

Household Number:

Bangladesh Policy Research and Strategy Support Program (PRSSP)
Bangladesh Integrated Household Survey Questionnaire: Round 3

November 2018 – May 2019

Survey designed and supervised by: International Food Policy Research Institute (IFPRI)

Survey administered by: Data Analysis and Technical Assistance Limited (DATA)

Survey Household Type:	<input type="text"/>
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FTF=1
 FTF (Add'l)=2
 National Rep=3
 GFSS=7

Household Questionnaire

Start time: Hour Min Respondent ID

Module A: Sample Household and Identification

Q. No.	Household Identification	Response	Q. No.	Household Identification	Response	Q. No.	Household Identification	Response			
A01	Household Identification Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>				A22	Total number of members	<input type="text"/>			
A02	Census number (only for new area):	<input type="text"/> <input type="text"/> <input type="text"/>	A12	Name and Member ID of Household Head's father (if Household Head is female report for Household Head's husband):	<input type="text"/> Dead98 Alive but not HH member...99 Name.....	A23	Total number of female mebers of 15 to 49 years	<input type="text"/>			
X	Household location/landmark:		A13	Household Head's religion: <input type="text"/>	Muslim..... 1 Hindu 2	Christian..... 3 Buddhist.....4	Other (specify)5	A24	Total number of children of less than 6 years	<input type="text"/>	
X1	Is this household located in the same location (i.e. village, union, upazilla)?	<input type="text"/> Yes.....1 No.....2	A14	Primary language spoken: <input type="text"/>	Bangla 1 Urdu.....2	Hindi3 Tribal4	Others (specify)5	A25	Main adult decision maker Male=1 Female=2	<input type="text"/>	
A03	Village (name and code):	<input type="text"/> <input type="text"/>	A15	Household's Ethnic group: <input type="text"/>	Bangali=1 Bihari=2 Sawtai=3 Khasia=4	Rakhain=5 Bowm=6 Chak=7 Chakma=8	Khumi=9 Kheyang=10 Lusai/pankho=11 Marma=12	Mru (murong)=13 Tonchonga=14 Tripura=15 Bonojogi=16 Others (specify)=17	A26	Outcome of the interview: Completed=1 Refused=2 No household member present at home=3 Household has shifted to a new place=4 Partially completed=5 Others=6	<input type="text"/>
A04	Union (name and code):	<input type="text"/> <input type="text"/>	A16	Date of the First visit (dd/mm/yy):	visit <input type="text"/> day <input type="text"/> month <input type="text"/> year <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>					
A05	Thana/ Upazilla(name and code):	<input type="text"/> <input type="text"/>									
A06	District (name and code):	<input type="text"/> <input type="text"/>									
A07	Division(name and code):	<input type="text"/> <input type="text"/>									
A08	GPS Coordinates: (If the household has relocated). [Report degree, minute and second]	North: ____° ____' ____" East: ____° ____'									
A09	Mobile phone number	<input type="text"/>	A18	Name of Interviewer and code:.....	<input type="text"/> <input type="text"/> <input type="text"/>						
A10	Name and Member ID(from Module B1) of the Primary Respondent (Household Head / primary male):	<input type="text"/> <input type="text"/> Name.....	A19	Name of Supervisor and code:	<input type="text"/> <input type="text"/> <input type="text"/>						
A11	Name of the Household Head and Member ID:	<input type="text"/> <input type="text"/> Name.....	A20	Date of Data Verification (dd/mm/yy)	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>						
			A21	Signature of supervisor:							

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DEFINITION OF RESPONDENTS

It is very important to know what is meant to be primary male decision maker and primary female decision maker since in most of the modules they will be the two main respondents.

Primary male decisionmaker/main male respondent: The primary male decisionmaker is the male member who makes more social and economic decisions concerning the household, compared to other male members, and is at least 18 years old.

Primary female decision maker/main female respondent: The primary female decisionmaker is the female member who makes more social and economic decisions concerning the household, compared to other female members, and is at least 18 years old.

The household members themselves will select their primary male and primary female respondents. Most of the responses will be given by the primary male / primary female respondents, although there are modules where other members of the household will be asked questions as well. In most of those cases, they must be more than 18 years.

CONSENT OF RESPONDENT

Good morning/afternoon. I am _____ from the Data Analysis and Technical Assistance Limited (DATA), a Bangladeshi research organization based in Dhaka. Together with the International Food Policy Research Institute (IFPRI), we are conducting a survey that will provide IFPRI with necessary information to carry out research that is designed to help promote the welfare of Bangladeshis; particularly, to improve food consumption and nutrition of the people and women's status, and to enhance agricultural development and income generation. Your household has been chosen by a random selection process.

We are inviting you to be a participant in this study. We value your opinion and there are no wrong answers to the questions we will be asking in the interview. We will use approximately 6-8 hours of your time to collect all the information. If you prefer, we can do the interview in several visits. In that case, we will fix a time with you or other respondent of your household for the next visit and come accordingly. There will be no cost to you other than your time. There will be no risk as a result of your participating in the study. Your participation in this research is completely voluntary. You are free to withdraw your consent and discontinue participation in this study at any time.

This study is conducted anonymously. You will only be identified through code numbers. Your identity will not be stored with other information we collect about you. Your responses will be assigned a code number, and the list connecting your name with this number will be kept in a locked room and will be destroyed once all the data has been collected and analyzed. Any information we obtain from you during the research will be kept strictly confidential.

Your participation will be highly appreciated. The answers you give will help provide better information to policy-makers, practitioners and program managers so that they can plan for better services that will respond to your needs.

The researcher read to me orally the consent form and explained to me its meaning. I agree to take part in this research. I understand that I am free to discontinue participation at any time if I so choose, and that the investigator will gladly answer any question that arise during the course of the research.

AS APPLICABLE, CHECK AND SIGN THE CONSENT BOX BELOW

SI No.	Modules	MID of respondent	Consent of respondent	Codes
1	FOR THE ADULT RESPONDENTS FOR THE HOUSEHOLD & DWELLING CHARACTERISTICS MODULES [NAME], do you agree to participate in the survey?			
	NAME	<input type="checkbox"/>	<input type="checkbox"/>	Respondent agreed yes=1 No=2
2	FOR THE RESPONDENTS FOR THE FOOD SECURITY MODULE [NAME], do you agree to participate in the survey?			
	NAME	<input type="checkbox"/>	<input type="checkbox"/>	Respondent agreed yes=1 No=2
3	FOR THE RESPONDENTS FOR THE WOMENS NUTRITION MODULE [NAME], do you agree to participate in the survey?	MID of respondent	Consent of respondent	Codes
	NAME	<input type="checkbox"/>	<input type="checkbox"/>	Respondent agreed yes=1 No=2
	NAME	<input type="checkbox"/>	<input type="checkbox"/>	
	NAME	<input type="checkbox"/>	<input type="checkbox"/>	
	NAME	<input type="checkbox"/>	<input type="checkbox"/>	
	NAME	<input type="checkbox"/>	<input type="checkbox"/>	
4	FOR THE RESPONDENTS FOR PRIMARY CAREGIVERS OF CHILDREN ELIGIBLE FOR THE CHILDREN'S NUTRITION MODULE [NAME], do you agree to participate in the survey?	MID of respondent	Consent of respondent	Codes
	NAME	<input type="checkbox"/>	<input type="checkbox"/>	Respondent agreed yes=1 No=2
	NAME	<input type="checkbox"/>	<input type="checkbox"/>	
	NAME	<input type="checkbox"/>	<input type="checkbox"/>	
	NAME	<input type="checkbox"/>	<input type="checkbox"/>	
5	FOR THE FEMALE RESPONDENTS FOR THE EMPOWERMENT IN AGRICULTURE MODULES [NAME], do you agree to participate in the survey?	MID of respondent	Consent of respondent	Codes
	NAME	<input type="checkbox"/>	<input type="checkbox"/>	Respondent agreed yes=1 No=2
6	FOR THE MALE RESPONDENTS FOR THE EMPOWERMENT IN AGRICULTURE MODULES [NAME], do you agree to participate in the survey?	MID of respondent	Consent of respondent	Codes
	NAME	<input type="checkbox"/>	<input type="checkbox"/>	Respondent agreed yes=1 No=2
7	FOR THE RESPONDENTS FOR HOUSEHOLD CONSUMPTION EXPENDITURE MODULE MODULE [NAME], do you agree to participate in the survey?	MID of respondent	Consent of respondent	Codes
	NAME	<input type="checkbox"/>	<input type="checkbox"/>	Respondent agreed yes=1 No=2

	NAME	<input type="text"/>	<input type="text"/>	
	NAME	<input type="text"/>	<input type="text"/>	
	NAME	<input type="text"/>	<input type="text"/>	
	NAME	<input type="text"/>	<input type="text"/>	
8	FOR THE RESPONDENTS FOR SANITARY NAPKIN USE MODULE [NAME], do you agree to participate in the survey?	MID of respondent	Consent of respondent	Codes
	NAME	<input type="text"/>	<input type="text"/>	Respondent agreed yes=1 No=2
	NAME	<input type="text"/>	<input type="text"/>	
	NAME	<input type="text"/>	<input type="text"/>	
	NAME	<input type="text"/>	<input type="text"/>	
	NAME	<input type="text"/>	<input type="text"/>	
9	FOR THE RESPONDENTS ELIGIBLE FOR THE EARLY MARRIAGE MODULE [NAME], do you agree to participate in the survey?	MID of respondent	Consent of respondent	Codes
	NAME	<input type="text"/>	<input type="text"/>	Respondent agreed yes=1 No=2
	NAME	<input type="text"/>	<input type="text"/>	
	NAME	<input type="text"/>	<input type="text"/>	
	NAME	<input type="text"/>	<input type="text"/>	
	NAME	<input type="text"/>	<input type="text"/>	
10	FOR THE RESPONDENTS ELIGIBLE FOR THE REPRODUCTIVE DECISION MODULE [NAME], do you agree to participate in the survey?	MID of respondent	Consent of respondent	Codes
	NAME	<input type="text"/>	<input type="text"/>	Respondent agreed yes=1 No=2
	NAME	<input type="text"/>	<input type="text"/>	
	NAME	<input type="text"/>	<input type="text"/>	
	NAME	<input type="text"/>	<input type="text"/>	
	NAME	<input type="text"/>	<input type="text"/>	
11	FOR THE RESPONDENTS ELIGIBLE FOR THE DOMESTIC VIOLENCE MODULE [NAME], do you agree to participate in the survey?	MID of respondent	Consent of respondent	Codes
	NAME	<input type="text"/>	<input type="text"/>	Respondent agreed yes=1 No=2
	NAME	<input type="text"/>	<input type="text"/>	
	NAME	<input type="text"/>	<input type="text"/>	

Household Number:

NAME	<input type="text"/>	<input type="text"/>	
NAME	<input type="text"/>	<input type="text"/>	

Contact Person:

Name of the Principal Investigator (PI): Dr. Akhter Ahmed

PRSSP/IFPRI

Address: House 10A, Road 35, Gulshan 2, Dhaka 1212

Tel: 989-8686; E-mail of PI: a.ahmed@cgiar.org

Agreed to participate Did not agree

Statement of the enumerator,

I am an interviewer of the above mentioned research. I have read the consent form about which the participant is aware of. Being aware of the above mentioned description, the participant has kindly agreed to participate and put a tick mark on the box above.

Interviewer's signature _____ Date ____ / ____ / ____

DEFINITION OF HOUSEHOLD

A household is a group of people who live together and take food from the “same pot.” In our survey, a household member is someone who has lived in the household at least 6 months, and at least half of the week in each week in those months.

Even those persons who are not blood relations (such as servants, lodgers, or agricultural laborers) are members of the household if they have stayed in the household at least 3 months of the past 6 months and take food from the “same pot.” If someone stays in the same household but does not bear any costs for food or does not take food from the same pot, they are not considered household members. For example, if two brothers stay in the same house with their families but they do not share food costs and they cook separately, then they are considered two separate households.

Generally, if one person stays more than 3 months out of the last 6 months outside the household, they are not considered household members. We do not include them even if other household members consider them as household members.

Exceptions to these rules should be made for:

Consider as household member

- A newborn child less than 3 months old.
- Someone who has joined the household through marriage less than 3 months ago.
- Servants, lodgers, and agricultural laborers currently in the household and will be staying in the household for a longer period but arrived less than 3 months ago.
- If any household member resides outside the household for the pursuit of education, then that person’s information will have to be recorded in the Household Composition module

Do not consider as household member

- A person who died very recently though stayed more than 3 months in last 6 months.
- Someone who has left the household through marriage less than 3 months ago.
- Servants, lodgers, and agricultural laborers who stayed more than 3 months in last 6 months but left permanently.

This definition of the household is very important. The criteria could be different from other studies you may be familiar with, but you should keep in mind that you should not include those people who do not meet these criteria. Please discuss any questions with your supervisor.

Household Number:

Module B: Household Composition and Education (Male)

Module B1: Household Composition (Male)

Module start time: Hour Minu Respondent ID: : Yes ... 1
No.... 2

Note: For BIHS Round 3 households, record information of the former members first, and then add the new members of this round. For GFSS households, record in the usual way.

Household Number:

Module B1: Household Composition (Male) (Continued)

Note: **Write complete years. For example if age is 18 years and 9 months, write only 18 years.

Module End Time: Hour Minute

Code list for Module B1:

Code 1: Relationship	Code 4 : Literacy	Code 6: Main Occupation	
Relationship with primary respondent			
Primary respondent 1	Cannot read and write 1	Wage Labor	Farming
Primary respondent Husband/wife 2	Can sign only 2	Agricultural day labor 1	Working own farm (crop) 64
Son/daughter 3	Can read only 3	Earth work (govt. program) 2	Share cropper/tenant 65
Daughter/son -in-law 4	Can read and write 4	Earth work (other) 3	Homestead farming 66
Grandson/daughter 5		Sweeper 4	Fisherman (using non owned/not leased water body) 67
Father/mother 6		Scavenger 5	Raising fish / fish pond 68
Brother/sister 7		Tea garden worker 6	Raising poultry 69
Niece/Nephew 8		Construction labor 7	Raising livestock 70
Primary respondent's cousin 9		Factory worker 8	Dairy production/ dairy farming 71
		Transport worker (bus/truck helper) ... 9	Other self-employed (specify) 72
Relationship with primary respondent's husband/wife		Apprentice 10	
Father-in-law/mother-in-law 10	Never attended school 99	Other wage labor (specify) 11	Non-earning occupation
Brother/Sister-in-law 11	Reads in class I 0		Student 81
Husband/wife's niece/nephew 12	Completed class I 1	Salaried worker	Housewife 82
Primary respondent's husband/wife's cousin 13	Completed class II 2	Government/parastatal 12	Retired 83
	Completed class III 3	Service (private sector) 13	Child(age <12 no study/ work) 84
Other relative/non relative	Completed class IV 4	NGO worker 14	Physically/mentally challenged 85
Other relative 14	Completed class V 5	House maid 15	Jobless 86
Permanent servant 15	Completed class VI 6	Teacher (GoB-Primary school) 16	Don't know 99
Other Non relative/friends..... 16	Completed class VII 7	Teacher(Non GoB Primary school) 17	
	Completed class VIII 8	Teacher (GoB High school) 18	
	Completed class IX 9	Teacher (Non-GoB High school) 19	
	Completed Secondary School/Dakhil10	Teacher (college, university) 20	
	Completed Higher Secondary/Alim..12	Other salaried worker(specify) 21	
	BA/BSC pass/Fazil.....14	Work as a political party worker.....100	
	BA/BSC honors/Fazil.....15		
	MA/MSC and above/Kamil.....16	Self-employment	
	SSC Candidate.....22	Rickshaw/van pulling 22	
	HSC Candidate.....33	Driver of motor vehicle 23	
	Preschool class (general).....66	Tailor/seamstress 24	
	Preschool (mosque based)67	Blacksmith 25	
	Medical/MBBS.....71	Potter 26	
	Nursing.....72	Cobbler 37	
	Engineer.....73	Hair cutter 28	
	Diploma Engineer74	Clothes washer 29	
	Vocational/Technical Education75	Porter 30	
	Other (specify)76	Goldsmith/silversmith 31	
		Repairman (appliances) 32	
		Mechanic (vehicles) 33	
		Plumber 34	
		Electrician 35	

Household Number:

Code 7: Location of employment	Code 8: Status of the member in the current round	Code 9: Educational Programs	Code 10: Main Source of Earnings
This village/ward.....1	Member in both previous and current round0	Have not participated in any programs1	Physical Labor(agri)1
Other village/ward in this union ..2	New food sample and member in current round.....66	Food for Education (FFE)2	Physical Labor(non-agri)2
Other union in this thana3		Tk 20 Scholarship.....3	Salaried Employee3
Other thana in this district4		Anondo School Scholarship4	Self Employed (Agri)4
Other district5		Tk 100 (Tk 125) Scholarship5	Self Employed (fish farming)5
	<u>New Member (New Born).....1</u>	School Feeding Program (Biscuit).....6	Self Employed (fish capture)6
	<u>New Member through marriage2</u>	School Feeding Program (Cooked Food like Khichuri).....7	Self Employed (livestock/poultry)7
	<u>New Member upon return from divorce or separation.....3</u>	Secondary School Scholarship8	Self Employed (other non-agri)8
	<u>Household merged/combined.....4</u>	High School Scholarship9	Land rent(cash/share)9
	<u>Other reasons (Permanent).....5</u>	Bachelor's/Master's Scholarship10	House Rent.....10
			Other rent/shop/productive asset)11
	<u>Was a member in the previous round but no longer one in the current round</u>		Business(purchase-sell)12
	<u>Residing elsewhere for the pursuit of studies6</u>		Business(production)13
	<u>Death.....7</u>		Loan business(use of interest)14
	<u>Married and left household8</u>		Remittance (Country)15
	<u>Divorced and left household.....9</u>		Remittance (Abroad)16
	<u>Household split10</u>		Others.....17
	<u>Left household for employment11</u>		No source of income18
	<u>Other reasons for leaving the household12</u>		

Household Number: Module start time: Hour Minu Respondent ID: Consent : yes 1
no 2**Module B2: Education (Male)**

Report for all children/member of age 6-25 years or those attending or have attended primary/secondary school/madrassa/university.

MID	Name	Ever attend school/ Madrasa/ college/ university? Yes...1>>B2_03 No....2	Why did you never attend school/ Madrasa/ college/ university?	When did you first attend school /madrasa/c ollege/ university?	Class you were admitted to when first attending school	Type of last school/ madrasa /college/ university attended	How far is the school/ madrasa/ college/ university from your house?	Were you enrolled in school in 2017?	Did/do you go to school in 2018?	What type of school? Govt....1 Private2	Monthly Fees at the school	Does the student receive any private coaching? Yes...1 No....2	If private coaching is availed, what amount is spent on it every month?	Currently in what type of program are you participating?	Are you repeating the class (in 2017 and 2018) Yes..1 No2 N/A9 >> next child	Programs participation before 2018 Note: report last two programs in case of multiple programs participation	Which year did the child stop attending school? *not applicable ...9999	Why did the child stop attending school?			
		Code ↑	Code 1	Year	Code 2	Code 3	km	min	Code ↑	Code ↑	Code ↑	Tk	Code ↑	Tk	Code 4	Code 2	Code ↑	Code 4	Year	Code 1	
MID	Name	B2_01	B2_02	B2_03	B2_04	B2_05	B2_06a	B2_06b	B2_07	B2_08	B2_08a	B2_08b	B2_08c	B2_08d	B2_09	B2_10	B2_11	B2_12a	B2_12b	B2_13	B2_14

Note: * Report "9999" (not applicable) in Column B2_13, if attended school in 2011 (i.e. response in B2_10 is "2"), then Go to next row for next child.

Interviewer: Please find the code list for this module B2 in the next page.

Module end time: Hour Min

Code list for Module B2:

Code 1: Reason not attending/stop attending school (applicable for B2_02 and B2_14)	Code2: Class attended (applicable for B2_04 and B2_10)	Code 3: Type of school attended/attending	Code 4: Type of program (applicable for B2_09, B2_12a and B2_12b)
Age/sickness/unwillingness perspective:			
Below school/madrassa age1	Never attended school99	Govt. aided1	Not participated/ ing in any program1
Sick/disabled child2	Reads in class I0	Private(registered)school2	Food for education (FFE)2
Child didn't want to attend school3	Completed class I1	Private(non-registered)school3	Participated in Tk 20 stipend program3
Teachers do not teach well4	Completed class II2	Ananda school4	Ananda school stipend program4
Parents don't want to send children to school5	Completed class III3	BRAC run NGO school5	Tk 100 (Tk 125) stipend program5
Examination not passed6	Completed class IV4	Other NGO run school6	School feeding program(biscuit)6
Distance perspective:	Completed class V5	Aliyah madrasa7	School feeding program(cooked food for example-khichuri/singara)7
No school/madrassa nearby7	Completed class VI6	Quomi madrasa8	Secondary school student stipend program... 8
Transport/communication problem8	Completed class VII7	College/university9	Higher secondary stipend program9
Non-ability perspective:	Completed class VIII8	Nurania/hafezia Madrasa10	Bachelor's/Master's Scholarship10
Inability to bear schooling expenses /inability to buy school uniform9	Completed class IX9	Other11	
Engaged in household work10	Completed Secondary School/Dakhil.10	Kindergarten12	
Engaged in family business/agriculture11	HSC/Alim First Year11		
Works elsewhere for income12	HSC/Alim Second Year12		
Does not work now but looking for work23	BA/BSC/Fazil First Year13		
Stipend perspective:	BA/BSC/Fazil Second Year14		
Insufficient amount of stipend money /education allowance13	BA/BSC/Fazil Third Year15		
Not getting stipend, so withdrawn from school/madrassa14	BA/BSC/Fazil Fourth Year16		
Gender perspective:	MA/MSC and above/Kamil17		
Don't like to send girls to school15	SSC Candidate22		
There are no female teacher in school16	HSC Candidate33		
No only boys' or only girls' school17	Preschool class (general)66		
Boys tease girls/don't like girls18	Preschool (mosque based)77		
Environment of school is not safe19	Medical/MBBS71		
No separate latrine for female students20	Nursing72		
Due to marriage21	Engineer73		
Other (specify)22	Diploma Engineer74		
	Vocational/Technical Education75		
	Other (specify)76		

Household Number:

Module C: Employment (Male)

=> Ask about all members aged 6 years and above.

Collect information on all type of economic work performed by each HH member in the last 7 days. If any member is involved in more than one economic activity, use one row for each type of economic work.

Recall period: Last 7 days, if not mentioned otherwise.

Note: Interviewer: Please find the code list for this section in the next page.

Code list for Module C: Employment

Code 1: Employment status	Code 2: Reasons for not working in the last 7 days	Code 3: Occupation/economic activity
Worked for pay (salary, wage, self-employed).....1	Sick.....1	Wage Labor
Worked without pay (apprentice, family business)2	Vacation2	Agricultural day labor.....1
Did not work but have a job3	Hartal/strike3	Earth work (govt program)2
Did not work but looked for a job4	Taking care of household matters4	Earth work (other).....3
Did not work because:	Taking care of family members5	Sweeper4
Only studied (student)5	Other (specify).....6	Scavenger5
Too young (not student)6		Tea garden worker6
Too old/retired7		Construction labor7
Home/household work (includes live-in servant)8		Factory worker8
Disabled/invalid9		Transport worker (bus/truck helper)9
Don't need to.....10		Apprentice10
Other (specify)11		Other wage labor (specify).....11
		Salaried worker
		Government/ parastatal12
		Service (private sector)13
		NGO worker14
		House maid15
		Teacher (GoB-Primary school).....16
		Teacher (Non GoB Primary school)....17
		Teacher (GoB High school)18
		Teacher (Non-GoB High school)19
		Teacher (college, university).....20
		Other salaried worker (specify).....21
		Self-employment
		Rickshaw/van pulling22
		Driver of motor vehicle.....23
		Tailor/seamstress24
		Blacksmith.....25
		Potter26
		Cobbler27
		Hair cutter.....28
		Clothes washer.....29
		Porter30
		Goldsmith/silversmith.....31
		Repairman (appliances)32
		Mechanic (vehicles).....33
		Plumber34
		Electrician.....35
		Carpenter36
		Mason/Construction Rod Welder.....37
		Doctor38
		Rural physician39
		Midwife40
		Self-employment (continued)
		Herbal doctor/Kabiraj41
		Engineer.....42
		Lawyer/deed writer/Moktar43
		Religious leader (Imam/Muazzem/ Khadem/Purohit).....44
		Lodging master45
		Private tutor/house tutor.....46
		Beggar.....47
		Trader
		Small trader (roadside stand or stall)....50
		Medium trader (shop or small store)51
		Large trader (large shop or whole sale)52
		Fish Trader.....53
		Contractor.....54
		Production
		Food Processing55
		Small industry56
		Handicrafts.....57
		Livestock Poultry related work/occupation
		Milk collector.....58
		Livestock Vet medicine seller59
		Livestock Feed supplier60
		Commercially feed producer61
		Animal Breeder.....62
		Veterinary/paravet doctor63
		Farming
		Working own farm (crop)64
		Share cropper/tenant65
		Homestead farming.....66
		Fisherman (using non owned/not leased water body)67
		Raising fish / fish pond68
		Raising poultry69
		Raising livestock70
		Dairy production/ dairy farming71
		Other self-employed (specify).....72

Household Number:

Module C1: Agriculture based non-agricultural activities: (Male)

Last 12 months December 1, 2017 to November 30, 2018

C1_00: In the past 12 months, has anyone from the household worked in the sectors listed below?

Yes...1

No ...2

	How has any of your hh member worked mainly in the mentioned activities in last 12 months Self-employed..... 1 Rent out equipment..... 2 As labor or salaried employee 3 Did not work..... 4 >> next activity	1 st Respondent				2 nd Respondent				3 rd Respondent				
		Which member of the household worked in the sectors listed below?	How many of the past 12 months did you work on this activity?	How many days of the month did you work on this activity?	Total income in last 12 months	Which member of the household worked in the sectors listed below?	How many of the past 12 months did you work on this activity?	How many days of the month did you work on this activity?	Total income in last 12 months	Which member of the household worked in the sectors listed below?	How many of the past 12 months did you work on this activity?	How many days of the month did you work on this activity?	Total income	
		Code	Code ↑	MID	Month	Day	Tk	MID	Month	Day	Tk	MID	Month	Day
Agricultural Activities in a Non Agricultural Farm	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	
	Rice Mill	1												
	Wheat/ Maize Mill	2												
	Spice Processing mill	3												
	Oil mill /ghaani	4												
	Sugar mill	5												
	Food Processing Plant	6												
	Cold storage	7												
	Agricultural handling/packaging	8												
	Agricultural marketing	9												
	Tractor/ Power Tiller Operator	10												
	Irrigation Machinery Operator	11												
	Briquette Urea Applicator	12												
	Sprayer Machine Operator (fertilizer/ pesticide/ insecticide)	13												
Non-farm agricultural activities	Seed Sower Machine Operator (Seeder Drills: till, plant and fertilizer simultaneously)	14												
	Bed planter	15												
	Reaper	16												
	Thresher	17												
	Irrigation equipment repair	18												
Other activities	Tractor/power tiller repair	19												
	Other non-farm agri equipment repair	20												

Household Number:

Module C3: Vocational Training / Technical Education (Male)

To be asked about both males and females who are 10 years old and above

Household Number:

Code 1	Code 2	Code 3	Code 4
Machinery repair/servicing.....1	Government institute1	SSC/ <i>Dakhil</i>10	To increase chances of finding a job.....1
Agricultural machinery repair/servicing.....2	NGO.....2	HSC/ <i>Alim</i>12	To start own business.....2
Electrical/Electronic Repair3	Other private institution3	BA/BSC pass/ <i>Fajil</i>14.	To re-enter the workforce after losing previous job3
Automobile servicing/repair.....4	Informal training4	BA/BCS honors/ <i>Fajil</i> ..15	To increase income.....4
Textile/Garment/Knitting machine operator.....5		MA/MSC and above/ <i>Kamil</i>16	To increase efficiency of the current work.....5
Dress-making/Tailoring/Embroidery/Stitching/Blocking.....6		Medical/MBBS.....71	Other.....96
Computer Operator/IT Training...7		Nursing.....72	
Beautification.....8		Engineering.....73	
Leather Craft.....9		Diploma engineer...74	
Dying/printing and finishing.....10		Others (please mention)...75	
Glass/Ceramic work.....11		Not equivalent to any class.....96	
Carpentry.....12		Do not know.....98	
Agriculture.....13			
Food processing and preservation.....14			
Food packaging.....15			
Fisheries/Fish Culture and Breeding...16			
Livestock/Poultry rearing or farming.....17			
Nursing/Health Profession...18			
Welding.....19			
Construction work / Masonry20			
Driving.....21			
Lathe machine operator22			
Other.... 23			

Module End Time: Hour Minute

Household Number:

Module D: Own Household Assets (Male)
Module D1: Current Household Assets (Male)

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
 No.....2

Description of asset	Asset code	Does your household own the item? Yes...1 No...2>>D1_12	Quantity	What portion of asset owned by household?	ID of owner Report three primary owners If household member, write MID If not household member, then use following codes: All members jointly 7 1 Male outside household 7 2 Female outside household. 7 3	How was the asset acquired? (report latest item if quantity >1) Purchase 1 Gift 2 Dowry 3 Inheritance 4 Own produced 5	Year of purchase / Acquisition (report for latest item)	Purchase value/ price (report total value for all items owned)	Current value/ if asset sold today how much will you receive? (report total value for all items owned)	Type of asset* Consumption only 1 Consumption and Productive 2 Productive only 3	N/A for GFSS BASELINE								
											Quantit y of asset during midline (2015) If 0>>next row	How many of the assets listed in midline (2015) were lost after midline survey? (Stolen, burnt, lost, damaged , dead etc.)	How many of the assets listed in midline (2015) were sold after midline (2015) survey ? If 0 go to next row	If sold, then what was the price?	Reasons for Selling To meet household's food needs..... 1 To meet needs other than food..... 2 To meet children's education needs..... 3 For treatment 4 To purchase assets 5 For emergency 6 Others (specify) 7				
		No.	%	MID			Code↑	Year	(Tk)	(Tk)	Code ↑	No.	No.	No.	(Tk)	Code↑			
D1_01	D1_02	D1_03	D1_04	D1_05	D1_06a	D1_06b	D1_06c	D1_07	D1_08	D1_09	D1_10	D1_11	D1_12	D1_13	D1_14	D1_15	D1_16_a	D1_16_b	D1_16_c
Trunk /Suitcase	1																		
Buckets / Pots	2																		
Stove / Gas burner	3																		
Metal cooking pots	4																		
Bed / Khat / Chowki	5																		
Armoire/Cabinet/ Alna	6																		
Table / chair	7																		
Hukka	8																		
Electric fan	9																		
Electric iron	10																		
Radio	11																		

Household Number:

Description of asset	Asset code	Does your household own the item? Yes...1 No...2>>D1_12	Quantity	What portion of asset owned by household?	ID of owner Report three primary owners If household member, write MID If not household member, then use following codes: All members jointly 7 1 Male outside household 7 2 Female outside household. 7 3	How was the asset acquired? (report latest item if quantity >1) Purchase 1 Gift 2 Dowry 3 Inheritance 4 Own produced 5	Year of purchase / Acquisition (report for latest item)	Purchase value/ price (report total value for all items owned)	Current value/ if asset sold today how much will you receive? (report total value for all items owned)	Type of asset* Consumption only 1 Consumption and Productive 2 Productive only 3	N/A for GFSS BASELINE								
											Quantit y of asset during midline (2015) If 0>>next row	How many of the assets listed in midline (2015) were lost after midline survey? (Stolen, burnt, lost, damaged, dead etc.)	How many of the assets listed in midline (2015) were sold after midline (2015) survey ? If 0 go to next row	If sold, then what was the price?	Reasons for Selling To meet household's food needs..... 1 To meet needs other than food..... 2 To meet children's education needs..... 3 For treatment 4 To purchase assets 5 For emergency 6 Others (specify) 7				
		No.	%	MID			Code↑	Year	(Tk)	(Tk)	Code ↑	No.	No.	No.	(Tk)	Code↑			
D1_01	D1_02	D1_03	D1_04	D1_05	D1_06a	D1_06b	D1_06c	D1_07	D1_08	D1_09	D1_10	D1_11	D1_12	D1_13	D1_14	D1_15	D1_16_a	D1_16_b	D1_16_c
Audio cassette/CD player	12																		
Wall clock /watch	13																		
Wristwatch	131																		
Television (B/W)	14																		
Television (Color)	15																		
Camera/ Video Camera	50																		
Jewelry (gold)	16																		
Jewelry (silver)	161																		
Sewing machine	17																		
Bicycle	18																		
Rickshaw	19																		
Van (tricycle van)	20																		
Boat	21																		

Household Number:

Description of asset	Asset code	Does your household own the item? Yes... No...2>>D1_12	Quantity	What portion of asset owned by household?	ID of owner Report three primary owners If household member, write MID If not household member, then use following codes: All members jointly 7 1 Male outside household 7 2 Female outside household. 7 3	How was the asset acquired? (report latest item if quantity >1) Purchase 1 Gift 2 Dowry 3 Inheritance 4 Own produced 5	Year of purchase / Acquisition (report for latest item)	Purchase value/ price (report total value for all items owned)	Current value/ if asset sold today how much will you receive? (report total value for all items owned)	Type of asset* Consumption only 1 Consumption and Productive 2 Productive only 3	N/A for GFSS BASELINE								
											Quantit y of asset during midline (2015) If 0>>next row	How many of the assets listed in midline (2015) were lost after midline survey? (Stolen, burnt, lost, damaged , dead etc.)	How many of the assets listed in midline (2015) were sold after midline (2015) survey ? If 0 go to next row	If sold, then what was the price?	Reasons for Selling To meet household's food needs..... 1 To meet needs other than food..... 2 To meet children's education needs..... 3 For treatment 4 To purchase assets 5 For emergency 6 Others (specify) 7				
		No.	%	MID			Code↑	Year	(Tk)	(Tk)	Code ↑	No.	No.	No.	(Tk)	Code↑			
D1_01	D1_02	D1_03	D1_04	D1_05	D1_06a	D1_06b	D1_06c	D1_07	D1_08	D1_09	D1_10	D1_11	D1_12	D1_13	D1_14	D1_15	D1_16_a	D1_16_b	D1_16_c
Engine boat	22																		
Motorcycle	23																		
Mobile phone set	24																		
Land phone set	25																		
Dheki	26																		
Jata	27																		
Randa	28																		
Saw	29																		
Hammer	30																		
Patko	31																		
Fishing net	32																		
Spade (Kodal)	33																		
Axe (Kural)	34																		
Shovel (belcha)	35																		

Household Number:

Description of asset	Asset code	Does your household own the item? Yes...1 No...2>>D1_12	Quantity	What portion of asset owned by household?	ID of owner Report three primary owners If household member, write MID If not household member, then use following codes: All members jointly 7 1 Male outside household 7 2 Female outside household. 7 3	How was the asset acquired? (report latest item if quantity >1) Purchase 1 Gift 2 Dowry 3 Inheritance 4 Own produced 5	Year of purchase / Acquisition (report for latest item)	Purchase value/ price (report total value for all items owned)	Current value/ if asset sold today how much will you receive? (report total value for all items owned)	Type of asset* Consumption only 1 Consumption and Productive 2 Productive only 3	N/A for GFSS BASELINE								
											Quantit y of asset during midline (2015) If 0>>next row	How many of the assets listed in midline (2015) were lost after midline survey? (Stolen, burnt, lost, damaged, dead etc.)	How many of the assets listed in midline (2015) were sold after midline (2015) survey ? If 0 go to next row	If sold, then what was the price?	Reasons for Selling To meet household's food needs..... 1 To meet needs other than food..... 2 To meet children's education needs..... 3 For treatment 4 To purchase assets 5 For emergency 6 Others (specify) 7				
		No.	%	MID			Code↑	Year	(Tk)	(Tk)	Code ↑	No.	No.	No.	(Tk)	Code↑			
D1_01	D1_02	D1_03	D1_04	D1_05	D1_06a	D1_06b	D1_06c	D1_07	D1_08	D1_09	D1_10	D1_11	D1_12	D1_13	D1_14	D1_15	D1_16_a	D1_16_b	D1_16_c
Shabol	36																		
Daa	37																		
Horse	38																		
Mule	39																		
Donkey	40																		
Cow	401																		
Goat/ Sheep	402																		
Duck/ Hen	403																		
Other Animal (specify)	41																		
Cash in hand	42																		
Solar energy panel	43																		
Electricity Generator	44																		
IPS	45																		
Computer/ Laptop	46																		

Household Number:

Description of asset	Asset code	Does your household own the item? Yes..1 No...2>>D1_12	Quantity	What portion of asset owned by household?	ID of owner Report three primary owners If household member, write MID If not household member, then use following codes: All members jointly 7 1 Male outside household 7 2 Female outside household. 7 3	How was the asset acquired? (report latest item if quantity >1) Purchase 1 Gift 2 Dowry 3 Inheritance 4 Own produced 5	Year of purchase / Acquisition (report for latest item)	Purchase value/ price (report total value for all items owned)	Current value/ if asset sold today how much will you receive? (report total value for all items owned)	Type of asset* Consumption only 1 Consumption and Productive 2 Productive only 3	N/A for GFSS BASELINE								
											Quantit y of asset during midline (2015) If 0>>next row	How many of the assets listed in midline (2015) were lost after midline survey? (Stolen, burnt, lost, damaged, dead etc.)	How many of the assets listed in midline (2015) were sold after midline (2015) survey ? If 0 go to next row	If sold, then what was the price?	Reasons for Selling To meet household's food needs..... 1 To meet needs other than food..... 2 To meet children's education needs..... 3 For treatment 4 To purchase assets 5 For emergency 6 Others (specify) 7				
		No.	%	MID			Code↑	Year	(Tk)	(Tk)	Code ↑	No.	No.	No.	(Tk)	Code↑			
D1_01	D1_02	D1_03	D1_04	D1_05	D1_06a	D1_06b	D1_06c	D1_07	D1_08	D1_09	D1_10	D1_11	D1_12	D1_13	D1_14	D1_15	D1_16_a	D1_16_b	D1_16_c
Flash Drive/ Memory Card	47																		
Printer	48																		
Tab	49																		
Other1 [_____]	511																		
Other2 [_____]	512																		

Note: * Consumption assets are used by household members that do not generate income. Productive assets are used for generating income.

For example, a milk cow is a consumption asset if its milk is used for only consumption for the household and not sold; but if the milk is sold then the milk cow is considered as a productive asset because it generates income for the household. If the milk is consumed by the household and also sold for income then the milk cow is considered as both consumption and productive asset.

Household Number:

Module D2: Agricultural Implements and Other Productive assets (Male)

Description of asset	Asset code	Does your household own the item? Yes...1 No....2>> D2_12	Quantity	What portion of asset owned by household?	ID of owner Report three primary owners If household member, write MID If not household member, then use following codes: All members jointly 71 Male outside household.... 72 Female outside household.. 73	How was the asset acquired? (report most recent item if quantity >1) Purchase.....1 Gift2 Dowry3 Inheritance4 Own produced...5	Year of purchase/acquisition (report for the most expensive item if quantity >1)	N/A for GFSS BASELINE										
								Code	No.	MID			Code ↑	Year	(Tk)	(Tk)	(No)	(No)
D2_01	D2_02	D2_03	D2_04	D2_05	D2_06a	D2_06b	D2_06c	D2_07	D2_08	D2_09	D2_10	D2_12	D2_13	D2_14	D2_15	D2_16a	D2_16b	D2_16c
Farming tools:																		
Manual Reaper/Sickle	1																	
Weeding tool	2																	
Harrow	3																	
Rake	4																	
Plough/ yoke	5																	
Winnowing Machine	6																	
Pesticide sprayer	7																	
Wheelbarrow	8																	
Bullock cart	9																	
Push cart	10																	
Other Light Machinery (Specify)	11																	
Machinery:																		
Tractor	12																	
Power Tiller	13																	
Trolley/Trailers	14																	
Thresher	15																	
Fodder cutting machine	16																	

Household Number:

												N/A for GFSS BASELINE						
Description of asset	Asset code	Does your household own the item? Yes...1 No...2>> D2_12	Quantity	What portion of asset owned by household?	ID of owner Report three primary owners If household member, write MID If not household member, then use following codes: All members jointly..... 71 Male outside household.... 72 Female outside household.. 73			How was the asset acquired? (report most recent item if quantity >1) Purchase..... 1 Gift 2 Dowry 3 Inheritance 4 Own produced...5	Year of purchase/acquisition (report for the most expensive item if quantity ≥1)	Purchase value/ price (report total value for all items owned)	Current value/ if asset sold today how much will you receive? (report total value for all items owned)	In the last round (2015), what was the quantity of assets in this household? (Number) If '0' then move to the next row	What quantity of assets recorded in the last round (2015) have you lost after the last survey? (Stolen, burnt, lost, damaged, dead etc.)(Number)	What quantity of assets recorded in the last round (2015) have you sold after the last survey? (Number) If '0' then move to the next row	What was the value of sales? (Tk)	Reason for selling?		
	Code	No.		MID			Code ↑	Year	(Tk)	(Tk)	(No)			Code ↑				
D2_01	D2_02	D2_03	D2_04	D2_05	D2_06a	D2_06b	D2_06c	D2_07	D2_08	D2_09	D2_10	D2_12	D2_13	D2_14	D2_15	D2_16a	D2_16b	D2_16c
Swing basket	17																	
<i>Don</i>	18																	
Hand tube well	19																	
Treadle pump	20																	
Rower pump	21																	
Jumbo Pump (Axial Flow pump)	36																	
Low lift pump (LLP) for irrigation	22																	
Shallow tube well (STW)	23																	
Deep tube well (DTW)	24																	
Electric motor pump	25																	
Diesel motor pump	26																	
Spraying machines (chem./ fertilizer)	27																	
Reaper	28																	

Household Number:

												N/A for GFSS BASELINE						
Description of asset	Asset code	Does your household own the item? Yes...1 No...2>> D2_12	Quantity	What portion of asset owned by household?	ID of owner Report three primary owners If household member, write MID If not household member, then use following codes: All members jointly..... 71 Male outside household.... 72 Female outside household.. 73			How was the asset acquired? (report most recent item if quantity >1) Purchase..... 1 Gift 2 Dowry 3 Inheritance 4 Own produced...5	Year of purchase/acquisition (report for the most expensive item if quantity ≥1)	Purchase value/ price (report total value for all items owned)	Current value/ if asset sold today how much will you receive? (report total value for all items owned)	In the last round (2015), what was the quantity of assets in this household? (Number) If '0' then move to the next row	What quantity of assets recorded in the last round (2015) have you lost after the last survey? (Stolen, burnt, lost, damaged, dead etc.)(Number)	What quantity of assets recorded in the last round (2015) have you sold after the last survey? (Number) If '0' then move to the next row	What was the value of sales? (Tk)	Reason for selling?		
	Code	No.		MID			Code ↑	Year	(Tk)	(Tk)	(No)			Code ↑				
D2_01	D2_02	D2_03	D2_04	D2_05	D2_06a	D2_06b	D2_06c	D2_07	D2_08	D2_09	D2_10	D2_12	D2_13	D2_14	D2_15	D2_16a	D2_16b	D2_16c
Seeder Drills: till, plant, fertilize simultaneously	37																	
Bed planters (forms fields into beds and furrows)	38																	
Other Heavy Machinery (Specify)	29																	
<i>Other productive</i>																		
Masons	30																	
Potters Chaka	31																	
Blacksmiths	32																	
Hapor																		
Charaka	33																	
Briquette Urea Applicator (Injector)	34																	
Briquette Urea Applicator (Push)	35																	
Combined harvester	39																	

Household Number:

												N/A for GFSS BASELINE														
Description of asset	Asset code	Does your household own the item? Yes...1 No...2>> D2_12		Quantity	What portion of asset owned by household?	ID of owner Report three primary owners If household member, write MID If not household member, then use following codes: All members jointly..... 71 Male outside household.... 72 Female outside household.. 73			How was the asset acquired? (report most recent item if quantity >1) Purchase..... 1 Gift 2 Dowry 3 Inheritance 4 Own produced...5		Year of purchase/acquisition (report for the most expensive item if quantity ≥ 1)		Purchase value/ price (report total value for all items owned)		Current value/ if asset sold today how much will you receive? (report total value for all items owned)		In the last round (2015), what was the quantity of assets in this household? (Number) If '0' then move to the next row		What quantity of assets recorded in the last round (2015) have you lost after the last survey? (Stolen, burnt, lost, damaged, dead etc.)(Number)		What quantity of assets recorded in the last round (2015) have you sold after the last survey? (Number) If '0' then move to the next row		What was the value of sales? (Tk)		Reason for selling? To meet household's food needs 1 To meet needs other than food 2 To meet children's education needs .. 3 For treatment 4 To purchase assets 5 For emergency.... 6 Others (specify) .. 7	
	Code	No.		MID			Code ↑	Year	(Tk)	(Tk)	(No)	D2_13	D2_14	D2_15	D2_16a	D2_16b	D2_16c	Code ↑								
D2_01	D2_02	D2_03	D2_04	D2_05	D2_06a	D2_06b	D2_06c	D2_07	D2_08	D2_09	D2_10	D2_12														
Rice trans planter	40																									
Closed drum thresher	41																									
Open drum thresher	42																									
Corn Sheller	43																									
Sugarcane crusher	44																									
There No agriculture asset in this	99																									

Module End Time: Hour Minute

Household Number:

Module E: Savings (Male)

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No....2

E01. Have any adult in the household had any savings in the past 1 year? Yes 1
No..... 2

E02. Does any adult in the household currently have any savings? Yes..... 1
No..... 2

If NO, END MODULE

Ask how many accounts each individual currently has and list them all. Each “account” should have a separate row. If the individual has more than one “account”, put in separate rows.

Serial No.	Saver	Where do you save?	If the source of savings is the NGO, then record the code for NGO	How do you use / plan to use the savings? Report primary use of savings	Total amount currently saved in this savings account?	How frequently do you save?
		[Code 1]	[Code 4]	[Code 2]	(Tk)	[Code 3]
E03	MID	E04	E08	E05	E06	E07

Code 1: Where	Code 4: NGO Code	Code 2: Use / Intended Use	Code 3: How frequently do you save
At home 1 NGO (name of NGO) 2 Shamity (other than NGO) 3 Bank 4 Shop 5 Post office / government institution 6 Employer's provident fund 7 Insurance company 8 Relative / friend / neighbor 9 Savings collector 10 Land leased in from other household 11 Other (specify) 12	BRAC.....1 ASA.....2 PROSHIKA.....3 Karitas Bangladesh.....4 Shwanirbhar Bangladesh....5 TMSS.....6 RDRS Bangladesh.....7 Bureau Tangail.....8 Jagoroni Chakra.....9 Voluntary Organization for Social Development (VOSD).....10 Peoples Oriented Program Implementation (POPD).....11 Gono Kalyan Trust (GKT).12 Bachte Shekha.....13 PKSF.....14 Bangladesh Rural Development Board(BRDB).....15	Ashar Alo Unnyan Shangstha30 Polli Progoti Sohayok Samity31 Samadhan.....32 Manob Seba Sangstha33 Nobolok Parishad.....34 Rural reconstruction Foundation (RRF) 35 Christian Civil Society (CSS)36 Uddipon37 Daak diye jai38 Shushilon39 Uttaran40 Unnyan Procheshta41 Setu Bangladesh.....42 Satkhira Unnyan Shangstha (SUK) 43 Ideal44 Manob Sompod Unnyan kendra.....45 Grameen bank.....46 HKI (Hellen Keller International).47 Other NGOs (specify) 48	Daily 1 Weekly 2 Monthly 3 Quarterly 4 Biannually (every 6 months)..5 Yearly 6 Not regularly 7

END TIME		
<input type="text"/>	:	<input type="text"/>
HOUR	:	MINUTE

Household Number:

Module F: Loans (Male)

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No.....2

Report cash loans. Include both interest-bearing and non-interest-bearing cash loans.

F01. Has any member in the household ever had any loans?

Yes1
No2

F02. Does any member in the household currently have a loan with any individual or institution?

Yes 1 >> Fill out the table below
No 2

F02_a Have you or any other member of the household applied for loans in the last 12 months Yes..... 1 >> F02_b
No 2 >> F02_c

F02_b If you applied for loans, what was the reason for your application being denied?

- Did not have collateral.....1
- Did not have enough savings to qualify for loan...2
- Did not repay previous loans (loan defaulter)3
- Don't know.....4
- Applied for and received loan (repaid)5
- Other (specify)...6

NEXT MODULE

F02_c If you did not apply for loans, why did you not apply?

- Did not need loan, and so did not apply.....1
- Needed loan but did not apply fearing rejection of application2
- Needed loan but did not apply fearing not receiving the loan on time.....3
- Needed loan but did not apply fearing high interest rates.....4
- Could not apply for not having collateral.....5
- Others (specify)6

NEXT MODULE

Household Number:

First ask how many loans each individual currently has and list them all. Each loan should have a separate row. If an individual has more than one loan, put in separate rows.

Module End Time: Hour Minute

Household Number:

Module XXc: Questions on Child Marriage Law (Male and Female)

Ask to both male and female parents or guardians

Now I would like to ask you some questions regarding your knowledge of child marriage law.

Module start time: Hour Minu Respondent ID: Consent : Yes ... 1
No.... 2

SL	Questions	Answer	Answer code
XXc_01	Is there a legal minimum age of marriage for girls?" Skip rest of the module if the answer is "No" or "Don't Know"	<input type="text"/>	Yes..... 1 No 2 > next module Don't know..... 3 > next module
XXc_02	What is the legal minimum age of marriage for girls	<input type="text"/>	Age (year)
XXc_03	If a girl is married before the legal minimum age of marriage, what type of actions can the government take? MARK ALL THAT APPLY (multiple responses possible)	<input type="text"/> <input type="text"/> <input type="text"/>	Marriage is void 1 The bride would be jailed 2 The guardian or father would be jailed or fined 3 The husband would be jailed or fined 4 Nothing would happen..... 5 Other (specify) 96 Don't know 98
XXc_04	What is the legal punishment for marrying or facilitating marriage of a girl below this age (fine amount in taka)?	<input type="text"/>	Fine (taka) Do not know.....9888
XXc_05	What is the legal punishment for marrying or facilitating marriage of a girl below this age (jail time in months)?	<input type="text"/>	Jail (months) Do not know.....9888
XXc_06	When did this law come into effect? [Year]	<input type="text"/>	[Year] Do not know.....9888
XXc_07	Are there any exceptions to this law?	<input type="text"/>	Yes..... 1 No 2 Don't know..... 3
XXc_08	If yes, what are the exceptions MARK ALL THAT APPLY (multiple responses possible)	<input type="text"/> <input type="text"/> <input type="text"/>	Special Exemption Clause 1 If Parent wants..... 2 If Family wants..... 3 Other (specify)..... 47

Household Number:

SL	Questions	Answer	Answer code
XXc_09	When did you first hear about the current law about the legal minimum age?	<input type="text"/>	Year Do not know.....9888
XXc_10	Where (i.e. from which source) did you first hear/see/watch/read about the law about the current law about the legal minimum age?	<input type="text"/>	Newspaper or magazine.....1 Radio.....2 Television3 Poster4 Community Programme5 Family6 Relatives7 Neighbors8 Did not hear of it.....9 Other (specify).....96
XXc_11	Do you know of any case of child marriage where the current law was implemented?	<input type="text"/>	Yes.....1 No2

Module End Time: Hour Minute

Household Number:

Module G: Roster of land and pond/water bodies owned or under operation (Male)

List all land (all type of land & water bodies) owned or under

Module start time: Hour Minu

Respondent ID:

Consent :

Yes ...1
No....2

operation in last 12 months [1st December (15th Agrahayon) 2017 to 30th November (14th Agrahayon) 2018].

Plot ID	Plot Description	Plot Type	What was the area of land in the last round (midline) or in 2015 for GFSS?	Current Size/Area	Status of the plot in the current round If answer to G02 is 0 and answer to G20 is 1 to 4 then go to the next row	Distance from home if next to home "0" if not flooded report "0"	Usual flood depth (during monsoon/flood season)	Soil type	Current operational status (last 12 months)	Who is the owner of the sharecropped land? Husband's relative....1 Wife's relative....2 Non-relative....3	Where do the owner of the sharecropped land live? Inside village....1 Different village....2 Town....3 Abroad....4	Socio-economic status of the owner in comparison to the farmer Richer...1 Same.....2 Poorer...3	If the plot is rented/ leased in/out for cash, report amount received per month. Note: Report only if response in G06 is "3" OR "6"	Who owns the plot? (member ID) Report 3 primary owners. If HH member, write MID. If outside household, use code 4.	Who owns the plot officially? Report 3 primary owners MID	Current market value of the land (amount expected to spend/pay if you want to buy)	How was this land acquired	Year of acquisition of the land		
																			If the ans to G06 is 3 to 5 or 9 or 11 to 13, then fill out these 3 columns	
Plot ID		Code 1	Decimal	Decimal	Code 7	Meter	Feet	Code 2	Code 3	Code ↑	Code ↑	Code ↑	Tk	MID/Code 4	MID/Code 4	Tk	Code 5	Year		
Plot ID	Description	G01	G02_1	G02	G20	G03	G04	G05	G06	G21	G22	G23	G07	G08		G09		G10	G11	G12
														A	B	C	A	B	C	
1	Homestead	1																		

Household Number:

Module G: Roster of land and pond/water bodies owned or under operation (continued) (Male)

List all land (all type of land & water bodies) owned or under operation during 1st December (15th Agrahayon) 2017- 30th November (14th Agrahayon) 2018.

Plot ID	Plot Description	In the last 12 months who decided to build any infrastructure(if any) on the plot? Report 3 primary decision takers. If HH member, write MID. If outside household, use code 4.	How was the plot utilized in the last season? If response is “3”-“8” then Go to next plot	Who worked on the plot last season?	Generally, who takes decision regarding type of crop to be planted/fish culture?	Generally, who takes decision regarding inputs? (seeds, fertilizer, irrigation etc.)	If any produce was sold from crops planted/fish cultured [PLOT] in the last growing season, who was responsible for taking the crop to market and negotiating the sale?	If any revenue was generated from on the [PLOT] in the last growing season, who decided how to spend the revenues?												
Plot ID		MID/Code4	Code 6	MID/Code4	MID/Code4	MID/Code4	MID/Code4	MID/Code4												
Plot ID	Plot Description	G13			G14	G15			G16			G17			G18			G19		
		A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	
1	Homestead																			

Code 1: Plot type	Code 2: Soil type	Code 3: Operation status	Code 4: Type of ownership	Code 5: How acquired	Code 6: How was the plot utilized	Code 7
Homestead1 Cultivable/arable land2 Pasture.....3 Bush/forest.....4 Waste/non-arable land....5 Land in riverbed.....6 Other residential/commercial plot7 Cultivable Pond.....8 Derelict pond.....9 Garden (wood/Fruit).....10 Floating plot).....11 Only for seed bed).....12	Clay.....1 Loam2 Sandy.....3 Clay-loam....4 Sandy-loam ..5	Fallow.....1 Own operated2 Rented/leased in/ for cash.....3 Rented/leased in/crop share4 Mortgaged in5 Rented/leased out/cash.....6 Rented/leased out/crop share ..7 Mortgage out8 Group leased in with other farmer9 Leased out to NGO10 Taken from joint owner11 Jointly with other owners.....12 Rented in for certain amount ofcrops.....13 Rented out for certain amount ofcrops.....14 Free of cost.....15	All members jointly7 1 Male outside household 2 Female outside household 3 Govt / Khas land/other institutions 4 Not applicable/Not decided9 8	Purchased/bought1 Inherited (wife's family)2 Inherited (husband's family)....3 User right (wife's family).....4 User right (husband's family)..5 Rented/shared/leased/ Mortgaged-in6 Government Khas land/Other institution.....7	Agriculture1 Fisheries2 Grazing for livestock3 Homestead/ house plot4 Bush5 Commercial/non-ag enterprise6 Fallow.....7 Other (specify).....8 Was not with me9	Plot is the same in both rounds0 Sold.....1 Inherited or Household Split 2 Mortgage out/ Rent3 erosion4 New Purchase5 New inheritance6 New Mortgage7 Household combined8 Char surfaced.....9 Others (specify)10

Module End Time: Hour Minute

Household Number:

Module H: Agriculture (Male)

Module start time: Hour Minu Respondent ID: Consent : Yes ... 1
 No 2

Note:

- Do not include leased/rented out plots.
 - If more than one crop is harvested on the same plot during the recall period, then use separate crop row for each crop.
 - Collect plot level data in case of inter-cropping. For more than one crop report information using crop code.
 - Crops that are not completely harvested, collect harvested quantity and collect expected harvest (production) of that left in field.
 - If plot is divided (at the same time) for different crop production (e.g. intercropping &/mixed cropping), then use decimal for divided plot/sub plot.[e.g. if plot no. 5 is divided into 3 sub plots then write 5.1, 5.2 and 5.3 as plot ID.].
 - Write area in decimal of sub plot in H1_03, please note that summation of all sub plots will be less than or equal to the total area of original plot mentioned in Module G.

Module H1: Agriculture Plot Utilization (Male)

Report for plot wise crop data for all Crop cultivated during 1st December (15th Agrahayon) 2017- 30th November (14th Agrahayon) 2018

Note: BRING ALL INFORMATION ON HOMESTEAD FARMING (ALL CROPS, AS WELL AS FISH, IF FARMED ALONGSIDE RICE)

In case of intercropping, report the plantation week/month of the main crop. If the respondent responds in Bangla months for plantation/broadcast, please convert those weeks and months according to English calendar and write in designated column. **PLOT ID in Module G and Module H must match.**

Code 1: Agriculture crop codes

Major Cereals	Pulses	Vegetables	Leafy vegetables	Fruits (continued)	Other crops (continued)
B Aus (local) 10	Lentil(Moshur) 51	Pumpkin 101	Pui Shak 201	Lemon 312	Tobacco 601
TAus (local) 11	Mung 52	Bringal (eggplant) 102	Palang Shak (Spinach) 202	Shaddock (pomelo) 313	Bettlenut 602
TAus (HYV) 12	Black gram (Mashkalai) 53	BT Brinjal 1(Bari brinjal 1) 128	Lal Shak 203	Black berry 314	Bettleleaf 603
T Aus (hybrid) 13	Chickling Vetch(Khesari) 54	BT Brinjal 2(Bari brinjal 2) 129	Kalmi Shak 204	Other fruits(lemon like) 315	Other Tobacco like crop 604
BAman (local) 14	Chick pea (Chhola) 55	BT Brinjal 3(Bari brinjal 3) 130	Danta Shak 205	Other fruits 316	Cut flower 605
T Aman(local) 15	Pigeon pea (Aarohor) 56	BT Brinjal 4(Bari brinjal 4) 131	Kachu Shak 206	Boro(Bitter Plum) 317	Paddy seedbed 701
T.Aman (HYV) 16	Field pea (Motor) 57	Patal 103	Lau Shak 207	Rose Apple 318	Tomato seedbed 702
T.Aman (hybrid) 17	Soybean (Gori kalai/ Kali motor) 58	Okra 104	Mula Shak 208	Wood Apple 319	Bringal seedbed 703
Boro(local) 18	Other Pulses 59	Ridge gourd 105	Khesari Shak 209	Ambada/Hoq Plum 320	Cauliflower seedbed 704
Boro (HYV) 19		Bitter gourd 106	Other green leafy vegetables 210	Pomegranate 321	Cabbage seedbed 705
Boro (hybrid) 20		Arum 107	Potato Leaves 211	Bilimbi 322	Kohlrabi seedbed 706
Wheat (local) 21		Ash gourd 108	Cabbage 212	Chalta 323	Tobacco seedbed 707
Wheat (HYV) 22		Sesame 109	Chinese cabbage 213	Tamarind(pulp) 324	Onion seedbed 708
Maize 23		Cucumber 110		Olive(wild) 325	Chili seedbed 709
Barley 24		Castor (rerri) 110		Coconut/Green Coconut 326	Other seedbed 710
Job 25		Others Oilseeds 67			
Cheena 26			Fruits	Other crops	By Products (Applicable for Module I only)
Kaun(Italian millet) 27			Banana 301	Potato 411	Jutestick 801
Joar(Great millet) 28			Mango 302	Sweet potato 412	Straw 802
Bojra(Pearl millet) 29			Pineapple 303	Mulberry(Tunt) 413	Other byproduct 803
Others 30			Jack fruit 304	Orange flesh sweet potato 414	Other(specify) 900
Fiber Crops	Spices		Danta 305		
Dhonche 41	Chili 71		Water melon 306		
Jute 42	Onion 72		Bangi/Phuti/Musk melon 307		
Cotton 43	Garlic 73		Litchis 308		
Bamboo 44	Turmeric 74		Guava 309		
Other Fibre 45	Ginger 75		Ataa 310		
	Dhania/Coriander 76		Orange 311		
	Other spices 77				

Household Number:

Code 3: Paddy Rice	Bri Dhan BR-35 (Boro).....34 Chandina BR-1 (Boro/Aus).....1 Mala BR-2 (Boro/Aus).....2 Biplab BR-3 (Aus/Aman)3 Brishail BR-4* (Aman)4 Dulavhog BR-5* (Aman)5 BR-6 (Boro/Aus).....6 Bribalam BR-7 (Boro/Aus)7 Asa BR-8 (Boro/Aus).....8 Sufoza BR-9 (Boro/Aus).....9 Progoti BR-10 (Aman)10 Mukta BR-11 (Aman)11 Moyna BR-12 (Boro/Aus).....12 Gazi BR-14 (Boro/Aus)13 Mohini BR-15 (Boro/aus)14 Shahi Balam BR-16(Boro/Aus)...15 Hasi BR-17 (Boro).....16 Shahjalal BR-18 (Boro).....17 Mongal BR-19 (Boro).....18 Nizami BR-20 (Aus)19 Niamat BR-21 (Aus)20 Kiron BR-22* (Aman)21 Dyshary BR-23 ((Aman).....22 Rahmat BR-24 (Aus).....23 Noya Pajam BR-25 (Aman)24 Sraboni BR-26 (Aus).....25 Bri Dhan BR-27 (Aus).....26 Bri Dhan BR-28 (Boro).....27 Bri Dhan BR-29 (Boro).....28 Bri Dhan BR-30 (Aman)29 Bri Dhan BR-31 (Aman)30 Bri Dhan BR-32 (Aman)31 Bri Dhan BR-33 (Aman)32 Bri Dhan BR-34 (Aman).....33	Bri Dhan BR-36 (Boro).....35 Bri Dhan BR-37 (Aman).....36 Bri Dhan BR-38 (Aman).....37 Bri Dhan BR-39 (Aman).....38 Bri Dhan BR-40 (Aman).....39 Bri Dhan BR-41 (Aman).....40 Bri Dhan BR-42 (Aus).....41 Bri Dhan BR-43 (Aus).....42 Bri Dhan BR-44 (Aman).....43 Bri Dhan BR-45 (Boro)44 Bri Dhan BR-46 (Aman).....45 Bri Dhan BR-47 (Boro)46 Bri Dhan BR-48 (Aus).....47 Bri Dhan BR-49 (Aman).....48 Bri Dhan BR-50 (Banglamoti)(Boro)49 Bri Dhan BR-51 (Aman).....50 Bri Dhan BR-52 (Aman).....51 Bri Dhan BR-53 (Aman).....52 Bri Dhan BR-54 (Aman).....53 Bri Dhan BR-55 (boro/aus).....54 Bri Dhan BR-56 (Aman).....55 Bri Dhan BR-57 (Aman).....56 Bri Dhan BR-58 (Boro)57 Bri Dhan BR-59 (Boro)58 Bri Dhan BR-60 (Boro)59 Bri Dhan BR-61 (Boro)60 Bri Dhan BR-62 Zinc enriched (Aman)..61 Bri Dhan BR-63Shorubalam (Boro)62 Bri Dhan BR-64Zinc enriched (Boro)....63 Bri Dhan BR-65 (Aus).....64 Bri Dhan BR-66 drought tolerant(Aman)65	BINA 599 Bri Hybrid-1(Boro).....100 Bri Hybrid-2(Boro).....101 Bri Hybrid-3(Boro)102 Bri Hybrid-4(Boro Aman)103 Bina 6(Boro/aus).....104 Bina 7(Aman)105 Bina 8(Boro/Aus).....106 Bina 10 (Boro).....107 Bina 11(aman/aus)108 Bina 12 (aman)109 Bina 13(aman)110 Bina 14(boro)111 Bina 15(aman)112 Bina 16(aman)113 Binashail(aman).....114 Iratom 24(Boro).....115 Taj.....116 HS.....117 Shonali.....118 Surma.....119 Padma120 Bijoy121 Borkot.....122 Raja.....123 Chitra.....124 Shobujmoti125 Kajol126 Rajkumar127 Robi128 Other(specify).....999	Code 4: Source of seed
			Own.....1 Gift borrow (from neighbor/relative etc).....2 BADC(Government)3 Bought from BRAC4 Bought from other NGO.....5 Personal shop/dealer.....6 Hat/Bazar7 Other farmer8 Bought from farmhouse.....9 Bought seedlings10 Made seedling11	

Code 5: Significant characteristics of seeds	Code 6: Did you face any problems with the seeds you purchased?	Code 7: Reason of inadequacy	
Grain Yield1 Grain Size2 Insect/disease resistant.3 Flood tolerant4 Saline tolerant5 Drought tolerant6 Zinc enriched7 Low labor required8	Low input required9 Ease of processing.....10 Market demand.....11 Good taste12 Nice color.....13 Good as animal feed.....14 Others (specify)15	No problem1 Mixed with other seed.....2 Poor germination.....3 Too expensive.....4 Incorrect label5 Tampered or damaged packaging....6 Shortage of supply7 Others (specify)8	No market supply.....1 Did not save seed2 Saved seed got damaged3 Post- flood scarcity of seedling during 2nd plantation4 Could not get good quality seed ..5 Seedling was damaged.....6 Others (specify)7

Household Number:

Module H2: Irrigation method and Harvest (Male)

Report for plot wise crop data for all Crop cultivated during 1st December (15th Agrahayon) 2017- 30th November (14th Agrahayon) 2018.

If the respondent responds in Bangla months for harvest, please convert those months according to English calendar and write in designated column.

Code 2: Source of water	
Rainfed.....	1
River	2
Canal.....	3
Pond	4
Hoar/Beel (Lake).....	5
Canalirrigation	6
Groundwater	7
Tidal water	8

Code 3:Irrigation Method	
Rainfed	1
Swing basket	2
Don.....	3
Dugwell.....	4
Hand tubewell	5
Treddle pump	6
Rower pump	7
Shallow tubewell	8
Deep tubewell.....	9
Low lift pump.....	10
Canal irrigation.....	11
Axial Flow Pump	12
Other	13

Code 4: Cause of inadequacy & insufficiency of water	
Adequate water	1
Lack of rainfall.....	2
Lack of water in river.....	3
Lack of water in dam.....	4
Fall in groundwater level.....	5
Water too saline	6
More arsenic in groundwater.....	7
Electric failure.....	8
Lack of diesel	9
Dispute with irrigation organization/supplier	10
Irrigation machine dysfunction	11
Other(specify)	12

Household Number:

Module H3: Usage of Agricultural Chemicals, Fertilizers and Pesticides (Male)

Recall period: 1st December (15th Agrahayon) 2017- 30th November (14th Agrahayon) 2018.

If Chemicals/Fertilizers/Pesticides etc. is not applied, report "0" relevant column headings against the Plot ID and crop code ID.

Household Number:

Module H4: Rental Cost of Tools, Machinery and Draft Animal (Male)

Recall period: 1st December (15th Agrahayon) 2017- 30th November (14th Agrahayon) 2018.

Report rental cost if tools/machinery are rented solely. If tools/machinery is rented along with labor/operator(s) report total rental cost.

Code 2:

- Yes, I used my own/ I used someone else's free of charge.... 1
Yes, I rented it and then used it 2
No, I have not used it..... 3

Household Number:

Module H5: Labor Usage by Gender for Crop Plantation and Harvesting (Male)

Recall period: 1st December (15th Agravahan) 2017- 30th November (14th Agravahan) 2018.

M refers to male labor; F refers to female labor. Include adult and child labor. Round hours to the whole number. Report "0" only if no labor has been used. For e.g. if plot is weeded for 15 min report 1 hour and not "0".

Household Number:

Module H5: Labor Usage by Gender for Crop Plantation and Harvesting (continued) (Male)

Recall period: 1st December (15th Agravahan) 2017- 30th November (14th Agravahan) 2018.

M refers to male labor; F refers to female labor. Include adult and child labor. Round hours to the whole number. Report "0" only if no labor has been used. For e.g. if plot is weeded for 15 min report 1 hour and not "0".

Plot ID	Crop Code [#]	Pesticide application										Weeding										Irrigation (channel maintenance etc.)										Harvest									
		Family					Hired					Family					Hired					Family					Hired					Family					Hired				
		Hours		Where were laborers hired from			Total cost (Tk)		Hours		Where were laborers hired from			Total cost (Tk)		Hours		Where were laborers hired from			Total cost (Tk)		Hours		Where were laborers hired from			Total cost (Tk)		Hours		Where were laborers hired from			Total cost (Tk)						
Plot	Crop Code	M	F	M	M	F	F	M	F	M	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	F		
	Cod e 1	H5 _2 5	H5 _2 6	H5 _2 7	H5 _2 a	H5 _2 8	H5 _2 9	H5 _2 a	H5 _3 0	H5 _3 1	H5 _3 2	H5 _3 3	H5 _3 a	H5 _3 4	H5 _3 5	H5 _3 a	H5 _3 6	H5 _3 7	H5 _3 8	H5 _3 9	H5 _3 a	H5 _4 0	H5 _4 1	H5 _4 a	H5 _4 2	H5 _4 3	H5 _4 4	H5 _4 5	H5 _4 a	H5 _4 6	H5 _4 7	H5 _4 a	H5 _4 8								

Household Number:

Module H6: Post Harvest Labor, Animal and Tools/ Machinery Usage (Male)

Report for all Crop cultivated during 1st December (15th Agrahayon) 2017- 30th November (14th Agrahayon) 2018

The questions in this section are at crop level and NOT plot level.

M refers to male labor; F refers to female labor. Include adult and child labor. Round hours to the whole number only. Report "0" only if no labor has been used. For e.g. if plot is weeded for 15 min report 1 hour and not "0".

Household Number:

Module H6: Post Harvest Labor, Animal and Tools/ Machinery Usage (continued) (Male)

Report for all Crop cultivated during 1st December (15th Agrahayon) 2017- 30th November (14th Agrahayon) 2018

The questions in this section are at crop level and NOT plot level.

M refers to male labor; F refers to female labor. Include adult and child labor.

Round hours to the whole number only. Report "0" only if no labor has been used. For e.g. if plot is weeded for 15 min report 1 hour and not "0".

Code 2:

Yes, I used my own/ I used someone else's free of charge.....1

Yes, I used my own / I used someone else's free of charge..... 1
Yes, I rented it and then used it 2

No. I have not used it..... 3

Household Number:

Module H7: Fertilizer, Seed and Pesticides price in different crop seasons (Male)

Report for the three seasons during 1st December (15th Agrahayon) 2017- 30th November (14th Agrahayon) 2018.

Sl no	Name of Fertilizer/ Pesticide	Price of Fertilizer/Seed						Was there any inadequacy of fertilizer in the last 12 months? Yes 1 No..... 2>> H7_11	Record the code for the month in which there was an inadequacy or insufficiency of fertilizer	What do you think was the reason for this inadequacy?	Was there any problems of fertilizer?				
		Rabi		Kharif 1		Kharif 2									
		Did you purchase? Yes... 1 No 2→ H7_04	Avg price per Kg	Did you purchase? Yes .. 1 No .. 2→ H7_06	Avg price per Kg	Did you purchase? Yes ... 1 No 2→ H7_08	Avg price per Kg								
Code ↑	Tk/Kg	Code ↑	Tk/Kg	Code ↑	Tk/Kg	Code ↑	Tk/Kg	Code ↑	Code 1	Code 2					
H7_01		H7_02	H7_03	H7_04	H7_05	H7_06	H7_07	H7_08	H7_09a	H7_09b	H7_10a	H7_10b	H7_11		
1	Urea														
10	Briquette Urea														
21	TSP /														
22	SSP														
31	DAP														
32	/MAP														
4	MP														
5	Zinc														
6	Ammonia														
7	Gypsum														
8	NPKS														
9	Calcium /Lime														
91	Lime														
92	Calcium														
99	Without cultivation														

Code 1: Month	Code 2: Cause of Inadequacy	Code 3: Fertilizer problem
January.....1 February.....2 December.....12	Was not readily available in the market..... 1 Dealer hoarding..... 2 Insufficient Supply..... 3 No dealer nearby 4 Smuggling of fertilizer 5	Others..... 6 No problem....1 Adultrated with salt...2 Adultrated with soil....3 Adultrated with other things...4 Clotted....5 Productivity was less6

Household Number:

Module H7_A: Labor Cost: For sowing seed, weed control, irrigation and harvesting crops. (Male)

Report for the three seasons during 1st December (15th Agrahayon) 2017- 30th November (14th Agrahayon) 2018.

Sl. No.	Different Purposes of Labor Use	Cost of Labor (Male)												Cost of Labor (Female)													
		Rabi (Boro)			Kharif 1 (Aus)			Kharif 2 (Aman)			Rabi (Boro)			Kharif 1 (Aus)			Kharif 2 (Aman)										
		Did you hire labor?	Daily Rate	Daily Payment in kind (incl. food)	Did you hire labor?	Daily Rate	Daily Payment in kind (incl. food)	Did you hire labor?	Daily Rate	Daily payment in kind (incl. food)	Did you hire labor?	Daily Rate	Daily Payment in kind (incl. food)	Did you hire labor?	Daily Rate	Daily payment in kind (incl. food)	Did you hire labor?	Daily Rate	Daily payment in kind (incl. food)	Did you hire labor?	Daily Rate	Daily payment in kind (incl. food)	Did you hire labor?	Daily Rate	Daily payment in kind (incl. food)		
		Yes.....1 No.....2> H7a_05			Yes . 1 No. 2> H7a_08			Yes.....1 No.....2> H7a_11			Yes 1 No.....2> H7a_14			Yes.....1 No.....2> H7a_17			Yes 1 No.....2> next row										
		Code ↑	Tk	Value in Tk	Code ↑	Tk	Value in Tk	Code ↑	Tk	Value in Tk	Code ↑	Tk	Value in Tk	Code ↑	Tk	Value in Tk	Code ↑	Tk	Value in Tk	Code ↑	Tk	Value in Tk	Code ↑	Tk	Value in Tk		
		H7a_01	H7a_02	H7a_03	H7a_04	H7a_05	H7a_06	H7a_07	H7a_08	H7a_09	H7a_10	H7a_11	H7a_12	H7a_13	H7a_14	H7a_15	H7a_16	H7a_17	H7a_18	H7a_19							
1	Labor needed for land preparation																										
2	Labor needed for sowing seeds																										
3	Labor needed for broadcasting seeds																										
4	Labor needed for weeding																										
5	Labor needed for manual irrigation																										
6	Labor needed for collecting crops																										
7	Labor needed for applying briquette urea fertilizer																										
8	Labor needed for applying other fertilizer																										
9	Labor needed for threshing																										

Module H8: Location of purchase/rent of Animals, Tool/Machineries, Agricultural labor, Fertilizer, Pesticides etc. (Male)

Recall period: 1st December (15th Agrahayon) 2017- 30th November (14th Agrahayon) 2018.

Sl No.	Question	Response	Response code
H8_01	Where did you rent animal used in land preparation and threshing from?		Farm gate (home).....1
H8_02	Where did you rent tools and machineries used in crop cultivation from?		Village market (within own village).....2
H8_03	Where did you hire agricultural labor from?		Village market (outside of own village) ..3
H8_04	Where did you purchase fertilizer/pesticides/insecticide/herbicide from?		Town market.....4
			Other (specify)5
			Did not rent and did not buy9

Module End Time: Hour Minute

Household Number:

Module I: Summary of Agriculture Production and Food grain stock (Male)

Module 11: Summary of Agriculture Production (crops, fruits and vegetables) (Male)

These questions are only for crops, not plots.

Crop cultivation in last 1 year, December 1 2017to

November 30, 2018.

Module start time: Hour Minu **Respondent ID:** **Consent :** Yes ... 1
 No..... 2

Note: Write value of total sale proceeds in taka.

Note: Report both for cultivated and non cultivated produce. Bring information on byproduct as well. For e.g. Report the household's non-cultivated jackfruit harvest from jackfruit trees in homestead, which should be recorded in Module I3.

Household Number:

Code1: Reason for loss of output	
Flood/rain	1
Pest attack	2
Infested by rats	3
Drought	4
Storm/cyclone	5
Other(specify)	6

Code 2: Point of Sale	
Farm gate (home)	1
Village market (within own village).....	2
Village Market (outside own village) ...	3
Town Market	4
Other (specify).....	5
Neither bought nor rented in.....	9

Module I2: Food grain stock and Storage capacity (Male)

For last 1 year, December 1 2017to November 30, 2018

Food grain		End of Month food grain stock												Maximum amount food grain storage capacity of the household
		Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	June 2018	July 2018	August 2018	Sep 2018	Oct 2018	Nov 2018	
		kg	kg	kg	kg	kg	kg	kg	kg	kg	kg	kg	kg	kg
I2_01		I2_02	I2_03	I2_04	I2_05	I2_06	I2_07	I2_08	I2_09	I2_10	I2_11	I2_12	I2_13	I2_14
Paddy														
Rice														
Wheat														
Have you milled paddy in past one year for your own consumption? yes=1; No=2>> next machine		Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	June 2018	July 2018	August 2018	Sep 2018	Oct 2018	Nov 2018	
Huller mill	<input type="text"/>	Amount of paddy/rice processed												
		Amount of rice received												
Husking mill	<input type="text"/>	Amount of paddy/rice processed												
		Amount of rice received												
Semi- automatic mill	<input type="text"/>	Amount of paddy/rice processed												
		Amount of rice received												

Household Number:

Module I2a: Food grain stock and Storage capacity (continued) (Male)

Crop code												Kharif 2 (Aman)			Kharif 1 (Aus)		
First sale after how many days of production? Did not produce/sold....99>>I2_18												Qty sold?			Price of sale		
Last sale after how many days of production? Did not produce/sold....99>>I2_23												Qty sold?			Price of sale		
Till now, what volume/qty. of your production have you sold?												What is the current quantity of your stock? (As of Date of survey)			First sale after how many days of production? Did not produce/sold....99>>I2_26		
Qty sold?												Price of sale			Last sale after how many days of production? Did not produce/sold....99>>I2_31		
Qty sold?												Price of sale			Till now, what volume/qty. of your production have you sold?		
What is the current quantity of your stock? (As of Date of survey)												First sale after how many days of production? Did not produce/sold....99>>I2_34			Qty sold?		
Qty sold?												Price of sale			Last sale after how many days of production? Did not produce/sold....99>>next crop		
Qty sold?												Price of sale			Till now, what volume/qty. of your production have you sold?		
What is the current quantity of your stock? (As of Date of survey)																	

Household Number:

Module I3: Nonplot food production in both inside and outside homestead (Male)

Write down the list of Nonplot food produced in both inside and outside the homestead during last 1 year (1st December, 2017 to 30th November, 2018). Report both for cultivated and non cultivated produce. For e.g. Report the household's non-cultivated jackfruit harvest from jackfruit trees in homestead.

NGO Code:	
BRAC	1
ASA	2
PROSHIKA.....	3
Karitas Bangladesh.....	4
Shwanirbhari Bangladesh.....	5
TMSS	6
RDRS Bangladesh.....	7
Bureau Tangail.....	8
Jagoroni Chakra	9
Voluntary Organization for Social Development (VOSD)	10
Peoples Oriented Program Implementation (POPI)	11
Gono Kalyan Trust (GKT)	12
Bachte Shekha.....	13
PKSF.....	14
Bangladesh Rural Development Board(BRDB)	15
Podokhep Manobik Unnyan Kendra	17
Heed Bangladesh	18
Bureau Bangladesh	19
Community Development Center (CODEC).....	20
Gono Milon Foundation.....	21
Shapla Ful	22
Sheba Manob kolyan Kendra (SMKK)	23
Society for Disadvantaged Origin (SDO).....	24
Akota Shomaj Unnyan Kendra (ASUK)	25
Bangladesh Development Society	26
Social Organization for Voluntary Advancement (SOVA)	27
Society development Committee (SDC)	28
Faridpur Development Agency (FDA)	29
Ashar Alo Unnyan Shangstha	30
Polli Progoti Sohayok Samity	31
Samadhan.....	32
Manob Seba Sangstha	33
Nobolok Parishad.....	34
Rural reconstruction Foundation (RRF).....	35
Christian Civil Society (CSS)	36
Uddipon	37
Daak diye jai.....	38
Shushilon	39
Uttaran	40
Unnyan Procheshta	41
Save Bangladesh.....	42
Satkhira Unnyan Shangstha (SUK)	43
Ideal	44
Manob Sompod Unnyan kendra.....	45
Grameen bank.....	46
HKI (Helen Keller International)	47
Other NGOs (specify)	48

Household Number:

Module I4: Seedling/seedbed production cost (Male)

For last 1 year, December 1 2017 to November 30, 2018

I4_1 Have you produced own seedling/seedbed for any crop last year? Yes1 No.....2 >> Next Module

Name of each crops for which you produced seedlings					Season Aman (Kharif 2)..1 Aus (Kharif1)...2 Boro (Rabi)...3 Annual....4	What is the area of reference for the seedbeds? ?	Quantity of seed used for seedbed to produce seedling	Main source of seed If produced seedling, write '11' in I4_05a, and mention seed source in the next column	Price per kg of seed used? If seed source code is 1 or 2, bring approximate cost of seed	In your opinion, what are the the most important traits in this seed? If ans is 1>>next plot	Did you face any problem with the seed/seedling you purchased? If ans is 1>>next plot	Reason of inadequacy	Did you sell any seedlings or give to others? Yes ... 1 No 2>>I4_11	If yes, what portion of seedling you sold or gave to other?	Total area planted with own produced seedlings?	Total expenditure of other inputs used in the seed bed							
Plot ID	Crop name	Code1 CropCode	If rice, variety name	Variety Code	Code ↑	decimals	Kg	Code 2	Price/Kg	Code3	Code4	Code5	Code ↑	%	decimals	Kg	Tk	Kg	Tk	Total Tk	Tk	Tk	
	I4_01		I4_02	I4_03	I4_04	I4_05	I4_06a	I4_06b	I4_07	I4_08a	I4_08b	I4_09	I4_10	I4_11	I4_12	I4_13	I4_14	I4_15	I4_16	I4_17	I4_18	I4_19	I4_20

Code 2: Source of seed		Code 3: Significant characteristics of seed			Code 4: Did you face any problems with the seed you purchased?			Code 5: reason of inadequacy			
Own/Saved seeds	1	Market	7	Grain Yield	1	Low input required ...	9	No problem	1	No market supply	1
Gift from others.....	2	Other farmer.....	8	Grain Size	2	Ease of processing	10	Mixed with other seed.....	2	Did not save seed.....	2
BADC outlet (Govt.).....	3	Bought from farm	9	Insect/disease resistant....	3	Market demand.....	11	Poor germination.....	3	Saved seed got damaged.....	3
Bought fromBRAC	4	Bought seedling.....	10	Flood tolerant.....	4	Good taste	12	Too expensive.....	4	Post- flood scarcity of seedling during 2nd plantation.....	4
Bought from other NGO	5	Produced seedling	11	Saline tolerant.....	5	Nice color	13	Incorrect label	5	Could not get good quality seed....	5
personal shop/dealer.....	6			Drought tolerant.....	6	Good as animal feed ..	14	Tampered or damaged packaging....	6	New seedling was damaged.....	6
				Zinc enriched	7	Others (specify).....	15	Shortage of supply	7	others (specify).....	7
				Low labor required.....	8			Others (specify)	8		



Household Number:

Module ha: Agricultural Technologies - paddy rice (Male)

For last 1 year, December 1 2017 to November 30, 2018.

Interviewer: (1) If no member of any household has not cultivated paddy in last 1 year, go to the next module.

(2) Check ALL the answers of this section with module H

Q. No.	Technology Questions	Response	Response codes
HA_01	What kind of land preparation did you use for the paddy rice you planted in the past year? [Multiple Answers possible]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	None 1>>HA_06 ZERO TILLAGE 2 Ploughing 3 Hand weeding 4 Others(specify)..... 96
HA_02	Check HA_01: did respondent use zero tillage methods to prepare the land?	<input type="checkbox"/>	yes 1 no 2>>HA_04
HA_03	What kind of zero tillage system did you use on the land where you planted paddy rice? [Multiple Answers possible]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Slash And Plant 1 Burn And Plant..... 2 Herbicide And Plant..... 3 Others(specify)..... 96
HA_04	Check HA_01: did respondent use ploughing methods to prepare the land?	<input type="checkbox"/>	yes 1 no 2>>HA_06
HA_05	What did you use for ploughing the land where you planted paddy rice [Multiple Answers Possible]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HAND TILLAGE (HOE) 1 ANIMAL TRACTION..... 2 MOTORIZED TILLER 3 TRACTOR..... 4 OTHER (SPECIFY)..... 96
HA_06	What was your main source of rice seed?	<input type="checkbox"/>	OWN SAVED SEED, SEED FROM FRIEND/RELATIVE (NOT PURCHASED)..... 1 RELATIVE (NOT PURCHASED)..... 2 Purchased from market (non-Ag dealer)..... 3 Purchased from ag-dealer with cash..... 4 Purchased from ag-dealer with voucher..... 5 Aid Distribution 6 Subsidy card..... 7 NGO 8 OTHER (SPECIFY)..... 96

Q. No.	Technology Questions	Response	Response codes
HA_07	What type of seed did you plant in the past year? [Multiple answer possible]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Local (broadcast).....1 Local (transplanted)2 HYV3 Hybrid4
HA_08	CHECK HA_07: DID RESPONDENT SELECT MORE THAN ONE TYPE OF SEED?	<input type="checkbox"/>	Yes1 No.....2>>HA_10
HA_09	Would you say that most of the rice seed you planted was traditional, local seed, HYV or hybrid?	<input type="checkbox"/>	MOSTLY TRADITIONAL/LOCAL SEED1 MOSTLY HYV/hybrid2 Half was local and rest half was HYV/hybrid 3 Do not know.....8
HA_10	When decisions are made regarding what kind of rice seed to plant, who is it that normally takes the decision? [MULTIPLE RESPONSE] Record multiple responses only when there are more than one decision-maker	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	self.....1 spouse.....2 other household member3 other non-household member.....4
HA_11	Did you grow your rice crop: To provide food for the household? To be sold or traded in the market? Both for food and for the market?	<input type="checkbox"/>	household consumption only.....1 selling only.....2 both for household consumption and selling3 others(specify).....96
HA_12	Did you sow rice seed directly in the paddy, did you plant seedlings in your rice paddy, or did you both sow seed directly and plant some seedlings?	<input type="checkbox"/>	SEED SOWN DIRECTLY ONLY1>>HA_16 ONLY SEEDLINGS PLANTED.....2 SOME SEED SOWN, SOME SEEDLINGS3
HA_13	Did you start your own seedlings, or did you purchase them?	<input type="checkbox"/>	STARTED OWN SEEDLINGS..1>>HA_15 PURCHASED SEEDLINGS2 BOTH STARTED OWN SEEDLING AND PURCHASED.....3
HA_14	Was the nursery where you purchased the rice seedlings a registered or certified nursery?	<input type="checkbox"/>	yes...1 No....2
HA_15	Check Ha_12: DID THE FARMER PLANT ONLY SEEDLINGS (RESPONSE 2)?	<input type="checkbox"/>	YES, ONLY SEEDLINGS PLANTED1>>HA_17 NO, SOME SEEDS SOWN DIRECTLY2
HA_16	Some farmers plant paddy rice seeds in rows and some randomly broadcast their paddy rice seeds. How did you plant paddy rice seeds?	<input type="checkbox"/>	IN ROWS.....1 RANDOMLY BROADCAST2 SOME IN ROWS AND SOME RANDOMLY BROADCAST3
HA_17	Some farmers plant paddy rice alone and some plant their rice along with other crops growing in the same plot. How did you plant your rice?	<input type="checkbox"/>	ALONE1>>HA_19 WITH OTHER CROPS2

Q. No.	Technology Questions	Response			Response codes
HA_18	What other crops did you plant in the same plot with the paddy rice? SELECT THE NAME OF THE CROP(S) FROM THE DROP DOWN LIST	CROP- 1	CROP - 2	CROP- 3	[CROP CODE]
		<input type="text"/>	<input type="text"/>	<input type="text"/>	
HA_19	Do you raise fish in your rice paddy?	<input type="text"/>			yes...1 No.....2>>HA_21
HA_20	Why do you raise fish in your rice paddy? [Multiple response]	<input type="text"/>	<input type="text"/>	<input type="text"/>	For large profit1 Fish feed is less expensive2 Weeds of the paddy field can be used for fish feed3 Others(specify).....96
HA_21	When decisions are made regarding whether or not to plant other crops in the same plot with your rice, who is it that normally takes the decision? [MULTIPLE RESPONSE]	<input type="text"/>	<input type="text"/>	<input type="text"/>	self.....1 spouse.....2 other hh member3 other non-hh member4
HA_22	Over the past two planting seasons, did you rotate your paddy rice with another crop planted in the same plot area?	<input type="text"/>			yes...1 No.....2>>HA_24 do not know.....3>>HA_24
HA_23	What was cultivated in the plot in the season before you planted the rice? [MULTIPLE RESPONSE]	crop - 1	crop - 2	crop - 3	[crop code]
		<input type="text"/>	<input type="text"/>	<input type="text"/>	
HA_24	Did you apply fertilizer to the paddy rice in the past year?	<input type="text"/>			yes...1 No.....2>>HA_28
HA_25	At which times did you apply fertilizer to the paddy rice? [MULTIPLE RESPONSE]	<input type="text"/>	<input type="text"/>	<input type="text"/>	Land preparation stage1 planting2 early growth stage3 mid crop4 others(specify).....96
HA_26	What type of fertilizer did you use? [MULTIPLE RESPONSE]	<input type="text"/>	<input type="text"/>	<input type="text"/>	SOIL BASED ORGANIC.....1 SOIL BASED INORGANIC2 FOLIAR FEEDS ORGANIC3 FOLIAR FEEDS INORGANIC....4 Others(specify).....96

Q. No.	Technology Questions	Response	Response codes
HA_27	What is the name of the fertilizer you mainly used for your rice in the past year? [MULTIPLE RESPONSE]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Urea....1 Guti urea...2 TSP...3 SSP...4 DAP.....5 MAP...6 MP....7 Zinc....8 Ammonia....9 Zypsum...10 NPKS....11 Others(specify)...12 Donot know...13 Donot use chemical fertilizer....14
HA_28	Did you apply animal manure to your rice fields in the past year?	<input type="text"/>	yes...1 No.....2>>HA_31
HA_29	How was animal manure applied to your rice fields?	<input type="text"/>	Animals graze & leave dung on field...1 Manure applied to field by hand... 2 Manure applied to field with machine...3 Others(specify)....96
HA_30	Where did you get the manure you applied to your rice fields? [MULTIPLE RESPONSE]	<input type="text"/> <input type="text"/>	Produced by own animals1 Given by family/friends/neighbours' farm..2 Purchased from market3 Others(specify)....96
HA_31	When decisions are made regarding whether or not to use fertilizer for your rice, who is it that normally takes the decision? [MULTIPLE RESPONSE] Record multiple responses only when there are more than one decision-maker	<input type="text"/> <input type="text"/> <input type="text"/>	Self.....1 Spouse2 Other hh member3 Other non hh member4
HA_32	Have you been trained in how to use inorganic fertilizer for paddy rice? Inorganic fertilizer is a man-made fertilizer that you can buy in a bag at the shop.	<input type="text"/>	Yes...1 No.....2
HA_33	Did you have any insect, rodent, or disease attacks on your paddy rice in the past year?	<input type="text"/>	Yes...1 No.....2
HA_34	Did you use chemicals to control insect, rodent, or disease attacks on the paddy rice?	<input type="text"/>	Yes...1 No.....2>>Ha_36
HA_35	Was the use of chemicals preventive, or was it in response to an insect, rodent, or disease attack?	<input type="text"/>	Preventive1 Protective2 both preventive and protective3
HA_36	Have you been trained in when to use and how to apply pesticides for paddy rice?	<input type="text"/>	Yes...1 No.....2

Q. No.	Technology Questions	Response	Response codes
HA_37	How many times did you control weeds among your paddy rice crops in the past year?	<input type="text"/>	Frequency (number) None 00>>ha_39
HA_38	How did you control the weeds among your paddy rice crops? [MULTIPLE RESPONSE]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Hoe 1 Herbicide 2 Intercropping 3 Slashing 4 Pull by hand 5
HA_39	Have you ever been trained in when to use and how to apply herbicides for paddy rice crops?	<input type="text"/>	Yes...1 No....2
HA_40	In the past year, did you use any of the following techniques to manage soil and water for your paddy rice crop?	a) Terracing b) soil bands/trenches c) adding lime to soil Other (specify) _____ -	<input type="text"/> Yes...1 No....2 <input type="text"/> Yes...1 No....2 <input type="text"/> Yes...1 No....2 <input type="text"/> Yes...1 No....2
HA_41	Besides rainfall, did you use any additional irrigation methods for the paddy rice?	<input type="text"/>	Yes...1 No....2>>HA_43
HA_42	What type of irrigation did you use? [MULTIPLE RESPONSE]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	By hand (watering can, hose, etc.) 1 Canals 2 Permanent hose 3 Pump 4 Otrs (specify) 96
HA_43	How did you harvest the paddy rice?	<input type="text"/>	With a sickle 1 With a scythe 2 With a motorized harvester 3 Not yet harvested 4

Q. No.	Technology Questions	Response	Response codes
HA_44	What did you dry the paddy rice on? [MULTIPLE RESPONSE]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bare ground.....1 Ground plastered with cow dung2 Left to dry on plant in field3 Tarpaulins4 Mattress made by sewing plastic bag or sack....5 Mattress made by sewing bag or sack....6 Net made of nilon.....7 Drying yard with cemented ground.....8 Drying racks.....9 Solar dryers10 Mechanized dryers11 Othrs (specify).....96
HA_45	How did you thresh the rice? [MULTIPLE RESPONSE]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Trampled by cattle/oxen....1 Beat with sticks...2 Beat with a flail....3 Used a treadle thresher....4 Used a motorized thresher....5 Did not thresh....6>>ha_47 Othrs (specify).....96
HA_46	After threshing the rice, what was done with the straw? [MULTIPLE RESPONSE]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Burned..1 Incorporated back into the soil.....2 Used as bedding for own livestock....3 Used as cooking fuel....4 Left in field for grazing by animals.....5 Fed to own animals.....6 Sold to others....7 Gave to others8 Othrs (specify).....96
HA_47	Did you put the paddy rice in bags or other containers after harvest for storage or transport? [MULTIPLE RESPONSE]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes, in buckets1>>ha_49 Yes, in drums2>>ha_49 Yes, in bags.....3 No.....4

Household Number:

Q. No.	Technology Questions	Response	Response codes																
HA_48	What type of storage bag did you use for the paddy rice? [MULTIPLE RESPONSE]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Woven bag, single layer.....1 Two- or three-layered woven bags.....2 Hermetic bag.....3																
HA_49	Did you use any of the following storage locations to store the paddy rice?	<table border="1"> <tr> <td>সংরক্ষণস্থান</td> <td></td> </tr> <tr> <td>a) Residential house?</td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) Cribs?</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) Granaries?</td> <td><input type="checkbox"/></td> </tr> <tr> <td>d) Other constructed stores?</td> <td><input type="checkbox"/></td> </tr> <tr> <td>e) Warehouses?</td> <td><input type="checkbox"/></td> </tr> <tr> <td>f) Storage silos?</td> <td><input type="checkbox"/></td> </tr> <tr> <td>g) OTHER (SPECIFY)</td> <td><input type="checkbox"/></td> </tr> </table>	সংরক্ষণস্থান		a) Residential house?	<input type="checkbox"/>	b) Cribs?	<input type="checkbox"/>	c) Granaries?	<input type="checkbox"/>	d) Other constructed stores?	<input type="checkbox"/>	e) Warehouses?	<input type="checkbox"/>	f) Storage silos?	<input type="checkbox"/>	g) OTHER (SPECIFY)	<input type="checkbox"/>	Yes....1 No.....2
সংরক্ষণস্থান																			
a) Residential house?	<input type="checkbox"/>																		
b) Cribs?	<input type="checkbox"/>																		
c) Granaries?	<input type="checkbox"/>																		
d) Other constructed stores?	<input type="checkbox"/>																		
e) Warehouses?	<input type="checkbox"/>																		
f) Storage silos?	<input type="checkbox"/>																		
g) OTHER (SPECIFY)	<input type="checkbox"/>																		
CHECK ALL CATEGORIES FOR HA_49, IF ANY YES (CODE '1') THEN CONTINUE, OTHERWISE SKIP TO HA_51																			
HA_50	Was your paddy rice attacked by insects, rodents, or disease while in storage?	<input type="checkbox"/>	Yes....1 No.....2																
HA_51	What information source do you rely on the most to help you grow your rice crop well?	<input type="checkbox"/>	Friend/neighbor.....1 Agro-input dealer2 Ag extension worker3 School4 Radio program....5 Television.....6 Mobile phone messaging.....7 Internet.....8 Others (specify).....96																

Module End Time: Hour Minute

Household Number:

Module I5: Access to Technologies (Male)

I5a: When was the household formed (year)? _____

Module start time: Hour Minu

Respondent ID: Consent : Yes ...1
No.....2

I5b: Which year did you start rice farming? _____

I5c: Which year did you start farming? _____

Code	List of Technologies	Are you aware of this technology? Yes ..1 No ...2	Do you use this technology now? Yes1 No2	If yes, is it rented or owned? Rented ...1 Owned2	Have you used this technology in the past? Yes1 No2	When did you start using this technology?9999> >I5_06	If you have used this technology in the past, and no longer use it, when did you stop using it?9999>next row	Reason for not using now?9999>next row	When was this technology first available in your village?9999>next row	Please mark the years that you have used this technology within the past 10 years?									
										2018	2017	2016	2015	2014	2013	2012	2011	2010	2009
			Code	Code	(year)	(year)	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code		
I5_01	Description	I5_17	I5_02	I5_18	I5_03	I5_04	I5_05	I5_05b	I5_06	I5_07	I5_08	I5_09	I5_10	I5_11	I5_12	I5_13	I5_14	I5_15	I5_16
1	Guti Urea																		
2	BRRI dhan BR-41 (aman)																		
3	BRRI dhan BR-43 (aus)																		
4	BRRI dhan BR-44 (aman)																		
5	BRRI dhan BR-46 (aman)																		
6	BRRI dhan BR-47 (boro)																		
7	BRRI dhan BR-50 (Banglar moti) (boro)																		
8	BRRI dhan BR-51 (aman)																		
9	BRRI dhan BR-52 (aman)																		

Household Number:

Code	List of Technologies	Are you aware of this tech? Yes ..1 No ...2	Do you use this technology now? Yes1 No2	If yes, is it rented or owned? Rented ...1 Owned2	Have you used this technology in the past? Yes1 No2	When did you start using this technology?9999> >I5_06	If you have used this technology in the past, and no longer use it, when did you stop using it? Have not stopped ...9999	Reason for not using now?9999>next row	When was this technology first available in your village?9999>next row	Please mark the years that you have used this technology within the past 10 years? Yes... 1 No 2									
										2018	2017	2016	2015	2014	2013	2012	2011	2010	2009
			Code		Code	(year)	(year)	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code		
I5_01	Description	I5_17	I5_02	I5_18	I5_03	I5_04	I5_05	I5_05b	I5_06	I5_07	I5_08	I5_09	I5_10	I5_11	I5_12	I5_13	I5_14	I5_15	I5_16
10	BRRI dhan BR-53 (aman)																		
11	BRRI dhan BR-54 (aman)																		
12	BRRI dhan BR-55 (boro/aus)																		
13	BRRI dhan BR-56 (aman)																		
14	BRRI dhan BR-57 (aman)																		
15	BRRI dhan BR-60 (boro)																		
16	BRRI dhan BR-61 (boro)																		
17	BRRI dhan BR-62 (Zinc) (aman)																		
18	BRRI dhan BR-64 (Zinc) (boro)																		
19	BRRI dhan BR-66 (drought)																		

Household Number:

Code	List of Technologies	Are you aware of this tech? Yes ..1 No ...2	Do you use this technology now? Yes1 No2	If yes, is it rented or owned? Rented ...1 Owned2	Have you used this technology in the past? Yes1 No2	When did you start using this technology?9999> >I5_06	If you have used this technology in the past, and no longer use it, when did you stop using it? Have not stopped9999	Reason for not using now?9999>next row	When was this technology first available in your village?9999>next row	Please mark the years that you have used this technology within the past 10 years? Yes... 1 No 2									
										2018	2017	2016	2015	2014	2013	2012	2011	2010	2009
			Code	Code	(year)	(year)	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code			
I5_01	Description	I5_17	I5_02	I5_18	I5_03	I5_04	I5_05	I5_0 5b	I5_06	I5_07	I5_08	I5_09	I5_10	I5_11	I5_12	I5_13	I5_14	I5_15	I5_16
	tolerant) (aman)																		
20	BRRI dhan BR-67 (saline tolerant) (boro)																		
21	BRRI dhan BR-69 (weed resistant) (boro)																		
22	Bina - 7 (aman)																		
23	Bina - 8 (boro/aus)																		
24	Bina - 11 (aus/aman)																		
25	Bina - 12 (aman)																		
26	Four wheel Tractor																		
27	Two wheel tractor (Power tiller)																		
28	Axial flow pump/ (jumbo pump)																		

Household Number:

Code	List of Technologies	Are you aware of this tech? Yes ..1 No ...2	Do you use this technology now? Yes1 No2	If yes, is it rented or owned? Rented ...1 Owned2	Have you used this technology in the past? Yes1 No2	When did you start using this technology?9999> >I5_06	If you have used this technology in the past, and no longer use it, when did you stop using it? Have not stopped9999	Reason for not using now?	When was this technology first available in your village?9999>next row	Please mark the years that you have used this technology within the past 10 years? Yes... 1 No 2									
										2018	2017	2016	2015	2014	2013	2012	2011	2010	2009
			Code	Code	(year)	(year)	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code			
I5_01	Description	I5_17	I5_02	I5_18	I5_03	I5_04	I5_05	I5_05b	I5_06	I5_07	I5_08	I5_09	I5_10	I5_11	I5_12	I5_13	I5_14	I5_15	I5_16
29	Irrigation pump (LLP)																		
30	Irrigation pump (Shallow)																		
31	Irrigation pump (Deep)																		
32	Reapers																		
33	Paddle thresher																		
34	Power thresher																		
35	Seeder (Seeder Drills: till, plant, and fertilize simultaneously)																		
36	Bed Planters (form fields into beds and furrows)																		
37	Fertilizer Sprayer																		

Household Number:

Code	List of Technologies	Are you aware of this tech? Yes ..1 No ...2	Do you use this technology now? Yes1 No2	If yes, is it rented or owned? Rented ...1 Owned2	Have you used this technology in the past? Yes1 No2	When did you start using this technology?9999> >I5_06	If you have used this technology in the past, and no longer use it, when did you stop using it? Have not stopped9999	Reason for not using now?9999>next row	When was this technology first available in your village?9999>next row	Please mark the years that you have used this technology within the past 10 years? Yes... 1 No 2									
										2018	2017	2016	2015	2014	2013	2012	2011	2010	2009
			Code	Code	(year)	(year)	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code		
I5_01	Description	I5_17	I5_02	I5_18	I5_03	I5_04	I5_05	I5_0 5b	I5_06	I5_07	I5_08	I5_09	I5_10	I5_11	I5_12	I5_13	I5_14	I5_15	I5_16
38	Pesticide Sprayer																		
41	Combined harvester																		
42	Rice transplanter																		
43	Closed drum thresher																		
44	Open drum thresher																		
45	Corn sheller																		
46	Sugarcane crusher																		
47	Winnower																		
39	Others (specify)																		
40	Others (specify)																		

Code 1: Reason for not using: Not available in the market...1 Do not know about the technology.....2	Replaced with new tech...3 It became obsolete...4 Technology is inappropriate....5	Expensive....6 Don't have the operating skill....7 Not in working condition now....8	Spare parts are not available...9 Lack of skilled mechanic to repair....10 No rental market so cannot be rented....11
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Module End Time: Hour Minute

Household Number:

Module J: Agricultural Extension Services and Subsidies (Male)

Hour Minute Respondant ID: Respondant's Consent: Yes..... 1
No..... 2

Module J1: Access to Agriculture Extension Services (Male)

For last 1 year, December 1 2017 to November 30 2018.

Question Number	Questions	Response	Code
J1	Did you grow any crop during last 12 months?	<input type="checkbox"/>	Yes 1 No..... 2>> Module J1a
J1_01	Did any agricultural extension agent visit your farm during the last 12 months?	<input type="checkbox"/>	Yes 1 No..... 2>> J1_04
J1_01b	If yes, who did the agent communicate with?		Only male..1 Only female...2 Both male and female.....3
J1_02	How many times did s/he come?		
J1_02a	From government extension service office	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
J1_02b	If J1_02a is not "0", who did the agent communicate with?		Only male..1 Only female...2 Both male and female.....3
J1_02b	From NGO (_____)	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
J1_02c	From Other (_____)	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
J1_03	Did you receive advice on the following?		
J1_03a	Fertilizer use	<input type="checkbox"/>	Yes 1 No..... 2>>J1_03c
J1_03b	Was the advice given useful?	<input type="checkbox"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_03c	Seed use	<input type="checkbox"/>	Yes 1 No..... 2>>J1_03e
J1_03d	Was the advice given useful?	<input type="checkbox"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_03e	Irrigation use	<input type="checkbox"/>	Yes 1 No..... 2>>J1_03g

Question Number	Questions	Response	Code
J1_03f	Was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_03g	Pesticide use	<input type="text"/>	Yes 1 No..... 2>>J1_03i
J1_03h	Was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_03i	Pest and Diseases	<input type="text"/>	Yes 1 No..... 2>>J1_03k
J1_03j	Was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_03k	Cropping practice	<input type="text"/>	Yes 1 No..... 2>>J1_03m
J1_03l	Was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_03m	Soil type	<input type="text"/>	Yes 1 No..... 2>>J1_03o
J1_03n	Was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_03o	Others(-----)	<input type="text"/>	Yes 1 No..... 2>>J1_04
J1_03p	Was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_04	Did you go to any extension agent or contacted over phone?	<input type="text"/>	Yes 1 No..... 2 >>J1_07
J1_04a1	If yes, who went or who contacted over phone?	<input type="text"/>	Only male..1 Only female...2 Both male and female.....3
J1_05	How many times did you visit or contact the following?	<input type="text"/>	
J1_5a	Government extension service office	<input type="text"/>	(Report frequency of visit. Report '0' if not visited)

Question Number	Questions	Response	Code
J1_05b	If J1_5a is not "0", who did the agent communicate with?	<input type="text"/>	Only male..1 Only female...2 Both male and female.....3
J1_5b	NGO (_____)	<input type="text"/>	(Report frequency of visit. Report '0' if not visited)
J1_5c	Other (_____)	<input type="text"/>	(Report frequency of visit. Report '0' if not visited)
J1_06	Did you receive advice on the following?	<input type="text"/>	
J1_06a	Fertilizer use	<input type="text"/>	Yes1 No.....2>> J1_06c
J1_06b	If yes, was the advice given useful?	<input type="text"/>	Yes, very1 Yes, somewhat2 No.....3
J1_06c	Seed use		Yes1 No.....2>> J1_06e
J1_06d	If yes, was the advice given useful?	<input type="text"/>	Yes, very1 Yes, somewhat2 No.....3
J1_06e	Irrigation use		Yes1 No.....2>> J1_06g
J1_06f	If yes, was the advice given useful?	<input type="text"/>	Yes, very1 Yes, somewhat2 No.....3
J1_06g	Pesticide use	<input type="text"/>	Yes1 No.....2>> J1_06i
J1_06h	If yes, was the advice given useful?	<input type="text"/>	Yes, very1 Yes, somewhat2 No.....3
J1_06i	Pest and Diseases	<input type="text"/>	Yes1 No.....2>> J1_06k

Question Number	Questions	Response	Code
J1_06j	If yes, was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_06k	Cropping practice	<input type="text"/>	Yes 1 No..... 2 >>J1_06m
J1_06l	If yes, was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_06m	Soil type	<input type="text"/>	Yes 1 No..... 2 >>J1_06o
J1_06n	If yes, was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_06o	Others(-----)	<input type="text"/>	Yes 1 No..... 2
J1_06p	If yes, was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_07	If no, why? (report primary reason) (answer this question if answers to J1_01 and J1_04 are no)	<input type="text"/>	Did not face any problems 1 Extension officer non-helpful 2 Extension officer not knowledgeable..... 3 Extension office too far away 4 Do not know of any extension service office 5 Others 6
J1_08	Did you attend farmers' field school in last 12 months?	<input type="text"/>	Yes 1 No..... 2 >>J1_10
J1_09	If yes, who attended?	<input type="text"/>	Only male..1 Only female...2 Both male and female....3
	Did you receive advice on the following?	<input type="text"/>	

Question Number	Questions	Response	Code
J1_09a	Fertilizer use	<input type="text"/>	Yes 1 No..... 2>> J1_09c
J1_09b	If yes, was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_09c	Seed use	<input type="text"/>	Yes 1 No..... 2>>J1_09e
J1_09d	If yes, was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_09e	Irrigation use	<input type="text"/>	Yes 1 No..... 2>>J1_09g
J1_09f	If yes, was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_09g	Pesticide use	<input type="text"/>	Yes 1 No..... 2>>J1_09i
J1_09h	If yes, was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_09i	Pest and Diseases	<input type="text"/>	Yes 1 No..... 2>>J1_09k
J1_09j	If yes, was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_09k	Cropping practice	<input type="text"/>	Yes 1 No..... 2>>J1_09m
J1_09L	If yes, was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No..... 3
J1_09m	Soil type	<input type="text"/>	Yes 1 No..... 2>>J1_09o
J1_09n	If yes, was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2

Household Number:

Question Number	Questions	Response	Code
			No.....3
J1_09o	Others(----- -----)	<input type="text"/>	Yes1 No.....2>>Next Module
J1_09p	If yes, was the advice given useful?	<input type="text"/>	Yes, very1 Yes, somewhat2 No.....3
J1_10	If no, why? (report primary reason) (answer this question if answers to J1_01 and J1_04 are no)	<input type="text"/>	Did not face any problems 1 Extension officer unhelpful 2 Extension officer not knowledgeable.....3 Extension office too far away 4 Do not know of any extension service office5 Others6
J1_11	Did you ever have any communication with any agricultural extension agent? (including farmers' field school)	<input type="text"/>	Yes1 No.....2
J1_12	If yes, who had a communication?	<input type="text"/>	Only male..1 Only female...2 Both male and female.....3

Module J1a: Access to livestock and fisheries Extension Services (Male)

For last 1 year, December 1 2017 to November 30 2018.

Question Number	Questions	livestock	Poultry	Fish	Code
J1a_1	Did you produce any livestock/poultry/fish during last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes.....1 No2>>Next Module
J1a_01	Did any livestock/fisheries extension agent visit your farm during the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes.....1 No2>>J1a_04
J1a_01b	If yes, who communicated with the agent?				Only male..1 Only female...2 Both male and female....3
J1a_02	How many times did s/he come?				
J1a_02a	From government livestock/fisheries extension service office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
J1a_02b	If J1a_02a is not '0', who communicated with the agent?				Only male..1 Only female...2 Both male and female....3
J1a_02b	From NGO (_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
J1a_02c	From Other (_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
J1a_04	Did you go to any extension agent or contact one over phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes.....1 No2>>Next Module
J1a_04a	If yes, who communicated with the agent contact one over phone?				Only male..1 Only female...2 Both male and female....3
J1a_05	If yes, how many times did you visit the following agent/agency/organization?				
J1a_05a	Government livestock/fisheries extension service agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
J1a_05b	If J1a_5a is not "0" who communicated with the agent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Only male..1 Only female...2 Both male and female....3
J1a_05b	NGO livestock/fisheries extension service agent (_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
J1a_05c	Other livestock/fisheries extension service agent (_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)

Module J2a: Government agriculture input subsidy card related information (Male)

For last 1 year, December 1 2017 to November 30 2018.

Question Number	Question	Response		Code
J2a_01	Have you heard about the farmer's input subsidy card or farmer's agricultural input subsidy card?	<input type="text"/>		Yes 1 No..... 2 >> Next Module
J2a_02	Do/Did you have an agriculture input subsidy card?	<input type="text"/>		Yes 1 No..... 2 >> Next Module
J2a_03	When did you receive the input subsidy card?	Year <input type="text"/>	Month <input type="text"/>	Month: January=1.....December =12
J2a_04	How did you come to know about this card? (report primary source of information on subsidy card)	<input type="text"/>		Response Code: 1. From UP Chairman 2. From UP member 3. From NGO worker 4. From school teacher 5. Courtyard meetings/ from radio 6. From TV 7. News papers 8. From friends/neighbors 9. Village Campaign 10. Sms from government 11. Recorded calls from GOB/NGO 12. Sub Assistant Agriculture Officer/SAAO 13. Village Police 14. Other (specify)
J2a_05	Did you open a bank account using agriculture input subsidy card to get assistance?	<input type="text"/>		Yes 1 No..... 2
J2a_06	Do you receive or did you receive any agricultural input assistance?	<input type="text"/>		Yes, get now.....1 Previously got, now don't.....2>>J2a_09 Never received.....3>>J2a_10

Household Number:

J2a_07		If answer to "5" is yes, mention the quantity of subsidy								
	Item	Yes....1 No.....2>> next column	Cash (Taka)	Seed (kg)	Urea (kg)	TSP (kg)	DAP (kg)	MoP (kg)	Other fertilizer (kg)	Pesticide (kg)
		a	b	c	d	e	f	g	h	i
J2a_07_01	Wheat									
J2a_07_02	Maize									
J2a_07_03	Mustard									
J2a_07_04	Groundnut									
J2a_07_05	Sesame									
J2a_07_06	Summer mung									
J2a_07_07	Winter mung									
J2a_07_08	Khesari									
J2a_07_09	Mashkalai									
J2a_07_10	Phelon									
J2a_07_12	BT brinjal									
J2a_07_13	Boro									
J2a_07_14	Aman									
J2a_07_15	Aus NERICA									
J2a_07_16	Other Aus									
J2a_07_17	Other1									
J2a_07_18	Other 2									
J2a_07_19	Other 3									

Household Number:

J2a_08	Did you buy any agricultural machinery at a subsidized price?			Yes1 No 2>> Next Module
	If yes	Yes=1 No=2>> Next column	Number of farmers hhs share this machinery	What percentage of the price did you have to pay to buy it? (percentage)
		a	b	c
J2a_08_01	Tractor (4wheel)			
J2a_08_02	Shallow tubewell engine or pump			
J2a_08_03	LLP			
J2a_08_04	Power tiller			
J2a_08_05	Combined harvester			
J2a_08_06	Reaper			
J2a_08_07	Power thresher			
J2a_08_08	Seeder			
J2a_08_09	Rice Trans planter			
J2a_08_10	Other1			
J2a_08_11	Other2			
J2a_09	If you don't get it now, what is the reason?		Do not cultivate the crop for which subsidy is given.....1 Amount of operating land did not qualify (decreased/increased in size)2 Do not know.....3 Other reasons (specify).....4	
J2a_10	If never received, what is the reason?		Do not cultivate the crop for which subsidy is given.....1 I was not selected for this subsidy.....2 Amount of operating land is more than 250 decimal.....3 Amount of operating land is less than 5 decimal.....4 Do not know.....5 Others.....6	

Module End Time:

Hour		Minute	
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Household Number:

Module K: Livestock and Poultry (Male)

Module K1: Livestock and poultry (Male)

For last 1 year, December 1 2017 to November 30 2018.

Module Start Time: Hour Minute Respondant ID: Respondant's Consent: Yes.....1
No.....2

Animal Name	Animal Code	Type of asset*	On December 1, 2017, how many were there and what was their value?		On November 30, 2018, how many were there and what was their value?		How many does the household own?	Total value of the animal	Who is the owner of the livestock/poultry?		Who looks after livestock/poultry?		In last 12 months (December 1, 2017 to November 30, 2018.)							
			No	Total value	No	Total value			Report 3 primary owners. If HH member, write MID. If outside household, use code 1.	Report 3 primary owners. If HH member, write MID. If outside household, use code 1.	How many were born? If not purchased, write "0", and move to K1_11	Where did you buy animal/bird from? Farm gate (home) 1 Village market (within own village) 2 Village market (outside of own village) 3 Town market 4 Other (specify) 5	Who decided to buy livestock and poultry? Report 3 primary owners. If HH member, write MID. If outside household, use code 1.							
	Code	Code ↑	No	Tk	No	Tk	No	Tk	MID/Code 1			MID/Code 1			No.	No.	Code ↑	MID/Code 1		
Name	Livestock Code	K1_01	K1_02a	K1_02b	K1_03a	K1_03b	K1_04a	K1_04b	K1_05a	K1_05b	K1_05c	K1_06a	K1_06b	K1_06c	K1_07	K1_08	K1_09	K1_10a	K1_10b	K1_10c
Bullock	1																			
Milk	2																			
Buffalo	3																			
Goat	4																			
Sheep	5																			

Household Number:

Pig	51																	
Chicken (Layer)	61																	
Chicken (Broiler)	62																	
Chicken (Cockere)	63																	
Duck	8																	
Other birds (specify)	9																	
Others (specify)	10																	

Code 1:
All members jointly
Male outside household.....
Female outside household.....
Govt./Khas land/other institutions
Not applicable/No decision taken
98

Module K1: Livestock and poultry (continued) (Male)

Animal Name	Animal Code	In last 12 months (December 1 2017 to November 30 2018.), how many were						Where did you sell animal?	Who decided to sell?	Who controls the sales proceed of the sale of livestock products	If you raise poultry, have any of your poultry been affected by bird flu within the last 12 months?						
		Received as gift/inherited?	Given as gift?	Received from lease	Lost (stolen/burnt/spoilt/ died)	Number	Total value										
	Code	No	No	No	No	Tk	No	No	Code ↑	Tk	MID/Code1	MID/Code1					
Name	Code	K1_11	K1_12	K1_13	K1_14a	K1_14b	K1_15	K1_16	K1_17	K1_18	K1_19a	K1_19b	K1_19c	K1_20a	K1_20b	K1_20c	K1_21

Household Number:

Bullock	1																			
Milk Cow	2																			
Buffalo	3																			
Goat	4																			
Sheep	5																			
Pig	51																			
Chicken (Layer)	61																			
Chicken (Broiler)	62																			
Chicken (Cockerel)	63																			
Duck	8																			
Other birds specify)	9																			
Others (specify)	10																			

Code 1:

- | | |
|---|----|
| All members jointly | 71 |
| Male outside household..... | 72 |
| Female outside household..... | 73 |
| Govt / Khas land/other institutions | 74 |
| Not applicable..... | 98 |

Module End Time: Hour | Minute |

Household Number:

Module ITMP1A: Improved Technology and Management Practices (ITMP) (Male)

Module start time:

Hour			Minu		
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Respondent ID: Consent : Yes ...1
No....2

Question Number	Question	Response	Code
ITMP1A_01	Do you rear livestocks?	<input type="text"/>	Yes.....1 No.....2>>Next Module K2
ITMP1A_02	If yes, what is the main reason?	<input type="text"/>	For consumption1 To sell2 Both for consumption and selling purpose.....3
ITMP1A_03	Do you use improved and appropriate varieties of breed management through artificial insemination?	<input type="text"/>	Yes1 No2
ITMP1A_04	Where do you usually keep the livestock?	<input type="text"/>	Livestock shed1 Inside the house.....2 In open space in the yard.....3 Others (specify).....4

Module ITMP1B: Improved livestock housing and feeding management practices (Male)

Question Number	Question	Response	Code
ITMP1B_01	If the livestocks are kept in the shed, observe what the floor is made of.	<input type="text"/>	Cement cast 1 Made of brick (without welding)..... 2 Earthen floor..... 3 Others 4
ITMP1B_02	If the livestocks are kept in the shed, observe if the floor is dry.	<input type="text"/>	Yes, dry 1 No, not dry (wet) 2
ITMP1B_03	Do you have a separate manager for watering and feeding?	<input type="text"/>	Yes..... 1 No..... 2
ITMP1B_04	Who mainly provides food and water for the livestocks?	<input type="text"/>	MID Hired male labor..... 74 Hired female labor..... 75
ITMP1B_05	Do you use concentrated feed and/or total mixed ration (TMR) and/or ready feed?	<input type="text"/>	Yes..... 1 No..... 2
ITMP1B_06	In the last week (7 days), did you feed any of the grass/livestock food from the right column, to your livestock:	a) Napier 1, 2 & 3 <input type="text"/> b) Pukchong <input type="text"/> c) German grass <input type="text"/> d) Sweet jumbo <input type="text"/> e) Jumbo gold <input type="text"/> f) Para <input type="text"/> g) Corn cob <input type="text"/> h) Sage grass <input type="text"/> i) Pea grass <input type="text"/> j) Others/ local grass <input type="text"/>	Yes..... 1 No..... 2

Module ITMP1B: Improved livestock health management practices (Male)

Question Number	Question	Response	Code
ITMP1B_07	In the last one year, you vaccinate your livestock's?	<input type="text"/>	Yes..... 1 No 2
ITMP1B_08	In the last one year, you feed deworming tablets to your livestock?	<input type="text"/>	Yes..... 1 No 2
ITMP1B_09	In the last one year, how many times did you get your livestock's primary health checked? Note: including any visits to vets	<input type="text"/>	Number If not checked ever, write "0"

Module ITMP1C: Improved practices of handling, preservation, processing and storage meat, milk, and dairy products (Male)

Question Number	Question	Response	Code										
ITMP1C_01	Who in the household mainly handles raw meat, milks the cow and prepares dairy products?	<input type="text"/>	MID Hired male labor..... 74 Hired female labor..... 75										
ITMP1C_02	Does the person who mainly handles raw meat, milks the cow and prepares dairy products wash hands with soap, water, detergent etc. before performing the tasks mentioned <u>in the column on the right</u> ?	<table border="1"> <thead> <tr> <th>Situation</th> <th>Response</th> </tr> </thead> <tbody> <tr> <td>a) After defecation</td> <td><input type="text"/></td> </tr> <tr> <td>b) Before eating</td> <td><input type="text"/></td> </tr> <tr> <td>c) After managing child feces</td> <td><input type="text"/></td> </tr> <tr> <td>d) Before feeding child</td> <td><input type="text"/></td> </tr> </tbody> </table>	Situation	Response	a) After defecation	<input type="text"/>	b) Before eating	<input type="text"/>	c) After managing child feces	<input type="text"/>	d) Before feeding child	<input type="text"/>	Yes 1 No 2 N/A..... 3
Situation	Response												
a) After defecation	<input type="text"/>												
b) Before eating	<input type="text"/>												
c) After managing child feces	<input type="text"/>												
d) Before feeding child	<input type="text"/>												

Question Number	Question	Response		Code
		e) Before handling food	<input type="checkbox"/>	
		f) Between handling raw meat/ foods and ready-to-eat foods	<input type="checkbox"/>	
		g) Before milking cow	<input type="checkbox"/>	
ITMP1C_03	Does the person who mainly handles raw meat, milks the cow and prepares dairy products wash hands with soap, water, detergent etc. before performing the tasks mentioned <u>in the column on the right</u> ?	A) Before handling raw meat/ foods and ready-to-eat foods	<input type="checkbox"/>	Yes 1 No..... 2 N/A..... 3
		B) Before milking cow	<input type="checkbox"/>	
		C) Before preparing dairy products	<input type="checkbox"/>	
ITMP1C_04	How do you preserve the items on the right column?	A) Meat	<input type="checkbox"/>	Refrigerate..... 1 Store in ice box to preserve 2 Boil it 3 Do not preserve 4 Others 5
		B) Milk	<input type="checkbox"/>	
		C) Dairy products	<input type="checkbox"/>	
ITMP1C_05	Do you have to frequently boil the items on the right to store it? Enumerator: Only take the answer if the person boils the items to store it	A) Meat	<input type="checkbox"/>	Yes 1 No..... 2
		B) Milk	<input type="checkbox"/>	
		C) Dairy products	<input type="checkbox"/>	

Module ITMP1D: Preparing diversified dairy products (Male)

Question Number	Question	Response	Code
ITMP1D_01	Do you prepare yoghurt (at household level)?	<input type="checkbox"/>	Yes 1 No..... 2
ITMP1D_02	Do you prepare ghee (at household level)?	<input type="checkbox"/>	Yes 1 No..... 2
ITMP1D_0	Do you make laban (only for processor level)?	<input type="checkbox"/>	Yes 1 No..... 2

Module K1a: Agricultural technologies - dairy cows (milk) (Male)

Recall period: For last 1 year, December 1 2017 to November 30 2018

Serial	Question	Response	Response Code
K1a_04	How many calves under one year old do you own?	Number of calves: <input type="checkbox"/>	Write number of calves Do not own any..... 00
K1a_03	How many male animals (bull/bullock/buffalo), that are at least one year old, do you own?	Number of adult males: <input type="checkbox"/>	Write number of adult male Do not own any..... 00
K1a_02	How many dairy cows do you own that are not milking?	Number of non-milking cows: <input type="checkbox"/>	Write number of non-milking cows Do not own any..... 00
K1a_01	How many dairy cows do you own that are milking?	Number of milking cows: <input type="checkbox"/>	Write number of miling cows Do not own any..... 00
<i>If the answers to K1a_02 and K1a_01 are "0", i.e. if they do not keep any dairy cows, move on to the next module</i>			
K1a_05	How do you acquire your milking cows? [SELECT ALL THAT APPLY]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Farmer buys milking cows 1 Farmer breeds milking cows 2 Farmer gets cows as in-kind credit 3 Received as gift / borga..... 4 Received through programs 5 Other (specify) 96

Serial	Question	Response	Response Code
K1a_06	How do you breed your dairy cows? [SELECT ALL THAT APPLY]	<input type="checkbox"/> <input type="checkbox"/>	Natural Breeding 1 Artificial Insemination 2 Other (Specify)..... 96
K1a_07	<i>CHECK K1a_06: DOES RESPONDENT BREED COWS USING NATURAL BREEDING (RESPONSE '1')?</i>	<input type="checkbox"/>	Yes 1 No..... 2>K1a_11
K1a_08	How are bull services acquired to breed your dairy cows? [SELECT ALL THAT APPLY]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bulls Selected from Own Herd 1 Bulls Exchanged with Other Herds 2 Bulls Purchased/Rented from Other Herds 3 Other (Specify)..... 96
K1a_09	How do you decide which bulls to choose for breeding your dairy cows and heifers? [SELECT ALL THAT APPLY]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No selection - only one bull 1 No selection - multiple bulls in herd 2 Bull has good body size, composition..... 3 Bull is son of high-producing cow 4 Bull known to have good fertility 5 Other (specify) 96
K1a_10	When decisions are made regarding which bull to choose for breeding your dairy cows and heifers, who is it that normally takes the decision? [SELECT ALL THAT APPLY] Record multiple responses only when there are more than one decision-maker	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Self 1 Partner/spouse 2 Other household member 3 Other non-household member 4
K1a_11	<i>CHECK Q. K1a_06: DOES RESPONDENT USE ARTIFICIAL INSEMINATION SERVICES (RESPONSE '2')?</i>	<input type="checkbox"/>	Yes 1 No..... 2>K1a_13
K1a_12	Where do you usually obtain artificial insemination services to breed your dairy cows?	<input type="checkbox"/>	Public veterinary services provider 1 Community animal health worker..... 2 Private services provider 3 Private vet pharmacy..... 4 Cooperatives 5 Other (specify) 96
K1a_13	Would you say that your dairy cows are mostly local, traditional breeds, or would you say that your dairy cows are mostly exotic, modern breeds?	<input type="checkbox"/>	Mostly local/traditional breeds..... 1 Mostly exotic/modern breeds..... 2 Half local, half exotic 3 Don't know 8
K1a_14	Which of the following is the best description of the housing for your dairy cows?	<input type="checkbox"/>	Kept in family housing..... 1 No housing 2

Household Number:

Serial	Question	Response	Response Code
			Open corral only 3 Roof only, no sides..... 4 Roof and sides, dirt floor..... 5 Roof and sides, concrete floor..... 6
K1a_15	How do you usually supply water to your dairy cows?	<input type="text"/>	Cattle drink from pond/pool..... 1 Cattle drink from creek/stream..... 2 Water brought to cattle by buckets..... 3 Water piped to cattle 4 Other (specify) 96
K1a_16	Do your dairy cows graze?	<input type="text"/>	Yes 1 No..... 2
K1a_17	In the past one year, what forages have you fed your dairy cows? Forages are crop, cereal or legume residues, and cultivated fodders. [SELECT ALL THAT APPLY]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	None 1 Conserved rice straw 2 Conserved maize stover 3 Legume haulms/stovers 4 FORAGE legumes 5 Napier grass 6 Guinea grass 7 Cut fresh grass 8 Tree fodder (leaves, branches) 9 Cereal 10 Other (specify) 96
K1a_18	Where did you get this fodder? [SELECT ALL THAT APPLY]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gathered from Roadside 1 Weeds Pulled from Cropland 2 Grass Grew Naturally 3 Bought from Neighbor 4 Bought from Market 5 Own produce 6 Other (Specify) 96
K1a_19	In the past one year, did you feed simple crop by-products to your dairy cows? A simple crop by-product is a kind of supplemental feed that is made from the parts of a plant that are left over after the main crop is harvested, like stems or seed pods. Farmers can buy simple crop by-products or make their own.	<input type="text"/>	Yes 1 No..... 2>>K1a_23
K1a_20	How often do you feed simple crop by-products to your dairy cows?	<input type="text"/>	Daily..... 1 Weekly 2 Monthly..... 3 Whenever available..... 4

Serial	Question	Response	Response Code
			Other (specify) 6
K1a_21	What kind of simple crop by-products did you feed to your dairy cows? [SELECT ALL THAT APPLY]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Maize Bran 1 Wheat Bran 2 Molasses 3 Fruit Or Vegetable Processing Waste 4 Oilseed Cake 5 Brewer's Grain 6 Cottonseed Meal/Cake 7 Rice Bran 8 Other (Specify) 96
K1a_22	Where did you get the simple crop by-products you fed to your dairy cows? [SELECT ALL THAT APPLY]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Own Food Preparation 1 Local Brewers 2 Market 3 Dairy Cooperative 4 Other Cooperative 5 Milk Purchaser (Not Coop) 6 Local Agrovet Supplier 7 Other (Specify) 96
K1a_23	In the past one year, did you feed mixed concentrates to your dairy cows? Mixed concentrates are special nutrient-rich feeds that are fed to dairy cows to increase milk production. They are usually a mixture of grains and cereals, and can include other nutrient-dense ingredients like brans, pomaces, or oil-seed cake. They are usually purchased.	<input type="checkbox"/>	Yes 1 No 2>>K1a_26
K1a_24	How often do you feed mixed concentrates to your dairy cows?	<input type="checkbox"/>	Daily 1 Weekly 2 Monthly 3 Whenever available 4 Other (specify) 6
K1a_25	Where did you get the mixed concentrates fed to your dairy cows? [SELECT ALL THAT APPLY]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Own production / prepared cereal foods 1 Market 2 Dairy Cooperative 3 Other Cooperative 4 Local Agrovet Supplier 5 Milk Purchaser (Not Coop) 6 Other (Specify) 96

Household Number:

Serial	Question	Response	Response Code
K1a_26	In the past one year, did you feed vitamins or minerals to your dairy cows, for example, salt, vitamins, or other kinds of mineral supplements?	<input type="text"/>	Yes 1 No..... 2>>K1a_27
K1a_26a	How often do you feed vitamins or minerals to your dairy cows?	<input type="text"/>	Daily..... 1 Weekly..... 2 Monthly..... 3 Whenever available..... 4 Other (specify) 6
K1a_27	What do you do with your cows' manure?	<input type="text"/>	Yes, I collect it 1 Nothing; leave it where it falls .. 2>> K1a_28
K1a_27a	Do you dry the collected manure?	<input type="text"/>	Yes 1 No..... 2
K1a_27b	Where do you put the cows' manure after you collect it?	<input type="text"/>	Put in heap in uncovered area 1 Put in heap in covered area 2 Put in a pit/lagoon 3 Put into a tank 4 Put into a biogas-producing digester 5 Other (specify) 96
K1a_27c	What do you do with this collected manure? [SELECT ALL THAT APPLY]	<input type="text"/> <input type="text"/> <input type="text"/>	Nothing 1 Household uses it for fuel 2 Household puts on field as fertilizer 3 Give it to friends/neighbors..... 4 Sell it to friends/neighbors 5 Sell it at market 6 Other (specify) 96
K1a_28	In the past one year, did you obtain any health services from a trained provider for your dairy cows? Examples of health services include things like vaccinations, treatments for sick animals, and assistance with delivery of calves	<input type="text"/>	Yes 1 No..... 2>>K1a_30
K1a_29	From whom did you obtain these health services for your dairy cows? [SELECT ALL THAT APPLY]	<input type="text"/> <input type="text"/> <input type="text"/>	Self 1 Community Animal Health Worker 2 Government Extension Services 3 Public Veterinarian 4 Private Veterinarian 5 Private Veterinary Pharmacy 6 Other (Specify) 96

Household Number:

Serial	Question	Response	Response Code
K1a_30	In the past one year, have you given any medicines to your dairy cows, for example antibiotics, wormers, or external parasite treatments?	<input type="text"/>	Yes 1 No..... 2>>K1a_32
K1a_31	From where did you obtain these medicines you gave to your dairy cows? [SELECT ALL THAT APPLY]	<input type="text"/> <input type="text"/> <input type="text"/>	Trader 1 Dairy Cooperative 2 Milk Purchaser (Not Coop) 3 Community Animal Health Worker 4 Local Agrovet Supplier 5 Private Veterinary Pharmacy 6 Government 7 Other (Specify) 96
K1a_32	How long does it take to obtain emergency animal health services when you need them?	Hour <input type="text"/> <input type="text"/> Minute <input type="text"/> <input type="text"/>	None Available 99
K1a_33	In the past one year, did you vaccinate none, some, or all of your cattle?	<input type="text"/>	No cattle vaccinated 1>> K1a_34 Some cattle vaccinated 2 All cattle vaccinated 3
K1a_33a	What vaccinations did you give to your dairy cows and calves in the past one year? [SELECT ALL THAT APPLY]	<input type="text"/> <input type="text"/> <input type="text"/>	FMD (Foot and Mouth Disease) 1 HS 2 BQ 3 Anthrax 4 CBPP (Contagious Bovine Pleuropneumonia) 5 RVF (Rift Valley Fever) 6 Other (Specify)..... 96
K1a_33b	When decisions are made regarding what vaccinations to give your dairy cows, who is it that normally takes the decision? [SELECT ALL THAT APPLY]	<input type="text"/> <input type="text"/>	Self 1 Partner/spouse 2 Other household member 3 Other non-household member 4
K1a_34	Have you ever heard of mastitis? Dairy cows sometimes experience a condition called mastitis, an inflammation of the cow's udder that reduces milk production and quality.	<input type="text"/>	Yes 1 No..... 2>>K1a_35
K1a_34a	Do you do anything to prevent mastitis in your dairy cows?	<input type="text"/>	Yes 1 No..... 2>>K1a_35

Serial	Question	Response	Response Code
K1a_34b	What do you do to prevent mastitis in your dairy cows? [SELECT ALL THAT APPLY]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wash Udder 1 Teat Dip 2 Somatic Cell Counts 3 Other (Specify) 96
K1a_35	Do you usually process some of your cows' milk into other products like cheese or yoghurt?	<input type="checkbox"/>	Yes 1 No..... 2
K1a_36	Do you sell your cows' milk?	<input type="checkbox"/>	Yes 1 No..... 2
K1a_37	Yesterday morning, how much milk in total did your dairy cows produce?	<input type="text"/>	Write quantity in liters The dairy cow did not give milk 00
K1a_38	Yesterday evening, how much milk in total did your dairy cows produce?	<input type="text"/>	Write quantity in liters The dairy cow did not give milk 00
K1a_39	ADD QUANTITIES IN ITEMS K1a_37 AND K1a_38. Your dairy cows produced [QUANTITY] [UNITS] of milk yesterday. How many [UNITS] of that milk did you sell?	<input type="text"/>	Write quantity in liters The dairy cow did not give milk 00
K1a_40	Where do you usually sell your milk? [SELECT ALL THAT APPLY]	<input type="checkbox"/>	Sell to Friends/Neighbors 1 Sell It at Market Myself 2 Sell to A School 3 Sell to A Milk Marketing Cooperative 4 Sell to Aggregator/Off-Taker 5 Do not Sell 6> K1a_46 Other (Specify) 96
K1a_41	At what time of the day do you usually sell milk?	<input type="checkbox"/>	Only morning milk..... 1 Only evening milk..... 2 Both morning and evening milk..... 3
K1a_42	CHECK K1a_40: DOES FARMER SELL MILK TO A MILK MARKETING COOP (RESPONSE 4)?	<input type="checkbox"/>	Yes 1 No..... 2>>K1a_45
K1a_43	What services does your milk marketing cooperative provide you? [SELECT ALL THAT APPLY]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Amount Of Milk Sold 1 Fat Content Of Milk Sold 2 Acidity Of Milk Sold 3 Extension Services 4 Animal Health Services 5 Loans 6

Serial	Question	Response	Response Code						
			Other (Specify) 96						
K1a_44	How do you receive payment for your milk from your cooperative? [SELECT ALL THAT APPLY]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cash 1 Store Credit 2 MPESA/Mobile Money 3 Direct Deposit To Bank Account 4 Other (Specify) 96						
K1a_45	Do you keep daily written records on your dairy cows, for example how much each animal eats, what they eat, how much milk is produced, or when an animal is sold, born, or bought?	<input type="checkbox"/>	Yes 1 No..... 2						
K1a_46	How do you decide when to sell one of your dairy cows? [SELECT ALL THAT APPLY]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	When There Is A Need for Cash 1 When Her Dam Is Poor-Performing 2 When her milk production falls below a certain level 3 When She Doesn't Re-Breed 4 When She Gets Too Old 5 When Enough Heifers Expected to Produce More Milk Enter Herd 6 When Herd Size Is Not Manageable 7 When There Is Not Enough Food to Feed All of The Animals 8 Other (Specify)..... 96						
K1a_47	When decisions are made regarding selling a dairy cow, who is it that normally takes the decision? [SELECT ALL THAT APPLY]	<input type="checkbox"/> <input type="checkbox"/>	Self..... 1 Partner/spouse 2 Other household member 3 Other non-household member..... 4						
K1a_48	In the past year, how many of your dairy cows did you sell?	<input type="checkbox"/>	Record the number of females Did not sell any 00						
K1a_49	In the past year, how many male animals (bull/bullock/buffalo) did you sell?	<input type="checkbox"/>	Record the number of males Did not sell any 00						
K1a_50	What information source do you rely on the most to help you raise your livestock well? Module End Time: <table border="1"><tr><td>Hour</td><td></td><td></td><td>Minute</td><td></td><td></td></tr></table>	Hour			Minute			<input type="checkbox"/> <input type="checkbox"/>	Friend/neighbor..... 1 Community animal health worker..... 2 Local agrovet supplier..... 3 Private veterinary pharmacy 4 Agricultural extension worker..... 5 School 6 Radio program 7 Television..... 8 Mobile phone messaging 9 Internet 10 Other (specify) 96
Hour			Minute						

Household Number:

Module K2: Livestock and Poultry Products (Male)

For last 1 year, December 1 2017 to November 30 2018.

Module start time: Hour Minu Respondent ID: Consent : Yes ...1 No....2

Animal/Poultry Product	Unit name	How much did you produce in the last 12 months?		How much did you consume in the last 12 months?		How much did your household give to others?	How much did your household use for reproduction?	How much was spoilt?	How much was stored/used as stock?	How much did your household sell in the last 12 months? (if no sales >>next animal product)	Where did you sell your production?	Total value of selling	Who controls the money from the sale of livestock products? Report 3 primary owners. If HH member, write MID. If outside household, use code 1.			
		Quantity	How much would you receive if you sold this product? (per unit)	Quantity	How much would you receive if you sold this product? (per unit)											
Name	Code	Unit	Qty	Taka	Qty	Taka	Qty	Qty	Qty	Qty	Code 2	Tk	MID/Code 1			
Product Name	BP Code	K2_01	K2_02	K2_03	K2_04	K2_05	K2_06	K2_07	K2_08	K2_09	K2_10	K2_11	K2_12	K2_13a	K2_13b	K2_13c
Milk*	1	Liter														
Eggs (chicken)*	21	Number														
Eggs (duck)*	22	Number														
Manure*	3	Kg														

Note: * Taka per unit sold.

Code 1:	Code 2: Where sold
All members jointly 71 Male outside household 72 Female outside household..... 73 Govt / Khas land/other institutions 74 Not applicable..... 98	Farm gate (home) 1 Village market (within own village)2 Village market (outside own village) 3 Town market 4 Neither sold nor rented..... 9 Other (specify) 5

Household Number:

Module K3: Expenditure for Livestock and Poultry Production (Male)

For last 1 year, December 1 2017 to November 30 2018.

Animal/Poultry	Animal/Poultry	Fodder /feed bought	Medicine/ treatment cost	Labor use in person days						Other expenses if purchased	
				Family*		Hired*		Hired*			
				Male	Female	Male	Male	Female	Female		
Animal/Poultry	Code	(Tk)	(Tk)	(hours)	(hours)	(hours)	(hours)	(hours)	Total cost	(Tk)	
Name	K3_01	K3_02	K3_03	K3_04	K3_05	K3_06	K3_07	K3_08	K3_09	K3_10	
Cow/Bullock/Buffalo	1										
Goat/Sheep/Pig	2										
Chicken/Duck/Birds	3										
Others (please specify)	4										

Note: * Include adult and child labor.

Round hours to the whole number. Report "0" only if no labor has been used. For e.g. if plot is weeded for 15 min report 1 hour and not "0".

Sl no	Question	Response	Response Code
K3_11	Where did you hire most of the laborers from?	<input type="text"/>	From farm/home..... 1 Village market (within own village).... 2 Village market (outside own village) ... 3 City market..... 4 Others (please specify) 5 Neither purchased nor rented..... 9

Module End Time: Hour Minute

Household Number:

Module L: Fisheries (Male)

Module Start Time: Hour Minute

Respondant ID: **Respondant's Consent:** Yes1
No2

Module L1: Fish/Shrimp (Report fish cultivation in paddy field or other crop fields as well) (Male)

Plot/pond/water bodies utilization in last 1 year: December 1 2017 to November 30 2018.

Note: * For Fish refer the fish code (Code 1) that appears at the end of Module L2. For Crop refer to crop code (code 1) used for module H.

Household Number:

* For each plot, write the name of all fish harvested, separated by commas. If fish is farmed in paddy field, write the name of 1 crop

*** Include adult and child labor. Round hours to the whole number. Report “0” only if no labor has been used. For e.g. if plot is weeded for 15 min report 1 hour and not “0”.

Fill **separate** row for each pond. The pond reported in the Module L must be reported in the Module G. Plot ID of pond in Module G will be the Plot ID for pond in the Module L. If fish were collected from the open water, write 999 as Plot ID.

Sl no	Question	Response	Response Code
L1_14	Where did you hire most of the laborers from?	<input type="text"/>	From farm/home..... 1 Village market (within own village).... 2 Village market (outside own village) ... 3 City market..... 4 Neither purchased nor rented..... 9 Others (please specify)

Module L2: Fish/Shrimp Pond Production and Inputs (Male)

Plot/pond/water bodies utilization in last 1 year: December 1 2017 to November 30 2018.

Name of Fish	Fish Code	Unit of measure Kg1 Nos...2	Total Production under own/share of plot/pond /any other water bodies in operation	Harvest received from the shared out (leased/contract) pond	Share of harvest given to owner (if shared pond)	Quantity consumed	Paid to the laborers	Quantity for dry fish	Given to Others	Qty sold If “0” >>next case	Where sold?	Total value of selling
Name of Fish	[Code 1]	Code ↑	Qty	Qty	Qty	Qty	Qty	Qty	Qty	Qty	[Code 3]	Tk
Name	L2_01	L2_02	L2_03	L2_04	L2_05	L2_06	L2_07	L2_08	L2_09	L2_10	L2_11	L2_12

Household Number:

Code 1: Fish Codes		Code 2: Reason of loss code	Code 3: Where sold
Silver carp	1	Telapia/Nailotica.....10	Prawn (Golda Chingri).....18
Grass carp.....	2	Pona	Shrimp (Bagda Chingri)....19
Mirror carp	3	Koi	Tengra/Baim
Common carp.....	4	Magur	Mola/Dhela/Kachki/Chapila 21
Karfu	5	Shingi.....	Ilish/hilsha.....22
Rui.....	6	Khalse	Other Large fish.....23
Katla.....	7	Shol/Gajar/Taki	Other Small fish.....24
Mrigel.....	8	Puti/Swarputi	Sea fish.....25
Kalibaus	9		Pangash.....26

Module End Time: Hour Minute

**Module ITMP2B: Improved Hatchery Management Technology
(Male)**

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No....2

Question number	Questions	Response		Response codes
		Tilapia	Carp	
ITMP2B_01	Does your hh have any hatchery/ Do you produce fish fry?			Yes=1 No=2>> Next Module If the respondent does not produce either Tilapia or Carp, move to the next module.
ITMP2B_02	What is the stocking density?	<input type="text"/>	<input type="text"/>	(Piece/decimal) Write the number of fingerling per decimal
ITMP2B_03	What is the depth of water at brood ponds?	<input type="text"/>	<input type="text"/>	Foot
ITMP2B_04	What water PH level do you need to maintain?	<input type="text"/>	<input type="text"/>	PH Level
ITMP2B_05	How many times do you exchange water?	<input type="text"/>	<input type="text"/>	Once every month.....1 Once every two months.....2 When required.....3 Do not exchange water.....4

Question number	Questions	Response		Response codes
		Tilapia	Carp	
ITMP2B_06	What percentage of water do you exchange?			Percentage
ITMP2B_07	What percentage of protein is used in feed?	<input type="text"/>	<input type="text"/>	Percentage Don't Know.....999
ITMP2B_08	What is the feed application rate?	<input type="text"/>	<input type="text"/>	1-1.5% of body weight.....1 1.5-2% of body weight.....2 2-3% of body weight (1-1.5% immediate before breeding).....3 Others.....4 Don't know.....5
ITMP2B_09	During the production of fish fry, do you use cow dung in your pond?	<input type="text"/>	<input type="text"/>	Use it.....1 Do not use it.....2
ITMP2B_10	If yes, what amount of it do you use every week?	<input type="text"/>	<input type="text"/>	(Gram/Decimal) *Write the amount used every week in grams per decimal
ITMP2B_11	During the production of fish fry, do you use urea in your pond?	<input type="text"/>	<input type="text"/>	Use it.....1 Do not use it.....2
ITMP2B_12	If yes, what amount of it do you use every week?	<input type="text"/>	<input type="text"/>	(Gram/Decimal) *Write the amount used every week in grams per decimal
ITMP2B_13	During the production of fish fry, do you use TSP in your pond?	<input type="text"/>	<input type="text"/>	Use it.....1 Do not use it.....2
ITMP2B_14	If yes, what amount of it do you use every week?	<input type="text"/>	<input type="text"/>	(Gram/Decimal) *Write the amount used every week in grams per decimal
ITMP2B_15	How often do you observe netting and health conditions?	<input type="text"/>	<input type="text"/>	1-2 times each month.....1 2-3 times each month.....2 Don't observe.....3
ITMP2B_16	What ratio do you maintain for Male: Female brood?	<input type="text"/>	<input type="text"/>	1:2.....1 1:3.....2 2:3.....3 Others (specify).....4 Don't know.....5

Household Number:

Question number	Questions	Response		Response codes
		Tilapia	Carp	
ITMP2B_17	Does it require to take care of the aeration facilities?	<input type="text"/>	<input type="text"/>	Yes.....1 No.....2 Don't know.....3

Module End Time: Hour Minute

Household Number:

Module ITMP2C: Nursery Technologies (Male)

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No....2

Question number	Questions	Response			Response Code
	Key management features	Carp	Shrimp	Prawn	
ITMP2C_01	Do you have a fish nursery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes.....1 No2>>Next Module If the household does not have a nursery of either carp, shrimp and prawnthen move to the next module.
ITMP2C_02	How do you build your pond dike?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well prepared.....1 Not well prepared.....2 Not applicable (Prepared from before) 3 Others (Specify)..... 4
ITMP2C_03	How does the water entrance need to be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deep water 1 Canal water 2 Not applicable (There is water all year round) 3 Others (Specify)..... 4
ITMP2C_04	Do you need to completely or partially control the aquatic weed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes..... 1 No 2
ITMP2C_05	Do you remove predators and non-culture fish from the farming area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completely removes 1 Partially removes 2 Do not remove 3
ITMP2C_06	What amount of lime do you use in your pond per decimal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(kilogram/decimal)
ITMP2C_07	Do you put bleach in the nursery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes..... 1 No 2
ITMP2C_08	Do you use fencing with net?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, Always use it 1 Yes, use it sometimes 2 No, never use it 3
ITMP2C_09	How do you control harmful insect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, used Sumethion 1 Yes, used kerosene/diesel 2 No, do not use anything to control harmful insects 3
ITMP2C_10	Do you use fertilizer before stocking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, use it 1 Yes, use it but not in the right quantity 2 No, never use it.....3

Question number	Questions	Response			Response Code
	Key management features	Carp	Shrimp	Prawn	
ITMP2c_11	Do you observe natural feeding in the pond?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes, I observe 1 Yes, but not in the right manner 2 No, I do not observe..... 3
ITMP2c_12	Do you carry out toxicity test?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes, carry out toxicity test 1 No, do not carry out toxicity test 2 No, can predict if the pond has become toxic (from the way fishes behave to toxicity/fishes float on the surface) 3
ITMP2c_13	Do you properly acclimatize the pond?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes..... 1 No 2
ITMP2c_14	What is the stocking density?	Gram/Decimal <input type="text"/>	Gram/Decimal <input type="text"/>	Gram/Decimal <input type="text"/>	Gram/Decimal Piece/Decimal
		Piece/Decimal <input type="text"/>	Piece/Decimal <input type="text"/>	Piece/Decimal <input type="text"/>	
ITMP2c_15	Do you test the water quality? (Different parameters)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes, the quality of water is tested 1 No, the quality of water is not tested 2
ITMP2c_16	Do you observe survivals of fishes?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes..... 1 No 2
ITMP2c_17	Do you maintain sampling as a routine work?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes..... 1 No 2

Question number	Questions	Response			Response Code
	Key management features	Carp	Shrimp	Prawn	
ITMP2C_18	What is the nursery water treated with?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Treated with bleaching powder.....1 Treated with lime.....2 Used TINSON 3 Used Zeolite..... 4 Others (Specify)..... 5 Not applicable..... 6
ITMP2C_19	How is the reservoir water treated?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Water is disinfected with lime 1 Water is disinfected with bleaching powder 2 Others (Specify)..... 3 Not applicable..... 4
ITMP2C_20	Does it require in-let/Out-let system in the nursery?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes.....1 No, there was no need of one.....2 No, inlet/outlet.....3
ITMP2C_21	Is WSSV negative screened PLs/spawn stocking?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes, screened PLs (MTT and CST gher) before stocking.....1 No, screened PLs (MTT and CST gher) before stocking.....2 Not applicable.....3
ITMP2C_22	How much supplementary feed is used?	<input type="text"/>	<input type="text"/>	<input type="text"/>	2-7 percent of body weight.....1 10 percent of body weight.....2 Others (Specify)....3
ITMP2C_23	What is the culture period?	<input type="text"/>	<input type="text"/>	<input type="text"/>	15-20 days.....1 15-30 days.....2 30-60 days.....3 45-60 days.....4 More than 60 days.....5
ITMP2C_24	Is horra pulling required?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Applies regularly.....1 When need.....2

Household Number:

Module ITMP2A: TILAPIA/ Silver carp/Katla and Other Varieties of Fish Farming Technologies (Male)

If the household has more than one pond, then take the answers concerning majority of the ponds

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No....2

Question number	Questions	Response			Response Code
	Key management features	Tilapia	Carp/Katla	Other Varieties of Fish	
ITMP2A_01	Are you involved in fish farming?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes1 No2>> Next Module
ITMP2A_02	If yes, what is the main reason of fish farming?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For cunsumption purpose.....1 To sell2 Both consume and sell3
ITMP2A_03	How do you build your pond dike?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderately raised.....1 Dikes are cleaned and compacted to prevent entry of disease contaminated outside water.....2 Don't know.....3 Others.....4
ITMP2A_04	Do you use fencing with net in your pond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Barrier.....1 Barriers are established to prevent entering the pond.....2 Don't know.....3
ITMP2A_05	Do you remove predators and non-culture fish from the farming area?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes, completely remove.....1 Yes, partially removes.....2 No, do not remove.....3
ITMP2A_06	Do you use lime in your pond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes1 No2>> ITMP2A_08
ITMP2A_07	If yes, how much lime do you use per decimal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kg/decimal
ITMP2A_08	Do you use fertilizer in your pond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very less1 Proper amount.....2 Do not use3>> ITMP2A_13
ITMP2A_09	Do you use urea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use it1 Do not use it2>> ITMP2A_11
ITMP2A_10	If yes, how much urea do you use per decimal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gram/decimal

Question number	Questions	Response			Response Code
	Key management features	Tilapia	Carp/Katla	Other Varieties of Fish	
ITMP2A_11	Do you use TSP?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Use it.....1 Do not use it.....2>> ITMP2A_13
ITMP2A_12	If yes, how much TSP do you use per decimal?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gram/decimal
ITMP2A_13	Do you use cow dung?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes1 No2>> ITMP2A_15
ITMP2A_14	If yes, how much cow dung do you use per decimal?	Kg/decimal <input type="text"/>	Kg/decimal <input type="text"/>	Kg/decimal <input type="text"/>	Kg/decimal
ITMP2A_15	Do you carry out toxicity test?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes, recently.....1 Yes, but long time ago.....2 No, never carried out the test.....3
ITMP2A_16	What is the size of the fingerlings in your pond? Considering most of your ponds)	Length in inches <input type="text"/>	Length in inches <input type="text"/>	Length in inches <input type="text"/>	Length in inches
ITMP2A_17	What is the stocking density of the fingerlings?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Piece/decimal (Write the number)
ITMP2A_18	Do you take measures to purify fingerlings?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes1 No2
ITMP2A_19	Do you properly acclimatize the pond?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Not properly.....1 Absolutely maintaining.....2
ITMP2A_20	Do you fertilize the pond post stocking?		<input type="text"/>	<input type="text"/>	Yes, sometimes1 Yes, doing it continuously2 No3
ITMP2A_21	Do you provide supplementary feed to the fish?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Provide properly and regularly1 Occasionally.....2 Do not provide properly.....3 No, do not provide supplementary feed4

Question number	Questions	Response			Response Code
	Key management features	Tilapia	Carp/Katla	Other Varieties of Fish	
ITMP2A_22	Do you maintain sampling as a routine work?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes 1 No 2
ITMP2A_23	How many times do you harvest in a year?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Wirte the number of times If not once, write "0"
ITMP2A_24	How many times do you completely harvest and empty out the pond?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Several times in a year 1 Once every year 2 Once in every two years 3 Once in every three years 4 Once in every four years 5 Never completely empty out the pond 6
ITMP2A_25	Do you have in-let/Out-let in your farming area?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes, currently have inlets/outlets 1 No, build it when necessary 2 No, no inlets/outlets 3
ITMP2A_26	How often do you exchange water in your pond?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Very few times 1 Do it when needed 2 Do not exchange water in the pond 3
ITMP2A_27	Do you keep records?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes, accurately 1 Yes, but not accurately 2 No, don't keep records 3
ITMP2A_28	What is the marketing size of the fish?	Weight <input type="text"/> Length <input type="text"/>	Weight <input type="text"/> Length <input type="text"/>	Weight <input type="text"/> Length <input type="text"/>	Weight (Gram/piece) Length (Gram/Piece)
ITMP2A_29	How much do you produce per cycle (3-4 months)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Kg

Household Number:

Question number	Questions	Response			Response Code
	Key management features	Tilapia	Carp/Katla	Other Varieties of Fish	
ITMP2A_30	How much fish do you produce per decimal?	Kg/decimal <input type="text"/>	Kg/decimal <input type="text"/>	Kg/decimal <input type="text"/>	(Kg/decimal)

Module End Time: Hour Minute

Module L2a: Agricultural Technologies - Fishpond Aquaculture (Male)

Recall period: For last 1 year, December 1 2017 to November 30 2018

Module start time: Hour Minu Respondent ID: Consent : Yes ...1 No....2

Question number	Questions	Response	Response Code
L2a_01	Were you or any of your family member involved in fish farming in the period December 1, 2017 to November 30, 2018)	<input type="text"/>	Yes1 No.....2>>Next module
L2a_01a	How many fish fries/ fingerlings in total have you stocked in the recall period?? Note: If the farmer was involved in <u>fish fry</u> farming, then record the <u>weight in gram</u> of the fish fries. If the farmer was involved in <u>fingerling</u> farming, then record the <u>number of fingerlings stocked</u> of the fish fries.	Gram <input type="text"/> Number <input type="text"/>	Total weight/number of fish fry/finegrlings stocked
L2a_02a	What was the main source of fish you stocked in the recall period?	<input type="text"/>	Raised own, received from friends/relatives (Not purchased) 1>>L2a_03 Purchased from friends/relatives..... 2>>L2a_03 Purchased from the market..... 3 Purchased from local vendor..... 4 Purchased from local hatchery 5 Purchased from non-local hatchery..... 6 Received it as aid 7>>L2a_03

			Others (Specify) 96>> L2a_03
L2a_02c	Was the hatchery where you purchased your fish fry and fingerling a registered or certified hatchery?	<input type="text"/>	Yes 1 No 2 Don't know 8
L2a_03	Where do you raise your fish? In a man-made earthen pond, a raceway, a natural pond, a stream, or somewhere else? [Multiple response allowed]	<input type="text"/> <input type="text"/> <input type="text"/>	Man-made earthen pond 1 Raceway 2 Natural pond/lake 3 Stream 4 Others (Specify) 96
L2a_04	In the last one year, did you give your fish supplemental feed?	<input type="text"/>	Yes 1 No 2> L2a_06
L2a_05	Where did you get most of the supplemental feed you gave to your fish - did you make it yourself or did you buy it?	<input type="text"/>	Mostly made own supplementary fish feed. 1 Mostly purchased supplementary fish feed .. 2 Half made and half purchased 3
L2a_06	In the last one year, did you use hormones to raise your fish?	<input type="text"/>	Yes 1 No 2> L2a_08
L2a_07	At what stage of growth did you apply the hormone to the fish? [Multiple response allowed]	<input type="text"/> <input type="text"/> <input type="text"/>	Initial growth phase (First 28 days) 1 Development phase 2 Others (Specify) 96
L2a_08	Have you been formally trained in the use of hormones for fish farming?	<input type="text"/>	Yes 1 No 2
L2a_09	What kind of fish did you raise in the last one year? [Multiple response allowed]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Use the fish code from L1 Don't know 96
L2a_10	Did you observe any disease among your fish in the last one year?	<input type="text"/>	Yes 1 No 2
L2a_10a	Did you do anything to control disease among your fish in the last one year?	<input type="text"/>	Yes 1 No 2> L2a_11
L2a_10b	What did you do to control disease among your fish? [Multiple response allowed]	<input type="text"/> <input type="text"/> <input type="text"/>	Nothing 1 Apply salt 2 Apply formalin 3 Apply malachite green 4 Apply methyl blue 5 Antibiotics/Antibiotic treated feed 6 Applying lime 7

			Applying Potash..... 8 Others (Specify)..... 96
L2a_11	Did you observe any parasite cases among your fish in the last one year?	<input type="text"/>	Yes 1 No..... 2
L2a_11a	Did you do anything to control parasites among your fish in the last one year?	<input type="text"/>	Yes 1 No..... 2 > L2a_12
L2a_11b	What did you do to control parasites among your fish? [Multiple response allowed]	<input type="text"/> <input type="text"/>	Nothing 1 Apply salt 2 Apply formalin 3 Apply malachite green 4 Apply methayl blue 5 Antibiotics/Antibioic treated feed 6 Applying lime 7 Applying Potash 8 Others (Specify)..... 96
L2a_12	Did you monitor the water quality in your pond in the last one year?	<input type="text"/>	Yes 1 No..... 2 > L2a_13
L2a_12a	How did you monitor the water quality in your pond in the last one year? [Multiple response allowed]	<input type="text"/> <input type="text"/> <input type="text"/>	Used hand to assess turbidity 1 Used hand to assess turbidity..... 2 PH level tested 3 Observed fish for piping behavior..... 4 Others (Specify) 96

L2a_13	Did you do anything to maintain good water quality in your pond in the last one year?	<input type="text"/>	Yes1 No.....2> L2a_14												
L2a_13a	What did you do to maintain good water quality in your pond in the last one year? [Multiple response allowed]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Screened the water coming into the pond1 Cut the grass around the pond2 Drained the pond to clean it3 Added ash to stabilize water PH4 Added dissolved oxygen5 Added lime6 Added fertilizer7 Others (Specify)96												
L2a_14	In the last one year, how many times have you drained the water from your fish pond and allowed the bottom of the pond to dry?	<input type="text"/>	Number None.....00												
L2a_15	In the last one year, have you used any techniques to improve your production of fish?	<input type="text"/>	Yes1 No.....2> L2a_17												
L2a_16	What kind of technique did you use in the last one year to improve your production of fish? Did you practice:	<table border="1"> <thead> <tr> <th>Item</th> <th>Response</th> </tr> </thead> <tbody> <tr> <td>A) Sex separation</td> <td><input type="text"/></td> </tr> <tr> <td>B) Age separation</td> <td><input type="text"/></td> </tr> <tr> <td>C) Variation of feed</td> <td><input type="text"/></td> </tr> <tr> <td>D) An improved stocking method</td> <td><input type="text"/></td> </tr> <tr> <td>E) Others (Specify)</td> <td><input type="text"/></td> </tr> </tbody> </table>	Item	Response	A) Sex separation	<input type="text"/>	B) Age separation	<input type="text"/>	C) Variation of feed	<input type="text"/>	D) An improved stocking method	<input type="text"/>	E) Others (Specify)	<input type="text"/>	Yes1 No.....2
Item	Response														
A) Sex separation	<input type="text"/>														
B) Age separation	<input type="text"/>														
C) Variation of feed	<input type="text"/>														
D) An improved stocking method	<input type="text"/>														
E) Others (Specify)	<input type="text"/>														
L2a_17	Did you add animal manure to your fish ponds in the last one year?	<input type="text"/>	Yes1 No.....2> L2a_18a												

L2a_17a	Where do you usually get the manure you add to your fish ponds?	<input type="text"/>	Produced by own animals 1 Given by friends/family/neighbor farm..... 2 Purchased from market/ trader 3
L2a_18a	Do you usually harvest all of your fish at one time, or do you usually do partial harvests?	<input type="text"/>	Harvest all fish at once 1 Partial harvest..... 2
L2a_18b	What method do you usually use to harvest your fish?	<input type="text"/>	Cast net 1>>L2a_19a Seine net..... 2>>L2a_19a Pull cages up..... 3 Others (Specify) 96>>L2a_19a
L2a_18c	How many cages do you have?	<input type="text"/>	Number of <u>cage</u> Don't know 998
L2a_18d	What is the height of your cages?	<input type="text"/>	Height of the <u>cage</u> Write it in meters Don't know 998
L2a_18e	What is the width of your cages?	<input type="text"/>	Width of the <u>cage</u> Write it in meters Don't know 998
L2a_18f	What is the depth of your cages?	<input type="text"/>	Depth of the <u>cage</u> Write it in meters Don't know 998
L2a_19a	How many fish have you harvested in the last one month?	<input type="text"/>	Number of fish Did not harvest 0>>L2a_19c Don't know 9998
L2a_19b	What was the total weight (in kg) of the fish you harvested in the last one month?	<input type="text"/>	Weight of fish Kilogram Don't know 9998
L2a_19c	How many fish have you harvested in the last one year?	<input type="text"/>	Number of fish Did not harvest 0>>L2a_20 Don't know 9998

L2a_19d	What was the total weight of the fish you harvested in the last one year?	<input type="text"/>	Weight of fish Kilogram Don't know 9998
L2a_20	Why did you produce fish?	<input type="text"/>	Raised for food only..... 1 Raised for market only..... 2 Raised for both food and market..... 3
L2a_21	After you harvest the fish that you use to provide food for your household, do you usually:	a) Leave the fish whole round <input type="text"/> b) Gut the fish <input type="text"/> c) Salt <input type="text"/> d) Smoke <input type="text"/> e) Dry <input type="text"/> f) Pickle the fish <input type="text"/> g) Others (Specify) <input type="text"/>	Yes 1 No..... 2
L2a_23	After you harvest the fish that you sell or trade in the market, do you usually:	a) Leave the fish whole round <input type="text"/> b) Gut the fish <input type="text"/> c) Salt <input type="text"/> d) Smoke <input type="text"/> e) Dry <input type="text"/> f) Pickle the fish <input type="text"/> g) Others (Specify) <input type="text"/>	Yes 1 No..... 2
L2a_23a	After you process your fish, what do you do with the fish guts? [Multiple response allowed]	<input type="text"/> <input type="text"/>	Nothing/discard..... 1 Use as compost 2 Use as animal feed 3 Others (Specify) 96
L2a_23b	After you process your fish, what do you do with the fish skins or scales?	<input type="text"/>	Nothing/discard..... 1 Use as compost 2 Use as animal feed 3 Sell them 4 Others (Specify) 96

Household Number:

L2a_24	Do you keep regular written records on your fish, for example how much feed the fish are given, what kind of feed the fish are given, the number of fish stocked, or the number of fish harvested?	<input type="text"/>	Yes 1 No..... 2
L2a_25	Have you ever been trained in aquaculture, either formally or informally?	<input type="text"/>	Yes, formally trained..... 1 Yes, informally trained 2>>L2a_26 Yes, both formally and informally 3 Not trained 4>>L2a_26
L2a_25a	When was the last time you participated in a formal training on aquaculture?	<input type="text"/>	Within the past 1 year 1 Within the past 2 year 2 Within the past 3 year 3 More than 3 years ago 4
L2a_26	Do you have access to extension services for your fish?	<input type="text"/>	Yes 1 No..... 2
L2a_27	What information source do you rely on the most to help you raise your fish well?	<input type="text"/>	Family/friend/neighbor 1 AG Extension Worker..... 2 School 3 Radio program 4 Television..... 5 Mobile phone messaging 6 Internet 7 Others (Specify) 96

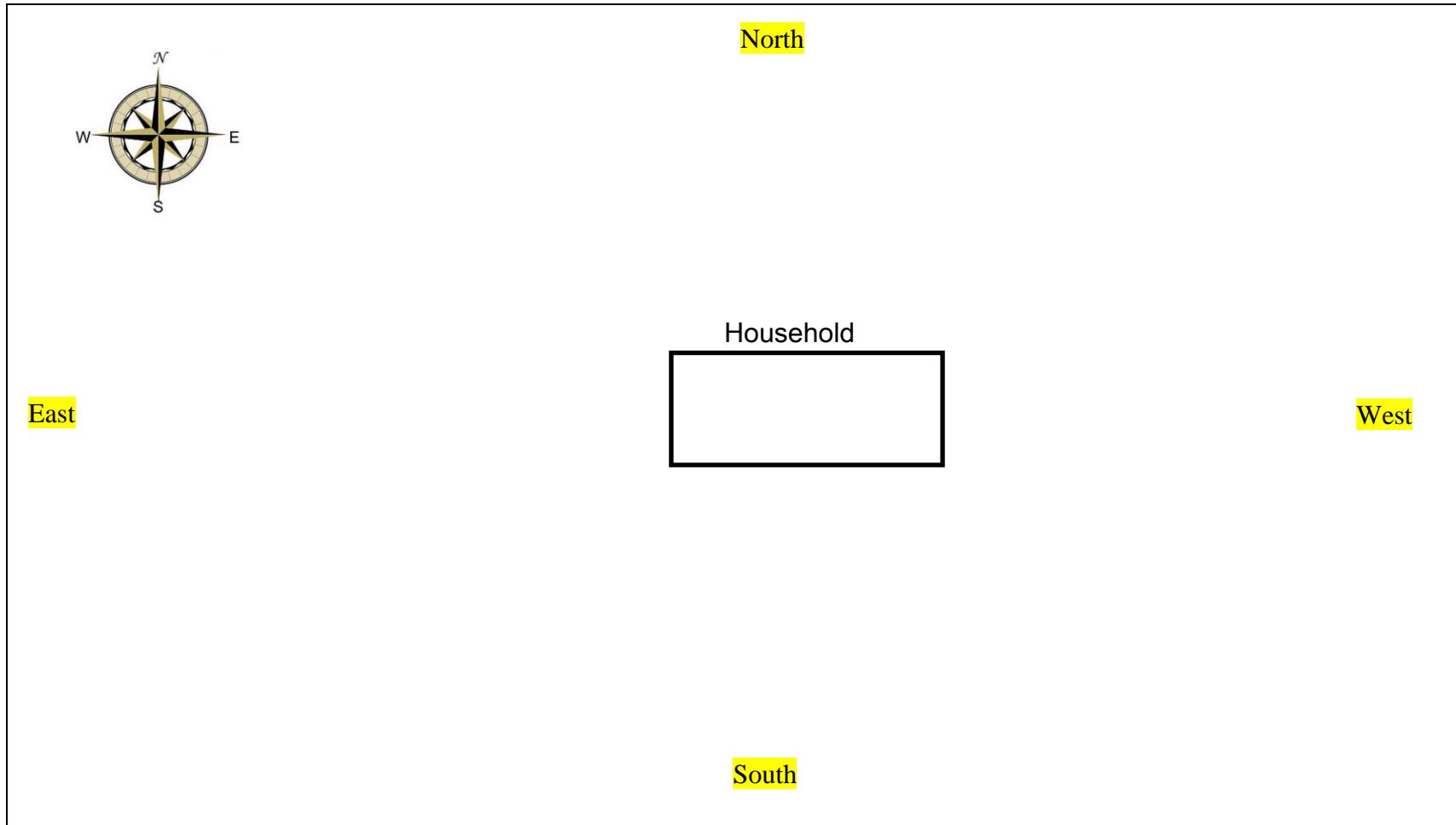
Module End Time: Hour Minute

Household Number:

Module L2b: Pond area or diagram (The whole farm) (Male)

MAP OUT/DRAW THE PONDS WHERE FISH ARE RAISED. INDICATE THE LOCALITY AND NUMBER EACH POND. THE PONDS IDENTIFIED IN THIS MODULE WILL BE USED WITH MODULE L2c

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No.....2

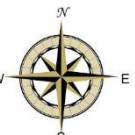


Module End Time: Hour Minute

Household Number:

Module L2c: Pond Area Measurement (Male)

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No.....2

Question number	A	B	C	D	E																							
L2c_01	Write the plot ID of the pond from module G	Pond 1 <input type="text"/>	Pond 2 <input type="text"/>	Pond 3	Pond 4																							
L2c_02	 Draw the pond diagram ==>	Pond 1	Pond 2	Pond 3	Pond 4																							
NoteL2c_03:	Walk the perimeter of the pond, write down the number of steps walked in length and width and record that in the first row of Number of steps. Then multiply the number of steps by 1.5 to convert it to meter. (Length X 1.5, Width X 1.5), Finally write it in the row mentioned meter.	Number of steps <table border="1"> <thead> <tr> <th>Length</th> <th>Width</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td>X <input type="text"/></td> </tr> </tbody> </table> Meter <table border="1"> <thead> <tr> <th>Length</th> <th>Width</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td>X <input type="text"/></td> </tr> </tbody> </table>	Length	Width	<input type="text"/>	X <input type="text"/>	Length	Width	<input type="text"/>	X <input type="text"/>	Number of steps <table border="1"> <thead> <tr> <th>Length</th> <th>Width</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td>X <input type="text"/></td> </tr> </tbody> </table> Meter <table border="1"> <thead> <tr> <th>Length</th> <th>Width</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td>X <input type="text"/></td> </tr> </tbody> </table>	Length	Width	<input type="text"/>	X <input type="text"/>	Length	Width	<input type="text"/>	X <input type="text"/>	Number of steps <table border="1"> <thead> <tr> <th>Length</th> <th>Width</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td>X <input type="text"/></td> </tr> </tbody> </table> Meter <table border="1"> <thead> <tr> <th>Length</th> <th>Width</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td>X <input type="text"/></td> </tr> </tbody> </table>	Length	Width	<input type="text"/>	X <input type="text"/>	Length	Width	<input type="text"/>	X <input type="text"/>
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Length	Width																											
<input type="text"/>	X <input type="text"/>																											

Household Number:

Now multiply the length and width and record the below for each pond:					
L2c_03	Walk the perimeter of the pond and enter the area in square meters Length X Width	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (Square meter)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (Square meter)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (Square meter)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (Square meter)
		Not present 9994 Refused 9995 Others 9996	Not present 9994 Refused 9995 Others 9996	Not present 9994 Refused 9995 Others 9996	Not present 9994 Refused 9995 Others 9996
L2c_04	End time of the module	<input type="text"/> <input type="text"/> Hour <input type="text"/> <input type="text"/> Minute	<input type="text"/> <input type="text"/> Hour <input type="text"/> <input type="text"/> Minute	<input type="text"/> <input type="text"/> Hour <input type="text"/> <input type="text"/> Minute	<input type="text"/> <input type="text"/> Hour <input type="text"/> <input type="text"/> Minute

Module End Time: Hour Minute

Household Number:

Module Start Time:

Hour			Minute		
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Respondant ID: **Respondant's Consent:** Yes1
No2

Module M: Marketing of Agriculture, Livestock and Fisheries Products (Male)

Module M1: Marketing of Paddy, Rice, Banana, Mango and Potato (Male)

Information regarding the sale of paddy, rice, banana, mango and potato. Recall period is last 1 year: DECEMBER 1 2017 to NOVEMBER 30, 2018.

LIST ALL SALES; EACH LINE SHOULD BE A SEPARATE TRANSACTION (SALE), NOT AGGREGATE SALES FOR THAT PRODUCT.

Household Number:

Module M2: Marketing of livestock, Jute, Wheat, Pulses, Fish, Fruits, Vegetables, etc. (Male)

Report for last transaction in the past 1 year: December 1, 2017 to November 30, 2018.

Exclude the following items: Paddy, Rice, Banana, Mango and Potato. List all sales, each line should be a separate transaction (sale), not aggregate over sales for that product.

Household Number:

Code list for Module M:

Code 1	Customer code 2	Payment code 4	Transportation code 6
Paddy/ rice	Village collector	Cash.....	Porter/ Self carrying
Rice.....	Wholesaler.....	Ingredients.....	Rickshaw.....
Wheat (a food crop).....	Cold storage owner.....	Part cash & part goods	Van.....
Potato.....	Cold storage wholesale	Cheque	Push van
Dal	Collection center of company	Others (please specify)	Tractor.....
Duck/Chicken	Processing farm		Truck
Cow/Buffalo/Milk cow	Co-operative society		Motorcar.....
Goat/ Lamb	Farmer society		Bicycle
Goat/Lamb	Retailer		Motor bicycle
Fish	Consumer.....		Horse cart
Shrimp	Hotel/ restaurant		Bullock cart
Banana	Others (please specify)		Others (please specify)
Papaya.....			From own home.....
Jack fruit			
Mango.....			
Guava.....	Pays high/good price	Dhaka wholesale market ..	
Eggplant.....	Buys a bulk	Other wholesale market....	
Tomato.....	Buys limited quantity.....	Cold storage	
Gourd.....	Makes advance	Wholesale	
Palang shak	Payment	collection center	
Lal shak	Makes immediate	Others (please specify)	
Pui shak	Payment		
Jute.....	Lives nearby		
Shorisha	No other option.....		
Onion			
Garlic			
Others (specify)			

Module End Time:

Hour				Minute		
------	--	--	--	--------	--	--

Household Number:

Module N: Non-agricultural Enterprises (Male)

Module Start Time: Hour Minute

Respondant ID:

Respondant's Consent:

Yes.....1
No.....2

Ask member who is most knowledgeable about household's economic activities

Question Number	MID	Question	Response	Response Code
N01	<input type="text"/>	Has anyone in your household owned or operated any non-farm economic activity or business in the last 12 months?	<input type="checkbox"/>	Yes1 No2>> End module

Enterprise	What type of business is/was this?		Who in the household made the decision to start the business?		Who in the household would you consider the owners of the business?		What was your profit in the last 12 months (excluding <small>expenditure</small>)	For how long has this enterprise been operating?	Is the business still in operation? 1 = Yes (>N10a)	Who in the household made the decision to sell/end the business activities?		Who in the household had control over any money from the sale or closure of the business?		Who in the household is/was the principal manager/administrator of the business (responsible for day to day operations)?		Who in the household work/worked in the business?							
	Description	Business Code 1	Mid/ code 2	Mid/ code 2	Mid/ code 2	Mid /cod e 2				Mid /cod e 2	Mid/ code 2	Tk	Yr	Month	Mid / code 2	Mid/ code 2	Mid/ code 2	Mid / code 2					
BID		N02	N03a	N03b	N03c	N04a	N04b	N04c	N05	N06b	N07	N08a	N08b	N08c	N09a	N09b	N09c	N10a	N10b	N10c	N11a	N11b	N11c
i																							
ii																							
iii																							
iv																							
v																							

Household Number:

Module N: Non-agricultural Enterprises (continued....) (Male)

Enterprise	What type of business is/was this? If household member write member ID. If not, use code 2.	Who in the household controls/controlled the money earned from the business?		Where do you operate the enterprise? Home...1 Fixed location outside home...2 No fixed place....3	How many months did the enterprise operate in the past 12 months?	What is your share of equity in this enterprise?	What share of profit is kept by your HH?	Who are your main customers? Other Household/ Individuals.....1 Govt/other public Firm.....2 Private enterprise...3 Other(specify)4	Where do you sell? From farm/home1...1 Village market (within own village).....2 Village market (outside own village).....3 Town market..4 Others (please specify)5	Is the enterprise registered with the govt. or local govt.? Yes.....1 No.....2 N/A.....3	What was your main source of finance for setting up the business? (write down the 2 most important) (Code-3)	How many people did you employ over the past 12 months?	What problems if any have you had in running your business? (write down the 2 most important)				
		Month	%											1st	2nd		
No	Business Code 1	Mid/ code 2	Mid/ code 2	Mid/ code 2						Code 3	Code 3	Number	Code 4	Code 4			
BID	N02	N12a	N12b	N12c	N13	N14	N15	N16	N17a	N17b	N18	N19	N20a	N20b	N21	N22a	N22b
i																	
ii																	
iii																	
iv																	
v																	
vi																	

Code list for module N:

Business Code 1	Ownership/Decision-making Code 2	Source of finance Code 3	Business Problems code 4
Nursery	All members jointly.....	Inherited/ through gift	No major problem
Fishing	Male outside household.....	Own savings.....	Inadequate capital or credit
Mining and quarrying	Female outside household	Borrowing from relatives/ friends	Inadequate tech. knowledge
Manufacturing	Govt / Khas land/other institutions	Agricultural Dev. Bank	Lack of required expertise
Electricity, gas and water supply	Not applicable	Commercial bank	High-cost of running rent.
Construction		Grameen bank	Water supply problem
Wholesale and retail trade; repair of motor vehicles, motorcycles, and personal and household goods		Other financial Inst.....	Power supply problem.....
Hotels and restaurants		NGO/ Relief agency	Problems with equipment/ spare parts
Transport, storage and communications		Sale of assets	Government regulations
Financial intermediation		Money lender	Lack of raw materials.....
Real estate and business.....		Other(specify)	Lack of customers
Administration, security and social safety		Not applicable	Transport problems
Education/Science			Business problems owing to deterioration of laws and regulations.....
Health and Social work.....			Other
Other social services			Not applicable
Own household production.....			
Work Out of state			
Food processing.....			
Garments.....			
Wooden furniture.....			
Publishing/printing			
Other industries.....			
Fish farming.....			
Forestry.....			
Wholesale			
Retailer			
Other business.....			
Transportation.....			
Communications			
Army/police/BDR.....			
Arts/culture			
Sports/tourism/leisure			
Banking/finances/loans			
Management and administration.....			
Non-agricultural day labourer.....			
Others			

Household Number:

Module XX: Early Marriage (Female)

Module XXa: Early Marriage (Female)

[This module applies to female respondents only].

Module start time: Hour Minu

Respondent ID: Consent : Yes ...1
No....2

These questions are regarding all females who are married out and is currently below the age of 31, and who were members of the household during BIHS Round 1 Survey in 2011. The primary female is the respondent for this module. [Information on all females who were married out and is currently below the age of 31 but who have returned to this household permanently (due to separation, divorce or death of husband) will be recorded in the next module, Module XXb].

Serial #	ID	Record ID number of all applicable females starting from ID	MID (MID from BIHS Round 1)	Name	What was [name's] husband's age at the time of her marriage?	What was [name's] age at menarche?	What is her current educational attainment? (record highest class passed)	What was her educational attainment at the time of her marriage? (record highest class passed)	What was [name's] age at the time of her marriage?	What is [name]'s father's educational attainment? (record highest class passed)	What is [name]'s mother's educational attainment?	Was [name's] father alive at the time of [name's] marriage?	Was [name's] father's occupation at the time of [name's] marriage?	Was [name's] mother alive at the time of [name's] marriage?	Amount of dowry paid by family?	What amount of mahr/kabin was promised during [name's] marriage?	What amount of mahr/kabin has been paid off during the time of the [name's] marriage?	What were the main reason why [name]'s parents got [name] married before she turned 18? (choose multiple)										
Serial no.	PID	MID	Name	years	Years	Educ code	Educ code	Educ code	years	Educ code	Code ↑	Occu code	Code ↑	No.	No.	Cash amount (TK):	Gold amount (TK):	In-kind amount (TK):	(TK)	Cash amount (TK):	Gold amount (TK):	In-kind amount (TK):	Code 1					
				xxa_01	xxa_02	xxa_03	xxa_04	xxa_05	xxa_06	xxa_07	xxa_08	xxa_09	xxa_10	xxa_11	xxa_12	xxa_13	xxa_14	xxa_15	xxa_15	xxa_15	xxa_16	xxa_17	xxa_17	xxa_17	xxa_18	xxa_18	xxa_18	xxa_18

Household Number:

Code 1: Codes for reasons of early marriage

She was harassed by local boys/men.....	1
Out of fear of harassment by boys/men.....	2
Thought the groom was very good and they might not get such a good choice again.....	3
Marriage proposals were coming for her.....	4
The girl herself wanted to marry	5
If the girl gets more education, it will be difficult to find her equally or more educated groom	6
If the girl gets more education, then parents might have to pay higher dowry to find her a good match	7
If the girl gets older, then parents might have to pay higher dowry to find her a good match.....	8
Pressure from relatives	9
Pressure from neighbors.....	10
Economic condition was poor to support her (food, education, clothing etc).....	11
Not applicable; she was married after turning 18.....	12
Other (specify)	96
Do not want to respond.....	88

Module End Time: Hour Minute

Household Number:

Module XXb: Early Marriage (Female)

To be asked to all married females under the age of 31. [Applicable for all the daughter in laws and the females who have returned permanently in the household after separation, divorce or death of husband.]

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No....2

Serial #	MI D	Name	What was your husband's age at the time of your marriage?	What was your age at menar che?	What is your current educational attainment? (record highest class passed)	What was your husband's current educational attainment? (record highest class passed)	What is your husband's educational attainment at the time of her marriage? (record highest class passed)	What was your age at the time of your marriage?	What is your father's educational attainment?	What is your father's education al attainment?	Was your father alive at the time of your marriage?	What was your mother's occupation at the time of your marriage?	Was your mother alive at the time of your marriage?	How many brothers did you have at the time of marriage?	How many sisters did you have at the time of marriage?	Amount of dowry paid by family?	What amount of mahr /kabin was promised during your marriage? Note: For other religions, ask what amount of money was promised to you during marriage? * Does not know99	What amount of mahr/kabin has been paid off during the time of the your marriage? * Does not know....99	What were the main reason why your parents got you married before you turned 18? (choose multiple)						
			years	years	Educ code	Educ code	Educ code	years	Educ code	Educ code	Code ↑	Occupation code	Code ↑	No.	No.	Cash amount (TK):	Gold amount (TK):	In-kind amount (TK):	(TK)	Cash amount (TK):	Gold amount (TK):	In-kind amount (TK):			
		xxb_01	xxb_02	xxb_03	xxb_04	xxb_05	xxb_06	xxb_07	xxb_08	xxb_09	xxb_10	xxb_11	xxb_12	xxb_13	xxb_14	xxb_15a	xxb_15b	xxb_15c	xxb_16	xxb_17a	xxb_17b	xxb_17c	xxb_18a	xxb_18b	xxb_18c

Module End Time: Hour Minute

Code 1: Codes for reasons of early marriage

She was harassed by local boys/men.....	1
Out of fear of harassment by boys/men.....	2
Thought the groom was very good and they might not get such a good choice again.....	3
Marriage proposals were coming for her.....	4
The girl herself wanted to marry	5
If the girl gets more education, it will be difficult to find her equally or more educated groom	6
If the girl gets more education, then parents might have to pay higher dowry to find her a good match	7
If the girl gets older, then parents might have to pay higher dowry to find her a good match.....	8
Pressure from relatives	9
Pressure from neighbors.....	10
Economic condition was poor to support her (food, education, clothing etc).....	11
Not applicable; she was married after turning 18.....	12
Other (specify)	96
Do not want to respond.....	88

Household Number:

Household Number: **Module O: Food Consumption (Female)****Module O1: Purchases, Home Production and Other Sources
(Female)**

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
 No....2

Collect information for last 7 days.

Name of the item	Code	Did your household consume it in the last 7 days Yes...1 No....2	Total quantity consumed	Unit of measure? Kg.....1 Grams2 Liter3 Number....4	If the unit of measure is number, then write the average weight in grams	Quantity consumed from purchased food				Quantity from own production	Quantity from other sources	
						Quantity consumed	Unit price	Total value	Did you purchase on credit? (note: if more than half bought on credit, write 'yes') Yes...1 No....2		Quantity	Source
			Code ↑					(Tk)				[Code1]
	O1_01	O1_02	O1_03	O1_04	O1_05	O1_06	O1_07	O1_08	O1_09	O1_10	O1_11	O1_12
Cereals												
Parboiled rice (coarse)	1											
Non-parboiled rice (coarse)	2											
Fine rice	3											
Rice flour	4											
Suji (cream of wheat/barley)	5											
Wheat	6											
Atta	7											
Maida (wheat flour w/o bran)	8											
Semai/noodles	9											
Chaatu	10											
Chira (flattened rice)	11											
Muri/Khoi (puffed rice)	12											
Barley	13											
Sagu	14											
Corn	15											
Cerelac	16											
Other	901											
Pulses												
Lentil	21											
Chick pea	22											
Anchor daal	23											
Black gram	24											
Khesari	25											
Mung	26											
Pea	27											
Shem bichi	28											
Other pulses	902											
Edible oil												
Soybean	31											
Mustard	32											
Dalda/banspati	33											
Ghee	34											
Palm oil	35											

Household Number:

Name of the item	Code	Did your household consume it in the last 7 days Yes...1 No....2	Total quantity consumed	Unit of measure? Kg.....1 Grams.....2 Liter.....3 Number....4	If the unit of measure is number, then write the average weight in grams	Quantity consumed from purchased food				Quantity from own production	Quantity from other sources		
						Quantity consumed	Unit price	Total value	Did you purchase on credit? (note: if more than half bought on credit, write 'yes') Yes...1 No....2		Quantity	Source	
				Code ↑				(Tk)				[Code1]	
O1_01	O1_02	O1_03	O1_04	O1_05	O1_06	O1_07	O1_08	O1_09	O1_10	O1_11	O1_12		
Sesame oil	36												
Other oil	903												
Vegetables													
Patal	41												
Bitter gourd	42												
Okra	43												
Eggplant	44												
BT Brinjal	441												
Tomato	45												
Pumpkin	46												
Sweet gourd	47												
Ash gourd	48												
Long bean	49												
Water gourd	50												
Sheem	51												
Carrot	52												
Radish	53												
Cauliflower	54												
Green banana	55												
Papaya	56												
Green chili	57												
Cucumber	58												
Kachu (arum)	59												
Danta (amaranth)	60												
Potato	61												
White Sweet Potato	621												
Orange Flesh Sweet Potato	622												
Green mango	63												
Onion	64												
Garlic	65												
Dhundal	66												
Shapla	67												
Kachur lati	68												
Jhinga (ribbed gourd)	69												
Green pea	70												
Fig	71												
Drum stick	72												
Snake gourd	73												
Green jackfruit	74												
Kolar mocha	75												
Mete alu	76												

Household Number:

Name of the item	Code	Did your household consume it in the last 7 days Yes...1 No....2	Total quantity consumed	Unit of measure? Kg.....1 Grams.....2 Liter.....3 Number....4	If the unit of measure is number, then write the average weight in grams	Quantity consumed from purchased food				Quantity from own production	Quantity from other sources		
						Quantity consumed	Unit price	Total value	Did you purchase on credit? (note: if more than half bought on credit, write 'yes') Yes....1 No....2		Quantity	Source	
											O1_10	O1_11	O1_12
				Code ↑				(Tk)					[Code1]
O1_01	O1_02	O1_03	O1_04	O1_05	O1_06	O1_07	O1_08	O1_09	O1_10	O1_11	O1_12		
Beher gura	77												
Soybean bori	78												
Jack fruit seed	79												
Cabbage	80												
Kakrol	81												
Shalgom	82												
Other	904												
Leafy vegetables													
Pui (Indian spinach)	86												
Lal Shak (red amaranth)	87												
Bathua	88												
Bokful	89												
Cabbage	90												
Danta Shak	91												
Helencha	92												
Kalmi Shak	93												
Kachu Shak	94												
Kalo kachu Shak	95												
Katanate	96												
Lau Shak	97												
Pat Shak	98												
Dheki Shak	99												
Dhania Shak	100												
Palang Shak (spinach)	101												
Onion/garlic stalk	102												
Pea leaves	103												
Drumstick leaves	104												
Mustard leaves	105												
Radish leaves	106												
Mixed leafy vegetables	107												
Dudhal Pata	108												
Black gram leaves	109												
Shechi Shak	110												
Swett gourd leaves	111												
Khesari Shak	112												
Geema Shak	113												
Neem Shak	114												
Darkuni Shak	115												
Other leafy vegetables	905												
Meat, eggs and milk													
Beef/buffalo	121												

Household Number:

Name of the item	Code	Did your household consume it in the last 7 days Yes...1 No....2	Total quantity consumed	Unit of measure? Kg.....1 Grams.....2 Liter.....3 Number....4	If the unit of measure is number, then write the average weight in grams	Quantity consumed from purchased food				Quantity from own production	Quantity from other sources		
						Quantity consumed	Unit price	Total value	Did you purchase on credit? (note: if more than half bought on credit, write 'yes') Yes...1 No....2		Quantity	Source	
				Code ↑				(Tk)				[Code1]	
O1_01	O1_02	O1_03	O1_04	O1_05	O1_06	O1_07	O1_08	O1_09	O1_10	O1_11	O1_12		
Mutton	122												
Chicken	123												
Duck	124												
Pigeon	125												
Bids/bok/gughu	126												
Pig	322												
Liver	127												
Stomach of beef/goat	128												
Dried meat	129												
Egg	130												
Fish egg	131												
Milk	132												
Powdered Milk	133												
Condensed Milk	134												
Butter	135												
Other meat	906												
Fruits													
Mango	141												
Banana	142												
Papaya	143												
Orange	144												
Apple	145												
Coconut	146												
Jack Fruit	147												
Litchis	148												
Black berry	149												
Bel	150												
Pomelo	151												
Grapes	152												
Amra	153												
Karambola	154												
Guava	155												
Jujube/dried jujube	156												
Olive	157												
Tamarind	158												
Dalim	159												
Lemon	160												
Dates	161												
Sugarcane	162												
Green Coconut	163												
Ata (bullock's heart)	164												

Household Number:

Name of the item	Code	Did your household consume it in the last 7 days Yes...1 No....2	Total quantity consumed	Unit of measure? Kg.....1 Grams.....2 Liter.....3 Number....4	If the unit of measure is number, then write the average weight in grams	Quantity consumed from purchased food				Quantity from own production	Quantity from other sources		
						Quantity consumed	Unit price	Total value	Did you purchase on credit? (note: if more than half bought on credit, write 'yes') Yes...1 No....2		Quantity	Source	
											O1_10	O1_11	O1_12
				Code ↑				(Tk)					[Code1]
O1_01	O1_02	O1_03	O1_04	O1_05	O1_06	O1_07	O1_08	O1_09	O1_10	O1_11	O1_12		
Chalta	165												
Tarmuj (Watermelon)	166												
Bangi (Musk melon)	167												
Pineapple	168												
Sobeda	169												
Jaamrul	170												
Myrobalan/ Indian Gooseberry	317												
Water Caltrop	319												
Other fruit	907												
Fish (large)													
Rui	176												
Katla	177												
Mrigel	178												
Kalibaus	179												
Surma	180												
Chital	181												
Boal	182												
Aair	183												
Pangash	184												
Ritha	185												
Hilsa	186												
Jatka	187												
Grass Carp	188												
Mirror Carp	189												
Silver Carp	190												
Telapia	191												
Swarputi	192												
Chital	193												
Taki	194												
Mague	195												
Singi	196												
Baim	197												
Koi	198												
Meni	199												
Shapla/padda/rupsha fish	200												
Bagda Chingree	201												
Golda Chingree	202												
Tortoise meat	203												
Poona fish	204												
Dried fish	205												
Other big fish	908												

Household Number:

Name of the item	Code	Did your household consume it in the last 7 days Yes...1 No....2	Total quantity consumed	Unit of measure? Kg.....1 Grams.....2 Liter.....3 Number....4	If the unit of measure is number, then write the average weight in grams	Quantity consumed from purchased food				Quantity from own production	Quantity from other sources		
						Quantity consumed	Unit price	Total value	Did you purchase on credit? (note: if more than half bought on credit, write 'yes') Yes...1 No....2		Quantity	Source	
											Code1		
	O1_01	O1_02	O1_03	O1_04	O1_05	O1_06	O1_07	O1_08	O1_09	O1_10	O1_11	O1_12	
Fish (small)													
Gura mach	211												
Panch mishali	212												
Puti	213												
Tengra	214												
Pabda	215												
Moa/mola	216												
Dhela	217												
Batashi	218												
Kachki	219												
Chanda	220												
Khalisa	221												
Chela	222												
Chapila	223												
Kajari	224												
Tatkeni	225												
Bata	226												
Ghutum	227												
Bele	228												
Chewa	229												
Poa	230												
Foli	231												
Bacha	232												
Baicha	233												
Kaikla	234												
Darkini	235												
Palshe	236												
Harkun	237												
Karfu fish	238												
Kakra	239												
Small prawn	240												
Dried small shrimp/prawn	241												
Dried small fish	242												
Fermented fish	243												
Other small fish	909												
Spices													
Dried chili	246												
Turmeric (not dried)	247												
Turmeric (dried)	248												
Jira	249												
Elachi	250												

Household Number:

Name of the item	Code	Did your household consume it in the last 7 days Yes...1 No....2	Total quantity consumed	Unit of measure? Kg.....1 Grams.....2 Liter.....3 Number....4	If the unit of measure is number, then write the average weight in grams	Quantity consumed from purchased food				Quantity from own production	Quantity from other sources		
						Quantity consumed	Unit price	Total value	Did you purchase on credit? (note: if more than half bought on credit, write 'yes') Yes...1 No....2		Quantity	Source	
				Code ↑				(Tk)				[Code1]	
O1_01	O1_02	O1_03	O1_04	O1_05	O1_06	O1_07	O1_08	O1_09	O1_10	O1_11	O1_12		
Cinnamon	251												
Salt (Ordinary)	2521												
Salt (Iodine)	2522												
Panchforan	253												
Coriander	254												
Ginger	255												
Garam Masala	256												
Black cumin	257												
Mustard	258												
Til (sesame)	259												
Mouri	260												
Babuni/randhuni	261												
Tishi	262												
Tejpata	263												
Baking powder	264												
Raisins	318												
Chui jhaal	323												
Other	910												
Other food													
Sugar	266												
Gur	267												
Misri/tal misri	268												
Tea leaves	269												
Badam (ground nut)	270												
Honey	271												
Drinks and beverages													
Tea –prepared	272												
Coke/ Seven-up etc./Pepsi/RC/Ürocola etc.	273												
Packaged Juice	274												
Horlicks/Bournvita/Tang	275												
Sugarcane/palm/date juice	276												
Other foods prepared outside home													
Rice/Jao	277												
Panta Bhaat	278												
Khichuri	279												
Polao/Biryani/Tehari	280												
Ruti/Parota	281												
Bonroti/paoroti	282												
Burger	283												

Household Number:

Name of the item	Code	Did your household consume it in the last 7 days Yes...1 No....2	Total quantity consumed	Unit of measure? Kg.....1 Grams.....2 Liter.....3 Number....4	If the unit of measure is number, then write the average weight in grams	Quantity consumed from purchased food				Quantity from own production	Quantity from other sources		
						Quantity consumed	Unit price	Total value	Did you purchase on credit? (note: if more than half bought on credit, write 'yes') Yes...1 No....2		Quantity	Source	
											Quantity	Source	
			Code ↑					(Tk)				[Code1]	
O1_01	O1_02	O1_03	O1_04	O1_05	O1_06	O1_07	O1_08	O1_09	O1_10	O1_11	O1_12		
Paes/firni/cooked firni	284												
Pitha	285												
Halua	286												
Bharta	287												
Bhaji	288												
Jhol curry	289												
Bhuna curry	290												
Daal	291												
Salad	292												
Sweets	293												
Curd	294												
Alur chap	295												
Singara	296												
Puri	297												
Piaju	298												
Chhola/ghugni/boot	299												
Achar/Chatni	300												
Chotpoti	301												
Chanachur	302												
Mowa (Puffed rice ball coated in molasses)	323												
Biscuit	303												
Cake	304												
Patties	305												
Chips	306												
Chocolate	307												
Chewing gum	308												
Gaja	309												
Murali	310												
Nimki	311												
Any fried food	312												
Any boiled food	313												
Tobacco	314												
Betel Leaf	315												
Supari	316												
Taaler shaash	320												
Ice Cream	321												

Household Number:

Sl no	Question	Response	Response Code
O1_13	Where did you buy most of the food items from?	<input type="text"/>	From farm/home.....1 Village market (within own village).....2 Village market (outside own village).....3 City market.....4 Others (please specify)5 School gate.....6
O1_14	Who purchases most of the food for this household?	<input type="text"/>	Member ID

Code 1: Quantity from other sources

Loan from friend/relative	1	Government program.....	5
Gift from friend/relative	2	NGO program.....	6
Wages	3	Begged.....	7
Collected	4	Hunted/Fished	8
		Not applicable.....	9

Module End Time: Hour | Minute

Household Number:

Module O2: Household Food Inventory on the Day of Survey (Female)

(As observed and weighed by enumerator)

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No....2

Item	Item Code	Quantity	Unit		
			Kg.....	1	
			Gram	2	
			Liter.....	3	
O2_01	O2_02	O2_03		O2_04	Code ↑
Paddy	1				
Rice	2				
Atta	3				
Cooking Oil	4				
Pulses	5				

Module End Time: Hour Minute

Module O3: Food Consumption from Purchases, Home Production and Other Sources: Recall Period 7 Days (Female)

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No....2

Member	Code	The number of members who consumed everyday						
		Day 1 (yesterday)	Day 2 (previous day)	Day 3 (previous day)	Day 4 (previous day)	Day 5 (previous day)	Day 6 (previous day)	Day 7 (previous day)
	O3_01	O3_02	O3_03	O3_04	O3_05	O3_06	O3_07	O3_08
<10 year old male	1							
<10 year old female	2							
>10 year old male	3							
>10 year old female	4							

Module End Time: Hour Minute

Household Number:

Module P: Non-food Expenditure (Male)

Module P1: Non-food Expenditure Monthly Recall (Male)

Module Start Time: Hour Minute

Respondant ID:

1

Respondant's Consent:

Yes 1
No 2

Yes 1

No 2

Item Name	Expenses Code	Cash expenditure (including debt)	Where do you buy most of the items from? From farm/home..... 1 Village market (within own village).... 2 Village market (outside own village) ... 3 City market..... 4 Others (please specify) 5	If not purchased	
				Value	Source: Friend/neighbors /relatives 1 Own craftsmanship or stock 2 Collected3 Other4
		(Tk)		(Tk)	Code ↑
	P1_01	P1_02	P1_03	P1_04	P1_05
FUEL AND LIGHTING					
Firewood	1				
Cow dung/cakes/bhushi/wood-powder	2				
Jute stick	3				
Kerosene	4				
Agri by products fuel: paddy, hag, pressed sugarcane and dried com plants, etc.	5				
Gas (natural, bio-gas)/LPG	6				
Electricity (national grid)	7				
Electricity (generator)	46				
Electricity (Solar)	47				
Pit coal, char coal, wood coal	8				
Other fuels and light (e.g. matches and candles etc.)	9				
COSMETICS AND OTHER EXPENSES					
Snow, cream, powder	10				
Perfume etc.	11				
Hair cutting, styling, shaving, etc.	12				
Hair oil, hair cream, combs, clips, etc.	13				
Razor, razor blades, shaving cream and lotions, etc.	14				
Lipstick, nail-polish, etc.	15				

Household Number:

Item Name	Expenses Code	Cash expenditure (including debt)	Where do you buy most of the items from?	If not purchased	
				Value	Source:
			From farm/home..... 1 Village market (within own village).... 2 Village market (outside own village) ... 3 City market..... 4 Others (please specify) 5		Friend/neighbors /relatives 1 Own craftsmanship or stock 2 Collected 3 Other 4
		(Tk)		(Tk)	Code ↑
	P1_01	P1_02	P1_03	P1_04	P1_05
Beautifying items (hair ribbon, churi, kajal, etc.)	16				
WASHING AND CLEANING EXPENSES					
Bath soap, shampoo, toothpaste, etc.	17				
Washing soap, powder for cloths	18				
Washing/ laundry expenses	19				
Bleaching powder, soda etc.	20				
Vim/ dish cleaning supplies	21				
Finis/ phenyl/ other household cleaning supplies	22				
Toilet papers	23				
Mosquito coil	24				
Mosquito spray	25				
Women's sanitary napkin	48				
Diaper for baby	49				
TRANSPORT/ TRAVEL AND OTHER MISC. CHARGES					
Bus fare	26				
Rickshaw/ van fare	27				
Taxi/ tempoo/ mishuk fare	28				
Boat/ launch fare	29				
Train fare	30				
Other transport fare (specify)	31				
Bicycle maintenance, tyres, tubes repairs etc.	32				
Motor-cycle maintenance, repairs, etc.	33				
Car maintenance, repairs, etc.	34				

Household Number:

Item Name	Expenses Code	Cash expenditure (including debt)	Where do you buy most of the items from?	If not purchased	
				Value	Source:
			From farm/home..... 1		
			Village market (within own village).... 2		
			Village market (outside own village) ... 3		
			City market..... 4		
			Others (please specify) 5		
		(Tk)		(Tk)	Code ↑
	P1_01	P1_02	P1_03	P1_04	P1_05
Boat maintenance, repairs, etc.	35				
Petrol	36				
Diesel	37				
Motor oil/CNG etc.	38				
Other transport, repair and maintenance.	39				
Telephone bill/ charges/mobile	40				
Telegram, postal and courier service expenses, etc.	41				
Salaries and wages of servants	42				
Salaries and wages of drivers	43				
Salaries and wages of others including guards, gardeners, housekeepers etc.	44				
Other contingencies expenses (specify)	45				

Module P2: Non-food Expenditure Annual Recall (Male)

Item Name	Expenses Code	If purchased			If not purchased			
		How many did you buy?	Cash expenditure (including debt)	Where do you buy most of the items from? From farm/home..... 1 Village market (within own village) 2 Village market (outside own village) ... 3 City market..... 4 Others (please specify)..... 5	How many did you produce at home/receive as gift?	Value	Source: Friends/Relatives/Neighbors/others...1 own craftsmanship or stock 2 Collected 3 Others..... 4	
		(Number)	(Tk)			(Number)	(Tk)	Code
	P2_01	P2_02	P2_03	P2_04	P2_05	P2_06	P2_07	
For adult:								
Lungi/dhuti	51							
Shirts	52							
Pant	53							
Saree	54							
Blouse/ petticoat	55							
Salwar kameez/ Orna	56							
Punjabi/ Pajamas	57							
Suit, overcoat, ashkan, etc.	58							
Sweaters, Jacket, pullovers, mufflers, etc.	59							
Underwear etc.	60							
Socks, handkerchiefs, scarves, caps, neckties etc.	61							
Other (specify)	62							
For children:								
Lungi/dhuti	63							
Full pant	64							
Half pant	65							
Shirts	66							
T-shirt	67							
Frocks, dresses, babysuit etc.	68							
Socks, handkerchiefs, scarves, caps, neckties etc.	69							
Sweaters, Jacket, pullovers, mufflers, etc.	70							
Other for children (specify)	71							
Both								

Household Number:

Item Name	Expenses Code	If purchased			If not purchased		
		How many did you buy?	Cash expenditure (including debt)	Where do you buy most of the items from? From farm/home..... 1 Village market (within own village) 2 Village market (outside own village) ... 3 City market..... 4 Others (please specify) 5	How many did you produce at home/receive as gift?	Value	Source: Friends/Relatives/Neighbors/others...1 own craftsmanship or stock 2 Collected 3 Others..... 4
		(Number)	(Tk)			(Number)	(Tk)
P2_01	P2_02	P2_03	P2_04	P2_05	P2_06	P2_07	
Towel, Gamcha	72						
Chador, shawl, etc.	73						
Other (specify)	74						
Clothing material and tailoring							
Clothing material and tailoring	75						
Mill-made cloth/ fabric	76						
Hand loom cloth/ fabric	77						
Drill and other cloth for trousers	78						
Woolen cloth	79						
Silk	80						
Artificial silk etc.	81						
Other artificial-yarn made cloths	82						
Tailoring expenses	83						
Other clothing related expenses	84						
Footwear							
Leather shoes	85						
Leather sandal-shoes	86						
Leather sandal	87						
Plastic shoes	88						
Plastic sandal-shoes	89						
Other sandal	90						
Canvas shoes, sports shoes, etc.	91						
Wooden sandals	92						
Shoe brush, polish, cleaning supplies, etc.	93						
Maintenance and repair expenses of foot wear	94						
Other expenses regarding footwear	95						
Household-use textiles, etc.							

Household Number:

Item Name	Expenses Code	If purchased			If not purchased		
		How many did you buy?	Cash expenditure (including debt)	Where do you buy most of the items from? From farm/home..... 1 Village market (within own village) 2 Village market (outside own village) ... 3 City market..... 4 Others (please specify) 5	How many did you produce at home/receive as gift?	Value	Source: Friends/Relatives/Neighbors/others...1 own craftsmanship or stock 2 Collected 3 Others..... 4
		(Number)	(Tk)		(Number)	(Tk)	Code
P2_01	P2_02	P2_03	P2_04	P2_05	P2_06	P2_07	
Quilt/blanket/Katha	96						
Toshok	97						
Jajim	98						
Foam sheet	99						
Bed sheets	100						
Bed cover	101						
Pillows, cushions	102						
Pillow cover, cushion cover	103						
Table cover	104						
Curtain	105						
Mosquito netting	106						
Other (specify)	107						
Housing related expenses							
House rent (rented house)	108						
Imputed rent (owner-occupied or other)	109						
Water/ sewerage charges	110						
Home additions/ improvements	111						
Painting	112						
Disaster-related maintenance/ repair	113						
Other routine maintenance/ repair	114						
Municipal tax	115						
Other related services/ expenses	116						
Medical treatment expenses (male)							
Doctor's fees	117						
Other practitioner's fees (homeopath etc.)	118						
Medicines	119						

Household Number:

Item Name	Expenses Code	If purchased			If not purchased		
		How many did you buy?	Cash expenditure (including debt)	Where do you buy most of the items from? From farm/home..... 1 Village market (within own village) 2 Village market (outside own village) ... 3 City market..... 4 Others (please specify) 5	How many did you produce at home/receive as gift?	Value	Source: Friends/Relatives/Neighbors/others...1 own craftsmanship or stock 2 Collected 3 Others..... 4
	(Number)	(Tk)			(Number)	(Tk)	Code
P2_01	P2_02	P2_03	P2_04	P2_05	P2_06	P2_07	
Ayurvedic/ Kabiraji	120						
Medical Tests (X-ray, blood, urine etc.)	121						
Hospitalization, clinic charges, etc.	122						
Dental related expenses	123						
Spectacles	124						
Hearing aids	125						
Crutches	126						
Health-related travel/ incidental expenses	127						
Medical treatment expenses (female)							
Doctor's fees	128						
Other practitioner's fees (homeopath etc.)	129						
Medicines	130						
Ayurvedic/ Kabiraji	131						
Medical Tests (X-ray, blood, urine etc.)	132						
Hospitalization, clinic charges, etc.	133						
Dental related expenses	134						
Spectacles	135						
Hearing aids	136						
Crutches	137						
Maternity expenses	138						
Health-related travel/ incidental expenses	139						
Educational expenses (male)							
Registration fees	140						
Examination fees	141						

Household Number:

Item Name	Expenses Code	If purchased			If not purchased		
		How many did you buy?	Cash expenditure (including debt)	Where do you buy most of the items from? From farm/home..... 1 Village market (within own village) 2 Village market (outside own village) ... 3 City market..... 4 Others (please specify) 5	How many did you produce at home/receive as gift?	Value	Source: Friends/Relatives/Neighbors/others...1 own craftsmanship or stock 2 Collected 3 Others..... 4
		(Number)	(Tk)		(Number)	(Tk)	Code
P2_01	P2_02	P2_03	P2_04	P2_05	P2_06	P2_07	
Annual fees	142						
School fees	143						
Personal Teaching expenses	144						
Text book/ note books/ stationary	145						
Hostel Expenses	146						
Other	147						
Educational expenses (female)							
Registration fees	148						
Examination fees	149						
Annual fees	150						
School fees	151						
Personal Teaching expenses	152						
Text book/ note books/ stationary	153						
Hostel Expenses	154						
Other	155						
Remittances, ceremonies, gifts, etc.							
Remittances to others living separately	156						
Zakat	157						
Fitra	158						
Donation/ Sadqa	159						
Qurbani	160						
Religious functions (milad etc.)	161						
Expenditure on Hajj	162						
Expenditure on Pilgrimage	163						
Expenditure on marriage	164						
Expenditure on births	165						
Expenditure on deaths	166						
Other (specific)	167						

Household Number:

Item Name	Expenses Code	If purchased			If not purchased		
		How many did you buy?	Cash expenditure (including debt)	Where do you buy most of the items from? From farm/home..... 1 Village market (within own village) 2 Village market (outside own village) ... 3 City market..... 4 Others (please specify) 5	How many did you produce at home/receive as gift?	Value	Source: Friends/Relatives/Neighbors/others...1 own craftsmanship or stock 2 Collected 3 Others..... 4
	(Number)	(Tk)			(Number)	(Tk)	Code
P2_01	P2_02	P2_03	P2_04	P2_05	P2_06	P2_07	
Recreation & leisure, etc.							
Books, newspaper, magazines, story books	168						
Cinema	169						
Theater	170						
Variety shows, concerts, etc.	171						
Sporting expenses, club membership fees, etc.	172						
Video cassette purchases and rental etc.	173						
Audio cassette purchases etc.	174						
Photography	175						
TV/ video/ satellite license fees, etc.	176						
Other recreation, marriage day/birthday, tourism & leisure related expenses	177						
Taxes, interest, fines, etc.							
Income tax	178						
Bank interest charge, Payment of banking charge	179						
Fines	180						
Legal practitioner fees	181						
Other legal expenses	182						
Property registration fees	183						
Other (specify)	184						
Cooking equipment							
Glass/china/clay plates and dishes etc.	185						
Refrigerators	186						

Household Number:

Item Name	Expenses Code	If purchased			If not purchased		
		How many did you buy?	Cash expenditure (including debt)	Where do you buy most of the items from? From farm/home..... 1 Village market (within own village) 2 Village market (outside own village) ... 3 City market..... 4 Others (please specify) 5	How many did you produce at home/receive as gift?	Value	Source: Friends/Relatives/Neighbors/others...1 own craftsmanship or stock 2 Collected 3 Others..... 4
		(Number)	(Tk)		(Number)	(Tk)	Code
P2_01	P2_02	P2_03	P2_04	P2_05	P2_06	P2_07	
Stove (electric/ gas/ kerosene)	187						
Pots/ pans	188						
Other kitchen ware and utensils	189						
spoons/ forks/ knives etc.	190						
Micro oven/Pressure cooker	191						
Others	192						
Furniture							
Bed/Chowki	193						
Table/Chair/Dressing Table	194						
Sofa	195						
Wood/Iron Almirah/Wardrobe/Bookshelf	196						
Trunk/Suitcase	197						
Costs of Furniture Building/Repair/Polish	198						
Other furniture related cost	199						
Personal articles							
Gold Jewelry	200						
Silver Jewelry	201						
Imitation Jewelry	202						
Purses/ money bags	203						
Vanity bags	204						
Umbrella, walking stick	205						
Tie-pin, cigarette cases, lighter etc.	206						
Wrist watch/ clock etc.	207						
Other personal use items (belts, etc.)	208						
Misc. Household durable							
Radio	210						

Household Number:

Item Name	Expenses Code	If purchased			If not purchased		
		How many did you buy?	Cash expenditure (including debt)	Where do you buy most of the items from? From farm/home..... 1 Village market (within own village) 2 Village market (outside own village) ... 3 City market..... 4 Others (please specify) 5	How many did you produce at home/receive as gift?	Value	Source: Friends/Relatives/Neighbors/others...1 own craftsmanship or stock 2 Collected 3 Others..... 4
		(Number)	(Tk)		(Number)	(Tk)	Code
P2_01	P2_02	P2_03	P2_04	P2_05	P2_06	P2_07	
Two-in-one	211						
Black & White Television	212						
Colored Television	213						
VDO game set	214						
VCD/ VCR/dish antenna/cable membership fees	215						
Washing machine, iron, etc.	216						
Guitar/ orchestra/ harmonium	217						
Typewriter, personal computer etc.	218						
Lenten/ chimney lamp etc.	219						
Electric fans, air-conditioners, coolers, etc.	220						
Cameras/ camcorders/video camera	221						
Pen drive/flash drive/ memory card	222						
Insurance expenditure							
Life insurance	223						
Health insurance	224						
General insurance	225						

Module End Time:

Hour			Minute		
------	--	--	--------	--	--

Household Number:

Module Q: Housing (Male)

Ask of household head or other senior member of household

Module Start Time: Hour Minute

Respondant ID: Respondant's Consent:
Yes 1
No..... 2

Question number	Question	Response	Response option
Q_01	Do you own this house, do you use it for free, or do you rent this house?	<input type="text"/>	Owned.....1 Free2 Rented.....3 (Go to Q03)
Q_02	Estimate the <u>monthly</u> rent you could receive if you rented this dwelling or one exactly like it to another person?	<input type="text"/>	Taka (if don't know....9999) Next>> move to Q_04
Q_03	How much <u>monthly</u> rent do you pay for this dwelling?	<input type="text"/>	Taka
Q_04	How many years ago was this house built? How old is it?	<input type="text"/>	Years (if don't know....9999)
Q_05	If this household shares space with another household, how many households live in this house?		Number (Write "0" if no sharing)
Q_06	<u>OBSERVE</u> What type of dwelling does the household live in?	<input type="text"/>	No sign of damage1 Slightly damaged2 Somewhat damaged3 Very damaged4 In a very poor state5
Q_07	<u>OBSERVE</u> <u>The outer walls</u> of the main dwelling of the household are predominantly made of what material?	<input type="text"/>	Concrete/Brick1 Tin/CI Sheet2 Wood3 Mud4 Bamboo5 Jute straw6 Plastic /Polythene7 Cardboard/paper8 Golpaata/Palm leaf9 Grass/Straw10 Other (specify)11

Question number	Question	Response	Response option
Q_08	<u>OBSERVE</u> The <u>roof</u> of the main dwelling is predominantly made of what material?	<input type="text"/>	Concrete/Brick.....1 Tin/CI Sheet.....2 Wood3 Mud.....4 Bamboo.....5 Jute straw6 Plastic /Polythene.....7 Cardboard/paper8 Golpaata/Palm leaf.....9 Grass/Straw.....10 Other (specify)11
Q_09	<u>OBSERVE</u> The <u>floor</u> of the main dwelling is predominantly made of what material?	<input type="text"/>	Concrete/Brick.....1 Tin/CI Sheet.....2 Wood3 Mud.....4 Bamboo.....5 Jute straw6 Plastic /Polythene.....7 Cardboard/paper8 Golpaata/Palm leaf.....9 Grass/Straw.....10 Other (specify)11
Q_10	How many rooms does your household occupy?	<input type="text"/>	Number (Exclude rooms used for business)
Q_11	How many rooms are used for sleeping?	<input type="text"/>	Number
Q_11b	Is the cooking usually done in the house, in a separate building, or outdoors?	<input type="text"/>	IN THE HOUSE. 1>> Q12 IN A SEPARATE BUILDING.....2 OUTDOORS 3
Q_11c	Do you have a separate room which is used as a kitchen?	<input type="text"/>	YES..... 1 NO 2
Q_12	<u>OBSERVE</u> What is the total floor area of the dwelling in square feet? (measuring tape to be provided)	<input type="text"/>	Square feet
Q_13	Does this household have an electricity connection?	<input type="text"/>	Yes.....1 No2>>Q16

Question number	Question	Response	Response option
Q_14	How often does the electricity supply go off?	<input type="text"/>	Never 1 Rarely..... 2 Less than half the time 3 About half the time 4 More than half..... 5 Almost always 6
Q_15	How much was the electricity cost last month?	<input type="text"/>	Taka
Q_16	What is your main source of <u>cooking fuel</u> ?	<input type="text"/>	Electricity..... 1>> Q18 Supply gas..... 2 LPG..... 3 Kerosene 4 Firewood 5 Dried cow dung..... 6 Coal..... 7 Rice bran/saw dust..... 8 Dried leaves 9 Other (specify) 10
Q_17	What was the total cost for cooking fuel in the household in the past month?	<input type="text"/>	Taka
Q_18	What is your main source of <u>lighting fuel</u> ?	<input type="text"/>	Electricity..... 1>> Q19a Private Generator 2 Solar electricity..... 3 Kerosene 4 Candles 5 Torch/fire skewer..... 6 Others..... 7
Q_19	What was the total cost for lighting fuel in the household in the past month?	<input type="text"/>	Taka
Q_19a	Has the household used biogas for any purpose?	<input type="text"/>	Yes, my own plant 1 Yes, renting via line 2 No 3>> Q20

Question number	Question	Response	Response option
Q_19b	If yes, for what purpose was biogas used?	<input type="text"/>	Only for cooking..... 1 Only for lighting 2 For both lighting and cooking.... 3 Business 4 Business and for lighting or cooking 5 Others..... 6
Q_19c	If yes, then from which year?	<input type="text"/>	Year
Q_20	How many cellular telephones are there in working condition?	<input type="text"/>	Number (if no cell phones exist then record 0)
Q_20a	Do you have a personal cellular telephone? If yes, can you please give me your number?	Y/N <input type="text"/> MID <input type="text"/> Mobile No. <input type="text"/>	Yes..... 1 No 2
Q_20b	Does anyone else in the household have a cellphone?	Y/N <input type="text"/> MID <input type="text"/> Mobile No. <input type="text"/>	Yes..... 1 No 2
Q_20c	Does anyone else in the household have a cellphone?	Y/N <input type="text"/> MID <input type="text"/> Mobile No. <input type="text"/>	Yes..... 1 No 2

Household Number:

Question number	Question	Response	Response option
Q_20d	If yes, I transfer using	Y/N <input type="text"/> MID <input type="text"/> Mobile No. <input type="text"/>	Bkash 1 Ucash 2 Mcash..... 3 DBBL Mobile 4 Other mobile banking(specify) .. 5 No mobile banking available 6 No one in the HH has a mobile phone... 7
Q_21	What was the total cost for cell phone service for all household members last month?	<input type="text"/>	Taka

Module End Time: Hour Minute

Module R: Sanitation and Water (Male)

Module Start Time: Hour Minute Respondant ID: Respondant's Consent: Yes 1
No 2

Question number	Question	Response	Response Code
R01	What type of latrine do you use?	<input type="text"/>	None (open field) 1 Kutch (fixed place)..... 2 Pucca (unsealed)..... 3 Sanitary without flush (water sealed) 4 Sanitary with flush (water sealed) ... 5 Community latrine..... 6 Other (specify)..... 7
R01a	What type of latrine do you use? Can I see the latrine that is used by your household members?	<input type="text"/>	Note: Please observe and write the type of the latrine Open field..... 1 Latrine, slab cannot be cleaned 2 Latrine, slab can be cleaned(concrete/china) 3
R01b	Where does the discharged material go?	<input type="text"/>	Directly to the pond, canal or other water body....1 Sealed pit..... 2
R01c	Please observe: only if the latrine is made by slab that can be cleaned (made of concrete/china)	<input type="text"/>	Flush at septic 1 Can be flushed 2 Cannot be flushed..... 3
R01d	Please observe: only if the latrine is made by slab that can be cleaned (made of concrete/china)	<input type="text"/>	Sanitary latrine (low pan) has curved piped outlet (broken) .. 1 Sanitary latrine (low pan) has curved piped outlet (not broken/in a good condition) 2

Question number	Question	Response	Response Code
R01e	Do you share this latrine with other household	<input type="checkbox"/>	Yes1 No.....2
R01f	If yes, how many households use it?	<input type="checkbox"/>	No. of hh.....
R01g	Is there any member/members in the hh who very rarely or does/do not use the latrine?	<input type="checkbox"/>	Yes1 No.....2
R01h	If yes, who are they?	MID MID MID <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Write MID
R01i	Where did your child whose age is less than 3 years defecate the last time?	<input type="checkbox"/>	Open field/space1 Inside home2 Inside the latrine used by the hh.....3 Latrine of some other hh4 Not applicable5>R01K
R01j	Where was the waste of your less than 3 year old child's last defecation thrown?	<input type="checkbox"/>	In a definite place of a field where we usually throw other hh waste...1 Latrine that we usually use.....2 Some other place.....3
	Facilities of washing hands		
R01k	Please Observe: Is there any arrangement for hand wash near the latrine? (cannot be any further than 10 steps from the latrine)	<input type="checkbox"/>	Yes1 No.....2
R01L	I can see that there is/ is not an arrangement to wash hands near the latrine. Is there any other hand wash area inside the household?	<input type="checkbox"/>	Dining area1 Kitchen2 Others3 No definite place for handwash.....9
R01m	Please Observe: Is there water in that hand wash area?	<input type="checkbox"/>	Yes1 No.....2
R01n	Please Observe: Is there any cleansing agent at the hand wash area?	<input type="checkbox"/>	Yes1 No.....2

Question number	Question	Response	Response Code
R01o	If yes, then list all the items that are there in the hand wash area.	<input type="text"/>	Soap.....1 Liquid soap.....2 Detergent powder3 Ash/earth4 Others5
R02	Does the household have access to a water supply?	<input type="text"/>	Yes1 No.....2
R02a	Where is that water source located?	<input type="text"/>	In own dwelling.....1 In own yard/plot2 Elsewhere.....3
R03	What is the source of water used for other purposes than drinking, cooking, taking a shower?	<input type="text"/>	Supply Water (piped) inside house1 Supply Water (piped), outside2 Own tube well3 Community tubewell4 Rain water5 Ring Well/ Indara6 Pond/River/ Canal7 Bottled water8 Shallow tubewell for irrigation.....9 Deep tubewell for irrigation10 Other (specify).....11 Other tubewell12
R04	Is the source of drinking water same as the source of water used for other purposes?	<input type="text"/>	Yes1>>R11 No.....2
R05	Source of drinking water	<input type="text"/>	Supply Water (piped) inside house1 Supply Water (piped), outside2 Own tube well3 Community tubewell4 Rain water5 Ring Well/ Indara6 Pond/River/ Canal7 Bottled water8 Shallow tubewell for irrigation.....9 Deep tubewell for irrigation10 Other (specify).....11 Other tubewell12

Question number	Question	Response	Response Code
R11	What is the distance of the main source of drinking water from the household?	<input type="text"/>	Meter
R11a	How long does it take to travel to the source of water, collect water and return to the household?	<input type="text"/>	Less than 5 minutes 1 6-15 minutes 2 16-30 minutes 3 31-60 minutes 4 More than 1 hour 5
R11b	How many times in a day do you collect drinking water?	<input type="text"/>	Number of times
R11c	Will you please show me the container in which you preserve your water?	<input type="text"/>	Clay container 1 Aluminium/metal container 2 Steel container 3 Other non-metallic contain(large) .. 4 Plastic container 5 Container with a plastic handle and a lid that can be used to close the top 6 Glass bottle 7 Other bottles 8 Other(specify) 9
R11c2	Is water available from this source all year round?	<input type="text"/>	Yes 1 No 2 Don't know 8

Question number	Question	Response	Response Code
R11c3	In the past two weeks, was water available every day from this source?	<input type="text"/>	Yes1 No.....2 Don't know.....8
R11d	Is there a lid for the container?	<input type="text"/>	Yes1 No.....2
R11e	Is there a piped outlet from the container in which you preserve water?	<input type="text"/>	Yes1 No.....2
R11f	If not, how do you obtain water from the container?	<input type="text"/>	Tilt the container and pour the water out 1 Immerse another container to get the water out of the water container2 Obtain water from the holder without immersing Your hands into it.....3

Question number	Question	Response	Response Code
R06a	In the past 24 hours, what steps have you taken to purify your water?	<input type="text"/>	Filtered 1 Boiled 2 Boiled and filtered 3 Chemically treated (iodine/chlorine) 4 Iodine/chlorine/chemically treated 5 UV treated 6 Filtered using cloth and sand 7 Filtered using commercial filter 8 Boiled and filtered using cloth 9 Boiled and filtered using commercial filter 10 Not purified 11 Straight from source 12 Others (specify) 13
R07	If tubewell is used for drinking water, has the water been tested for arsenic contamination?	<input type="text"/>	Yes 1 No 2>>R9a Don't know 3>> R9a
R08	If yes, what color has the tubewell been marked?	<input type="text"/>	Red 1 Green 2>> R9a None 3>> R9a Don't know 4>> R9a
R09	If it has been colored red, do you still use it for drinking purposes?	<input type="text"/>	Yes 1 No 2
R09a	Is the source of drinking water the same throughout the year?	<input type="text"/>	Yes 1 No 2
R09b	If no, where else do you get your water from and during which months? For months write January1, February.....2,December....12	Other source <input type="text"/> Month 1 <input type="text"/> Month 2 <input type="text"/> Month 3 <input type="text"/>	Supply Water (piped) inside house 1 Supply Water (piped), outside 2 Own tube well 3 Community tubewell 4 Rain water 5 Ring Well/ Indara 6 Pond/River/ Canal 7 Bottled water 8 Shallow tubewell for irrigation 9 Deep tubewell for irrigation 10 Other (specify) 11 Other tubewell 12

Question number	Question	Response	Response Code
R12	What is the primary source of water for cooking?	<input type="text"/>	Supply Water (piped) inside house 1 Supply Water (piped), outside 2 Own tube well 3 Community tubewell 4 Rain water 5 Ring Well/ Indara 6 Pond/River/ Canal 7 Bottled water 8 Shallow tubewell for irrigation..... 9 Deep tubewell for irrigation 10 Other (specify)..... 11 Other tubewell 12
R13	What is the primary source of water for washing clothes?	<input type="text"/>	Supply Water (piped) inside house 1 Supply Water (piped), outside 2 Own tube well 3 Community tubewell 4 Rain water 5 Ring Well/ Indara 6 Pond/River/ Canal 7 Bottled water 8 Shallow tubewell for irrigation..... 9 Deep tubewell for irrigation 10 Other (specify)..... 11 Other tubewell 12
R10	How do you dispose garbage?	<input type="text"/>	Local authority collects 1 Private firm collects 2 Public garbage pit/hole 3 Own garbage pit/hole 4 Burnt/buried 5 Own garbage heap (not pit) 6 Gather in open place..... 7 Throw in pond/khaal/beel..... 8 Other (specify)..... 9

Household Number:

Module R2: Domestic animals and poultry habitation and hygiene management (Male)

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No....2

Question number	Question	Response	Response Code
R2_01	If you have any children under the age of 5, have you ever seen them putting dirt/soil in their mouth?	<input type="checkbox"/>	Yes, multiple occasions.....1 Yes, at least one occasion.....2 Never.....3
R2_02	If a child consumes soil, do you think this is..	<input type="checkbox"/>	Healthy.....1 Harmless.....2 Harmful.....3 Don't know.....4
R2_03	Are any livestock or pets kept inside the main household dwelling overnight in the last one year?	<input type="checkbox"/>	Yes.....1 No.....2>>R2_08
R2_04	Which animals are kept inside the main household dwelling overnight? [Multiple response allowed] Enumerator : Ask about the remaining domestic animals or pets once the respondent has answered the question	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken.....1 Duck.....2 Sheep.....3 Goats.....4 Cattle.....5 Dogs.....6 Others.....7 None.....8
R2_05	Are any of these animals kept overnight in the same room/area where your children sleep?	<input type="checkbox"/>	Yes.....1 No.....2 No children.....3

R2_06	<p>Which of these animals leave droppings in the household?</p> <p>[Multiple response allowed]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Chicken.....1 Duck.....2 Sheep..... 3 Goats..... 4 Cattle..... 5 Dogs.....6 Others..... 7 None.....8</p>
R2_07	<p>How often do you remove/discard animal droppings?</p>	<input type="checkbox"/>	<p>Daily1 Several times a week 2 Occasionally.....3 Never..... 4</p>
R2_08	<p>If you have a child under 5, do they often come into direct physical contact with these animals?</p> <p>[Multiple response allowed]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Chicken.....1 Duck.....2 Sheep..... 3 Goats..... 4 Cattle..... 5 Dogs.....6 Others..... 7 None.....8</p>

Household Number:

Enumerator Observes:			
R2_09	[OBSERVATION]: Can we observe poultry feces (chicken, ducks, bird, etc.) Around the house or in the compound?	<input type="checkbox"/>	Yes..... 1 No..... 2 Cannot observe..... 88
R2_10	[OBSERVATION]: Can we observe other animal feces (dog, cat, cattles, etc.) Around the house or in the compound?	<input type="checkbox"/>	Yes..... 1 No..... 2 Cannot observe..... 88
R2_11	[OBSERVATION]: Can you observe other garbage lying around in the house or compound?	<input type="checkbox"/>	Yes..... 1 No..... 2 Cannot observe..... 88

Module End Time: Hour Minute

Household Number:

Module S: Access to Facilities (Male)

Module Start Time: Hour Minute

Respondant ID:

Respondant's Consent:

Yes 1
No 2

Code	List of Facilities	Does any household member visit this facility regularly?	What mode of transportation do you normally use to get to the closest facilities? (multiple responses possible - list 3)	Distance	How long does it normally take to get from your house to the closest facility?			
		Yes 1 No 2>> Next row						
Code	Facilities	Code ↑	Code ↑	Km	Hour	Minutes		
Code	S_01	S_02	S03_a	S03_b	S03_c	S_04	S_05	S_06
01	Health center/hospital							
20	Community Clinic							
02	Bus stop							
03	Main road							
04	Railway station							
05	Local shop/shops							
06	Weekly/periodic bazaar							
07	Nearest town							
09	Agricultural office							
10	Post office							
11	Bank							
12	BRAC							

Household Number:

13	Grameen Bank							
14	ASA							
15	Other NGO							
16	Internet access							
17	Kindergarten School							
18	Primary school for girls							
19	Primary school for boys							
21	Primary school (boys and girls)							
22	Secondary School (girls)							
23	Secondary school (boys)							
24	Secondary school (boys and girls)							
8	College							
25	Madrasa (female)							
26	Madrasa (male)							
27	Madrasa (both)							
28	Seed dealer							
29	Fertilizer dealer							
30	Pesticide dealer							

Module End Time: Hour Minute

Household Number:

Module T: Economic Events/Shocks (Male)

Module T1b: Negative Shocks (Male)

Recall period: Since the midline survey / For GFSS households, since 2015 & in the last 12 months

For the specified recall period, record information on negative shocks faced by the household.

Shocks (unexpected events)	Shock Code	Since midline survey/ For GFSS households, since 2015, did the event occur?	In the past 12 months, did the event occur?	How severe was the impact of this event on your household's economic condition?	How severe was the impact of this event on your household's food consumption?	What did you do to cope with this shock? (bring up to 3 coping strategies)	
		Yes.....1 No.....2 >> Next row	Yes.....1 No.....2 >> Next row	Not Severe 1 Somewhat severe 2 Severe 3 Extremely Severe 4 Refused 7	Not Severe 1 Somewhat severe 2 Severe 3 Extremely Severe 4 Refused 7		
Shock	Code			Code ↑	Code ↑	Code 1	
T1b_01	T1b_02	T1b_03	T1b_04	T1b_05	T1b_06a	T1b_06b	T1b_06c
Did your household face difficult times as a result of having too much rain?	41						
Did your household face difficult times as a result of having too little rain?	42						
Did your household face difficult times as a result of land erosion?	43						
Did your household face difficult times as a result of having too much rain?	44						
Did your household face difficult times as a result of food price inflation?	45						
Did your household face difficult times as a result of someone stealing or destroying household member's belongings?	46						
Did your household face difficult times as a result of not being able to access inputs for your	47						
Did your household face difficult times as a result of disease affecting your crops ?	102						
Did your household face difficult times as a result of pest infesting your crops ?	103						
Did your household face difficult times as a result of theft of your household's crops ?	48						
Did your household face difficult times as a result of not being able to access inputs for your	49						
Did your household face difficult times as a result of disease affecting your livestock ?	50						
Did your household face difficult times as a result of theft of your household's livestock?	13						
Did your household face difficult times as a result of not being able to sell the crops, livestock or other products of your household at a fair price?	51						
Is/Has anyone in your household experiencing/experienced a severe illness?	52						

Household Number:

Shocks (unexpected events)	Shock Code	Since midline survey/ For GFSS households, since 2015, did the event occur?	In the past 12 months, did the event occur? Yes.....1 No.....2 >> Next row	How severe was the impact of this event on your household's economic condition? Not Severe 1 Somewhat severe 2 Severe 3 Extremely Severe 4 Refused 7	How severe was the impact of this event on your household's food consumption? 1 Not Severe 1 2 Somewhat severe 2 3 Severe 3 4 Extremely Severe 4 7 Refused 7	What did you do to cope with this shock? (bring up to 3 coping strategies)			
Shock	Code			Code ↑	Code ↑	Code 1			
T1b_01			T1b_02	T1b_03	T1b_04	T1b_05	T1b_06a	T1b_06b	T1b_06c
Did your household have to bear medical expenses due to illness or injury of a household member?	4								
Did your household experience loss of income due to illness or injury of a household member?	3								
Has your household experienced the death of a family member?	2								
Has your household experienced the death of the main earner of the family?	1								
Has anyone in your household experienced loss of a regular job?	5								
Did you lose your home due to a river erosion?	6								
Did you lose your home (due to any other reason besides river erosion)?	7								
Did anyone in your household become divorced/seperated?	8								
Did your household lose crops due to floods?	9								
Did your household lose crops due to a cyclone?	101								
Did your household lose crops due to any other reasons, besides flood/cyclone? (example: hailstorm, drought, etc.)	104								
Did your household lose livestock due to floods?	11								
Did your household lose livestock due to cyclone?	111								
Did your household lose livestock due to death of livestock?	12								
Did your household lose productive assets due to floods?	14								
Did your household lose productive assets due to destruction in fire?	151								
Aside from cyclone, did your household lose productive assets for other reasons (such as theft, river erosion)?	152								
Did your household lose consumption assets due to floods?	16								

Household Number:

Shocks (unexpected events)	Shock Code	Since midline survey/ For GFSS households, since 2015, did the event occur?	In the past 12 months, did the event occur?	How severe was the impact of this event on your household's economic condition?	How severe was the impact of this event on your household's food consumption?	What did you do to cope with this shock? (bring up to 3 coping strategies)
		Yes.....1 No.....2 >> Next row	Yes....1 No.....2 >> Next row	Not Severe Somewhat severe Severe Extremely Severe Refused	1 Not Severe 2 Somewhat severe 3 Severe 4 Extremely Severe 7 Refused	
Shock	Code			Code ↑	Code ↑	Code 1
T1b_01		T1b_02	T1b_03	T1b_04	T1b_05	T1b_06a T1b_06b T1b_06c
Did your household have to pay dowry?	18					
Did your household have to spend on other costs for a wedding?	19					
Did your household face division of father's property?	20					
Did your household face failure or bankruptcy of business?	21					
Did your household experience extortion by mastans?	22					
Was any member of your household imprisoned by the police?	23					
Was any member of your household arrested by the police?	24					
Did any one in your household have to pay a big bribe?	25					
Did your household have to cover the cost for the court case of a member?	26					
Did you experience any loss due to the court case?	27					
Did your household cover the reparations for victim of crime committed by a household	28					
Was your household negatively affected by long duration of hartals/strikes/political unrest?	29					
Did your household experience cut-off or decrease of regular remittances to household?	30					
Did your household experience the withdrawal of NGO assistance?	31					
Did your household experience cut-off of benefits from a social safety program?	52					
Other (please specify) - 1	34					
Other (please specify) - 2	35					

Code list for Module T1:

Code 1: Coping strategies

None.....	1	Ate less food to reduce expenses.....	10	Emergency receipt of remittance from migrant family member.....	20
Sold land (specify homestead or agricultural)	2	Ate lower quality food to reduce expenses.....	11	Forced to change occupation.....	21
Mortgaged/leased land (specify homestead or agricultural)	3	Took children out of school	12	Moved to less expensive housing.....	22
Sold productive asset (specify).....	4	Transferred children to less expensive school	13	Sent non-working household member to work.....	23
Mortgaged productive asset (specify).....	5	Adult household member took job elsewhere temporarily	14	Took help from others.....	24
Sold consumption asset (specify)	6	Sent household member away permanently	15	Other (specify).....	25
Mortgaged consumption asset (specify)	7	Sent children to be fostered by relatives.....	16		
Took loan from NGO/institution	8	Sent children into domestic service.....	17		
Took loan from mahajan/non-institutional source	9	Sent children to work somewhere other than domestic service	18		
		Sent wife and children to his parental home.....	19		

Module T1c: Severe Disaster (Male)

Serial no.	Question	Response	Response Code
T1c_01	What has been the biggest disaster you faced in last 12 months that has affected your household most severely?	<input type="text"/>	Insert code from T1b_01
T1c_02	What has been the biggest disaster you faced in last 5 years that has affected your household most severely?	<input type="text"/>	
			Not Applicable..... 98

Module T1c: Insurance (Male)

Serial no.	Question	Response	Response Code
T1c_03	Do you or any of your hh member have any insurance of any kind?	<input type="text"/>	Yes.....1 No2
T1c_04	If yes, what type of insurance?	<input type="text"/> <input type="text"/> <input type="text"/>	Life insurance.....1 Medical insurance.....2 Crop insurance.....3 Property insurance.....4 Other (please specify)....5

Household Number:

Module T2: Positive Economic Events (Male)

Recall period: Since midline. Now ask about any positive events that benefited the household financially.

Events	Event Code	Did the household experience any positive events last since midline? Yes..... 1 No..... 2 ➔ NEXT EVENT	The last time it happened, what year did it happen? (year)			Rank the most important positive events Most important 1 2 nd most important .2 3 rd most important .3
			What year did it happen? Month Year		What was the price of the acquired item (TK)?	
T2_01	T2_02	T2_03	T2_04	T2_05	T2_06	T2_07
New regular job for household member	01					
New or increased remittances	02					
Inheritance	03					
Large gift/lottery winnings	04					
Receipt of dowry	05					
Gain from business activities, specify	06					
Scholarship for child's education	07					
New NGO IGA starts	08					
Primary Education Stipend (100 taka)	09					
Secondary school stipend	10					
Other 1 (specify)	11					
Other 2 (specify)	12					
Other 3 (specify)	13					

Module End Time: Hour Minute

Household Number:

Module U: Participation in Social Safety Net Programs (Male)

Collect data for last one year. Applicable for all household members. In case of participation in multiple programs report MID of all participants.

Module start time:

Hour		Minu	
------	--	------	--

Respondent ID:

Consent : Yes ...1
 No.....2

Sl. No	Description	Has s/he got any assistance? Yes1 No2 >> next row	Member ID		Cash	Rice		Wheat		Other food	Other in-kind									
			Subsidy Code	Number	Price	Code1	Number	Value (Tk)	Code1	Number	Value (Tk)	U01	U02	U03	U04	U05	U06	U07	U09	U010
SLNO		Code ↑			Tk	Kg	Value (Tk/kg)	Kg	Value (Tk/kg)	Value (Tk)	U01	U02	U03	U04	U05	U06	U07	U09	U010	U08
01	Ananda School																			
02	Stipend for Primary Students																			
03	School Feeding Program																			
04	Stipend for Dropout Students																			
05	Stipend for Secondary and Higher Secondary/Female Student																			
06	Stipend for Poor Boys in secondary school																			
07	Stipend for Disabled Students																			
08	Old Age Allowance																			
09	Allowances for Distressed Cultural Personalities/ Activists																			
10	Allowances for beneficiaries in Ctg. Hill Tract area.																			
11	Allowances for the Widowed, Deserted and Destitute Women																			
12	Allowances for the Financially Insolvent Disabled																			
13	Maternity allowance program for the Poor Lactating Mothers																			
14	Maternal Health Voucher Scheme																			
47	Improving Maternal and Child Nutrition (IMCN)																			
15	Honorarium for Insolvent Freedom Fighters																			
16	Honorarium for Injured Freedom Fighters																			
49	Ration Program for Martyr Family and Wounded Freedom Fighters																			
17	Gratuitous Relief (Cash)																			
18	Gratuitous Relief (GR)- Food																			
19	General Relief Activities																			
20	Cash For Work																			
21	Agriculture Rehabilitation																			
22	Subsidy for Open Market Sales																			
23	Vulnerable Group Development (VGD)																			

Household Number:

Sl. No	Description	Has s/he got any assistance? Yes1 No2 >> next row	Member ID	Cash	Rice	Wheat	Other food	Other in-kind		
								Subsidy Code	Number	Price
24	VGD-UP (8 District on Monga Area)									
25	Vulnerable Group Feeding (VGF)									
261	Test Relief (TR) Food									
262	Test Relief (TR) Cash									
27	Food Assistance in CTG-Hill tracts Area									
28	Food For Work (FFW)									
29	Special fund for Employment Generation for Hard-core Poor in SIDR Area									
30	Fund for the Welfare of Acid Burnt and Disables									
31	100 days Employment Scheme / Employment Generation Program for the Poorest (EGPP)									
32	Rural Employment Opportunities for Protection of Public Property (REOPA)									
33	Rural Employment and Rural Maintenance Program (RERMP)									
34	Community Nutrition Program									
35	Char Livelihood Program (CLP)									
36	Shouhardo Program (CARE)									
46	Nabajibon Program (Save the Children)									
45	Proshar Program (ACDI VOCA)									
37	Accommodation (Poverty Alleviation & Rehabilitation) Project (Chief Advisors Office)									
38	Housing Support									
39	TUP (BRAC)									
40	One House one farm									
43	TMRI									
48	Pension program for retired government employees and their families									
50	Program for improving the living standards of tea garden workers									
51	Climate Rehabilitation Program (Gucchograam)									
52	Social Security Policy Support (SSSS) Program									
44	Other (please specify)									

Module End Time: Hour | Minute |

Household Number:

Code1:Subsidy Code

Cow	1	Latrine.....	4	Others1	7
Goat.....	2	Tin	5	Others2	8
Chicken	3	Rickshaw/Cart	6	Others3	9
				Did not receive any in-kind goods.....	10

Module Ua: Program Participation in Food Friendly Program (Khaddo Bandhob / TK 10/kg Rice Program) (Male)

Module start time: Hour Minu Respondent ID: Consent : Yes ... 1
No.... 2

Question Number	Questions	Response	Code
Ua_01	Do you know about Khaddo Bandhob / TK 10 per kg program rice program?	<input type="checkbox"/>	Yes 1 No..... 2>> Ua_03
Ua_02	How did you know about the program?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	From UP Chairman..... 1 From UP member..... 2 From NGO worker..... 3 From school teacher..... 4 Courtyard meetings/ from radio..... 5 From TV..... 6 News papers..... 7 From friends/neighbors..... 8 Village Campaign..... 9 Sms from government..... 10 Recorded calls from GOB/NGO..... 11 SAAO..... 12 Village Police..... 13 Other (specify)..... 14
Ua_03	Are you/have you been a beneficiary?	<input type="checkbox"/>	Yes 1 No..... 2>> Next Module

Household Number:

Question Number	Questions	Response	Code
Ua_04	How did you get selected into the program?	<input type="text"/>	Did not apply but UP selected me.....1 Did not apply but NGO selected me.....2 I applied, and UP selected me3 I applied, and NGO selected me.....4 Does not know who selected.....5 Other member of the program supported me.....6 Paid money for getting selected.....7 Husband/other family members assisted.....8 I pursued.....9 Other (please specify).....10
Ua_05	Do you know in which months of the year the program is effective?	<input type="text"/>	Yes1 No.....2
Ua_06	If yes, state the months.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	January.....1 February.....2 December.....12
Ua_07	<i>Enumerator: Verify the answer is correct [September, October, November, March, April]</i> <i>Note: Verify if answer is different from the correct months</i>	<input type="text"/>	Correct.....1 Incorrect.....2
Ua_08	When did you get enlisted in the program (month and year)?	Year <input type="text"/> Month <input type="text"/>	
Ua_09	When did you first avail this program (month and year)?	Year <input type="text"/> Month <input type="text"/>	

Question Number	Questions	Response	Code
Ua_10	Do you know the maximum limit on the amount of rice you can buy per month?	<input type="text"/>	Yes1 No.....2
Ua_11	If yes, state the maximum limit on the amount of rice you can buy per month.	<input type="text"/>	Kilograms/Month
Ua_12	Where do you buy the rice from?	<input type="text"/>	Ration dealer.....1 Upazila Office.....2 UP office.....3 School.....4 NGO office.....5 Any other fixed place (specify).....6 Other (specify).....7
Ua_13	Did you purchase rice in the months of March/April 2018?	<input type="text"/>	Yes1 No.....2 >> Ua_17
Ua_14	How much rice did you buy in this period?	<input type="text"/>	Kilograms
Ua_15	How much did you pay per kilogram for the rice you bought?	<input type="text"/>	TK/kg
Ua_16	How many times did you buy rice in that period?	<input type="text"/>	Number of times
Ua_17	Did you purchase rice in the months of September-November 2018?	<input type="text"/>	Yes1 No.....2 >> Ua_21
Ua_18	How much rice did you buy in this period?	<input type="text"/>	Kilograms
Ua_19	How much did you pay per kilogram for the rice you bought?	<input type="text"/>	TK/kg
Ua_20	How many times did you buy rice in that period?	<input type="text"/>	Number of times

Question Number	Questions	Response	Code
Ua_21	What was the quality of rice you bought?	<input type="text"/>	Very Good.....1 Good.....2 Not so good.....3 Bad.....4 Very bad.....5 Not suitable for human consumption.....6
Ua_22	If answer is 4 to 6, what were the problems?	<input type="text"/> <input type="text"/> <input type="text"/>	Had dust/other particles.....1 Pest infested.....2 Bad smell.....3 Other (specify).....4
Ua_23	What type pf problems did you face when you went to purchase the rice?	<input type="text"/> <input type="text"/> <input type="text"/>	Had to wait in the line for a long time.....1 Distance from home to distribution center is very far.....2 Had to pay bribe the seller.....3 There were no problems.....4 Other (please specify).....5
Ua_24	Did you sell any portion of the rice?	<input type="text"/>	Yes1 No.....2
Ua_25	If yes, how much rice did you sell?	<input type="text"/>	Kilograms
Ua_26	What was the selling price per kilogram?	<input type="text"/>	Taka/kg
Ua_27	<i>Enumerator: Ask the beneficiary to show her/his card for the program. Record outcome.</i>	<input type="text"/>	Showed her/his card.....1 Could not show.....2

Household Number:

Question Number	Questions	Response	Code
Ua_28	<i>Enumerator: If she/he could not show the card, ask why.</i>	<input type="text"/>	Did not receive card yet.....1 Sold the card to somebody else.....2 UP chairman/member kept it in their custody.....3 NGO kept it.....4 Lost the card/cannot find it.....5 Other (specify).....6

Module End Time: Hour Minute

Household Number:

Module Start Time: Hour Minute

Respondant ID: Respondant's Consent: Yes..... 1
No..... 2

Module V: Migration, Remittances, Transfers and Other Income (Male)

Module V1: Profile of Current Migrants (Domestic and International) (Male)

V1_01	Has anyone, who was a member of your household in the last midline survey/ 2015, currently a migrant (living away for 6 months or more) within the country (but not in same upazilla) or abroad?	<input type="checkbox"/> Yes 1 <input type="checkbox"/> No 2>>V2_01
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Report for all current migrants of the household. Use separate rows for each person.

Person ID	Was a member of the household in midline	Name	Relation to household head	When did (name) migrate?	Age	Sex Male ...1 Female.2	Education	Occupation Use Code 3 from Module C	Which country is s/he in now? Within Banglades...1 Abroad...2>>V1_11	If in-country, write zila code.	If abroad, write country code.	Who helped in the migration process? If response is 1 or 4>>V1_12	If Code8 is 2 or 3, which division is this agent located?	For what purpose did the member initially migrate?	How was the migration expenses paid? Yes...1 No....2	Does the migrant send remittance home on a regularly (at least once in the last 12 months)? Yes...1 No....2	
Memb er ID	Code 1	Year	Mont h	Compl ete year	Code ↑	Code 2	Code 3 from Module C	Code ↑	Code 4	Code 5	Code 8	Code 9	Code 6	Code 7	Code ↑		
PID	MID	Name	V1_02	V1_0	V1_0	V1_05	V1_0	V1_0	V1_08	V1_09	V1_10	V1_11	V1_15	V1_16	V1_12	V1_13	V1_14
81																	
82																	
83																	
84																	
85																	
86																	

Household Number:

Code 1: Relationship	Code 2: Education		Code 4: District /Zilla
Relationship with primary respondent			
Primary respondent.....1	Never attended school.....99	Dhaka	Comilla.....25
Primary respondent Husband/wife 2	Reads in class I0	Gazipur.....2	Feni
Son/daughter.....3	Completed class I.....1	Manikganj	Lakshimpur
Daughter/son -in-law	Completed class II	Munshiganj	Noakhali
Daughter/son -in-law	Completed class III	Narayanganj	Khulna
Grandson/daughter.....5	Completed class IV	Narsingdi.....6	Jessore
Father/mother.....6	Completed class V	Faridpur.....7	Jhenaidah
Brother/sister	Completed class VI	Gopalganj.....8	Magura
Niece/Nephew	Completed class VII	Madaripur.....9	Narail.....33
Primary respondent's cousin...9	Completed class VIII	Rajbari.....10	Bagerhat
	Completed class IX.....9	Shariatpur.....11	Satkhira
Relationship with primary respondent's husband/wife	Completed Secondary School/Dakhil	Jamalpur.....12	Chuadanga
Father-in-law/mother-in-law...1010	Sherpur.....13	Kushtia
Brother/Sister-in-law	Higher secondary (1 st year).....11	Kishoreganj	Meherpur
Husband/wife's niece/nephew 12	Completed Higher Secondary/Alim 12	Mymensing	Rajshahi
Primary respondent's husband/wife's cousin	Degree (1 st year).....13	Netrokona.....16	Noagaon
	BA/BSC pass/Fazil	Tangail	Nawabganj
	BA/BSC honors/Fazil	Chittagong.....18	Natore
	MA/MSC and above/Kamil....16	Cox's bazar	Pabna
	SSC Candidate	Bandarban	Sirajganj
	HSC Candidate	Khagrachhari.....21	Bogra
	Preschool class (general)	Rangamati	Joypurhat
	Preschool (mosque based)	Brahmanbaria.....23	Gaibanda
	Medical/MBBS	Chandpur.....24	Kurigram
	Nursing		
	Engineer.....73		
	Diploma Engineer.....74		
	Vocational/Technical Education		
	Other (specify).....76		

Household Number:

Code 5: Country		Code 6: Primary reason for migration	Code 7: How was the migration expenses paid
Australia	1	Jordan.....15	Saudi Arabia.....29
Bahrain	2	Kuwait16	Singapore30
Brunei	3	Laos17	South Africa31
Canada	4	Liberia.....18	Spain32
Cyprus.....	5	Libya.....19	Sweden.....33
Federation of Russia	6	Malaysia.....20	Switzerland34
France	7	Maldives21	Taiwan35
Germany	8	Mauritius.....22	Turkey36
Greece.....	9	New Zealand.....23	U.S.A.....37
India	10	Oman24	UAE38
Iran	11	Pakistan25	U.K.....39
Iraq	12	Poland26	Yemen40
Italy	13	Qatar27	Other(specify)41
Japan.....	14	South Korea28	
Code8		Code9	
Friends/family in the migrated location	1	Dhaka.....1	
Agent in Bangladesh.....	2	Chittagong2	
Both	3	Rajshahi3	
Others (specify).....	4	Khulna4	
		Barisal.....5	
		Sylhet.....6	
		Rangpur7	

Household Number:

Module V2: Remittance in (Male)

V2_01 During the past 12 months, have you or any member of household received any money from any person who does not live in your household? Yes.....1>>V2_02
No.....2>>V3_01

Report for remittances received from migrants of the household and any other remitter.

Use PID 81-89 for migrants who were household members in the last 5 years. Use PID 91-99 for remitters who were never household members.

Household Number:

Code 10: How was the remittance sent	Code 11: Applicable for V2_08 & V2_10	Code12 :Who was the remittance sent to
Personal delivery by family, friends 1	Cash savings	For female member
Remittance company (i.e. Western Union) 2	Education	For male member
Transfer to your own bank account 3	Health (Hospital/Doctor/Medicine)	All members of the household.....
Transfer to someone else's bank account 4	Consumption (food, cloths)	
Cheque / Bank draft	Build house/land /renovate house	
Money order	Purchase of vehicle	
TT (telephonic/telegraphic transfer) 7	Purchase consumer durables.....	
Hundi/Hawala..... 8	Investment in agr. or business.....	
Mobile Banking	Purchase of gold and other jewelry.....	
Other (Specify) 9	Livestock purchase	
	Purchase shares/stock/bonds.....	
	Other (Specify)	

SL	Questions	Response	Response Code		
V2_12	In the last 12 months, what was the remittance from abroad used for? According to the amount of money spent, record the three primary expenses	<input type="text"/> <input type="text"/> <input type="text"/>	Not applicable.....1 Savings2 Repay loan3 Buying productive assets4 Agricultural equipment purchase 5 Purchase land6 Treatment.....7	Traveling abroad.....11 Building/purchasing house12 Repair/develop house13 House rent.....14 Purchase furniture.....15 Electronics16 Vehicle purchase.....17 Giving loan18 Dowry19 Non-agricultural productive asset purchase20	Charity(except Jakat)21 Jakat22 For religious institutions (mosque, madrasa, orphanage23 Investment in business institutions24 Primary education for male.....25 Primary education for female ..26 Secondary education for male..27 Secondary education for female28 Others (specify)29
V2_13	In the last 12 months, what purpose was the remittance within Bangladesh used for? According to the amount of money spent, record the three primary expenses	<input type="text"/> <input type="text"/> <input type="text"/>	Household commodity purchase. 8 Education expenses.....9 Wedding expenses10		

Household Number:

Module V3: Remittance out (Male)

Report for remittances received from migrants of the household and any other remitter

V3_01	During the past 12 months, did you or any member of your household send money to someone who does not live in your household?	<input type="checkbox"/>	Yes 1 No 2>>Next Module
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Sl No.	What is the relationship of the recipient to the household head?	Where does the recipient currently live?		In the past 12 months		
		District (if within Bangladesh)	Country (if outside Bangladesh)	How many times have you send remittance payments?	How much money in total did your household send?	How was the remittance sent? (Report primary method)
	Code 1	Code 4	Code 5	Number	Tk	Code 13
Sl No.	V3_02	V3_03	V3_04	V3_05	V3_06	V3_07

Code 13: How was the remittance sent?

- Personal delivery by family, friends 1
- Remittance company (i.e. Western Union) 2
- Transfer to your own bank account 3
- Transfer to someone else's bank account 4
- Cheque / Bank draft 5
- Money order 6
- TT (telephonic/telegraphic transfer) 7
- Hundi/Hawala 8
- Mobile Banking 10
- Other (specify) 9

Household Number:

Module V4: Other Income household (Male)

Report for the last 12 months:

Question number	Question	Response	Response code
V4_01	Income received from land rent	<input type="text"/>	Taka/year
V4_02	Income received from rent of other property	<input type="text"/>	Taka/year
V4_03	Income received from life and non-life insurance	<input type="text"/>	Taka/year
V4_04	Profits and dividends received as partner/share holder	<input type="text"/>	Taka/year
V4_05	Gratuity, separation payment, retirement benefit received	<input type="text"/>	Taka/year
V4_06	Lottery, prizes, and similar income received (in cash)	<input type="text"/>	Taka/year
V4_07	Lottery, prizes, and similar income received (in kind)	<input type="text"/>	Report imputed value
V4_08	Charity and other assistance (in cash)	<input type="text"/>	Taka/year
V4_09	Charity and other assistance (in kind)	<input type="text"/>	Report imputed value
V4_10	Interests received (from bank and other sources)	<input type="text"/>	Taka/year
V4_11	Other cash receipts (not included elsewhere)	<input type="text"/>	Taka/year
V4_12	Other in-kind receipts (not included elsewhere)	<input type="text"/>	Report imputed value

Module End Time:

Hour	<input type="text"/>	<input type="text"/>	Minute	<input type="text"/>	<input type="text"/>
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Household Number:

Module W: Anthropometry, Health and Illness (Female)

Module W1: Anthropometry (Female)

Measure for all household members ≥ 5 years.

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No....2

	Member ID	Name	Are you pregnant?	Are you lactating?	Weight	Height	If not measured, why?	Blood pressure measurement for all members aged 12 years and above	
			Yes 1	Yes 1				No 2	(kg)
		Code ↑	Code ↑	(Mark height and weight '-' if not measured)	(Mark height and weight '-' if not measured)		Have measured.....1		
							Absent.....2		
							Sick.....3		
							Refused to give measurement.....4		
							Other (specify).....5		
	MID	Name	W1_01	W1_02	W1_03	W1_04	W1_05	W1_34	W1_35
Women									
Men									

Module W1: (Continues) Menstrual hygiene practices and knowledge among adolescent girls and women between the ages of 10 and 50 years

Module W1: (Continues) Menstrual hygiene practices and knowledge among adolescent girls and women between the ages of 10 and 50 years

Quantity of blood flow:	During menstruation do you bathe daily?	What do you wash your hands with after cleaning your external genitalia?	Do you regularly clean your external genitalia?	What do you clean external genital with?	Applicable for all responders :	Did you know about menstruation prior to menarche? Who answered on your behalf?	Who first told you about menstruation prior to menarche? Yes 1 No 2	Whom do you consult about menstruation? Physiological hygiene?	What do you believe is the cause of menstruation? Result of sin from God...2 Due to some disease...3 Do not know ...4 Other (please specify)...5	Do you face any of the following restrictions during menstruation (allow multiple):	Ask to all females less than 19 years old			Applicable for all responders :
											If response to W1_31 is 2, is there a proper washroom/ toilet facility to change pad/cloth or clean yourself?	If answer to W1_31 is 2, is there a proper washroom/ toilet facility to change pad/cloth or clean yourself?	Who answered on your behalf?	
Normal ...1											Yes...1	No...2>W1_33		Self...1
Excessive ...2											Not applicable...3>W1_14			Husband...2
Scanty...3	Yes...1 No...2	With water only...1 With soap and	Yes 1 No 2	With water...1 With soap and water...2	Self...1 Husband...2 Mother...3 Sister...4 Father...5 Brother...6									Mother...3 Sister...4 Father...5 Brother...6

Household Number:

		water... 2			Other female...7 Other male...8										Other female...7 Other male...8	
Code ↑	Code ↑	Code ↑	Code ↑	Code ↑	Code ↑	Code ↑	Code 5	Code 5	Code ↑	Code 6	Code ↑	Code 7	Code ↑	Code ↑		
W1_21	W1_22	W1_23	W1_24	W1_25	W1_14a	W1_26	W1_27	W1_28	W1_29	W1_30 a	W1_30 b	W1_30 c	W1_31	W1_32	W1_33	W1_14b

Code 1	Code 2	Code 3	Code 4
Disposable commercially sold sanitary napkin/pad/tampons...1 >>W1_09 Disposable sanitary napkin/pad/tampons made from cotton/gauze/soft tissue...2 >>W1_09 Reusable cloth after boiling or washing...3 Old cloth thrown away after single use ...4 Other...5 Nothing...6	Never heard of it...1 Expensive...2 No one is there to buy it for her...3 Difficult to discard...4 Don't feel comfortable...5	Throw away with general waste...1 Burning...2 Dispose by burying...3 Not applicable...4 Other (please specify)...5	Itching (irritating skin sensation causing a desire to scratch)/scabies...1 Itching inside the vaginal canal...2 Fever/ feel feverish...3 Lower abdominal pain...4 White discharge...5 Bad odor discharge...6 Irregular menstruation...7 Jock itch/ crotch itch/ crotch rot (tinea cruris): fungal infection of the groin and upper thighs...8 Sweaty crotch/damp groin...9 No problem...10 Breast pain...12 Other (specify)...11
Code 5	Code 6	Code 7	
Mass media...1 Mother/older sister/elder female in the household...2 School teacher/curricula...3 Peers/friends...4 Other (books, health workers, relatives outside the household)...5	Visiting religious places/practicing prayers and rituals...1 Routine household work...2 Playing...3 Attending school...4 Going outside in general...5 Eating certain types of food...6 Separated within households...7 Do not face any restrictions...9	Feel uncomfortable at school around boys...1 Remain sick...2 Heavy bleeding...3 No place to change pads/cloth...4 Forbidden by guardian...5	

Module End Time: Hour Minute

Household Number:

Module W2: Anthropometry-Children (Female)
Measure for all children less than 60 months old.

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
 No.....2

Member ID	Name	Father's ID No.*	Mother's ID No.*	Birth order*	Child's date of birth						Confirmed with birth certificate or health card? Yes1 No2	How was the information regarding birth weight collected? From Health Card...66 From mother/other hh member...77 Was not weighted/ Cannot remember...99	Child's weight during birth (kg)	Weight (kg)	Height (cm)	How was this child's height measured? Lying down...1 Standing up...2	Reason for not being measured? Have measured...1 Absent...2 Sick...3 Refused to give measurement...4 Other (specify)...5	Is this child still breast fed? Yes1 No2
					Day	If does not know day, what week of the month?	Month	Year	Age (month)									
MID	Name	W2_01a	W2_01	W2_13	W2_02	W2_03	W2_04	W2_05	W2_14	W2_06	W2_15	W2_16	W2_07	W2_08	W2_09	W2_10	W2_11	

*Note for W2_13 (birth order): Record according to the mother's pregnancy order. Do not record miscarriages that happen prior to the completion of the first 6 months, only record those that happen after 6 months (those will be considered still-birth).

*Note: If the child's mother is not a member of the household (for example, if she is dead or lives in another household), insert 55.

Household Number:

Module W3: Health (Female)

Health status questions to be asked about all household members over the age of 15.

Respondent ID

Code 1: Daily activity	Code 3: Speech	Code 4: Sight	Code 5: Which one	
Easily 1	No problems..... 1	No problems 1	No / none 1	Back 9
With a little difficulty..... 2	Sometimes has difficulty..... 2	Difficulties seeing things close 2	Finger 2	From hips down..... 10
With a lot of difficulty..... 3	Generally has difficulty..... 3	Difficulty in seeing things far away 3	Hand..... 3	From neck down..... 11
Not at all..... 4	Cannot speak at all 4	Generally poor eyesight..... 4	Arm 4	Left side of body 12
Code 2: Hearing		Cannot see at night/sees with difficulty 5	Toes 5	Right side of body 13
No problems..... 1		Blind in one eye..... 6	Foot 6	Part of/ whole face 14
Sometimes has difficulty..... 2		Blind in both eyes 7	Leg 7	Whole body 15
Generally poor hearing..... 3			Jaw 8	Other: Specify 16
Deaf in one ear 4				
Deaf in both ears 5				

Household Number:

Module W4: Illness (Female)

Questions to be asked to all household members.

Respondent ID

Member ID	Name	In the last four weeks, has this person suffered: (Write 77 if condition has persisted for more than four weeks)													
		Any illness or injury in the last four weeks? Yes..... 1 No 2 >> next row	How many days in total?	How many days has this person been unable to perform his/her main activity at all? (Applicable only for 15 years and above. If not applicable write 99)	Significant weight loss Yes 1 No.....2 >>W4_07	Prolonged fever? Yes..... 1 No 2 >>W4_09	How many days in total?	Diarrhea Yes..... 1 No 2 >>W4_09	How many days in total?	Persistent cough? Yes..... 1 No 2 >> W4_11	How many days in total?	Generalized skin rash? Yes..... 1 No 2 >> W4_13	How many days in total?	Mouth or throat infection? Yes..... 1 No 2 2>>next row	How many days in total?
		Code ↑	Days	Days	Code ↑	Code ↑	Days	Code ↑	Days	Code ↑	Days	Code ↑	Days	Code ↑	Days
MID	Name	W4_01	W4_02	W4_03	W4_04	W4_05	W4_06	W4_07	W4_08	W4_09	W4_10	W4_11	W4_12	W4_13	W4_14

Household Number:

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Module W5: Illnesses (Record for the last 4 weeks) (Female)

Record information for any member of the household who suffered from any illness in the last 4 weeks. For every illness, fill out a new row.

Illness Code- 1	
Fever	1
Influenza	2
Pneumonia.....	3
Diarrhea	4
Dysentery	5
Cholera.....	6
Malaria.....	7
Typhoid.....	8
Jaundice	9
Mumps	10
Small Pox.....	11
Measles	12
Tonsillitis	13
Acidity	14
Ulcer	15
Skin Disease.....	16
Asthma.....	17
Other allergies.....	18
Arthritis/Gout.....	19
TB	20
Rheumatic Fever	21
Diabetes	22
Anemia.....	23
High Blood Pressure	24
Heart Disease	25
Cancer/Tumor	26
Headache.....	27
Stomach Ache	28
Eye Problem.....	29
Ear Problem	30
Dental Problem	31
Illnesses pertaining exclusively to females	32
Others	33
AIDS/HIV Positive.....	34
Stroke / paralysis	35
Back pain/injury	36
Kidney problem.....	37
Amnesia.....	38
Did not suffer from any illness in the last four weeks.....	99

Household Number:

Module W5a: Chronic Illness (Female)

Note: Record information on chronic illnesses of all family members

Respondent ID

Module End Time: Hour Minute

Household Number:

Module X: Household Food Consumption and Food Security (Female)

Module X-1.1: Household Food Consumption (Recall-1)

(Female):

Recall: Last 24 Hours

Module start time: Hour Minu Respondent ID: Consent : Yes ...1 No.....2

Note:

First ask if yesterday was a special day, like a celebration or feast day or a fast day where anyone in the HH ate special foods or where they ate more or less than usual or did not eat because they were fasting?

X1_01. Was yesterday a special day when special kinds of foods were eaten? Yes 1
No..... 2

If yesterday was not a special day, then ask the respondent about the types of foods that they or anyone else in their household ate yesterday during the day and at night, whether at home or outside the home.

If yesterday was a special day, then ask the respondent to describe the foods (meals and snacks) consumed the **day before yesterday (or the last normal day)** during the day and night, whether at home or outside the home.

(Gather information on last 24 hours family food consumption)

Quantity of family food consumption: Female member in-charge of cooking, supervising and serving to be interviewed.

Recall Date:

Day	Month	Year

Respondent ID:

Source of Food: Left over from previous day..... 1 Food cooked in the HH 2 Purchased..... 3 Food received from others..... 4 Invitation..... 5 Food taken at employer's place... 6	Time of day Morning 1 Noon 2 Night..... 3 Snacks..... 4	Menu	Menu codes	Ingredients	Ingredients	Total raw weight of ingredients	Cooked weight
X1_02	X1_03	X1_04	X1_05	X1_06	X1_07	X1_08	X1_09

Household Number:

Module End Time: Hour Minute

Module X-2.1: Intra-Household Food Distribution (Female)

Household Recall (Individual Level):

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No.....2

(Gather information on last 24 hours family food consumption)

Quantity of family food consumption: Female member in-charge of cooking, supervising and serving to be interviewed. If anyone has not taken any meal, then put reason code in column X2_03

Mark tick for appropriate time

Morning	Noon	Night	Snacks

Member ID Or Guest/Given food to other/Left over for next day	Name	If meal not taken, then why not? (If Code is 2 to 9, then move to next MID)	If Guest			Menu	Menu codes	Cooked Weight	If curry, then weight of meat/fish in the curry	Where meal was taken	Order of taking meal
			Sex Male..... 1	Age Years	Type of Guest						
Note*		Code 1 ↓	Code↑	(Years)	Code 2		Code	(Gram)	(Gram)	Code 3 ↓	
X2_01	X2_02	X2_03	X2_04	X2_05	X2_06	X2_07	X2_08	X2_09	X2_10	X2_11	X2_12

Note: Write member ID for each household member:

Begin guest code from.....101

Food Given to animal code.....201

Food Given to others code.....301

Food left over code.....401

Code 1: Cause of not taking meal

- Yes, meal taken1
- Food was not available2
- Fasting3
- Sickness4
- Unwilling to take food5
- Currently staying away from HH6
- Not a valid HH member7
- Breastfed child8
- Others (specify)9

Code 2: Type of guest code

- Relatives from outside village1
- Relatives from same village2
- Neighbors3
- Friends4
- Dignitary5
- Day labor working at house.....6
- Day labor working at field.....7
- Other8

Code 3: Where meal was taken code

- Respondent's home1
- Employer's house2
- Invitation3
- In market place/hotels4
- Absent5
- School gate.....6
- Local haat/bazar (weekly/daily market).....7

Module End Time: Hour Minute

Household Number:

Module X2a: Consumption of Food Prepared Outside (Female)

Household Recall (Individual Level) Period: Last 24 Hours (Bring information for up to 5 people)

X2a_01: In the past 24 hours, did any household member consume food prepared outside of home?

Module start time: Hour Minu RespondentID: Consent : Yes ... 1
 No ... 2

Module End Time: Hour Minute

CODE 1:	
Rice	1
Khichuri	2
Ruti	3
Ruti	4
Parota	5
Bonroti/Paoroti	6
Butter bun.....	7
Lentil.....	8
Bharta.....	9
Paes/firni/semai	10
Bhapa pitha	11
Chitoi pitha.....	12
Piaju.....	13
Shingara	14
Samusa	15
Alur chop	16
Dalpuri	17
Alupuri	18
Beguni	19
Patise.....	20
Chhola	21
Ghugni	22
Chotputi.....	23
Fuchka	24
Bhelpuri.....	25
Jilapi.....	26
Moa (puffed rice mixed with molasses).....	27
Biscuit	28
Cake	29
Chocolate/hard candy/ogenze.....	30
Murali	31
Goja	32
Candyfloss	33
Kotkoti	34
Shon papdi	35
Sesame Khaja	36
Nimki.....	37
Jhalmuri	38
Unpacked (open) chanachur ..	39
Sliced hogplum mixed with salt and chili	40
Sliced green mango mixed with salt and chili	41
Sliced guava mixed with salt and chili	42
Sliced elephant apple mixed with salt and chili.....	43
Tamarind mixed with salt and chili.....	44
Cadabel.....	45
Other sliced fruits(please specify).....	46
Mango bar.....	47
Open chutney/aachar	48
Sugarcane juice	49
Palm cabbage juice	50
Date juice.....	51
Other juices (sold without packaging)	52
Non-branded ice-cream.....	53
Branded ice cream (e.g. Igloo)	54
Palm cabbage nucleus	55
Cucumber	56
Khirai.....	57
Other 1 (please specify)	58
Other 2(please specify)	59

Household Number:

Module X3: Household Food Habit (Female)

Note to Enumerators: Ask these questions to the primary female member or the person who is mainly responsible for preparing food for the household.

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No.....2

Question		Code	Response	Item	Food Item	Food frequency: <i>READ:</i> Now I would like to ask you about foods that the members of your household consumed at home. Could you please tell me how many days in the past week your household has eaten the following food items, prepared and/or consumed at home and what the source of the food was?										How many days consumed in the last 7 days? If 0>>skip to next food item CODE 1	What was the main source of this food in the last 7 days? CODE 2
						Did you eat this in the last 24 hours											
						Yes...1					No....2						
						Not applicable...99											
						< 2 year old child			< 2 year old child's mother		14 to 49 year old female						
X3_09			X3_10		X3_11					X3_12		X3_07	X3_08				
MID	MID	MID	MID	MID	MID	MID	MID	MID	MID								
X3_01	In the past 4 weeks was there ever no food to eat of any kind in your house because of lack of resources to get food?	Yes... 1 No.... 1 >> X3_03	1	Cereals (maize, sorghum, millet, barley) and food made from grains, such as bread, rice, noodles, porridge, or [other local grain food]?													
X3_02	How often did this happen in the past 4 weeks?	Rarely (1-2 times) ... 1 Sometimes (3-10 times) ... 2 Often (> 10 times) 3	2	Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside or [other local yellow/orange foods]?													
			3	White potatoes, white yams, cassava, [other local root crops] or any other foods made from roots?													

				4	Any plantain or green bananas?														
X3_03	In the past 4 weeks did you or any household member go to sleep at night hungry because there was not enough food?	Yes... 1 No... 1 >> X3_05		5	Any dark green leafy vegetables such as [local dark green leafy vegetables]?														
				6	Other Vitamin A rich vegetables														
				7	Any other vegetables?														
				8	Ripe mangoes, ripe papayas or [other local vitamin A-rich fruits]?														
				9	Any other fruits?														
X3_04	How often did this happen in the past 4 weeks?	Rarely (1-2 times) ... 1 Sometimes (3-10 times) ... 2 Often (> 10 times) 3		10	Any liver, kidney, heart, or other organ meats from domesticated animals such as cow, pig, lamb, goat, chicken, or duck?														
				11	Any meat from domesticated animals, such as cow, pig, lamb, goat, chicken, or duck?														
				12	Any liver, kidney, heart, or other organ meats from wild animals such as [turtle, snake, wild pig, wild chicken etc.]?														
X3_05	In the past 4 weeks did you or any household member go a whole day and night without eating anything at all because there was not enough food?	Yes... 1 No... 2 >> X3_07		13	Any flesh from wild animals, such as [turtle, snake, wild pig, wild chicken etc.]?														
				14	Eggs?														
				15	Fresh or dried fish, shellfish, or seafood?														

				16	Any foods made from beans, peas, or lentils, such as [anchor <i>dal</i> , shimer <i>bichi</i> , mosur <i>dal</i> etc.]?																
				17	Any foods made from nuts or seeds such as [<i>chinabadam</i> , <i>til</i> , <i>tishi</i> etc.]?																
				18	Milk, cheese, yogurt, or other milk products?																
				19	Any oil, fats, or butter, or foods made with any of these?																
				20	Any sweet or sugary foods such as honey, chocolates, sweets, candies, pastries, cakes, or biscuits?																
				21	Condiments for flavor, such as <i>aachars</i> , chilies, spices, herbs, fish powder or [<i>chuijhal</i> , <i>darchini</i> , <i>chukaru</i> , <i>mouriseed</i> etc.]?																
X3_06	How often did this happen in the past 4 weeks?	Rarely (1-2 times)... 1 Sometimes (3-10 times).... 2 Often (> 10 times)... 3		22	Grubs, snails or insects such as [<i>shamuk</i> , <i>jhinuk</i> etc.]?																
				23	Tobacco (and other addictive substances)																
				24	Foods made with red palm oil, red palm nut, or red palm nut pulp sauce?																
				25	Any other foods (not mentioned in the list above)																

Household Number:

Code 1: Food Frequency		Code 2: Source of Food	
Not eaten	0	Own production.....	1
1 day.....	1	Hunting/gathering/fishing.....	2
2 days.....	2	Bought using cash	3
3 days.....	3	Bought on credit.....	4
4 days.....	4	Borrowed (friends/relatives).....	5
5 days.....	5	Gifts (friends/relatives).....	6
6 days.....	6	Begging	7
7 days.....	7	Received as payment.....	8
		Food assistance.....	9
		Collected	10

Module X4: Bad time (keeping income in mind). Recall period: last 12 months (2017): (Male and Female)

		Month 1 (A)	Month 2(B)	Code	
X4_1	Based on your income which months are usually the worst for your household			January 1 February 2 March 3 April 4 May 5 June 6 July 7	August.....8 September.....9 October.....10 November.....11 December.....12 No income shortage in any of the months.....13

ENSURE COMPLETE PRIVACY BEFORE CONTINUING WITH THIS MODULE.

Module End Time: Hour Minute

Household Number:

Module X5: Food Security and Resilience (Female)

Recall period: Past 12 months

Module start time: Hour Minu

Respondent ID: Consent : Yes...1
No....2

Note to Enumerators: Respondent should be the individual is responsible for preparing food for the household

Now I would like to ask you some questions about your food consumption in the past 12 months.

Serial no.	Question	Response	Response Code
X5_01	During the past 12 months, was there a time when you or others in your household were worried you would not have enough food to eat because of a lack of money or other resources?	<input type="text"/>	Yes.....1 No.....2 Refused.....3
X5_02	During the past 12 months, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?	<input type="text"/>	Yes.....1 No.....2 Refused.....3
X5_03	During the past 12 months, was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?	<input type="text"/>	Yes.....1 No.....2 Refused.....3
X5_04	During the past 12 months, was there a time when your household did not have food because of a lack of money or other resources?	<input type="text"/>	Yes.....1 No.....2 Refused.....3
X5_05	During the past 12 months, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?	<input type="text"/>	Yes.....1 No.....2 Refused.....3
X5_06	During the past 12 months, was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?	<input type="text"/>	Yes.....1 No.....2 Refused.....3
X5_07	During the past 12 months, was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?	<input type="text"/>	Yes.....1 No.....2 Refused.....3
X5_08	During the past 12 months, was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?	<input type="text"/>	Yes.....1 No.....2 Refused.....3

Household Number:

Next I will ask you some questions about other kinds of difficult times that people face in the past 12 months

Shocks (unexpected events)	Shock Code	Has this shock occurred in the past 12 months? Yes 1 No..... 2 >> NEXT Row	How severely did this event affect your hh's economic condition? Not Severe...1 Somewhat severe...2 Severe...3 Extremely severe...4 Refused to answer...5	How severely did this event affect your hh's food condition? Not Severe...1 Somewhat severe...2 Severe...3 Extremely severe...4 Refused to answer...5	If T1_02 is "yes" how have you or your hh coped with this situation?
X5_09a	code	X5_09b	X5_09c	X5_09d	Code 1 X5_09e1 X5_09e2 X5_09e3
In the past 12 months, did your household face difficult times as a result of having too much rain?	41				
In the past 12 months, did your household face difficult times as a result of having too little rain?	42				
In the past 12 months, did your household face difficult times as a result of erosion of your land?	43				
In the past 12 months, did your household face difficult times as a result of losing your household's land?	44				
In the past 12 months, did your household face difficult times as a result of sharp increases in the price of food?	45				
In the past 12 months, did your household face difficult times as a result of someone stealing or destroying household members' belongings?	46				
In the past 12 months, did your household face difficult times as a result of not being able to access inputs for your crops?	47				
In the past 12 months, did your household face difficult times as a result of disease affecting your crops?	102				
In the past 12 months, did your household face difficult times as a result of pests affecting your crops?	103				
In the past 12 months, did your household face difficult times as a result of someone stealing crops from your household?	48				
In the past 12 months, did your household face difficult times as a result of not being able to access inputs for your livestock?	49				
In the past 12 months, did your household face difficult times as a result of disease affecting your livestock?	50				
In the past 12 months, did your household face difficult times as a result of someone stealing animals from your household?	13				
In the past 12 months, did your household face difficult times as a result of not being able to sell the crops, livestock, or other products your household produces for a fair price?	51				
Has anyone in your household experienced a severe illness in the past 12 months?	52				
Has your household experienced the death of a family member in the past 12 months?	2				

Household Number:

Code 1: Coping strategies	
None.....	1
Sold land (specify homestead or agricultural)	2
Mortgaged/leased land (specify homestead or agricultural)	3
Sold productive asset (specify).....	4
Mortgaged productive asset (specify).....	5
Sold consumption asset (specify)	6
Mortgaged consumption asset (specify)	7
Took loan from NGO/institution	8
Took loan from mahajan/non-institutional source	9
Ate less food to reduce expenses.....	10
Ate lower quality food to reduce expenses.....	11
Took children out of school	12
Transferred children to less expensive school	13
Adult household member took job elsewhere temporarily	14
Sent household member away permanently	15
Sent children to be fostered by relatives.....	16
Sent children into domestic service.....	17
Sent children to work somewhere other than domestic service	18
Sent children to his parental home	19
Emergency receipt of remittance from migrant family member.	20
Forced to change occupation	21
Moved to less expensive housing.....	22
Sent non-working household member to work	23
Took help from others	24
Other (specify).....	25

Now I would like to ask you a few more questions concerning these difficult times

Serial no.	Question	Response	Response Code															
X5_10	Would you say that right now, your household's ability to meet your food needs is: Better than before these difficult times? The same as before these difficult times? Or worse than before these difficult times?	<input type="text"/>	BETTER THAN BEFORE DIFFICULT TIMES.....1 SAME AS BEFORE DIFFICULT TIMES.....2 WORSE THAN BEFORE DIFFICULT TIMES.....3 HOUSEHOLD DID NOT FACE ANY NEGATIVE SHOCKS.....4 REFUSED.....7															
X5_11	Looking ahead over the next year, do you believe your household's ability to meet your food needs will be: Better than before these difficult times? The same as before these difficult times? Or worse than before these difficult times?	<input type="text"/>	BETTER THAN BEFORE DIFFICULT TIMES.....1 SAME AS BEFORE DIFFICULT TIMES.....2 WORSE THAN BEFORE DIFFICULT TIMES.....3 HOUSEHOLD DID NOT FACE ANY NEGATIVE SHOCKS.....4 REFUSED.....7															
X5_12	Thank you for sharing your experiences. Now I will ask you some questions about whether your household will be able to lean on others for financial or food support during difficult times. By difficult times I mean times when there is loss of a family member, loss of income, hunger, drought, flood, conflict or similar events. Will your household be able to lean on: a) Relatives living in your community? b) Relatives living outside your community? c) Non-relatives living in your community? d) Non-relatives living outside your community?	<table border="1"> <thead> <tr> <th>no.</th> <th>Item</th> <th>Answer</th> </tr> </thead> <tbody> <tr> <td>a</td> <td>Relatives living in your community</td> <td><input type="text"/></td> </tr> <tr> <td>b</td> <td>Relatives living outside your community</td> <td><input type="text"/></td> </tr> <tr> <td>c</td> <td>Non-relatives living in your community</td> <td><input type="text"/></td> </tr> <tr> <td>d</td> <td>Non-relatives living outside your community</td> <td><input type="text"/></td> </tr> </tbody> </table>	no.	Item	Answer	a	Relatives living in your community	<input type="text"/>	b	Relatives living outside your community	<input type="text"/>	c	Non-relatives living in your community	<input type="text"/>	d	Non-relatives living outside your community	<input type="text"/>	
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b	Relatives living outside your community	<input type="text"/>																
c	Non-relatives living in your community	<input type="text"/>																
d	Non-relatives living outside your community	<input type="text"/>																
X5_13	Will the same people that you will be able to lean on during your difficult times also be able to lean on you for financial or food support during their difficult times?	<input type="text"/>																
X5_14	Do you believe your local government will help the community cope with difficult times in the future, for example during [flood, drought, tornado, cyclone, etc. (any event will have a negative impact on all members of the community)]?	<input type="text"/>	YES.....1 No, Will not be able to.....2 No, support not needed.....3															

Module End Time: Hour Minute

Household Number:

Module Y: Nutrition Practices and Services (Female)

Module Y1: Infant and Young Child Feeding (IYCF) Practices and Use of Micronutrients (Female)

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No....2

Question Number	Questions	Response	Code
Y1_00	Is there any child less than 2 years in this household?	<input type="checkbox"/>	Yes.....1 No.....2>> Module Y8

Note to Enumerators: The questions below are concerning children of less than 2 years old.

Question Number	Questions	Youngest child <24 months		Code
		Child 1	Child 2	
Child's Member ID	Child's name and ID (from Module B)	Child's Name: _____ Mem. ID <input type="text"/>	Child's Name: _____ Mem ID <input type="text"/>	Name and Member ID
Mother's Member ID	Child's mother's name and ID (from Module B)	Mother's Name: _____ Mem. ID <input type="text"/>		Name and Member ID If individual is not a member of the household, write 55.
Father's Member ID	Child's father's name and ID (from Module B)	Father's Name: _____ Mem. ID <input type="text"/>		Name and Member ID If individual is not a member of the household, write 55.
Y1_01	Where was this child of yours <NAME> delivered?	<input type="text"/>	<input type="text"/>	Your home 1 Natal house..... 2 Other house 3 Government/private hospital, clinic, UHC 4 Other (specify) 5
Y1_02	Who was present to help you during <NAME's> delivery? (Multiple response possible)	<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"/>	Govt. Hospital/Upazila Health Comple 1 Doctor 2 Midwife/nurse 3 Govt. Heath Worker (FWA/HA) 4 MA/SACMO 5 BRAC SS 6 BRAC SK 7 BRAC Pushti Kormi (PK)/IYCF Promoter 8 Others NGO Worker 9 TTBA 10 TBA 11 Village Doctor 12 Homeopath Doctor 13 Kabiraj/Herbal healer 14 Spiritual Healer 15 Pharmacy 16 Husband 17 Mother/Mother in law 18 Other Family members 19 Neighbors/ Friends 20 Private Hospital/ Clinic 21 Mother and Children Welfare Centre (MCWC) 22 Community Clinic 23 Satellinte Clinic/ EPI Center 24 Smiling Sun Clinic 25 Self 26 Nobody 27 Other (specify) 77 Do not know/ do not remember...88

Question Number	Questions	Youngest child <24 months		Code	
		Child 1	Child 2		
Y1_03	Did anyone help you put the baby to the breast after birth?	<input type="text"/>	<input type="text"/>	Yes 1 No 2 >> Y1_03b	
Y1_03a	Who helped you put the baby to the breast after birth?	<input type="text"/>	<input type="text"/>	Govt. Hospital/Upazila Health Complex 1 Doctor 2 Midwife/nurse 3 Govt. Health Worker (FWA/HA) 4 MA/SACMO 5 BRAC SS 6 BRAC SK 7 BRAC Pushti Kormi (PK)/IYCF Promoter 8 Others NGO Worker 9 TTBA 10 TBA 11 Village Doctor 12 Homeopath Doctor 13 Kabiraj/Herbal healer 14 Do not know/ do not remember.... 88	Spiritual Healer 15 Pharmacy 16 Husband 17 Mother/Mother in law 18 Other Family members 19 Neighbors/ Friends 20 Private Hospital/ Clinic 21 Mother and Children Welfare Centre (MCWC) 22 Community Clinic 23 Satellinte Clinic/ EPI Center 24 Smiling Sun Clinic 25 Self 26 Nobody 27 Other (specify) 77
Y1_03b	How soon did you put the child to the breast after birth? (Note: If respondent says that the baby was put to breast right after birth or within 1 hour of birth then write 0 hours. If the respondent mentions within 1 to 23 hours of birth then write the number of hours. If the time was 24 hours more than 24 hours then write number of days)	Hours <input type="text"/> Days <input type="text"/>	Hours <input type="text"/> Days <input type="text"/>	Right after birth or within less than 1 hour, write "0" If less than 24 hours, write hours If 24 hours or more than 24 hours, write number of days	
Y1_03c	Was there anything put to the child's mouth immediately after birth?	<input type="text"/>	<input type="text"/>	Yes 1 No 2>>Y1_04 Don't know 88>>Y1_04	
Y1_03d	What was put to the child's mouth immediately after birth by you or anyone else? Interviewer: Please verify what food was given to the child by mother and also by anyone else	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Honey 1 Mustard oil 2 Plain water 3 Sugar/glucose water 4 Tea/Coffee 5	Cow/Goat milk 6 Breast milk 7 Other (specify) 77 Do not remember 88

Question Number	Questions	Youngest child <24 months		Code		
		Child 1	Child 2			
Y1_03e	Who put food to the child's mouth immediately after birth? (Multiple response possible)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Govt. Hospital/Upazila Health Complex.....1 Doctor.....2 Midwife/nurse.....3 Govt. Health Worker (FWA/HA).....4 MA/SACMO.....5 BRAC SS.....6 BRAC SK.....7 BRAC Pushti Kormi (PK)/IYCF Promoter.....8 Others NGO Worker.....9 TTBA.....10 TBA11 Village Doctor.....12 Homeopath Doctor.....13 Kabiraj/Herbal healer.....14 Do not know/ do not remember....88	Spiritual Healer15 Pharmacy16 Husband17 Mother/Mother in law18 Other Family members19 Neighbors/ Friends20 Private Hospital/ Clinic21 Mother and Children Welfare Centre (MCWC)22 Community Clinic23 Satellinte Clinic/ EPI Center24 Smiling Sun Clinic25 Self26 Nobody27 Other (specify)77	
Y1_04	During the first 3 days after the baby was born, what was given to the child by you or anyone else? (Multiple response possible)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Honey.....1 Mustard oil.....2 Plain water.....3	Sugar/glucose water.....4 Tea/Coffee.....5 Cow/Goat milk.....6	Breast milk7 Other (specify)77 Do not remember88
Y1_05	Did you give the child colostrum?	<input type="checkbox"/>	<input type="checkbox"/>	Yes (gave to child)1 No (did not give to child)2		
Y1_05a	From birth until now, has this child ever been given expressed breast milk (in a cup or bowl)?	<input type="checkbox"/>	<input type="checkbox"/>	Yes1 No2		
<i>Now we would like to ask you about what the child's current eating pattern:</i>						
Y1_06	Is the child still breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>	Yes1>>Y1_09 No2 Never.....3>> Y1_09		
Y1_07	If no, at what age did you stop breastfeeding the child?	<input type="checkbox"/>	<input type="checkbox"/>	Month Don't Know/cannot remember88		
Y1_08	Why did you stop breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>	Problems with breast (pain).....1 Child does not suck well.....2 Not enough time to feed child.....3	Child already grown up/ No need for breast feeding.....4 Mother got pregnant.....5 New baby born.....6	Cracked nipples...7 Felt not enough breast milk.....8 Other (specify)....9
Y1_09	At what age did you start giving the following liquids/foods to the child? If mother fed her child any of the following food within the first 29 days (less than 1 months of age), this can be noted as "0" month.					
	1. Water	<input type="checkbox"/>	<input type="checkbox"/>	At "0" month of age0		

Question Number	Questions	Youngest child <24 months		Code
		Child 1	Child 2	
		<input type="checkbox"/>	<input type="checkbox"/>	At "1" month of age 1 At "2" months of age..... 2 At "3" months of age..... 3 At "12" months of age..... 12 So on Don't Know 88 Not given yet 99
2. Other non breast milk liquids (sugar/glucose water, tea, fruit juice etc.)		<input type="checkbox"/>	<input type="checkbox"/>	
3. Cow/Goat milk		<input type="checkbox"/>	<input type="checkbox"/>	
4. Sooji, rice gruel, etc.		<input type="checkbox"/>	<input type="checkbox"/>	
5. Semi-solid foods (soft rice, khichuri, mashed potato, ripe banana, other mashed family foods etc.)		<input type="checkbox"/>	<input type="checkbox"/>	
6. Solid foods (such as rice, wheat, puffed/ pressed rice etc.)		<input type="checkbox"/>	<input type="checkbox"/>	
7. Fish		<input type="checkbox"/>	<input type="checkbox"/>	
8. Meat (chicken, mutton, beef, etc., khichuri with meat)		<input type="checkbox"/>	<input type="checkbox"/>	
9. Eggs		<input type="checkbox"/>	<input type="checkbox"/>	
10. Legumes (pulse, peas, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	
11. Green vegetables		<input type="checkbox"/>	<input type="checkbox"/>	
12. Snack foods (chanachur, chips)		<input type="checkbox"/>	<input type="checkbox"/>	
13. Biscuit		<input type="checkbox"/>	<input type="checkbox"/>	
14.Pustikona/Monimix/Mymix		<input type="checkbox"/>	<input type="checkbox"/>	

The following questions are based on previous day (last 24 hours) recall, i.e., yesterday during the day and the night.

Y1_10	How many times did you breastfeed [NAME] yesterday, during the day or night?	<input type="checkbox"/>	<input type="checkbox"/>	Number of times Stopped breast feeding/Never breast fed 99
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Question Number	Questions	Youngest child <24 months		Code
		Child 1	Child 2	
Y1_11	<p>Other than breast milk, how many times did [NAME] drink other milk, formula or yogurt yesterday, during the day or night?</p> <p>Do not include number of times the child was breastfed in this question. This variable is only to capture milk or milk products <u>other than breast milk</u></p>	<input type="text"/>	<input type="text"/>	Number of times Not given yet 99
Y1_12	<p>How many times did [NAME] eat solid, semi-solid or soft foods other than liquids yesterday, during the day or night?</p> <p>Semi-solid foods such as soft rice, mashed potato, ripe banana, other mashed family foods etc. Solid foods such as rice, wheat, puffed/pressed rice etc.</p> <p>Meals include both meals and snacks (other than trivial amounts)</p>	<input type="text"/>	<input type="text"/>	Number of times Not given yet 99
Y1_12a	<p>Of the cooked foods that you fed the child yesterday, could you tell us about how many baati's (show the measuring cup) you offered the child to eat yesterday?</p> <p>Please think of the total amount of food the child was given and convert it into milliliters. .</p>	<input type="text"/>	<input type="text"/>	Milliliter Not given yet 9999

Household Number:

Yesterday (during the day or the night) did you give any of the following liquids to the child?

Please describe everything that (NAME) drank yesterday during the day or night, whether at home or outside the home.

a) Think about when (NAME) first woke up yesterday. Did (NAME) drink anything at that time? If yes: Please tell me everything (NAME) drank at that time. Probe: Anything else? Until respondent says nothing else. If no, continue to Question b).

b) What did (NAME) do after that? Did (NAME) drink anything at that time?

If yes: Please tell me everything (NAME) drank at that time. Probe: Anything else? Until respondent says nothing else.

Repeat question b) above until respondent says the child went to sleep until the next day.

Once the respondent finishes recalling foods eaten, read each food group where '1' was not circled, ask the following question and Circle '1' if respondent says yes, '2' if no and '99' if don't know:

Question Number	Questions	Youngest child <24 months				Code
		Child 1		Child 2		
Y1_13	Yesterday (during the day or the night) did you give any of the following liquids to the child?	Yesterday	Has the child ever been fed this liquid? (ask only if child 0-6 months old)	Yesterday	Has the child ever been fed liquid? (ask only if child 0-6 months old)	
Y1_13a	Breast milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Y1_13b	Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Y1_13c	Baby formula (prepared food for child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Y1_13d	Any other kind of milk (powder, cow/goat milk etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes.....1 No2
Y1_13e	Fruit juice (made at home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Y1_13f	Fruit juice (purchased, packaged)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Y1_13g	Water-based liquids, teas, sugar water, coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Y1_14	Yesterday (during the day and the night), did you use a baby bottle to feed the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes.....1 No2

Did your child eat (or drink) any of the following foods yesterday (during the day or night)?

Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home.

a) Think about when (NAME) first woke up yesterday. Did (NAME) eat anything at that time? If yes: Please tell me everything (NAME) ate at that time. Probe: Anything else? Until respondent says nothing else. If no, continue to Question b).

b) What did (NAME) do after that? Did (NAME) eat anything at that time?

If yes: Please tell me everything (NAME) ate at that time. Probe: Anything else? Until respondent says nothing else.

Repeat question b) above until respondent says the child went to sleep until the next day.

If respondent mentions mixed dishes like a PORRIDGE, sauce or stew, probe:

c) What ingredients were in that (MIXED DISH)? Probe: Anything else? Until respondent says nothing else.

As the respondent recalls foods, underline the corresponding food and circle '1' in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group.

Household Number:

Once the respondent finishes recalling foods eaten, read each food group where '1' was not circled, ask the following question and Circle '1' if respondent says yes, '2' if no and '8' if don't know:

Question Number	Questions	Youngest child <24 months				Code
		Child 1		Child 2		
Y1_15	Did your child eat (or drink) any of the following foods yesterday (during the day or night)?	Yesterday	Has the child ever been fed this liquid? (ask only if child 0-6 months old)	Yesterday	Has the child ever been fed this liquid? (ask only if child 0-6 months old)	
Y1_15a	Rice					
Y1_15b	Cereals such as wheat, pressed rice, puffed rice, suji					
Y1_15c	Purchased baby cereals (NAME: such as Cerelac) Add name of most common food that iron fortified. Country specific					
Y1_15d	Legume: daal					
Y1_15e	Green leafy vegetables					
Y1_15f	Pumpkin, orange yam, orange-red-flesh sweet potatoes, carrots, tomato (vitamin-A rich)					
Y1_15g	Any other vegetables (starchy vegetables: potatoes, yam, plantain)					
Y1_15h	Ripe papaya or mango					
Y1_15i	Other fruits such as oranges, banana, grapefruits					
Y1_15j	Any other fruits					
Y1_15k	Meat such as beef, mutton					
Y1_15l	Chicken, duck, pigeon					
Y1_15m	Liver, heart, kidneys					
Y1_15n	Fish					Yes 1 No..... 2
Y1_15o	Eggs					
Y1_15p	Peanuts, groundnuts, other nuts					
Y1_15q	Milk (non-human milk – cow, goat or powder)					
Y1_15r	Milk products (yogurt, rice pudding etc.)					
Y1_15s	Fat (oil, butter, ghee)					
Y1_15t	Chips or chanachur					
Y1_15u	Bread or buns					
Y1_15v	Candies or chocolates					
Y1_15v1	Biscuits					
Y1_15w1	Nutrient Powder/ Vitamin Sprinkles (Micronutrients, Monimix, MyMix, Pustika etc.)					
Y1_15w	Any iron containing tablet					
Y1_15x	Spices					
Y1_15y	Others (Specify)					

Household Number:

Question Number	Questions	Youngest child <24 months		Code
		Child 1	Child 2	
Y1_15_1	In the past 1 month, did you face any problems feeding your child?	<input type="checkbox"/>	<input type="checkbox"/>	Yes.....1 No.....2>>Y1_16
Y1_15_2	What kind of problems do you currently face? (Multiple response possible) [bring up to 3 answers]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Problems with breast (pain).....1 Child does not suck well.....2 Not able to breastfeed well.....3 Not enough time to feed child.....4 Cracked nipples.....5 Feel not enough breast milk.....6 Poor appetite.....7 Child runs around too much.....8 Child does not like solid foods.....9 Child sick.....10 Other (specify).....77
Y1_15_3	Did you seek help from anyone to help address this problem?	<input type="checkbox"/>	<input type="checkbox"/>	Yes.....1 No.....2>>Y1_16

Question Number	Questions	Youngest child <24 months		Code
		Child 1	Child 2	
Y1_15_4	Who did you seek help from? (Multiple response possible)			<p>Govt. Hospital/Upazila Health Complex Spiritual Healer</p> <p>1 Doctor 15 Pharmacy</p> <p>2 Midwife/nurse 16 Husband</p> <p>3 Govt. Heath Worker (FWA/HA) 17 Mother/Mother in law</p> <p>4 MA/SACMO 18 Other Family members</p> <p>5 BRAC SS 19 Neighbors/ Friends</p> <p>6 BRAC SK 20 Private Hospital/ Clinic</p> <p>7 BRAC Pushti Kormi (PK)/IYCF Promoter 21 Mother and Children Welfare Centre (MCWC)</p> <p>8 Others NGO Worker 22 Community Clinic</p> <p>9 TTBA 23 Satellite Clinic/ EPI Center</p> <p>10 TBA 24 Smiling Sun Clinic</p> <p>11 Village Doctor 25 Self</p> <p>12 Homeopath Doctor 26 Nobody</p> <p>13 Kabiraj/Herbal healer 27 Other (specify)</p> <p>14 77 Do Not Know/ Do Not Remember 88</p>

Y1_15_5	What feeding advice did the person give you? (Multiple response possible) [bring upto 2 answers]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Showed how to hold the baby and attach baby's mouth to breast during breast feeding	Give favorite nutritious food
				1 Give pressed breast milk when the mother stays away from the baby	13 Advise to feed frequently
				2 Give the child only breast milk for the first 6 months	14 Give an extra meal for 2 weeks after the child recovers from an illness
				3 Continue breastfeeding the child up to 2 years	15 Give ORS/home prepared solution
				4 Breastfeed more often	16 Feed less than usual
				5 Give child other milk (cow/goat/buffalo milk)	17 Give syrups
				6 Give infant formula or powder milk (Nan, Cerelac, Lactogen, Horlicks)	18 Give traditional medicine
				7 Give sooji/gruels mixed with milk	19 Give treated water
				8 Give Khichuri	20 Give carrot juice or rice water
				9 Give mashed family food	21 DO NOT give other milk or any food to the child other than breast milk until a child is 6 months old
				10 Give animal source food (egg, fish, chicken, liver)	22 DO NOT give infant formula or powder milk(Nan, Cerelac, Lactogen, Horlicks)
				11 Give vitamin/supplementary food	23 DO NOT give Khichuri
				12 Give favorite nutritious food	24 DO NOT give mashed family food
				13	25 DO NOT give animal source food(egg, fish, chicken, liver)
					26

Household Number:

Question Number	Questions	Youngest child <24 months		Code	
		Child 1	Child 2		
					Others (specify)77
Y1_15_6	Did they suggest any baby food/formula?	<input type="checkbox"/>	<input type="checkbox"/>	Yes.....1 No.....2	

MICRONUTRIENTS POWDER RELATED QUESTIONS

Question Number	Questions	Youngest child <24 months			Code		
		Child 1		Child 2			
Y1_16	Have you ever heard of a powder called Sprinkles/ (show example packets) for putting in the food of young children?	<input type="checkbox"/>		<input type="checkbox"/>		Yes.....1 No.....2>>Y1_31 Don't remember/don't know.....88>Y1_31	
Y1_16a	Which powder have you heard about?	Pustikona <input type="checkbox"/>	Monimix <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>	Pustikona <input type="checkbox"/>	Monimix <input type="checkbox"/>	Other (please specify) <input type="checkbox"/> Yes.....1 No.....2

Question Number	Questions	Youngest child <24 months						Code
		Child 1			Child 2			
Y1_17	Where did you hear about this? (multiple answers possible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Television/radio advertisement.....1 Pharmacy/ shop in village.....2 Doctor (MBBS/ Village).....3 BRAC Health Worker (SS/PS/SK./PK/PO).....4 From other NGO workers.....5 From neighbor or family member.....6 Hospital.....7 Other77
Y1_18	Was (NAME) EVER given food mixed with micronutrient powder/ vitamin powder?	<input type="checkbox"/>			<input type="checkbox"/>			Yes.....1>>Y1_18b No.....2
Y1_18a	Why was (NAME) never given micronutrient powder/ vitamin powder? (multiple answers possible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Don't think that it is useful for the child1 Child doesn't like Pushtikona2 Child gets constipation/black stool3 Child gets stomach ache.....4 Not affordable/too expensive5 Family barriers/family members discourage6 It is medicine, only needed if child is ill7 It is like sugar, not needed8 Doctor/SS/Other health official did not prescribe9 Buy another brand of MNP (Monimix, MyMix etc.)10 Received it for free.....11 The child is still less than 6 months old12 Others (specify).....77 Don't know99
Y1_18b	Which of these micronutrients [NAME on the side] was given to child?	<input type="checkbox"/>			<input type="checkbox"/>			Pushtikona.....1 Monimix2 MyMix3 Pushnika.....4 Other77
Y1_19	Was (NAME) never given micronutrient powder/ vitamin powder in the past month?	<input type="checkbox"/>			<input type="checkbox"/>			Yes.....1 No.....2
Y1_20	During the past 7 days, on how many days did you mix micronutrient powder with food for (NAME)?	<input type="checkbox"/>			<input type="checkbox"/>			Days Don't know/don't remember.....88
Y1_22	Did you <u>receive</u> packets of micronutrient powders from anyone or any program at any time in last six months?	<input type="checkbox"/>			<input type="checkbox"/>			Yes.....1 No2>>Y1_25 Don't remember/don't know. 88>> Y1_25

Household Number:

Question Number	Questions	Youngest child <24 months		Code
		Child 1	Child 2	
Y1_23	Where did you receive these packets of micronutrient powders from? (multiple answers possible)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	BRAC SS 1 Other BRAC health workers(SK/PK/PO) 2 SMC/other health workers 3 Pharmacy 4 Local shop 5 Doctor's Chamber 6 Company's Medical Representative 7 Others (specify)..... 77
Y1_24	How many packets did you receive in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	Number Don't remember/don't know..... 88
Y1_25	Did you <u>purchase</u> packets of micronutrient powders any time in last six months?	<input type="checkbox"/>	<input type="checkbox"/>	Yes 1 No 2 Don't remember/don't know 88
Y1_26	Did you <u>purchase</u> packets of micronutrient powders any time in last one month?	<input type="checkbox"/>	<input type="checkbox"/>	Yes 1 No 2 >> Y1_28 Don't remember/don't know 88 >> Y1_28
Y1_27	How many packets of micronutrient powders did you <u>purchase</u> in last one month?	<input type="checkbox"/>	<input type="checkbox"/>	Number Don't remember/don't know..... 88
Y1_28	Where did you buy micronutrient powders from the last time you purchased micronutrient powders?	<input type="checkbox"/>	<input type="checkbox"/>	BRAC SS 1 other BRAC health workers(SK/PK/PO) 2 SMC/other health workers 3 Pharmacy 4 Local shop 5 Doctor's chamber 6 Company's Medical Representative 7 Others (specify)..... 77 Did not purchase 99>>Y1_30
Y1_29	What was the price of each packet of micronutrient powder?	<input type="checkbox"/>	<input type="checkbox"/>	Taka
Y1_30	Which members of your family consumed Sprinkles in the last one week? [bring up to 4 answers]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Member ID No family member consumed in last 1 week 98
Y1_31	Did you ever purchase <u>any other</u> vitamins or mineral supplements in last six months? Give examples of locally available vitamins/minerals; <u>note this is other than micronutrient powder</u>	<input type="checkbox"/>	<input type="checkbox"/>	Yes 1 No 2 Don't remember/don't know 88

Household Number:

Question Number	Questions	Youngest child <24 months		Code
		Child 1	Child 2	
Y1_32	Did you purchase any vitamin or mineral supplements in last one month?	<input type="text"/>	<input type="text"/>	Yes 1 No 2 >>Y1_35 Don't remember/don't know 88>>Y1_35
Y1_33	Can you tell us the name of the vitamin/mineral supplement you bought?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Vitamin/Mineral 1 _____ Vitamin/Mineral 2 _____ Don't know name 88 Did not purchase 9999>>Next Module
Y1_34	Was the empty bottle of vitamin/Mineral/packet checked?	<input type="text"/>	<input type="text"/>	Yes 1 No 2 Did not purchase in last 1 month 99
Y1_35	Which members of your family consumed the vitamin/mineral supplements in the last one week? [bring up to 4 answers]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Member ID None of the family member consumed in last 1 week 98

Module Y2: Nutrition (IYCF) Knowledge of Respondent Mothers (Female)

Question Number	Questions	Response	Code
Y2_00	According to you, when can you start giving a young child the following foods?		
1	Water	<input type="checkbox"/>	
2	Rice, Bread, Pressed rice, Muri, sooji, etc.	<input type="checkbox"/>	
3	Legume: daal, pulse, peas	<input type="checkbox"/>	
4	Green leafy vegetables	<input type="checkbox"/>	
5	Vegetables such as pumpkin, orange yam, orange-red-flesh sweet potatoes, carrots, tomato (vitamin-A rich)	<input type="checkbox"/>	<= 1 Month of age 0 At 1 Month of age 1 At 2 Month of age 2 At 3 Month of age 3 At 4 Month of age 4 At 5 Month of age 5 At 6 Month of age 6 At 7 Month of age 7 At 8 Month of age 8 At 9 Month of age 9 At 10 Month of age 10 At 11 Month of age 11 At 12 Month of age 12 Don't know/didn't answer 88 Should not be given 99
6	Ripe papaya or mango	<input type="checkbox"/>	
7	Bananas	<input type="checkbox"/>	
8	Beef, mutton	<input type="checkbox"/>	
9	Chicken, duck, other poultry, chicken liver	<input type="checkbox"/>	
10	Fish (Big)	<input type="checkbox"/>	
11	Fish (Small)	<input type="checkbox"/>	
12	Eggs	<input type="checkbox"/>	
13	Peanuts, groundnuts, other nuts	<input type="checkbox"/>	
14	Milk (cow, goat or powdered)	<input type="checkbox"/>	
15	Purchased snack foods (chips, biscuits, chanachur, Chocolate/candies etc.)	<input type="checkbox"/>	
16	Other non-breast milk liquids (sugar/glucose water, tea, fruit juice etc.)	<input type="checkbox"/>	
17	Semi-solid foods (soft rice, khichuri, mashed potato, ripe banana, other mashed family foods etc.)	<input type="checkbox"/>	
Y2_01	How soon after birth should a baby start breastfeeding?	<input type="checkbox"/>	Immediately 1 Less than 1 hour after delivery 2 Some hours later but less than 24 hrs 3 1 day later 4 More than 1 day later 5 Do not think baby should be breastfed 6 Don't know 88

Question Number	Questions	Response	Code
Y2_02	What should a mother do with the “first milk” or colostrum?	<input type="checkbox"/>	Throw it away and start breastfeeding when the real milk comes in 1 Give it to her baby by breastfeeding soon after birth 2 Other (specify) 3 Don’t know 88
Y2_03	How often should a baby breastfeed?	<input type="checkbox"/>	Whenever baby wants 1 When you see the baby is hungry 2 When the baby cries 3 Other (specify) 4 Don’t know 88
Y2_04	If a mother thinks her baby is not getting enough breast milk, what should she do?	<input type="checkbox"/>	Breastfeed more often/more frequently 1 Give other liquids/foods 2 Mother needs to drink more water 3 Mother needs to eat more food 4 Other (specify) 5 Eat food that increases milk production 6 Feed the child with patience 7 Don’t know 88
Y2_05	Do you think that infants under 6 months of age should be given water if the weather is very hot?	<input type="checkbox"/>	Yes 1 No 2 Don’t know 88
Y2_05a	Do you think that a breastfeeding mother of an infant under 6 months of age should stop breastfeeding if she becomes pregnant?	<input type="checkbox"/>	Yes 1 No 2 Don’t know 88
Y2_05b	Until about what age should a baby be exclusively breastfed?	<input type="checkbox"/>	Months Don’t know/Don’t remember 88
Y2_06	At what age should a baby first start to receive liquids (including water) other than breast milk?	<input type="checkbox"/>	Months Don’t know 88
Y2_07	At what age should a baby first start to receive foods in addition to breast milk?	<input type="checkbox"/>	Months Don’t know 88
Y2_07a	Until what age should a child be breastfed in addition to other food?	<input type="checkbox"/>	Months Don’t know 88
Y2_08	Name one thing that can happen to children if they do not get enough iron (either in their diet or via iron supplements).	<input type="checkbox"/>	Impaired learning 1 Impaired development 2 Lower height 3 Weakened immune defense 4 Feel tired 5 Become anemic 6 Other (specify) 7 Don’t know 88
Y2_09	What seasoning (food item) is often fortified with iodine (a nutrient important for brain development)?	<input type="checkbox"/>	Salt 1 Other (specify) 2 Don’t know 88

Question Number	Questions	Response	Code
Y2_10	For how long do children need an extra meal per day after they have been sick? <i>(a meal in addition to the ones they are fed usually)</i>	Day <input type="text"/> Week <input type="text"/>	Day/Week Don't know 88
Y2_11a	What should a mother do in regard to child feeding when a child aged less than 6 months has diarrhea? <i>(Multiple response possible)</i>	<input type="text"/> <input type="text"/> <input type="text"/>	Give ORS/home-prepared solution 1 Feed less than usual 2 Continue breastfeeding 3 Breastfeed more often 4 Give syrups 5 Give traditional medicine 6 Give treated water 7 Give carrot juice or rice water 8 Other: 77 Don't know 88
Y2_11b	What should a mother do in regard to child feeding when a child aged more than 6 months has diarrhea? <i>(Multiple response possible)</i>	<input type="text"/> <input type="text"/> <input type="text"/>	Give ORS/home-prepared solution 1 Feed less than usual 2 Continue breastfeeding 3 Breastfeed more often 4 Give syrups 5 Give traditional medicine 6 Give treated water 7 Give carrot juice or rice water 8 Other: 77 Don't know 99
Y2_12	When should you wash your hands? <i>(multiple answers possible)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Before eating 1 After using the toilet 2 Before feeding the child 3 After cleaning a child who has defecated 4 Other (specify) 5 Don't know 88
Y2_13	What are some of the things we can do to encourage young children to eat their food? <i>(multiple answers possible)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Feed slowly and patiently 1 Talk to the child 2 Force the child 3 Reduce distractions 4 Feed other foods 5 Change flavor of the food 6 Give vitamins 7 Take the child's mind off 8 Start CF on time so child develops a habit 9 Food should be mashed 10 Maintain food consistency (concentration) 11 Offer a variety of foods 12

Question Number	Questions	Response	Code
			Offer the child his/her favorite nutritious food 13 Let the child eat with own hands (provided hands are washed) 14 Avoid junk food (chips, packet juice etc.) 15 Feed when child is hungry 16 Encourage and praise the child 17 Other (specify) 77 Don't know 88
Y2_14	What foods does a young child (<24 months) need in order to grow and develop their brain? (multiple answers possible)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Gruels/bread/rice..... 1 Gruel with milk..... 2 Animal foods such as meat or chicken..... 3 Fish 4 Eggs 5 Fruits..... 6 Vegetables 7 Milk 8 Pulses (daal)..... 9 Other (specify) 10 Don't know 88
Y2_14a	Can you name some benefits of providing Pushtikona/micronutrient powder to children? [multiple responses possible]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Child will not be anemic..... 1 Good for child's brains and intelligence/good in studies or school..... 2 Child will grow well (height or weight) 3 Improved child development 4 Increases child's appetite 5 Child suffers less from illness 6 Child cries less 7 It has vitamins and minerals 8 Prevents diarrhea 9 Treats diarrhea 10 Improves child's immune system 11 Child is more energetic (feels less tired)..... 12 Others (Specify) 77 Don't know 88
Y2_14b	How many sachets of Pushtikona should be fed to a child in 7days?	<input type="checkbox"/>	Number of sachets [__][__] Don't know 88 Never Fed 99
Y2_14c	How much of the Pushtikona sachet should be mixed with the child's food at one meal?	<input type="checkbox"/>	Full sachet..... 1 Half sachet... 2 Less than half sachet 3 Others (specify) 4 Don't know 88
Y2_14d	Within how much time should the food after adding Pushtikona be fed to the child?	<input type="checkbox"/>	Within 30 minutes..... 1 Others [__] mins 2

Question Number	Questions	Response	Code
			Don't know 88
Y2_14e	How hot or cold should the food be when adding Pushtikona to it?	<input type="text"/>	Hot (just cooked)..... 1 Warm/room temperature (after cooking allow the food to cool)..... 2 Cold 3 Others (specify) 4 Don't know 88

Module Y3: Awareness-Trial-Adoption of Sentinel Practices (Female)

Question Number	I will now ask you about a few child feeding practices. Can you tell me if you have ever heard about any of the following child feeding practices?	A. Have you heard about....? yes 1>>B No 2>>Next row	B. If ans is 'yes' for A Where did you hear about this? Family Member 1 Friend/neighbor 2 Health worker 3 Nurse/dispensary ... 4 Radio 5 TV 6 BRAC 7 Religious Leader.... 8 Health Center..... 9 Other (specify)..... 10	C. Did you ever try this? Yes.....1>>Next Row No 2>>D	D. If ans is "No" for C, ask: Can you tell me the main reason why you did not ever try this at home? Next Qs.	
					Response	Code
Y3_01	Starting breast feeding immediately after delivery within 1 hour?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Code 1↓
Y3_02	Not giving anything except breast milk to your child for six months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Code 2 ↓
Y3_03	Feeding your baby mashed family foods in addition to breast feeding right at 7 months of age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Code 3↓
Y3_04	Feeding animal foods like fish, egg, liver, meat at least once a day? (for child more than 6 months old)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Code 4↓
Y3_07	Adding Pushtikonia/Monimix/MyMix/Sprinkles to the child's food	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Code 5↓

Household Number:

Code 1	Code 2	Code 3	Code 4	Code 5
Do not know.....1	Do not know.....1	Child does not like it.....1	Do not know1	Do not know1
Insufficient breast milk2	Mother did not want.....2	Not enough food at home2	Child does not like it.....2	Child does not like it.....2
Family members discouraged me 3	Family members told me to feed something else.....3	Did not have required ingredients.....3	Did not have money.....3	Did not have money.....3
Other people discouraged me4	Others told me to feed something else4	Ingredients too expensive4	Fish, eggs, liver, meat too expensive4	Pushtikona too expensive ...4
Doctor forbid me5	Insufficient breast milk5	Child not old enough5	Child not old enough5	Child not old enough5
Did not feel it to be necessary6	Other (specify)6	Other (specify).....6	Other (specify).....6	Other (specify).....6
Other (specify)7		Did not feel it to be necessary...7	Did not feel it to be necessary ..7	Did not feel it to be necessary7

Household Number:

Module Y4: Immunization and Health Status of Young Children (<2 years) (Female)

Instructions: To be asked for all children under the age of 24 months

Important note: finish asking all questions for the first child, and then ask the same set of questions for the younger child.

Question number	Question	Child < 24 months		Response Code		
		Child 1	Child 2			
Child's Member ID	Copy the child's Name and ID from module B	Name: _____ Mem. ID <input type="text"/>	Name: _____ Mem. ID <input type="text"/>	Name and Member ID		
Mother's Member ID	Copy the child's mother's Name and ID from module B	Name: _____ Member ID <input type="text"/>		Name and Member ID If not member of HH, then record 55		
Father's Member ID	Copy the child's father's Name and ID from module B	Name: _____ Member ID <input type="text"/>		Name and Member ID If not member of HH, then record 55		
Y4_01	Present age of child in months	<input type="text"/>	<input type="text"/>	Age in months		
Y4_02	Gender of the child	<input type="text"/>	<input type="text"/>	Boy.....1 Girl.....2		
Y4_03	Birth Order (number)	<input type="text"/>	<input type="text"/>	Write the exact number birth order of the child.		
Y4_04	If the child is over 6 months old, has the child received vitamin A capsule in last 6 month?	<input type="text"/>	<input type="text"/>	Yes1 No2 N/A (age < 6 months).....9 Don't Know/ Don't Remember88		
Y4_05	Immunization status of the child <i>Check health card (if available) and based on the immunization information given, fill up the following questions. If no card available, then ask mother of child.</i>					
	Which immunizations has the target child taken so far?	Child 1	Child 2			
	List of vaccination:	From Health Card	From Mother	From Health Card	From Mother	Response Code
Y4_05a	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes1 No2 N/A3
Y4_05b	DPT 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Y4_05c	DPT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Y4_05d	DPT 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Y4_05e	Hepatitis B 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Y4_05f	Hepatitis B 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Y4_05g	Hepatitis B 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Y4_05h	Penta (DPT, Hep-B, HIB) 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Y4_05i	Penta (DPT, Hep-B, HIB) 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Y4_05j	Penta (DPT, Hep-B, HIB) 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Y4_05k	OPV 0 (at birth)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Y4_05l	OPV (Polio) 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Y4_05m	OPV (Polio) 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Y4_05n	OPV (Polio) 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Y4_05o	Measles	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Y4_05p	Vitamin A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Household Number:

Child Illness and Use of Health Services

Serial	Question	Response								Code
		Child 1				Child 2				
		Child of < 24 months				Child of < 24 months				
		A1	A2	A3	A4	A1	A2	A3	A4	
		Fever	Cough/cold	Fast breathing/ short breathing	Diarrhea	Fever	Cough/cold	Fast breathing/ short breathing	Diarrhea	
Y4_06	Has (NAME) had any of the following symptoms in the past two weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes 1 No 2>Y4_10 Don't Know 88>Y4_10
Y4_07	Did you ask for advice or seek treatment when the child had (name illness/symptom)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes 1 No 2>>Y4_09

Serial	Question	Response								Code
		Child 1				Child 2				
		Child of < 24 months				Child of < 24 months				
Y4_08	WHOM did you seek advice/medical help or treatment for this illness(Please specify each illness to the respondent) (multiple responses possible)	<input type="checkbox"/>	Govt. Hospital/Upazila Health Complex 1 Doctor 2 Midwife/nurse 3 Govt. Heath Worker (FWA/HA) 4 MA/SACMO 5 BRAC SS 6 BRAC SK 7 BRAC Pushti Kormi (PK)/IYCF Promoter 8 Others NGO Worker 9 TTBA 10 TBA 11 Village Doctor 12 Homeopath Doctor 13 Kabiraj/Herbal healer 14 Spiritual Healer 15 Pharmacy 16 Husband 17 Mother/Mother in law 18 Other Family members 19 Neighbors/ Friends 20 Private Hospital/ Clinic 21 Mother and Children Welfare Centre (MCWC) 22 Community Clinic 23 Satellite Clinic/ EPI Center 24 Smiling Sun Clinic 25 Self 26 Nobody 27 Other (specify) 77 Do Not Know/ Do Not Remember 88							
	Please ask about the FIRST point of care and enter that in top box. Then ask about SECOND point of care, and enter that in second box, and then finally, ask about THIRD point of care and enter in third box.	<input type="checkbox"/>								
		<input type="checkbox"/>								
		<input type="checkbox"/>								
		<input type="checkbox"/>								
		<input type="checkbox"/>								
		<input type="checkbox"/>								
		<input type="checkbox"/>								
		<input type="checkbox"/>								

Household Number:

Serial	Question	Response								Code
		Child 1				Child 2				
		Child of < 24 months				Child of < 24 months				
Y4_081	Where did this care provider sit?	<input type="checkbox"/>	Government hospital 1 Upazila Health Complex 2 Private clinic 3 Pharmacy 4 MCWC 5 Community Clinic 6 Satellite clinic/EPI Center 7 Smiling Sun Clinic 8 Union Health and Family Welfare Center 9 NGO facility: (specify) 10 Doctor's Chamber 11 Private doctor (MBBS) 12 Village doctor 13 Home 14 Other (specify) 77 Don't know/cannot recall 88 Not applicable 99							
Y4_08b	Did the care provider take the NAME's weight when they examined him/her?	<input type="checkbox"/>	Yes 1 No 2							
Y4_08c	Did the care provider ask how NAME was being fed when they examined him/her?	<input type="checkbox"/>	Yes 1 No 2							
Y4_08d	Did the care provider give you any advice about child feeding when they examined NAME?	<input type="checkbox"/>	Yes 1 No 2>> Y4_09							
Y4_08e	What advice did the care provider give about feeding?	<input type="checkbox"/>	Breastfeed more 1 Feed other foods 2 Give the child formula or tinned milk 3 Give the child tonics or vitamins 4 Other, specify 9							

Serial	Question	Response								Code
		Child 1				Child 2				
		Child of < 24 months				Child of < 24 months				
Y4_09	What did you give the child when he/she had diarrhea? (Select all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ORS(bought).....1 Zinc tablets2 Antibiotics3 Homemade ORS4 Traditional medicine5 Other6 Nothing7
Y4_09a	I'd like to know how much NAME was given to DRINK during the diarrhea (including breastmilk)? Was he/she given less than usual to eat, about the same amount, more than usual, or nothing to drink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nothing to drink.....0 Much less1 Somewhat less2 About the same3 More4 Don't know8
Y4_09b	I'd like to know how much NAME was given to EAT during the diarrhea (including breastmilk)? Was he/she given less than usual to eat, about the same amount, more than usual, or nothing to drink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nothing to eat0 Much less1 Somewhat less2 About the same3 More4 Don't know8
Y4_10	Was NAME ever treated in a health center or hospital because he/she was very malnourished?	<input type="checkbox"/>				<input type="checkbox"/>				Yes.....1 No2
Y4_11	Was NAME ever given special foods like this (SHOW PACKET OF RUTF) to take home and eat for a few weeks because he/she was very malnourished?	<input type="checkbox"/>				<input type="checkbox"/>				Yes.....1 No2>>Y4_12

Household Number:

Serial	Question	Response		Code
		Child 1	Child 2	
	Child of < 24 months	Child of < 24 months		
Y4_11a	Where did you get this special food (SHOW PACKET OF RUTF)?	<input type="text"/>	<input type="text"/>	Govt. Hospital/Upazila Health Complex 1 Doctor 2 Midwife/nurse..... 3 Govt. Heath Worker (FWA/HA)..... 4 MA/SACMO..... 5 BRAC SS..... 6 BRAC SK..... 7 BRAC Pushti Kormi (PK)/IYCF Promoter 8 Others NGO Worker..... 9 TTBA..... 10 TBA 11 Village Doctor 12 Homeopath Doctor..... 13 Kabiraj/Herbal healer..... 14 Spiritual Healer..... 15 Pharmacy 16 Husband..... 17 Mother/Mother in law .. 18 Other Family members..... 19 Neighbors/ Friends..... 20 Private Hospital/ Clinic..... 21 Mother and Children Welfare Centre (MCWC)..... 22 Community Clinic..... 23 Satellite Clinic/ EPI Center 24 Smiling Sun Clinic..... 25 Self..... 26 Nobody 27 Other (specify) 77 Do Not Know/ Do Not Remember 88
Y4_12	Has NAME ever been given any medicines for deworming?	<input type="text"/>	<input type="text"/>	Yes 1 No 2>>Next module
Y4_13	When was the last time NAME was given a medicine for deworming?	<input type="text"/>	<input type="text"/>	[__] MONTHS AGO (*write 0 if less than 1 month ago)

Household Number:

Serial	Question	Response		Code
		Child 1	Child 2	
	Child of < 24 months	Child of < 24 months		
Y4_14	Where did you get the medicine from?	<input type="text"/>	<input type="text"/>	Govt. Hospital/Upazila Health Complex 1 Doctor 2 Midwife/nurse..... 3 Govt. Health Worker (FWA/HA)..... 4 MA/SACMO..... 5 BRAC SS..... 6 BRAC SK..... 7 BRAC Pushti Kormi (PK)/IYCF Promoter 8 Others NGO Worker..... 9 TTBA..... 10 TBA 11 Village Doctor 12 Homeopath Doctor..... 13 Kabiraj/Herbal healer..... 14 Spiritual Healer..... 15 Pharmacy 16 Husband..... 17 Mother/Mother in law .. 18 Other Family members..... 19 Neighbors/ Friends..... 20 Private Hospital/ Clinic..... 21 Mother and Children Welfare Centre (MCWC) 22 Community Clinic..... 23 Satellite Clinic/ EPI Center 24 Smiling Sun Clinic..... 25 Self..... 26 Nobody 27 Other (specify)..... 77 Do Not Know/ Do Not Remember 88

Household Number:

Module Y5: Nutrition related Prenatal Care during Pregnancy with Youngest Child (Female)

Instructions: To be asked for all children under the age of 24 months

Serial no.	Question	Child of < 24 months		Response Code
		Child 1	Child 2	
Child's Member ID	Copy the child's Name and ID from module B	Name: _____ Mem. ID <input type="text"/>	Name: _____ Mem. ID <input type="text"/>	Name and Member ID
Mother's Member ID	Copy the child's mother's Name and ID from module B	Name: _____ Member ID <input type="text"/>		Name and Member ID If not member of HH, then record 55
Father's Member ID	Copy the child's father's Name and ID from module B	Name: _____ Member ID <input type="text"/>		Name and Member ID If not member of HH, then record 55
Y5_01	Did you receive any antenatal care (ANC) when you were pregnant with this child?	<input type="text"/>	<input type="text"/>	Yes 1 No 2>>Y5_09

Household Number:

Serial no.	Question	Child of < 24 months		Response Code
		Child 1	Child 2	
Y5_02	<p>Whom did you see for antenatal care during this pregnancy? (MULTIPLE RESPONSES, PROBE AND WRITE ALL MENTIONED)</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Govt. Hospital/Upazila Health Complex 1 Doctor..... 2 Midwife/nurse 3 Govt. Health Worker (FWA/HA) 4 MA/SACMO 5 BRAC SS 6 BRAC SK..... 7 BRAC Pushti Kormi (PK)/IYCF Promoter 8 Others NGO Worker..... 9 TTBA 10 TBA..... 11 Village Doctor 12 Homeopath Doctor 13 Kabiraj/Herbal healer 14 Spiritual Healer 15 Pharmacy..... 16 Husband 17 Mother/Mother in law..... 18 Other Family members 19 Neighbors/ Friends 20 Private Hospital/ Clinic 21 Mother and Children Welfare Centre (MCWC) 22 Community Clinic 23 Satellite Clinic/ EPI Center..... 24 Smiling Sun Clinic 25 Self 26 Nobody..... 27 Other (specify)..... 77 Do Not Know/ Do Not Remember 88
Y5_03	How many antenatal care sessions/check-ups did you attend when you were pregnant with this child?	<input type="text"/>	<input type="text"/>	Never..... 0 If attended, record exact number of sessions

Serial no.	Question	Child of < 24 months		Response Code
		Child 1	Child 2	
Y5_04	<p>Where all did you attend these sessions? Anywhere else? PROBE for all responses.</p> <p>If antenatal sessions attended “0” zero time then write “99=N/A”</p> <p>(Multiple Response)</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Government hospital 1 Upazila Health Complex 2 Private clinic 3 Pharmacy 4 MCWC 5 Community Clinic 6 Satellite clinic/EPI Center 7 Smiling Sun Clinic 8 Union Health and Family Welfare Center 9 NGO facility: (specify) 10 Doctor's Chamber 11 Private doctor (MBBS) 12 Village doctor 13 Home 14 Other (specify) 77 Don't know/cannot recall 88 Not applicable 99
Y5_05	During your pregnancy with this child, how often was your weight measured?	<input type="text"/>	<input type="text"/>	Never 0 Once 1 2 times 2 3 times 3 4 times 4 5 times 5 6 times 6 More than 6 times 7
Y5_06	Were you advised on what to eat or how to cook your food during pregnancy?	<input type="text"/>	<input type="text"/>	Yes, on what to eat 1 Yes, on how to cook 2 Yes, on both eat and cook 3 No, I was not advised 4 >> Y5_08
Y5_07	What advise were you given about eating during pregnancy?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Eat more food 1 Take more rest 2 Take iron-folic acid tablets 3 Take calcium tablets 4 Other 5
Y5_08	How many Tetanus Toxoid (TT) vaccinations did you have during your pregnancy with this child? [A TT vaccination is an injection in your arm to prevent the baby from getting tetanus]	<input type="text"/>	<input type="text"/>	None 0 One 1 Two 2 Don't know/cannot remember 8
Y5_09	Did you take iron/IFA tablets/supplements during your pregnancy with this child? SHOW IRON TABLET	<input type="text"/>	<input type="text"/>	Yes 1 No 2 >> Y5_13 Don't know/cannot remember 8 >> Y5_13

Serial no.	Question	Child of < 24 months		Response Code
		Child 1	Child 2	
Y5_10	Where did you get the iron/IFA tablets? (multiple responses)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Government hospital 1 Upazila Health Complex 2 Private clinic 3 Pharmacy 4 MCWC 5 Community Clinic 6 Satellite clinic/EPI Center 7 Smiling Sun Clinic 8 Union Health and Family Welfare Center 9 NGO facility: (specify) 10 Doctor's Chamber 11 Private doctor (MBBS) 12 Village doctor 13 Home 14 Other (specify) 77 Don't know/cannot recall 88 Not applicable 99
Y5_11	From which month of pregnancy did you start taking iron tablets/supplements?	<input type="text"/>	<input type="text"/>	Month
Y5_12	During your pregnancy for this child, for how many months did you take iron tablets or supplements so far?	<input type="text"/>	<input type="text"/>	Number of Months iron supplement taken If less than 1 month write 1. Don't know/cannot remember 88
Y5_13	Did you take any CALCIUM tablets/supplements during your pregnancy with this child? SHOW CALCIUM TABLET	<input type="text"/>	<input type="text"/>	Yes 1 No 2 >> Y5_17 Don't know/cannot remember 8 >> Y5_17
Y5_14	Where did you get the calcium tablets? (multiple responses)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Government hospital 1 Upazila Health Complex 2 Private clinic 3 Pharmacy 4 MCWC 5 Community Clinic 6 Satellite clinic/EPI Center 7 Smiling Sun Clinic 8 Union Health and Family Welfare Center 9 NGO facility: (specify) 10 Doctor's Chamber 11 Private doctor (MBBS) 12 Village doctor 13 Home 14 Other (specify) 77 Don't know/cannot recall 88 Not applicable 99

Serial no.	Question	Child of < 24 months		Response Code
		Child 1	Child 2	
Y5_15	From which month of pregnancy did you start taking calcium tablets/supplements?	<input type="text"/>	<input type="text"/>	Month
Y5_16	During your pregnancy for this child, for how many months did you take calcium tablets or supplements so far	<input type="text"/>	<input type="text"/>	Number of Months iron supplement taken If less than 1 month write 1. Don't know/cannot remember 88
Y5_17	Were you given a vitamin A capsule after delivery? <i>This is usually given soon (within a few weeks) after delivery.</i>	<input type="text"/>	<input type="text"/>	Yes 1 No..... 2 Don't know/cannot recall 88
Y5_18	Place of delivery for this child? (in case of govt. or private facility specify where it was)	<input type="text"/>	<input type="text"/>	Government hospital 1 Upazila Health Complex 2 Private clinic..... 3 Pharmacy..... 4 MCWC 5 Community Clinic 6 Satellite clinic/EPI Center 7 Smiling Sun Clinic 8 Union Health and Family Welfare Center 9 NGO facility: (specify)..... 10 Doctor's Chamber 11 Private doctor (MBBS)..... 12 Village doctor..... 13 Home 14 Other (specify)..... 77 Don't know/cannot recall 88 Not applicable 99
Y5_19	Geographic place of delivery	<input type="text"/>	<input type="text"/>	Locally (home, facility) 1 In mother's natal/family area..... 2 Others (specify) 3
Y5_20	Who helped with the delivery of this child?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Doctor/nurse/ midwife 1 Govt. Heath Worker (FWA/HA) 2 Trained Birth Attendant (TTBA) 3 Traditional Birth Attendant (TBA) 4 Village doctor..... 5 NGO worker..... 6 Relative(s) 7 Neighbors/ Friends 8 Others (specify) 9
Y5_21	How soon was the baby weighed after birth?	<input type="text"/>	<input type="text"/>	Within 24 hours 1 Between 1-3 days 2 Between 4 days and 1 week..... 3 In the second week. 4 After 2 weeks 5 Weight not taken 6 >> NEXT MODULE

Serial no.	Question	Child of < 24 months		Response Code
		Child 1	Child 2	
Y5_22	Who weighed the baby?	<input type="text"/>	<input type="text"/>	Govt. Hospital/Upazila Health Complex1 Doctor.....2 Midwife/nurse3 Govt. Health Worker (FWA/HA)4 MA/SACMO5 BRAC SS6 BRAC SK.....7 BRAC Pushti Kormi (PK)/IYCF Promoter8 Others NGO Worker.....9 TTBA10 TBA.....11 Village Doctor12 Homeopath Doctor13 Kabiraj/Herbal healer14 Spiritual Healer15 Pharmacy.....16 Husband17 Mother/Mother in law.....18 Other Family members19 Neighbors/ Friends20 Private Hospital/ Clinic21 Mother and Children Welfare Centre (MCWC)22 Community Clinic23 Satellite Clinic/ EPI Center.....24 Smiling Sun Clinic25 Self26 Nobody.....27 Other (specify).....77 Do Not Know/ Do Not Remember88
Y5_23	What was the weight of the baby (check card if possible)?	<input type="text"/>	<input type="text"/>	Weight in kg Do Not Know/ Do Not Remember88

Household Number:

Module Y7: NNP Services Usage by Children under 2 years of age (Female)

To be asked for all children under the age of 24 months

Serial no.	Question	Child of < 24 months		Response Code
		Child – 1	Child – 2	
Child's Member ID	Copy the child's Name and ID from module B	Name: _____ Mem. ID <input type="text"/>	Name: _____ Mem. ID <input type="text"/>	Name and Member ID
Mother's Member ID	Copy the child's mother's Name and ID from module B	Name: _____ Member ID <input type="text"/>		Name and Member ID If not member of HH, then record 55
Father's Member ID	Copy the child's father's Name and ID from module B	Name: _____ Member ID <input type="text"/>		Name and Member ID If not member of HH, then record 55
Y7_01	Does your child [NAME] have a growth card?	weight in kg <input type="text"/> age in months <input type="text"/>	weight in kg <input type="text"/> age in months <input type="text"/>	Yes (if so check card and note weight and age in months at which last growth monitoring was done) have card but weight and age not written.....88 No99
Y7_02	Has NAME's weight ever been taken at a clinic or anywhere else?	<input type="text"/>	<input type="text"/>	Yes1 No2>> Y7_04
Y7_03	Where was NAME's weight taken?	<input type="text"/>	<input type="text"/>	Government hospital.....1 Upazila Health Complex.....2 Private clinic.....3 Pharmacy4 MCWC5 Community Clinic6 Satellite clinic/EPI Center.....7 Smiling Sun Clinic.....8 Union Health and Family Welfare Center.....9 NGO facility: (specify)10 Doctor's Chamber11 Private doctor (MBBS)12 Village doctor13 Home14 Other (specify)77 Don't know/cannot recall.....88 Not applicable.....99

Household Number:

Serial no.	Question	Child of < 24 months		Response Code
		Child – 1	Child – 2	
Y7_04	Has NAME's height ever been taken at a clinic or anywhere else?	<input type="text"/>	<input type="text"/>	Yes 1 No 2>> Y7_06
Y7_05	Where was NAME's height taken?	<input type="text"/>	<input type="text"/>	Government hospital 1 Upazila Health Complex 2 Private clinic 3 Pharmacy 4 MCWC 5 Community Clinic 6 Satellite clinic/EPI Center 7 Smiling Sun Clinic 8 Union Health and Family Welfare Center9 NGO facility: (specify) 10 Doctor's Chamber 11 Private doctor (MBBS) 12 Village doctor 13 Home 14 Other (specify) 77 Don't know/cannot recall 88 Not applicable 99
Y7_06	Has NAME's arm circumference ever been taken at a clinic or anywhere else? Arm circumference is where the upper arm is measured using a tape	<input type="text"/>	<input type="text"/>	Yes 1 No 2>> NEXT MODULE

Household Number:

Serial no.	Question	Child of < 24 months		Response Code
		Child – 1	Child – 2	
Y7_07	Where was NAME's arm circumference taken? [if never attended put not applicable=99]	<input type="text"/>	<input type="text"/>	Government hospital..... 1 Upazila Health Complex..... 2 Private clinic 3 Pharmacy 4 MCWC 5 Community Clinic 6 Satellite clinic/EPI Center..... 7 Smiling Sun Clinic..... 8 Union Health and Family Welfare Center..... 9 NGO facility: (specify) 10 Doctor's Chamber 11 Private doctor (MBBS) 12 Village doctor 13 Home 14 Other (specify) 77 Don't know/cannot recall..... 88 Not applicable..... 99
Y7_08	What was done after NAME's arm circumference was measured?	<input type="text"/>	<input type="text"/>	Nothing 1 I was given advise about food..... 2 Child was given special foods to take home ... 3 Child was referred to treatment center 4 OTHER (specify)..... 7

Module Y8: Exposure to Nutrition Information from Health Workers and Media (Female)

Question Number	Questions	Response	Response Code
Y8_01	Have you been visited at home by <u>any health worker</u> in the last SIX months?	<input type="checkbox"/>	Yes.....1 No.....2>> Y8_06 Don't know.....88>> Y8_06
Y8_02	In the last SIX months, did any health worker from anywhere or any organization visit you at home?	<input type="checkbox"/>	Government Health Worker (FWA/HA)1 SMC/Other Health Worker.....2 BRAC Worker (SK/SS/PK etc.)3 Other NGO worker4 Other (Specify).....5
Y8_03	How many times in the last SIX months were you visited at home by a health worker?	<input type="checkbox"/>	Number of times Don't remember88
Y8_04	During the last visit, did you receive any advice from the health worker on feeding your child?	<input type="checkbox"/>	Yes.....1 No.....2
Y8_01a	Have you been visited at home by <u>any health worker</u> in the last THREE months?	<input type="checkbox"/>	Yes.....1 No
			2>> Y8_06 Don't know.....88>> Y8_06
Y8_02a	In the last THREE months, did any health worker from anywhere or any organization visit you at home?	<input type="checkbox"/>	Government Health Worker (FWA/HA)1 SMC/Other Health Worker.....2 BRAC Worker (SK/SS/PK etc.)3 Other NGO worker4 Other (Specify).....5
Y8_03a	How many times in the last THREE months were you visited at home by a health worker?	<input type="checkbox"/>	Number of times Don't remember88
Y8_04a	During the last visit (within the last THREE months), did you receive any advice from the health worker on feeding your child?	<input type="checkbox"/>	Yes.....1 No
			2>> Y8_06
Y8_05	What advice did you receive from the health worker on feeding your child?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Putting baby to breast immediately after birth.....1 Giving only colostrum.....2 No pre or post lacteals (honey/mustard oil/glucose water).....3 Feed only breast milk up to six Months.....4 Positioning.....5 Attachment6 Feeding mashed family food after 6 months7 Feeding animal source foods8 Cooking/adding with oil9 Adding Sprinkles10 Washing hands with water and soap before prep/feeding child11 Feeding during illness/extra after illness12 Other (specify).....13 Respondent did not mention any of the above on her own99

Household Number:

Y8_06	Have you ever attended any group meetings/discussions where health or nutrition issues were discussed?	<input type="checkbox"/>	Yes.....1 No2>> Y8_11
Y8_07	Last time you attended a group discussion about health/nutrition, what was discussed?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Family planning.....1 Water and sanitation2 Immunization.....3 Maternal nutrition.....4 TB.....5 Breastfeeding.....6 Complementary feeding7 Sprinkles.....8 Washing hands with water and soap before prep/ feeding child9 Encouraging child to eat enough10 Feeding during illness/extrra after illness11 Other (specify).....12 Respondent did not mention any of the above on her own99

Module Y6a: Access to Community Clinics and Use of Community Clinic (Female)

Question Number	Question	Response			Response Code
		a	b	c	
Y6a_01	Have you heard about the Community Clinic?	<input type="checkbox"/>			Yes.....1 No2 >> Next Module
Y6a_02	How long does it take you to walk to the Community Clinic in your area?	<input type="checkbox"/>			MINUTES Not walkable.....999
Y6a_03	Is there anyone in this household who has used the Community Clinic and obtains/obtained services there?	<input type="checkbox"/>			Yes.....1 No2 >> Next Module
Y6a_04	Who in your household has used the Community Clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Put member ID from roster
Y6a_05	What types of services at Community Clinic were used for this person? (multiple responses allowed)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sick child care1 Antenatal care2 Delivery care.....3 Postnatal care4 Family planning services5 Received IFA tablets during pregnancy ...6 Received vitamin A for children.....7 Child was weighed.....9 Sick care (for adult)10 Vaccination.....11

Module End Time: Hour Minute

Household Number:

Module Z: Women's Status (Female)

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No....2

Sl no	Question	Response	Response Code
Z_1	Member ID of Primary Female Household Member	<input type="text"/>	Member ID
Z_2	Marital Status of Primary Female Household Member	<input type="text"/>	Never Married 1 Married, lives with husband..... 2 Married, does not live with husband 3 Widow 4 Divorced 5 Separated/Deserted 6

Module Z1: Work Earnings and Expenses (Female)

Question Number	Question	Response	Response Code
Z1_01	Are you now doing any work or business that brings in cash, additional food, or allows you to accumulate assets for your household? (<i>Note: if the woman says no, check she does not engage in agriculture, petty trade, money lending, etc.</i>)		Yes 1 >>Z1_05 No..... 2
Z1_02	If not, why not?		Husband / in-laws won't allow 1 Society doesn't like it 2 Take care of children/household work..... 3>>Z1_12 I don't want to 4>>Z1_12 I don't need to..... 5>>Z1_12 Am unable to work 6>>Z1_12 Lack of demand for the work that I have skill to do..... 7>>Z1_12 Other (specify)..... 8>>Z1_12 Don't know..... 88>>Z1_12
Z1_03	Why won't your husband or your in-laws, or society let you work?		Believes women should not work to earn income..... 1 Household has enough income 2 Wants me to look after household work..... 3 Doesn't want me to mingle with other men 4 Other (specify)..... 5 Don't know/ Don't remember..... 88
Z1_04	Would your husband or in-laws allow you to engage in a business or earn additional money from working inside your home?		Yes 1 No..... 2>>Z1_12
Z1_05	Where do you work to earn income?		Inside the home..... 1 Outside 2 Both..... 3

Household Number:

Question Number	Question	Response	Response Code
Z1_06	Whose decision was it to work to earn income?		Yourself..... 1 Your husband 2 Self and husband..... 3 Someone else (specify)..... 4
Z1_07	At first did your husband or other household member want to prevent you from working to earn money?		Yes 1 No..... 2>>Z1_09
Z1_08	If yes, why so?		Believes women should not work 1>>Z1_10 Household has enough income 2>> Z1_10 Wants me to look after household work..... 3>> Z1_10 Doesn't want me to mingle with other men 4>> Z1_10 Other (specify)..... 5>> Z1_10 Don't know/ Don't remember..... 6 >>Z1_10
Z1_09	If no, why not?		Husband/other household members unable to work..... 1 Money/food was short 2 Other (specify)..... 3
Z1_10	What do you do with the money you earn?		Give it all to my husband / other family member..... 1 Give some to husband / other member..... 2 Keep all 3
Z1_11	Who usually decides how to spend the money you earn?		Yourself..... 1 Your husband 2 Self and husband..... 3 Someone else (specify)..... 4
Z1_12	Have you ever taken any loans from an NGO?		Yes 1 No 2>>Z1_15
Z1_13	Whose decision was it to take the loan from the NGO?		Yourself..... 1 Your husband 2 Self and husband..... 3 Someone else (specify) 4
Z1_14	Who usually decides how to spend the money from the loan?		Yourself..... 1 Your husband 2 Self and husband..... 3 Someone else (specify) 4
Z1_15	<i>Who decides how to spend money on the following items?</i>		

Household Number:

Question Number	Question	Response	Response Code
Z1_15a	Food		Yourself.....1 Your husband2 Self and husband.....3 Someone else (specify)4 Not applicable.....9
Z1_15b	Housing		
Z1_15c	Health Care		
Z1_15d	Education		
Z1_15e	Clothing		
Z1_16	<i>Do you yourself control the money needed to buy the following?</i>		
Z1_16a	Food from the market		Yes1 No.....2
Z1_16b	Clothes for yourself		
Z1_16c	Medicine for yourself		
Z1_16d	Toiletries/cosmetics for yourself		

Household Number:

Module Z2: Freedom of Mobility (Female)

Place code	Places	Who decides whether you can go by yourself to the following places?	If your husband or other household member objects, in what circumstances would they allow you to go?
		Yourself 1 Your husband 2 Self and husband 3 Others (specify)..... 4 Not applicable 5	If I have company (relatives, children) 1 If I can arrange my own expenses..... 2 If I follow purdah / dress acceptably..... 3 Other (specify) 4 Not applicable/would not object if I go alone 5
		Code ↑	Code ↑
Z2_01	Outside the community to visit friends or relatives		
Z2_02	Haat/Bazaar		
Z2_03	Hospital/Clinic/Doctor		
Z2_04	Cinema/Fair/Theatre		
Z2_05	Training for NGO/Programs		

Module End Time: Hour Minute

Household Number:

Module Z3: Reproductive Decisions (Female)

To be asked to all the married females between the ages of 10 and 49 years

Module start time: Hour Minu Respondent ID: Consent : Yes ...1
No....2

Question Number	Question	Response					Response Code
		MID	MID	MID	MID	MID	
Respondent Consent	Do you agree to answer the following question about your reproductive decisions?						Yes1 No.....2>>Next Module
Z3_01	Have you ever used birth control (methods to delay or avoid pregnancy?)						Yes1 No.....2>>Z3_03
Z3_01a	Which method did you use?						Birth control pill1 IUD (e.g. Coper T)2 Implant/Norplant3 Injection/Somaject (to delay pregnancy by a few months)4 Injection/DepoProvera(to delay pregnancy by a few months)5 Ligation/Tubectomy6 Safe days/ Temperature Control7 Others8 Do not want to respond.....88
Z3_02	Who made this decision? (After filling this question's response skip to Z3_04)						Yourself1 >> Z3_04 Your husband2>> Z3_04 Self and husband.....3>> Z3_04 Someone else (specify).....4>> Z3_04
Z3_03	Why have you not used birth control?						Husband didn't allow.....1 Makes me feel weak / ill.....2 Didn't feel the need to3 Other (specify)4
Z3_04	Has your husband ever used any birth control method?						Yes1 No.....2 >> Z3_05 Not applicable.....3 >> Z3_05
Z3_04a	Which method did your husband use?						Condom1 Vasectomy2 Others(specify)3
Z3_05	If Z3_01=2 and Z3_04=2 or 3, please confirm if the man was sterilized?						Yes1 No.....2
Z3_06	If Z3_01=2 and Z3_04=2 or 3, please confirm if the woman was sterilized?						Yes1 No.....2

Module Z4: Domestic Violence, Abuse and Threats (Female)*To be asked to all the married females aged between 10 and 49 years*

Question Number	Question	Response					Response Code
		Member 1 Name MID	Member 2 Name MID	Member 3 Name MID	Member 4 Name MID	Member 5 Name MID	
Respondent Consent	Do you agree to answer the following question about domestic violence?						Yes.....1 No.....2>>Next Module
Z4_01	Has any of the following happened to you in the past year?						
Z4_01a	Your husband threatened you with divorce?						Yes, often.....1 Yes, sometimes.....2 Has threatened and has divorced/remarried3 No.....4 Not applicable.....9 Do not want to respond.....88
Z4_01b	Your husband threatened you with taking another wife?						
Z4_01c1	Your husband verbally abused you?						
Z4_01c2	Any other adult male of your household verbally abused you?						
Z4_01c3	Any adult female of your household verbally abused you?						
Z4_01d1	Your husband physically abused you?						

Question Number	Question	Response					Response Code
Z4_01e1	If Z4_01d1 if 1 or 2, injuries from physical assault? (multiple responses allowed)						Cuts=1 Bruises=2 Ache=3 Eye injury=4 Sprain=5 Dislocation=6 Burn=7 Deep wound=8 Broken bones=9 Broken teeth=10 Any other serious injury=11
Z4_01d2	Any other adult male of your household physically abused you?						Yes, often.....1 Yes, sometimes.....2 Has threatened and divorced/remarried.....3 No.....4 Not applicable.....9 Do not want to respond.....88
Z4_01e2	If Z4_01d2 if 1 or 2, injuries from physical assault? (multiple responses allowed)						Cuts=1 Bruises=2 Ache=3 Eye injury=4 Sprain=5 Dislocation=6 Burn=7 Deep wound=8 Broken bones=9 Broken teeth=10 Any other serious injury=11
Z4_01d3	Any adult female of your household physically abused you?						Yes, often.....1 Yes, sometimes.....2 Has threatened and divorced/remarried.....3 No.....4 Not applicable.....9 Do not want to respond.....88
Z4_01e3	If Z4_01d3 if 1 or 2, injuries from physical assault?						Cuts=1 Bruises=2 Ache=3 Eye injury=4 Sprain=5 Dislocation=6 Burn=7 Deep wound=8 Broken bones=9 Broken teeth=10 Any other serious injury=11
Z4_05	Were you ever threatened to leave the house?						Yes.....1 No.....2

Household Number:

Question Number	Question	Response					Response Code
Z4_06	Were you ever forcefully sent out of the house?					Yes.....1 No.....2	
Z4_07	If yes, who brought you back?					Husband....1 Other adult male member of hh.....2 Other adult female hh member.....3 Came back myself.....4 Did not come back.....5 Do not want to respond=88	
Z4_08	If the answer to Z4_07 is 4, why did you come back yourself?					He was angry and didn't mean it1 My husband and I came to an agreement.....2 I could not support myself financially.....3 My parents could not support me financially4 I came back for my children5 Because of social pressure ..6 Do not want to respond=88	
<i>If response to question Z4_01a to Z4_01d3 is either 4 or 9, then skip to Z4_09</i>							
Z4_02	If any answer to Z4_1a to Z4_1d3 is 1, 2 or 3, did you want to leave?					Yes.....1 No.....2 >>Z4_09	
Z4_03	Did you leave?					Yes, permanently1>>Z4_09 Yes, but I came back.....2 No.....3	
Z4_04	If you did not leave permanently, why not?					He was angry and didn't mean it1 My husband and I came to an agreement.....2 I could not support myself financially.....3 My parents could not support me financially4 I came back for my children5 Because of social pressure6 Do not want to respond.....88	
Z4_09	Does your husband drink alcohol?					Yes1 No2 Not applicable (husband is deceased)3 Do not want to respond88	
Z4_10	Does your husband consume drugs?					Yes1 No2 Not applicable (husband is deceased)3 Do not want to respond88	
Z4_09a	If your husband is not alive, did he drink alcohol when he was alive?					Yes1 No2 Do not want to respond88	
Z4_10a	If your husband is not alive, did he consume drugs when he was alive?					Yes1 No2 Do not want to respond88	

Module End Time: Hour Minute

Household Number:

Module Z5: Wife's Assets that had been brought to Marriage (Female)

Module start time: Hour Minu Respondent ID: Consent : Yes ...
 No....

Question Number	Question	Response	Response Code
Z5_01	When you married, did you bring any assets from your parent's home?	<input type="checkbox"/>	Yes.....1>>go to next question No2→ End module

Asset Codes			
Consumption Assets (for household use)			
Homestead (excluding land).....	1	Radio/Cassette player	11
Large tree	2	Wall clock/Watch.....	12
Trunk/Suitcase	3	TV/VCR/CD	13
Bucket/Pots	4	Refrigerator	14
Stove/Gas burner.....	5	Jewelry (gold/silver).....	15
Metal cooking pots.....	6	Sewing machine	16
Bed/Khat/Chowki.....	7	Bicycle	17
Armoire/Cabinet/Alna.....	8	Rickshaw.....	18
Table/chair	9	Motorcycle	19
Fans/Iron	10	Other motor vehicle.....	20
		Productive Assets (for earning income)	
		Sewing machine	51
		Rickshaw / van	52
		Mobile phone / phone.....	53
		Fishing net.....	54
		Iron.....	55
		Hand tube well	56
		Livestock (for own consumption).....	57
		Poultry (for own consumption)	58
		Cash	59
		Mattress.....	60
		Quilt	61
		Pillow	62
		Other assets (list).....	63
		Other production assets (list).....	64

Module End Time: Hour Minute

Household Number:

Module WE: Women's Empowerment in Agriculture (WEAI) Index (Male and Female)

Bangladesh: Individual Level Questionnaire
International Food Policy Research Institute (IFPRI) & Data Analysis and Technical Assistance Limited (DATA)

INSTRUCTIONS ON ADMINISTRATION:

Enumerator: This questionnaire should be administered to individuals identified in the household roster (Module B) of the household level questionnaire as the primary male and primary female respondents.

You should complete this coversheet for each individual identified in the "selection section" even if the individual is not available to be interviewed for reporting purposes. Please double check to ensure:

- You have completed the household questionnaire, at least the first 2 modules;
- You have identified the correct individual;
- You have noted the household ID and individual ID correctly for the person you are about to interview;
- You have gained informed consent for the individual in the household questionnaire;
- You have sought to interview the individual in private or where other members of the household cannot overhear or contribute answers.

Module WEA: Individual Identification (Male and Female)

Module start time: Hour Minu Respondent ID: Consent : Yes ... 1
 No....2

Household Identification		Code
WA01. Household Identification:	<input type="text"/> <input type="text"/> <input type="text"/>	
WA02. Census number:	<input type="text"/> <input type="text"/> <input type="text"/>	
WA03. Name of primary respondent (code from roster in Module B): Last, First:	<input type="text"/> <input type="text"/>	
WA04. Name of respondent (code from roster in Module B of household questionnaire): Last, First:	<input type="text"/> <input type="text"/>	
WA05. Sex of respondent: Male.....1 Female2	<input type="checkbox"/>	
WA06. Type of household (enter code from Code 1↓):	<input type="checkbox"/>	

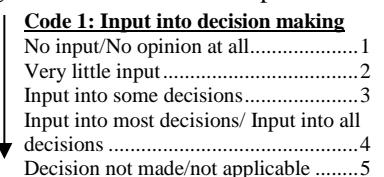
Interview details	Code
WA07. Start time of interview (hh:mm => write in 24 hr time format)	<input type="text"/> : <input type="text"/> <input type="text"/>
WA08. End time of interview (hh:mm => write in 24 hr time format)	<input type="text"/> : <input type="text"/> <input type="text"/>
WA09. Name/code of enumerator:	<input type="text"/> <input type="text"/>
WA10. Sex of enumerator: Male 1 Female 2	<input type="checkbox"/>
WA11. Outcome of interview (enter code from Code 2↓):	<input type="text"/> <input type="text"/>
WA12. Ability to be interviewed alone (enter code from Code 3↓):	<input type="checkbox"/>

Code list for Module WEA:

Code 1 (WA06): Type of Household:	Code2 (WA11): Outcome of interview	Code 3 (WA12): Ability to be interviewed alone
Male and Female adult 1	Completed.....1	Alone 1
Female, no Male adult 2	Incomplete 2	With other adult females present 2
Male, no Female adult 3	Absent.....3	With other adult males present 3
No adult 4	Refused.....4	With other adults mixed sex present 4
	Could not locate.....5	With children present.....5

Module WE2: (Dimension 1): Role in household decision-making around production and income generation (Male and Female)

Enumerator: The purpose of this module is to get an idea about men's and women's relative roles in decision making around income-generating activities. Do not attempt to ensure that responses are the same between the male and female respondent. It is okay for them to be different.



Activity		Did you (singular) participate in [ACTIVITY] in the past 12 months? Yes 1 No 2 >> next activity	How much input did you have in making decisions about [ACTIVITY]? CODE 1↑	How much input did you have in decisions on the use of income generated from [ACTIVITY] CODE 1↑
Activity Code	Activity Description	WE201	WE202	WE203
A	Food crop farming: crops that are grown primarily for household food consumption	<input type="text"/>	<input type="text"/>	<input type="text"/>
B	Cash crop farming: crops that are grown primary for sale in the market	<input type="text"/>	<input type="text"/>	<input type="text"/>
C1	Large livestock (cow, oxen, cattle)	<input type="text"/>	<input type="text"/>	<input type="text"/>
C2	Small livestock (goats, pigs, sheep)	<input type="text"/>	<input type="text"/>	<input type="text"/>
C3	Poultry (chicken, duck, pigeons)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Household Number:

D	Non-farm economic activities: small business, self-employment, buy-and-sell	<input type="text"/>	<input type="text"/>	<input type="text"/>
E	Wage and salary employment: in-kind or monetary work both agriculture and other	<input type="text"/>	<input type="text"/>	<input type="text"/>
F	Fishing or fish culture	<input type="text"/>	<input type="text"/>	<input type="text"/>

Module WE3a: (Dimension 2) Access to productive capital (Male and Female)

Now we would like to know about your household's ownership/use of productive assets.

Enumerator: The purpose of this module is to get an idea about men's and women's access to capital or assets and their ability to control use of the resource. Again, do not attempt to ensure that responses are the same between the male and female respondent. It is okay for them to be different.

**If the number of the shared in land is higher, the person who uses or who have the opportunity to use land should be treated as owner.

Productive Capital		Does anyone in your household currently have this [ITEM]? Yes ...1 No.....2 >> next item	How many of [ITEM] does your household currently have? [number]	Who would you say owns most of the [ITEM]? CODE 1↓ (For joint decisions there could be multiple responses)	Who would you say can decide whether to sell [ITEM] most of the time? CODE 1↓ (For joint decisions there could be multiple responses)	Who would you say can decide whether to give away [ITEM] most of the time? CODE 1↓ (For joint decisions there could be multiple responses)	Who would you say can decide to mortgage or rent out [ITEM] most of the time? CODE 1↓ (For joint decisions there could be multiple responses)	Who contributes most to decisions regarding a new purchase of [ITEM]? CODE 1↓ (For joint decisions there could be multiple responses)	Do you own any of the item? Yes, Solely...1 Yes, Jointly...2 Yes, Solely & Jointly...3 No...4 (multiple responses possible)										
Productive Capital		WE3a_01a	WE3a_01b	WE3a_02a	WE3a_02b	WE3a_02c	WE3a_03a	WE3a_03b	WE3a_03c	WE3a_04a	WE3a_04b	WE3a_04c	WE3a_05a	WE3a_05b	WE3a_05c	WE3a_06a	WE3a_06b	WE3a_06c	WE3a_07
A	Agricultural land (pieces/polts)**	<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"/>	
B	Large livestock (oxen, buffalo)	<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"/>	
C	Small livestock (goats, sheep)	<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"/>	

Household Number:

Module WE3B: Agricultural Extension (Male and Female)

Q. No.	Question	Response	Response options
WE3B_07	Where do you typically get information on farming or livestock related topics such as new seeds, technology, crop rotation or animal health?	<input type="text"/>	Government agency or outlet 1 NGO or NGO outlet..... 2 Private shop/suppliers 3 Community members or cooperative 4 Family member..... 5 Media (radio/TV/newspaper) 6 Not applicable/do not get advice 7
WE3B_08	Have you (yourself) ever met with an agricultural extension worker or livestock/fisheries extension worker in the past 12 months?	<input type="text"/>	Yes..... 1 No 2 >> Next section

Household Number:

WE3B_09	How many times did you meet with the agricultural extension worker or livestock/fisheries worker in the past 12 months?	<input type="text"/>	[Enter number of visits]
WE3B_10	The last time you met with an extension worker, were they a male or female?	<input type="text"/>	Male.....1 Female2 Both male and female3

Module WE3C: (Dimension 3) Income (Male and Female)

Enumerator: The purpose of this module is to get an idea about how the surplus of household, men's and women's incomes, after food needs are met, is allocated among other expenditure categories: Do not attempt to ensure that responses are the same between male and female respondent. It is okay for them to be different.

Q. No.	Question	Response	Response options/Instructions										
WE3C_11	Do you alone have any money you can decide what to spend on?	<input type="text"/>	Yes.....1 No2										
WE3C_12	In comparison to your partner, do you; [READ RESPONSES]: Enumerator: Skip this question if the respondent has no partner.	<input type="text"/>	Earn more money than him/her.....1 Earn less money than him/her.....2 Earn about the same money as him/her.....3 Partner does not earn money.....4 I do not earn money5 Both partner and I do not earn money6 Do not know how much partner earns.....7 Not Applicable.....98										
	Question: Household level												
WE3C_13	In the last 12 months, after providing food for the family, what did your household spend your remaining money on? Enumerator: List up to 5 in order of importance [DO NOT PROMPT]. If answer to WE3C_13 is from 1-20, go to WE3C_15	<p>If answer to WE3C_13 is from 1-20, go to WE3C_15</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	A	B	C	D	E	<input type="text"/>	Clothes/shoes for myself1 Clothes/shoes for my spouse.....2 Clothes/shoes for my children.....3 School fees of school supplies for children.....4 Consumer durables5 Fix or improve house6 Buy asset for farming7 Buy asset for business8 Buy jewelry.....9 Services (beauty/hair/etc).....10 Lend money to friends and relatives11 Make religious/ charitable donations12 Travel to visit friends/relatives.....13 Save for future14 Medicines or health needs.....15 Communication (airtime).....16				
A	B	C	D	E									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									

Household Number:

			Buy consumables (toiletries, paraffin, etc.)...17 Social events (weddings/funerals/sports)18 Drinking alcohol and smoking19 Unknown how the money was spent20 Household or myself has no money 98 >>WE3C_14
WE3C_14	In the last 12 months, if the household did not have any remaining money, what is the reason? Enumerator: List up to 3 in order of importance. Do not prompt.	A B C <input type="text"/> <input type="text"/> <input type="text"/>	Bad harvest1 Irregular income/business is slow2 Other negative shock (illness).....3 Unexpected expenditures4 No control over extra money.....5
	Question: Individual level		
WE3C_15	In the last 12 months, after providing food for the family, what did you (singular) spend your remaining money on? Enumerator: List up to 5 in order of importance Do not prompt.	If answer to WE3C_15 is from 1-20, go to Module WE3D A B C D E <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clothes/shoes for myself1 Clothes/shoes for my spouse.....2 Clothes/shoes for my children.....3 School fees of school supplies for children4 Consumer durables5 Fix or improve house6 Buy asset for farming7 Buy asset for business8 Buy jewelry.....9 Services (beauty/hair/etc).....10 Lend money to friends and relatives11 Make religious/ charitable donations12 Travel to visit friends/relatives.....13 Save for future14 Medicines or health needs.....15 Communication (airtime).....16 Buy consumables (toiletries, paraffin, etc.)...17 Social events (weddings/funerals/sports)18 Drinking alcohol and smoking19 Unknown how the money was spent.....20 Household or myself has no money....98>> WE3C_16
WE3C_16	In the last 12 months, if you (singular) did not have any remaining money, what is the reason? Enumerator: List up to 3 in order of importance. Do not prompt	A B C <input type="text"/> <input type="text"/> <input type="text"/>	Bad harvest1 Irregular income/business is slow2 Other negative shock (illness).....3 Unexpected expenditures4 No control over extra money.....5

Household Number:

Module WE3D: Access to loans (Male and Female)

Now I will ask you about any loans taken for the household in the last 12 months.

Lending sources		Has anyone in your household taken any loans or borrowed cash/in-kind from [SOURCE] in the past 12 months?	Who made the decision to borrow from [SOURCE]?			Who makes the decision about what to do with the money/ item borrow from [SOURCE]?		
		Yes, cash 1 Yes, in-kind 2 Yes, cash and in-kind 3 No 4 >> next source Don't know 97 >> next source	Self 1 Spouse 2 Other household member 3 Other member outside the household 4 Not applicable 98			Self 1 Spouse 2 Other household member 3 Other member outside the household 4 Not applicable 98		
Lending source names		WE3d_17	WE3d_18a	WE3d_18b	WE3d_18c	WE3d_19a	WE3d_19b	WE3d_19c
A	Non-governmental organization (NGO)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B	Informal lender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C	Formal lender (bank/financial institution)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	Friends or relatives	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E	Non-institutional lending group, such as ROSCA (savings/credit group), merry-go-rounds, tontines etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

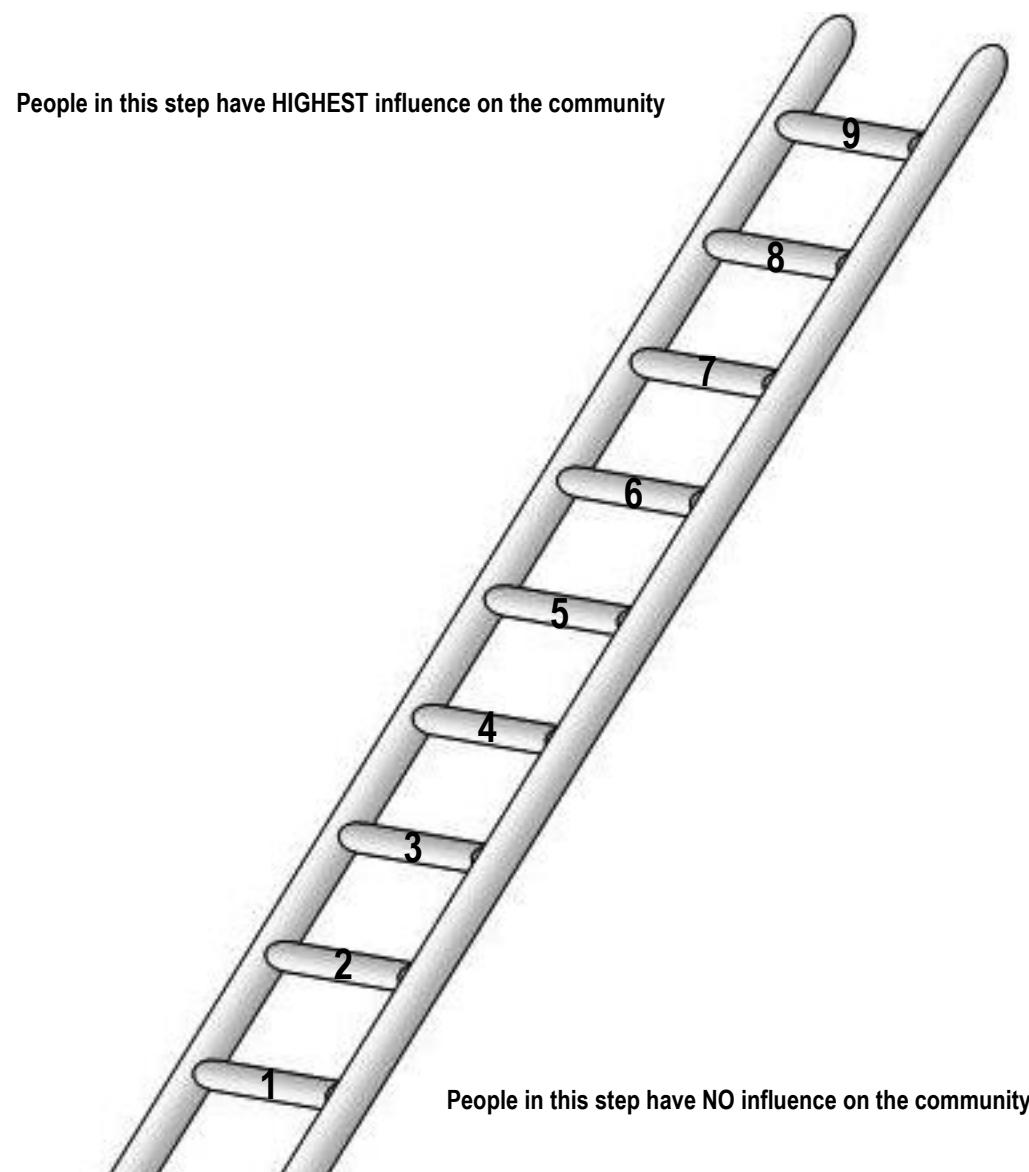
Module WE4: Individual Leadership and Influence in the Community (Male and Female)

Enumerator: The purpose of this module is to get an idea about men's and women's potential for leadership and influence in the communities where they live. Again, do not attempt to ensure that responses are the same between the male and female respondent. It is okay for them to be different.

Now I have a few questions about how comfortable you feel speaking up in public when the community needs to make important decisions.

Q. No.	Question	Response
WE4.01	Do you feel comfortable speaking up in public to help decide on infrastructure (like small wells, roads, water supplies) to be built in your community?	No, not at all comfortable 1 Yes, but with difficulty 2 Yes, comfortably 3 NOT APPLICABLE 98
WE4.02	Do you feel comfortable speaking up in public to ensure proper payment of wages for public works or other similar programs (such as EGPP, FFW)?	No, not at all comfortable 1 Yes, but with difficulty 2 Yes, comfortably 3 NOT APPLICABLE 98
WE4.03	Do you feel comfortable speaking up in public to protest the misbehavior of authorities or elected officials?	No, not at all comfortable 1 Yes, but with difficulty 2 Yes, comfortably 3 NOT APPLICABLE 98

Q. No.	Question	Response	Response options/Instructions
WE4.04	Do you feel that a [man / woman] like yourself can generally change things in the community where you live if s/he wants to?	<input type="text"/>	No, not at all 1 Yes, but with a great deal of difficulty 2 Yes, but with a little difficulty 3 Yes, fairly easily 4 Yes, very easily 5
WE4.05	In the last 12 months, have you	<input type="text"/>	
WE4.05A	Contributed money or time to building small wells or maintenance of irrigation facilities in your community?	<input type="text"/>	Yes 1 No 2
WE4.05B	Contributed money or time to building or maintaining roads in your community?	<input type="text"/>	Yes 1 No 2
WE4.05C	Contributed money or time to town development projects or public works projects in your community?	<input type="text"/>	Yes 1 No 2
WE4.05D	Contributed money or time to building or maintaining your local mosque/church/temple?	<input type="text"/>	Yes 1 No 2
WE4.05E	In the last year, did you give money to any other family because someone in their family was sick?	<input type="text"/>	Yes 1 No 2
WE4.05F	In the last year, did you help another family out with agricultural labor?	<input type="text"/>	Yes 1 No 2
WE4.05G	In the last year, did you help another family out when they needed help with child care?	<input type="text"/>	Yes 1 No 2
WE4.06	Please imagine a nine-step ladder, where on the bottom, the first step, stand people who have NO influence on the community, and step 9, the highest step, stand those who have influence in the community. On which step are you?	<input type="text"/>	[Enter step 1 – 9] Enumerator show the ladder in the next page



Module WE4 continued: Group Membership (Male and Female)

Now I'm going to ask you about groups in the community. These can be either formal or informal and customary groups.

Group membership		Is there a [GROUP] in your community? Yes.....1 No.....2>> next row Don't know...97>>next row	Are you an active member of any [GROUP]? Yes.....1 No2	Do you have a leadership position in this [GROUP]? Yes... 1 >> WE4_11 No...2	Have you ever had a leadership position in this [GROUP]? Yes1 No.....2	Is this a single-sex group? Yes.....1 No2	How often does the [GROUP] meet? More than once a week ..1 Once a week2 Once every two weeks....3 Once a month4 Less than once a month..5	Out of the last 5 meetings, how many did you attend? [Number of meetings]
	Group Names	WE4.07	WE4.08	WE4.09	WE4.10	WE4.11	WE4.12	WE4.13
A	Agricultural / livestock/ fisheries producer's group (including marketing groups)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B	Water users' group	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C	Forest users' group	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	Credit or microfinance group (incl. ROSCAS/merry-go-rounds)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E	Mutual help or insurance group (including burial societies)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F	Trade and business association	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G	Civic groups (improving community) or charitable group (helping others)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H	Local government	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I	Religious group	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
J	Other women's group (only if it does not fit into one of the other categories)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
K	Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Module WE5a: Decision Making (Male and Female)

I will now ask you some questions about decision making pertaining to the household

Enumerator: The purpose of this module is to get additional information about decision making within households.

Again, do not attempt to ensure that responses are the same between the male and female respondent. It is okay for them to be different.

Serial no	When decisions are made regarding the following aspects of household life, who is it that normally takes the decision? Self.....1 >>skip to the next activity Husband/ wife 2 Someone else in the household 3 Someone outside the household/other... 4 Not applicable.....98 >> skip to the next activity In case of joint decisions, there could be multiple responses	To what extent do you feel you can make your own personal decisions regarding these aspects of household life if you want(ed) to? Not at all 1 Small extent..... 2 Medium extent..... 3 To a high extent..... 4			
CODE	ACTIVITY	WE5a_01a	WE5a_01b	WE5a_01c	WE5a_02
A	What inputs to buy for agricultural production?				<input type="text"/>
B	What types of crops to grow for agricultural production?				<input type="text"/>
C	When or who would take crops to the market?				<input type="text"/>
D	Livestock raising?				<input type="text"/>
E	Your own wage or salary employment?				<input type="text"/>
F	Major household expenditures?				<input type="text"/>
G	Minor household expenditures?				<input type="text"/>

Module WE5b: Motivation for decision-making (Male and Female)

I will tell you a few stories about the agricultural practices of a few farmers. These questions are a little different from the rest. So feel free to take your time. After each story I will ask you with whom you identify the most and least. I will also want to know whether you are very different from them, very similar to them or somewhere in between. There are no right or wrong answers to these.

Enumerator: Read out each story. Read out the next question and their codes loudly. Circle one response.

		STORY	QUESTION 1	QUESTION 2	QUESTION 3
A The types of crops to grow for consumption and sale in market	WE5ba_01	<i>"Anzira (Abdullah) can't grow other types of crops here for consumption and sale in market. Beans, sweet potato and maize are the only crops that grow here."</i>	Are you like this person? Yes 1 No 2 → Question 3 <input type="checkbox"/>	Are you completely the same or somewhat the same? Completely the same 1 Somewhat the same 2 <input type="checkbox"/>	Are you completely different or somewhat different? Completely different 1 Somewhat different 2 <input type="checkbox"/>
	WE5ba_02	<i>"[PERSON'S NAME] is a farmer and grows beans, sweet potato, and maize because her spouse, or another person or group in her community tells her she must grow these crops. She does what they tell her to do."</i>	Are you like this person? Yes 1 No 2 → Question 3 <input type="checkbox"/>	Are you completely the same or somewhat the same? Completely the same 1 Somewhat the same 2 <input type="checkbox"/>	Are you completely different or somewhat different? Completely different 1 Somewhat different 2 <input type="checkbox"/>
	WE5ba_03	<i>"[PERSON'S NAME] grows the crops for agricultural production that her family or community expect. She wants them to approve of her as a good farmer."</i>	Are you like this person? Yes 1 No 2 → Question 3 <input type="checkbox"/>	Are you completely the same or somewhat the same? Completely the same 1 Somewhat the same 2 <input type="checkbox"/>	Are you completely different or somewhat different? Completely different 1 Somewhat different 2 <input type="checkbox"/>
	WE5ba_04	<i>"[PERSON'S NAME] chooses the crops that she personally wants to grow for consumption and sale in market and thinks are best for her family and business. She values growing these crops. If she changed her mind, she could act differently."</i>	Are you like this person? Yes 1 No 2 → Question 3 <input type="checkbox"/>	Are you completely the same or somewhat the same? Completely the same 1 Somewhat the same 2 <input type="checkbox"/>	Are you completely different or somewhat different? Completely different 1 Somewhat different 2 <input type="checkbox"/>

B Taking crops to the market (or not)	<p>WE5bb_01</p> <p><i>"There is no alternative to how much or how little of her crops [PERSON'S NAME] can take to the market. She is taking the only possible amount."</i></p>	<p>Are you like this person?</p> <p>Yes1 No2 → Question 3</p> <input type="text"/>	<p>Are you completely the same or somewhat the same?</p> <p>Completely the same1 Somewhat the same2</p> <input type="text"/>	<p>Are you completely different or somewhat different?</p> <p>Completely different1 Somewhat different2</p> <input type="text"/>
	<p>WE5bb_02</p> <p><i>"[PERSON'S NAME] takes crops to the market because her spouse, or another person or group in her community tells her she must sell them there. She does what they tell her to do."</i></p>	<p>Are you like this person?</p> <p>Yes1 No2 → Question 3</p> <input type="text"/>	<p>Are you completely the same or somewhat the same?</p> <p>Completely the same1 Somewhat the same2</p> <input type="text"/>	<p>Are you completely different or somewhat different?</p> <p>Completely different1 Somewhat different2</p> <input type="text"/>
	<p>WE5bb_03</p> <p><i>"[PERSON'S NAME] takes the crops to the market that her family or community expect. She wants them to approve of her as a good business woman."</i></p>	<p>Are you like this person?</p> <p>Yes1 No2 → Question 3</p> <input type="text"/>	<p>Are you completely the same or somewhat the same?</p> <p>Completely the same1 Somewhat the same2</p> <input type="text"/>	<p>Are you completely different or somewhat different?</p> <p>Completely different1 Somewhat different2</p> <input type="text"/>
	<p>WE5bb_04</p> <p><i>"[PERSON'S NAME] chooses to take the crops to market that she personally wants to sell there, and thinks is best for her family and business. She values this approach to sales. If she changed her mind, she could act differently."</i></p>	<p>Are you like this person?</p> <p>Yes1 No2 → Question 3</p> <input type="text"/>	<p>Are you completely the same or somewhat the same?</p> <p>Completely the same1 Somewhat the same2</p> <input type="text"/>	<p>Are you completely different or somewhat different?</p> <p>Completely different1 Somewhat different2</p> <input type="text"/>

C Livestock raising	<p>WE5bc_01</p> <p><i>"[PERSON'S NAME] can't raise any livestock other than what she has. These are all that's available."</i></p>	<p>Are you like this person?</p> <p>Yes1 No2 → Question 3</p> <p style="text-align: center;"><input type="text"/></p>	<p>Are you completely the same or somewhat the same?</p> <p>Completely the same1 Somewhat the same2</p> <p style="text-align: center;"><input type="text"/></p>	<p>Are you completely different or somewhat different?</p> <p>Completely different1 Somewhat different2</p> <p style="text-align: center;"><input type="text"/></p>
	<p>WE5bc_02</p> <p><i>"[PERSON'S NAME] raises the types of livestock she does because her spouse, or another person or group in her community tell her she must use these breeds. She does what they tell her to do."</i></p>	<p>Are you like this person?</p> <p>Yes1 No2 → Question 3</p> <p style="text-align: center;"><input type="text"/></p>	<p>Are you completely the same or somewhat the same?</p> <p>Completely the same1 Somewhat the same2</p> <p style="text-align: center;"><input type="text"/></p>	<p>Are you completely different or somewhat different?</p> <p>Completely different1 Somewhat different2</p> <p style="text-align: center;"><input type="text"/></p>
	<p>WE5bc_03</p> <p><i>"[PERSON'S NAME] buys the kinds of livestock that her family or community expect. She wants them to approve of her as a good livestock raiser."</i></p>	<p>Are you like this person?</p> <p>Yes1 No2 → Question 3</p> <p style="text-align: center;"><input type="text"/></p>	<p>Are you completely the same or somewhat the same?</p> <p>Completely the same1 Somewhat the same2</p> <p style="text-align: center;"><input type="text"/></p>	<p>Are you completely different or somewhat different?</p> <p>Completely different1 Somewhat different2</p> <p style="text-align: center;"><input type="text"/></p>
	<p>WE5bc_04</p> <p><i>"[PERSON'S NAME] chooses the types of livestock that she personally wants to raise and thinks are good for her family and business. She values raising these types. If she changed her mind, she could act differently."</i></p>	<p>Are you like this person?</p> <p>Yes1 No2 → Question 3</p> <p style="text-align: center;"><input type="text"/></p>	<p>Are you completely the same or somewhat the same?</p> <p>Completely the same1 Somewhat the same2</p> <p style="text-align: center;"><input type="text"/></p>	<p>Are you completely different or somewhat different?</p> <p>Completely different1 Somewhat different2</p> <p style="text-align: center;"><input type="text"/></p>

Module WE5c: Decision making (Male and Female)

Serial no.	<p><i>ENUMERATOR:</i> This is the last set of questions and it is very important. I am going to give you some reasons for why you might undertake activities in the domains I just mentioned. You might have several reasons for doing each one and there is no right or wrong answer. Please tell me how true it would be to say:</p>	Your actions with respect to [DOMAIN] are motivated by a desire to avoid punishment or gain reward?	Your actions with respect to [DOMAIN] are motivated by a desire to avoid blame or so that other people speak well of you?	Your actions with respect to [DOMAIN] are motivated by and reflect your own values and/or interests?	How satisfied were you with the decisions made in [DOMAIN]?	
		Can you tell me whether it is entirely true, somewhat true, not very true or never true?	Can you tell me whether it is entirely true, somewhat true, not very true or never true?	Can you tell me whether it is entirely true, somewhat true, not very true or never true?	[READ OPTIONS] CODE 1↓	[READ OPTIONS] CODE 1↓
		WE5c_03	WE5c_04	WE5c_05	WE5c_06	
A	Nonfarm business activity?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
B	Your own wage or salary employment?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
C	Minor household expenditures?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
D	What to do if you have a serious health problem?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
E	How to protect yourself from violence?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
F	Whether and how to express religious faith?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
G	What kind of tasks you will do on a particular day?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
H	Whether or not to use family planning to space or limit births?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
CODE 1: Motivation for activity		CODE 2: Extent of satisfaction with activity				
Always true 1 Somewhat true 2 Not very true 3 Never true 4 Decision not made 98		Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor dissatisfied 3 Somewhat dissatisfied 4 Very dissatisfied 5 Decision not made 98				

Module WE6a: Time allocation (Male and Female)

Enumerator: The purpose of this module is to get an idea about men's and women's time spent in both work and leisure activities and their satisfaction with their time use.

WE6.01a: Please record a log of the activities for the individual in the last complete 24 hours (starting yesterday morning at 4 am, finishing 3.59 am of the current day). The time intervals are marked in 15 min intervals. Now we will ask you how you spent the last 24 hours. We will start from yesterday morning. This is an account of the entire time period. We are interested in knowing about all your activities (such as resting, eating, personal care, house and outside house work, child care, cooking, shopping, socializing, etc.), even those activities which do not take up a lot of time.

Activity↓	If simultaneous: Primary 1 Secondary 2	Night		Morning		Day									
		4	5	6	7	8	9	10	11	12	13	14	15		
A	Sleeping and resting														
B	Eating and drinking														
C	Personal care														
D	School (also homework)														
E	Work as employed														
F	Own business work														
G	Farming/Fishing														
J	Shopping/getting service														
K	Weaving, sewing, textile care														
L	Cooking														
M	Domestic work														
N	Care for														
O	Commuting														
P	Travelling														
Q	Watching TV/listening to ..														
R	Reading														
S	Sitting with family														
T	Exercising														
U	Social activities														
V	Practicing hobbies														
W	Religious activities														
X	Other, specify...														

Household Number:

WE6a: Continued

Activity↓	If simultaneous: Primary1 Secondary 2	Night		Morning		Day											
		16	17	18	19	20	21	22	23	24	1	2	3				
A	Sleeping and resting																
B	Eating and drinking																
C	Personal care																
D	School (also homework)																
E	Work as employed																
F	Own business work																
G	Farming/Fishing																
J	Shopping/getting service																
K	Weaving, sewing, textile care																
L	Cooking																
M	Domestic work																
N	Care for																
O	Commuting																
P	Travelling																
Q	Watching TV/listening to																
R	Reading																
S	Sitting with family																
T	Exercising																
U	Social activities																
V	Practicing hobbies																
W	Religious activities																
X	Other, specify...																

Module WE6b: Satisfaction with Time Allocation (Male and Female)

Q. NO.	QUESTION	RESPONSE	RESPONSE CODE
WE6.01b	In the last 24 hours, did you work (at home or outside of the home)		More than usual.....1 About the same as usual2 Less than usual3

Q. No.	Question	Response	Response options/Instructions
WE6_02	Was yesterday a holiday or nonworking day?	<input type="text"/>	Yes.....1 No2
WE6_03	Regarding the amount of sleep you got last night, was that [READ RESPONSES]::	<input type="text"/>	Less than average1 Average2 More than average3
WE6_04	<i>READ:</i> I am going to ask you a series of questions and I want you to tell me how you would rate your satisfaction on a scale of 1 to 10, where 1 means you are not satisfied and 10 means you are very satisfied. If you are neither satisfied or dissatisfied this would be in the middle or 5 on the scale. How would you rate your satisfaction with:		Please mark on a scale from 1 – 10
WE6_04A	The distribution of work duties within your household?	<input type="text"/>	Not satisfied ⓘ.....1 
WE6_04B	Your available time for leisure activities like watching TV, listening to radio, seeing movies or doing sports?	<input type="text"/>	Neither satisfied nor dissatisfied ⓘ.....5 
WE6_04C	Your contacts with friends or relatives?	<input type="text"/>	Very satisfied ⓘ.....10
WE6_04D	Your possibilities of going to other places outside your village?	<input type="text"/>	
WE6_04E	Your power to make important decisions that change the course of your life?	<input type="text"/>	
WE6_04F	Your satisfaction with your life overall?	<input type="text"/>	
WE6_05	During the last four weeks, how many days of your primary daily activities did you miss because of poor health?	<input type="text"/>	Enter number of days [1-28]
WE6_06	Were the last four weeks typical or average?	<input type="text"/>	Worse than average1 Average2 Better than average3
WE6_07	Were you unable to complete normal activities in the last 24 hours?	<input type="text"/>	Yes.....1 No2

Household Number:

Q. No.	Question	Response	Response options/Instructions
WE6_08	Do you suffer from a chronic disability?	<input type="text"/>	Yes.....1 No2 >> WE6_10
WE6_09	If yes, what kind? [ALLOW UP TO 3 RESPONSES]	<input type="text"/> WE6_09_a <input type="text"/> WE6_09_b <input type="text"/> WE6_09_c <input type="text"/> <input type="text"/> <input type="text"/>	Deaf or hearing disability.....1 Mobility or missing limbs.....2 Speech or language disability.....3 Learning or mental impairment.....4 Blind or visual disability.....5 Chronic health or disease.....6 Psychological or emotional7 Other, specify.....8
	ENUMERATOR: If male, stop and proceed to Module WE6_12; If female, continue from question WE6_10:		
WE6_10	Are you currently pregnant?	<input type="text"/>	Yes.....1 No2
WE6_11	Are you currently breastfeeding?	<input type="text"/>	Yes.....1 No2

Module WE6b continued: Satisfaction with Time Allocation

Q. NO.	QUESTION	RESPONSE OPTIONS/INSTRUCTIONS
WE6_12	<p>Next, I am going to ask you a question about how satisfied you are with the time you have to yourself to do things you enjoy. Please give your opinion on a scale of 1 to 10. 1 means you are not satisfied and 10 means you are very satisfied. If you are neither satisfied nor dissatisfied, this would be in the middle, or 5, on the scale.</p> <p>NOTE: LEISURE EXAMPLES SHOULD BE MODIFIED FOR LOCAL CONTEXT.</p> <p>How satisfied are you with your available time for leisure activities like visiting neighbors, watching TV, listening to the radio, seeing movies or doing sports?</p>	<p>SATISFACTION RATING:</p> <input type="text"/> <input type="text"/>

Module WE7b: Parent's information (Male and Female)

SL	Questions	Answer	Answer code
WE7b _1	What's your (respondent's) mother's highest level of education?	<input type="text"/>	Never attended school 99 Studying in Class I..... 0 Completed Class I..... 1 Completed Class II 2 Completed Class III 3 Completed Class IV 4 Completed Class V 5 Completed Class VI..... 6 Completed Class VII 7 Completed Class VIII 8 Completed Class IX..... 9 SSC/Dakhil..... 10 HSC/Alim..... 12
WE7b _2	What's your (respondent) father's highest level of education?	<input type="text"/>	BA/BSC pass/fazil 14 BA/BSC honorary/fazil 15 MA/MSC and above/kamil 16 SSC candidate 22 HSC candidate 33 Any class below Class I 66 Mosque related primary school ..67 Medical/MBBS 71 Nursing 72 Engineer 73 Diploma Engineer 74 Vocational Education 75 Others..... 76
WE7b _3	Number of alive sisters (including respondent)	<input type="text"/>	Number of sisters
WE7b _4	Number of alive brothers (including respondent)	<input type="text"/>	Number of brothers
WE7b _5	Where were you born?	<input type="text"/>	I am living where I was born 1 In this village/ward 2 In another village of this union/ward 3 In another union of this station 4 In another station of this district 5 In another district of this division 6 In another division (specify 7
WE7b _6	How often do you read newspapers/magazines?	<input type="text"/>	Everyday..... 1 Every week at least once..... 2 Every 2 weeks at least once 3 Every month at least once 4 Irregularly..... 5 Hardly/almost never 6>>WE7b_8
WE7b _7	Do you read any national or regional newspaper or magazine?	<input type="text"/>	National 1 Regional 2 Both kinds 3
WE7b _8	How often do you listen to the radio?	<input type="text"/>	Everyday..... 1 Every week at least once..... 2 Every 2 weeks at least once 3 Every month at least once 4 Irregularly..... 5 Hardly/almost never 6

SL	Questions	Answer	Answer code
WE7b_9	How often do you watch television?	<input type="text"/>	Everyday.....1 Every week at least once.....2 Every 2 weeks at least once3 Every month at least once4 Irregularly.....5 Hardly/almost never6>>WE7b_11
WE7b_10	Which channels do you watch often?	<input type="text"/>	BTV1 BTV World.....2 Other Local Chanel/Bangladeshi channel3 Foreign Bangla Channels.....4 Foreign other channels.....5
WE7b_11	Do you have your own mobile phone?	<input type="text"/>	Yes1 No.....2
WE7b_12	Do you use a mobile phone? (mobile phone could be his/her own or someone else's)	<input type="text"/>	Yes1 No.....2
WE7b_13	If yes, for what purpose do you use it? (Mention the 3 main reasons)	<input type="text"/> <input type="text"/> <input type="text"/>	Talking to friends and family.....1 Financial Transactions (such as Bkash)2 Business purposes (such as contacting agriculture extension services or learning about market prices3 To access other kinds of information (such as health care, agriculture extension, services, other social services).....4 Entertainment (music, videos)5 To listen to FM radio6
WE7b_14	Which operator do you use? (Mention 2 main ones)	<input type="text"/> <input type="text"/>	Grameen1 Rabi2 Banglalink3 Airtel4 Teletalk.....5 Citycell6 Others (mention name)7
WE7b_15	If you are married, than who chose your partner?	<input type="text"/>	We chose each other.....1 I chose him/her and he/she agreed2 He/she chose me and I agreed3 He/she chose me but I did not agree4 The family chose and I agreed5 The family chose but I did not agree.....6 Others (mention here).....96

Household Number:

Module WE7c: Parda information (Male and Female)

SL	Questions	Answer	Answer code
WE7c_1	What is done to protect the women (both young and old) in your family?	<input type="text"/> <input type="text"/>	Providing a companion when they go out 1 Not allowing them to interact with close male relatives of similar age 2 Not allowing them to go out in the evening 3 Cover them with a burkha when going out 4 Not allowing them to roam around here and there 5 Others (please mention here) 96
WE7c_2	Are the women (both young and old) required to cover the head when going out?	<input type="text"/>	Yes 1 No 2 >> End of questionnaire. Fill out question WA11 from module WA
WE7c_3	What type of covering is used?	<input type="text"/> <input type="text"/> <input type="text"/>	Burkha 1 Scarf 2 Cover the head with the saree 3 Hijab/Nikab 4 The veiling of the mind is enough 5
WE7c_4	What is the reason for covering up? (Multiple responses possible)	<input type="text"/> <input type="text"/> <input type="text"/>	Safety 1 Religious reasons 2 Societal reasons 3 Instructions from the family 4 Personal choice 5 Others (mention here) 96 Don't know 98
WE7c_5	From what age are the women in the household required to cover their head?	<input type="text"/>	Age (complete years)
WE7c_6	Do you cover your head when you go out of the house?	<input type="text"/>	Yes 1 No 2

Module End Time: Hour Minute