

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"/> Dead .....98 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	Hindi .....3 Tribal .....4	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?	<b>MID of respondent</b>	<b>Consent of respondent</b>	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?	<b>MID of respondent</b>	<b>Consent of respondent</b>	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?	<b>MID of respondent</b>	<b>Consent of respondent</b>	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?	<b>MID of respondent</b>	<b>Consent of respondent</b>	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](mailto: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:**

<b>Code 1: Relationship</b>	<b>Code 4 : Literacy</b>	<b>Code 6: Main Occupation</b>	
<b>Relationship with primary respondent</b>			
Primary respondent ..... 1	Cannot read and write ..... 1	<b>Wage Labor</b>	<b>Farming</b>
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
<b>Relationship with primary respondent's husband/wife</b>		Apprentice ..... 10	
Father-in-law/mother-in-law ..... 10	Never attended school ..... 99	Other wage labor (specify) ..... 11	<b>Non-earning occupation</b>
Brother/Sister-in-law ..... 11	Reads in class I ..... 0		Student ..... 81
Husband/wife's niece/nephew ..... 12	Completed class I ..... 1	<b>Salaried worker</b>	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
<b>Other relative/non relative</b>	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	<b>Self-employment</b>	
	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:

<b>Code 7: Location of employment</b>	<b>Code 8: Status of the member in the current round</b>	<b>Code 9: Educational Programs</b>	<b>Code 10: Main Source of Earnings</b>
This village/ward.....1	Member in both previous and current round .....0	Have not participated in any programs .....1	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 thana .....3		Tk 20 Scholarship.....3	Salaried Employee .....3
Other thana in this district .....4		Anondo School Scholarship .....4	Self Employed (Agri) .....4
Other district .....5		Tk 100 (Tk 125) Scholarship .....5	Self Employed (fish farming) .....5
	<b><u>New Member (New Born).....1</u></b>	School Feeding Program (Biscuit).....6	Self Employed (fish capture) .....6
	<b><u>New Member through marriage .....2</u></b>	School Feeding Program (Cooked Food like Khichuri).....7	Self Employed (livestock/poultry) .....7
	<b><u>New Member upon return from divorce or separation.....3</u></b>	Secondary School Scholarship .....8	Self Employed (other non-agri) .....8
	<b><u>Household merged/combined.....4</u></b>	High School Scholarship .....9	Land rent(cash/share) .....9
	<b><u>Other reasons (Permanent).....5</u></b>	Bachelor's/Master's Scholarship .....10	House Rent.....10
			Other rent/shop/productive asset) .....11
	<b><u>Was a member in the previous round but no longer one in the current round</u></b>		Business(purchase-sell) .....12
	<b><u>Residing elsewhere for the pursuit of studies .....6</u></b>		Business(production) .....13
	<b><u>Death.....7</u></b>		Loan business(use of interest) .....14
	<b><u>Married and left household .....8</u></b>		Remittance (Country) .....15
	<b><u>Divorced and left household.....9</u></b>		Remittance (Abroad) .....16
	<b><u>Household split .....10</u></b>		Others.....17
	<b><u>Left household for employment .....11</u></b>		No source of income .....18
	<b><u>Other reasons for leaving the household .....12</u></b>		

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?	Why did you never attend school/Madrasa/college/university?	When did you first attend school/madrasa/college/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 Private .....2	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)	Programs participation before 2018	Which year did the child stop attending school?	Why did the child stop attending school?		
		Yes...1>>B2_03 No....2	Next child							Yes...1 No ....2	Yes...1 No....2> B2_12a					Yes..1No .....2 N/A .....9 >> next child	Note: report last two programs in case of multiple programs participation	*not applicable ...9999			
		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:**

<b>Code 1: Reason not attending/stop attending school (applicable for B2_02 and B2_14)</b>	<b>Code2: Class attended (applicable for B2_04 and B2_10)</b>	<b>Code 3: Type of school attended/attending</b>	<b>Code 4: Type of program (applicable for B2_09, B2_12a and B2_12b)</b>
<b>Age/sickness/unwillingness perspective:</b>			
Below school/madrasha age .....1	Never attended school .....99	Govt. aided .....1	Not participated/ ing in any program .....1
Sick/disabled child .....2	Reads in class I .....0	Private(registered)school .....2	Food for education (FFE) .....2
Child didn't want to attend school .....3	Completed class I .....1	Private(non-registered)school .....3	Participated in Tk 20 stipend program .....3
Teachers do not teach well .....4	Completed class II .....2	Ananda school .....4	Ananda school stipend program .....4
Parents don't want to send children to school .....5	Completed class III .....3	BRAC run NGO school .....5	Tk 100 (Tk 125) stipend program .....5
Examination not passed .....6	Completed class IV .....4	Other NGO run school .....6	School feeding program(biscuit) .....6
<b>Distance perspective:</b>	Completed class V .....5	Aliyah madrasa .....7	School feeding program(cooked food for example-khichuri/singara) .....7
No school/madrasha nearby .....7	Completed class VI .....6	Quomi madrasa .....8	Secondary school student stipend program... 8
Transport/communication problem .....8	Completed class VII .....7	College/university .....9	Higher secondary stipend program .....9
<b>Non-ability perspective:</b>	Completed class VIII .....8	Nurania/hafezia Madrasa .....10	Bachelor's/Master's Scholarship .....10
Inability to bear schooling expenses /inability to buy school uniform .....9	Completed class IX .....9	Other .....11	
Engaged in household work .....10	Completed Secondary School/Dakhil .....10	Kindergarten .....12	
Engaged in family business/agriculture .....11	HSC/Alim First Year .....11		
Works elsewhere for income .....12	HSC/Alim Second Year .....12		
Does not work now but looking for work .....23	BA/BSC/Fazil First Year .....13		
<b>Stipend perspective:</b>	BA/BSC/Fazil Second Year .....14		
Insufficient amount of stipend money /education allowance .....13	BA/BSC/Fazil Third Year .....15		
Not getting stipend, so withdrawn from school/madrasha .....14	BA/BSC/Fazil Fourth Year .....16		
<b>Gender perspective:</b>	MA/MSC and above/Kamil .....17		
Don't like to send girls to school .....15	SSC Candidate .....22		
There are no female teacher in school .....16	HSC Candidate .....33		
No only boys' or only girls' school .....17	Preschool class (general) .....66		
Boys tease girls/don't like girls .....18	Preschool (mosque based) .....77		
Environment of school is not safe .....19	Medical/MBBS .....71		
No separate latrine for female students .....20	Nursing .....72		
Due to marriage .....21	Engineer .....73		
Other (specify) .....22	Diploma Engineer .....74		
	Vocational/Technical Education .....75		
	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

<b>Code 1: Employment status</b>	<b>Code 2: Reasons for not working in the last 7 days</b>	<b>Code 3: Occupation/economic activity</b>
Worked for pay (salary, wage, self-employed).....1	Sick.....1	<b>Wage Labor</b>
Worked without pay (apprentice, family business) .....2	Vacation .....2	Agricultural day labor.....1
Did not work but have a job .....3	Hartal/strike .....3	Earth work (govt program) .....2
Did not work but looked for a job .....4	Taking care of household matters .....4	Earth work (other).....3
<b>Did not work because:</b>	Taking care of family members .....5	Sweeper .....4
Only studied (student) .....5	Other (specify).....6	Scavenger .....5
Too young (not student) .....6		Tea garden worker .....6
Too old/retired .....7		Construction labor .....7
Home/household work (includes live-in servant) .....8		Factory worker .....8
Disabled/invalid .....9		Transport worker (bus/truck helper) ....9
Don't need to.....10		Apprentice .....10
Other (specify) .....11		Other wage labor (specify).....11
		<b>Salaried worker</b>
		Government/ parastatal .....12
		Service (private sector) .....13
		NGO worker .....14
		House maid .....15
		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
		<b>Self-employment</b>
		Rickshaw/van pulling .....22
		Driver of motor vehicle.....23
		Tailor/seamstress .....24
		Blacksmith.....25
		Potter .....26
		Cobbler .....27
		Hair cutter.....28
		Clothes washer.....29
		Porter .....30
		Goldsmith/silversmith.....31
		Repairman (appliances) .....32
		Mechanic (vehicles).....33
		Plumber .....34
		Electrician.....35
		Carpenter .....36
		Mason/Construction Rod Welder.....37
		Doctor .....38
		Rural physician .....39
		Midwife .....40
		<b>Self-employment (continued)</b>
		Herbal doctor/Kabiraj .....41
		Engineer.....42
		Lawyer/deed writer/Moktar .....43
		Religious leader (Imam/Muazzem/ Khadem/Purohit).....44
		Lodging master .....45
		Private tutor/house tutor.....46
		Beggar.....47
		<b>Trader</b>
		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
		<b>Production</b>
		Food Processing .....55
		Small industry .....56
		Handicrafts.....57
		<b>Livestock Poultry related work/occupation</b>
		Milk collector.....58
		Livestock Vet medicine seller .....59
		Livestock Feed supplier .....60
		Commercially feed producer .....61
		Animal Breeder.....62
		Veterinary/paravet doctor .....63
		<b>Farming</b>
		Working own farm (crop) .....64
		Share cropper/tenant .....65
		Homestead farming .....66
		Fisherman (using non owned/not leased water body) .....67
		Raising fish / fish pond .....68
		Raising poultry .....69
		Raising livestock .....70
		Dairy production/ dairy farming .....71
		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 <sup>st</sup> Respondent				2 <sup>nd</sup> Respondent				3 <sup>rd</sup> 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:

<b>Code 1</b>	<b>Code 2</b>	<b>Code 3</b>	<b>Code 4</b>
Machinery repair/servicing.....1	Government institute .....1	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 Repair .....3	Other private institution .....3	BA/BSC pass/ <i>Fajil</i> ....14.	To re-enter the workforce after losing previous job .....3
Automobile servicing/repair.....4	Informal training .....4	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 / Masonry .....20			
Driving.....21			
Lathe machine operator .....22			
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↑			
<b>D1_01</b>	<b>D1_02</b>	<b>D1_03</b>	<b>D1_04</b>	<b>D1_05</b>	<b>D1_06a</b>	<b>D1_06b</b>	<b>D1_06c</b>	<b>D1_07</b>	<b>D1_08</b>	<b>D1_09</b>	<b>D1_10</b>	<b>D1_11</b>	<b>D1_12</b>	<b>D1_13</b>	<b>D1_14</b>	<b>D1_15</b>	<b>D1_16_a</b>	<b>D1_16_b</b>	<b>D1_16_c</b>
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... 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:	How was the asset acquired? (report latest item if quantity >1)	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↑			
<b>D1_01</b>	<b>D1_02</b>	<b>D1_03</b>	<b>D1_04</b>	<b>D1_05</b>	<b>D1_06a</b>	<b>D1_06b</b>	<b>D1_06c</b>	<b>D1_07</b>	<b>D1_08</b>	<b>D1_09</b>	<b>D1_10</b>	<b>D1_11</b>	<b>D1_12</b>	<b>D1_13</b>	<b>D1_14</b>	<b>D1_15</b>	<b>D1_16_a</b>	<b>D1_16_b</b>	<b>D1_16_c</b>
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... 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 Gift .....2 Dowry .....3 Inheritance .....4 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
<b>Farming tools:</b>																		
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																	
<b>Machinery:</b>																		
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 $\geq 1$ )		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? <b>Report primary use of savings</b>	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

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?

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

**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 application .....2
- 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 Television .....3 Poster .....4 Community Programme .....5 Family .....6 Relatives .....7 Neighbors .....8 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 No .....2

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 [1<sup>st</sup> December (15<sup>th</sup> Agrahayon) 2017 to 30<sup>th</sup> November (14<sup>th</sup> 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 (15<sup>th</sup> Agrahayon) 2017- 30th November (14<sup>th</sup> 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												
<b>Plot ID</b>	<b>Plot Description</b>	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
Homestead .....1	Clay.....1	Fallow.....1	All members jointly .....	Purchased/bought .....1	Agriculture .....1	Plot is the same in both rounds .....
Cultivable/arable land ....2	Loam .....2	Own operated .....2	.....7	Inherited (wife's family) .....2	Fisheries .....2	0
Pasture.....3	Sandy.....3	Rented/leased in/ for cash.....3	1	Inherited (husband's family)....3	Grazing for livestock .....3	1
Bush/forest.....4	Clay-loam....4	Rented/leased in/crop share ....4	Male outside household	User right (wife's family).....4	Homestead/ house plot .....4	Inherited or Household Split 2
Waste/non-arable land....5	Sandy-loam ..5	Mortgaged in .....5	.....7	User right (husband's family)..5	Bush .....5	Mortgage out/ Rent .....3
Land in riverbed .....6		Rented/leased out/cash.....6	2	Rented/shared/leased/	Commercial/non-ag enterprise6	erosion .....4
Other residential/commercial plot .....7		Rented/leased out/crop share ..7	Female outside household	Mortgaged-in .....6	Fallow.....7	New Purchase .....5
Cultivable Pond.....8		Mortgage out .....8	.....7	Government Khas land/Other institution.....7	Other (specify).....8	New inheritance .....6
Derelict pond.....9		Group leased in with other farmer .....	3	Was not with me.....9	New Mortgage .....7	New Mortgage .....7
Garden (wood/Fruit).....10		Leased out to NGO .....10	Govt / Khas land/other institutions		Household combined .....8	Household combined .....8
Floating plot).....11		Taken from joint owner .....11	.....7		Char surfaced.....9	Char surfaced.....9
Only for seed bed).....12		Jointly with other owners.....12	4		Others (specify) .....10	Others (specify) .....10
		Rented in for certain amount ofcrops.....13	Not applicable/Not decided			
		Rented out for certain amount ofcrops.....14	.....9			
		Free of cost.....15	8			

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 1<sup>st</sup> December (15<sup>th</sup> Agrahayon) 2017- 30<sup>th</sup> November (14<sup>th</sup> 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**

<b>Major Cereals</b>	<b>Pulses</b>	<b>Vegetables</b>	<b>Leafy vegetables</b>	<b>Fruits (continued)</b>	<b>Other crops (continued)</b>
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) ..... 111		Coconut/Green Coconut 326	Other seedbed ..... 710
Job ..... 25		Others Oilseeds ..... 112			
Cheena ..... 26			<b>Fruits</b>	<b>Other crops</b>	<b>By Products (Applicable for Module I only)</b>
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
<b>Fiber Crops</b>	<b>Spices</b>		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:

<b>Code 3: Paddy Rice</b>	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 5 .....99 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 Padma .....120 Bijoy .....121 Borkot.....122 Raja.....123 Chitra.....124 Shobujmoti .....125 Kajol .....126 Rajkumar .....127 Robi .....128 Other(specify).....999	<b>Code 4: Source of seed</b>
			Own.....1 Gift borrow (from neighbor/relative etc).....2 BADC(Government) .....3 Bought from BRAC .....4 Bought from other NGO.....5 Personal shop/dealer.....6 Hat/Bazar .....7 Other farmer .....8 Bought from farmhouse.....9 Bought seedlings .....10 Made seedling .....11	

<b>Code 5: Significant characteristics of seeds</b>	<b>Code 6: Did you face any problems with the seeds you purchased?</b>	<b>Code 7: Reason of inadequacy</b>	
Grain Yield .....1 Grain Size .....2 Insect/disease resistant. ....3 Flood tolerant .....4 Saline tolerant .....5 Drought tolerant .....6 Zinc enriched .....7 Low labor required .....8	Low input required .....9 Ease of processing.....10 Market demand.....11 Good taste .....12 Nice color.....13 Good as animal feed.....14 Others (specify) .....15	No problem .....1 Mixed with other seed.....2 Poor germination.....3 Too expensive.....4 Incorrect label .....5 Tampered or damaged packaging....6 Shortage of supply .....7 Others (specify) .....8	No market supply.....1 Did not save seed .....2 Saved seed got damaged .....3 Post- flood scarcity of seedling during 2nd plantation .....4 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 1<sup>st</sup> December (15<sup>th</sup> Agrahayon) 2017- 30<sup>th</sup> November (14<sup>th</sup> Agrahayon) 2018.

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

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

<b>Code 3:Irrigation Method</b>	
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

<b>Code 4: Cause of inadequacy &amp; insufficiency of water</b>	
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: 1<sup>st</sup> December (15<sup>th</sup> Agrahayon) 2017- 30<sup>th</sup> November (14<sup>th</sup> 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: 1<sup>st</sup> December (15<sup>th</sup> Agrahayon) 2017- 30<sup>th</sup> November (14<sup>th</sup> 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: 1<sup>st</sup> December (15<sup>th</sup> Agravahan) 2017- 30<sup>th</sup> November (14<sup>th</sup> 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: 1<sup>st</sup> December (15<sup>th</sup> Agravahan) 2017- 30<sup>th</sup> November (14<sup>th</sup> 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 H6: Post Harvest Labor, Animal and Tools/ Machinery Usage (Male)**

## Report for all Crop cultivated during 1<sup>st</sup> December (15<sup>th</sup> Agrahayon) 2017- 30<sup>th</sup> November (14<sup>th</sup> 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 1<sup>st</sup> December (15<sup>th</sup> Agrahayon) 2017- 30<sup>th</sup> November (14<sup>th</sup> 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 1<sup>st</sup> December (15<sup>th</sup> Agrahayon) 2017- 30<sup>th</sup> November (14<sup>th</sup> 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>> <b>H7_11</b>	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→ <b>H7_04</b>	Avg price per Kg	Did you purchase? Yes .. 1 No .. 2→ <b>H7_06</b>	Avg price per Kg	Did you purchase? Yes ... 1 No 2→ <b>H7_08</b>	Avg price per Kg								
Code ↑	Tk/Kg	Code ↑	Tk/Kg	Code ↑	Tk/Kg	Code ↑	Tk/Kg	Code ↑	Code 1	Code 2					
<b>H7_01</b>		<b>H7_02</b>	<b>H7_03</b>	<b>H7_04</b>	<b>H7_05</b>	<b>H7_06</b>	<b>H7_07</b>	<b>H7_08</b>	<b>H7_09a</b>	<b>H7_09b</b>	<b>H7_10a</b>	<b>H7_10b</b>	<b>H7_11</b>		
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 less .....6

Household Number:

### Module H7\_A: Labor Cost: For sowing seed, weed control, irrigation and harvesting crops. (Male)

Report for the three seasons during 1<sup>st</sup> December (15<sup>th</sup> Agrahayon) 2017- 30<sup>th</sup> November (14<sup>th</sup> 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		
		<b>H7a_01</b>	<b>H7a_02</b>	<b>H7a_03</b>	<b>H7a_04</b>	<b>H7a_05</b>	<b>H7a_06</b>	<b>H7a_07</b>	<b>H7a_08</b>	<b>H7a_09</b>	<b>H7a_10</b>	<b>H7a_11</b>	<b>H7a_12</b>	<b>H7a_13</b>	<b>H7a_14</b>	<b>H7a_15</b>	<b>H7a_16</b>	<b>H7a_17</b>	<b>H7a_18</b>	<b>H7a_19</b>							
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: 1<sup>st</sup> December (15<sup>th</sup> Agrahayon) 2017- 30<sup>th</sup> November (14<sup>th</sup> 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 buy .....9

Module End Time:  Hour  Minute

Household Number:

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

## **Module I1: 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
<b>I2_01</b>		<b>I2_02</b>	<b>I2_03</b>	<b>I2_04</b>	<b>I2_05</b>	<b>I2_06</b>	<b>I2_07</b>	<b>I2_08</b>	<b>I2_09</b>	<b>I2_10</b>	<b>I2_11</b>	<b>I2_12</b>	<b>I2_13</b>	<b>I2_14</b>
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)										Robi (Boro)									
Crop	day	kg	Tk/kg	kg	kg	Tk/kg	kg	kg	day	kg	Tk/kg	kg	kg	Tk/kg	kg	kg	day	kg	Tk/kg	kg	kg	Tk/kg	kg	kg	Tk/kg	kg	kg	Tk/kg			
	<b>I2_15</b>	<b>I2_16</b>	<b>I2_17</b>	<b>I2_18</b>	<b>I2_19</b>	<b>I2_20</b>	<b>I2_21</b>	<b>I2_22</b>	<b>I2_23</b>	<b>I2_24</b>	<b>I2_25</b>	<b>I2_26</b>	<b>I2_27</b>	<b>I2_28</b>	<b>I2_29</b>	<b>I2_30</b>	<b>I2_31</b>	<b>I2_32</b>	<b>I2_33</b>	<b>I2_34</b>	<b>I2_35</b>	<b>I2_36</b>	<b>I2_37</b>	<b>I2_38</b>							
Paddy																															
Rice																															
Wheat																															

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 (1<sup>st</sup> December, 2017 to 30<sup>th</sup> 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.

<b>NGO Code:</b>	
BRAC .....	1
ASA .....	2
PROSHIKA.....	3
Karitas Bangladesh.....	4
Shwanirbhar Bangladesh.....	5
TMSS .....	6
RDRS Bangladesh.....	7
<b>Bureau Tangail.....</b>	<b>8</b>
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? Yes .....1 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?	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			Mixed with other seed ..... 2	Did not save seed..... 2		
Gift from others..... 2	Other farmer..... 8	Grain Size ..... 2	Ease of processing .... 10	Poor germination..... 3	Saved seed got damaged..... 3			Too expensive..... 4	Post- flood scarcity of seedling during 2nd plantation..... 4		
BADC outlet (Govt.)..... 3	Bought from farm .... 9	Insect/disease resistant.... 3	Market demand..... 11	Incorrect label ..... 5	Could not get good quality seed.... 5			Nice color ..... 13	New seedling was damaged..... 6		
Bought fromBRAC ..... 4	Bought seedling..... 10	Flood tolerant..... 4	Good taste ..... 12	Tampered or damaged packaging.... 6	Others (specify)..... 7			Drought tolerant..... 6	Shortage of supply ..... 7		
Bought from other NGO .... 5	Produced seedling .... 11	Saline tolerant..... 5	Good as animal feed .14	Others (specify)..... 15	Others (specify) ..... 8			Zinc enriched ..... 7	Others (specify) ..... 8		
personal shop/dealer..... 6											



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

<b>Q. No.</b>	<b>Technology Questions</b>	<b>Response</b>	<b>Response codes</b>
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 HYV .....3 Hybrid .....4
HA_08	CHECK HA_07: DID RESPONDENT SELECT MORE THAN ONE TYPE OF SEED?	<input type="checkbox"/>	Yes .....1 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/hybrid .....2 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]  <b>Record multiple responses only when there are more than one decision-maker</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	self.....1 spouse.....2 other household member .....3 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 SEEDLINGS .....2 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 DIRECTLY .....2
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 BROADCAST .....2 SOME IN ROWS AND SOME RANDOMLY BROADCAST .....3
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"/>	ALONE .....1>>HA_19 WITH OTHER CROPS .....2

<b>Q. No.</b>	<b>Technology Questions</b>	<b>Response</b>			<b>Response codes</b>
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	<b>CROP- 1</b>	<b>CROP - 2</b>	<b>CROP- 3</b>	[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 profit .....1 Fish feed is less expensive .....2 Weeds of the paddy field can be used for fish feed .....3 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 member .....3 other non-hh member .....4
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]	<b>crop - 1</b>	<b>crop - 2</b>	<b>crop - 3</b>	[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 stage .....1 planting .....2 early growth stage .....3 mid crop .....4 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 INORGANIC .....2 FOLIAR FEEDS ORGANIC .....3 FOLIAR FEEDS INORGANIC....4 Others(specify).....96

Q. No.	Technology Questions	Response	Response codes
HA_27	<p>What is the name of the fertilizer you mainly used for your rice in the past year?  <b>[MULTIPLE RESPONSE]</b></p>	<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	<p>Where did you get the manure you applied to your rice fields?  <b>[MULTIPLE RESPONSE]</b></p>	<input type="text"/> <input type="text"/>	Produced by own animals .....1 Given by family/friends/neighbours' farm..2 Purchased from market .....3 Others(specify)....96
HA_31	<p>When decisions are made regarding whether or not to use fertilizer for your rice, who is it that normally takes the decision?  <b>[MULTIPLE RESPONSE]</b></p> <p><b>Record multiple responses only when there are more than one decision-maker</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	Self.....1 Spouse .....2 Other hh member .....3 Other non hh member .....4
HA_32	<p>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.</p>	<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"/>	Preventive .....1 Protective .....2 both preventive and protective .....3
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

<b>Q. No.</b>	<b>Technology Questions</b>	<b>Response</b>	<b>Response codes</b>
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 dung .....2 Left to dry on plant in field .....3 Tarpaulins .....4 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 dryers .....10 Mechanized dryers .....11 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 others .....8 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 buckets .....1>>ha_49 Yes, in drums .....2>>ha_49 Yes, in bags.....3 No.....4

Household Number:

<b>Q. No.</b>	<b>Technology Questions</b>	<b>Response</b>	<b>Response codes</b>																
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"/>																		
<b>CHECK ALL CATEGORIES FOR HA_49, IF ANY YES (CODE '1') THEN CONTINUE, OTHERWISE SKIP TO HA_51</b>																			
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 dealer .....2 Ag extension worker .....3 School .....4 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? Yes .....1 No .....2	If yes, is it rented or owned? Rented ...1 Owned .....2	Have you used this technology in the past? Yes .....1 No .....2	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? 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_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? Yes .....1 No .....2	If yes, is it rented or owned? Rented ...1 Owned .....2	Have you used this technology in the past? Yes .....1 No .....2	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		
<b>I5_01</b>	<b>Description</b>	<b>I5_17</b>	<b>I5_02</b>	<b>I5_18</b>	<b>I5_03</b>	<b>I5_04</b>	<b>I5_05</b>	<b>I5_05b</b>	<b>I5_06</b>	<b>I5_07</b>	<b>I5_08</b>	<b>I5_09</b>	<b>I5_10</b>	<b>I5_11</b>	<b>I5_12</b>	<b>I5_13</b>	<b>I5_14</b>	<b>I5_15</b>	<b>I5_16</b>
<b>10</b>	BRRI dhan BR-53 (aman)																		
<b>11</b>	BRRI dhan BR-54 (aman)																		
<b>12</b>	BRRI dhan BR-55 (boro/aus)																		
<b>13</b>	BRRI dhan BR-56 (aman)																		
<b>14</b>	BRRI dhan BR-57 (aman)																		
<b>15</b>	BRRI dhan BR-60 (boro)																		
<b>16</b>	BRRI dhan BR-61 (boro)																		
<b>17</b>	BRRI dhan BR-62 (Zinc) (aman)																		
<b>18</b>	BRRI dhan BR-64 (Zinc) (boro)																		
<b>19</b>	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? Yes .....1 No .....2	If yes, is it rented or owned? Rented ...1 Owned .....2	Have you used this technology in the past? Yes .....1 No .....2	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			
<b>I5_01</b>	<b>Description</b>	<b>I5_17</b>	<b>I5_02</b>	<b>I5_18</b>	<b>I5_03</b>	<b>I5_04</b>	<b>I5_05</b>	<b>I5_05b</b>	<b>I5_06</b>	<b>I5_07</b>	<b>I5_08</b>	<b>I5_09</b>	<b>I5_10</b>	<b>I5_11</b>	<b>I5_12</b>	<b>I5_13</b>	<b>I5_14</b>	<b>I5_15</b>	<b>I5_16</b>
	tolerant) (aman)																		
<b>20</b>	BRRI dhan BR-67 (saline tolerant) (boro)																		
<b>21</b>	BRRI dhan BR-69 (weed resistant) (boro)																		
<b>22</b>	Bina - 7 (aman)																		
<b>23</b>	Bina - 8 (boro/aus)																		
<b>24</b>	Bina - 11 (aus/aman)																		
<b>25</b>	Bina - 12 (aman)																		
<b>26</b>	Four wheel Tractor																		
<b>27</b>	Two wheel tractor (Power tiller)																		
<b>28</b>	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? Yes .....1 No .....2	If yes, is it rented or owned? Rented ...1 Owned .....2	Have you used this technology in the past? Yes .....1 No .....2	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? .....	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			
<b>I5_01</b>	<b>Description</b>	<b>I5_17</b>	<b>I5_02</b>	<b>I5_18</b>	<b>I5_03</b>	<b>I5_04</b>	<b>I5_05</b>	<b>I5_05b</b>	<b>I5_06</b>	<b>I5_07</b>	<b>I5_08</b>	<b>I5_09</b>	<b>I5_10</b>	<b>I5_11</b>	<b>I5_12</b>	<b>I5_13</b>	<b>I5_14</b>	<b>I5_15</b>	<b>I5_16</b>
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? Yes .....1 No .....2	If yes, is it rented or owned? Rented ...1 Owned .....2	Have you used this technology in the past? Yes .....1 No .....2	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	Code		
<b>I5_01</b>	<b>Description</b>	<b>I5_17</b>	<b>I5_02</b>	<b>I5_18</b>	<b>I5_03</b>	<b>I5_04</b>	<b>I5_05</b>	<b>I5_0</b> <b>5b</b>	<b>I5_06</b>	<b>I5_07</b>	<b>I5_08</b>	<b>I5_09</b>	<b>I5_10</b>	<b>I5_11</b>	<b>I5_12</b>	<b>I5_13</b>	<b>I5_14</b>	<b>I5_15</b>	<b>I5_16</b>
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	<b>How many times did s/he come?</b>		
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	<b>Did you receive advice on the following?</b>		
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	<b>How many times did you visit or contact the following?</b>	<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
<b>J1_05b</b>	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
<b>J1_5b</b>	NGO ( _____ )	<input type="text"/>	(Report frequency of visit. Report '0' if not visited)
<b>J1_5c</b>	Other ( _____ )	<input type="text"/>	(Report frequency of visit. Report '0' if not visited)
<b>J1_06</b>	<b>Did you receive advice on the following?</b>	<input type="text"/>	
<b>J1_06a</b>	Fertilizer use	<input type="text"/>	Yes .....1 No.....2>> <b>J1_06c</b>
<b>J1_06b</b>	If yes, was the advice given useful?	<input type="text"/>	Yes, very .....1 Yes, somewhat .....2 No.....3
<b>J1_06c</b>	Seed use		Yes .....1 No.....2>> <b>J1_06e</b>
<b>J1_06d</b>	If yes, was the advice given useful?	<input type="text"/>	Yes, very .....1 Yes, somewhat .....2 No.....3
<b>J1_06e</b>	Irrigation use		Yes .....1 No.....2>> <b>J1_06g</b>
<b>J1_06f</b>	If yes, was the advice given useful?	<input type="text"/>	Yes, very .....1 Yes, somewhat .....2 No.....3
<b>J1_06g</b>	Pesticide use	<input type="text"/>	Yes .....1 No.....2>> <b>J1_06i</b>
<b>J1_06h</b>	If yes, was the advice given useful?	<input type="text"/>	Yes, very .....1 Yes, somewhat .....2 No.....3
<b>J1_06i</b>	Pest and Diseases	<input type="text"/>	Yes .....1 No.....2>> <b>J1_06k</b>

Question Number	Questions	Response	Code
J1_06j	If yes, was the advice given useful?	<input type="checkbox"/>	Yes, very ..... 1 Yes, somewhat ..... 2 No..... 3
J1_06k	Cropping practice	<input type="checkbox"/>	Yes ..... 1 No..... 2 >>J1_06m
J1_06l	If yes, was the advice given useful?	<input type="checkbox"/>	Yes, very ..... 1 Yes, somewhat ..... 2 No..... 3
J1_06m	Soil type	<input type="checkbox"/>	Yes ..... 1 No..... 2 >>J1_06o
J1_06n	If yes, was the advice given useful?	<input type="checkbox"/>	Yes, very ..... 1 Yes, somewhat ..... 2 No..... 3
J1_06o	Others(-----)	<input type="checkbox"/>	Yes ..... 1 No..... 2
J1_06p	If yes, was the advice given useful?	<input type="checkbox"/>	Yes, very ..... 1 Yes, somewhat ..... 2 No..... 3
J1_07	If no, why? (report primary reason)  <b>(answer this question if answers to J1_01 and J1_04 are no)</b>	<input type="checkbox"/>	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="checkbox"/>	Yes ..... 1 No..... 2 >>J1_10
J1_09	If yes, who attended?	<input type="checkbox"/>	Only male..1 Only female...2 Both male and female....3
	Did you receive advice on the following?	<input type="checkbox"/>	

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
<b>J1_09o</b>	Others(----- -----)	<input type="text"/>	Yes .....1 No.....2>>Next Module
<b>J1_09p</b>	If yes, was the advice given useful?	<input type="text"/>	Yes, very .....1 Yes, somewhat .....2 No.....3
<b>J1_10</b>	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 office .....5 Others .....6
<b>J1_11</b>	Did you ever have any communication with any agricultural extension agent? (including farmers' field school)	<input type="text"/>	Yes .....1 No.....2
<b>J1_12</b>	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
<b>J1a_1</b>	Did you produce any livestock/poultry/fish during last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes.....1 No ..... 2>>Next Module
<b>J1a_01</b>	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 No ..... 2>>J1a_04
<b>J1a_01b</b>	If yes, who communicated with the agent?				Only male..1 Only female...2 Both male and female....3
<b>J1a_02</b>	How many times did s/he come?				
<b>J1a_02a</b>	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)
<b>J1a_02b</b>	If J1a_02a is not '0', who communicated with the agent?				Only male..1 Only female...2 Both male and female....3
<b>J1a_02b</b>	From NGO ( _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
<b>J1a_02c</b>	From Other ( _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
<b>J1a_04</b>	Did you go to any extension agent or contact one over phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes.....1 No ..... 2>>Next Module
<b>J1a_04a</b>	If yes, who communicated with the agent contact one over phone?				Only male..1 Only female...2 Both male and female....3
<b>J1a_05</b>	If yes, how many times did you visit the following agent/agency/organization?				
<b>J1a_05a</b>	Government livestock/fisheries extension service agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
<b>J1a_05b</b>	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
<b>J1a_05b</b>	NGO livestock/fisheries extension service agent ( _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
<b>J1a_05c</b>	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 >> <b>Next Module</b>
J2a_02	Do/Did you have an agriculture input subsidy card?	<input type="text"/>		Yes ..... 1 No..... 2 >> <b>Next Module</b>
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

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:

<b>J2a_08</b>	Did you buy any agricultural machinery at a subsidized price?			Yes ..... 1 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
<b>J2a_08_01</b>	Tractor (4wheel)			
<b>J2a_08_02</b>	Shallow tubewell engine or pump			
<b>J2a_08_03</b>	LLP			
<b>J2a_08_04</b>	Power tiller			
<b>J2a_08_05</b>	Combined harvester			
<b>J2a_08_06</b>	Reaper			
<b>J2a_08_07</b>	Power thresher			
<b>J2a_08_08</b>	Seeder			
<b>J2a_08_09</b>	Rice Trans planter			
<b>J2a_08_10</b>	Other1			
<b>J2a_08_11</b>	Other2			
<b>J2a_09</b>	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	
<b>J2a_10</b>	If never received, what is the reason?		Do not cultivate the crop for which subsidy is given.....1 <b>I was not selected for this subsidy.....2</b> 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																	

<b>Code 1:</b>	
All members jointly .....	71
Male outside household.....	72
Female outside household.....	73
Govt./Khas land/other institutions .....	74
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)	Consumed by household	Sold (if not sold, write '0', and go to next row. If duck/chicken/bird then go to K1_21)										
	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																			

<b>Code 1:</b>	
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
<b>ITMP1A_01</b>	Do you rear livestocks?	<input type="text"/>	Yes.....1 No.....2>>Next Module <b>K2</b>
<b>ITMP1A_02</b>	If yes, what is the main reason?	<input type="text"/>	For consumption .....1 To sell .....2 Both for consumption and selling purpose.....3
<b>ITMP1A_03</b>	Do you use improved and appropriate varieties of breed management through artificial insemination?	<input type="text"/>	Yes .....1 No .....2
<b>ITMP1A_04</b>	Where do you usually keep the livestock?	<input type="text"/>	Livestock shed .....1 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
<b>ITMP1B_01</b>	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
<b>ITMP1B_02</b>	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
<b>ITMP1B_03</b>	Do you have a separate manager for watering and feeding?	<input type="text"/>	Yes..... 1 No..... 2
<b>ITMP1B_04</b>	Who mainly provides food and water for the livestocks?	<input type="text"/>	MID Hired male labor..... 74 Hired female labor..... 75
<b>ITMP1B_05</b>	Do you use concentrated feed and/or total mixed ration (TMR) and/or ready feed?	<input type="text"/>	Yes..... 1 No..... 2
<b>ITMP1B_06</b>	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
ITMP1C_04	How do you preserve the items on the right column?	B) Before milking cow	<input type="checkbox"/>	
		C) Before preparing dairy products	<input type="checkbox"/>	
		A) Meat	<input type="checkbox"/>	Refrigerate..... 1
		B) Milk	<input type="checkbox"/>	Store in ice box to preserve ..... 2
		C) Dairy products	<input type="checkbox"/>	Boil it ..... 3 Do not preserve ..... 4 Others ..... 5
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
		B) Milk	<input type="checkbox"/>	No..... 2
		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="text"/>	Yes ..... 1 No..... 2
ITMP1D_02	Do you prepare ghee (at household level)?	<input type="text"/>	Yes ..... 1 No..... 2
ITMP1D_0	Do you make laban (only for processor level)?	<input type="text"/>	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="text"/>	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="text"/>	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="text"/>	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="text"/>	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="text"/> <input type="text"/> <input type="text"/>	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]  <b>Record multiple responses only when there are more than one decision-maker</b>	<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	
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**Respondant ID:**  **Respondant's Consent:**  Yes ..... 1  
No ..... 2

**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) ..... 5

## **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.

Household Number:

<b>Code 1: Fish Codes</b>		<b>Code 2: Reason of loss code</b>	<b>Code 3: Where sold</b>
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	
<b>ITMP2B_01</b>	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.
<b>ITMP2B_02</b>	What is the stocking density?	<input type="text"/>	<input type="text"/>	(Piece/decimal) Write the number of fingerling per decimal
<b>ITMP2B_03</b>	What is the depth of water at brood ponds?	<input type="text"/>	<input type="text"/>	Foot
<b>ITMP2B_04</b>	What water PH level do you need to maintain?	<input type="text"/>	<input type="text"/>	PH Level
<b>ITMP2B_05</b>	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	
<b>ITMP2B_06</b>	What percentage of water do you exchange?	<input type="text"/>	<input type="text"/>	Percentage
<b>ITMP2B_07</b>	What percentage of protein is used in feed?	<input type="text"/>	<input type="text"/>	Percentage Don't Know.....999
<b>ITMP2B_08</b>	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
<b>ITMP2B_09</b>	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
<b>ITMP2B_10</b>	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
<b>ITMP2B_11</b>	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
<b>ITMP2B_12</b>	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
<b>ITMP2B_13</b>	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
<b>ITMP2B_14</b>	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
<b>ITMP2B_15</b>	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
<b>ITMP2B_16</b>	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 No .....2>>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 insects3
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	
<b>ITMP2c_11</b>	Do you observe natural feeding in the pond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, I observe ..... 1 Yes, but not in the right manner ..... 2 No, I do not observe..... 3
<b>ITMP2c_12</b>	Do you carry out toxicity test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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
<b>ITMP2c_13</b>	Do you properly acclimatize the pond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes..... 1 No ..... 2
<b>ITMP2c_14</b>	What is the stocking density?	Gram/Decimal <input type="checkbox"/>	Gram/Decimal <input type="checkbox"/>	Gram/Decimal <input type="checkbox"/>	Gram/Decimal  Piece/Decimal
		Piece/Decimal <input type="checkbox"/>	Piece/Decimal <input type="checkbox"/>	Piece/Decimal <input type="checkbox"/>	
<b>ITMP2c_15</b>	Do you test the water quality? (Different parameters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, the quality of water is tested ..... 1 No, the quality of water is not tested ..... 2
<b>ITMP2c_16</b>	Do you observe survivals of fishes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes..... 1 No ..... 2
<b>ITMP2c_17</b>	Do you maintain sampling as a routine work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	
<b>ITMP2A_01</b>	Are you involved in fish farming?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes .....1 No .....2>> Next Module
<b>ITMP2A_02</b>	If yes, what is the main reason of fish farming?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For cunsumption purpose.....1 To sell .....2 Both consume and sell .....3
<b>ITMP2A_03</b>	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
<b>ITMP2A_04</b>	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
<b>ITMP2A_05</b>	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
<b>ITMP2A_06</b>	Do you use lime in your pond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes .....1 No .....2>> <b>ITMP2A_08</b>
<b>ITMP2A_07</b>	If yes, how much lime do you use per decimal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kg/decimal
<b>ITMP2A_08</b>	Do you use fertilizer in your pond?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very less .....1 Proper amount.....2 Do not use .....3>> <b>ITMP2A_13</b>
<b>ITMP2A_09</b>	Do you use urea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use it .....1 Do not use it .....2>> <b>ITMP2A_11</b>
<b>ITMP2A_10</b>	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	
<b>ITMP2A_11</b>	Do you use TSP?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Use it.....1 Do not use it.....2>> <b>ITMP2A_13</b>
<b>ITMP2A_12</b>	If yes, how much TSP do you use per decimal?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gram/decimal
<b>ITMP2A_13</b>	Do you use cow dung?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes .....1 No .....2>> <b>ITMP2A_15</b>
<b>ITMP2A_14</b>	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
<b>ITMP2A_15</b>	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
<b>ITMP2A_16</b>	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
<b>ITMP2A_17</b>	What is the stocking density of the fingerlings?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Piece/decimal (Write the number)
<b>ITMP2A_18</b>	Do you take measures to purify fingerlings?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes .....1 No .....2
<b>ITMP2A_19</b>	Do you properly acclimatize the pond?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Not properly.....1 Absolutely maintaining.....2
<b>ITMP2A_20</b>	Do you fertilize the pond post stocking?		<input type="text"/>	<input type="text"/>	Yes, sometimes .....1 Yes, doing it continuously .....2 No .....3
<b>ITMP2A_21</b>	Do you provide supplementary feed to the fish?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Provide properly and regularly .....1 Occasionally.....2 Do not provide properly.....3 No, do not provide supplementary feed .....4

Question number	Questions	Response			Response Code
	Key management features	Tilapia	Carp/Katla	Other Varieties of Fish	
<b>ITMP2A_22</b>	Do you maintain sampling as a routine work?	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes ..... 1 No ..... 2
<b>ITMP2A_23</b>	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"
<b>ITMP2A_24</b>	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
<b>ITMP2A_25</b>	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
<b>ITMP2A_26</b>	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
<b>ITMP2A_27</b>	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
<b>ITMP2A_28</b>	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)
<b>ITMP2A_29</b>	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"/>	Yes .....1 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>> <b>L2a_03</b>
<b>L2a_02c</b>	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
<b>L2a_03</b>	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
<b>L2a_04</b>	In the last one year, did you give your fish supplemental feed?	<input type="text"/>	Yes ..... 1 No ..... 2> <b>L2a_06</b>
<b>L2a_05</b>	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
<b>L2a_06</b>	In the last one year, did you use hormones to raise your fish?	<input type="text"/>	Yes ..... 1 No ..... 2> <b>L2a_08</b>
<b>L2a_07</b>	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
<b>L2a_08</b>	Have you been formally trained in the use of hormones for fish farming?	<input type="text"/>	Yes ..... 1 No ..... 2
<b>L2a_09</b>	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"/>	<b>Use the fish code from L1</b>  Don't know ..... 96
<b>L2a_10</b>	Did you observe any disease among your fish in the last one year?	<input type="text"/>	Yes ..... 1 No ..... 2
<b>L2a_10a</b>	Did you do anything to control disease among your fish in the last one year?	<input type="text"/>	Yes ..... 1 No ..... 2> <b>L2a_11</b>
<b>L2a_10b</b>	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
<b>L2a_11</b>	Did you observe any parasite cases among your fish in the last one year?	<input type="checkbox"/>	Yes ..... 1 No..... 2
<b>L2a_11a</b>	Did you do anything to control parasites among your fish in the last one year?	<input type="checkbox"/>	Yes ..... 1 No..... 2 > <b>L2a_12</b>
<b>L2a_11b</b>	What did you do to control parasites among your fish?  [Multiple response allowed]	<input type="checkbox"/> <input type="checkbox"/>	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
<b>L2a_12</b>	Did you monitor the water quality in your pond in the last one year?	<input type="checkbox"/>	Yes ..... 1 No..... 2 > <b>L2a_13</b>
<b>L2a_12a</b>	How did you monitor the water quality in your pond in the last one year?  [Multiple response allowed]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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"/>	Yes .....1 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 pond .....1 Cut the grass around the pond .....2 Drained the pond to clean it .....3 Added ash to stabilize water PH .....4 Added dissolved oxygen .....5 Added lime .....6 Added fertilizer .....7 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"/>	Yes .....1 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"/>	Yes .....1 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"/>	Yes .....1 No.....2> L2a_18a												

<b>L2a_17a</b>	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
<b>L2a_18a</b>	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
<b>L2a_18b</b>	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
<b>L2a_18c</b>	How many cages do you have?	<input type="text"/>	Number of <u>cage</u> Don't know ..... 998
<b>L2a_18d</b>	What is the height of your cages?	<input type="text"/>	Height of the <u>cage</u> Write it in meters Don't know ..... 998
<b>L2a_18e</b>	What is the width of your cages?	<input type="text"/>	Width of the <u>cage</u> Write it in meters Don't know ..... 998
<b>L2a_18f</b>	What is the depth of your cages?	<input type="text"/>	Depth of the <u>cage</u> Write it in meters Don't know ..... 998
<b>L2a_19a</b>	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
<b>L2a_19b</b>	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
<b>L2a_19c</b>	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

<b>L2a_19d</b>	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
<b>L2a_20</b>	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
<b>L2a_21</b>	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
<b>L2a_23</b>	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
<b>L2a_23a</b>	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
<b>L2a_23b</b>	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:

<b>L2a_24</b>	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
<b>L2a_25</b>	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
<b>L2a_25a</b>	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
<b>L2a_26</b>	Do you have access to extension services for your fish?	<input type="text"/>	Yes ..... 1 No..... 2
<b>L2a_27</b>	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

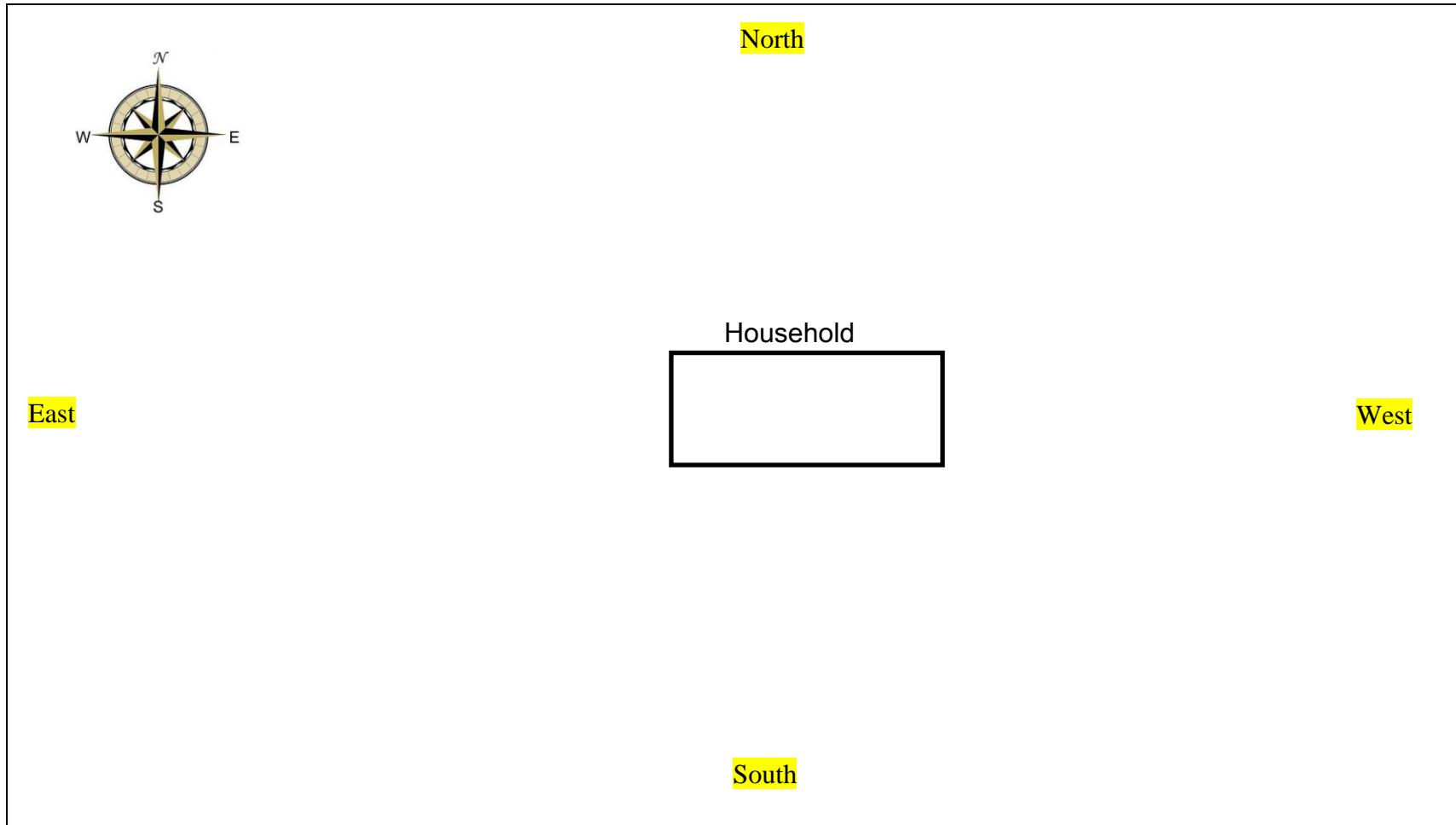
Module End Time:  Hour  Minute

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

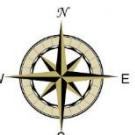


Module End Time:  Hour   Minute

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"/> . <input type="text"/> (Square meter)	<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"/> . <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			

Module End Time:  Hour   Minute

Household Number:

**Module Start Time:**

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

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

## **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:**

<b>Code 1</b>	<b>Customer code 2</b>	<b>Payment code 4</b>	<b>Transportation code 6</b>
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="checkbox"/>	Has anyone in your household owned or operated any non-farm economic activity or business in the last 12 months?	<input type="checkbox"/>	Yes .....1 No .....2>> 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					
<b>BID</b>		<b>N02</b>	<b>N03a</b>	<b>N03b</b>	<b>N03c</b>	<b>N04a</b>	<b>N04b</b>	<b>N04c</b>	<b>N05</b>	<b>N06b</b>	<b>N07</b>	<b>N08a</b>	<b>N08b</b>	<b>N08c</b>	<b>N09a</b>	<b>N09b</b>	<b>N09c</b>	<b>N10a</b>	<b>N10b</b>	<b>N10c</b>	<b>N11a</b>	<b>N11b</b>	<b>N11c</b>
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			
<b>BID</b>	<b>N02</b>	<b>N12a</b>	<b>N12b</b>	<b>N12c</b>	<b>N13</b>	<b>N14</b>	<b>N15</b>	<b>N16</b>	<b>N17a</b>	<b>N17b</b>	<b>N18</b>	<b>N19</b>	<b>N20a</b>	<b>N20b</b>	<b>N21</b>	<b>N22a</b>	<b>N22b</b>
i																	
ii																	
iii																	
iv																	
v																	
vi																	

**Code list for module N:**

<b>Business Code 1</b>	<b>Ownership/Decision-making Code 2</b>	<b>Source of finance Code 3</b>	<b>Business Problems code 4</b>
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 know ....99	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):				
			<b>xxb_01</b>	<b>xxb_02</b>	<b>xxb_03</b>	<b>xxb_04</b>	<b>xxb_05</b>	<b>xxb_06</b>	<b>xxb_07</b>	<b>xxb_08</b>	<b>xxb_09</b>	<b>xxb_10</b>	<b>xxb_11</b>	<b>xxb_12</b>	<b>xxb_13</b>	<b>xxb_14</b>	<b>xxb_15a</b>	<b>xxb_15b</b>	<b>xxb_15c</b>	<b>xxb_16</b>	<b>xxb_17a</b>	<b>xxb_17b</b>	<b>xxb_17c</b>	<b>xxb_18a</b>	<b>xxb_18b</b>	<b>xxb_18c</b>

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 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]
	<b>O1_01</b>	<b>O1_02</b>	<b>O1_03</b>	<b>O1_04</b>	<b>O1_05</b>	<b>O1_06</b>	<b>O1_07</b>	<b>O1_08</b>	<b>O1_09</b>	<b>O1_10</b>	<b>O1_11</b>	<b>O1_12</b>
<b>Cereals</b>												
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											
<b>Pulses</b>												
Lentil	21											
Chick pea	22											
Anchor daal	23											
Black gram	24											
Khesari	25											
Mung	26											
Pea	27											
Shem bichi	28											
Other pulses	902											
<b>Edible oil</b>												
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												
<b>Vegetables</b>													
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	
				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												
<b>Leafy vegetables</b>													
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												
<b>Meat, eggs and milk</b>													
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												
<b>Fruits</b>													
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												
<b>Fish (large)</b>													
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	
				Code ↑				(Tk)				[Code1]	
	<b>O1_01</b>	<b>O1_02</b>	<b>O1_03</b>	<b>O1_04</b>	<b>O1_05</b>	<b>O1_06</b>	<b>O1_07</b>	<b>O1_08</b>	<b>O1_09</b>	<b>O1_10</b>	<b>O1_11</b>	<b>O1_12</b>	
<b>Fish (small)</b>													
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												
<b>Spices</b>													
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												
<b>Other food</b>													
Sugar	266												
Gur	267												
Misri/tal misri	268												
Tea leaves	269												
Badam (ground nut)	270												
Honey	271												
<b>Drinks and beverages</b>													
Tea –prepared	272												
Coke/ Seven-up etc./Pepsi/RC/Ürocola etc.	273												
Packaged Juice	274												
Horlicks/Bournvita/Tang	275												
Sugarcane/palm/date juice	276												
<b>Other foods prepared outside home</b>													
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 Collected .....3 Other .....4
		(Tk)		(Tk)	Code ↑
	<b>P1_01</b>	<b>P1_02</b>	<b>P1_03</b>	<b>P1_04</b>	<b>P1_05</b>
<b>FUEL AND LIGHTING</b>					
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				
<b>COSMETICS AND OTHER EXPENSES</b>					
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 ↑
	<b>P1_01</b>	<b>P1_02</b>	<b>P1_03</b>	<b>P1_04</b>	<b>P1_05</b>
Beautifying items (hair ribbon, churi, kajal, etc.)	16				
<b>WASHING AND CLEANING EXPENSES</b>					
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				
<b>TRANSPORT/ TRAVEL AND OTHER MISC. CHARGES</b>					
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 ↑
	<b>P1_01</b>	<b>P1_02</b>	<b>P1_03</b>	<b>P1_04</b>	<b>P1_05</b>
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	
<b>For adult:</b>								
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							
<b>For children:</b>								
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							
<b>Both</b>								

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
<b>P2_01</b>	<b>P2_02</b>	<b>P2_03</b>	<b>P2_04</b>	<b>P2_05</b>	<b>P2_06</b>	<b>P2_07</b>	
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		
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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 Free .....2 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 damage .....1 Slightly damaged .....2 Somewhat damaged .....3 Very damaged .....4 In a very poor state .....5
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/Brick .....1 Tin/CI Sheet .....2 Wood .....3 Mud.....4 Bamboo.....5 Jute straw .....6 Plastic /Polythene.....7 Cardboard/paper .....8 Golpaata/Palm leaf.....9 Grass/Straw.....10 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 Wood .....3 Mud.....4 Bamboo.....5 Jute straw .....6 Plastic /Polythene.....7 Cardboard/paper .....8 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 Wood .....3 Mud.....4 Bamboo.....5 Jute straw .....6 Plastic /Polythene.....7 Cardboard/paper .....8 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 No .....2>>Q16

Question number	Question	Response	Response option
<b>Q_14</b>	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
<b>Q_15</b>	How much was the electricity cost last month?	<input type="text"/>	Taka
<b>Q_16</b>	What is your main source of <u>cooking fuel</u> ?	<input type="text"/>	Electricity..... 1>> <b>Q18</b> 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
<b>Q_17</b>	What was the total cost for cooking fuel in the household in the past month?	<input type="text"/>	Taka
<b>Q_18</b>	What is your main source of <u>lighting fuel</u> ?	<input type="text"/>	Electricity..... 1>> <b>Q19a</b> Private Generator ..... 2 Solar electricity..... 3 Kerosene ..... 4 Candles ..... 5 Torch/fire skewer..... 6 Others..... 7
<b>Q_19</b>	What was the total cost for lighting fuel in the household in the past month?	<input type="text"/>	Taka
<b>Q_19a</b>	Has the household used biogas for any purpose?	<input type="text"/>	Yes, my own plant ..... 1 Yes, renting via line ..... 2 No ..... 3>> <b>Q20</b>

<b>Question number</b>	<b>Question</b>	<b>Response</b>	<b>Response option</b>
<b>Q_19b</b>	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
<b>Q_19c</b>	If yes, then from which year?	<input type="text"/>	Year
<b>Q_20</b>	How many cellular telephones are there in working condition?	<input type="text"/>	Number (if no cell phones exist then record 0)
<b>Q_20a</b>	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
<b>Q_20b</b>	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
<b>Q_20c</b>	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
<b>Q_20d</b>	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
<b>Q_21</b>	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
<b>R01</b>	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
<b>R01a</b>	What type of latrine do you use? Can I see the latrine that is used by your household members?	<input type="text"/>	<b>Note: Please observe and write the type of the latrine</b> Open field..... 1 Latrine, slab cannot be cleaned ..... 2 Latrine, slab can be cleaned(concrete/china) ..... 3
<b>R01b</b>	Where does the discharged material go?	<input type="text"/>	Directly to the pond, canal or other water body....1 Sealed pit..... 2
<b>R01c</b>	<b>Please observe:</b> 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
<b>R01d</b>	<b>Please observe:</b> 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
<b>R01e</b>	Do you share this latrine with other household	<input type="checkbox"/>	Yes .....1 No.....2
<b>R01f</b>	If yes, how many households use it?	<input type="checkbox"/>	No. of hh.....
<b>R01g</b>	Is there any member/members in the hh who very rarely or does/do not use the latrine?	<input type="checkbox"/>	Yes .....1 No.....2
<b>R01h</b>	If yes, who are they?	<b>MID      MID      MID</b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Write MID
<b>R01i</b>	Where did your child whose age is less than 3 years defecate the last time?	<input type="checkbox"/>	Open field/space .....1 Inside home .....2 Inside the latrine used by the hh.....3 Latrine of some other hh .....4 Not applicable .....5>R01K
<b>R01j</b>	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		
<b>R01k</b>	<b>Please Observe:</b> Is there any arrangement for hand wash near the latrine? (cannot be any further than 10 steps from the latrine)	<input type="checkbox"/>	Yes .....1 No.....2
<b>R01L</b>	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 area .....1 Kitchen .....2 Others .....3 No definite place for handwash.....9
<b>R01m</b>	<b>Please Observe:</b> Is there water in that hand wash area?	<input type="checkbox"/>	Yes .....1 No.....2
<b>R01n</b>	<b>Please Observe:</b> Is there any cleansing agent at the hand wash area?	<input type="checkbox"/>	Yes .....1 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 powder .....3 Ash/earth .....4 Others .....5
R02	Does the household have access to a water supply?	<input type="text"/>	Yes .....1 No.....2
R02a	Where is that water source located?	<input type="text"/>	In own dwelling.....1 In own yard/plot .....2 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 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
R04	Is the source of drinking water same as the source of water used for other purposes?	<input type="text"/>	Yes .....1>>R11 No.....2
R05	Source of drinking water	<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

<b>Question number</b>	<b>Question</b>	<b>Response</b>	<b>Response Code</b>
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"/>	Yes .....1 No.....2 Don't know.....8
R11d	Is there a lid for the container?	<input type="text"/>	Yes .....1 No.....2
R11e	Is there a piped outlet from the container in which you preserve water?	<input type="text"/>	Yes .....1 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 container .....2 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 January ....1, 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

<b>Question number</b>	<b>Question</b>	<b>Response</b>	<b>Response Code</b>
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>Daily .....1 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)			
<b>Shock</b>	<b>Code</b>			<b>Code ↑</b>	<b>Code ↑</b>	<b>Code 1</b>			
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 No .....2
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 <sup>nd</sup> most important .2 3 <sup>rd</sup> most important .3
			What year did it happen?  Month      Year		What was the price of the acquired item (TK)?	
<b>T2_01</b>	<b>T2_02</b>	<b>T2_03</b>	<b>T2_04</b>	<b>T2_05</b>	<b>T2_06</b>	<b>T2_07</b>
New regular job for household member	<b>01</b>					
New or increased remittances	<b>02</b>					
Inheritance	<b>03</b>					
Large gift/lottery winnings	<b>04</b>					
Receipt of dowry	<b>05</b>					
Gain from business activities, specify	<b>06</b>					
Scholarship for child's education	<b>07</b>					
New NGO IGA starts	<b>08</b>					
Primary Education Stipend (100 taka)	<b>09</b>					
Secondary school stipend	<b>10</b>					
Other 1 (specify)	<b>11</b>					
Other 2 (specify)	<b>12</b>					
Other 3 (specify)	<b>13</b>					

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? Yes .....1 No .....2 >> next row	Member ID		Cash	Rice		Wheat		Other food	Other in-kind		
					Tk	Kg	Value (Tk/kg)	Kg	Value (Tk/kg)	Value (Tk)	Code1	Number	Price
SLNO		Code ↑											
01	Ananda School		<b>U01</b>	<b>MID1</b>	<b>MID2</b>	<b>U02</b>	<b>U03</b>	<b>U04</b>	<b>U05</b>	<b>U06</b>	<b>U07</b>	<b>U09</b>	<b>U010</b>
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? Yes .....1 No .....2 >> 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="text"/>	Yes ..... 1 No..... 2>> Ua_03
Ua_02	How did you know about the program?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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="text"/>	Yes ..... 1 No..... 2>> Next Module

Household Number:

Question Number	Questions	Response	Code
<b>Ua_04</b>	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 me .....3 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
<b>Ua_05</b>	Do you know in which months of the year the program is effective?	<input type="text"/>	Yes .....1 No.....2
<b>Ua_06</b>	If yes, state the months.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	January.....1 February.....2 ..... December.....12
<b>Ua_07</b>	<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
<b>Ua_08</b>	When did you get enlisted in the program (month and year)?	Year <input type="text"/> Month <input type="text"/>	
<b>Ua_09</b>	When did you first avail this program (month and year)?	Year <input type="text"/> Month <input type="text"/>	

Question Number	Questions	Response	Code
<b>Ua_10</b>	Do you know the maximum limit on the amount of rice you can buy per month?	<input type="text"/>	Yes .....1 No.....2
<b>Ua_11</b>	If yes, state the maximum limit on the amount of rice you can buy per month.	<input type="text"/>	Kilograms/Month
<b>Ua_12</b>	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
<b>Ua_13</b>	Did you purchase rice in the months of March/April 2018?	<input type="text"/>	Yes .....1 No.....2 >> Ua_17
<b>Ua_14</b>	How much rice did you buy in this period?	<input type="text"/>	Kilograms
<b>Ua_15</b>	How much did you pay per kilogram for the rice you bought?	<input type="text"/>	TK/kg
<b>Ua_16</b>	How many times did you buy rice in that period?	<input type="text"/>	Number of times
<b>Ua_17</b>	Did you purchase rice in the months of September-November 2018?	<input type="text"/>	Yes .....1 No.....2 >> Ua_21
<b>Ua_18</b>	How much rice did you buy in this period?	<input type="text"/>	Kilograms
<b>Ua_19</b>	How much did you pay per kilogram for the rice you bought?	<input type="text"/>	TK/kg
<b>Ua_20</b>	How many times did you buy rice in that period?	<input type="text"/>	Number of times

Household Number:

Question Number	Questions	Response	Code
<b>Ua_21</b>	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
<b>Ua_22</b>	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
<b>Ua_23</b>	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
<b>Ua_24</b>	Did you sell any portion of the rice?	<input type="text"/>	Yes .....1 No.....2
<b>Ua_25</b>	If yes, how much rice did you sell?	<input type="text"/>	Kilograms
<b>Ua_26</b>	What was the selling price per kilogram?	<input type="text"/>	Taka/kg
<b>Ua_27</b>	<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)

<b>V1_01</b>	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 Bangladesh...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:

<b>Code 1: Relationship</b>	<b>Code 2: Education</b>		<b>Code 4: District /Zilla</b>
<b>Relationship with primary respondent</b>			
Primary respondent.....1	Never attended school.....99	Dhaka .....	Comilla.....25
Primary respondent Husband/wife 2	Reads in class I .....0	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 .....
<b>Relationship with primary respondent's husband/wife</b>	Completed Secondary School/Dakhil .....	Jamalpur.....12	Chuadanga .....
Father-in-law/mother-in-law...10	.....10	Sherpur.....13	Kushtia .....
Brother/Sister-in-law .....	Higher secondary (1 <sup>st</sup> 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 <sup>st</sup> year).....13	Netrokona.....16	Noagaon .....
	BA/BSC pass/Fazil .....	Tangail .....	Nawabganj .....
	BA/BSC honors/Fazil .....	Chittagong.....18	Natore .....
Other relative .....	MA/MSC and above/Kamil....16	Cox's bazar .....	Pabna .....
Household help .....	SSC Candidate .....	Bandarban .....	Sirajganj .....
Other Non relative/friends .....	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:

<b>Code 5: Country</b>		<b>Code 6: Primary reason for migration</b>	<b>Code 7: How was the migration expenses paid</b>
Australia .....	1	Jordan.....15	Saudi Arabia.....29
Bahrain .....	2	Kuwait .....16	Singapore .....30
Brunei .....	3	Laos .....17	South Africa .....31
Canada .....	4	Liberia.....18	Spain .....32
Cyprus.....	5	Libya.....19	Sweden.....33
Federation of Russia .....	6	Malaysia.....20	Switzerland .....34
France .....	7	Maldives .....21	Taiwan .....35
Germany .....	8	Mauritius.....22	Turkey .....36
Greece.....	9	New Zealand.....23	U.S.A.....37
India .....	10	Oman .....24	UAE .....38
Iran .....	11	Pakistan .....25	U.K.....39
Iraq .....	12	Poland .....26	Yemen .....40
Italy .....	13	Qatar .....27	Other(specify) ....41
Japan.....	14	South Korea .....28	
<b>Code8</b>		<b>Code9</b>	
Friends/family in the migrated location	1	Dhaka.....1	
Agent in Bangladesh.....	2	Chittagong .....2	
Both .....	3	Rajshahi .....3	
Others (specify).....	4	Khulna .....4	
		Barisal.....5	
		Sylhet.....6	
		Rangpur .....7	

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:

<b>Code 10: How was the remittance sent</b>	<b>Code 11: Applicable for V2_08 &amp; V2_10</b>	<b>Code12 :Who was the remittance sent to</b>
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 Savings .....2 Repay loan .....3 Buying productive assets .....4 Agricultural equipment purchase 5 Purchase land .....6 Treatment.....7	Traveling abroad.....11 Building/purchasing house .....12 Repair/develop house .....13 House rent.....14 Purchase furniture.....15 Electronics .....16 Vehicle purchase.....17 Giving loan .....18 Dowry .....19 Non-agricultural productive asset purchase .....20	Charity(except Jakat) .....21 Jakat .....22 For religious institutions (mosque, madrasa, orphanage .....23 Investment in business institutions .....24 Primary education for male.....25 Primary education for female ..26 Secondary education for male..27 Secondary education for female .....28 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 expenses .....10		

Household Number:

### Module V3: Remittance out (Male)

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

<b>V3_01</b>	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.	<b>V3_02</b>	<b>V3_03</b>	<b>V3_04</b>	<b>V3_05</b>	<b>V3_06</b>	<b>V3_07</b>

#### 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  $\geq 5$  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 <b>12 years</b> 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	With water only...1	Yes 1	With water...	With water...1	Self...1	With soap and water...2	Husband...2	Mother...3	Due to some disease...3	Yes...1	No...2>W1_33	Yes 1	Self...1
Excessive ...2	No...2	With soap and	No 2	With soap and water...2	With soap and water...2	Mother...4	Father...5	Brother...6	Sister...4	Do not know ...4	Not applicable...3>W1_14	Not applicable...3>W1_14	No 2	Husband...2
Scanty...3										Other (please specify)...5			Yes 1	Mother...3

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? Yes .....1 No .....2	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? Yes .....1 No .....2
					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**

<b>Code 1: Daily activity</b>	<b>Code 3: Speech</b>	<b>Code 4: Sight</b>	<b>Code 5: Which one</b>	
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
<b>Code 2: Hearing</b>		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:

Four empty rectangular boxes arranged horizontally, intended for children to draw or write in.

## **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 taken .....1
- Food was not available .....2
- Fasting .....3
- Sickness .....4
- Unwilling to take food .....5
- Currently staying away from HH .....6
- Not a valid HH member .....7
- Breastfed child .....8
- Others (specify) .....9

#### Code 2: Type of guest code

- Relatives from outside village ....1
- Relatives from same village ....2
- Neighbors .....3
- Friends .....4
- Dignitary .....5
- Day labor working at house.....6
- Day labor working at field.....7
- Other .....8

#### Code 3: Where meal was taken code

- Respondent's home .....1
- Employer's house .....2
- Invitation .....3
- In market place/hotels .....4
- Absent .....5
- 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  Respondent ID:  Consent :  Yes ...1  No 2

**Module End Time:**  Hour  Minute

<b>CODE 1:</b>	
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.]?																
<b>X3_06</b>	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:

<b>Code 1: Food Frequency</b>		<b>Code 2: Source of Food</b>	
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?
<b>X5_09a</b>	<b>code</b>	<b>X5_09b</b>	<b>X5_09c</b>	<b>X5_09d</b>	<b>Code 1</b> <b>X5_09e1</b> <b>X5_09e2</b> <b>X5_09e3</b>
In the past 12 months, did your household face difficult times as a result of having too much rain?	<b>41</b>				
In the past 12 months, did your household face difficult times as a result of having too little rain?	<b>42</b>				
In the past 12 months, did your household face difficult times as a result of erosion of your land?	<b>43</b>				
In the past 12 months, did your household face difficult times as a result of losing your household's land?	<b>44</b>				
In the past 12 months, did your household face difficult times as a result of sharp increases in the price of food?	<b>45</b>				
In the past 12 months, did your household face difficult times as a result of someone stealing or destroying household members' belongings?	<b>46</b>				
In the past 12 months, did your household face difficult times as a result of not being able to access inputs for your crops?	<b>47</b>				
In the past 12 months, did your household face difficult times as a result of disease affecting your crops?	<b>102</b>				
In the past 12 months, did your household face difficult times as a result of pests affecting your crops?	<b>103</b>				
In the past 12 months, did your household face difficult times as a result of someone stealing crops from your household?	<b>48</b>				
In the past 12 months, did your household face difficult times as a result of not being able to access inputs for your livestock?	<b>49</b>				
In the past 12 months, did your household face difficult times as a result of disease affecting your livestock?	<b>50</b>				
In the past 12 months, did your household face difficult times as a result of someone stealing animals from your household?	<b>13</b>				
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?	<b>51</b>				
Has anyone in your household experienced a severe illness in the past 12 months?	<b>52</b>				
Has your household experienced the death of a family member in the past 12 months?	<b>2</b>				

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

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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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? <b>Interviewer:</b> 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 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_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 milk .....7 Other (specify) .....77 Do not remember .....88
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"/>	Yes .....1 No .....2		
<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"/>	Yes .....1>>Y1_09 No .....2 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 remember ....88		
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 age .....0		

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 <b><u>other than breast milk</u></b></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><b>Semi-solid</b> foods such as soft rice, mashed potato, ripe banana, other mashed family foods etc. <b>Solid</b> 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 No .....2
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 No .....2

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 <b>Cerelac</b> ) 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 Other .....77
Y1_18	Was (NAME) <b>EVER</b> 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 child .....1 Child doesn't like Pushtikona .....2 Child gets constipation/black stool .....3 Child gets stomach ache.....4 Not affordable/too expensive .....5 Family barriers/family members discourage .....6 It is medicine, only needed if child is ill .....7 It is like sugar, not needed .....8 Doctor/SS/Other health official did not prescribe .....9 Buy another brand of MNP (Monimix, MyMix etc.) .....10 Received it for free.....11 The child is still less than 6 months old .....12 Others (specify).....77 Don't know .....99
Y1_18b	Which of these micronutrients [NAME on the side] was given to child?	<input type="checkbox"/>			<input type="checkbox"/>			Pushtikona.....1 Monimix .....2 MyMix .....3 Pushnika.....4 Other .....77
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 No .....2>>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
<b>Y2_00</b>	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"/>	
<b>Y2_01</b>	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
<b>Y2_10</b>	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
<b>Y2_11a</b>	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
<b>Y2_11b</b>	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
<b>Y2_12</b>	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
<b>Y2_13</b>	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
<b>Y2_14</b>	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
<b>Y2_14a</b>	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
<b>Y2_14b</b>	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
<b>Y2_14c</b>	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
<b>Y2_14d</b>	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
<b>Y2_14e</b>	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
<b>Y3_01</b>	Starting breast feeding immediately after delivery within 1 hour?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Code 1↓
<b>Y3_02</b>	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 ↓
<b>Y3_03</b>	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↓
<b>Y3_04</b>	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↓
<b>Y3_07</b>	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:

<b>Code 1</b>	<b>Code 2</b>	<b>Code 3</b>	<b>Code 4</b>	<b>Code 5</b>
Do not know.....1	Do not know.....1	Child does not like it.....1	Do not know .....1	Do not know .....1
Insufficient breast milk .....2	Mother did not want.....2	Not enough food at home .....2	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 me .....4	Others told me to feed something else .....4	Ingredients too expensive .....4	Fish, eggs, liver, meat too expensive .....4	Pushtikona too expensive ...4
Doctor forbid me .....5	Insufficient breast milk .....5	Child not old enough .....5	Child not old enough ....5	Child not old enough .....5
Did not feel it to be necessary ....6	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 necessary .....7

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"/>	Yes .....1 No .....2 N/A (age < 6 months).....9 Don't Know/ Don't Remember88		
Y4_05	<b>Immunization status of the child</b> <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"/>	Yes .....1 No .....2 N/A .....3
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 tablets .....2 Antibiotics .....3 Homemade ORS .....4 Traditional medicine .....5 Other .....6 Nothing .....7
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 less .....1 Somewhat less .....2 About the same .....3 More .....4 Don't know .....8
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 eat .....0 Much less .....1 Somewhat less .....2 About the same .....3 More .....4 Don't know .....8
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 No .....2
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 No .....2>>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. 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

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 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_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 Remember .....88

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 No .....99
Y7_02	Has NAME's weight ever been taken at a clinic or anywhere else?	<input type="text"/>	<input type="text"/>	Yes .....1 No .....2>> 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 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

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
<b>Y8_01</b>	Have you been visited at home by <u>any health worker</u> in the last <b>SIX</b> months?	<input type="checkbox"/>	Yes.....1 No.....2>> Y8_06 Don't know.....88>> Y8_06
<b>Y8_02</b>	In the last <b>SIX</b> 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 worker .....4 Other (Specify).....5
<b>Y8_03</b>	How many times in the last <b>SIX</b> months were you visited at home by a health worker?	<input type="checkbox"/>	Number of times Don't remember .....88
<b>Y8_04</b>	During the last visit, did you receive any advice from the health worker on feeding your child?	<input type="checkbox"/>	Yes.....1 No.....2
<b>Y8_01a</b>	Have you been visited at home by <u>any health worker</u> in the last <b>THREE</b> months?	<input type="checkbox"/>	Yes.....1 No .....
			2>> Y8_06 Don't know.....88>> Y8_06
<b>Y8_02a</b>	In the last <b>THREE</b> 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 worker .....4 Other (Specify).....5
<b>Y8_03a</b>	How many times in the last <b>THREE</b> months were you visited at home by a health worker?	<input type="checkbox"/>	Number of times Don't remember .....88
<b>Y8_04a</b>	During the last visit (within the last <b>THREE</b> months), did you receive any advice from the health worker on feeding your child?	<input type="checkbox"/>	Yes.....1 No .....
			2>> Y8_06
<b>Y8_05</b>	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 Attachment .....6 Feeding mashed family food after 6 months .....7 Feeding animal source foods .....8 Cooking/adding with oil .....9 Adding Sprinkles .....10 Washing hands with water and soap before prep/feeding child .....11 Feeding during illness/extra after illness .....12 Other (specify).....13 Respondent did not mention any of the above on her own .....99

Household Number:

<b>Y8_06</b>	Have you ever attended any group meetings/discussions where health or nutrition issues were discussed?	<input type="checkbox"/>	Yes.....1 No .....2>> Y8_11
<b>Y8_07</b>	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 sanitation .....2 Immunization.....3 Maternal nutrition.....4 TB.....5 Breastfeeding.....6 Complementary feeding .....7 Sprinkles.....8 Washing hands with water and soap before prep/ feeding child .....9 Encouraging child to eat enough .....10 Feeding during illness/extrra after illness .....11 Other (specify).....12 Respondent did not mention any of the above on her own .....99

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

Question Number	Question	Response			Response Code
		a	b	c	
<b>Y6a_01</b>	Have you heard about the Community Clinic?	<input type="checkbox"/>			Yes.....1 No .....2 >> Next Module
<b>Y6a_02</b>	How long does it take you to walk to the Community Clinic in your area?	<input type="checkbox"/>			MINUTES  Not walkable.....999
<b>Y6a_03</b>	Is there anyone in this household who has used the Community Clinic and obtains/obtained services there?	<input type="checkbox"/>			Yes.....1 No .....2 >> Next Module
<b>Y6a_04</b>	Who in your household has used the Community Clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Put member ID from roster
<b>Y6a_05</b>	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 care .....1 Antenatal care .....2 Delivery care.....3 Postnatal care .....4 Family planning services .....5 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 husband ..... 2 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		Yes ..... 1 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 ↑
<b>Z2_01</b>	Outside the community to visit friends or relatives		
<b>Z2_02</b>	Haat/Bazaar		
<b>Z2_03</b>	Hospital/Clinic/Doctor		
<b>Z2_04</b>	Cinema/Fair/Theatre		
<b>Z2_05</b>	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?						Yes .....1 No.....2>>Next Module
Z3_01	Have you ever used birth control (methods to delay or avoid pregnancy?)						Yes .....1 No.....2>>Z3_03
Z3_01a	Which method did you use?						Birth control pill .....1 IUD (e.g. Coper T) .....2 Implant/Norplant .....3 Injection/Somaject (to delay pregnancy by a few months) .....4 Injection/DepoProvera(to delay pregnancy by a few months) .....5 Ligation/Tubectomy .....6 Safe days/ Temperature Control .....7 Others .....8 Do not want to respond.....88
Z3_02	Who made this decision? (After filling this question's response skip to Z3_04)						Yourself .....1 >> Z3_04 Your husband .....2>> 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 to .....3 Other (specify) .....4
Z3_04	Has your husband ever used any birth control method?						Yes .....1 No.....2 >> Z3_05 Not applicable.....3 >> Z3_05
Z3_04a	Which method did your husband use?						Condom .....1 Vasectomy .....2 Others(specify) .....3
Z3_05	If Z3_01=2 and Z3_04=2 or 3, please confirm if the man was sterilized?						Yes .....1 No.....2
Z3_06	If Z3_01=2 and Z3_04=2 or 3, please confirm if the woman was sterilized?						Yes .....1 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	
<b>Respondent Consent</b>	Do you agree to answer the following question about domestic violence?						Yes.....1 No.....2>>Next Module
<b>Z4_01</b>	Has any of the following happened to you in the past year?						
<b>Z4_01a</b>	Your husband threatened you with divorce?						Yes, often.....1 Yes, sometimes.....2 Has threatened and has divorced/remarried .....3 No.....4 Not applicable.....9 Do not want to respond.....88
<b>Z4_01b</b>	Your husband threatened you with taking another wife?						
<b>Z4_01c1</b>	Your husband verbally abused you?						
<b>Z4_01c2</b>	Any other adult male of your household verbally abused you?						
<b>Z4_01c3</b>	Any adult female of your household verbally abused you?						
<b>Z4_01d1</b>	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 it .....1 My husband and I came to an agreement.....2 I could not support myself financially.....3 My parents could not support me financially .....4 I came back for my children .....5 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, permanently .....1>>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 it .....1 My husband and I came to an agreement.....2 I could not support myself financially.....3 My parents could not support me financially .....4 I came back for my children .....5 Because of social pressure .....6 Do not want to respond.....88	
Z4_09	Does your husband drink alcohol?					Yes .....1 No .....2 Not applicable (husband is deceased) .....3 Do not want to respond .....88	
Z4_10	Does your husband consume drugs?					Yes .....1 No .....2 Not applicable (husband is deceased) .....3 Do not want to respond .....88	
Z4_09a	If your husband is not alive, did he drink alcohol when he was alive?					Yes .....1 No .....2 Do not want to respond .....88	
Z4_10a	If your husband is not alive, did he consume drugs when he was alive?					Yes .....1 No .....2 Do not want to respond .....88	

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 No.....2→ End module

<b>Asset Codes</b>	
<b>Consumption Assets (for household use)</b>	
Homestead (excluding land).....	1
Large tree .....	2
Trunk/Suitcase .....	3
Bucket/Pots .....	4
Stove/Gas burner.....	5
Metal cooking pots.....	6
Bed/Khat/Chowki.....	7
Armoire/Cabinet/Alna.....	8
Table/chair .....	9
Fans/Iron .....	10
Radio/Cassette player .....	11
Wall clock/Watch.....	12
TV/VCR/CD .....	13
Refrigerator .....	14
Jewelry (gold/silver).....	15
Sewing machine .....	16
Bicycle .....	17
Rickshaw.....	18
Motorcycle .....	19
Other motor vehicle.....	20
Mobile telephone / phone .....	21
Hand tube well .....	22
Livestock (for own consumption).....	23
Poultry (for own consumption) .....	24
Cash .....	25
Mattress.....	26
Quilt .....	27
Pillow .....	28
Other assets (list).....	29
<b>Productive Assets (for earning income)</b>	
Sewing machine .....	51
Rickshaw / van .....	52
Mobile phone / phone.....	53
Fishing net.....	54
Iron.....	55
Hand tube well .....	56
Irrigation equipment, including pump .....	57
Boat.....	58
Livestock.....	59
Poultry.....	60
Other agricultural equipment.....	61
Other vehicles .....	62
Charcoal maker .....	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 Female ....2	<input type="checkbox"/>	
WA06. Type of household (enter code from Code 1↓): .....	<input type="checkbox"/>	

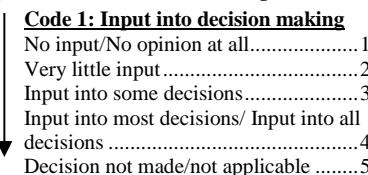
Interview details	Code
WA07. Start time of interview (hh:mm => write in 24 hr time format) .....	<input type="text"/> : <input type="text"/> <input type="text"/>
WA08. End time of interview (hh:mm => write in 24 hr time format) .....	<input type="text"/> : <input type="text"/> <input type="text"/>
WA09. 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:**

<b>Code 1 (WA06): Type of Household:</b>	<b>Code2 (WA11): Outcome of interview</b>	<b>Code 3 (WA12): Ability to be interviewed alone</b>
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]? <b>CODE 1↑</b>	How much input did you have in decisions on the use of income generated from [ACTIVITY] <b>CODE 1↑</b>
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:

<b>D</b>	Non-farm economic activities: small business, self-employment, buy-and-sell	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>E</b>	Wage and salary employment: in-kind or monetary work both agriculture and other	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>F</b>	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 Female .....2 Both male and female .....3

### 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 No .....2										
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 money .....5 Both partner and I do not earn money .....6 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 myself .....1 Clothes/shoes for my spouse.....2 Clothes/shoes for my children.....3 School fees of school supplies for children.....4 Consumer durables .....5 Fix or improve house .....6 Buy asset for farming .....7 Buy asset for business .....8 Buy jewelry.....9 Services (beauty/hair/etc).....10 Lend money to friends and relatives .....11 Make religious/ charitable donations .....12 Travel to visit friends/relatives.....13 Save for future .....14 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 smoking .....19 Unknown how the money was spent .....20 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 harvest .....1 Irregular income/business is slow .....2 Other negative shock (illness).....3 Unexpected expenditures .....4 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 myself .....1 Clothes/shoes for my spouse.....2 Clothes/shoes for my children.....3 School fees of school supplies for children ....4 Consumer durables .....5 Fix or improve house .....6 Buy asset for farming .....7 Buy asset for business .....8 Buy jewelry.....9 Services (beauty/hair/etc).....10 Lend money to friends and relatives .....11 Make religious/ charitable donations .....12 Travel to visit friends/relatives.....13 Save for future .....14 Medicines or health needs.....15 Communication (airtime).....16 Buy consumables (toiletries, paraffin, etc.)...17 Social events (weddings/funerals/sports) .....18 Drinking alcohol and smoking .....19 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 harvest .....1 Irregular income/business is slow .....2 Other negative shock (illness).....3 Unexpected expenditures .....4 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"/>

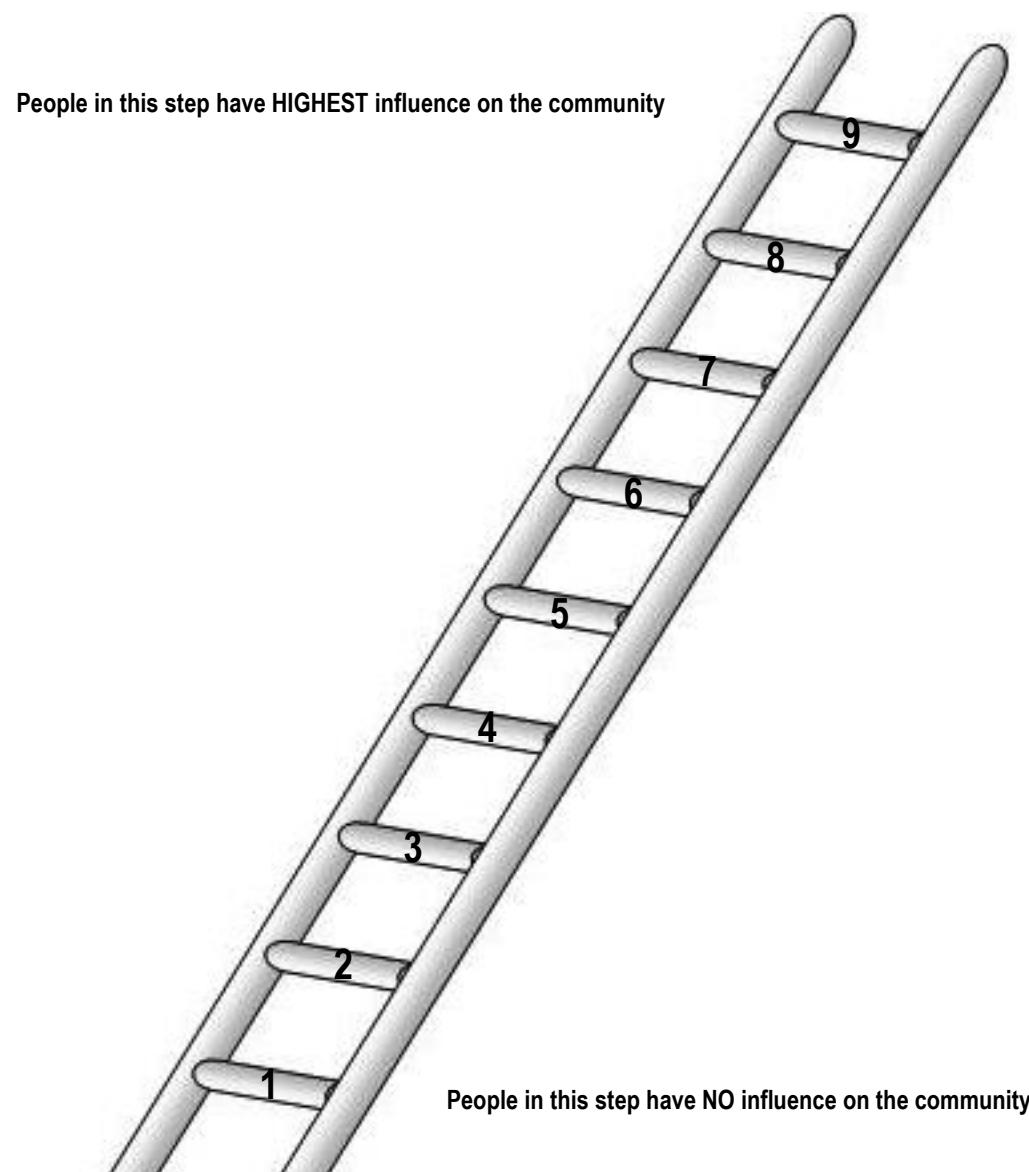
**Module WE4: Individual Leadership and Influence in the Community (Male and Female)**

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 No .....2	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]?  Yes ..... 1 No..... 2	Is this a single-sex group?  Yes..... 1 No ..... 2	How often does the [GROUP] meet?  More than once a week .. 1 Once a week ..... 2 Once every two weeks....3 Once a month ..... 4 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.

		<b>STORY</b>	<b>QUESTION 1</b>	<b>QUESTION 2</b>	<b>QUESTION 3</b>
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><b>WE5bb_01</b></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>Yes ..... 1 No ..... 2 → Question 3</p> <input type="text"/>	<p>Are you completely the same or somewhat the same?</p> <p>Completely the same ..... 1 Somewhat the same ..... 2</p> <input type="text"/>	<p>Are you completely different or somewhat different?</p> <p>Completely different ..... 1 Somewhat different ..... 2</p> <input type="text"/>
	<p><b>WE5bb_02</b></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>Yes ..... 1 No ..... 2 → Question 3</p> <input type="text"/>	<p>Are you completely the same or somewhat the same?</p> <p>Completely the same ..... 1 Somewhat the same ..... 2</p> <input type="text"/>	<p>Are you completely different or somewhat different?</p> <p>Completely different ..... 1 Somewhat different ..... 2</p> <input type="text"/>
	<p><b>WE5bb_03</b></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>Yes ..... 1 No ..... 2 → Question 3</p> <input type="text"/>	<p>Are you completely the same or somewhat the same?</p> <p>Completely the same ..... 1 Somewhat the same ..... 2</p> <input type="text"/>	<p>Are you completely different or somewhat different?</p> <p>Completely different ..... 1 Somewhat different ..... 2</p> <input type="text"/>
	<p><b>WE5bb_04</b></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>Yes ..... 1 No ..... 2 → Question 3</p> <input type="text"/>	<p>Are you completely the same or somewhat the same?</p> <p>Completely the same ..... 1 Somewhat the same ..... 2</p> <input type="text"/>	<p>Are you completely different or somewhat different?</p> <p>Completely different ..... 1 Somewhat different ..... 2</p> <input type="text"/>

C Livestock raising	<p><b>WE5bc_01</b></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>Yes .....1 No .....2 → 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 same .....1 Somewhat the same .....2</p> <p style="text-align: center;"><input type="text"/></p>	<p>Are you completely different or somewhat different?</p> <p>Completely different .....1 Somewhat different .....2</p> <p style="text-align: center;"><input type="text"/></p>
	<p><b>WE5bc_02</b></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>Yes .....1 No .....2 → 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 same .....1 Somewhat the same .....2</p> <p style="text-align: center;"><input type="text"/></p>	<p>Are you completely different or somewhat different?</p> <p>Completely different .....1 Somewhat different .....2</p> <p style="text-align: center;"><input type="text"/></p>
	<p><b>WE5bc_03</b></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>Yes .....1 No .....2 → 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 same .....1 Somewhat the same .....2</p> <p style="text-align: center;"><input type="text"/></p>	<p>Are you completely different or somewhat different?</p> <p>Completely different .....1 Somewhat different .....2</p> <p style="text-align: center;"><input type="text"/></p>
	<p><b>WE5bc_04</b></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>Yes .....1 No .....2 → 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 same .....1 Somewhat the same .....2</p> <p style="text-align: center;"><input type="text"/></p>	<p>Are you completely different or somewhat different?</p> <p>Completely different .....1 Somewhat different .....2</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] <b>CODE 1↓</b>	[READ OPTIONS] <b>CODE 1↓</b>	[READ OPTIONS] <b>CODE 1↓</b>	[READ OPTIONS] <b>CODE 2↓</b>	
		<b>WE5c_03</b>	<b>WE5c_04</b>	<b>WE5c_05</b>	<b>WE5c_06</b>
<b>A</b>	Nonfarm business activity?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>B</b>	Your own wage or salary employment?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>C</b>	Minor household expenditures?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>D</b>	What to do if you have a serious health problem?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>E</b>	How to protect yourself from violence?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>F</b>	Whether and how to express religious faith?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>G</b>	What kind of tasks you will do on a particular day?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>H</b>	Whether or not to use family planning to space or limit births?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>CODE 1: Motivation for activity</b>		<b>CODE 2: Extent of satisfaction with activity</b>			
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: Primary ....1 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 usual .....2 Less than usual .....3

Q. No.	Question	Response	Response options/Instructions
WE6_02	Was yesterday a holiday or nonworking day?	<input type="text"/>	Yes.....1 No .....2
WE6_03	Regarding the amount of sleep you got last night, was that [READ RESPONSES]::	<input type="text"/>	Less than average .....1 Average .....2 More than average .....3
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 average .....1 Average .....2 Better than average .....3
WE6_07	Were you unable to complete normal activities in the last 24 hours?	<input type="text"/>	Yes.....1 No .....2

Household Number:

Q. No.	Question	Response	Response options/Instructions
WE6_08	Do you suffer from a chronic disability?	<input type="text"/>	Yes.....1 No .....2 >> 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 emotional .....7 Other, specify.....8
	<b>ENUMERATOR: If male, stop and proceed to Module WE6_12; If female, continue from question WE6_10:</b>		
WE6_10	Are you currently pregnant?	<input type="text"/>	Yes.....1 No .....2
WE6_11	Are you currently breastfeeding?	<input type="text"/>	Yes.....1 No .....2

### 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 once .....3 Every month at least once .....4 Irregularly.....5 Hardly/almost never .....6>>WE7b_11
WE7b_10	Which channels do you watch often?	<input type="text"/>	BTV .....1 BTV World.....2 Other Local Chanel/Bangladeshi channel .....3 Foreign Bangla Channels.....4 Foreign other channels.....5
WE7b_11	Do you have your own mobile phone?	<input type="text"/>	Yes .....1 No.....2
WE7b_12	Do you use a mobile phone? (mobile phone could be his/her own or someone else's)	<input type="text"/>	Yes .....1 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 prices .....3 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 radio .....6
WE7b_14	Which operator do you use?  (Mention 2 main ones)	<input type="text"/> <input type="text"/>	Grameen .....1 Rabi .....2 Banglalink .....3 Airtel .....4 Teletalk.....5 Citycell .....6 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 agreed .....2 He/she chose me and I agreed .....3 He/she chose me but I did not agree .....4 The family chose and I agreed .....5 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