

Bangladesh Policy Research and Strategy Support Program (PRSSP)
Bangladesh Integrated Household Survey Questionnaire Round 2
(January – May 2015)

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

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

Household Questionnaire

Survey Household Type:

FTF 1
FTF (Add'l) 2
National Rep 3

Household Number:

Module A: Sample Household and Identification

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"/>	A11	Name of the Household Head and Member ID:	<input type="text"/> <input type="text"/>
A02	Census number (only for new area):	<input type="text"/> <input type="text"/> <input type="text"/>	A12	Name and Member ID of Household Head's father (if Household Head is female report for Household Head's husband):	<input type="text"/> Dead98 Alive but not HH member...99
X	Household location/landmark:		A13	Household Head's religion:	<input type="text"/> Muslim 1 Hindu..... 2 Christian .. 3 Other (specify) .. 5
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 Others (specify) .. 5
A03	Village (name and code):	<input type="text"/> <input type="text"/>	A15	Household's Ethnic group:	Bangali.....1 Bihari 2 Sawtal 3 Khasia 4 Rakhain 5 Bowm..... 6 Chak..... 7 Chakma..... 8 Khumi 9
A04	Union (name and code):	<input type="text"/> <input type="text"/>			Kheyang10 Lusai/pankho.....11 Marma.....12 Mru (murong.....13 Tonchonga.....14 Tripura15 Bonojogi.....16 Others (specify).....17
A05	Thana/ Upazilla(name and code):	<input type="text"/> <input type="text"/>	A16	Date of the First visit (dd/mm/yy):	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
A06	District (name and code):	<input type="text"/> <input type="text"/>	A17	Date of the second visit (dd/mm/yy):	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
A07	Division(name and code):	<input type="text"/> <input type="text"/>	A18	Name of Interviewer and code:	<input type="text"/> <input type="text"/>
A08	GPS Coordinates: (If the household has relocated) [Report degree, minute and second]	North: <input type="text"/> ° <input type="text"/> ° East: <input type="text"/> ° <input type="text"/> °	A19	Name of Supervisor and code:	<input type="text"/> <input type="text"/>
A09	Mobile phone number	<input type="text"/>	A20	Date of Data Verification (dd/mm/yy)	Day <input type="text"/> Month <input type="text"/> Year <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"/>	A21	Signature of supervisor:	

CONTENTS

MODULE A: SAMPLE HOUSEHOLD AND IDENTIFICATION.....	I
MODULE B: HOUSEHOLD COMPOSITION AND EDUCATION (MALE)	1
MODULE B1: HOUSEHOLD COMPOSITION (MALE).....	1
MODULE B2: EDUCATION (MALE)	4
MODULE B3: SCHOOLING HISTORY (MALE AND FEMALE).....	6
MODULE B4: HISTORY OF RELOCATING TO THIS AREA/DISTRICT (MALE AND FEMALE)	11
MODULE C: EMPLOYMENT (MALE)	13
MODULE C1: AGRICULTURE BASED NON-AGRICULTURAL ACTIVITIES: (MALE).....	15
MODULE D: ASSETS OWNED BY THE HOUSEHOLD (MALE)	16
MODULE D1: CURRENT HOUSEHOLD ASSETS.....	16
MODULE D2: AGRICULTURAL IMPLEMENTS AND OTHER PRODUCTIVE ASSETS (MALE).....	20
MODULE E: SAVINGS (MALE)	24
MODULE F: LOANS (MALE)	26
MODULE G: ROSTER OF LAND AND POND/WATER BODIES OWNED OR UNDER OPERATION (MALE)	28
MODULE H: AGRICULTURE (MALE).....	31
MODULE H1: AGRICULTURE PLOT UTILIZATION (MALE).....	31
MODULE H2: IRRIGATION METHOD AND HARVEST (MALE).....	35
MODULE H3: USAGE OF AGRICULTURAL CHEMICALS, FERTILIZERS AND PESTICIDES (MALE)	37
MODULE H4: RENTAL COST OF TOOLS, MACHINERY AND DRAFT ANIMAL (MALE)	38
MODULE H5: LABOR USAGE BY GENDER FOR CROP PLANTATION AND HARVESTING (MALE).....	39
MODULE H6: POST HARVEST LABOR, ANIMAL AND TOOLS/ MACHINERY USAGE (MALE)	42
MODULE H7: FERTILIZER, SEED AND PESTICIDES PRICE IN DIFFERENT CROP SEASONS (MALE).....	44
MODULE H7_A: LABOR COST: (MALE)	45
MODULE H8: LOCATION OF PURCHASE/RENT OF ANIMALS, TOOL/MACHINERIES, AGRICULTURAL LABOR, FERTILIZER, PESTICIDES ETC. (MALE)	46
MODULE H9: ADDITIONAL INFORMATION ON GUTI UREA (MALE)	46
MODULE I: SUMMARY OF AGRICULTURE PRODUCTION AND FOOD GRAIN STOCK (MALE)	49
MODULE I1: SUMMARY OF AGRICULTURE PRODUCTION (CROPS, FRUITS AND VEGETABLES) (MALE).....	49
MODULE I2: FOOD GRAIN STOCK AND STORAGE CAPACITY (MALE).....	50
MODULE I2A: FOOD GRAIN STOCK AND STORAGE CAPACITY (CONTINUED) (MALE)	50
MODULE I3: AGRICULTURE (MALE)	51
MODULE I3: NONPLOT FOOD PRODUCTION IN BOTH INSIDE AND OUTSIDE HOMESTEAD (MALE).....	51
MODULE I4: SEEDLING/SEEDBED PRODUCTION COST (MALE).....	53

MODULE I5: ACCESS TO TECHNOLOGIES (MALE)	54
MODULE J: AGRICULTURAL EXTENSION SERVICES AND SUBSIDIES (MALE)	55
MODULE J1: ACCESS TO AGRICULTURE EXTENSION SERVICES (MALE)	55
MODULE J1A: ACCESS TO LIVESTOCK AND FISHERIES EXTENSION SERVICES (MALE)	59
MODULE J2: GOVERNMENT AGRICULTURE INPUT SUBSIDY CARD RELATED INFORMATION (MALE)	60
MODULE K: LIVESTOCK AND POULTRY (MALE).....	62
MODULE K1: LIVESTOCK AND POULTRY (MALE)	62
MODULE K2: LIVESTOCK AND POULTRY PRODUCTS (MALE)	64
MODULE K3: EXPENDITURE FOR LIVESTOCK AND POULTRY PRODUCTION (MALE)	65
MODULE L: FISHERIES (MALE).....	66
MODULE L1: FISH/SHRIMP (REPORT FISH CULTIVATION IN PADDY FIELD OR OTHER CROP FIELDS AS WELL) (MALE).....	66
MODULE L2: FISH/SHRIMP POND PRODUCTION AND INPUTS (MALE)	67
MODULE M: MARKETING OF AGRICULTURE, LIVESTOCK AND FISHERIES PRODUCTS (MALE)	69
MODULE M1: MARKETING OF PADDY, RICE, BANANA, MANGO AND POTATO (MALE).....	69
MODULE M2: MARKETING OF LIVESTOCK, JUTE, WHEAT, PULSES, FISH, FRUITS, VEGETABLES, ETC. (MALE).....	70
MODULE N: NON-AGRICULTURAL ENTERPRISES (MALE)	72
MODULE O: FOOD CONSUMPTION (FEMALE ENUMERATOR) (FEMALE)	75
MODULE O1: PURCHASES, HOME PRODUCTION AND OTHER SOURCES (FEMALE)	75
MODULE O2: HOUSEHOLD FOOD INVENTORY ON THE DAY OF SURVEY (FEMALE)	83
MODULE O3: PURCHASES, HOME PRODUCTION AND OTHER SOURCES: RECALL PERIOD 7 DAYS (FEMALE)	83
MODULE P: NON-FOOD EXPENDITURE (MALE).....	84
MODULE P1: NON-FOOD EXPENDITURE MONTHLY RECALL (MALE).....	84
MODULE P2: NON-FOOD EXPENDITURE ANNUAL RECALL (MALE)	86
MODULE Q: HOUSING (MALE).....	93
MODULE R: SANITATION AND WATER (MALE)	96
MODULE S: ACCESS TO FACILITIES (MALE).....	100
MODULE T: ECONOMIC EVENTS/SHOCKS (MALE).....	102
MODULE T1: NEGATIVE SHOCKS (MALE).....	102
MODULE T2: POSITIVE ECONOMIC EVENTS (MALE)	105
MODULE U: PARTICIPATION IN SOCIAL SAFETY NET PROGRAMS (MALE).....	106
MODULE V: MIGRATION, REMITTANCES, TRANSFERS AND OTHER INCOME (MALE).....	108

MODULE V1: PROFILE OF CURRENT MIGRANTS (DOMESTIC AND INTERNATIONAL) (MALE)	108
MODULE V2: REMITTANCE IN (MALE)	110
MODULE V3: REMITTANCE OUT (MALE)	112
MODULE V4: OTHER INCOME HOUSEHOLD (MALE).....	113
MODULE X4: BAD TIME (KEEPING INCOME IN MIND). RECALL PERIOD: LAST 12 MONTHS (2014): (MALE).....	113
MODULE W: ANTHROPOMETRY, HEALTH AND ILLNESS (FEMALE)	116
MODULE W1: ANTHROPOMETRY (FEMALE)	116
MODULE W2: ANTHROPOMETRY-CHILDREN (FEMALE)	117
MODULE W3: HEALTH (FEMALE)	118
MODULE W4: ILLNESS (FEMALE)	119
MODULE W5: SHORT-LIVED ILLNESS (RECORD FOR THE LAST 4 WEEKS) (FEMALE)	120
MODULE X: HOUSEHOLD FOOD CONSUMPTION AND FOOD SECURITY (FEMALE).....	121
MODULE X1: HOUSEHOLD FOOD CONSUMPTION (FEMALE)	121
MODULE X2: INTRA-HOUSEHOLD FOOD DISTRIBUTION (FEMALE)	122
.....	122
MODULE X3: HOUSEHOLD FOOD HABIT (FEMALE)	123
MODULE Y: NUTRITION PRACTICES AND SERVICES (FEMALE)	125
MODULE Y1: INFANT AND YOUNG CHILD FEEDING (IYCF) PRACTICES AND USE OF MICRONUTRIENTS	125
MODULE Y2: NUTRITION (IYCF) KNOWLEDGE OF RESPONDENT MOTHERS (FEMALE).....	138
MODULE Y3: AWARENESS-TRIAL-ADOPTION OF SENTINEL PRACTICES (FEMALE)	143
MODULE Y4: IMMUNIZATION AND HEALTH STATUS OF YOUNG CHILDREN (<2 YEARS) (FEMALE)	144
MODULE Y5: NUTRITION RELATED PRENATAL CARE DURING PREGNANCY WITH YOUNGEST CHILD (FEMALE)	150
MODULE Y7: NNP SERVICES USAGE BY CHILDREN UNDER 2 YEARS OF AGE (FEMALE).....	155
MODULE Y8: EXPOSURE TO NUTRITION INFORMATION FROM HEALTH WORKERS AND MEDIA (FEMALE).....	157
MODULE Y6A: ACCESS TO COMMUNITY CLINICS AND USE OF COMMUNITY CLINIC (FEMALE)	160
MODULE Z: WOMEN'S STATUS (FEMALE).....	161
MODULE Z1: WORK EARNINGS AND EXPENSES (FEMALE)	161
MODULE Z2: FREEDOM OF MOBILITY (FEMALE)	163
MODULE Z3: REPRODUCTIVE DECISIONS (FEMALE)	164
MODULE Z4: DOMESTIC VIOLENCE, ABUSE AND THREATS (FEMALE)	165
MODULE Z5: WIFE'S ASSETS THAT HAD BEEN BROUGHT TO MARRIAGE (FEMALE)	166
MODULE WE: WOMEN'S EMPOWERMENT IN AGRICULTURE (WEAI) INDEX (MALE AND FEMALE).....	167
MODULE WA: INDIVIDUAL IDENTIFICATION (MALE AND FEMALE).....	167
MODULE WE2: (DIMENSION 1): ROLE IN HOUSEHOLD DECISION-MAKING AROUND PRODUCTION AND INCOME GENERATION (MALE AND FEMALE)	168
MODULE WE3A: (DIMENSION 2) ACCESS TO PRODUCTIVE CAPITAL (MALE AND FEMALE)	169
MODULE WE3B: AGRICULTURAL EXTENSION (MALE AND FEMALE)	170
MODULE WE3C: (DIMENSION 3) INCOME (MALE AND FEMALE)	171

Household Number:

MODULE WE3D: ACCESS TO LOANS (MALE AND FEMALE)	173
MODULE WE4: INDIVIDUAL LEADERSHIP AND INFLUENCE IN THE COMMUNITY (MALE AND FEMALE)	174
MODULE WE5A: DECISION MAKING (MALE AND FEMALE)	178
MODULE WE5B: MOTIVATION FOR DECISION-MAKING (MALE AND FEMALE).....	179
MODULE WE5C: DECISION MAKING (MALE AND FEMALE).....	182
MODULE WE6A: TIME ALLOCATION (MALE AND FEMALE)	183
MODULE WE6B: SATISFACTION WITH TIME ALLOCATION (MALE AND FEMALE)...	185
MODULE WE7A: VOTER INFORMATION (MALE AND FEMALE)	187
MODULE WE7B: PARENT'S INFORMATION (MALE AND FEMALE).....	188
MODULE WE7C: PARDA INFORMATION (MALE AND FEMALE).....	190

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 6-7 hours of your time to collect all the information. If you prefer, we can do the interview in two visits. 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.

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

Please tick mark on the right box
depending on the respondent's consent
Consent given:

Yes

No

Signature of the Enumerator: _____

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)

Start with taking information about the old members as of 2011(baseline) followed by the new members in this round.

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

Interviewer: Please find the code list for this Module B1 in the next page.

Code list for Module B1:

Code 1: Relationship	Code 4 : Literacy	Code 6: Main Occupation	
Relationship with primary respondent			
Primary respondent1	Cannot read and write.....1	Wage Labor	Farming
Primary respondent Husband/wife2	Can sign only.....2	Agricultural day labor.....1	Working own farm (crop)64
Son/daughter3	Can read only.....3	Earth work (govt. program)2	Share cropper/tenant65
Daughter/son -in-law.....4	Can read and write4	Earth work (other)3	Homestead farming66
Grandson/daughter5		Sweeper4	Fisherman (using non owned/not leased water body)67
Father/mother6		Scavenger5	Raising fish / fish pond68
Brother/sister.....7		Tea garden worker6	Raising poultry69
Niece/Nephew8		Construction labor7	Raising livestock70
Primary respondent's cousin9		Factory worker8	Dairy production/ dairy farming71
Relationship with primary respondent's husband/wife		Transport worker (bus/truck helper) ...9	Other self-employed (specify)72
Father-in-law/mother-in-law10	Never attended school9	Apprentice10	
Brother/Sister-in-law.....11	Reads in class I0	Other wage labor (specify)11	
Husband/wife's niece/nephew12	Completed class I1	Salaried worker	Non-earning occupation
Primary respondent's husband/wife's cousin13	Completed class II2	Government/ parastatal12	Student81
Other relative/non relative	Completed class III3	Service (private sector)13	Housewife82
Other relative14	Completed class IV.....4	NGO worker14	Retired83
Permanent servant15	Completed class V5	House maid15	Child(age <12 no study/ work)84
Other Non relative/friends.....16	Completed class VI.....6	Teacher (GoB-Primary school)16	Physically/mentally challenged85
	Completed class VII7	Teacher(Non GoB Primary school)17	Jobless86
	Completed class VIII8	Teacher (GoB High school)18	Don't know99
	Completed class IX9	Teacher (Non-GoB High school)19	
	Completed Secondary School/Dakhil10	Teacher (college, university)20	
Code 2: Marital status code		Other salaried worker(specify)21	
Unmarried (never married).....1		Self-employment	
Married2		Rickshaw/van pulling22	Food Processing55
Widow/widower3		Driver of motor vehicle23	Small industry56
Divorced.....4		Tailor/seamstress24	Handicrafts57
Separated/Deserted.....5		Blacksmith.....25	
Code3: Reason for returning from abroad		Potter26	Livestock Poultry related work/occupation
Homesick1	Preschool class (general).....66	Cobbler37	Milk collector58
Due to illness.....2	Preschool (mosque based)67	Hair cutter28	Livestock Vet medicine seller59
End of employment contract3	Medical/MBBS.....71	Clothes washer29	Livestock Feed supplier60
Job loss.....4	Nursing72	Porter30	Commercially feed producer61
Disagreement with authorities.....5	Engineer.....73	Goldsmith/silversmith31	Animal Breeder62
Due to Economic Recesson6	Diploma Engineer74	Repairman (appliances)32	Veterinary/paravet doctor63
Other (specify)7	Vocational/Technical Education75	Mechanic (vehicles)33	
	Other (specify)76	Plumber34	
		Electrician35	

Household Number:

Code 7: Location of employment	Code 8: Status of the member in the current round	Code 9: Educational Programs	Code 10: Main Source of Earnings
This village/ward.....1 Other village/ward in this union..2 Other union in this thana3 Other thana in this district4 Other district5	Member in both previous and current round.....0 New food sample and member in current round.....66 <u>Not a member in the previous round but member in the current round</u> New Member (New Born).....1 New Member through marriage2 New Member upon return from divorce or separation....3 Household merged/combined4 Other reasons (Permanent)5 <u>Was a member in the previous round but no longer one in the current round</u> Residing elsewhere for the pursuit of studies6 Death.....7 Married and left household8 Divorced and left household.....9 Household split.....10 Left household for employment11 Other reasons for leaving the household.....12	Have not participated in any programs.....1 Food for Education (FFE)2 Tk 20 Scholarship3 Anondo School Scholarship4 Tk 100 (Tk 125) Scholarship.....5 School Feeding Program (Biscuit)6 School Feeding Program (Cooked Food like Khichuri)7 Secondary School Scholarship8 High School Scholarship.....9	Physical Labor(agri)1 Physical Labor(non-agri)2 Salaried Employee3 Self Employed (Agri)4 Self Employed (fish farming)5 Self Employed (fish capture)6 Self Employed (livestock/poultry)7 Self Employed (other non-agri)8 Land rent(cash/share)9 House Rent10 Other rent/shop/productive asset)11 Business(purchase-sell)12 Business(production)13 Loan business(use of interest)14 Remittance (Country)15 Remittance (Abroad)16 Others17 No source of income.....18

Household Number:

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.

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.

Code list for Module B2:

Code 1: Reason not attending/stop attending school (applicable for B2_02 and B2_14)	Code2: Class attended (applicable for B2_04 and B2_10)	Code 3: Type of school attended/attending	Code 4: Type of program (applicable for B2_09, B2_12a and B2_12b)
Age/sickness/unwillingness perspective:			
Below school/madrassa age1	Never attended school99	Govt. aided1	Not participated/ ing in any program1
Sick/disabled child2	Reads in class I.....0	Private(registered)school2	Food for education (FFE).....2
Child didn't want to attend school.....3	Completed class I1	Private(non-registered)school3	Participated in Tk 20 stipend program3
Teachers do not teach well4	Completed class II.....2	Ananda school4	Ananda school stipend program4
Parents don't want to send children to school5	Completed class III.....3	BRAC run NGO school5	Tk 100 (Tk 125) stipend program5
Examination not passed.....6	Completed class IV4	Other NGO run school.....6	School feeding program(biscuit)6
Distance perspective:			School feeding program(cooked food for example-khichuri/singara)7
No school/madrassa nearby7	Completed class V5	Aliyah madrasa.....7	Secondary school student stipend program ...8
Transport/communication problem8	Completed class VI6	Quomi madrasa.....8	Higher secondary stipend program9
Non-ability perspective:			
Inability to bear schooling expenses /inability to buy school uniform9	Completed class VII7	College/university.....9	
Engaged in household work10	Completed class VIII8	Nurania/hafezia Madrasa10	
Engaged in family business/agriculture11	Completed class IX9	Other.....11	
Works elsewhere for income12	Completed Secondary School/Dakhil.10	Kindergarten.....12	
Stipend perspective:			
Insufficient amount of stipend money /education allowance13	HSC/Alim First Year.....11		
Not getting stipend, so withdrawn from school/madrassa.....14	HSC/Alim Second Year.....12		
Gender perspective:			
Don't like to send girls to school15	BA/BSC/Fazil First Year.....13		
There are no female teacher in school16	BA/BSC/Fazil Second Year14		
No only boys' or only girls' school17	BA/BSC/Fazil Third Year15		
Boys tease girls/don't like girls18	BA/BSC/Fazil Fourth Year16		
Environment of school is not safe19	MA/MSC and above/Kamil.....17		
No separate latrine for female students20	SSC Candidate22		
Due to marriage.....21	HSC Candidate.....33		
Other (specify)22	Preschool class (general)66		
	Preschool (mosque based)77		
	Medical/MBBS71		
	Nursing.....72		
	Engineer73		
	Diploma Engineer74		
	Vocational/Technical Education.....75		
	Other (specify)76		

Module B3: Schooling history (Male and Female)

Please ask the following questions to the Male/Female Household Head or the Eldest Male/Female member of the Household
 We want to know your family history and schooling:

Serial No.	Question	Response	Response Code
B3_1	Name and member I.D. of the Male Household Head or the Eldest Male member of the Household	Mem I.D. <input type="text"/>	Mem I.D.
B3_2	Where is your birthplace?	This will be filled out at the office District <input type="text"/> Thana <input type="text"/> Union <input type="text"/>	District Thana Union Don't know 998
B3_2a	Where did you live when your age was 6 years old?	This will be filled out at the office District <input type="text"/> Thana <input type="text"/> Union <input type="text"/>	District Thana Union Don't know 998 If the respondent still lives at his birthplace please use codes 999 for district, thana and union
B3_2b	Where did you live when your age was 12 years old?	This will be filled out at the office District <input type="text"/> Thana <input type="text"/> Union <input type="text"/>	District Thana Union Don't know 998 If the respondent still lives at his birthplace please use codes 999 for district, thana and union

Household Number:

Serial No.	Question	Response	Response Code
	Parents' Information		
	Please recall the time when you were 6 years old		
B3_3	What was the marital status of your mother?	<input type="text"/>	Married.....1 Widowed2>>B3_3c Divorced.....3 Separated.....4
B3_3a	If married, was your father (hh head) physically and mentally healthy?	<input type="text"/>	Yes1 No.....2
B3_3b	Was your father (household head) engaged in the profession of agricultural or nonagricultural day labor?	<input type="text"/>	Yes1 No.....2
B3_3c	Was household dependent on low earning occupation (such as fishing, pottery, spinning, cobbler, laundry, barber, Ironsmith or mason)?	<input type="text"/>	Yes1 No.....2
B3_3d	Was the household landless or almost landless? (if the size of the land is less than 50 decimals)	<input type="text"/>	Yes1 No.....2
B3_3e	Is sharecropping prevalent in this household?	<input type="text"/>	Yes1 No.....2
B3_4	What was your father's highest level of education?	<input type="text"/>	Never went to school.....99 Enrolled in Class I.....0 Completed Class I1 Completed Class II.....2 Completed Class III.....3 Completed Class IV4 Completed Class V.....5 Completed Class VI6 Completed Class VII.....7 Completed Class VIII.....8 Completed Class IX9 SSC/ Dakhil.....10 HSC/Alim12 BA/BSC Pass/Faazel14 BA/BSC Pass/Faazel15 MA/MSC or further/ Kamil ..16 SSC Candidate22 HSC Candidate33 Any grade/ class prior to Class I (general).....66 Mosque based nursery schooling.....67 Medical/MBBS71 Nursing72 Engineering73 Diploma Engineering74 Vocational (on Scholarship)/ Technical Education75 Others (specify)76
B3_5	What was your mother's highest level of education?	<input type="text"/>	

Household Number:

Serial No.	Question	Response	Response Code
B3_6	What was your father's profession when you were 6 years old?	<input type="text"/>	Day Laborer (Agri or Non-Agri)....1 Sharecropper2 Fishing.....3 Pottery4 Cloth Sewing.....5 Ironsmith6 Cobbler.....7 Launderer8 Barber.....9 Porter.....10 Tailor.....11 Plumber12 Electrician13 Carpenter14 Mason.....15 Housewife(household chores).....16 Physically Handicapped17 Deceased18 Others19
B3_7	What was your mother's profession when you were 6 years old?	<input type="text"/>	
B3_8	What was the size of your parents' cultivable land when you were 6 years old?	<input type="text"/>	Area in Decimal
<i>Your educational qualification</i>			
B3_9	Can you read and write?	<input type="text"/>	Cannot read nor write.....1 Can Only sign.....2 Can only read3 Can both read and write4
B3_10	Were you ever enrolled in a school or madrasa?	<input type="text"/>	Yes1 No.....2>>B3_21
B3_11	When were you first admitted?	<input type="text"/>	Age (full year) Don't remember/ Don't know.....98
B3_12	Which class were you last admitted?		Any class other than Class 166 Mosque based play-group67 Class 11 Class II2 Class III.....3

Household Number:

Serial No.	Question	Response	Response Code
B3_13	Primary School Did you or your parents receive any financial support when you were enrolled?	<input type="text"/>	Yes 1 No.....2>>B3_15
B3_14	Primary School What kind of support did you or your household receive when you were enrolled?	<input type="text"/> <input type="text"/>	Food for education (Wheat/Rice) 1 School feeding (Biscuit)..... 2 School feeding(cooked food for example-khichuri/singara) .. 3 Tk 20 Cash Stipend for Education 4 Ananda school stipend(cash) 5 Ananda school stipend(kind) 6 TK 100/125 Cash Stipend for Education 7 Merit Based cash Scholarship (private)..... 8 Others (specify) 9
	Ask the following questions to female respondents only		
B3_15	Were you ever enrolled in Secondary School or Dakhil Madrasa?	<input type="text"/>	Yes 1 No.....2>>b3_20
B3_16	While studying in Secondary School , did your household receive any support from the Secondary School/ Dakhil Madrasa ?	<input type="text"/>	Yes 1 No.....2>>B3_20
B3_17	What kind of support was it?	<input type="text"/> <input type="text"/>	Secondary School Scholarship for girls 1 Secondary School Scholarship for boys 2 Primary School Merit Scholarship 3 Junior School Merit Scholarship 4 Merit Scholarship(cash) 5 Others (specify) 9
B3_18	If you did get any support, till which class did you continue to get it?	<input type="text"/>	6th Grade 6 7th Grade..... 7 8th Grade..... 8 9th Grade..... 9 SSC/Equivalent 10
B3_19	If you did not get the support till 10th Grade, then what was the reason for which you did not?	<input type="text"/>	Dropped out of school..... 1 Got Married..... 2 Did not meet the eligibility criteria (like 75% attendance, 45% scores) 3 Received scholarship till definite class 4 Others (specify) 5 Don't know 98 Not applicable 99
B3_20	What is the highest class/ grade that you passed?	<input type="text"/>	Education Code (If the response is 10 or higher, skip to the next module)

Serial No.	Question	Response	Response Code
B3_21	If you were never enrolled in school or dropped out before reaching the 10th Grade, will you please list 3 reasons for that in their order of importance?	<input type="text"/> <input type="text"/> <input type="text"/>	<p>Age/Illness/Lack of Motivation:</p> Not old enough to enroll in school or madrasa 1 Physically/ Mentally handicapped 2 Did not want to enroll in school/ madrasa 3 Teacher did not teach well 4 Parents do not see any value or benefit in school/ madrasa education 5 Did not qualify for exams 6 <p>Distance to School/Madrasha:</p> No school or madrasa in the vicinity 7 Transportation Problem 8 <p>Inability:</p> Cannot afford fees (Cannot afford cost of uniform or clothing) 9 Busy with work in the household 10 Busy with family business / Or farming 11 Working elsewhere for a wage 12 <p>Scholarship::</p> Scholarship amount inadequate 13 Did not receive Scholarship 14 <p>Gender:</p> Parents/ guardians do not like sending girls to school 15 No female teachers in school/madrasha 16 No dedicated/exclusive girls school or boys' school 17 Unfriendly attitude of boys towards girls 18 School not located at a secured area 19 No separate toilet facilities for girls 20 Married off 21 Others (specify) 22 Don't know/ No answer 98

Module B4: History of relocating to this area/district (Male and Female)

Question Number	Question	Answer	Code
B4_01	When did the head of the household move to this area/district?	<input type="text"/>	Year OR Always here.....2222>>B4_05 Doesn't know/doesn't9999
B4_02	Which area/district did the head of the household move to this area?	<input type="text"/>	Code – 1 Other Country (outside Bangladesh)77
B4_03	For which reason did you want to move to this area/city?	<input type="text"/>	The land or homestead land was lost due to erosion.....1 Lost land due to other reasons.....2 Most of the land is fertile3 With the hope that there are comparatively better job available4 For marital reasons5 Others (specify)6
B4_04	In the last 5 years how many times did the household head change their home/house?	<input type="text"/>	How many times (Number)
B4_05	Among your family or ancestors who first came to this area/district to live?	<input type="text"/>	Self1 Father2 Grandfather3 Great grandfather4 Anyone before great grandfather.....5 Always in this district.....7777 >>End of Module Doesn't know9
B4_06	Which year did he come to this area/district?	<input type="text"/>	Year Doesn't know/doesn't remember9999
B4_07	From which area/district did he move to this area?	<input type="text"/>	Code – 1 Other Country(outside Bangladesh)77

Question Number	Question	Answer	Code
B4_08	For which reason did he want to move to this area/city?	<input type="text"/>	<p>The land or homestead land was lost due to erosion 1</p> <p>Lost land due to other reasons 2</p> <p>Most of the land is fertile 3</p> <p>With the hope that there are comparatively better job available 4</p> <p>For marital reasons 5</p> <p>Others (specify) 6</p>

Code 1: B4_04, B4_07

Dhaka	Chittagong	Khulna	Rajshahi	Rangpur	Sylhet	Barisal
Dhaka.....1	Chittagong....18	Khulna 29	Rajshahi.....39	Rangpur47	Sylhet55	Barisal 59
Gazipur2	Cox's Bazar..19	Jessore30	Naogaon40	Dinajpur.....48	Habiganj.....56	Bhola 60
Manikganj....3	Bandarban20	Jhenaidah.....31	Chapainawabganj ..41	Thakurgaon...49	Moulovibazar57	Jholkathi 61
Munshiganj..4	Khagrachori..21	Magura32	Natore42	Panchagar50	Sunamganj58	Pirojpur 62
Narayanganj..5	Rangamati22	Narail.....33	Pabna43	Gaibandha.....51		Borguna..... 63
Narshingdi6	Bramonbaria..23	Bagerhat34	Shirajganj44	Kurigram.....52		Potuakhali 64
Faridpur7	Chadpur24	Shatkira35	Bogra45	Lalmonirhat ..53		Outside
Gopalganj8	Comilla.....25	Chuadanga....36	Joypurhat46	Nilphamari....54		Bangladesh(Other country).....77
Madaripur9	Feni26	Kushtia37				
Rajbari10	Laxmipur.....27	Meherpur38				
Shariatpur11	Noakhali28					
Jamalpur12						
Sherpur13						
Kishoreganj...14						
Mymensingh.15						
Netrokona16						
Tangail.....17						

Household Number:

Module C: Employment (Male)

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

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

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

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

Code list for Module C: Employment

Code 1: Employment status	Code 2: Reasons for not working in the last 7 days	Code 3: Occupation/economic activity
Worked for pay (salary, wage, self-employed).....1	Sick1	Wage Labor Agricultural day labor.....1
Worked without pay (apprentice, family business) ..2	Vacation.....2	Earth work (govt program).....2
Did not work but have a job3	Hartal/strike3	Earth work (other)3
Did not work but looked for a job4	Taking care of household matters.....4	Sweeper4
Did not work because:	Taking care of family members.....5	Scavenger5
Only studied (student)5	Other (specify).....6	Tea garden worker6
Too young (not student)6		Construction labor7
Too old/retired7		Factory worker8
Home/household work (includes live-in servant)8		Transport worker (bus/truck helper) ...9
Disabled/invalid9		Apprentice10
Don't need to.....10		Other wage labor (specify)11
Other (specify).....11		Salaried worker Government/ parastatal12
		Service (private sector)13
		NGO worker14
		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
		Self-employment Rickshaw/van pulling22
		Driver of motor vehicle23
		Tailor/seamstress24
		Blacksmith.....25
		Potter26
		Cobbler.....27
		Hair cutter.....28
		Clothes washer29
		Porter30
		Goldsmith/silversmith31
		Repairman (appliances)32
		Mechanic (vehicles).....33
		Plumber34
		Electrician35
		Carpenter36
		Mason/Construction Rod Welder37
		Doctor.....38
		Rural physician39
		Midwife.....40
		Self-employment (continued) Herbal doctor/Kabiraj41
		Engineer.....42
		Lawyer/deed writer/Moktar43
		Religious leader (Imam/Muazzem/ Khadem/Purohit).....44
		Lodging master45
		Private tutor/house tutor.....46
		Beggar47
		Trader Small trader (roadside stand or stall)....50
		Medium trader (shop or small store)....51
		Large trader (large shop or whole sale)52
		Fish Trader.....53
		Contractor.....54
		Production Food Processing.....55
		Small industry.....56
		Handicrafts57
		Livestock Poultry related work/occupation Milk collector58
		Livestock Vet medicine seller59
		Livestock Feed supplier.....60
		Commercially feed producer.....61
		Animal Breeder.....62
		Veterinary/paravet doctor63
		Farming Working own farm (crop).....64
		Share cropper/tenant65
		Homestead farming.....66
		Fisherman (using non owned/not leased water body)67
		Raising fish / fish pond68
		Raising poultry69
		Raising livestock.....70
		Dairy production/ dairy farming71
		Other self-employed (specify)72

Household Number:

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

Last 12 months December 1, 2013 to November 30, 2014

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 in the mentioned activities in last 12 months Self-employed..... 1 Rent out equipment..... 2 As labor or salaried employee 3 Did not work..... 4 >> next activity	1 st Respondent				2 nd Respondent				3 rd Respondent				
		Which member of the household worked in the sectors listed below?	How many of the past 12 months did you work on this activity?	How many days of the month did you work on this activity?	Total income	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	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	
		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													
Seed Sower Machine Operator (Seeder Drills: till, plant and fertilizer simultaneously)	14													
Bed planter	15													
Reaper	16													
Thresher	17													
Irrigation equipment repair	18													
Tractor/power tiller repair	19													
Other non-farm agri equipment repair	20													
Other non-farm agri activity	21													

Household Number:

Module D: Assets owned by the Household (Male)

Module D1: Current Household Assets

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... 71 Male outside household 72 Female outside household. 73	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..... 2	Quantity of asset during baseline (2011) If 0>>next row	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							
													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																		
Audio cassette/CD player	12																		
Wall clock /watch	13																		
Wristwatch	131																		
Television (B/W)	14																		

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... 71 Male outside household..... 72 Female outside household..... 73	How was the asset acquired? (report latest item if quantity >1) Purchase 1 Gift 2 Dowry.....3 Inheritance4 Own produced ..5	Year of purchase/Acquisition (report for latest item)	Purchase value/ price (renort total value for all items owned)	Current value/ if asset sold today how much will you receive? (renort total value for all items owned)	Type of asset* Consumption only ..1 Consumption and Productive2 Productive only...2	Quantity of asset during baseline (2011)	No.	(Tk)	Code ↑	Code ↑	(Tk)	Code↑	Reasons for Selling	
																			No.
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
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																		
Engine boat	22																		
Motorcycle	23																		
Mobile phone set	24																		
Land phone set	25																		
Dheki	26																		
Jata	27																		
Randa	28																		
Saw	29																		

Household Number:

Description of asset	Asset code	Does your household own the item? Yes...1 No. 2>>D1_12	ID of owner Report three primary owners If household member, write MID If not household member, then use following codes:	What portion of asset owned by household?	How was the asset acquired? (report latest item if quantity >1)	Year of purchase/Acquisition (report for latest item)	Purchase value/ price (renant total value for all items owned)	Current value/ if asset sold today how much will you receive? (renant total value for all items owned)	Type of asset* Consumption only ..1 Consumption and Productive2 Productive only ..2	Quantity of asset during baseline (2011)	No.	(Tk)	Code↑	Year	(Tk)	Code↑	No.	(Tk)	Code↑	Reasons for Selling
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	
Hammer	30																			
Patko	31																			
Fishing net	32																			
Spade (Kodal)	33																			
Axe (Kural)	34																			
Shovel (belcha)	35																			
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																			

Household Number:

Description of asset	Asset code	Does your household own the item? Yes...1 No. <input type="text"/> <input type="text"/> 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... 71 Male outside household..... 72 Female outside household..... 73	How was the asset acquired? (report latest item if quantity >1) Purchase 1 Gift 2 Dowry.....3 Inheritance4 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 Productive2 Productive only..2	Quantity of asset during baseline (2011)	No.	(Tk)	Code ↑	Year	(Tk)	Code↑	No.	(Tk)	Code↑	Reasons for Selling
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		
Electricity Generator	44																				
IPS	45																				
Computer/ Laptop	46																				
Flash Drive/ Memory Card	47																				
Printer	48																				
Tab	49																				
camera/ video camera	50																				
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 jointly71 Male outside household....72 Female outside household..73	How was the asset acquired? (report most recent item if quantity >1) Purchase1 Gift.....2 Dowry3 Inheritance4 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)	In the last round (2011), what was the quantity of assets in this household? (Number) <small>If so, then move to the next row</small>	What quantity of assets recorded in the last round (2011) have you lost after the last survey? (Stolen, burnt, lost, damaged, dead etc.) <small>If so, then move to the next row</small>	What quantity of assets recorded in the last round (2011) have you sold after the last survey? (Number) <small>If so, then move to the next row</small>	If yes, 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)	(No)	(No)	(Tk)	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_16b
Farming tools:																		
Manual Reaper/Sickle	1																	
Weeding tool	2																	
Harrow	3																	
Rake	4																	
Plough/ yoke	5																	
Winning Machine	6																	
Pesticide sprayer	7																	
Wheelbarrow	8																	
Bullock cart	9																	
Push cart	10																	
Other Light Machinery (Specify)	11																	
Machinery:																		
Tractor	12																	
Power Tiller	13																	
Trolley/Trailers	14																	
Thresher	15																	
Fodder cutting machine	16																	
Swing basket	17																	

Household Number:

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)	In the last round (2011), what was the quantity of assets in this household? (Number) <small>If >2, then move to the next row</small>	What quantity of assets recorded in the last round (2011) have you lost after the last survey? <small>(Stolen, burnt, lost, damaged, dead assets)</small>	What quantity of assets recorded in the last round (2011) have you sold after the last survey? (Number) <small>If >0, then move to the next row</small>	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
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_16b	
Don	18																		
Hand tube well	19																		
Treadle pump	20																		
Rower pump	21																		
Jumbo Pump (Axila 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																		
Seeder Drills: till, plant, fertilize simultaneously	37																		

Household Number:

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)	In the last round (2011), what was the quantity of assets in this household? (Number) <small>If no, then move to the next row</small>	What quantity of assets recorded in the last round (2011) have you lost after the last survey? <small>(Stolen, burnt, lost, damaged, dead assets)</small>	What quantity of assets recorded in the last round (2011) have you sold after the last survey? (Number) <small>If so, then move to the next row</small>	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
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_16b	
Bed planter(forms fields into beds and furrows)	38																		
Other Heavy Machinery (Specify)	29																		
Other																			
Masons	30																		
Potters Chaka	31																		
Blacksmiths	32																		
Hapor																			
Charka	33																		
Briquette Urea Applicator (Injector)	34																		
Briquette Urea Applicator (Push)	35																		
Jumbo Pump (Axila Flow pump)	36																		
Seeder Drills: till, plant, fertilize	37																		

Household Number:

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)	In the last round (2011), what was the quantity of assets in this household? (Number) <small>If no, then move to the next row</small>	What quantity of assets recorded in the last round (2011) have you lost after the last survey? <small>(Stolen, burnt, lost, damaged, dead assets)</small>	What quantity of assets recorded in the last round (2011) have you sold after the last survey? (Number) <small>If so, then move to the next row</small>	If yes, what was the value of sales? (TK)	Reason for selling?			
	Code	No.	MID			Code ↑	Year	(Tk)	(Tk)	(No)	(No)	(No)	(Tk)	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_16b
Bed planter (forms fields into beds and																		
There No agriculture asset in this																		

Household Number:

Module E: Savings (Male)

Ask only for all members who are 15 years or older.

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 If no, END MODULE
No..... 2

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? [Code 1]	If the source of savings is the NGO, then record the code for NGO [Code 4]	How do you use / plan to use the savings? Report primary use of savings [Code 2]	Total amount currently saved in this savings account? (Tk) [Code 3]	How frequently do you save? [Code 4]
E03	MID	E04	E08	E05	E06	E07

Code 1: Where	Code 4: NGO Code			Code 2: Use / Intended Use	Code 3: How frequently do you save
At home	1	BRAC.....	1	Podokhep Manobik Unnyan Kendra.....17	Ashar Alo Unnyan Shangstha.....30
NGO (name of NGO) 2		ASA	2	Heed Bangladesh	Polli Progoti Sohayok Samity.....31
Shamity (other than NGO)	3	PROSHIKA.....	3	Samadhan	Samadhan
Bank	4	Karitas Bangladesh.....	4	Manob Seba Sangstha.....33	To buy productive assets
Shop	5	Shwanirbar Bangladesh.....	5	Nobolok Parishad.....34	(other than agriculture)
Post office / government institution	6	TMSS.....	6	Rural reconstruction Foundation	To start / help business
Employer's provident fund	7	RDRS Bangladesh.....	7	(RRF).....35	To buy land / house
Insurance company.....	8	Bureau Tangail	8	Christian Civil Society (CSS).....36	For education / training.....
Relative / friend / neighbor	9	Jagoroni Chakra	9	Uddipon	6
Peoples Oriented Program Implementation (POPI)	11	Voluntary Organization for Social Development (VOSD)	10	Daa diye jai	For marriage / dowry
Savings collector	10	Akota Shomaj Unnyan Kendra (ASUK)	25	Shushilon	To build / repair house
Land leased in from other household	11	Bangladesh Development Society	26	Uttaran	To get loan.....
Other (specify)	12	Social Organization for Voluntary Advancement (SOVA).....	27	Unnyan Procheshta	To lend to others
		Society development Committee (SDC)	28	Setu Bangladesh	To prepare for difficult times/danger
		PKSF.....	14	Satkhiria Unnyan Shangstha (SUK)	11
		Bangladesh Rural Development Board(BRDB)	15	Ideal	To send someone abroad for a job
				Manob Sompod Unnyan kendra.....45	12
				Grameen bank.....46	For the future of children ..
				HKI (Hellen Keller International).....47	13
				Other NGOs (specify)	Medical or other emergency
				48	14
					Don't know/no special reason
					15
					Other (specify).....
					16

Module F: Loans (Male)

Report cash loans. Include both interest bearing and non 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
No 2 If no, **END MODULE**

F02_a Have you or any other member of the household applied for loans in the last 12 months

- Yes 1
No 2

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

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

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

NEXT MODULE

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.

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 operation in last 12 months [1st December (15th Agrahayon) 2010 to 30th November (14th Agrahayon) 2011].

Household Number:

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

List all land (all type of land & water bodies) owned or under operation during 1st December (15th Agrahayon) 2013 - 30th November (14th Agrahayon) 2014.

Plot ID	Plot Description	In the last 12months 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					
Plot ID	Plot Description	G13		G14	G15	G16	G17	G18					
		A	B	C	A	B	C	A	B	C	A	B	C
1	Homestead												

Household Number:

Code 1: Plot type	Code 2: Soil type	Code 3: Operation status	Code 4: Type of ownership	Code 5: How acquired	Code 6: How was the plot utilized	Code 7
Homestead1	Clay1	Fallow.....1	All members jointly71	Purchased/bought1	Agriculture1	Plot is the same in both rounds0
Cultivable/arable land2	Loam2	Own operated.....2	Male outside household72	Inherited (wife's family)2	Fisheries2	Sold1
Pasture.....3	Sandy.....3	Rented/leased in/ for cash.....3	Female outside household....73	Inherited (husband's family) ...3	Grazing for livestock.....3	Inherited or Household
Bush/forest4	Clay-loam .4	Rented/leased in/crop share4	Govt / Khas land/other institutions74	User right (wife's family).....4	Homestead/ house plot4	Split2
Waste/non-arable land....5	Sandy-	Mortgaged in5	User right (husband's family).5	Rented/shared/leased/	Bush5	Mortgage out/ Rent3
Land in riverbed6	loam.....5	Rented/leased out/cash.....6	Mortgaged-in6	Mortgaged-in6	Commercial/non-ag enterprise6	erosion4
Other residential/ commercial plot.....7		Rented/leased out/crop share ..7	Government Khas land/Other institution.....7	Fallow7	Other (specify)8	New Purchase5
Cultivable Pond.....8		Mortgage out8		Was not with me9		New inheritance6
Derelict pond.....9		Group lease d in with other farmer9				New Mortgage7
Garden (wood/Fruit).....10		Leased out to NGO10				Household combined8
Floating plot)11		Taken from joint owner11				Char surfaced.....9
Only for seed bed)12		Jointly with other owners.....12				Others (specify)10
		Rented in for certain amount of crops.....13				
		Rented out for certain amount of crops.....14				
		Free of cost.....15				

Module H: Agriculture (Male)

Note:

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

Module H1: Agriculture Plot Utilization (Male)

Report for plot wise crop data for all Crop cultivated during 1st December (15th Agrahayon) 2013 - 30th November (14th Agrahayon) 2014.

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.

Household Number:

Code 1: Agriculture crop codes

Major Cereals	Pulses	Vegetables	Leafy vegetables	Fruits (continued)	Other crops (continued)
B Aus (local) 10	Lentil(Moshur)..... 51	Pumpkin..... 101	Pui Shak..... 201	Lemon..... 312	Tobacco..... 601
TAus (local)..... 11	Mung..... 52	Bringal (eggplant)..... 102	Palang Shak (Spinach)..... 202	Shaddock (pomelo)..... 313	Bettlenut..... 602
TAus (HYV)..... 12	Black gram (Mashkalai)..... 53	BT Brinjal 1(Bari brinjal 1)....128	Lal Shak..... 203	Black berry..... 314	Bettleleaf..... 603
T Aus (hybrid)13	Chickling Vetch(Khesari)54	BT Brinjal 2(Bari brinjal 2)...129	Kalmi Shak204	Other fruits(lemon like)..... 315	Other Tobacco like crop604
BAman (local)..... 14	Chick pea (Chhola)55	BT Brinjal 3(Bari brinjal 3)...130	Danta Shak..... 205	Other fruits..... 316	Cut flower605
T Aman(local)15	Pigeon pea (Aarohor)..... 56	BT Brinjal 4(Bari brinjal 4)...131	Kachu Shak..... 206	Boroi(Bitter Plum)..... 317	
T.Aman (HYV)16	Field pea (Motor)57	Patal103	Lau Shak..... 207	Rose Apple..... 318	Paddy seedbed..... 701
T.Aman (hybrid)..... 17	Soybean(Gori kalai/	Okra104	Mula Shak..... 208	Wood Apple..... 319	Tomato seedbed702
Boro(local)18	Kali motor)..... 58	Ridge gourd..... 105	Khesari Shak..... 209	Ambada/Hoq Plum..... 320	Bringal seedbed..... 703
Boro (HYV)..... 19	Other Pulses59	Bitter gourd..... 106	Other green leafy vegetables ..210	Pomegranate..... 321	Cauliflower seedbed..... 704
Boro (hybrid)..... 20		Arum..... 107	Potato Leaves211	Bilimbi322	Cabbage seedbed..... 705
Wheat (local)21	Oil Seeds	Ash gourd..... 108	Cabbage212	Chalta..... 323	Kohlrabi seedbed..... 706
Wheat (HYV)22	Sesame61	Cucumber..... 109	Chinese cabbage213	Tamarind(pulp)324	Tobacco seedbed707
Maize23	Linseed(tishi)..... 62	Carrot110		Olive(wild)325	Onion seedbed..... 708
Barley24	Mustard..... 63	Cow pea111		Coconut/Green Coconut..... 326	Chili seedbed..... 709
Job25	Ground nut/peanut64	Snake gourd112			Other seedbed710
Cheena..... 26	Soybean65	Danta..... 113			
Kaun(Italian millet)27	Castor (rerr)66	Green banana/plantain..... 114			
Joar(Great millet)28	Others Oilseeds67	Cauliflower115			
Bojra(Pearl millet)29		Water gourd116			
Others..... 30	Spices	Sweet gourd117			
Fiber Crops	Chili71	Tomato116			
Dhonche41	Onion72	Radish119			
Jute42	Garlic73	Turnip120			
Cotton..... 43	Turmeric74	Green Papaya121			
Bamboo44	Ginger75	Kakrol122			
Other Fibre45	Dhania/Coriander76	Yam Stem123			
	Other spices77	Other green Vegetables124			
		DrumStick.....125			
		Bean.....126			
		Coriander leaf.....127			

Code 3: Paddy variety codes		Code 4: Source of seed	
Chandina BR-1 (Boro/Aus).....	1	Bri Dhan BR-34 (Aman)	33
Mala BR-2 (Boro/Aus).....	2	Bri Dhan BR-35 (Boro)	34
Biplob BR-3 (Aus/Aman)	3	Bri Dhan BR-36 (Boro)	35
Brishail BR-4* (Aman)	4	Bri Dhan BR-37 (Aman)	36
Dulavhoghe BR-5* (Aman)	5	Bri Dhan BR-38 (Aman)	37
BR-6 (Boro/Aus).....	6	Bri Dhan BR-39 (Aman)	38
Bribalam BR-7 (Boro/Aus)	7	Bri Dhan BR-40 (Aman)	39
Asa BR-8 (Boro/Aus).....	8	Bri Dhan BR-41 (Aman)	40
Sufoza BR-9 (Boro/Aus)	9	Bri Dhan BR-42 (Aus)	41
Progoti BR-10 (Aman)	10	Bri Dhan BR-43 (Aus)	42
Mukta BR-11 (Aman)	11	Bri Dhan BR-44 (Aman)	43
Moyna BR-12 (Boro/Aus)	12	Bri Dhan BR-45 (Boro)	44
Gazi BR-14 (Boro/Aus)	13	Bri Dhan BR-46 (Aman)	45
Mohini BR-15 (Boro/aus)	14	Bri Dhan BR-47 (Boro)	46
Shahi Balam BR-16(Boro/Aus)	15	Bri Dhan BR-48 (Aus)	47
Hasi BR-17 (Boro)	16	Bri Dhan BR-49 (Aman)	48
Shahjalal BR-18 (Boro)	17	Bri Dhan BR-50 Banglamoti(Boro)	49
Mongal BR-19 (Boro)	18	Bri Dhan BR-51 (Aman)	50
Nizami BR-20 (Aus)	19	Bri Dhan BR-52 (Aman)	51
Niamat BR-21 (Aus)	20	Bri Dhan BR-53 (Aman)	52
Kiron BR-22* (Aman)	21	Bri Dhan BR-54 (Aman)	53
Dyshary BR-23 ((Aman)	22	Bri Dhan BR-55 (boro/aus)	54
Rahmat BR-24 (Aus)	23	Bri Dhan BR-56 (Aman)	55
Noya Pajam BR-25 (Aman)	24	Bri Dhan BR-57 (Aman)	56
Sraboni BR-26 (Aus)	25	Bri Dhan BR-58 (Boro)	57
Bri Dhan BR-27 (Aus)	26	Bri Dhan BR-59 (Boro)	58
Bri Dhan BR-28 (Boro)	27	Bri Dhan BR-60 (Boro)	59
Bri Dhan BR-29 (Boro)	28	Bri Dhan BR-61 (Boro)	60
Bri Dhan BR-30 (Aman)	29	Bri Dhan BR-62 (Aman)	61
Bri Dhan BR-31 (Aman)	30	Bri Dhan BR-63Shorubalam (Boro)	62
Bri Dhan BR-32 (Aman)	31	Bri Dhan BR-64Zinc enriched (Boro) ...	63
Bri Dhan BR-33 (Aman)	32	Bri Dhan BR-65 (Aus)	64
		Bri Dhan BR-66 drought tolerant(Aman)	65
<i>Hybrid</i>			
		Alok.....	85
		Sonar bangla	86
		Jagoron.....	87
		Shakti 1	88
		Shakti 2	89
		Aloron 1	90
		Aloron 2	91
		Hira.....	92
		ACI 5	93
		Lal Teer.....	94
		BINA 1	95
		BINA 2	96
		BINA 3	97
		BINA 4	98
		BINA 5	99
		Bri Hybrid-1(Boro).....	100
		Bri Hybrid-2(Boro)	101
		Bri Hybrid-3(Boro)	102
		Bri Hybrid-4(Boro)	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

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

Household Number:

Module H2: Irrigation method and Harvest (Male)

Report for plot wise crop data for all Crop cultivated during 1st December (15th Agrahayon) 2013 - 30th November (14th Agrahayon) 2014.

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

Code 2: Source of water	Code 3: Irrigation Method	Code 4: Cause of inadequacy & insufficiency of water
Rainfed.....1	Rainfed1	Adequate water1
River2	Swing basket2	Lack of rainfall2
Canal3	Don3	Lack of water in river3
Pond4	Dugwell4	Lack of water in dam4
Hoar/Beel (Lake)5	Hand tubewell5	Fall in groundwater level5
Canal irrigation6	Treadle pump6	Water too saline6
Groundwater7	Rower pump7	Arsenic in groundwater7
Tidal water8	Shallow tubewell8	Electric failure8
	Deep tubewell9	Lack of diesel9
	Low lift pump10	Dispute with irrigation organization/supplier10
	Canal irrigation11	Irrigation machine dysfunction11
	Axial Flow Pump12	Other (specify)12
	Other13	

Instruction for selecting plot(s) to be reported in Modules H3, H4 and H5:

If the farmer is cultivating only owned plots OR cultivating only leased-in/mortgaged-in plots:

- Identify the largest cropped plot in module H1 (using information in column H1_03) and report input usage for all crops cultivated in that plot (including sub plots if any) during *1st December (15th Agravahan) 2010 -- 30th November (14th Agravahan) 2011* in Modules H3, H4 and H5.
- If two or more plots/subplots have the same cropped area then choose the plot with non-rice crop cultivation and report input usage for all crops cultivated in that plot (including sub plots if any) during *1st December (15th Agravahan) 2010 -- 30th November (14th Agravahan) 2011* in Modules H3, H4 and H5.
- If two or more plots/subplots have the same cropped area and same crop planted (all rice or all non rice crop) then choose any one plot and report input usage for all crops cultivated in that plot (including sub plots if any) during *1st December (15th Agravahan) 2010 -- 30th November (14th Agravahan) 2011* in Modules H3, H4 and H5.

If the farmer is cultivating owned plots AND leased-in/ mortgaged-in plots:

- Identify the largest cropped plot under ownership in module H1 (using information in column H1_03) and the largest cropped plot under leased/mortgaged-in agreement in module H1 (using information in column H1_03). **Compare cropped area for owned plots and leased/mortgaged-in plots separately.**
- Report input usage for all crops cultivated in the largest own cropped plot (including sub plots if any) and largest leased/mortgaged-in cropped plot (including sub plots if any) during *1st December (15th Agravahan) 2010 -- 30th November (14th Agravahan) 2011* in Modules H3, H4 and H5.
- If two or more plots/subplots have the same cropped area then choose the plot with non-rice crop cultivation and report input usage for all crops cultivated in that plot (including sub plots if any) during *1st December (15th Agravahan) 2010 -- 30th November (14th Agravahan) 2011* in Modules H3, H4 and H5.
- If two or more plots/subplots have the same cropped area and same crop planted (all rice or all non rice crop) then choose any one plot and report input usage for all crops cultivated in that plot (including sub plots if any) during *1st December (15th Agravahan) 2010 -- 30th November (14th Agravahan) 2011* in Modules H3, H4 and H5.

Household Number:

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

Recall period: 1st December (15th Agrahayon) 2013 - 30th November (14th Agrahayon) 2014.

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

Household Number:

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

Recall period: 1st December (15th Agrahayon) 2013 - 30th November (14th Agrahayon) 2014.

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

Household Number:

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

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

Recall period: 1st December (15th Agrahayon) 2013 - 30th November (14th Agrahayon) 2014.

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:

Household Number:

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

Recall period: 1st December (15th Agrahayon) 2010 - 30th November (14th Agrahayon) 2011.

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".

*In case of Intercropping report Crop code for the second crop in the shaded column below.

Household Number:

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

Report for all Crop cultivated during 1st December (15th Agrahayon) 2013 - 30th November (14th Agrahayon) 2014.

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

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

Household Number:

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

Report for all Crop cultivated during 1st December (15th Agrahayon) 2010 - 30th November (14th Agrahayon) 2011

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 rented it and then used it	2
No, I have not used it.....	3

Household Number:

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

Report for the three seasons during 1st December (15th Agrahayon) 2013 - 30th November (14th Agrahayon) 2014.

Sl no	Name of Fertilizer/ Pesticide	Price of Fertilizer/Seed						Was there any inadequacy of fertilizer in the last 12 months?	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?					
		Rabi		Kharif 1		Kharif 2									
		Did you purchase?	Avg price per Kg	Did you purchase?	Avg price per Kg	Did you purchase?	Avg price per Kg								
		Yes ...1 No ..2→H7_04		Yes...1 No..2→H7_06		Yes ... 1 No . 2→H7_08		Yes 1 No 2>>Next row							
		Code ↑	Tk/Kg	Code ↑	Tk/Kg	Code ↑	Tk/Kg	Code ↑	Code 1	Code 2					
H7_01		H7_02	H7_03	H7_04	H7_05	H7_06	H7_07	H7_08	H7_09a	H7_09b	H7_10a	H7_10b			
1	Urea														
10	Briquette Urea														
2	TSP / SSP														
3	DAP/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
January.....1	Was not readily available in the market 1
February.....2	Dealer hoarding.....2
.....	Insufficient Supply 3
.....	No dealer nearby 4
December.....12	Smuggling of fertilizer 5
	Others.....6

Household Number:

Module H7_A: Labor Cost: (Male)

Report for the three seasons during 1st December (15th Agrahayon) 2013 - 30th November (14th Agrahayon) 2014.

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)				
		Did you hire labor?	Daily Rate	Payment in kind (incl. food)	Did you hire labor?	Daily Rate	Payment in kind (incl. food)	Did you hire labor?	Daily Rate	Payment in kind (incl. food)	Did you hire labor?	Daily Rate	Payment in kind (incl. food)	Did you hire labor?	Daily Rate	Payment in kind (incl. food)	Did you hire labor?	Daily Rate	Payment in kind (incl. food)	Did you hire labor?	Daily Rate	
		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	
H7_01		H7a_02	H7a_03	H7a_04	H7a_05	H7a_06	H7a_07	H7a_08	H7a_09	H7a_10	H7a_11	H7a_12	H7a_13	H7a_14	H7a_15	H7a_16	H7a_17	H7a_18	H7a_19			
1	Labor needed for land preparation																					
2	Labor needed for sowing seeds																					
3	Labor needed for broadcasting seeds																					
4	Labor needed for weeding																					
5	Labor needed for manual irrigation																					
6	Labor needed for collecting crops																					
7	Labor needed for applying briquette urea fertilizer																					
8	Labor needed for applying other fertilizer																					
9	Labor needed for threshing																					

Household Number:

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

Recall period: 1st December (15th Agrahayon) 2013 - 30th November (14th Agrahayon) 2014.

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 H9: Additional information on Guti urea (Male)

Q #	Questions	Responses	Response options
H9_01	Have you heard about <i>Guti</i> urea?	<input type="checkbox"/>	Yes 1 No 2
H9_02	If yes, what are your sources of information about <i>Guti</i> urea?		
1	Discussions with other farmers	<input type="checkbox"/>	Yes 1 No 2
2	Government extension agent (DAE)	<input type="checkbox"/>	Yes 1 No 2
3	Demonstration or trial Site	<input type="checkbox"/>	Yes 1 No 2
4	Field Day	<input type="checkbox"/>	Yes 1 No 2
5	Bazar miking	<input type="checkbox"/>	Yes 1 No 2
6	Distribution of handbill in the mosques by IFDC staff	<input type="checkbox"/>	Yes 1 No 2
7	Distribution of handbill in the school by IFDC staff	<input type="checkbox"/>	Yes 1 No 2
8	Newspaper	<input type="checkbox"/>	Yes 1 No 2
9	Other printed Information	<input type="checkbox"/>	Yes 1 No 2
10	Observing neighbors' fields with <i>Guti</i> urea	<input type="checkbox"/>	Yes 1 No 2
11	Television	<input type="checkbox"/>	Yes 1 No 2
12	Farmers Meetings	<input type="checkbox"/>	Yes 1 No 2
13	Wall Painting	<input type="checkbox"/>	Yes 1 No 2

Household Number:

Q #	Questions	Responses	Response options
14	Billboard/signboard	<input type="checkbox"/>	Yes 1 No..... 2
15	Banner/festun	<input type="checkbox"/>	Yes 1 No..... 2
16	<i>Guti</i> urea producer	<input type="checkbox"/>	Yes 1 No..... 2
17	fertilizer dealer	<input type="checkbox"/>	Yes 1 No..... 2
18	IFDC training	<input type="checkbox"/>	Yes 1 No..... 2
19	Any other IFDC activity	<input type="checkbox"/>	Yes 1 No..... 2
20	Radio	<input type="checkbox"/>	Yes 1 No..... 2
21	NGO	<input type="checkbox"/>	Yes 1 No..... 2
22	Video	<input type="checkbox"/>	Yes 1 No..... 2
23	Others (specify)	<input type="checkbox"/>	Yes 1 No..... 2
H9_03	Have you seen the injector-style <i>Guti</i> urea applicator [show a picture]?	<input type="checkbox"/>	Yes 1 No..... 2
H9_04	Have you used the injector-style <i>Guti</i> urea applicator?	<input type="checkbox"/>	Yes 1 No..... 2
H9_05	Have you seen the push-style <i>Guti</i> urea applicator? [Show a picture]?	<input type="checkbox"/>	Yes 1 No..... 2
H9_06	Have you used the push-style <i>Guti</i> urea applicator?	<input type="checkbox"/>	Yes 1 No..... 2
H9_07	Interviewer: Please check Module D1 for whether the farmer used gutti urea. If not ask why did the farmer not use <i>Guti</i> urea on your last paddy crop (check all reasons)		
1	Not happy with results from previous <i>Guti</i> urea use	<input type="checkbox"/>	Yes 1 No..... 2 Not applicable..... 77
2	<i>Guti</i> urea not available	<input type="checkbox"/>	Yes 1 No..... 2 Not applicable..... 77
3	Long distance of the <i>Guti</i> urea shop	<input type="checkbox"/>	Yes 1 No..... 2 Not applicable..... 77

Household Number:

Q #	Questions	Responses	Response options
4	Price of <i>Guti</i> urea is high	<input type="checkbox"/>	Yes 1 No..... 2 Not applicable..... 77
5	<i>Guti</i> urea requires more labor	<input type="checkbox"/>	Yes 1 No..... 2 Not applicable..... 77
6	Manual application of <i>Guti</i> urea is physically difficult	<input type="checkbox"/>	Yes 1 No..... 2 Not applicable..... 77
7	<i>Guti</i> requires line sowing	<input type="checkbox"/>	Yes 1 No..... 2 Not applicable..... 77
8	Operating <i>Guti</i> urea machine is physically difficult	<input type="checkbox"/>	Yes 1 No..... 2 Not applicable..... 77
9	Gutti urea applicator is not available	<input type="checkbox"/>	Yes 1 No..... 2 Not applicable..... 77
10	Price of applicator is high	<input type="checkbox"/>	Yes 1 No..... 2 Not applicable..... 77
11	It gives minimum time to apply gutti urea in paddy field after transplantation	<input type="checkbox"/>	Yes 1 No..... 2 Not applicable..... 77
12	Other (Specify)	<input type="checkbox"/>	Yes 1 No..... 2 Not applicable..... 77
13	Other (Specify)	<input type="checkbox"/>	Yes 1 No..... 2 Not applicable..... 77

Household Number:

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

Module I1: Summary of Agriculture Production (crops, fruits and vegetables) (Male)

Crop cultivation in last 1 year, December 1 2013 to November 30, 2014.

Write value of total sale proceeds in taka.

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.

Code1: Reason for loss of output		Code 2: Point of Sale	
Flood/rain	1	Farm gate (home)	1
Pest attack	2	Village market (within own village)	2
Infested by rats	3	Village Market (outside own village)....	3
Drought.....	4	Town Market	4
Storm/cyclone	5	Other (specify).....	5
Other(specify)	6	Neither bought nor rented in	9

Household Number:

--	--	--	--

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

For last 1 year, December 1 2013 to November 30, 2014

Food grain	End of Month food grain stock												Maximum amount food grain storage capacity of the household
	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014	August 2014	Sep 2014	Oct 2014	Nov 2014	
	kg	kg	kg	kg	kg	kg	kg	kg	kg	kg	kg	kg	
I2_01	I2_02	I2_03	I2_04	I2_05	I2_06	I2_07	I2_08	I2_09	I2_10	I2_11	I2_12	I2_13	I2_14
Paddy													
Rice													
Wheat													

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

Crop code	Kharif 2 (Aman)								Kharif 1 (Aus)								Robi (Boro)								
	First sale after how many days of production?	Qty sold?	Price of sale	Last sale after how many days of production?	Qty sold?	Price of sale	Till now, what volume/qty. of your production have you sold?	What is the current quantity of your stock? (As of Date of survey)	First sale after how many days of production?	Qty sold?	Price of sale	Last sale after how many days of production?	Qty sold?	Price of sale	Till now, what volume/qty. of your production have you sold?	What is the current quantity of your stock? (As of Date of survey)	First sale after how many days of production?	Qty sold?	Price of sale	Last sale after how many days of production?	Qty sold?	Price of sale	Till now, what volume/qty. of your production have you sold?	What is the current quantity of your stock? (As of Date of survey)	
Crop	da y	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	
	I2_15	I2_16	I2_17	I2_18	I2_19	I2_20	I2_21	I2_22	I2_23	I2_24	I2_25	I2_26	I2_27	I2_28	I2_29	I2_30	I2_31	I2_32	I2_33	I2_34	I2_35	I2_36	I2_37	I2_38	
Paddy																									
Rice																									
Wheat																									

Household Number:

Module I3: Agriculture (Male)

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.

Report both for cultivated and non cultivated produce. For e.g. Report the household's non-cultivated jackfruit harvest from jackfruit trees in homestead.

NGO Code			
BRAC	1	Podokhep Manobik Unnyan Kendra	17
ASA	2	Heed Bangladesh.....	18
PROSHIKA.....	3	Bureau Bangladesh.....	19
Karitas Bangladesh.....	4	Community Development Center (CODEC).....	20
Shwanirbhar Bangladesh.....	5	Gono Milon Foundation	21
TMSS	6	Shapla Ful	22
RDRS Bangladesh.....	7	Sheba Manob kolyan Kendra (SMKK)	23
Bureau Tangail.....	8	Society for Disadvantaged Origin (SDO).....	24
Jagoroni Chakra	9	Akota Shomaj Unnyan Kendra (ASUK)	25
Voluntary Organization for Social Development (VOSD)	10	Bangladesh Development Society	26
Peoples Oriented Program Implementation (POPI)	11	Social Organization for Voluntary Advancement (SOVA)	27
Gono Kalyan Trust (GKT)	12	Society development Committee (SDC).....	28
Bachte Shekha.....	13	Faridpur Development Agency (FDA)	29
PKSF.....	14		
Bangladesh Rural Development Board(BRDB)	15		
		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
		Satkhiria 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)

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

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
Gift from others.....	2	Other farmer	8	Grain Size.....2	Ease of processing....10
BADC outlet (Govt.).....	3	Bought from farm	9	Insect/disease resistant3	Market demand11
Bought from BRAC	4	Bought seedling.....	10	Flood tolerant	Good taste12
Bought from other NGO .	5	Produced seedling.....	11	Saline tolerant.....5	Nice color13
personal shop/dealer.....	6			Drought tolerant	Good as animal feed..14
				Zinc enriched.....7	Others (specify).....15
				Low labor required.....8	Others (specify)
				No problem.....1	No market supply
				Mixed with other seed	Did not save seed
				Poor germination	Saved seed got damaged.....
				Too expensive	Post- flood scarcity of seedling
				Incorrect label.....5	during 2nd plantation
				Tampered or damaged packaging6	Could not get good quality seed...5
				Shortage of supply	New seedling was damaged.....6
				Others (specify)	others (specify).....7

Household Number:

Module I5: Access to Technologies (Male)

I5a: When was the household formed (year)? _____ **I5b:** Which year did you start rice farming? _____ **I5c:** Which year did you start farming?

Code	List of Technologies	Do you use this technology now? Yes..... 1 No..... 2	Have you used this technology in the past? Yes 1 No..... 2	When did you start using this technology ?	If you have used this technology in the past, and no longer use it, when did you stop using it?	When was this technology first available in your village?	Please mark the years that you have used this technology within the past 10 years? Yes ... 1 No 2										
							2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	
		Code	Code	(year)	(year)	(year)	Code	Code	Code	Code	Code	Code	Code	Code	Code	Code	
I5_01	Description	I5_02	I5_03	I5_04	I5_05	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)																
10	BRRI dhan BR-53 (aman)																
11	BRRI dhan BR-54 (aman)																
12	BRRI dhan BR-55 (boro/aus)																
13	BRRI dhan BR-56 (aman)																
14	BRRI dhan BR-57 (aman)																
15	BRRI dhan BR-60 (boro)																
16	BRRI dhan BR-61 (boro)																
17	BRRI dhan BR-62 (Zinc) (aman)																
18	BRRI dhan BR-64 (Zinc) (boro)																
19	BRRI dhan BR-66 (drought tolerant) (aman)																
20	BRRI dhan BR-67 (saline tolerant) (boro)																
21	BRRI dhan BR-69 (weed resistant) (boro)																

Household Number:

--	--	--	--

Code	List of Technologies	Do you use this technology now? Yes..... 1 No..... 2	Have you used this technology in the past? Yes 1 No..... 2	When did you start using this technology ?	If you have used this technology in the past, and no longer use it, when did you stop using it?	When was this technology first available in your village?	Please mark the years that you have used this technology within the past 10 years? Yes ... 1 No 2										
							2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	
I5_01	Description	I5_02	I5_03	I5_04	I5_05	I5_06	I5_07	I5_08	I5_09	I5_10	I5_11	I5_12	I5_13	I5_14	I5_15	I5_16	
22	Bina - 7 (aman)																
23	Bina - 8 (boro/aus)																
24	Bina - 11 (aus/aman)																
25	Bina - 12 (aman)																
26	Four wheel Tractor																
27	Two wheel tractor (Power tiller)																
28	Small and mobile Irrigation pump																
29	Irrigation pump (Shallow)																
30	Axial flow pump (Jumbo pump)																
31	Low lift pump (LLP)																
32	Irrigation pump (Deep)																
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																
38	Pesticide Sprayer																
39	Other (specify)																
40	Other (specify)																

Module J: Agricultural Extension Services and Subsidies (Male)**Module J1: Access to Agriculture Extension Services (Male)**

For last 1 year, December 1 2013 to November 30 2014.

Question Number	Questions	Response	Code
J1	Did you grow any crop during last 12 months?	<input type="checkbox"/>	Yes 1 No 2 >> Module J11
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_02	How many times did s/he come?		
J1_02a	From government extension service office	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
J1_02b	From NGO (_____)	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
J1_02c	From Other (_____)	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
J1_03	Did you receive advice on the following?		
J1_03a	Fertilizer use	<input type="checkbox"/>	Yes 1 No 2 >> J1_03c
J1_03b	Was the advice given useful?	<input type="checkbox"/>	Yes, very 1 Yes, somewhat 2 No 3
J1_03c	Seed use	<input type="checkbox"/>	Yes 1 No 2 >> J1_03e
J1_03d	Was the advice given useful?	<input type="checkbox"/>	Yes, very 1 Yes, somewhat 2 No 3
J1_03e	Irrigation use	<input type="checkbox"/>	Yes 1 No 2 >> J1_03g
J1_03f	Was the advice given useful?	<input type="checkbox"/>	Yes, very 1 Yes, somewhat 2 No 3
J1_03g	Pesticide use	<input type="checkbox"/>	Yes 1 No 2 >> J1_03i
J1_03h	Was the advice given useful?	<input type="checkbox"/>	Yes, very 1 Yes, somewhat 2 No 3
J1_03i	Pest and Diseases	<input type="checkbox"/>	Yes 1 No 2 >> J1_03k
J1_03j	Was the advice given useful?	<input type="checkbox"/>	Yes, very 1 Yes, somewhat 2 No 3
J1_03k	Cropping practice	<input type="checkbox"/>	Yes 1 No 2 >> J1_03m
J1_03l	Was the advice given useful?	<input type="checkbox"/>	Yes, very 1 Yes, somewhat 2 No 3

Household Number:

Question Number	Questions	Response	Code
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_04a	If yes, who went or who contacted over phone?	<input type="text"/> <input type="text"/> <input type="text"/>	Member ID
J1_05	How many times did you visit or contact the following?		
J1_5a	Government extension service office	<input type="text"/>	(Report frequency of visit. Report '0' if not visited)
J1_5b	NGO (_____)	<input type="text"/>	(Report frequency of visit. Report '0' if not visited)
J1_5c	Other (_____)	<input type="text"/>	(Report frequency of visit. Report '0' if not visited)
J1_06	Did you receive advice on the following?		
J1_06a	Fertilizer use	<input type="text"/>	Yes 1 No 2 >> J1_06c
J1_06b	If yes, was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No 3
J1_06c	Seed use	<input type="text"/>	Yes 1 No 2 >> J1_06e
J1_06d	If yes, was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No 3
J1_06e	Irrigation use	<input type="text"/>	Yes 1 No 2 >> J1_06g
J1_06f	If yes, was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No 3
J1_06g	Pesticide use	<input type="text"/>	Yes 1 No 2 >> J1_06i
J1_06h	If yes, was the advice given useful?	<input type="text"/>	Yes, very 1 Yes, somewhat 2 No 3

Household Number:

Question Number	Questions	Response	Code
J1_06i	Pest and Diseases	<input type="text"/>	Yes.....1 No2>> J1_06k
J1_06j	If yes, was the advice given useful?	<input type="text"/>	Yes, very1 Yes, somewhat2 No3
J1_06k	Cropping practice	<input type="text"/>	Yes.....1 No2>> J1_06m
J1_06l	If yes, was the advice given useful?	<input type="text"/>	Yes, very1 Yes, somewhat2 No3
J1_06m	Soil type	<input type="text"/>	Yes.....1 No2>> J1_06o
J1_06n	If yes, was the advice given useful?	<input type="text"/>	Yes, very1 Yes, somewhat2 No3
J1_06o	Others(-----)	<input type="text"/>	Yes.....1 No2>> NEXT MODULE
J1_06p	If yes, was the advice given useful?	<input type="text"/>	Yes, very1 Yes, somewhat2 No3
J1_07	If no, why? (report primary reason) (answer this question if answers to J1_01 and J1_04 are no)	<input type="text"/>	Did not face any problems 1 Extension officer unhelpful... 2 Extension officer not knowledgeable 3 Extension office too far away 4 Do not know of any extension service office..... 5 Others..... 6

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

For last 1 year, December 1 2013 to November 30 2014.

Question Number	Questions	livestock	Poultry	Fish	Code
J1a_1	Did you produce any livestock/poultry/fish during last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes1 No..... 2>>Next Module
J1a_01	Did any livestock/fisheries extension agent visit your farm during the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes1 No..... 2>>J1a_04
J1a_02	How many times did s/he come?				
J1a_02a	From government livestock/fisheries extension service office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
J1a_02b	From NGO (_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
J1a_02c	From Other (_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
J1a_04	Did you go to any extension agent or contact one over phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes1 No..... 2>> Next Module
J1a_04a	If yes, who went or who contacted the extension agent over phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member ID
J1a_05	If yes, how many times did you visit the following?				
J1a_05a	Government livestock/fisheries extension service agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
J1a_05b	NGO livestock/fisheries extension service agent (_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)
J1a_05c	Other livestock/fisheries extension service agent (_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Report frequency of visit. Report '0' if not visited)

Module J2: Government agriculture input subsidy card related information (Male)

For last 1 year, December 1 2013 to November 30 2014.

Question Number	Question	Response	Code	
J2_01	Do you have an agriculture input subsidy card?	<input type="checkbox"/>	Yes1 No.....2 >> NEXT MODULE	
J2_02	If yes, how many?	<input type="checkbox"/>	Put number	
J2_03	How did you come to know about this card? (report primary source of information on subsidy card)	<input type="checkbox"/>	Assistant agriculture officer/ (block supervisor).....1 Local UP member2 Village Police3 Others(specify).....4	
J2_04	On how much land are you getting subsidy?	<input type="checkbox"/>	Decimals	
J2_05	What crops are you are getting subsidy for?			
J2_05a	Rice	<input type="checkbox"/>	Yes1 No.....2	
J2_05b	Jute	<input type="checkbox"/>	Yes1 No.....2	
J2_05c	Sugarcane	<input type="checkbox"/>	Yes1 No.....2	
J2_05d	Others (specify)	<input type="checkbox"/>	Yes1 No.....2	
J2_06	What is the amount of subsidy for Rice crop:	2014 <input type="checkbox"/>	2013 <input type="checkbox"/>	Write the amount of money received as subsidy for each year. If no subsidy was received during a particular year, write '0' in the corresponding column
J2_07	What is the amount of subsidy for Jute crop:	2014 <input type="checkbox"/>	2013 <input type="checkbox"/>	
J2_08	What is the amount of subsidy for Sugarcane	2014 <input type="checkbox"/>	2013 <input type="checkbox"/>	
J2_09	What is the amount of subsidy for Others(-----)	2014 <input type="checkbox"/>	2013 <input type="checkbox"/>	
J2_10	Did you have to pay any money to get this subsidy card?	<input type="checkbox"/>		Yes1 No.....2
J2_11	Do you get subsidy in kind instead of cash?	<input type="checkbox"/>		Yes1 No.....2>>J2_13
J2_12	If yes, report amount of in kind of subsidies received for the following items:			
J2_12a	Rice seed	<input type="checkbox"/>		(kg)

Household Number:

Question Number	Question	Response	Code
J2_12b	Vegetable seeds (cauliflower, onion, etc.)	<input type="text"/>	(kg)
J2_12c	Urea	<input type="text"/>	(kg)
J2_12d	TSP	<input type="text"/>	(kg)
J2_12e	MP	<input type="text"/>	(kg)
J2_12f	Animal feed	<input type="text"/>	(kg)
J2_13	Do you get any agriculture machinery as subsidy?	<input type="text"/>	Yes 1 No..... 2>J2_16
J2_14	If yes, did you receive the following :		
J2_14a	Power tiller	<input type="text"/>	Yes 1 No..... 2
J2_14b	Tube well(specify)	<input type="text"/>	Yes 1 No..... 2
J2_14c	Fertilizer(granular) application equipment	<input type="text"/>	Yes 1 No..... 2
J2_14d	Other(-----)	<input type="text"/>	Yes 1 No 2
J2_15	How many farmers share this machinery?	<input type="text"/>	(Number of members in group)
J2_16	Do you get any subsidy on electricity bill?	<input type="text"/>	Yes 1 No..... 2
J2_17	Do you get any subsidy on diesel?	<input type="text"/>	Yes 1 No..... 2

Household Number:

Module K: Livestock and Poultry (Male)

Module K1: Livestock and poultry (Male)

For last 1 year, December 1 2013 to November 30 2014.

Animal Name	Animal Code	Type of asset*	On December 1, 2013, how many were there and what was their value?		On November 30, 2014, how many were there and what was their value?		How many does the household own?	Total value of the animal	Report 3 primary owners. If HH member, write MID. If outside household, use code 1.			Who looks after livestock/poultry? Report 3 primary owners. If HH member, write MID. If outside household, use code 1.			In last 12 months (December 1 2013 to November 30 2014.)					
			No	Total value	No	Total value									How many were born?	How many were purchased?	Where did you buy animal/bird from?	Who decided to buy livestock and poultry?		
	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_04	K1_04a	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 Cow	2																			
Buffalo	3																			
Goat	4																			
Sheep	5																			
Pig	51																			
Chicken (Broiler)	62																			
Chicken (Layer)	61																			
Chicken (Cockerel)	63																			
Duck	8																			
Other birds (specify)	9																			
Others (specify)	10																			

Household Number:

Code 1:
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 2013 to November 30 2014.), 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)	Total value									
	Code	No	No	No	Tk	No	No	Code ↑	Tk	MID/Code1	MID/Code1						
Name	Code	K1_11	K1_12	K1_13	K1_14 a	K1_14b	K1_15	K1_16	K1_17	K1_18	K1_19 a	K1_19 b	K1_19c	K1_20 a	K1_20 b	K1_20c	K1_21
Bullock	1																
Milk Cow	2																
Buffalo	3																
Goat	4																
Sheep	5																
Pig	51																
Chicken (Broiler)	62																
Chicken (Layer)	61																
Chicken (Cocker)	63																
Duck	8																
Other birds (specify)	9																
Others (specify)	10																

Household Number:

Module K2: Livestock and Poultry Products (Male)

For last 1 year, December 1 2013 to November 30 2014.

Code 1:	
All members jointly	71
Male outside household.....	72
Female outside household.....	73
Govt / Khas land/other institutions	74
Not applicable.....	98

Animal 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					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 household73 Govt / Khas land/other institutions74 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 rented9 Other (specify).....5

Household Number:

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

For last 1 year, December 1 2013 to November 30 2014.

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)	Total cost	(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 Neither purchased nor rented 9 Others (please specify) 5

Household Number:

Module L: Fisheries (Male)

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 2013 to November 30 2014.

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.

* 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.

Household Number:

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 2013 to November 30 2014.

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

Household Number:

Code 1: Fish Codes		Code 2: Reason of loss code	Code 3: Where sold						
Silver carp	1	Telapia/Nailotica.....	10	Prawn (Golda Chingri)	18	Flood	1	Farm gate (home).....	1
Grass carp	2	Pona	11	Shrimp (Bagda Chingri).....	19	Water Toxicity.....	2	Village market (within own village)	2
Mirror carp	3	Koi	12	Tengra/Baim.....	20	Theft	3	Village market (outside of own village)	3
Common carp.....	4	Magur	13	Mola/Dhela/Kachki/Chapila	21	Due to cold	4	Town market.....	4
Karfu	5	Shingi.....	14	Ilish/hilsha	22	Other (Specify)	5	Neither sold nor rented.....	5
Rui	6	Khalse	15	Other Large fish.....	23			Other (specify)	9
Katla.....	7	Shol/Gajar/Taki.....	16	Other Small fish.....	24				
Mrigel	8	Puti/Swarputi	17	Sea fish	25				
Kalibaus	9			Pangash.....	26				

Household Number:

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 2013 to NOVEMBER 30, 2014.

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 2013 to NOVEMBER 30, 2014.

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.

Code list for Module M:

Code 1	Customer code 2	Payment code 4	Transportation code 6
Paddy/ rice	Village collector	Cash	Porter/ Self carrying.....
Rice.....	Wholesaler.....	Ingredients	Rickshaw
Wheat (a food crop).....	Cold storage owner.....	Part cash & part goods.....	Van
Potato.....	Cold storage wholesale.....	Cheque	Push van.....
Dal	Collection center of company.....	Others (please specify).....	Tractor
Duck/Chicken	Processing farm		Truck
Cow/Buffalo/Milk cow	Co-operative society		Motorcar
Goat/ Lamb	Farmer society	Farmer's sale center code 5	Bicycle.....
Goat/Lamb	Retailer	Farmer's field / own village	Motor bicycle.....
Fish	Consumer	Local retail market.....	Horse cart.....
Shrimp	Hotel/ restaurant	District wholesale market ..	Bullock cart
Banana	Others (please specify)	Other district	Others (please specify)
Papaya.....		Wholesale market	From own home.....
Jack fruit		Dhaka wholesale market ..	
Mango.....	Pays high/good price	Other wholesale market	
Guava.....	Buy a bulk.....	Cold storage	
Eggplant.....	Buy limited quantity	Wholesale	
Tomato.....	Makes advance	collection center.....	
Gourd.....	Payment.....	Others (please specify)	
Palang shak	Makes immediate		
Lal shak	Payment		
Pui shak	Lives nearby		
Jute.....	No other option		
Shorisha			
Onion			
Garlic			
Others (specify)			

Household Number:

Module N: Non-agricultural Enterprises (Male)

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

Question Number	MID	Question	Response	Response Code
N01	<input type="text"/>	Has anyone in your household owned or operated any non-farm economic activity or business in the last 12 months?	<input type="text"/>	Yes1 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 expenditures)	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?			
		If household member write member ID. If not, use code 2.	If household member write member ID. If not, use code 2.	Mid/ code 2	Mid/ code 2	Mid/ code 2	Mid /cod e 2				Mid/ code 2	Mid/ code 2	Yr	Month	If household member write member ID. If not, use code 2.	If household member write member ID. If not, use code 2.	Mid/ code 2	Mid/ code 2	Mid/ code 2	Mid/ code 2	Mid/ code 2	Mid/ code 2	Mid/ code 2
No		Business Code 1	Mid/ code 2	Mid/ code 2	Mid/ code 2	Mid /cod e 2	Mid/ code 2	Tk			1 = Yes (>N10a)	Mid/ code 2	Mid/ code 2	Mid/ code 2	Mid/ code 2	Mid/ code 2	Mid/ code 2	Mid/ code 2	Mid/ code 2	Mid/ code 2	Mid/ code 2	Mid/ code 2	Mid/ code 2
BID	N02	N03 a	N03 b	N03 c	N04 a	N04 b	N04 c	N05	N06a	N07		N08 a	N08 b	N08 c	N09 a	N09 b	N09 c	N10 a	N10 b	N10 c	N11a	N11 b	N11c
i																							
ii																							
iii																							
iv																							
v																							

Household Number:

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

Enterprise	What type of business is/was this? If household member write member ID. If not, use code 2.	Who in the household controls/controlled the money earned from the business?			Where do you operate the enterprise? Home...1 Fixed location outside home...2 No fixed place....3	How many months did the enterprise operate in the past 12 months?	What is your share of equity in this enterprise? 1 2	What share of profit is kept by your HH? 1 2 3 4 44	Who are your main customers? Other Household/ Individuals.....1 Govt/other public Firm.....2 Private enterprise3 Other(specify) ...44	Where do you sell? From farm/home1..... 1 Village market (within own village)2..... 2 Village market (outside own village)3..... 3 Town market4 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)	How many people did you employ over the past 12 months? (write down the 2 most important)	What problems if any have you had in running your business? (write down the 2 most important)			
		No	Business Code 1	Mid/ code 2											Mid/ code 2	Mid/ code 2	Month
BID	N02	N12 a	N12 b	N12 c	N13	N14	N1 5	N1 6	N17a	N17b	N18	N19	N20a	N20b	N21	N22a	N22 b
i																	
ii																	
iii																	
iv																	
v																	
vi																	

Code list for module N:

Business Code1	Ownership/Decision-making Code 2	Source of finance code 3	Business Problems code 4
Nursery	All members jointly	Inherited/ through gift.....	No major problem
Fishing	Male outside household	Own savings	Inadequate capital or credit.....
Mining and quarrying.....	Female outside household.....	Borrowing from relatives/ friends.....	Inadequate tech. knowledge.....
Manufacturing.....	Govt / Khas land/other institutions	Agricultural Dev. Bank.....	Lack of required expertise.....
Electricity, gas and water supply	Not applicable.....	Commercial bank.....	High-cost of running rent.....
Construction.....		Grameen bank.....	Water supply problem
Wholesale and retail trade; repair of motor vehicles, motorcycles, and personal and household goods.....		Other financial Inst.....	Power supply problem.....
Hotels and restaurants		NGO/ Relief agency	Problems with equipment/
Transport, storage and communications		Sale of assets	spare parts.....
Financial intermediation.....		Money lender.....	Government regulations
Real estate and business		Other(specify).....	Lack of raw materials
Administration, security and social safety		Not applicable.....	Lack of customers
Education/Science			Transport problems.....
Health and Social work			Business problems owing to deterioration of laws and regulations
Other social services			Other
Own household production			Not applicable
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 O: Food Consumption (Female Enumerator) (Female)

Module O1: Purchases, Home Production and Other Sources (Female)

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? Kg1 Grams.....2 Liter3 Number4	If the unit of measure is number, then write the average weight in grams	Quantity consumed from purchased food				Quantity from own production	Quantity from other sources	
						Quantity consumed	Unit price	Total value	Did you purchase on credit? (note: if more than half bought on credit, write 'yes') Yes...1 No....2		Quantity	Source
				Code ↑				(Tk)				[Code1]
O1_01	O1_02	O1_03	O1_04	O1_05	O1_06	O1_07	O1_08	O1_09	O1_10	O1_11	O1_12	
Cereals												
Parboiled rice (coarse)	1											
Non-parboiled rice (coarse)	2											
Fine rice	3											
Rice flour	4											
Suji (cream of wheat/barley)	5											
Wheat	6											
Atta	7											
Maida (wheat flour w/o bran)	8											
Semai/noodles	9											
Chaatu	10											
Chira (flattened rice)	11											
Muri/Khoi (puffed rice)	12											
Barley	13											
Sagu	14											
Corn	15											
Cerelac	16											
Other	901											
Pulses												
Lentil	21											
Chick pea	22											
Anchor daal	23											
Black gram	24											
Khesari	25											
Mung	26											
Pea	27											
Shem bichi	28											
Other pulses	902											
Edible oil												
Soybean	31											
Mustard	32											
Dalda/banspati	33											
Ghee	34											
Palm oil	35											
Sesame oil	36											

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? Kg1 Grams.....2 Liter3 Number4	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	
Other oil	903												
Vegetables													
Patal	41												
Bitter gourd	42												
Okra	43												
Eggplant	44												
BT Brinjal	441												
Tomato	45												
Pumpkin	46												
Sweet gourd	47												
Ash gourd	48												
Long bean	49												
Water gourd	50												
Sheem	51												
Carrot	52												
Radish	53												
Cauliflower	54												
Green banana	55												
Papaya	56												
Green chili	57												
Cucumber	58												
Kachu (arum)	59												
Danta (amaranth)	60												
Potato	61												
White Sweet Potato	621												
Orange Flesh Sweet Potato	622												
Green mango	63												
Onion	64												
Garlic	65												
Dhundal	66												
Shapla	67												
Kachur lati	68												
Jhinga (ribbed gourd)	69												
Green pea	70												
Fig	71												
Drum stick	72												
Snake gourd	73												
Green jackfruit	74												
Kolar mocha	75												
Mete alu	76												
Beher gura	77												
Soybean bori	78												
Jack fruit seed	79												

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? Kg1 Grams.....2 Liter3 Number4	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		
Cabbage	80												
Kakrol	81												
Shalgom	82												
Other	904												
Leafy vegetables													
Pui (Indian spinach)	86												
Lal Shak (red amaranth)	87												
Bathua	88												
Bokful	89												
Cabbage	90												
Danta Shak	91												
Helencha	92												
Kalmi Shak	93												
Kachu Shak	94												
Kalo kachu Shak	95												
Katanate	96												
Lau Shak	97												
Pat Shak	98												
Dheki Shak	99												
Dhania Shak	100												
Palang Shak (spinach)	101												
Onion/garlic stalk	102												
Pea leaves	103												
Drumstick leaves	104												
Mustard leaves	105												
Radish leaves	106												
Mixed leafy vegetables	107												
Dudhal Pata	108												
Black gram leaves	109												
Shechi Shak	110												
Swett gourd leaves	111												
Khesari Shak	112												
Geema Shak	113												
Neem Shak	114												
Darkuni Shak	115												
Other leafy vegetables	905												
Meat, eggs and milk													
Beef/buffalo	121												
Mutton	122												
Chicken	123												
Duck	124												
Pigeon	125												
Bids/bok/gughu	126												

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? Kg1 Grams.....2 Liter3 Number4	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		
Liver	127												
Stomach of beef/goat	128												
Dried meat	129												
Egg	130												
Fish egg	131												
Milk	132												
Powdered Milk	133												
Condensed Milk	134												
Butter	135												
Other meat	906												
Fruits													
Mango	141												
Banana	142												
Papaya	143												
Orange	144												
Apple	145												
Coconut	146												
Jack Fruit	147												
Litchis	148												
Black berry	149												
Bel	150												
Pomelo	151												
Grapes	152												
Amra	153												
Karambola	154												
Guava	155												
Jujube/dried jujube	156												
Olive	157												
Tamarind	158												
Dalim	159												
Lemon	160												
Dates	161												
Sugarcane	162												
Green Coconut	163												
Ata (bullock's heart)	164												
Chalta	165												
Tarmuj (Watermelon)	166												
Bangi (Musk melon)	167												
Pineapple	168												
Sobeda	169												
Jaamrul	170												
Myrobalan/ Indian Gooseberry	317												

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? Kg1 Grams.....2 Liter3 Number4	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	
Water Caltrop	319												
Other fruit	907												
Fish (large)													
Rui	176												
Katla	177												
Mrigel	178												
Kalibaus	179												
Surma	180												
Chital	181												
Boal	182												
Aair	183												
Pangash	184												
Ritha	185												
Hilsa	186												
Jatka	187												
Grass Carp	188												
Mirror Carp	189												
Silver Carp	190												
Telapia	191												
Swarputi	192												
Chital	193												
Taki	194												
Mague	195												
Singi	196												
Baim	197												
Koi	198												
Meni	199												
Shapla/padda/rupsha fish	200												
Bagda Chingree	201												
Golda Chingree	202												
Tortoise meat	203												
Poona fish	204												
Dried fish	205												
Other big fish	908												
Fish (small)													
Gura mach	211												
Panch mishali	212												
Puti	213												
Tengra	214												
Pabda	215												
Moa/mola	216												
Dhela	217												
Batashi	218												

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? Kg1 Grams.....2 Liter3 Number4	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	
Kachki	219												
Chanda	220												
Khalisa	221												
Chela	222												
Chapila	223												
Kajari	224												
Tatkeni	225												
Bata	226												
Ghutum	227												
Bele	228												
Chewa	229												
Poa	230												
Foli	231												
Bacha	232												
Baicha	233												
Kaikla	234												
Darkini	235												
Palshe	236												
Harkun	237												
Karfu fish	238												
Kakra	239												
Small prawn	240												
Dried small shrimp/prawn	241												
Dried small fish	242												
Fermented fish	243												
Other small fish	909												
Spices													
Dried chili	246												
Turmeric (not dried)	247												
Turmeric (dried)	248												
Jira	249												
Elachi	250												
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												

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? Kg1 Grams.....2 Liter3 Number4	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	
Babuni/randhuni	261												
Tishi	262												
Tejpata	263												
Baking powder	264												
Raisins	318												
Chui jhaal	323												
Other	910												
Other food													
Sugar	266												
Gur	267												
Misri/tal misri	268												
Tea leaves	269												
Badam (ground nut)	270												
Honey	271												
Drinks and beverages													
Tea –prepared	272												
Coke/ Seven-up etc./Pepsi/RC/Urocola etc.	273												
Packaged Juice	274												
Horlicks/Bournvita/Tang	275												
Sugarcane/palm/date juice	276												
Other foods prepared outside home													
Rice/Jao	277												
Panta Bhaat	278												
Khichuri	279												
Polao/Biryani/Tehari	280												
Ruti/Parota	281												
Bonroti/paroti	282												
Burger	283												
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												

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? Kg1 Grams.....2 Liter3 Number4	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	
Puri	297											
Piaju	298											
Chhola/ghugni/boot	299											
Achar/Chatni	300											
Chotpoti	301											
Chanachur	302											
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

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

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

(As observed and weighed by enumerator)

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

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

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 P: Non-food Expenditure (Male)

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

Item Name	Expenses Code	Cash expenditure	Where do you buy most of the items from?	If not purchased	
				Value	Source:
			From farm/home	1	
			Village market (within own village).....	2	
			Village market (outside own village)	3	
			City market	4	
			Others (please specify).....	5	
		(Tk)		(Tk)	Code ↑
	P1_01	P1_02	P1_03	P1_04	P1_05
FUEL AND LIGHTING					
Firewood	1				
Cow dung/cakes/bhushi/wood-powder	2				
Jute stick	3				
Kerosene	4				
Agri by products fuel: paddy, hag, pressed sugarcane and dried com plants, etc.	5				
Gas (natural, bio-gas)/LPG	6				
Electricity	7				
Pit coal, char coal, wood coal	8				
Other fuels and light (e.g. matches and candles etc.)	9				
COSMETICS AND OTHER EXPENSES					
Snow, cream, powder	10				
Perfume etc.	11				
Hair cutting, styling, shaving, etc.	12				
Hair oil, hair cream, combs, clips, etc.	13				
Razor, razor blades, shaving cream and lotions, etc.	14				
Lipstick, nail-polish, etc.	15				
Beautifying items (hair ribbon, churi, kajal, etc.)	16				
WASHING AND CLEANING EXPENSES					
Bath soap, shampoo, toothpaste, etc.	17				
Washing soap, powder for cloths	18				
Washing/ laundry expenses	19				
Bleaching powder, soda etc.	20				
Vim/ dish cleaning supplies	21				
Finis/ phenyl/ other household cleaning supplies	22				
Toilet papers	23				
Mosquito coil	24				
Mosquito spray	25				
Women's sanitary napkin	48				

Household Number:

Item Name	Expenses Code	Cash expenditure	Where do you buy most of the items from?	If not purchased	
				Value	Source:
			From farm/home 1 Village market (within own village)..... 2 Village market (outside own village) 3 City market 4 Others (please specify)..... 5		
		(Tk)		(Tk)	Code ↑
	P1_01	P1_02	P1_03	P1_04	P1_05
Diaper for baby	49				
TRANSPORT/ TRAVEL AND OTHER MISC. CHARGES					
Bus fare	26				
Rickshaw/ van fare	27				
Taxi/ tempoo/ mishuk fare	28				
Boat/ launch fare	29				
Train fare	30				
Other transport fare (specify)	31				
Bicycle maintenance, tyres, tubes repairs etc.	32				
Motor-cycle maintenance, repairs, etc.	33				
Car maintenance, repairs, etc.	34				
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				
Electricity (generator)	46				
Electricity (solar)	47				

Household Number:

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

Item Name	Expenses Code	If purchased			If not purchased		
		How many did you buy?	Cash expenditure	Where do you buy most of the items from? From farm/home1 Village market (within own village)2 Village market (outside own village)3 City market4 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 Collected3 Others.....4
		(Number)	(Tk)			(Number)	(Tk)
	P2_01	P2_02	P2_03	P2_04	P2_05	P2_06	P2_07
For adult:							
Lungi/dhuti	51						
Shirts	52						
Pant	53						
Saree	54						
Blouse/ petticoat	55						
Salwar kameez/ Orna	56						
Punjabi/ Pajamas	57						
Suit, overcoat, ashkan, etc.	58						
Sweaters, Jacket, pullovers, mufflers, etc.	59						
Underwear etc.	60						
Socks, handkerchiefs, scarves, caps, neckties etc.	61						
Other (specify)	62						
For children:							
Lungi/dhuti	63						
Full pant	64						
Half pant	65						
Shirts	66						
T-shirt	67						
Frocks, dresses, babysuit etc.	68						
Socks, handkerchiefs, scarves, caps, neckties etc.	69						
Sweaters, Jacket, pullovers, mufflers, etc.	70						
Other for children (specify)	71						
Both							
Towel, Gamcha	72						
Chador, shawl, etc.	73						
Other (specify)	74						
CLOTHING MATERIAL AND TAILORING							
Clothing material and tailoring	75						
Mill-made cloth/ fabric	76						

Household Number:

Item Name	Expenses Code	If purchased			If not purchased		
		How many did you buy?	Cash expenditure	Where do you buy most of the items from? From farm/home1 Village market (within own village)2 Village market (outside own village).....3 City market4 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 Collected3 Others4
		(Number)	(Tk)			(Number)	(Tk)
	P2_01	P2_02	P2_03	P2_04	P2_05	P2_06	P2_07
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.							
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						

Household Number:

Item Name	Expenses Code	If purchased			If not purchased		
		How many did you buy?	Cash expenditure	Where do you buy most of the items from? From farm/home1 Village market (within own village)2 Village market (outside own village)3 City market4 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 Collected3 Others4
		(Number)	(Tk)		(Number)	(Tk)	Code
	P2_01	P2_02	P2_03	P2_04	P2_05	P2_06	P2_07
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						
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						

Household Number:

Item Name	Expenses Code	If purchased			If not purchased		
		How many did you buy?	Cash expenditure	Where do you buy most of the items from? From farm/home1 Village market (within own village)2 Village market (outside own village)3 City market4 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 Collected3 Others4
		(Number)	(Tk)		(Number)	(Tk)	Code
P2_01	P2_02	P2_03	P2_04	P2_05	P2_06	P2_07	
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						
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						

Household Number:

Item Name	Expenses Code	If purchased			If not purchased		
		How many did you buy?	Cash expenditure	Where do you buy most of the items from? From farm/home1 Village market (within own village)2 Village market (outside own village).....3 City market4 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 Collected3 Others4
		(Number)	(Tk)			(Number)	(Tk)
	P2_01	P2_02	P2_03	P2_04	P2_05	P2_06	P2_07
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						
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						

Household Number:

Item Name	Expenses Code	If purchased			If not purchased		
		How many did you buy?	Cash expenditure	Where do you buy most of the items from? From farm/home1 Village market (within own village)2 Village market (outside own village).....3 City market4 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 Collected3 Others4
		(Number)	(Tk)			(Number)	(Tk)
	P2_01	P2_02	P2_03	P2_04	P2_05	P2_06	P2_07
Refrigerators	186						
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						
Two-in-one	211						
Black & White Television	212						
Colored Television	213						
VDO game set	214						
VCD/ VCR/dish antenna/cable membership fees	215						

Household Number:

Item Name	Expenses Code	If purchased			If not purchased		
		How many did you buy?	Cash expenditure	Where do you buy most of the items from? From farm/home1 Village market (within own village)2 Village market (outside own village).....3 City market4 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 Collected3 Others4
		(Number)	(Tk)		(Number)	(Tk)	Code
	P2_01	P2_02	P2_03	P2_04	P2_05	P2_06	P2_07
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						
INSURANCE EXPENDITURE	222						
Life insurance	223						
Health insurance	224						
General insurance	225						

Module Q: Housing (Male)

Ask of household head or other senior member of household

Question number	Question	Response	Response option
Q01.	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)
Q02.	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 (Go to Q04) (if don't know.....9999)
Q03.	How much <u>monthly</u> rent do you pay for this dwelling?	<input type="text"/>	Taka
Q04.	How many years ago was this house built? How old is it?	<input type="text"/>	Years (if don't know.....9999)
Q05.	If this household shares space with another household, how many households live in this house?		Number (write 0 if no sharing)
Q06.	<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
Q07.	<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
Q08.	<u>OBSERVE</u> <u>The 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

Question number	Question	Response	Response option
Q09.	<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
Q10	How many rooms does your household occupy?	<input type="text"/>	Number (Exclude rooms used for business)
Q11	How many rooms are used for sleeping?	<input type="text"/>	Number
Q12	<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
Q13	Does this household have an electricity connection?	<input type="text"/>	Yes..... 1 No 2>>Q16
Q14	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
Q15	How much was the electricity cost last month?		Taka
Q16.	What is your main source of <u>cooking fuel</u> ?	<input type="text"/>	Electricity 1>>Q18 Supply gas..... 2 LPG 3 Kerosene 4 Firewood 5 Dried cow dung..... 6 Coal 7 Rice bran/saw dust..... 8 Dried leaves 9 Other (specify)..... 10
Q17	What was the total cost for cooking fuel in the household in the past month?	<input type="text"/>	Taka
Q18.	What is your main source of <u>lighting fuel</u> ?	<input type="text"/>	Electricity 1>>Q19a Private Generator..... 2 Solar electricity..... 3 Kerosene 4 Candles 5 Torch/fire skewer..... 6 Others..... 7

Household Number:

Question number	Question	Response	Response option
Q19	What was the total cost for lighting fuel in the household in the past month?	<input type="text"/>	Taka
Q19a	Has the household used biogas for any purpose?		Yes, my own plant 1 Yes, renting via line 2 No 3>>Q20
Q19b	If yes, for what purpose was biogas used?		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
Q19c	If yes, then from which year?		Year
Q20	How many cellular telephones are there in working condition?	<input type="text"/>	Number (if no cell phones exist then record 0)
Q20a	Do you have a personal cellular telephone? If yes, can you please give me your number?	Y/N <input type="text"/> <input type="text"/> Mobile No. <input type="text"/> <input type="text"/>	Yes 1 No 2
Q20b	Does anyone else in the household have a cellphone?	Y/N <input type="text"/> <input type="text"/> Mobile No. <input type="text"/> <input type="text"/>	Yes 1 No 2
Q20c	Do you use mobile phone to transfer cash?		Yes 1 No 2
Q20d	If yes, I transfer using	Y/N <input type="text"/> <input type="text"/> Mobile No. <input type="text"/> <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
Q21	What was the total cost for cell phone service for all household members last month?	<input type="text"/>	Taka

Module R: Sanitation and Water (Male)

Question number	Question	Response	Response Code						
R01	What type of latrine do you use?	<input type="text"/>	None (open field) 1 Kutch (fixed place) 2 Pucca (unsealed) 3 Sanitary without flush (water sealed) 4 Sanitary with flush (water sealed) 5 Community latrine 6 Other (specify) 7						
R01a	What type of latrine do you use? Can I see the latrine that is used by your household members?	<input type="text"/>	Note: Please observe and write the type of the latrine Open field 1 Latrine, slab cannot be cleaned 2 Latrine, slab can be cleaned(concrete/china) 3						
R01b	Where does the discharged material go?		Directly to the pond, canal or other water body 1 Sealed pit 2						
R01c	Please observe: only if the latrine is made by slab that can be cleaned (made of concrete/china)		Flush at septic 1 Can be flushed 2 Cannot be flushed 3						
R01d	Please observe: only if the latrine is made by slab that can be cleaned (made of concrete/china)		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						
R01e	Do you share this latrine with other household		Yes 1 No 2						
R01f	If yes, how many households use it?		No. of hh....						
R01g	Is there any member/members in the hh who very rarely or does/do not use the latrine?		Yes 1 No 2						
R01h	If yes, who are they?	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>MID</td><td>MID</td><td>MID</td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	MID	MID	MID	<input type="text"/>	<input type="text"/>	<input type="text"/>	Write mid
MID	MID	MID							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
R01i	Where did your child whose age is less than 3 years defecate the last time?		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						
R01j	Where was the waste of your less than 3 year old child's last defecation thrown?		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						
R01k	Please Observe: Is there any arrangement for hand wash near the latrine? (cannot be any further than 10 steps from the latrine)		Yes 1 No 2						
R01L	I can see that there is/ is not an arrangement to wash hands near the latrine. Is there any other hand wash area inside the household?		Dining area 1 Kitchen 2 Others 3 No definite place for handwash 9						

Household Number:

Question number	Question	Response	Response Code
R01m	Please Observe: Is there water in that hand wash area?		Yes 1 No..... 2
R01n	Please Observe: Is there any cleansing agent at the hand wash area?		Yes 1 No..... 2
R01o	If yes, then list all the items that are there in the hand wash area.		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
R03	What is the source of water used for other purposes than drinking?	<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		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
R11	What is the distance of the main source of drinking water from the household?		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?		Number of times

Question number	Question	Response	Response Code
R11C	Will you please show me the container in which you preserve your water?		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
R11D	Is there a lid for the container?	<input type="checkbox"/>	Yes 1 No..... 2
R11E	Is there a piped outlet from the container in which you preserve water?		Yes 1 No..... 2
R11F	If not, how do you obtain water from the container?		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
R06a	In the past 24 hours, what steps have you taken to purify your water?		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="checkbox"/>	Yes 1 No..... 2>>R10 Don't know..... 3>> R10
R08	If yes, what color has the tubewell been marked?	<input type="checkbox"/>	Red..... 1 Green..... 2>> R10 None..... 3>> R10 Don't know..... 4>> R10
R09	If it has been colored red, do you still use it for drinking purposes?	<input type="checkbox"/>	Yes 1 No..... 2
R09a	Is the source of drinking water the same throughout the year?		Yes 1 No..... 2

Household Number:

--	--	--	--

Question number	Question	Response				Response Code
		Other source	Month 1	Month 2	Month 3	
R09b	If no, where else do you get your water from and during which months? For months write January1, February.....2,December....12					Supply Water (piped) inside house.....1 Supply Water (piped), outside2 Own tube well3 Community tubewell4 Rain water5 Ring Well/ Indara6 Pond/River/ Canal7 Bottled water8 Shallow tubewell for irrigation.....9 Deep tubewell for irrigation10 Other (specify).....11 Other tubewell12
R12	What is the primary source of water for cooking?					Supply Water (piped) inside house.....1 Supply Water (piped), outside2 Own tube well3 Community tubewell4 Rain water5 Ring Well/ Indara6 Pond/River/ Canal7 Bottled water8 Shallow tubewell for irrigation.....9 Deep tubewell for irrigation10 Other (specify).....11 Other tubewell12
R13	What is the primary source of water for washing clothes?					Supply Water (piped) inside house.....1 Supply Water (piped), outside2 Own tube well3 Community tubewell4 Rain water5 Ring Well/ Indara6 Pond/River/ Canal7 Bottled water8 Shallow tubewell for irrigation.....9 Deep tubewell for irrigation10 Other (specify).....11 Other tubewell12
R10	How do you dispose garbage?					Local authority collects1 Private firm collects.....2 Public garbage pit/hole3 Own garbage pit/hole4 Burnt/buried5 Own garbage heap (not pit)6 Gather in open place.....7 Throw in pond/khaal/beel.....8 Other (specify).....9

Household Number:

Module S: Access to Facilities (Male)

Code	List of Facilities	Does any household member visit this facility regularly? Yes 1 No 2>>next row	What mode of transportation do you normally use to get to the closest facilities? (multiple responses possible- list 3) Foot 1 Bicycle 2 Rickshaw/Van 3 Bullock cart 4 Boat 5 Engine boat 6 Motorcycle 7 Tempo/Baby taxi/Nosimon 8 Bus 9 Train 10 Other 11	Distance	How long does it normally take to get from your house to the closest facility?			
					Hour(s)	Minutes		
					Code ↑	km		
Code	S01	S02	S03_a	S03_b	S03_c	S04	S05	S06
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							
13	Grameen Bank							
14	ASA							
15	Other NGO							
16	Internet access							

Household Number:

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						
31	Guti urea shop/factory						

Module T: Economic Events/Shocks (Male)**Module T1: Negative Shocks (Male)**

Recall period: Since baseline. Households sometimes have good and bad surprises. First ask about any **bad surprises** or things that hurt the household financially.

Shock Code	Shocks (unexpected events)	Has any shock occurred in this household since the baseline in 2011? Yes 1 No..... 2 ➔ NEXT Row	How many times did this occur in this household since baseline? (Number of occurrences)	The last time it happened					Please rank the worst three shocks, with 1 for the worst shock. Most worst shock..... 1 2 nd most worst shock.... 2 3 rd most worst shock 3			
				When did it happen?		What is your current condition after the shock? Worse than before .. 1 Same as before 2 Better than before ... 3	What was the value of the total loss?	What did you do to cope with its effect? Write up to 3 ways of coping with the shock		How long the impact of the event last? Write 999 if ongoing		
				Month	Year	Code ↑ (Tk)	Code 1			(Days)		
T1_02	T1_01	T1_02a	T1_03	T1_04	T1_05	T1_06	T1_07	T1_08a	T1_08b	T1_08c	T1-09	T1_10
01	Death of main earner											
02	Death of other than main earner in the family											
03	Loss of income due to illness or injury of household member											
04	Medical expenses due to illness or injury											
05	Loss of a regular job of a household member											
06	Lost home due to river erosion											
07	Eviction from previous residence for any other reason											
08	Divorce or abandonment											
09	Major loss of crops due to flood											
10	Major loss of crops due to other reasons (drought, storms, pests, disease, etc.)											
101	Crop loss due to cyclone											
111	Livestock loss due to cyclone											
11	Loss of livestock due to flood											
12	Loss of livestock due to death											
13	Loss of livestock due to theft											
14	Loss of productive assets due to floods											
15	Loss of productive assets due to other reasons (theft, fire, river erosion, storms, etc.)											

Household Number:

Shock Code	Shocks (unexpected events)	Has any shock occurred in this household since the baseline in 2011? Yes 1 No..... 2 ➔ NEXT Row	How many times did this occur in this household since baseline? (Number of occurrences)	The last time it happened					Please rank the worst three shocks, with 1 for the worst shock. Most worst shock..... 1 2 nd most worst shock.... 2 3 rd most worst shock 3			
				When did it happen?		What is your current condition after the shock? Worse than before .. 1 Same as before 2 Better than before ... 3	What was the value of the total loss?	What did you do to cope with its effect? Write up to 3 ways of coping with the shock		How long the impact of the event last? Write 999 if ongoing		
				Month	Year	(Tk)	Code 1		(Days)			
T1_02	T1_01	T1_02a	T1_03	T1_04	T1_05	T1_06	T1_07	T1_08a	T1_08b	T1_08c	T1-09	T1_10
151	Productive asset loss due to cyclone											
16	Loss or destruction of other consumption assets (personal) due to floods											
17	Loss of consumption assets (personal) due to factors other than floods											
18	Dowry payment											
19	Other costs of wedding											
20	Division of father's property											
21	Failure or bankruptcy of business											
22	Extortion by mastans											
23	Family member put in prison											
24	Household member arrested by police											
25	Paid a big bribe											
26	Cost of court case											
27	Losses due to court case											
28	Reparations for victim of crime committed by household member											
29	Long duration hartals/strikes/political unrest											
30	Cut-off or decrease of regular remittances to household											
31	Withdrawal of NGO assistance											
32	Increase in food prices											
33	Increase in price of inputs											
34	Other -1 (specify)											
35	Other -2(specify)											

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 her parental home	19		

Module T2: Positive Economic Events (Male)

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

Events	Event Code	Did the household experience any positive events last since baseline? Yes1 No2 ➔ NEXT EVENT	The last time it happened, what year did it happen? (year)			Rank the most important positive events Most important..... 1 2 nd most important..2 3 rd most important..3
			Month	Year	What year did it happen? What was the price of the acquired item (TK)?	
T2_01	T2_02	T2_03	T2_04	T2_05	T2_06	T2_07
New regular job for household member	01					
New or increased remittances	02					
Inheritance	03					
Large gift/lottery winnings	04					
Receipt of dowry	05					
Gain from business activities, specify	06					
Scholarship for child's education	07					
New NGO IGA starts	08					
Primary Education Stipend (100 taka)	09					
Secondary school stipend	10					
Other 1 (specify)	11					
Other 2 (specify)	12					
Other 3 (specify)	13					

Module 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.

Sl. No	Description	Has s/he got any assistance? Yes1 No2	Member ID	Cash	Rice		Wheat		Other food	Other in-kind		
					Subsidy Code	Number	Price	Code1	Number	Value (Tk)	Code1	Number
SLNO		Code ↑		Tk	Kg	Value (Tk/kg)	Kg	Value (Tk/kg)	Value (Tk)	Code1	Number	Value (Tk)
01	Ananda School											
02	Stipend for Primary Students											
03	School Feeding Program											
04	Stipend for Dropout Students											
05	Stipend for Secondary and Higher Secondary/Female Student											
06	Stipend for Poor Boys in secondary school											
07	Stipend for Disabled Students											
08	Old Age Allowance											
09	Allowances for Distressed Cultural Personalities/ Activists											
10	Allowances for beneficiaries in Ctg. Hill Tract area.											
11	Allowances for the Widowed, Deserted and Destitute Women											
12	Allowances for the Financially Insolvent Disabled											
13	Maternity allowance program for the Poor Lactating Mothers											
14	Maternal Health Voucher Scheme											
15	Honorarium for Insolvent Freedom Fighters											
16	Honorarium for Injured 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)											
24	VGD-UP (8 District on Monga Area)											
25	Vulnerable Group Feeding (VGF)											
26	Test Relief (TR) Food											
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											

Household Number:

Sl. No	Description	Has s/he got any assistance? Yes1 No2	Member ID		Cash	Rice	Wheat	Other food	Other in-kind		
			Subsidy Code	Number					Price		
31	100 days Employment Scheme										
32	Rural Employment Opportunities for Protection of Public Property (REOPA)										
33	Rural Employment and Rural Maintenance Program										
34	Community Nutrition Program										
35	Char Livelihood										
36	Shouhardo Program										
37	Accommodation (Poverty Alleviation & Rehabilitation) Project (Chief Advisors Office)										
38	Housing Support										
39	TUP (BRAC)										
40	One House one farm										
41	Improving maternal and child nutrition (IMCN)										
42	Enhancing resilience to disasters and the effects of climate change (ER)										
43	TMRI										
44	Other (specify)										
45	Proshar Program (ACDI VOCA)										
46	Nabojibon Program (Save the Children)										

Code1:Subsidy Code

Cow.....1	Latrine	4	Others1	7
Goat.....2	Tin	5	Others2	8
Chicken.....3	Rickshaw/Cart	6	Others3	9

Household Number:

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

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

V1_01	Has anyone, who was a member of your household in the last baseline survey, currently a migrant(living away for 6 months or more) within the country (but not in same upazilla) or abroad?								Yes1 No.....2>>V2_01
--------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	-------------------------------

Report for all current migrants of the household. Use separate rows for each person.

Person ID	Was a member of the household in baseline	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?	Does the migrant send remittance home on a regularly (at least once in the last 12 months)? Yes...1 No....2
Member ID			Code 1	Year	Month	Complete 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_03	V1_04	V1_05	V1_06	V1_07	V1_08	V1_09	V1_10	V1_11	V1_15	V1_16	V1_12	V1_13	V1_14
81																	
82																	
83																	
84																	
85																	
86																	

Code 1: Relationship	Code 2: Education	Code 4: District /Zilla
Relationship with primary respondent		
Primary respondent	Never attended school.....99	Dhaka1
Primary respondent Husband/wife	Reads in class I.....0	Gazipur.....2
Son/daughter	Completed class I.....1	Manikganj3
Daughter/son -in-law.....4	Completed class II.....2	Munshiganj.....4
Grandson/daughter	Completed class III.....3	Narayanganj5
Father/mother.....6	Completed class IV.....4	Narsingdi
Brother/sister.....7	Completed class V.....5	Faridpur
Niece/Nephew	Completed class VI.....6	Gopalganj
Primary respondent's cousin	Completed class VII.....7	Madaripur
	Completed class VIII.....8	Rajbari
	Completed class IX.....9	Sharaitpur
Relationship with primary respondent's husband/wife	Completed Secondary School/Dakhil 10	Jamalpur
Father-in-law/mother-in-law	Higher secondary (1 st year).....11	Sherpur
Brother/Sister-in-law	Completed Higher Secondary/Alim... 12	Kishoreganj
Husband/wife's niece/nephew	Degree (1 st year).....13	Mymensing.....15
Primary respondent's husband/wife's cousin	BA/BSC pass/Fazil	Netrokona
	BA/BSC honors/Fazil	Tangail
	MA/MSC and above/Kamil	Chittagong
	SSC Candidate.....22	Cox's bazar.....19
Other relative/non relative	HSC Candidate	Bandarban
Other relative	Preschool class (general)	Khagrachhari
Household help	Preschool (mosque based)	Rangamati
Other Non relative/friends.....16	Medical/MBBS	Brahmanbaria
	Nursing	Chandpur
	Engineer	
	Diploma Engineer.....74	
	Vocational/Technical Education	
	Other (specify).....76	

Code 5: Country	Code 6: Primary reason for migration	Code 7: How was the migration expenses paid
Australia.....1	Jordan	Migrating member paid all expenses
Bahrain.....2	Kuwait	All expenses were paid from common household resources
Brunei	Laos	Received money from friends/relatives.....
Canada	Liberia	Borrowed money from friends and relatives
Cyprus.....5	Libya	Borrowed money from commercial lender.....
Federation of Russia.....6	Malaysia	Made arrangement with employment agency/foreign employer ..
France	Maldives	Mortgaged land.....
Germany.....8	Mauritius	Sold own land or other assets.....
Greece	New Zealand.....23	I do not know
India	Oman	Others (Specify).....10
Iran	Pakistan	
Iraq	Poland	
Italy	Qatar	
Japan	South Korea.....28	
	U.S.A	
	UAE	
	U.K.	
	Yemen.....40	
	Other(specify)	

Code8	Code9
Friends/family in the migrated location....1	Dhaka
Agent in Bangladesh	Chittagong
Both	Rajshahi
Others (specify)	Khulna
	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?	<input type="text"/>	Yes.....1>>V2_02 No2>>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.

Person ID	Was a member of the household in baseline	What is the relationship of the remitter to the household head?	Where does the remitter currently live?		In the past 12 months			Which expenditure, saving, and investment, would have been CUT had the remittance from this source not been received?	Did the person who sent the money put any condition on items the money was to be spent on? Yes...1 No....2	What items were these?	Who was the remittance sent to?				
			District (if within Bangladesh)	Country (if outside Bangladesh)	How many times have you received remittance payments?	How much money in total did your household receive? (Report primary method)									
	Member ID	Code 1	Code4	Code 5	number	Tk	Code 8	Code11	Code	Code11	Code12				
PID	MID	V2_02	V2_03	V2_04	V2_05	V2_06	V2_07	V2_08a	V2_08b	V2_08c	V2_09	V2_10a	V2_10b	V2_10c	V2_11

Household Number:

Code 10: How was the remittance sent	Code 11: Applicable for V2_08 & V2_10	Code12 :Who was the remittance sent to
Personal delivery by family, friends.....1	Cash savings.....1	For female member1
Remittance company (i.e. Western Union).....2	Education2	For male member2
Transfer to your own bank account3	Health (Hospital/Doctor/Medicine)3	All members of the household3
Transfer to someone else's bank account.....4	Consumption (food, cloths)4	
Cheque / Bank draft5	Build house/land /renovate house5	
Money order.....6	Purchase of vehicle.....6	
TT (telephonic/telegraphic transfer)7	Purchase consumer durables.....7	
Hundi/Hawala8	Investment in agr. or business8	
Mobile Banking.....10	Purchase of gold and other jewelry.....9	
Other (Specify).....9	Livestock purchase10	
	Purchase shares/stock/bonds.....11	
	Other (Specify).....12	

SL	Questions	Response	Response Code
V2_12	In the last 12 months, what was the remittance from abroad used for? According to the amount of money spent, record the three primary expenses	<input type="text"/> <input type="text"/> <input type="text"/>	Not applicable.....1 Savings2 Repay loan3 Buying productive assets4 Agricultural equipment purchase5 Purchase land.....6 Treatment.....7 Household commodity purchase8 Education expenses9 Wedding expenses10
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"/>	Traveling abroad11 Building/purchasing house12 Repair/develop house13 House rent14 Purchase furniture15 Electronics.....16 Vehicle purchase17 Giving loan.....18 Dowry19 Non-agricultural productive asset purchase....20

Household Number:

Module V3: Remittance out (Male)

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

V3_01	During the past 12 months, did you or any member of your household send money to someone who does not live in your household?	<input type="checkbox"/>	Yes.....1 No.....2>>End Module
--------------	-------------------------------------------------------------------------------------------------------------------------------	--------------------------	-----------------------------------

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	Code4	Code5	Number	Tk	Code 13
Sl No.	V3_02	V3_03	V3_04	V3_05	V3_06	V3_07

Code 13: How was the remittance sent?

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

Household Number:

Module V4: Other Income household (Male)

Report for the last 12 months:

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

Module X4: Bad time (keeping income in mind). Recall period: last 12 months (2014): (Male)

		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 December12 No income shortage in any of the months13

Household Number:

Module VM-1: Short trip (household head only) (Male)

Check that the telephone number is correct. The telephone number in A09 may appear again.

Question number	Questions	Answers	Answer code
VM_01	Of the mobile phone numbers owned by your household members, how many are activated? (Mention any SIM card you own as well)	<input type="text"/>	
VM_02	Do you own a mobile phone?	<input type="text"/>	Yes 1 No.....2>>VM_07
VM_03	In your household, what is the phone number of the most used phone? And what is the member ID of the person who owns it?	<input type="text"/> <input type="text"/>	
VM_04	What is the phone number of the second most used phone? And what is the member ID of the person who owns it?	<input type="text"/> <input type="text"/>	
VM_05	What is the phone number of the third most used phone? And what is the member ID of the person who owns it?	<input type="text"/> <input type="text"/>	
VM_06	May we call you for any follow-up interview?	<input type="text"/>	Yes 1 No.....2
VM_07	If you need to make a call, whose phone number do you use?	<input type="text"/> <input type="text"/>	If household member = 1, then mention ID Household member 1>>VM_08 Relative 2>> End of module Neighbor.....3>> End of module Friends.....4>> End of module Telephone shop5>> End of module Others (specify)6>> End of module
VM_08	Who do you borrow this from in the household (state member ID)?	<input type="text"/>	MID (From module B1 roster)

Module VM-2: Short trips and mobile phone use during trips (Male)

Bring information on all household members. MID needs to be obtained from Module B1. IF there are other members of the household in the same trip, bring their information as well.

Code 1	Code2						
Household member	1	Agricultural labor	1	Administrative (legal)	7	Funeral	13
Guest.....	2	Non-agricultural manual labor	2	Education	8	Wedding.....	14
Neighbor	3	Fishing.....	3	Visit family, relatives, friends	9	Accompany family members	15
Friends	4	Transportation, shipping, loading/ unloading, driving	4	Medical.....	10	Flood, typhoon, eviction	16
Telephone shop.....	5	Other work or business.....	5	Religious affairs	11	Loss of crops food insecurity	17
Others (specify)	6	Buy/sell	6	Festival	12	Security and family security	18
						Others (specify).....	19

Household Number:

Module W: Anthropometry, Health and Illness (Female)

Module W1: Anthropometry (Female)

Measure all household members.

Household Number:

Module W2: Anthropometry-Children (Female)

Measure all children \leq 60 months old.

Member ID	Name	Father's ID No.*	Mother's ID No.*	Birth order*	Child's date of birth					Child's weight during birth (kg) From Health Card 66 From mother/ other hh member 77 Was not weighted/ Cannot remember 99	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 date, 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_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 fifteen.

Member ID	Name	Can this person do the following? Code 1			Does this person have difficulties with:			Does this person have a missing or deformed limb?	Does this person suffer from any paralysis or have part of their body that has lost its sense of touch?
		Stand up after sitting down	Walk for 5km	Walk with ½ maund rice/wheat for 20m	Hearing? (Code 2)	Speaking? (Code 3)	Eyesight? (Code 4)	If yes, which one? (Code 5)	If yes, which one? (Code 5)
MID	Name	W3_01	W3_02	W3_03	W3_04	W3_05	W3_06	W3_07	W3_08

Code 1: Daily activity Easily1 With a little difficulty2 With a lot of difficulty3 Not at all4	Code 3: Speech No problems1 Sometimes has difficulty2 Generally has difficulty3 Cannot speak at all4	Code 4: Sight No problems1 Difficulties seeing things close2 Difficulty in seeing things far away3 Generally poor eyesight4 Cannot see at night/sees with difficulty5 Blind in one eye6 Blind in both eyes7	Code 5: Which one No / none1 Finger2 Hand3 Arm4 Toes5 Foot6 Leg7 Jaw8	Back9 From hips down10 From neck down11 Left side of body12 Right side of body13 Part of/ whole face14 Whole body15 Other: Specify16
Code 2: Hearing No problems1 Sometimes has difficulty2 Generally poor hearing3 Deaf in one ear4 Deaf in both ears5				

Household Number:

Module W4: Illness (Female)

Questions to be asked to all household members.

Household Number:

Module W5: Short-lived illness (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- Q1			
Fever	1	Asthma.....	17
Influenza	2	Other allergies	18
Pneumonia	3	Arthritis	19
Diarrhea	4	TB	20
Dysentery	5	Rheumatic Fever.....	21
Cholera	6	Diabetes	22
Malaria.....	7	Anemia	23
Typhoid.....	8	High Blood Pressure....	24
Jaundice	9		
Mumps.....	10		
Small Pox.....	11		
Measles	12		
Tonsillitis	13		
Acidity	14		
Ulcer	15		
Skin Disease	16		
		Heart Disease	25
		Cancer	26
		Headache	27
		Stomach Ache	28
		Eye Problem.....	29
		Ear Problem.....	30
		Dental Problem.....	31
		Illnesses pertaining exclusively to females	32
		Others	33
		Did not suffer from any illness in the last four weeks.....	34

Module X: Household Food Consumption and Food Security (Female)**Module X1: Household Food Consumption (Female)**

Recall: Last 24 Hours

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. 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 HH2 Purchased.....3 Food received from others.....4 Invitation.....5 Food taken at employers place6	Time of day Morning.....1 Noon.....2 Night.....3 Snacks4	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 X2:Intra-Household Food Distribution (Female)

Household Recall (Individual Level):

(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

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
No 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

Module X3: Household Food Habit (Female)

Question		Code	Response	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?				X3_07 How many days consumed in the last 7 days? If 0>>skip to next food item	X3_08. What was the main source of this food in the last 7 days? CODE 2			
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?	Yes1 No.....2 >> X3_03			Food Item	Did you eat this in the last 24 hours Yes...1 No....2 Not applicable...9			X3_09	X3_10	X3_11	X3_12	X3_07
				1	Wheat flour (Roti, bread, noodles)	<2 year old child	<2 year old child's mother	14 to 49 year old female	Other members of the household				
2	Rice												
3	Potatoes, cassava, matoke and other roots/tubers												
4	Cereals (maize, sorghum, millet, barley)												
5	Vegetables												
6	Fruits/fruit juices (fresh and dry)												
7	Beans, lentils, peas, nuts												
8	Eggs												
9	Dairy products (milk, cheese, yoghurt)												
10	Meat (goat, beef, lamb, pork)												
11	Poultry (chicken, duck, pigeon)												
12	Fish (fresh and dry)												
13	Oil//fats (ghee, butter, veg oil)												
14	Sugar, Honey												
15	Condiments (spices, ketchup)												
16	Nuts and seeds (ground nut, simsim, sunflower)												
17	Tobacco (Alcohol included)												
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											
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?	Yes1 No.....2 >> X3_07											
X3_06	How often did this happen in the past 4 weeks?	Rarely (1-2 times)..... 1 Sometimes (3-10 times)... 2 Often (> 10 times) 3											

Household Number:

CODE 1 Food Frequency

Not eaten.....	0
1 day.....	1
2 days	2
3 days.....	3
4 days.....	4
5 days.....	5
6 days.....	6
7 days.....	7

Code 2: Source of Food

Own production.....	1
Hunting/gathering/fishing	2
Bought using cash	3
Bought on credit.....	4
Borrowed (friends/relatives).....	5
Gifts (friends/relatives).....	6
Begging	7
Received as payment.....	8
Food assistance.....	9
Collected	10

Household Number:

Module Y: Nutrition Practices and Services (Female)

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

Question Number	Questions	Response	Code
Y1_00	Is there any child less than 2 years in this household	<input type="checkbox"/>	Yes1 No.....2>> Module Y8

Instructions: Ask the following for the youngest child under two years of age in the household

Question Number	Questions	Youngest child <24 months	Code
Member ID- CHILD	Copy the child's name and ID from Module B	CHILD Name: _____ Mem ID <input type="checkbox"/>	Name and Mem ID
Member ID- MOTHER	Note the child's mother's ID and name from Module B	MOTHER Name: _____ Mem ID <input type="checkbox"/>	Name and Mem ID If not member of HH, then record 55
Mem ID- FATHER	Note the child's father's ID and name from Module B	FATHER Name: _____ Mem ID <input type="checkbox"/>	Name and Mem ID If not member of HH, then record 55
Y1_01	Where was this child of yours <NAME> delivered?	<input type="checkbox"/>	Your home.....1 Natal house.....2 Other house3 Government/private hospital, clinic, UHC4 Other (specify)5

Question Number	Questions	Youngest child <24 months	Code
Y1_02	Who was present to help you during <NAME's> delivery? (Multiple response possible)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 Satellinte Clinic/ EPI Center 24 Smiling Sun Clinic 25 Self 26 Nobody 27 Other (specify) 77 Do not know/ do not remember 88
Y1_03	Did anyone help you put the baby to the breast after birth?	<input type="checkbox"/>	Yes 1 No b 2>>Y1_03

Question Number	Questions	Youngest child <24 months	Code
Y1_03a	Who helped you put the baby to the breast after birth?	<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
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)	<input type="text"/> Hours <input type="text"/> Days	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'	<input type="text"/>	Yes 1 No..... 2>>Y1_04 Don't know 4 88>>Y1_0

Question Number	Questions	Youngest child <24 months	Code
Y1_03d	What was put to the child's mouth immediately after birth by you or anyone else? Interviewer: Please verify what food was given to the child by mother and also anyone else	<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
Y1_03e	Who put food to the child's mouth immediately after birth? Multiple response possible	<input type="text"/> <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

Question Number	Questions	Youngest child <24 months	Code
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"/>	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"/>	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"/>	Yes 1 No 2
Now we would like to ask you about what the child is eating now			
Y1_06	Is the child still breastfeeding?	<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"/>	Month Don't Know/cannot remember 88
Y1_08	Why did you stop breastfeeding?	<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"/>	Month
	2. Other non breast milk liquids (sugar/glucose water, tea, fruit juice etc.)	<input type="checkbox"/>	At "0" month of age 0 At "1" month of age 1 At "2" months of age 2 At "3" months of age 3 At "12" months of age 12
	3. Cow/Goat milk	<input type="checkbox"/>	So on
	4. Sooji, rice gruel, etc.	<input type="checkbox"/>	Don't Know 88 Not given yet 99
	5. Semi-solid foods (soft rice, khichuri, mashed potato, ripe banana, other mashed family foods etc.)	<input type="checkbox"/>	
	6. Solid foods (such as rice, wheat, puffed/ pressed rice etc.)	<input type="checkbox"/>	

Question Number	Questions	Youngest child <24 months	Code
	7. Fish	<input type="text"/>	
	8. Meat (chicken, mutton, beef, etc., khichuri with meat)	<input type="text"/>	
	9. Eggs	<input type="text"/>	
	10. Legumes (pulse, peas, etc.)	<input type="text"/>	
	11. Green vegetables	<input type="text"/>	
	12. Snack foods (chanachur, chips)	<input type="text"/>	
	13. Biscuit	<input type="text"/>	
	14.Pustikona/Monimix/Mymix	<input type="text"/>	

The following questions are based on previous day 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="text"/>	Number of times Stopped breast feeding/Never breast fed 99
Y1_11	Other than breast milk, how many times did [NAME] drink other milk, formula or yogurt yesterday, during the day or night? Do not include number of times the child was breastfed in this question. This variable is only to capture milk or milk products <u>other than breast milk</u> .	<input type="text"/>	Number of times Not given yet 99
Y1_12	How many times did [NAME] eat solid, semi-solid or soft foods other than liquids yesterday, during the day or night? Semi-solid foods such as soft rice, mashed potato, ripe banana, other mashed family foods etc. Solid foods such as rice, wheat, puffed/pressed rice etc. Meals include both meals and snacks (other than trivial amounts)	<input type="text"/>	Number of times Not given yet 99
Y1_12a	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? Please think of the total amount of food the child was given and convert it into milliliters. .	<input type="text"/>	Milliliter Not given yet 9999

Question Number	Questions	Youngest child <24 months		Code
<p>Yesterday (during the day or the night) did you give any of the following liquids to the child?</p> <p>Please describe everything that (NAME) drank yesterday during the day or night, whether at home or outside the home.</p> <p>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).</p> <p>b) What did (NAME) do after that? Did (NAME) drink anything at that time?</p> <p>If yes: Please tell me everything (NAME) drank at that time. Probe: Anything else? Until respondent says nothing else.</p> <p>Repeat question b) above until respondent says the child went to sleep until the next day.</p> <p>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:</p>				
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 had this liquid? (only if child 0-6 months old)	
Y1_13a	Breast milk	<input type="checkbox"/>	<input type="checkbox"/>	Yes 1 No..... 2
Y1_13b	Water	<input type="checkbox"/>	<input type="checkbox"/>	
Y1_13c	Baby formula (prepared food for child)	<input type="checkbox"/>	<input type="checkbox"/>	
Y1_13d	Any other kind of milk (powder, cow/goat milk etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Y1_13e	Fruit juice (made at home)	<input type="checkbox"/>	<input type="checkbox"/>	
Y1_13f	Fruit juice (purchased, packaged)	<input type="checkbox"/>	<input type="checkbox"/>	
Y1_13g	Water-based liquids, teas, sugar water, coffee	<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"/>	Yes 1 No..... 2
	<p>Did your child eat (or drink) any of the following foods yesterday (during the day or night)?</p> <p>Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home.</p> <p>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).</p> <p>b) What did (NAME) do after that? Did (NAME) eat anything at that time?</p> <p>If yes: Please tell me everything (NAME) ate at that time. Probe: Anything else? Until respondent says nothing else.</p> <p>Repeat question b) above until respondent says the child went to sleep until the next day.</p> <p>If respondent mentions mixed dishes like a PORRIDGE, sauce or stew, probe:</p> <p>c) What ingredients were in that (MIXED DISH)? Probe: Anything else? Until respondent says nothing else.</p> <p>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.</p> <p>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:</p>			

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

Question Number	Questions	Youngest child <24 months	Code
Y1_15v1	Biscuits	<input type="checkbox"/> <input type="checkbox"/>	
Y1_15w1	Nutrient Powder/ Vitamin Sprinkles (Micronutrients, Monimix, MyMix, Pustika etc.)	<input type="checkbox"/> <input type="checkbox"/>	
Y1_15w	Any iron containing tablet	<input type="checkbox"/> <input type="checkbox"/>	
Y1_15x	Spices	<input type="checkbox"/> <input type="checkbox"/>	
Y1_15y	Others (Specify)	<input type="checkbox"/> <input type="checkbox"/>	
Y1_15_1	Do you currently face any types of problems with feeding <NAME>? Please think of any problems you might have faced in the last <u>one month</u>	<input type="checkbox"/>	
Y1_15_2	What kind of problems do you currently face? (Multiple response possible)	<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"/>	Yes 1 No..... 2>> y1_16
Y1_15_4	Who did you seek help from? (Multiple response possible)	<input type="checkbox"/> <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

Question Number	Questions	Youngest child <24 months	Code
			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
Y1_15_5	What feeding advice did the person give you? (Multiple response possible)	<input type="checkbox"/> <input type="checkbox"/>	Showed how to hold the baby and attach baby's mouth to breast during breast feeding..... 1 Give pressed breast milk when the mother stays away from the baby 2 Give the child only breast milk for the first 6 months 3 Continue breastfeeding the child up to 2 years 4 Breastfeed more often 5 Give child other milk (cow/goat/buffalo milk) 6 Give infant formula or powder milk (Nan, Cerelac, Lactogen, Horlicks) 7 Give sooji/gruels mixed with milk 8 Give Khichuri 9 Give mashed family food 10 Give animal source food (egg, fish, chicken, liver) 11 Give vitamin/supplementary food 12 Give favorite nutritious food 13 Advise to feed frequently 14 Give an extra meal for 2 weeks after the child recovers from an illness 15 Give ORS/home prepared solution 16 Feed less than usual 17 Give syrups 18 Give traditional medicine 19 Give treated water 20 Give carrot juice or rice water 21 DO NOT give other milk or any food to the child other than breast milk until a child is 6 months old 22 DO NOT give infant formula or powder milk(Nan, Cerelac, Lactogen, Horlicks) 23 DO NOT give Khichuri 24 DO NOT give mashed family food 25 DO NOT give animal source food(egg, fish, chicken, liver) 26 Others (specify) 77

Question Number	Questions	Youngest child <24 months				Code
Y1_15_5	Did they suggest any baby food/formula?	<input type="checkbox"/>				Yes 1 No..... 2
MICRONUTRIENTS POWDER RELATED QUESTIONS						
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"/>				Yes 1 No..... 2>>Y1_31 Don't remember/don't know 88>Y1_31
Y1_16s	Which powder have you heard about?	Pustikona	Monimix	Mymix	Other	Yes 1 No..... 2
Y1_17	Where did you hear about this? (multiple answers possible)	<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) EVER given sprinkles/Monimix (a powder to mix in food)?	<input type="checkbox"/>				Yes 1>>Y1_18B No..... 2 >>
Y1_18a	Why was (NAME) never given Pushtikona/sprinkles/Monimix (a powder to mix in food)? (note: skip rule to be inserted for next module) (Multiple responses possible)	<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 was NAME given?					Pushtikona..... 1 Monimix..... 2 MyMix 3 Pushtika..... 4 Other 77
Y1_19	Was (NAME) given Pushtikona/sprinkles/Monimix in the past one month?	<input type="checkbox"/>				Yes 1 No..... 2

Household Number:

Question Number	Questions	Youngest child <24 months	Code
Y1_20	During the past 7 days, on how many days did you give sprinkles to (NAME)?	<input type="text"/>	Days Don't know/don't remember 88
Y1_22	Did you receive packets of sprinkles from anyone or any program at any time in last six months?	<input type="text"/>	Yes 1 No..... 2>>Y1_25 Don't remember/don't know 88>> Y1_25
Y1_23	Where did you receive these Sprinkles from? (multiple answers possible)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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 of sprinkles did you receive in the last six months?	<input type="text"/>	Number Don't remember/don't know 88
Y1_25	Did you purchase packets of sprinkles any time in last six months?	<input type="text"/>	Yes 1 No..... 2 Don't remember/don't know 88
Y1_26	Did you purchase any packets of sprinkles in last one month?	<input type="text"/>	Yes 1 No..... 2>>Y1_28 Don't remember/don't know 88>>Y1_28
Y1_27	How many packets of sprinkles did you purchase in the last one month?	<input type="text"/>	Number Don't remember/don't know 88
Y1_28	Where did you buy Sprinkles from the last time you purchased Sprinkles?	<input type="text"/>	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	How much did you pay for each Sprinkles packet, the last time you purchased Sprinkles?	<input type="text"/>	Taka Did not purchase..... 9999
Y1_30	Which members of your family consumed Sprinkles in the last one week?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Member ID No family member consumed in last 1 week 98

Household Number:

Question Number	Questions	Youngest child <24 months	Code
Y1_31	Did you ever purchase any <u>other</u> vitamins or mineral supplements in last six months? Give examples of locally available vitamins/minerals; <u>note this is other than sprinkles</u>	<input type="text"/>	Yes 1 No..... 2 Don't remember/don't know 88
Y1_32	Did you purchase any vitamin or mineral supplements in last one month?	<input type="text"/>	Yes 1 No..... 2 >>Y1_35 Don't remember/don't know 88>>Y1_3 5
Y1_33	Can you tell us the name of the vitamin/mineral supplement you bought?	<input type="text"/>	Name of supplement Vitamin/Mineral1 _____ Vitamin/Mineral2 _____ Don't know name 88 Did not purchase..... 9999>>Next Module
Y1_34	Could you please check the empty bottle vitamin/Mineral/packet?	<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?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Member ID None of the family member consumed in last 1 week..... 98

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

Question Number	Questions	Response	Code
Y2_00	According to you, when can you start giving a young child the following foods?		
	1. Water		
	2. Rice, Bread, Pressed rice, Muri, sooji, etc.		
	3. Legume: daal, pulse, peas		
	4. Green leafy vegetables		
	5. Vegetables such as pumpkin, orange yam, orange-red-flesh sweet potatoes, carrots, tomato (vitamin-A rich)		<= 1 Month of age0 At 1 Month of age.....1 At 2 Month of age2 At 3 Month of age3 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 answer88 Should not be given99
	6. Ripe papaya or mango		
	7. Bananas		
	8. Beef, mutton		
	9. Chicken, duck, other poultry, chicken liver		
	10. Fish (Big)		
	11. Fish (Small)		
	12. Eggs		
	13. Peanuts, groundnuts, other nuts		
	14. Milk (cow, goat or powdered)		
	15. Purchased snack foods (chips, biscuits, chanachur, Chocolate/candies etc.)		
	16. Other non-breast milk liquids (sugar/glucose water, tea, fruit juice etc.)		
	17. Semi-solid foods (soft rice, khichuri, mashed potato, ripe banana, other mashed family foods etc.)		
Y2_01	How soon after birth should a baby start breastfeeding?	<input type="text"/>	Immediately.....1 Less than 1 hour after delivery2 Some hours later but less than 24 hrs3 1 day later4 More than 1 day later.....5 Do not think baby should be breastfed6 Don't know.....88

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

Question Number	Questions	Response	Code
Y2_10	For how long do children need an extra meal per day after they have been sick? <i>(a meal in addition to the ones they are fed usually)</i>	Day <input type="text"/> Week <input type="text"/>	Day/Week Don't know.....88
Y2_11a	What should a mother do in regard to child feeding when a child aged less than 6 months has diarrhea? <i>(Multiple response possible)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Give ORS/home-prepared solution.....1 Feed less than usual2 Continue breastfeeding3 Breastfeed more often.....4 Give syrups.....5 Give traditional medicine6 Give treated water.....7 Give carrot juice or rice water8 Other:77 Don't know.....88
Y2_11b	What should a mother do in regard to child feeding when a child aged more than 6 months has diarrhea? <i>(Multiple response possible)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Give ORS/home-prepared solution.....1 Feed less than usual2 Continue breastfeeding3 Breastfeed more often.....4 Give syrups.....5 Give traditional medicine6 Give treated water.....7 Give carrot juice or rice water8 Other:77 Don't know.....99
Y2_12	When should you wash your hands? <i>(multiple answers possible)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Before eating1 After using the toilet.....2 Before feeding the child3 After cleaning a child who has defecated4 Other (specify).....5 Don't know.....88

Question Number	Questions	Response	Code
Y2_13	What are some of the things we can do to encourage young children to eat their food? (multiple answers possible)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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 Offer the child his/her favorite nutritious food 13 Let the child eat with own hands (provided hands are washed) 14 Avoid junk food (chips, packet juice etc.) 15 Feed when child is hungry 16 Encourage and praise the child 17 Other (specify) 77 Don't know 88
Y2_14	What foods does a young child (<24 months) need in order to grow and develop their brain? (multiple answers possible)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Gruels/bread/rice 1 Gruel with milk 2 Animal foods such as meat or chicken 3 Fish 4 Eggs 5 Fruits 6 Vegetables 7 Milk 8 Pulses (daal) 9 Other (specify) 10 Don't know 88
Y2_14a	Can you name some benefits of providing Pushtikona/Sprinkles/nutrition 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

Household Number:

Question Number	Questions	Response	Code
Y2_14b	How many sachets of Pushtikona should be fed to a child in 7days?		Number of sachets [__][__] Don't know.....88 Never Fed99
Y2_14c	How much of the Pushtikona sachet should be mixed with the child's food at one meal?		Full sachet.....1 Half sachet.....2 Less than half sachet.....3 Others (specify)4 Don't know.....88
Y2_14d	Within how much time should the food after adding Pushtikona be fed to the child?		Within 30 minutes1 Others [__] mins2 Don't know.....88
Y2_14e	How hot or cold should the food be when adding Pushtikona to it?		Hot (just cooked).....1 Warm/room temperature (after cooking allow the food to cool).....2 Cold3 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 worker3 Nurse/dispensary....4 Radio.....5 TV6 BRAC7 Religious Leader...8 Health Center.....9 Other (specify).....10	C. Did you ever try this? Yes.....1>>Next Row No.....2>>D	D. If ans is no for C, ask: Can you tell me the main reason why you did not ever try this at home? Next Qs.
			Response	Code	
Y3_01	Starting BF immediately after delivery within 1 hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Code 1↓
Y3_02	Not giving anything except breast milk to your child for six months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Code 2↓
Y3_03	Feeding your baby mashed family foods in addition to BF right at 7 months of age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Code 3↓
Y3_04	Feeding animal foods like fish, egg, liver, meat at least once a day? (for child more than 6 months old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Code 4↓
Y3_07	Adding Pushtikonia/Monimix/MyMix/Sprinkles to the child's food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Code 5

Code 1	Code 2	Code 3	Code 4	Code 5
Do not know..... 1	Do not know..... 1	Child does not like it 1	Do not know 1	Do not know1
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 enough5
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 necessary7

Household Number:

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

Instructions: ask the following for any child under two years of age in the household, and also for the younger child, if the respondent mother has a second child less than 24 months of age. If she does not have a second child less than 24 months of age, complete the question for first child less than two years of age and then go to next module

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	Response		Response Code
		Child < 24 months		
MEM_ID_CHILD	Copy the child's Name and ID from module B	Name _____ Member ID	<input type="text"/>	Name and Member ID
MEM_ID_MOTHER	Copy the child's mother's Name and ID from module B question B01	Name _____ Member ID	<input type="text"/>	Name and Member ID If not member of HH, then record 55
MEM_ID_FATHER	Copy the child's father's Name and ID from module B question B01	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"/>		Age in months
Y4_02	Gender of the child	<input type="text"/>		Boy.....1 Girl.....2
Y4_03	Birth Order (number)	<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"/>		Yes1 No2 N/A (age<6 months).....9 Don't Know/ Don't Remember .88
	Immunization status of the child 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.	From Health Card	From Mother	
Y4_05	Which immunizations has the target child taken so far?			
Y4_05a	BCG	<input type="text"/>	<input type="text"/>	Yes1 No2 N/A3
Y4_05b	DPT 1	<input type="text"/>	<input type="text"/>	Yes1 No2 N/A3
Y4_05c	DPT 2	<input type="text"/>	<input type="text"/>	Yes1 No2 N/A3

Household Number:

Question number	Question	Response		Response Code
		Child < 24 months		
Y4_05d	DPT 3	<input type="text"/>	<input type="text"/>	Yes 1 No 2 N/A 3
Y4_05e	Hepatitis B 1	<input type="text"/>	<input type="text"/>	Yes 1 No 2 N/A 3
Y4_05f	Hepatitis B 2	<input type="text"/>	<input type="text"/>	Yes 1 No 2 N/A 3
Y4_05g	Hepatitis B 3	<input type="text"/>	<input type="text"/>	Yes 1 No 2 N/A 3
Y4_05h	Penta (DPT, Hep-B, HIB) 1	<input type="text"/>	<input type="text"/>	Yes 1 No 2 N/A 3
Y4_05i	Penta (DPT, Hep-B, HIB) 2	<input type="text"/>	<input type="text"/>	Yes 1 No 2 N/A 3
Y4_05j	Penta (DPT, Hep-B, HIB) 3	<input type="text"/>	<input type="text"/>	Yes 1 No 2 N/A 3
Y4_05k	OPV 0 (at birth)	<input type="text"/>	<input type="text"/>	Yes 1 No 2 N/A 3
Y4_05l	OPV (Polio) 1	<input type="text"/>	<input type="text"/>	Yes 1 No 2 N/A 3
Y4_05m	OPV (Polio) 2	<input type="text"/>	<input type="text"/>	Yes 1 No 2 N/A 3
Y4_05n	OPV (Polio) 3	<input type="text"/>	<input type="text"/>	Yes 1 No 2 N/A 3
Y4_05o	Measles	<input type="text"/>	<input type="text"/>	Yes 1 No 2 N/A 3
Y4_05p	Vitamin A	<input type="text"/>	<input type="text"/>	Yes 1 No 2 N/A 3

Child Illness and Use of Health Services

		Child 1 < 24 months				
		A1	A2	A3	A4	
		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"/>	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"/>	Yes 1 No 2>>Y4_09
Y4_08	WHOM did you seek advice/medical help or treatment for this illness (Please specify each illness to the respondent) (multiple responses possible) 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"/>	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)/TYCF 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_081	Where did this care provider sit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes 1 No 2
Y4_08e	What advice did the care provider give about feeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Y4_09	What did you give the child when he/she had diarrhea (CIRCLE ALL MENTIONED BY RESPONDENT)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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?					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?					Nothing to eat 0 Much less 1 Somewhat less 2 About the same 3 More 4 Don't know 8

Household Number:

Y4_10	Was NAME ever treated in a health center or hospital because he/she was very malnourished?	<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"/>	Yes 1 No 2>>Y 4_12
Y4_11a	Where did you get this special food (SHOW PACKET OF RUTF)?	<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 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 8
Y4_12	Has NAME ever been given any medicines for deworming (**need local term for 'deworming**)?	<input type="checkbox"/>	Yes 1 No 2>>Next module
Y4_13	When was the last time NAME was given a medicine for deworming?	<input type="checkbox"/>	[____] MONTHS AGO (*write 0 if less than 1 month ago)

Household Number:

Y4_14	Where did you get the medicine from?	<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 8
--------------	--------------------------------------	----------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Ask the following only in relation to the youngest child of the respondent

Question number	Question	Response	Response option
		Youngest child under 24 months	
MEM_ID_CHILD	Copy the child's Name and ID from module B	Name _____ Member ID	Name and Member ID
MEM_ID_MOTHER	Copy the child's mother's Name and ID from module B question B01	Name _____ Member ID	Name and Member ID If not member of HH, then record 55
MEM_ID_FATHER	Copy the child's father's Name and ID from module B question B01	Name _____ Member ID	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? (By antenatal care, I mean that you had a check-up by a health worker when you were pregnant)		Yes.....1 No.....2>>Y5_09
Y5_02	Whom did you see for antenatal care during this pregnancy? (MULTIPLE RESPONSES, PROBE AND WRITE ALL MENTIONED)		Govt. Hospital/Upazila Health Complex1 Doctor.....2 Midwife/nurse.....3 Govt. Health Worker (FWA/HA).....4 MA/SACMO5 BRAC SS.....6 BRAC SK.....7 BRAC Pushti Kormi (PK)/IYCF Promoter8 Others NGO Worker.....9 TTBA.....10 TBA11 Village Doctor12 Homeopath Doctor.....13 Kabiraj/Herbal healer.....14 Spiritual Healer.....15 Pharmacy16 Husband.....17 Mother/Mother in law18 Other Family members19 Neighbors/ Friends.....20 Private Hospital/ Clinic21 Mother and Children Welfare Centre (MCWC)22 Community Clinic23 Satellite Clinic/ EPI Center24 Smiling Sun Clinic.....25 Self26 Nobody27 Other (specify)77 Do Not Know/ Do Not Remember 88

Question number	Question	Response	Response option
		Youngest child under 24 months	
Y5_03	How many antenatal care sessions/check-ups did you attend when you were pregnant with this child	<input type="text"/>	Never0 If attended, record exact number of sessions If number of session 3 or more Go to Y5_04
Y5_04	Where all did you attend these sessions? Anywhere else? PROBE for all responses.	<input type="text"/>	Government hospital.....1 Upazila Health Complex.....2 Private clinic3 Pharmacy4 MCWC5 Community Clinic6 Satellite clinic/EPI Center7 Smiling Sun Clinic.....8 Union Health and Family Welfare Center.....9 NGO facility: (specify)10 Doctor's Chamber11 Private doctor (MBBS)12 Village doctor13 Home14 Other (specify)77 Don't know/cannot recall.....88 Not applicable.....99
	If antenatal sessions attended "0" zero time then write "99=N/A"	<input type="text"/>	
	(Multiple Response)	<input type="text"/>	
Y5_05	During your pregnancy with this child, how often was your weight measured?	<input type="text"/>	Never0 Once1 2 times2 3 times3 4 times4 5 times5 6 times6 More than 6 times7
Y5_06	Were you advised on what to eat or how to cook your food during pregnancy?	<input type="text"/>	Yes, on what to eat.....1 Yes, on how to cook2 Yes, on both eat and cook3 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"/>	Eat more food1 Take more rest2 Take iron-folic acid tablets3 Take calcium tablets4 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"/>	None0 One1 Two.....2 Don't know/cannot remember8
Y5_09	Did you take iron/IFA tablets/supplements during your pregnancy with this child? SHOW IRON TABLET	<input type="text"/>	Yes.....1 No2 >> Y5_13 Don't know/cannot remember8 >> Y5_13

Question number	Question	Response	Response option
		Youngest child under 24 months	
Y5_10	Where did you get the iron/IFA tablets? (multiple responses)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Government hospital.....1 Upazila Health Complex.....2 Private clinic3 Pharmacy4 MCWC5 Community Clinic6 Satellite clinic/EPI Center7 Smiling Sun Clinic8 Union Health and Family Welfare Center.....9 NGO facility: (specify)10 Doctor's Chamber11 Private doctor (MBBS)12 Village doctor13 Home14 Other (specify)77 Don't know/cannot recall.....88 Not applicable.....99
Y5_11	From which month of pregnancy did you start taking iron tablets/supplements?	<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"/>	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"/>	Yes.....1 No2 >> Y5_17 Don't know/cannot remember8 >> 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"/>	Government hospital.....1 Upazila Health Complex.....2 Private clinic3 Pharmacy4 MCWC5 Community Clinic6 Satellite clinic/EPI Center7 Smiling Sun Clinic8 Union Health and Family Welfare Center.....9 NGO facility: (specify)10 Doctor's Chamber11 Private doctor (MBBS)12 Village doctor13 Home14 Other (specify)77 Don't know/cannot recall.....88 Not applicable.....99
Y5_15	From which month of pregnancy did you start taking calcium tablets/supplements?	<input type="text"/>	Month

Question number	Question	Response	Response option
		Youngest child under 24 months	
Y5_16	During your pregnancy for this child, for how many months did you take calcium tablets or supplements so far?	<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"/>	Yes.....1 No2 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"/>	Government hospital.....1 Upazila Health Complex.....2 Private clinic3 Pharmacy4 MCWC5 Community Clinic6 Satellite clinic/EPI Center.....7 Smiling Sun Clinic.....8 Union Health and Family Welfare Center.....9 NGO facility: (specify)10 Doctor's Chamber11 Private doctor (MBBS)12 Village doctor13 Home14 Other (specify).....77 Don't know/cannot recall.....88 Not applicable.....99
Y5_19	Geographic place of delivery	<input type="text"/>	Locally (home, facility)1 In mother's natal/family area2 Others (specify)3
Y5_20	Who helped with the delivery of this child?	<input type="text"/> <input type="text"/> <input type="text"/>	Doctor/nurse/ midwife1 Govt. Health Worker (FWA/HA).....2 Trained Birth Attendant (TTBA)3 Traditional Birth Attendant (TBA)4 Village doctor5 NGO worker6 Relative(s).....7 Neighbors/ Friends.....8 Others (specify)9
Y5_21	How soon was the baby weighed after birth?	<input type="text"/>	Within 24 hours1 Between 1-3 days.....2 Between 4 days and 1 week3 In the second week.....4 After 2 weeks.....5 Weight not taken.....6 >> NEXT MODULE

Household Number:

Question number	Question	Response	Response option
		Youngest child under 24 months	
Y5_22	Who weighed the baby?	<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"/>	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)

Only ask for children living in NNP upazilas

Ask the following for the youngest child under two years of age in the household

Question number	Question	Response		Response Code
		Youngest Child < 24 months		
MEM ID_CHILD	Copy the child's Name and ID from module B	Name _____ Member ID <input type="text"/>		Name and Member ID
MEM ID_MOTHER	Copy the child's mother's Name and ID from module B question B01	Name _____ Member ID <input type="text"/>		Name and Member ID If not member of HH, then record 55
MEM ID_FATHER	Copy the child's father's Name and ID from module B question B01	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"/>		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 written88 No99
Y7_02	Has NAME's weight ever been taken at a clinic or anywhere else?			Yes.....1 No2>> Y7_04
Y7_03	Where was NAME's weight taken?			Government hospital.....1 Upazila Health Complex.....2 Private clinic.....3 Pharmacy4 MCWC5 Community Clinic6 Satellite clinic/EPI Center.....7 Smiling Sun Clinic.....8 Union Health and Family Welfare Center.....9 NGO facility: (specify)10 Doctor's Chamber11 Private doctor (MBBS).....12 Village doctor13 Home14 Other (specify).....77 Don't know/cannot recall88 Not applicable.....99
Y7_04	Has NAME's height ever been taken at a clinic or anywhere else?			Yes.....1 No2>> Y7_06

Question number	Question	Response	Response Code
		Youngest Child < 24 months	
Y7_05	Where was NAME's height taken?		Government hospital.....1 Upazila Health Complex.....2 Private clinic.....3 Pharmacy4 MCWC5 Community Clinic6 Satellite clinic/EPI Center.....7 Smiling Sun Clinic.....8 Union Health and Family Welfare Center9 NGO facility: (specify).....10 Doctor's Chamber11 Private doctor (MBBS).....12 Village doctor13 Home14 Other (specify).....77 Don't know/cannot recall88 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		Yes.....1 No2>> NEXT MODULE
Y7_07	Where was NAME's arm circumference taken? [if never attended put not applicable=99]		Government hospital.....1 Upazila Health Complex.....2 Private clinic.....3 Pharmacy4 MCWC5 Community Clinic6 Satellite clinic/EPI Center.....7 Smiling Sun Clinic.....8 Union Health and Family Welfare Center.....9 NGO facility: (specify).....10 Doctor's Chamber11 Private doctor (MBBS).....12 Village doctor13 Home14 Other (specify).....77 Don't know/cannot recall88 Not applicable.....99
Y7_08	What was done after NAME's arm circumference was measured?		Nothing.....1 I was given advise about food.....2 Child was given special foods to take home3 Child was referred to treatment center.....4 OTHER (specify).....7

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

Question Number	Questions	Response	Response Code
Y8_01	Have you been visited at home by <u>any health worker in the last SIX months?</u>	<input type="checkbox"/>	Yes.....1 No2>> Y8_06 Don't know88>> Y8_06
Y8_02	In the last SIX months, did any health worker from anywhere or any organization visit you at home?	<input type="checkbox"/>	Government Health Worker (FWA/HA)1 SMC/Other Health Worker2 BRAC Worker (SK/SS/PK etc.)3 Other NGO worker4 Other (Specify)5
Y8_03	How many times in the last SIX months were you visited at home by a health worker?	<input type="checkbox"/>	Number of times Don't remember.....88
Y8_04	During the last visit, did you receive any advice from the health worker on feeding your child?	<input type="checkbox"/>	Yes.....1 No2
Y8_01a	Have you been visited at home by <u>any health worker in the last THREE months?</u>	<input type="checkbox"/>	Yes.....1 No2>> Y8_06 Don't know88>> Y8_06
Y8_02a	In the last THREE months, did any health worker from anywhere or any organization visit you at home?	<input type="checkbox"/>	Government Health Worker (FWA/HA)1 SMC/Other Health Worker2 BRAC Worker (SK/SS/PK etc.)3 Other NGO worker4 Other (Specify)5
Y8_03a	How many times in the last THREE months were you visited at home by a health worker?	<input type="checkbox"/>	Number of times Don't remember.....88
Y8_04a	During the last visit (within the last THREE months), did you receive any advice from the health worker on feeding your child?	<input type="checkbox"/>	Yes.....1 No2>> Y8_06
Y8_05	What advice did you receive from the health worker on feeding your child?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Putting baby to breast immediately after birth1 Giving only colostrum2 No pre or post lacteals (honey/mustard oil/glucose water)3 Feed only breast milk up to six Months4 Positioning5 Attachment6 Feeding mashed family food after 6 months7 Feeding animal source foods8 Cooking/adding with oil9 Adding Sprinkles10 Washing hands with water and soap before prep/feeding child11 Feeding during illness/extra after illness12 Other (specify)13 Respondent did not mention any of the above on her own99
Y8_06	Have you ever attended any group meetings/discussions where health or nutrition issues were discussed?	<input type="checkbox"/>	Yes.....1 No2>> Y8_11
Y8_07	Last time you attended a group discussion about health/nutrition, what was discussed?	<input type="checkbox"/>	Family planning1 Water and sanitation2 Immunization3

		<input type="checkbox"/> <input type="checkbox"/>	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/extrा after illness 11 Other (specify) 12 Respondent did not mention any of the above on her own 99
Y8_11	Do you usually watch television? This can be anywhere, in your house, or anywhere outside of your house, or a screen in your village.	<input type="checkbox"/>	Yes 01 No 02>>TV COMMERCIAL 1
Y8_11a	How often do you watch TV?	<input type="checkbox"/>	Everyday 1 5-6 days a week 2 3-4 days a week 3 1-2 days a week 4 1-2 times a month 5

Instruction for Interviewer : Show PHOTO on each TVC one by one, and collect responses for each TVC.

Now, I will show you photos of a TV advertisement to remind you about the content of that TV advertisement.

TVC 1: Mother of new born baby – Now I'll show you some photographs from a TV advertisement on new born baby

Y8_14	Have you seen this advertisement in TV?	<input type="checkbox"/>	Yes 1 No 2>>Go to TVC 2
Y8_15	What is the TV spot asking the viewer to do?	<input type="checkbox"/>	Initiate feeding breast milk immediately (in the first hour) after birth 1 Not to feed the baby anything other than breast milk 2 Other 77 Don't Know 88

TVC 2: Father brings tinned milk for baby: Now I'll show you some photographs from a TV advertisement on breastfeeding

Y8_16	Have you seen this advertisement in TV?	<input type="checkbox"/>	Yes 1 No 2>> Go to TVC 3
Y8_17	What is the TV spot asking the viewer to do?	<input type="checkbox"/>	Not to feed the baby anything other than breast milk for the first 6 months 1 Malnourished mothers can also sufficiently breastfeed their child for 6 months 2 Other 77 Don't Know 88

TVC 3: The house is on fire: Now I'll show you some photographs from a TV advertisement on a burning house

Y8_18	Have you seen this advertisement in TV?	<input type="checkbox"/>	Yes 1 No 2>> Go to TVC 4
Y8_19	What is the TV spot asking the viewer to do?	<input type="checkbox"/>	To take good care of the baby at early stage of life 1 Buy nutritious foods for the baby 2 Mother should allocate enough time to feeding the child 3 Other 77 Don't Know 88

TVC 4: Mother is cooking fish: Now I'll show you some photographs from a TV advertisement on cooking fish

Y8_20	Have you seen this advertisement in TV?	<input type="checkbox"/>	Yes.....1 No2 Go to TVC 5
Y8_21	What is the TV spot asking the viewer to do?	<input type="checkbox"/>	Feed the child egg, fish, chicken liver along with other food for the growth and development of the child.....1 Other.....77 Don't Know.....88

TVC 5: Tumpa wins the prizes: Now I'll show you some photographs from a TV advertisement on sports

Y8_22	Have you seen this advertisement in TV?	<input type="checkbox"/>	Yes.....1 No2>> Go to TVC 6
Y8_23	What is the TV spot asking the viewer to do?	<input type="checkbox"/>	To take care of what the child is being feed and the quantity of the meal ..1 From 7 months onwards, feed the baby ½ bowl of food twice a day ..2 From 9 month onwards, feed the baby ½ bowl of food thrice a day ..3 From 12 month onwards, feed the baby 1 bowl of food thrice a day ..4 Family food should be given to the baby along with nutritious snacks.....5 Other.....77 Don't Know.....88

TVC 6: Child goes to sleep without eating: Now I'll show you some photographs from a TV advertisement on child feeding

Y8_24	Have you seen this advertisement in TV?	<input type="checkbox"/>	Yes.....1 No2 >>Go to TVC 7
Y8_25	What is the TV spot asking the viewer to do?	<input type="checkbox"/>	Feed the child with patience ..1 Not to fill the child's stomach with chips, juice, biscuits.....2 Feed the child different types of food to increase the child's appetite ..3 Other.....77 Don't Know.....88

TVC 7: Hand washing with soap and water

Now I'll show you some photographs on child feeding

Y8_26	Have you ever seen this advertisement?	<input type="checkbox"/>	Yes.....1 No2>>Next Module
Y8_27	What is the TV spot asking the viewer to do? <i>(Multiple response possible)</i>	<input type="checkbox"/>	Parents should arrange soap and water near to child's feeding place.....1 Children are vulnerable to diseases in the first two years ..2 To reduce treatment expenses, keep soap and water nearby to wash hands.....3 Mother should Wash hands with soap before food preparation and child feeding.....4 Child's hands should be washed with soap and water before having meal ..5 Other7 Don't Know8

Household Number:

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

Question Number	Question	Response			Response Code
		a	b	c	
	ACCESS to COMMUNITY CLINIC				
Y6a_01	Have you heard about the Community Clinic?	<input type="checkbox"/>			Yes1 No2 >> Next Module
Y6a_02	How long does it take you to walk to the Community Clinic in your area?	<input type="checkbox"/>			MINUTES Not walkable999
Y6a_03	Is there anyone in this household who has used the Community Clinic and obtains/obtained services there?	<input type="checkbox"/>			Yes1 No2
Y6a_04	Who in your household has used the Community Clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Put member id from roster
Y6a_05	What types of services at Community Clinic were used for this person?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sick child care1 Antenatal care2 Delivery care3 Postnatal care4 Family planning services5 Received IFA tablets during pregnancy6 Received vitamin A for children7 Child was weighed9 Sick care (for adult)10 Vaccination11

Household Number:

Module Z: Women's Status (Female)

Sl no	Question	Response	Response Code
Z_1	Member ID of Oldest Female Household Member	<input type="text"/>	Member ID
Z_2	Marital Status of Oldest Female Household Member	<input type="text"/>	Never Married1 Married, lives with husband2 Married, does not live with husband.....3 Widow4 Divorced5 Separated/Deserted6

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 No2
Z1_02	If not, why not?		Husband / in-laws won't allow.....1 Society doesn't like it.....2 Take care of children/household work3>>Z1_12 I don't want to.....4>>Z1_12 I don't need to5>>Z1_12 Am unable to work6>>Z1_12 Lack of demand for the work that I have skill to do.....7>>Z1_12 Other (specify)8>>Z1_12 Don't know88>>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 income1 Household has enough income.....2 Wants me to look after household work3 Doesn't want me to mingle with other men4 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 No2>>Z1_12
Z1_05	Where do you work to earn income?		Inside the home.....1 Outside.....2 Both3
Z1_06	Whose decision was it to work to earn income?		Yourself1 Your husband.....2 Self and husband3 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 No2>>Z1_09

Household Number:

Question Number	Question	Response	Response Code
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 men4>> 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	Who decides how to spend money on the following items?		
Z1_15a	Food		Yourself 1 Your husband..... 2
Z1_15b	Housing		Self and husband..... 3 Someone else (specify) .. 4
Z1_15c	Health Care		Not applicable 9
Z1_15d	Education		
Z1_15e	Clothing		
Z1_16	Do you yourself control the money needed to buy the following?		
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? Yourself.....1 Your husband.....2 Self and husband.....3 Others (specify)4 Not applicable.....5	If your husband or other household member objects, in what circumstances would they allow you to go? If I have company (relatives, children)1 If I can arrange my own expenses2 If I follow purdah / dress acceptably3 Other (specify)4 Not applicable/would not object if I go alone5
		Code ↑	Code ↑
Z2_01	Outside the community to visit friends or relatives		
Z2_02	Haat/Bazaar		
Z2_03	Hospital/Clinic/Doctor		
Z2_04	Cinema/Fair/Theatre		
Z2_05	Training for NGO/Programs		

Household Number:

Module Z3: Reproductive Decisions (Female)

Question Number	Question	Response	Response Code
Z3_01	Have you ever used birth control (methods to delay or avoid pregnancy?)		Yes.....1 No2>>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 Others8
Z3_02	Who made this decision? (After filling this question's response skip to Z3_04)		Yourself1 >> Z3_04 Your husband2>> Z3_04 Self and husband3>> 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 / ill2 Didn't feel the need to.....3 Other (specify)4
Z3_04	Has your husband ever used any birth control method?		Yes.....1 No2 Not applicable3
Z3_04a	Which method did your husband use?		Condom1 Vasectomy2 Others(specify)3
Z3_05	If Z3_01=2 and Z3_04=2, please confirm if the man was sterilized?		Yes.....1 No2
Z3_06	If Z3_01=2 and Z3_04=2, please confirm if the woman was sterilized?		Yes.....1 No2

Note: If the answer to both question Z3_1 and Z3_4 is NO, please make sure that neither the man nor the woman is sterilized.

Household Number:

Module Z4: Domestic Violence, Abuse and Threats (Female)

Question Number	Question	Response	Response Code
Z4_01	Has any of the following happened to you in the past year?		
Z4_01a	Your husband threatened you with divorce?		Yes, often 1 Yes, sometimes 2 Has threatened and divorced/remarried 3
Z4_01b	Your husband threatened you with taking another wife?		No 4
Z4_01c	Your husband, another family member, or household resident verbally abused you?		Not applicable 9
Z4_01d	Your husband, another family member, or household resident physically abuse you?		

If any answer to Z4_1a to Z4_1d is 4 or 9, then finish the module here.

Z4_02	If any answer to Z4_1a to Z4_1d is 1, 2 or 3, did you want to leave?		Yes 1 No 2 >END MODULE
Z4_03	Did you leave?		Yes, permanently 1>END MODULE 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

Household Number:

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

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

Name of asset brought at the time of marriage	Asset (see Asset Code below)	Value of asset at time of marriage (Tk)
Name	Z5_02	Z5_03

Asset Codes	
Consumption Assets (for household use)	
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
Productive Assets (for earning income)	
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 WE: Women's Empowerment in Agriculture (WEAI) Index (Male and Female)**Confidential: To be used
only for research purposes****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 (Section WE2) of the household level questionnaire as the primary and secondary 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 WA: Individual Identification (Male and Female)

Household Identification	Code	Interview details	Code
WA01. Household Identification:	<input type="text"/> <input type="text"/> <input type="text"/>	WA07. Start time of interview (hh:mm=> write in 24 hr time format)	<input type="text"/> : <input type="text"/> <input type="text"/>
WA02. Census number:	<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"/>
WA03. Name of primary respondent (code from roster in Section B): Last, First:	<input type="text"/> <input type="text"/>	WA09. Name/code of enumerator:	<input type="text"/> <input type="text"/>
WA04. Name of respondent (code from roster in Section B of household questionnaire): Last, First:	<input type="text"/> <input type="text"/>	WA10. Sex of enumerator: Male1 Female2	<input type="checkbox"/>
WA05. Sex of respondent: Male1 Female2	<input type="checkbox"/>	WA11. Outcome of interview (enter code from Code 2↓):	<input type="text"/> <input type="text"/>
WA06. Type of household (enter code from Code 1↓):	<input type="text"/>	WA12. Ability to be interviewed alone (enter code from Code 3↓):	<input type="checkbox"/>

Code list for Module WA:

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

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

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

<u>Code 1: Input into decision making</u>
No input/ Input into very few decisions 1
Input into some decisions 2
Input into most decisions/ Input into all decisions 3
Decision not made/not applicable 4

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]?	How much input did you have in decisions on the use of income generated from [ACTIVITY]
Activity Code	Activity Description	WE201	WE202	WE203
1	Food crop farming: crops that are grown primarily for household food consumption	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Cash crop farming: crops that are grown primary for sale in the market	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Livestock raising:	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Non-farm economic activities: small business, self-employment, buy-and-sell	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Wage and salary employment: in-kind or monetary work both agriculture and other	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Fishing or fish culture	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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 any [ITEM]? Yes ...1 No.....2 >> next item	How many of [ITEM] does your household currently have?	Who would you say owns most of the [ITEM]?		Who would you say can decide whether to sell [ITEM] most of the time?		Who would you say can decide whether to give away [ITEM] most of the time?		Who would you say can decide to mortgage or rent out [ITEM] most of the time?		Who contributes most to decisions regarding a new purchase of [ITEM]?						
				CODE 1↓ (For joint decisions there could be multiple responses)		CODE 1↓ (For joint decisions there could be multiple responses)		CODE 1↓ (For joint decisions there could be multiple responses)		CODE 1↓ (For joint decisions there could be multiple responses)		CODE 1↓ (For joint decisions there could be multiple responses)						
Productive Capital		WE3a_01a	WE 3a_01b	WE 3a_02a	WE 3a_02b	WE 3a_02c	WE 3a_03a	WE 3a_03b	WE 3a_03c	WE 3a_04a	WE 3a_04b	WE 3a_04c	WE 3a_05a	WE 3a_05b	WE 3a_05c	WE3a_06a	WE 3a_06b	WE 3a_06c
A	Agricultural land (pieces/polts)**																	
B	Large livestock (oxen, buffalo)																	
C	Small livestock (goats, sheep)																	
D	Chickens, Ducks, Turkeys, Pigeons																	
E	Fish pond or fishing equipment																	
F	Farm equipment (non-mechanized)																	
G	Farm equipment (mechanized)																	
H	Nonfarm business equipment																	
I	House (and other structures)																	
J	Large consumer durables (fridge, TV, sofa)																	
K	Small consumer durables (radio, cookware)																	
L	Cell phone																	
M	Other land not used for agricultural purposes (residential /commercial land)																	
N	Means of transportation (bicycle, rickshaw, motorcycle, car)																	

Household Number:

CODE 1

Self.....1 Spouse.....2 Other household member3 Member outside household	Not applicable.....98
-----------------------------------------------------------------------------------------------	-----------------------

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 outlet1 NGO or NGO outlet2 Private shop/suppliers.....3 Community members or cooperative4 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"/>	Yes1 No2 >> Next section
WE3B_09	How many times did you meet with the agricultural extension worker or livestock/fisheries worker in the past 12 months?	<input type="text"/>	[Enter number of visits]
WE3B_10	The last time you met with an extension worker, were they a male or female?	<input type="text"/>	Male.....1 Female2 Both male and female

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="checkbox"/>	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="checkbox"/>	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	If answer to WE3C_13 is from 1-20, go to WE3C_15 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	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_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.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	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	<p>In the last 12 months, after providing food for the family, what did you (singular) spend your remaining money on?</p> <p>Enumerator: List up to 5 in order of importance Do not prompt.</p>	<p>If answer to WE3C_15 is from 1-20, go to Module WE3D</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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>Clothes/shoes for myself 1</p> <p>Clothes/shoes for my spouse 2</p> <p>Clothes/shoes for my children 3</p> <p>School fees of school supplies for children 4</p> <p>Consumer durables..... 5</p> <p>Fix or improve house 6</p> <p>Buy asset for farming 7</p> <p>Buy asset for business 8</p> <p>Buy jewelry..... 9</p> <p>Services (beauty/hair/etc)..... 10</p> <p>Lend money to friends and relatives 11</p> <p>Make religious/ charitable donations..... 12</p> <p>Travel to visit friends/relatives..... 13</p> <p>Save for future 14</p> <p>Medicines or health needs 15</p> <p>Communication (airtime)..... 16</p> <p>Buy consumables (toiletries, paraffin, etc.).. 17</p> <p>Social events (weddings/funerals/sports) 18</p> <p>Drinking alcohol and smoking 19</p> <p>Unknown how the money was spent..... 20</p> <p>Household or myself has no money....98>> WE3C_16</p>
A	B	C	D	E									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
WE3C_16	<p>In the last 12 months, if you (singular) did not have any remaining money, what is the reason?</p> <p>Enumerator: List up to 3 in order of importance. Do not prompt</p>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td>A</td> <td>B</td> <td>C</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	A	B	C	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>Bad harvest 1</p> <p>Irregular income/business is slow 2</p> <p>Other negative shock (illness) 3</p> <p>Unexpected expenditures 4</p> <p>No control over extra money..... 5</p>				
A	B	C											
<input type="text"/>	<input type="text"/>	<input type="text"/>											

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-kind2 Yes, cash and in-kind.....3 No.....4 >> next source Don't know.....97 >> next source	Self	Spouse	Other household member	Self.....1 Spouse.....2 Other household member	Other member outside the household..4 Not applicable.....98	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	ROSCA (savings/credit group)	<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.

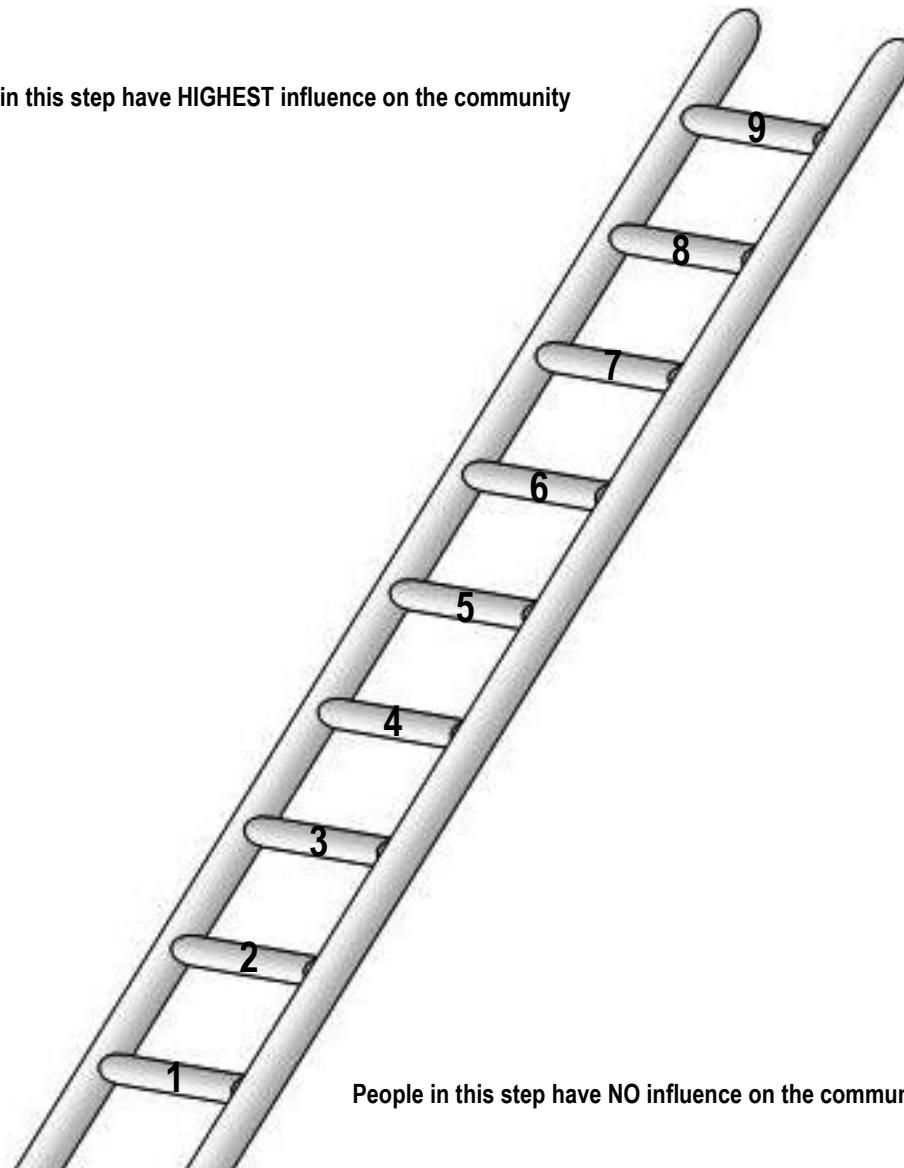
"Now I have a few questions about how comfortable you feel speaking up in public when the community needs to make important decisions."

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 difficulty2 Yes, comfortably.....3 NOT APPLICABLE98
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 difficulty2 Yes, comfortably.....3 NOT APPLICABLE98
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 difficulty2 Yes, comfortably.....3 NOT APPLICABLE98

Household Number:

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

People in this step have HIGHEST influence on the community



Household Number:

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

MODULE WE5a: Decision making (Male and Female)

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

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

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

Serial no	When decisions are made regarding the following aspects of household life, who is it that normally takes the decision?			To what extent do you feel you can make your own personal decisions regarding these aspects of household life if you want(ed) to?
	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			Not at all 1 Small extent..... 2 Medium extent..... 3 To a high extent..... 4
	WE5a_01a	WE5a_01b	WE5a_01c	WE5a_02
A	What inputs to buy for agricultural production?			
B	What types of crops to grow for agricultural production?			
C	When or who would take crops to the market?			
D	Livestock raising?			
E	Your own wage or salary employment?			
F	Major household expenditures?			
G	Minor household expenditures?			

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

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

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

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

B Taking crops to the market (or not)	WE5bb_01	<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 <input type="text"/></p>	<p>Are you completely the same or somewhat the same?</p> <p>Completely the same 1 Somewhat the same 2 <input type="text"/></p>	<p>Are you completely different or somewhat different?</p> <p>Completely different 1 Somewhat different 2 <input type="text"/></p>
	WE5bb_02	<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 <input type="text"/></p>	<p>Are you completely the same or somewhat the same?</p> <p>Completely the same 1 Somewhat the same 2 <input type="text"/></p>	<p>Are you completely different or somewhat different?</p> <p>Completely different 1 Somewhat different 2 <input type="text"/></p>
	WE5bb_03	<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 <input type="text"/></p>	<p>Are you completely the same or somewhat the same?</p> <p>Completely the same 1 Somewhat the same 2 <input type="text"/></p>	<p>Are you completely different or somewhat different?</p> <p>Completely different 1 Somewhat different 2 <input type="text"/></p>
	WE5bb_04	<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 <input type="text"/></p>	<p>Are you completely the same or somewhat the same?</p> <p>Completely the same 1 Somewhat the same 2 <input type="text"/></p>	<p>Are you completely different or somewhat different?</p> <p>Completely different 1 Somewhat different 2 <input type="text"/></p>

C Livestock raising	WE5bc_01	"[PERSON'S NAME] can't raise any livestock other than what she has. These are all that's available."	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"/>
	WE5bc_02	"[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."	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"/>
	WE5bc_03	"[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."	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"/>
	WE5bc_04	"[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."	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"/>

Household Number:

MODULE WE5c: Decision making (Male and Female)

Serial no.	<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:	Your actions with respect to [DOMAIN] are motivated by a desire to avoid punishment or gain reward? Can you tell me whether it is entirely true, somewhat true, not very true or never true?	Your actions with respect to [DOMAIN] are motivated by a desire to avoid blame or so that other people speak well of you? Can you tell me whether it is entirely true, somewhat true, not very true or never true?	Your actions with respect to [DOMAIN] are motivated by and reflect your own values and/or interests? Can you tell me whether it is entirely true, somewhat true, not very true or never true?	How satisfied were you with the decisions made in [DOMAIN]?
		[READ OPTIONS] CODE 1↓	[READ OPTIONS] CODE 1↓	[READ OPTIONS] CODE 1↓	[READ OPTIONS] CODE 2↓
		WE5c_03	WE5c_04	WE5c_05	WE5c_06
A	Nonfarm business activity?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B	Your own wage or salary employment?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C	Minor household expenditures?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	What to do if you have a serious health problem?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E	How to protect yourself from violence?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F	Whether and how to express religious faith?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G	What kind of tasks you will do on a particular day?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H	Whether or not to use family planning to space or limit births?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CODE 1: Motivation for activity		CODE 2: Extent of satisfaction with activity			
Always true.....1 Somewhat true2 Not very true3 Never true4 Decision not made.....98		Very satisfied1 Somewhat satisfied.....2 Neither satisfied nor dissatisfied.....3 Somewhat dissatisfied4 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 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↓	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															
H Construction															
I Fishing															
J Shopping/getting service															
K Weaving, sewing, textile care															
L Cooking															
M Domestic work															
N Care for children/adults/elderly															
O Commuting															
P Travelling															
Q Watching TV/listening to radio															
R Reading															
S Sitting with family															
T Exercising															
U Social activities															
V Practicing hobbies															
W Religious activities															
X Other, specify...															

WE6a: Continued

	If simultaneous: Primary1 Secondary.2	Activity↓	Day			Evening	Night											
			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																
H		Construction																
I		Fishing																
J		Shopping/getting service																
K		Weaving, sewing, textile care																
L		Cooking																
M		Domestic work																
N		Care for children/adults/elderly																
O		Commuting																
P		Travelling																
Q		Watching TV/listening to radio																
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 would you 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 Neither satisfied nor dissatisfied ☻ 5  Very satisfied ☻ 10
WE6_04B	Your available time for leisure activities like watching TV, listening to radio, seeing movies or doing sports?	<input type="text"/>	
WE6_04C	Your contacts with friends or relatives?	<input type="text"/>	
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 WE6_09_b WE6_09_c	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
	ENUMERATOR: If male, stop and proceed to Module WE6_12; If female, continue from question WE6_10:		
WE6_10	Are you currently pregnant?	<input type="text"/>	Yes 1 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"/>

Household Number:

MODULE WE7a: Voter information (Male and Female)

WE7a_1	Did you vote in the 2014 national elections?	<input type="text"/>	Yes 1 No 2 Not applicable(elections did not happen) 3 Not application (underage) 4
WE7a_2	Did you vote in the 2014 upazila elections?	<input type="text"/>	
WE7a_3	Did you vote in the 2011 union parishad elections?	<input type="text"/>	
WE7a_4	Did you vote in the 2008 national elections?	<input type="text"/>	
WE7a_5	Did you vote in the 2009 upazila elections?	<input type="text"/>	
WE7a_6	Did you vote in the 2003 union parishad elections?	<input type="text"/>	
WE7a_7	What is your voter ID?	<input type="text"/>	
			I have an ID but cannot show it..... 8 Don't have an ID 9

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

SL	Questions	Answer	Answer code
WE7b_1	What's your (respondent's) mother's highest level of education?	<input type="text"/>	Never attended school 99 Studying in Class I..... 0 Completed Class I..... 1 Completed Class II 2 Completed Class III 3 Completed Class IV 4 Completed Class V 5 Completed Class VI..... 6 Completed Class VII 7 Completed Class VIII 8 Completed Class IX 9 SSC/Dakhil..... 10 HSC/Alim..... 12
WE7b_2	What's your (respondent) father's highest level of education?	<input type="text"/>	BA/BSC pass/fazil 14 BA/BSC honorary/fazil 15 MA/MSC and above/kamil 16 SSC candidate 22 HSC candidate 33 Any class below Class I 66 Mosque related primary school ..67 Medical/MBBS 71 Nursing 72 Engineer 73 Diploma Engineer 74 Vocational Education 75 Others..... 76
WE7b_3	Number of alive sisters (including respondent)	<input type="text"/>	Number of sisters
WE7b_4	Number of alive brothers (including respondent)	<input type="text"/>	Number of brothers
WE7b_5	Where were you born?	<input type="text"/>	I am living where I was born 1 In this village/ward 2 In another village of this union/ward 3 In another union of this station 4 In another station of this district 5 In another district of this division 6 In another division (specify 7
WE7b_6	How often do you read newspapers/magazines?	<input type="text"/>	Everyday..... 1 Every week at least once..... 2 Every 2 weeks at least once 3 Every month at least once 4 Irregularly..... 5 Hardly/almost never 6>>WE7b_8
WE7b_7	Do you read any national or regional newspaper or magazine?	<input type="text"/>	National 1 Regional 2 Both kinds 3
WE7b_8	How often do you listen to the radio?	<input type="text"/>	Everyday..... 1 Every week at least once..... 2 Every 2 weeks at least once 3 Every month at least once 4 Irregularly..... 5 Hardly/almost never 6

SL	Questions	Answer	Answer code
WE7b_9	How often do you watch television?	<input type="text"/>	Everyday.....1 Every week at least once.....2 Every 2 weeks at least once3 Every month at least once4 Irregularly.....5 Hardly/almost never6>>WE7b_11
WE7b_10	Which channels do you watch often?	<input type="text"/>	BTV.....1 BTV World.....2 Other Local Chanel/Bangladeshi channel3 Foreign Bangla Channels.....4 Foreign other channels.....5
WE7b_11	Do you have your own mobile phone?	<input type="text"/>	Yes1 No.....2
WE7b_12	Do you use a mobile phone? (mobile phone could be his/her own or someone else's)	<input type="text"/>	Yes1 No.....2
WE7b_13	If yes, for what purpose do you use it? (Mention the 3 main reasons)	<input type="text"/> <input type="text"/> <input type="text"/>	Talking to friends and family.....1 Financial Transactions (such as Bkash).....2 Business purposes (such as contacting agriculture extension services or learning about market prices3 To access other kinds of information (such as health care, agriculture extension, services, other social services).....4 Entertainment (music, videos)5 To listen to FM radio.....6
WE7b_14	Which operator do you use? (Mention 2 main ones)	<input type="text"/> <input type="text"/>	Grameen1 Rabi2 Banglalink3 Airtel4 Teletalk.....5 Citycell6 Others (mention name)7
WE7b_15	If you are married, than who chose your partner?	<input type="text"/>	We chose each other1 I chose him/her and he/she agreed2 He/she chose me and I agreed3 He/she chose me but I did not agree4 The family chose and I agreed5 The family chose but I did not agree.....6 Others (mention here)96

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