diarrhea?  DO NOT READ OUT THE ANSWERS.  PROMPT 1 – 2 TIMES.  CIRCLE ALL THAT APPLY.	Loose or watery stool..... Blood or mucus in stool..... Frequent stools ..... Abdominal pain..... Soft part of head sunken..... Fever ..... Vomiting..... Nausea ..... Weakness (loss of weight, not eating or drinking)..... Dehydration (marked thirst, dried lips, no tears)..... Loss of sense (dizziness, mental stupor)..... Headache ..... Child is tired / moody / cries a lot..... Other (specify) ..... Don't know .....	1 2 3 4 5 6 7 8 9 10 11 12 13 -96 -99	1 2 3 4 5 6 7 8 9 10 11 12 13 -96 -99	1 2 3 4 5 6 7 8 9 10 11 12 13 -96 -99	1 2 3 4 5 6 7 8 9 10 11 12 13 -96 -99
G.16.2.	Does [CAUSE] cause diarrhea?  Yes .....1 No .....2  READ EACH ANSWER  CIRCLE ALL THAT APPLY	Eating stale foods ..... Eating food from street vendors ..... Eating food touched by flies ..... Unclean / smelly food..... Drinking dirty water ..... Using dirty latrines / open defecation ..... Not washing hands with water..... Not washing hands with soap and water ..... Bad weather / weather change..... Exposure to sun..... Teething / new teeth ..... Some types of vaccines ..... Dirty household..... Unclean neighborhood / village ..... Bite of mosquito ..... No sleeping on time .....	1 2 1 2	1 2 1 2	1 2 1 2	1 2 1 2
G.16.3.	Do you think that diarrhea can be prevented ?	Yes ..... No.....	1 2	1 2	1 2	1 2

**19. Child Health Calendar (5 copies – fill one for each child under 5) EACH primary caregiver of children under 5**

REFERRING TO THE MASTER ROSTER, COMPLETE THIS MODULE FOR EACH CHILD UNDER 5 YEARS

**G.19.0 CHILD ID CODE:** [ ] Child NAME \_\_\_\_\_ **G.19.0A PCG ID CODE:** [ ] PCG NAME \_\_\_\_\_

Now I would like to ask about the health of [ CHILD ] in the last 14 days.

	G.19.1	G.19.2	G.19.3	G.19.4	G.19.5	G.19.6	G.19.7	G.19.8	G.19.9	G.19.10	G.19.11	G.19.12	G.19.13	G.19.14	
In the last 14 days, did he/she have: _____	Fever?	Constant Cough?	Congestion?	Panting/ wheezing/ difficulty breathing?	Stomach pain or cramps?	Nausea?	Vomit?	3 or more bowel movements in one day and one night?	Watery or soft stool?	Mucus or Blood in the stool?	Refuse to feed / eat?	Abrasion, scrapes or bruising?	Skin itching on the body or scalp?	Do you think that these Symptoms are / were serious?	
DK : -99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	
YES : 1	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	
NO : 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
In the last 7 days, did he/she have: _____	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	
	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	
	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
Which days did [CHILD ] have symptoms	<b>MARK AN "X" ON FOR EACH DAY SYMPTOM WAS PRESENT</b>														
<b>Today 0</b>															<b>0</b>
<b>Yester. 1</b>															<b>1</b>
<b>2 Days ago</b>															<b>2</b>
<b>3</b>															<b>3</b>
<b>4</b>															<b>4</b>
<b>5</b>															<b>5</b>
<b>6</b>															<b>6</b>
<b>7 days ago</b>															<b>7</b>
<b>Total No of Episodes</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	

Copy 2 for second U5 child

**19. Child Health Calendar (5 copies – fill one for each child under 5) EACH primary caregiver of children under 5**

REFERRING TO THE MASTER ROSTER, COMPLETE THIS MODULE FOR EACH CHILD UNDER 5 YEARS

**G.19.0 CHILD ID CODE:** [ \_\_\_\_\_ ] Child NAME \_\_\_\_\_ **G.19.0A PCG ID CODE:** [ \_\_\_\_\_ ] PCG NAME \_\_\_\_\_

Now I would like to ask about the health of [ CHILD ] in the last 14 days.

	G.19.1	G.19.2	G.19.3	G.19.4	G.19.5	G.19.6	G.19.7	G.19.8	G.19.9	G.19.10	G.19.11	G.19.12	G.19.13	G.19.14	
In the last 14 days, did he/she have: _____	Fever?	Constant Cough?	Congestion?	Panting/ wheezing/ difficulty breathing?	Stomach pain or cramps?	Nausea?	Vomit?	3 or more bowel movements in one day and one night?	Watery or soft stool?	Mucus or Blood in the stool?	Refuse to feed / eat?	Abrasion, scrapes or bruising?	Skin itching on the body or scalp?	Do you think that these Symptoms are / were serious?	
DK : -99 YES : 1 NO : 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	
In the last 7 days, did he/she have: _____	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	
Which days did [CHILD ] have symptoms	<b>MARK AN "X" ON FOR EACH DAY SYMPTOM WAS PRESENT</b>														
<b>Today 0</b>															<b>0</b>
<b>Yester. 1</b>															<b>1</b>
<b>2 Days ago</b>															<b>2</b>
<b>3</b>															<b>3</b>
<b>4</b>															<b>4</b>
<b>5</b>															<b>5</b>
<b>6</b>															<b>6</b>
<b>7 days ago</b>															<b>7</b>
<b>Total No of Episodes</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	

**Copy 3 for third U5 child**

**19. Child Health Calendar (5 copies – fill one for each child under 5) EACH primary caregiver of children under 5**

REFERRING TO THE MASTER ROSTER, COMPLETE THIS MODULE FOR EACH CHILD UNDER 5 YEARS

**G.19.0 CHILD ID CODE:** [ \_\_\_\_\_ ] Child NAME \_\_\_\_\_ **G.19.0A PCG ID CODE:** [ \_\_\_\_\_ ] PCG NAME \_\_\_\_\_

Now I would like to ask about the health of [ CHILD ] in the last 14 days.

	G.19.1	G.19.2	G.19.3	G.19.4	G.19.5	G.19.6	G.19.7	G.19.8	G.19.9	G.19.10	G.19.11	G.19.12	G.19.13	G.19.14	
In the last 14 days, did he/she have: _____	Fever?	Constant Cough?	Congestion?	Panting/ wheezing/ difficulty breathing?	Stomach pain or cramps?	Nausea?	Vomit?	3 or more bowel movements in one day and one night?	Watery or soft stool?	Mucus or Blood in the stool?	Refuse to feed / eat?	Abrasion, scrapes or bruising?	Skin itching on the body or scalp?	Do you think that these Symptoms are / were serious?	
DK : -99 YES : 1 NO : 2	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	
In the last 7 days, did he/she have: _____	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	
Which days did [CHILD ] have symptoms	<b>MARK AN "X" ON FOR EACH DAY SYMPTOM WAS PRESENT</b>														
<b>Today 0</b>															<b>0</b>
<b>Yester. 1</b>															<b>1</b>
<b>2 Days ago</b>															<b>2</b>
<b>3</b>															<b>3</b>
<b>4</b>															<b>4</b>
<b>5</b>															<b>5</b>
<b>6</b>															<b>6</b>
<b>7 days ago</b>															<b>7</b>
<b>Total No of Episodes</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	

**Copy 4 for fourth U5 child**

**19. Child Health Calendar (5 copies – fill one for each child under 5) EACH primary caregiver of children under 5**

REFERRING TO THE MASTER ROSTER, COMPLETE THIS MODULE FOR EACH CHILD UNDER 5 YEARS

**G.19.0 CHILD ID CODE:** [ \_\_\_\_\_ ] Child NAME \_\_\_\_\_ **G.19.0A PCG ID CODE:** [ \_\_\_\_\_ ] PCG NAME \_\_\_\_\_

Now I would like to ask about the health of [ CHILD ] in the last 14 days.

	G.19.1	G.19.2	G.19.3	G.19.4	G.19.5	G.19.6	G.19.7	G.19.8	G.19.9	G.19.10	G.19.11	G.19.12	G.19.13	G.19.14	
In the last 14 days, did he/she have: _____	Fever?	Constant Cough?	Congestion?	Panting/ wheezing/ difficulty breathing?	Stomach pain or cramps?	Nausea?	Vomit?	3 or more bowel movements in one day and one night?	Watery or soft stool?	Mucus or Blood in the stool?	Refuse to feed / eat?	Abrasion, scrapes or bruising?	Skin itching on the body or scalp?	Do you think that these Symptoms are / were serious?	
DK : -99 YES : 1 NO : 2	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	
In the last 7 days, did he/she have: _____	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	
Which days did [CHILD ] have symptoms	<b>MARK AN "X" ON FOR EACH DAY SYMPTOM WAS PRESENT</b>														
<b>Today 0</b>															<b>0</b>
<b>Yester. 1</b>															<b>1</b>
<b>2 Days ago</b>															<b>2</b>
<b>3</b>															<b>3</b>
<b>4</b>															<b>4</b>
<b>5</b>															<b>5</b>
<b>6</b>															<b>6</b>
<b>7 days ago</b>															<b>7</b>
<b>Total No of Episodes</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		

**Copy 5 for fifth U5 child**

**19. Child Health Calendar (5 copies – fill one for each child under 5) EACH primary caregiver of children under 5**

REFERRING TO THE MASTER ROSTER, COMPLETE THIS MODULE FOR EACH CHILD UNDER 5 YEARS

**G.19.0 CHILD ID CODE:** [ \_\_\_\_\_ ] Child NAME \_\_\_\_\_ **G.19.0A PCG ID CODE:** [ \_\_\_\_\_ ] PCG NAME \_\_\_\_\_

Now I would like to ask about the health of [ CHILD ] in the last 14 days.

	G.19.1	G.19.2	G.19.3	G.19.4	G.19.5	G.19.6	G.19.7	G.19.8	G.19.9	G.19.10	G.19.11	G.19.12	G.19.13	G.19.14	
In the last 14 days, did he/she have: _____	Fever?	Constant Cough?	Congestion?	Panting/ wheezing/ difficulty breathing?	Stomach pain or cramps?	Nausea?	Vomit?	3 or more bowel movements in one day and one night?	Watery or soft stool?	Mucus or Blood in the stool?	Refuse to feed / eat?	Abrasion, scrapes or bruising?	Skin itching on the body or scalp?	Do you think that these Symptoms are / were serious?	
DK : -99 YES : 1 NO : 2	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	
In the last 7 days, did he/she have: _____	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	-99 Y N 1 2 ↓	
Which days did [CHILD ] have symptoms	<b>MARK AN "X" ON FOR EACH DAY SYMPTOM WAS PRESENT</b>														
<b>Today 0</b>															<b>0</b>
<b>Yester. 1</b>															<b>1</b>
<b>2 Days ago</b>															<b>2</b>
<b>3</b>															<b>3</b>
<b>4</b>															<b>4</b>
<b>5</b>															<b>5</b>
<b>6</b>															<b>6</b>
<b>7 days ago</b>															<b>7</b>
<b>Total No of Episodes</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	

**20. Child Health Calendar Summary (1 of 3) Direct observation. ONLY FOR CHILDREN UNDER FIVE YEARS**

G.20.1 REFER TO THE MASTER ROSTER AND LIST THE ID CODE AND NAME OF THE CAREGIVER. THEN LIST THE ID CODES AND NAMES OF ALL CHILDREN UNDER 5. THIS PERSON'S CARE . CONTINUE FOR EACH CAREGIVER AND CHILDREN UNDER 5 YEARS.				G.20.2. (PLEASE CHECK: G.19.2. – G.19.4)  ANY "YES" TO COUGH, CONGESTION, WHEEZING, OR DIFFICULTY BREATHING FOR THIS CHILD?  YES...1  NO.....2 [>>G.20.6.]	G.20.3.  MEASURE THE NUMBER OF CHEST RISES FOR CHILD OVER 30 SECONDS.  COULD NOT OBSERVE.....-99  REFUSED.....-98  CHILD NOT PRESENT.....-93 [>>>G.20.6]  CHILD TOO RESTLESS.....-92 [>>>G.20.6]  <b>BREATHS / 30 SECONDS</b>	G.20.4.  DO YOU OBSERVE LOWER CHEST WALL INDRAWING?  YES.....1  NO.....2  REFUSED TO BE OBSERVED....-98  COULD NOT OBSERVE.....-99	G.20.5.  DO YOU HEAR THE CHILD WHEEZING OR WHISTLING UPON INHALATION?  YES.....1  NO.....2  REFUSED TO BE OBSERVED....-98  COULD NOT OBSERVE....-99	G.20.6. (PLEASE CHECK: G.19.1.– G.19.11)  ANY "YES" TO DIARRHEA OR RESPIRATORY SYMPTOMS FOR THIS CHILD?  YES....1  NO.....2 [>>> G.20.10.]	G.20.7. In the past 14 days did you show [NAME] to anyone for diagnosis / advise?  If so, what type?  CIRCLE ALL THAT APPLY  No.....1 [>>>G.20.10.] Day visit to doctor..... 2 Overnight stay at hospital or clinic..... 3 Pharmacist..... 4 Traditional Healer..... 5 Herbalist..... 6 Doctor visit at home..... 7 ..... [>>>G.20.10.] Other (specify) _____ -96 DON'T KNOW.....-99
PCG ID	PCG NAME	CHILD ID	CHILD NAME						
				1 2		1 2 -98 -99	1 2 -98 -99	1 2	1 2 3 4 5 6 -96 -99
				1 2		1 2 -98 -99	1 2 -98 -99	1 2	1 2 3 4 5 6 -96 -99
				1 2		1 2 -98 -99	1 2 -98 -99	1 2	1 2 3 4 5 6 -96 -99
				1 2		1 2 -98 -99	1 2 -98 -99	1 2	1 2 3 4 5 6 -96 -99
				1 2		1 2 -98 -99	1 2 -98 -99	1 2	1 2 3 4 5 6 -96 -99

## 20. Child Health Calendar Summary (2 of 2) Direct observation. ONLY FOR CHILDREN UNDER FIVE YEARS

REFER TO THE MASTER G.14.0 ROSTER AND LIST THE ID CODE AND NAMES OF ALL CHILDREN EXACTLY AS IN G.20.1		G.20.8. Was this facility/place government or private?  Public..... 1 Private..... 2 Both..... 3  DON'T KNOW...-99	G.20.8B. How many visits did [CHILD] make to he facility/place?  DON'T KNOW.....-99	G.20.8C. How many total hours were spent at the facility/place for medical advice by Child?  DO NOT TOTAL IF PEOPLE WAIT WITH CHILD. E.G. 2 PARENTS and 1 CHILD WAIT FOR 2 HRs THEN CODE 2 HRs NOT 6 HRs.  DON'T KNOW...-99	G.20.8D. How did [CHILD] travel to the facility/ place for medical advice?  CIRCLE ALL THAT APPLY  On foot (walk) . .....1 Bus (public transportation)....2 Private Car (motor vehicle) or motorcycle.....3 Public Auto Rickshaw/Jeep...4 Other (Specify .....)-96 DON'T KNOW .....-99	G.20.8E. How much time was spent in total <b>travelling</b> to the facility/place for medical advice by child?  DO NOT TOTAL IF PEOPLE TRAVEL WITH CHILD. E.G. 2 PARENTS and 1 CHILD WAIT FOR 2 HRs THEN CODE 2 HRs NOT 6 HRs.  DON'T KNOW...-99	G.20.8H. How many persons accompanied [CHILD] to the facility?  No of People	G.20.8G. How much money was spent in total only on <b>travel</b> to the facility/place for medical advice? Please include only travel cost and not food, hotel or other miscellineous expenses  TOTAL FOR ALL MEMBERS WHO VISIT FACILITY  RUPEES  DON'T KNOW...-99	G.20.10. (PLEASE CHECK: G.19.2. – G.19.4)  ANY "YES" TO COUGH, CONGESTION, ETC. FOR THIS CHILD?  YES.....1 NO.....2 >> G.20.13.]
CHILD ID	CHILD NAME			ENTER IN HOURS AND MINUTES		ENTER IN HOURS AND MINUTES			
		1 2 3 -99	<input type="text"/> <input type="text"/>	hours <input type="text"/> <input type="text"/> Mins <input type="text"/> <input type="text"/>	1 2 3 4 -96 -99	hours <input type="text"/> <input type="text"/> Mins <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	1 2
		1 2 3 -99	<input type="text"/> <input type="text"/>	hours <input type="text"/> <input type="text"/> Mins <input type="text"/> <input type="text"/>	1 2 3 4 -96 -99	hours <input type="text"/> <input type="text"/> Mins <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	1 2
		1 2 3 -99	<input type="text"/> <input type="text"/>	hours <input type="text"/> <input type="text"/> Mins <input type="text"/> <input type="text"/>	1 2 3 4 -96 -99	hours <input type="text"/> <input type="text"/> Mins <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	1 2
		1 2 3 -99	<input type="text"/> <input type="text"/>	hours <input type="text"/> <input type="text"/> Mins <input type="text"/> <input type="text"/>	1 2 3 4 -96 -99	hours <input type="text"/> <input type="text"/> Mins <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	1 2
		1 2 3 -99	<input type="text"/> <input type="text"/>	hours <input type="text"/> <input type="text"/> Mins <input type="text"/> <input type="text"/>	1 2 3 4 -96 -99	hours <input type="text"/> <input type="text"/> Mins <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	1 2

**20. Child Health Calendar Summary (3 of 3). Direct observation. ONLY FOR CHILDREN UNDER FIVE YEARS**

REFER TO THE MASTER G.14.0 ROSTER AND LIST THE ID CODE AND NAMES OF ALL CHILDREN EXACTLY AS IN G.20.1		G.20.11. Did you do anything to treat [NAME]'s respiratory problems?  No treatment..1 [ <b>&gt;&gt;G.20.13.</b> ] Pill or syrup.....2 Injection.....3 Intravenous fluid (IV).....4 Traditional remedies.....5 Other (Specify) _____-96  DON'T KNOW.....-99	G.20.12. How much did you spend on treatments and advice for [NAME]?  (Please include only doctor fees, medicine, etc. BUT Exclude travel costs)  Did not pay..... 0  DON'T KNOW.....-99	G.20.13. (PLEASE CHECK: G.19.5. – G.19.11.)  ANY "YES" TO STOMACH PROBLEM S OR DIARRHEA IN FOR THIS CHILD?  YES.....1  NO.....2 [ <b>&gt;&gt; G.20.16.</b> ]	G.20.14. Did you do anything to treat [NAME]'s stomach or diarrhea symptoms?  No treatment.....1 [ <b>&gt;&gt; G.20.16.</b> ] Pill or syrup.....2 Injection.....3 Intravenous fluid (IV).....4 Traditional remedies.....5 Oral Rehydration Solution.....6 Homemade sugar/salt water...7 Other (Specify) _____-96  DON'T KNOW.....-99	G.20.15. How much did you spend on treatments and advice for (NAME)?  (Please include only doctor fees, medicine, etc. BUT excude travel cost)  Did not pay..... 0  DON'T KNOW ....-99	G.20.16. In the <b>past 14 days</b> , how much time were household members unable to work or go to school because they were caring for [CHILD]? Please estimate the number of days and the number of hours per day  ENTER INFORMATION FOR THE TWO HOUSEHOLD MEMBERS WHO SPENT THE MOST TIME CARING FOR THIS CHILD.  PUT ZERO HOURS IF THEY SPENT TIME CARING FOR THE CHILD WITHOUT MISSING ANY WORK OR SCHOOL. IF NOBODY SPENT TIME CARING FOR THE CHILD THE 1 <sup>ST</sup> ID SHOULD BE 0.					
CHILD ID	CHILD NAME	CIRCLE ALL THAT APPLY	RUPEES			RUPEES	ID CODE	Days	Hours per day	ID CODE	Days	Hours per day
		1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99			<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
		1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99			<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
		1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99			<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
		1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99			<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
		1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99			<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>00</b>	<b>Totals</b>							<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

## 21. Breastfeeding (1 of 1) EACH primary caregiver of children under 2 years of age

G.21.1				G.21.4.		G.21.5.		G.21.6.		G.21.7.		G.21.9.		G.21.10.		G.21.11.		G.21.12.		G.21.13.	
REFER TO THE MASTER ROSTER AND LIST THE ID CODE AND NAME OF THE CAREGIVER . THEN LIST THE ID CODES AND NAMES OF ALL CHILDREN UNDER THIS PERSON'S CARE. CONTINUE IN THIS MANNER FOR EACH CAREGIVER AND CHILDREN UNDER 2 YEARS.  LIST THE ID CODES FOR PCG. LIST THE ID CODES FOR EVERY CHILD <b>LESS THAN 2 YEARS OF AGE.</b>				Was [CHILD] ever breastfed?  Yes..... 1 No..... 2 <b>[&gt;&gt;G.21.9.]</b>  DON'T KNOW ..... -99 <b>[&gt;&gt;G.21.9.]</b>		How long after birth was the first time [CHILD] was put to the breast?  IF LESS THAN ONE HOUR, RECORD "00" HOURS.  IF MORE THAN 24 HOURS, RECORD NUMBER OF DAYS.  <b>UNITS</b> Hours..... 1 Days..... 2		Is [CHILD] still being breastfed?  Yes ... 1 No .....2  DON'T KNOW ..... -99		For how many months was [CHILD] breastfed OR being breastfed?  IF LESS THAN ONE MONTH, RECORD "00" MONTHS  DON'T KNOW ..... -99		During the first three days after delivery, did [CHILD]'s mother give [CHILD] the liquid that came from her breasts?  (THIS IS COLOSTRUM BEFORE MILK COMES IN.)  Yes..... 1 No..... 2  DON'T KNOW..... -99		In the first three days after delivery, was [CHILD] given anything to drink other than liquid from the breast?  Yes..... 1 No..... 2 <b>[&gt;&gt; G.21.12.]</b>  DON'T KNOW ... -99 <b>[&gt;&gt; G.21.12.]</b>		In the first three days after delivery, what was [CHILD] given to drink?  DO NOT READ THE LIST.  RECORD ALL MENTIONED BY CIRCLING NUMBER FOR EACH ONE MENTIONED.  FORMULA MILK ..... 1 MILK (OTHER THAN BREASTMILK)...2 PLAIN WATER.....3 SUGAR OR GLUCOSE WATER.....4 GRUPE WATER..... 5 SUGAR-SALT-WATER SOLUTION..... 6 FRUIT JUICE..... 7 TEA / INFUSIONS..... 8 HONEY..... 9 Ayurvedic Tonic ( <i>Janam Ghutti</i> ) .... N10 OTHER (SPECIFY) _____ -96		At what month (age) did you start giving [CHILD] semi-solid food?  E.G. KHICHDI, MASHED FRUITS, BANANAS, SABZI .  <b>IF LESS THAN ONE MONTH RECORD "00" MONTHS. IF NEVER, ENTER "-97"</b> .		Did [CHILD] drink anything from a bottle with a nipple yesterday or last night?  Yes .... 1 No ..... 2  DON'T KNOW ..... -99	
ID	PCG Name	CLD ID	Child Name		NUMBER	UNITS		MONTHS									MONTHS				
				1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 N10 Other_____ -96	_ _	1 2 -99							
				1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 N10 Other_____ -96	_ _	1 2 -99							
				1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 N10 Other_____ -96	_ _	1 2 -99							
				1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 N10 Other_____ -96	_ _	1 2 -99							
				1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 N10 Other_____ -96	_ _	1 2 -99							

## 22. Infant/Young Child Feeding (1 of 2) EACH primary caregiver of children under 2 years of age

G.22.1				G.22.2.					G.22.3.			G.22.3B			G.22.4.			G.22.5.			G.22.6.									
REFER TO THE MASTER ROSTER AND LIST THE ID CODE AND NAME OF THE CAREGIVER. THEN LIST THE ID CODES AND NAMES OF ALL CHILDREN UNDER THIS PERSON'S CARE SHOWN. CONTINUE FOR EACH CAREGIVER AND CHILDREN UNDER 2 YEARS.  LIST THE ID CODES FOR PCG. LIST THE ID CODES FOR EVERY CHILD <b>LESS THAN 2 YEARS OF AGE.</b>				In last 24 hours, has [CHILD] received any of the following:  READ OUT EACH ITEM. RECORD ALL "YES" BY CIRCLING CODE FOR EACH ONE [CHILD] DRANK YESTERDAY.  Breast milk ..... 1 Plain water ..... 2 Lactogen / nestogen / Naan.....3 Cerelac.....4 Kheer made in home.....5 Power milk, bottled or fresh milk.....6 Fruit juice..... 7 Tea or coffee.....8 Rice / Lentil water ..... 9  ANY OTHER LIQUIDS NOT LISTED ABOVE? (SPECIFY) _____ -94 (SPECIFY) _____ -93 (SPECIFY) _____ -96  CIRCLE ALL THAT APPLY					In last 24 hours, did [CHILD] eat any solid or semi-solid food?  E.G. KHICHDI, THICK KHEER, MASHED FRUITS, STEWS, ETC. SOLID FOODS – TYPICAL FOODS, BANANAS, ROTI, SABZI, .  Yes..... 1  No ..... 2 <b>[&gt;&gt;G.22.34.]</b> DON'T KNOW ..... -99 <b>[&gt;&gt;G.22.34.]</b>			READ: We want to find out how many times the child ate enough to be full. Small snacks and small feeds such as one or two bites of mother's or sister's food should not be counted.  Liquids do not count for this question. Do not include thin soups or broth, watery gruels, or any other liquid  How many times did [CHILD] eat solid or semi-solid food yesterday?  NUMBER OF TIMES			In last 24 hours, Did [CHILD] eat any foods made from grains? For example, maize, rice, wheator any food made of local grains  Yes ..... 1 No..... 2  DON'T KNOW..... -99			In last 24 hours, Did [CHILD] eat any food made with carrots, red sweet potatoes, ripe mangoes, papayas, or green leafy vegetables?  Yes..... 1 No..... 2  DON'T KNOW ..... -99			In last 24 hours, Did [CHILD] eat any food made with roots or tubers (white potatoes, onions, beet ROOTs, etc.)  Yes.... 1 No..... 2  DON'T KNOW ... -99									
PCG ID	PCG Name	CLD ID	Child NAME	1	2	3	4	5	6	7	8	9	-96	-94	-93	1	2	-99	1	2	-99	1	2	-99	1	2	-99	1	2	-99

**22. Infant/Young Child Feeding (2 of 2) EACH primary caregiver of children under 2 years of age**

G.22.1				G.22.10.	G.22.11.	G.22.15.	G.22.17.	G.22.21.
COPY FROM PREVIOUS PAGE TO ENSURE CONTINUITY. ENUMERATOR MAY ONLY COPY NAMES IN SHORT IF IT SAVES TIME				In last 24 hours, Did [CHILD] eat:  Any other fruits or vegetables?  Yes..... 1 No..... 2 DON'T KNOW ..... - 99	In last 24 hours, Did [CHILD] eat any meat, fish, eggs, poultry, cheese or yogurt?  Yes..... 1 No..... 2 DON'T KNOW... -99	In last 24 hours, Did [CHILD] eat any foods made from beans, peas, lentils, or nuts? (Including soy products, like soy milk, or tofu)  Yes..... 1 No..... 2 DON'T KNOW ..... -99	In last 24 hours, Did [CHILD] eat any oil, fats, or butter, or foods made with any of these?  Yes..... 1 No..... 2 DON'T KNOW .... - 99	Does [CHILD] typically feed self?  Yes..... 1 No..... 2 DON'T KNOW. ....- 99
PCG ID	PCG Name	CLD ID	Child NAME					
				1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
				1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
				1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
				1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
				1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99

**25B. Self – Reported Handwashing Behavior (1 of 2)**

EACH primary caregiver of children under 5 years of age, INTERVIEW EACH ONE IN PRIVATE

G.25B.1. REFER TO THE MASTER ROSTER AND LIST THE ID CODES AND NAMES OF ALL CAREGIVERS FOR CHILDREN UNDER 5 YEARS		G.25B.2. IS THIS PERSON PRESENT ALONE WITH THE ENUM, AND ANSWERS FOR SELF? YES..... 1  NO, GONE OUT OF GP ON ALL DAYS 2 [>>Next PCG]  NO, NOT AVAILABVLE DURING DAY LIGHT (AT WORK) . 3 [>>Next PCG]  NO, COULD NOT LOCATE EVEN AFTER TRYING MULTIPLE TIMES ..... 4[>>Next PCG]	G.25B.3. In last 24 hours, Have you used soap to wash your hands even once?  Yes..... 1  No..... 2 [>>G.25.B.6]  DON'T KNOW ..... -99 [>>G.25.B.6]	G.25B.4. When did you <b>last</b> use soap to wash your hands?  SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD.  CIRCLE <b>ONLY ONE</b> ANSWER.  BATHING A CHILD .....1 BATHING ONESELF.....2 USING TOILET .....3 CLEANING BABY'S BOTTOM .....4 CLEANING LATRINE/BATHROOM.....5 RETURNING HOME FROM OUTSIDE .....7 PREPARING FOOD / COOKING .....8 FEEDING CHILDREN .....9 WASHING CHILD'S HANDS.....10 CLEANING DISHES.....11 DOING LAUNDRY .....12 WHENTHEY LOOK OR FEEL DIRTY .....13 BEFORE EATING .....14  AFTER EATING .....-----  -----20 OTHER (SPECIFY.....) ....-96	G.25B.5. In last 24 hours, Under what <b>other</b> circumstances did you use soap to wash your hands since this time yesterday?  SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD.  CIRCLE <b>ALL THAT APPLY</b> .  NO OTHER CIRCUMSTANCES .....0 BATHING A CHILD.....1 BATHING ONESELF .....2 USING TOILET .....3 CLEANING BABY'S BOTTOM.....4 CLEANING LATRINE .....5 RETURNING HOME FROM OUTSIDE .....7 PREPARING FOOD / COOKING .....8 FEEDING CHILDREN.....9 WASHING CHILD'S HANDS .....10 CLEANING DISHES .....11 DOING LAUNDRY .....12 BECAUSE THEY LOOK OR FEEL DIRTY .....13 BEFORE EATING.....14  AFTER EATING .....-----  -----20 OTHER (SPECIFY.....) ....-96
ID	PCG NAME				
		1 2 3 4	1 2 -99	1 2 3 4 5 7 8 9 10 11 12 13 14 20 -96 -99	0 1 2 3 4 5 7 8 9 10 11 12 13 14 20 -96 -99
		1 2 3 4	1 2 -99	1 2 3 4 5 7 8 9 10 11 12 13 14 20 -96 -99	0 1 2 3 4 5 7 8 9 10 11 12 13 14 20 -96 -99
		1 2 3 4	1 2 -99	1 2 3 4 5 7 8 9 10 11 12 13 14 20 -96 -99	0 1 2 3 4 5 7 8 9 10 11 12 13 14 20 -96 -99
		1 2 3 4	1 2 -99	1 2 3 4 5 7 8 9 10 11 12 13 14 20 -96 -99	0 1 2 3 4 5 7 8 9 10 11 12 13 14 20 -96 -99
		1 2 3 4	1 2 -99	1 2 3 4 5 7 8 9 10 11 12 13 14 20 -96 -99	0 1 2 3 4 5 7 8 9 10 11 12 13 14 20 -96 -99
		1 2 3 4	1 2 -99	1 2 3 4 5 7 8 9 10 11 12 13 14 20 -96 -99	0 1 2 3 4 5 7 8 9 10 11 12 13 14 20 -96 -99

**25B. Self – Reported Handwashing Behavior (2 of 2)**

EACH primary caregiver of children under 2 years of age, INTERVIEW EACH ONE IN PRIVATE

G.25B.1. COPY FROM PREVIOUS PAGE TO ENSURE CONTINUITY. ENUMERATOR MAY ONLY COPY NAMES IN SHORT IF IT SAVES TIME		G.25B.6. May I please look at your hands?  YES – AGREED.....1  NO – REFUSED....2 [>>G.25B.10]	G.25B.7  RECORD OBSERVATION OF MOTHER'S FINGERNAILS.  ONLY ONE RESPONSE.  VISIBLE DIRT..... 1 UNCLEAN APPEARANCE.... 2 CLEAN.....3 OTHER (SPECIFY _____)....-96  REFUSED.....-98 [>>G.25B.10]  OBSERVATION NOT POSSIBLE .....-99	G.25B.8  RECORD OBSERVATION OF MOTHER'S PALMS.  ONLY ONE RESPONSE.  VISIBLE DIRT..... 1 UNCLEAN APPEARANCE 2 CLEAN ..... 3 OTHER (SPECIFY _____) .....-96  REFUSED .....-98 [>>G.25B.10]  OBSERVATION NOT POSSIBLE .....-99	G.25B.9  RECORD OBSERVATION OF MOTHER'S FINGERPADS.  ONLY ONE RESPONSE.  VISIBLE DIRT.....1 UNCLEAN..... 2 CLEAN..... 3 OTHER (SPECIFY _____).....-96  REFUSED..... -98  OBSERVATION NOT POSSIBLE .....-99	G.25B.10. What is the best way to clean hands?  SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD.  <b>CIRCLE ONLY ONE CODE</b>  WIPE ON CLOTH / LEAVES / OTHER ITEM..... 1 WASH WITH WATER ALONE ..... 2 WASH WITH SOAP ..... 3 WASH WITH ASH / MUD ..... 4 IT DOES NOT MATTER ..... 5 OTHER (SPECIFY: _____) .....-96 DON'T KNOW .....-99
ID	PCG NAME					
		1 2	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 4 5 -96 -99
		1 2	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 4 5 -96 -99
		1 2	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 4 5 -96 -99
		1 2	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 4 5 -96 -99
		1 2	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 4 5 -96 -99
		1 2	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 4 5 -96 -99

### 30L. Latrine/Sanitation Determinants (JD/JM) Available primary caregiver of the youngest child under 5 years age (ONLY ONE PER HH).

30L.id **CAREGIVER ID CODE:** [\_\_\_\_\_] 30L.n **CAREGIVER NAME:** \_\_\_\_\_

I am going to read a list of statements/assertions that you may or may not agree with. As I read these statements, please tell me if you: (1) Strongly disagree; (2) Disagree; (3) Agree; and (4) Strongly agree		STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW
		1	2	3	4	-99
30.101	Most of the people you know defecate in the toilet	1	2	3	4	-99
30.102	Septic tanks in this area are easily emptied	1	2	3	4	-99
30.103	Having a toilet at home spares your family from being subject of gossip	1	2	3	4	-99
30.104	Having a toilet at home can give comfort to family	1	2	3	4	-99
30.105	There are no masons in this area who know how to build a good toilet®	1	2	3	4	-99
30.106	It is acceptable for young children to defecate in the open	1	2	3	4	-99
30.107	Having a toilet will raise your family's pride	1	2	3	4	-99
30.108	People who defecate in the open won't be accepted in your community ®	1	2	3	4	-99
30.109	Having a toilet allows you to be a better host for guests	1	2	3	4	-99
30.110	Defecating in the open is unacceptable ®	1	2	3	4	-99
30.111	In this community it is easy to find financial support to build a good toilet	1	2	3	4	-99
30.112	Having a toilet cannot prevent your family from being sick ®	1	2	3	4	-99
30.113	If your ancestors defecated in the open, than it's alright for you to do it	1	2	3	4	-99
30.114	Having a toilet can add value to a house	1	2	3	4	-99
30.115	Having a toilet protects your family	1	2	3	4	-99
30.116	In your community it is easy to get good information on how to build a toilet	1	2	3	4	-99
30.117	Having a toilet gives you & your family freedom	1	2	3	4	-99
30.118	You know a person who has skills to build a toilet	1	2	3	4	-99
30.119	Having a toilet makes your house more comfortable	1	2	3	4	-99
30.120	Defecating in the open is a proper thing to do because everybody does it	1	2	3	4	-99
30.121	Having a toilet will not raise your family's status ®	1	2	3	4	-99
30.122	It's acceptable to defecate in the open if you can't make it to a toilet	1	2	3	4	-99

**17. Caregiver Time Use (1 of 1) Ask PCG FOR CHILDREN UNDER 2 YEARS**

G.17.2.		G.17.1.		G.17.3.		N17.4		G.17.4.		G.17.4B.		G.17.4C.	
<p>REFER TO THE MASTER G.14.0 ROSTER AND LIST THE ID CODE AND NAME OF THE FIRST CAREGIVER SHOWN IN COLUMNS CG5A AND CG5B. THEN LIST THE ID CODES AND NAMES OF ALL CHILDREN UNDER THIS PERSON'S CARE FROM CH5C AND CH5D. CONTINUE IN THIS MANNER FOR EACH CAREGIVER AND CHILDREN UNDER THEIR CARE UNTIL ALL CAREGIVERS AND CHILDREN ARE LISTED BELOW.</p> <p>COPY THE ID CODE AND NAME OF THE <b>PRIMARY</b> CAREGIVER FOR THIS CHILD (FROM THE ROSTER IN SECTION 1).</p> <p>LIST THE ID CODES AND NAMES FOR EVERY CHILD <b>LESS THAN 5 YEARS OLD.</b></p>				<p>In the last week, how much time did (CAREGIVER) spend <b>primarily</b> caring for or attending to (CHILD NAME)? Please answer this question for each child you took care of even if you were caring for two children simultaneously.</p> <p>(NOTE THIS DOES <b>NOT</b> INCLUDE TIME WHEN LOOKING AFTER THE CHILD WAS THE <b>SECONDARY</b> ACTIVITY.)</p> <p>ENTIRE DAY ON ALL 7 DAYS ..... 1                      FEW HOURS A DAY ON ALL 7 DAYS ..... 2                      ENTIRE DAY FOR FEW DAYS ..... 3                      FEW HOURS A DAY ON FEW DAYS..... 4                      DON'T KNOW..... -99                      PCG NOT AVAILABLE TO ANSWER ..... -92                      ..... [<b>&gt;&gt; Next PCG</b>]</p>		<p>In the last week, WAS [CAREGIVER] simultaneously looking for two or more children while taking care of [--CHILD NAME--]?</p> <p>Yes.....1                      No.....2 [<b>&gt;&gt;Next Row</b>]</p> <p>Yes.....1                      No .....2</p>		<p>Did [CAREGIVER] take [CHILD NAME] to the toilet facility or a place for defecation in last 24 hours?</p> <p>Yes.....1                      No.....2 [<b>&gt;&gt;Next Row</b>]</p>		<p>IF YES, how many times did you take the child to toilet facility or place of defecation?</p> <p>NUMBER OF TRIPS</p>		<p>For a typical visit, How much time you may have spent in taking the child, waiting for him to finish and bringing him back yesterday?</p> <p>MINUTES PER TRIP</p>	
ID CODE	CAREGIVER NAME	ID CODE	CHILD NAME	1	2	3	4	-99	-92	1	2	1	2
				1	2	3	4	-99	-92	1	2	1	2
				1	2	3	4	-99	-92	1	2	1	2
				1	2	3	4	-99	-92	1	2	1	2
				1	2	3	4	-99	-92	1	2	1	2
				1	2	3	4	-99	-92	1	2	1	2
				1	2	3	4	-99	-92	1	2	1	2
				1	2	3	4	-99	-92	1	2	1	2
				1	2	3	4	-99	-92	1	2	1	2
				1	2	3	4	-99	-92	1	2	1	2

## 24. Support for Learning / Stimulating Environment (1 of 1) ASK PCG FOR CHILDREN UNDER 2 YEARS

G.24.1				G.24.4.	G.24.5.	G.24.6	G.24.7	G.24.10.	G.24.12.	G.24.14.	G.24.18.	G.24.20.	G.24.22.
REFER TO THE MASTER ROSTER AND LIST THE ID CODE AND NAME OF CAREGIVERS AND THEIR CHILDREN UNDER 2 YEARS				Does [CHILD] play with [READ 3 COLUMNS BELOW ONE by ONE] ?			In the past 3 days did you or any other household member over 15 years of age... BE CERTAIN THE PERSON WAS OVER 15 YEARS OF AGE						
				Household objects such as bowls, baskets, spoons, blankets, plates, pots, pencil, etc?	Toys from market that were bought or received as gifts?	About how many children's books or picture books do you have for [CHILD'S NAME]?	Does [CHILD] attend any type of early child education program, OR does a community worker come to your home to play with your child?	.... Read books or look at books with [CHILD]?	...Tell stories to [CHILD]?	...Sing songs with [CHILD]?	...Take [CHILD] outside the home, compound, yard or enclosure? (SUCH AS TO VISIT A NEIGHBOR, GO TO STORE OR CLINIC)	...Play with [CHILD]?	...Spend time with [CHILD] naming things, counting, and/or drawing things?
				Yes..... 1 No..... 2 DON'T KNOW ..... -99	Yes..... 1 No..... 2 DON'T NOW ..... -99	IF NONE, ENTER 00.	Yes..... 1 No..... 2 DON'T KNOW ..... -99	Yes..... 1 No..... 2 DON'T KNOW ..... -99	Yes..... 1 No..... 2 DON'T KNOW ..... -99	Yes..... 1 No..... 2 DON'T KNOW ..... -99	Yes..... 1 No..... 2 DON'T KNOW ..... -99	Yes..... 1 No..... 2 DON'T KNOW ..... -99	Yes..... 1 No..... 2 DON'T KNOW ..... -99
PCG ID	PCG NAME	CLD ID	CHILD NAME										
				1 2 -99	1 2 -99	_____	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
				1 2 -99	1 2 -99	_____	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
				1 2 -99	1 2 -99	_____	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
				1 2 -99	1 2 -99	_____	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
				1 2 -99	1 2 -99	_____	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99

