**SES**

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| **Instructions** | | **Complete this form after confirming eligibility and obtaining signed consent** | | |
| 1 | Date of Interview | | |\_\_||\_\_| / |\_\_||\_\_| / |\_\_||\_\_|  *D D M M Y Y* | |
| 2 | How many members are in your household? | | Please enter exact number:  01, 02, 03, etc. | |\_\_\_||\_\_\_| |
|  | 2a) Number of living children | | |\_\_\_||\_\_\_| |
|  | 2b) Birth order of enrolled child among  live births | | |\_\_\_||\_\_\_| |
|  | 2c) Number of siblings under 5 years,  excluding enrolled child | | |\_\_\_||\_\_\_| |
| 3 | How long have you lived in current household in years?\* | | 00 = < 1 year  01 = 1 year  02 = 2 years  03 = 3 years  04 = 4 years  Etc. | |\_\_\_||\_\_\_| |
| 4 | Number of rooms in current household: | | Please enter exact number, 01, 02, 03 … | |\_\_\_||\_\_\_| |
| 5 | Number of people usually sleeping in household: | | |\_\_\_||\_\_\_| |
| 6 | Family type | | 1 = Nuclear 2 = Joint | |\_\_\_| |
| 7 | Household domestic workers (maid) | | 1 = Yes 2 = No | |\_\_\_| |
| 8 | Education (please see code list) | | | |
|  | 8a. Father education | | | |\_\_\_||\_\_\_| |
|  | 8b. Mother education | | | |\_\_\_||\_\_\_| |
| 9 | Occupation (please see code list) | | | |
|  | 9a. Father occupation | | | |\_\_\_||\_\_\_| |
|  | 9b. Mother occupation | | | |\_\_\_||\_\_\_| |
| 10 | Do you own the house you live in? | | 1 = Yes 2 = No | |\_\_\_| |

\*For question 3, half years should be rounded up or down as follows:

between 1 and less than 1.5 year = 1 year; between 1.5 and 2 years = 2 years; etc.

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| 11 | Monthly income and expenditure | | |
|  | **11a. Total monthly Income** (in taka)  **|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|** | **11b.** **Monthly Total expenditure** (in taka):  **|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|** | |
| **Worksheet for calculating answer to 11a. Add all incomes together and enter total above.**  Household (HH) head’s income:  |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|  Mother’s income: ***If HH head, enter zeros***  |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|  Other member’s income:  |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|  Other sources income:  |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| | **Worksheet for calculating answer to 11b. Add all expenditures together and enter total above.**  House rent: Enter zeros if own the house  |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|  Family expenditure: (Food, Cloths, Utility bills i.e. electricity, Gas, water…)  |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|  Other expenditure: (Festival, Medical, Education, gift etc.)  |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |  |
| 12 | What is the principal type of **flooring** in your dwelling? | 1 = Earth  2 = Bamboo/ Wood  3 = Cement | |\_\_\_| |
| 13 | What is the principal **wall material** in your house? | 1 = Bamboo/cane/straw  2 = Rudimentary walls (mud) or  mixed with mud  3 = Tin wall  4 = Bricks, cement blocks, concrete  walls | |\_\_\_| |
| 14 | What is the principal **roofing** material in your house? | 1 = Natural material (straw)  2 = Rudimentary roofing (polythene or mixed with mud)  3 = Finished roof (concrete)  4 = Tin roof | |\_\_\_| |
| **15** | **In your dwelling is there:** | | |
|  | 15a. Facilities | |  |
|  | 15a1. Electricity | 1 = Yes 2 = No | |\_\_\_| |
|  | 15a2. Cooking Gas | 1 = Yes 2 = No | |\_\_\_| |
|  | 15a3. Telephone/Mobile | 1 = Yes 2 = No | |\_\_\_| |
|  | 15b. Furniture Facilities | |  |
|  | 15b1. Almeria | 1 = Yes 2 = No | |\_\_\_| |
|  | 15b2. Table | 1 = Yes 2 = No | |\_\_\_| |
|  | 15b3. Chair | 1 = Yes 2 = No | |\_\_\_| |
|  | 15b4. Bench | 1 = Yes 2 = No | |\_\_\_| |
|  | 15b5. Watch or clock | 1 = Yes 2 = No | |\_\_\_| |
|  | 15b6. Cot or bed | 1 = Yes 2 = No | |\_\_\_| |
|  | 15b7. Working Radio | 1 = Yes 2 = No | |\_\_\_| |
|  | 15b8. Working TV | 1 = Yes 2 = No | |\_\_\_| |
|  | 15b9. Bicycle | 1 = Yes 2 = No | |\_\_\_| |
|  | 15b10. Motorcycle | 1 = Yes 2 = No | |\_\_\_| |
|  | 15b11. Sewing machine | 1 = Yes 2 = No | |\_\_\_| |
|  | 15b12. Fan | 1 = Yes 2 = No | |\_\_\_| |
| 16 | Exposure to mass media |  |  |
|  | 16a. Do you read newspaper? | 1 = Regular 2 = Irregularly 3 = No | |\_\_\_| |
|  | 16b. Do you listen/watch Radio/TV? | 1 = Regular 2 = Irregularly 3 = No | |\_\_\_| |
| 17 | What is the principal source of household **drinking water**? | 1 = Municipality supply/piped water  2 = Own arrangement by pump  3 = Tube well  4 = Well/Pond/Canal | |\_\_\_| |
| 18 | What is the principal type of **TOILET** facility used by members of your household? | 1 = Septic tank or toilet  2 = Water-sealed or slab latrine  3 = Pit latrine  4 = Open latrine  5 = Hanging latrine  6 = Bush, field as latrine | |\_\_\_| |
| 19 | In terms of household food availability, how do you classify your household? | 1 = Deficit in whole year  2 = Sometimes deficit  3 = Neither deficit nor surplus  4 = Surplus | |\_\_\_| |

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| 20 | Hand Washing Practice (use the following codes to complete questions 20a1 – 20e1) | | | | | | |
|  | **Type of Agent**  1 = Water  2 = Mud  3 = Ash  4 = Soap  5 = Other  9 = None | **How**  1 = Left hand  2 = Right hand  3 = Both hands  9 = None | | **Source of Water**  1 = Municipality supply/piped water  2 = Own arrangement by pump  3 = Tube well  4 = Well/Pond/Canal  9 = None | | | |
|  | **Purpose** | | **Type of Agent** | | **How** | **Source of Water** | |
|  | 20a1. Before feeding infant | | |\_\_\_| | | |\_\_\_| | |\_\_\_| | |
| 20b1. Before eating (feeding self) | | |\_\_\_| | | |\_\_\_| | |\_\_\_| | |
| 20c1. After defecating (self) | | |\_\_\_| | | |\_\_\_| | |\_\_\_| | |
| 20d1. Before cleaning infant’s bottle | | |\_\_\_| | | |\_\_\_| | |\_\_\_| | |
| 20e1. After cleaning infant’s anus | | |\_\_\_| | | |\_\_\_| | |\_\_\_| | |
| 21 | Water treatment methods used | | 1 = None  2 = Let it stand & settle  3 = Water filter  4 = Solar disinfection  5 = Boil  6 = Strain through cloth  7 = Add bleach/Chlorine | | | | |\_\_\_| |
| 22 | Toilet facility shared with other households | | 1 = Yes 2 = No | | | | |\_\_\_| |
| 23 | Frequency of nail cutting of mother | | 1 = Once in a week  2 = Twice a month  3 = Once a month  4 = Once in quarter | | | | |\_\_\_| |
| 24 | Place for cooking for household | | 1 = Inside house  2 = Separate building  3 = Outdoors  4 = Other | | | | |\_\_\_| |
| 25 | Type of cooking fuel | | 1 = Gas  2 = Electric stove  3 = Wood  4 = Kerosene oil stove  5 = Animal dung  6 = Garments products | | | | |\_\_\_| |
| 26 | Open drain beside your house | | 1 = Yes 2 = No | | | | |\_\_\_| |

**NOT DATA ENTERED**

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|  | Interviewer Name and Code | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_\_\_||\_\_\_||\_\_\_| |