

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2014
HOUSEHOLD QUESTIONNAIRE

NIPORT, MOHFW
Mitra and Associates

IDENTIFICATION															
DIVISION _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>														
DISTRICT _____															
UPAZILA _____															
UNION/WARD _____															
VILLAGE/MOHALLA/BLOCK _____															
CLUSTER NUMBER															
HOUSEHOLD NUMBER															
RURAL=1, CITY CORPORATION=2, OTHER URBAN=3															
NAME OF THE HOUSEHOLD HEAD _____															

INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>1</td><td>4</td></tr></table>									2	0	1	4
2	0	1	4													
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>												
RESULT*	_____	_____	_____	RESULT* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>												
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>												
	_____	_____														
	_____	_____														
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE WOMEN (EVER MARRIED WOMEN 15-49 YR) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> TOTAL NUMBER OF CHILDREN (0-5 YR) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> LINE NO.OF RESP. TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>												
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR												
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>					NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>					<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>						
				KEYED BY												
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HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER		IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 8 OR OLDER	IF AGE 0-4 YEARS	IF AGE 13 OR OLDER	ELIGIBILITY		
				5	6		8	9	10	11	12	13				14	15	16
1	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-22 FOR EACH PERSON.	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
		What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD RECORD '95'.	What is (NAME)'s current marital status? 1 = CURRENTLY MARRIED 2 = DIVORCED/ SEPARATED/ DESERTEED/ WIDOWED 3 = NEVER-MARRIED	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2014 school year?	During this/that school year (2014), what level and class [is/was] (NAME) attending? SEE CODES BELOW.	Is (NAME) currently working?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	Does (NAME) have a mobile phone?	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1 OR 2	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1 OR 2	
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS [][]	[][]	[][]	Y N 1 2 GO TO 13	LEVEL CLASS [][]	Y N 1 2	[][]	Y N 1 2	Y N 1 2	Y N 1 2	01	01	01
02				1 2	1 2	1 2	[][]	[][]	1 2 GO TO 13	[][]	1 2 GO TO 13	[][]	1 2	[][]	1 2	02	02	02
03				1 2	1 2	1 2	[][]	[][]	1 2 GO TO 13	[][]	1 2 GO TO 13	[][]	1 2	[][]	1 2	03	03	03
04				1 2	1 2	1 2	[][]	[][]	1 2 GO TO 13	[][]	1 2 GO TO 13	[][]	1 2	[][]	1 2	04	04	04
05				1 2	1 2	1 2	[][]	[][]	1 2 GO TO 13	[][]	1 2 GO TO 13	[][]	1 2	[][]	1 2	05	05	05
06			1 2	1 2	1 2	[][]	[][]	1 2 GO TO 13	[][]	1 2 GO TO 13	[][]	1 2	[][]	1 2	06	06	06	

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 8 OR OLDER	IF AGE 0-4 YEARS	IF AGE 13 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?			Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?	Did (NAME) attend school at any time during the 2014 school year?	During this/that school year (2014), what level and class (is/was) attending?				Is (NAME) currently working?	Does (NAME) have a birth certificate?	MOBILE PHONE	WOMEN	CHILDREN	WOMEN
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-18 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'. IF LESS THAN 1 YEAR THEN WRITE '0'.	What is (NAME)'s current marital status? 1 = CURRENTLY MARRIED 2 = DIVORCED/SEPARATED/DESERTED/ WIDOWED 3 = NEVER-MARRIED	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest class (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2014 school year?	During this/that school year (2014), what level and class (is/was) attending? SEE CODES BELOW.	Is (NAME) currently working?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	Does (NAME) have a mobile phone?	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1 OR 2	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1 OR 2
07			1 2	1 2	1 2			1 2 GO TO 13		1 2 GO TO 13		1 2		1 2	07	07	07
08			1 2	1 2	1 2			1 2 GO TO 13		1 2 GO TO 13		1 2		1 2	08	08	08
09			1 2	1 2	1 2			1 2 GO TO 13		1 2 GO TO 13		1 2		1 2	09	09	09
10			1 2	1 2	1 2			1 2 GO TO 13		1 2 GO TO 13		1 2		1 2	10	10	10

CODES FOR Qs. 10 AND 12: EDUCATION

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

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

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 8 OR OLDER	IF AGE 10-4 YEARS	IF AGE 13 OR OLDER	ELIGIBILITY		
				5	6			9	10	11	12				13	14	15	INTERVIEW	ANTHROPOMETRY
1			4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD RECORD '95'.	What is (NAME)'s current marital status? 1 = CURRENTLY MARRIED 2 = DIVORCED/ SEPARATED/ DESERTED/ WIDOWED 3 = NEVER-MARRIED	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest class (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2014 school year?	During this/that school year (2014), what level and class [is/was] (NAME) attending? SEE CODES BELOW.	Is (NAME) currently working?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DONT KNOW	Does (NAME) have a mobile phone?	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1 OR 2	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1 OR 2
11			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS [][]	[][]	Y N 1 2 GO TO 13	LEVEL CLASS [][]	Y N 1 2 GO TO 13	LEVEL CLASS [][]	1 2	[][]	Y N 1 2	11	11	11
12			1 2	1 2	1 2	[][]	[][]	1 2 GO TO 13	[][]	1 2 GO TO 13	[][]	1 2	[][]	1 2	12	12	12
13			1 2	1 2	1 2	[][]	[][]	1 2 GO TO 13	[][]	1 2 GO TO 13	[][]	1 2	[][]	1 2	13	13	13
14			1 2	1 2	1 2	[][]	[][]	1 2 GO TO 13	[][]	1 2 GO TO 13	[][]	1 2	[][]	1 2	14	14	14
15			1 2	1 2	1 2	[][]	[][]	1 2 GO TO 13	[][]	1 2 GO TO 13	[][]	1 2	[][]	1 2	15	15	15
16			1 2	1 2	1 2	[][]	[][]	1 2 GO TO 13	[][]	1 2 GO TO 13	[][]	1 2	[][]	1 2	16	16	16

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				Does (NAME) usually live here?	Did (NAME) stay here last night?			EVER ATTENDED SCHOOL	CURRENT/RECENT SCHOOL ATTENDANCE	CURRENT WORK STATUS	BIRTH REGISTRATION			MOBILE PHONE	INTERVIEW	ANTHROPOMETRY	
1	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-18 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = CURRENTLY MARRIED 2 = DIVORCED/SEPARATED/DESERTED/ WIDOWED 3 = NEVER MARRIED	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest class (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2014 school year?	During this/that school year (2014), what level and class (s/was) (NAME) attending? SEE CODES BELOW.	Is (NAME) currently working?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	Does (NAME) have a mobile phone?	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND 7 IS 15-49, AND IF COLUMN 8 IS 1 OR 2	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND 7 IS 15-49, AND IF COLUMN 8 IS 1 OR 2
17			1 2	1 2	1 2		1 2 GO TO 13	1 2 GO TO 13	1 2 GO TO 13	1 2 GO TO 13	1 2	1 2	1 2	17	17	17	
18			1 2	1 2	1 2		1 2 GO TO 13	1 2 GO TO 13	1 2 GO TO 13	1 2 GO TO 13	1 2	1 2	1 2	18	18	18	
19			1 2	1 2	1 2		1 2 GO TO 13	1 2 GO TO 13	1 2 GO TO 13	1 2 GO TO 13	1 2	1 2	1 2	19	19	19	
20			1 2	1 2	1 2		1 2 GO TO 13	1 2 GO TO 13	1 2 GO TO 13	1 2 GO TO 13	1 2	1 2	1 2	20	20	20	

TICK HERE IF CONTINUATION SHEET USED

2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed? YES ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ADD TO TABLE NO

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

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03 = SON OR DAUGHTER
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CODES FOR Qs. 10 AND 12: EDUCATION
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8 = DON'T KNOW
CLASS
00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 10 ONLY.
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98 = DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																													
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 110																																													
108	Do you share this toilet facility with other households?	YES 1 NO 2	→ 110																																													
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" data-bbox="1249 824 1355 882"> <tr> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px;"></td> </tr> </table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0																																													
0																																																
110	Does your household have:	<table border="1" data-bbox="866 1010 1355 1417"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td>1</td> <td>2</td> </tr> <tr> <td>Solar Electricity</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOBILE TELEPHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>NON-MOBILE TELEPHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>ALMIRAH/WARDROB</td> <td>1</td> <td>2</td> </tr> <tr> <td>ELETRIC FAN</td> <td>1</td> <td>2</td> </tr> <tr> <td>DVD/VCD PLAYER</td> <td>1</td> <td>2</td> </tr> <tr> <td>WATER PUMP</td> <td>1</td> <td>2</td> </tr> <tr> <td>IPS/GENERATOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>AIR CONDITIONER</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMPUTER/LAPTOP</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	Solar Electricity	1	2	RADIO	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	NON-MOBILE TELEPHONE	1	2	REFRIGERATOR	1	2	ALMIRAH/WARDROB	1	2	ELETRIC FAN	1	2	DVD/VCD PLAYER	1	2	WATER PUMP	1	2	IPS/GENERATOR	1	2	AIR CONDITIONER	1	2	COMPUTER/LAPTOP	1	2	
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111	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 114																																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
114	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING TIN 31 WOOD 32 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
116	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 PLYWOOD 24 CARDBOARD 25 FINISHED WALLS TIN 31 CEMENT 32 STONE WITH LIME/CEMENT 33 BRICKS 34 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)																			
117	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																			
118	Does any member of this household own: A car/truck/microbus? An autobike/tempo/CNG? A rickshaw/van? A bicycle? A motorcycle or motor scooter?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CAR/TRUCK/MICROBUS</td> <td>1</td> <td>2</td> </tr> <tr> <td>AUTOBIKE/TEMPO/CNG</td> <td>1</td> <td>2</td> </tr> <tr> <td>RICKSHAW/V.</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CAR/TRUCK/MICROBUS	1	2	AUTOBIKE/TEMPO/CNG	1	2	RICKSHAW/V.	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	
	YES	NO																			
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AUTOBIKE/TEMPO/CNG	1	2																			
RICKSHAW/V.	1	2																			
BICYCLE	1	2																			
MOTORCYCLE/SCOOTER	1	2																			
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 122A																		
122	How many of the following animals does this household own? IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'. Buffaloes? Cows? Goats or sheep? Chickens or ducks? Other farm animals?	<table border="1"> <tbody> <tr> <td>BUFFALOES</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MILK COWS/BULLS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>GOAT/SHEEP</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>CHICKENS/DUCKS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>OTHER FARM ANIMALS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	BUFFALOES	<input type="text"/>	<input type="text"/>	MILK COWS/BULLS	<input type="text"/>	<input type="text"/>	GOAT/SHEEP	<input type="text"/>	<input type="text"/>	CHICKENS/DUCKS	<input type="text"/>	<input type="text"/>	OTHER FARM ANIMALS	<input type="text"/>	<input type="text"/>				
BUFFALOES	<input type="text"/>	<input type="text"/>																			
MILK COWS/BULLS	<input type="text"/>	<input type="text"/>																			
GOAT/SHEEP	<input type="text"/>	<input type="text"/>																			
CHICKENS/DUCKS	<input type="text"/>	<input type="text"/>																			
OTHER FARM ANIMALS	<input type="text"/>	<input type="text"/>																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122A	Does your household own any homestead? IF 'NO' PROBE: Does your household own homestead in any other places?	YES 1 NO 2	
122B	Does your household own any land (other than the homestead land)?	YES 1 NO 2	→ 123
122C	How much land does your household own (other than the homestead land)? AMOUNT _____ SPECIFY UNIT _____ IF 95 OR MORE CIRCLE '9995'	<p style="text-align: center;">ACRES DECIMALS</p> <p>AREA <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>95 OR MORE ACRES 9995 DON'T KNOW 9998</p>	
123	Does any member of this household have a bank account?	YES 1 NO 2	
137	Please show me where members of your household most often wash their hands.	OBSERVED 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 2 NOT OBSERVED, NO PERMISSION TO SEE 3 NOT OBSERVED, OTHER REASON 4 (SKIP TO 201) ←	
138	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
139	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP (BAR, LIQUID, PASTE) A DETERGENT (BAR, LIQUID, POWDER) B ASH, MUD, SAND C NONE D	
140	OBSERVATION ONLY: OBSERVE TYPE OF PLACE FOR HAND WASHING	COVERED SPACE (INSIDE DWELLING) 1 OPEN SPACE, NOT SHARED 2 OPEN SPACE, SHARED 3	

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

CLUSTER NUMBER	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	HOUSEHOLD NUMBER	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	MEASURER CODE	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
201	CHECK COLUMN 17 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).				
		CHILD 1	CHILD 2	CHILD 3	
202	LINE NUMBER FROM COLUMN 17	LINE NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	LINE NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	LINE NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____	
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	DAY <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	DAY <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	
204	CHECK 203: CHILD BORN IN JANUARY 2009 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	
205	WEIGHT IN KILOGRAMS	KG. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	
206	HEIGHT IN CENTIMETERS	CM. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.				

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

	CLUSTER NUMBER	<input type="text"/>		HOUSEHOLD NUMBER	<input type="text"/>		MEASURER CODE	<input type="text"/>
201	CHECK COLUMN 17 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).							
		CHILD 4		CHILD 5		CHILD 6		
202	LINE NUMBER FROM COLUMN 17	LINE NUMBER	<input type="text"/>	LINE NUMBER	<input type="text"/>	LINE NUMBER	<input type="text"/>	
	NAME FROM COLUMN 2	NAME	<input type="text"/>	NAME	<input type="text"/>	NAME	<input type="text"/>	
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY	<input type="text"/>	DAY	<input type="text"/>	DAY	<input type="text"/>	
		MONTH	<input type="text"/>	MONTH	<input type="text"/>	MONTH	<input type="text"/>	
		YEAR	<input type="text"/>	YEAR	<input type="text"/>	YEAR	<input type="text"/>	
204	CHECK 203: CHILD BORN IN JANUARY 2009 OR LATER?	YES	..... 1	YES	..... 1	YES	..... 1	
		NO	..... 2	NO	..... 2	NO	..... 2	
		(GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)		(GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)		(GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)		
205	WEIGHT IN KILOGRAMS	KG.	<input type="text"/>	KG.	<input type="text"/>	KG.	<input type="text"/>	
		NOT PRESENT	..... 9994	NOT PRESENT	..... 9994	NOT PRESENT	..... 9994	
		REFUSED	..... 9995	REFUSED	..... 9995	REFUSED	..... 9995	
		OTHER	..... 9996	OTHER	..... 9996	OTHER	..... 9996	
206	HEIGHT IN CENTIMETERS	CM.	<input type="text"/>	CM.	<input type="text"/>	CM.	<input type="text"/>	
		NOT PRESENT	..... 9994	NOT PRESENT	..... 9994	NOT PRESENT	..... 9994	
		REFUSED	..... 9995	REFUSED	..... 9995	REFUSED	..... 9995	
		OTHER	..... 9996	OTHER	..... 9996	OTHER	..... 9996	
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN	..... 1	LYING DOWN	..... 1	LYING DOWN	..... 1	
		STANDING UP	..... 2	STANDING UP	..... 2	STANDING UP	..... 2	
		NOT MEASURED	..... 3	NOT MEASURED	..... 3	NOT MEASURED	..... 3	
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.							

WEIGHT AND HEIGHT MEASUREMENT FOR EVER-MARRIED WOMEN AGE 15-49

CLUSTER NUMBER	□ □ □	HOUSEHOLD NUMBER	□ □ □	MEASURER CODE	□ □ □
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214	CHECK COLUMN 18 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME OF ALL ELIGIBLE EVER-MARRIED WOMEN IN 215. IF THERE ARE MORE THAN THREE EVER MARRIED WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).						
		WOMAN 1		WOMAN 2		WOMAN 3	
215	LINE NUMBER FROM COLUMN 18 NAME FROM COLUMN 2	LINE NUMBER □ □ NAME _____	LINE NUMBER □ □ NAME _____	LINE NUMBER □ □ NAME _____	LINE NUMBER □ □ NAME _____	LINE NUMBER □ □ NAME _____	LINE NUMBER □ □ NAME _____
216	WEIGHT IN KILOGRAMS	KG. □ □ □ □ . □ □ NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. □ □ □ □ . □ □ NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. □ □ □ □ . □ □ NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. □ □ □ □ . □ □ NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. □ □ □ □ . □ □ NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. □ □ □ □ . □ □ NOT PRESENT 99994 REFUSED 99995 OTHER 99996
217	HEIGHT IN CENTIMETERS	CM. □ □ □ □ . □ □ NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. □ □ □ □ . □ □ NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. □ □ □ □ . □ □ NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. □ □ □ □ . □ □ NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. □ □ □ □ . □ □ NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. □ □ □ □ . □ □ NOT PRESENT 9994 REFUSED 9995 OTHER 9996
223	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE: IF NO MORE EVER-MARRIED WOMEN AGE 15-49, END MEASUREMENT.						