

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 1999-2000
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION	
DIVISION _____	
DISTRICT _____	
THANA _____	
UNION/WARD _____	
VILLAGE/MOHALLA/BLOCK _____	
CLUSTER NUMBER	
HOUSEHOLD NUMBER	
REGION	
DHAKA/CHITTAGONG=1, SMALL CITY=2, TOWN=3, VILLAGE=4.....	
NAME OF THE HOUSEHOLD HEAD _____ IS HOUSEHOLD SELECTED FOR MEN'S SURVEY (YES=1, NO=2).....	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR
INTERVIEWER'S NAME				INTV. CODE
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NO. OF VISITS
TIME				
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD TOTAL ELIGIBLE WOMEN TOTAL ELIGIBLE MEN LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
KEYED BY				
NAME _____	NAME _____			
DATE _____	DATE _____			

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	WOMAN ELIGIBILITY	MAN'S ELIGIBILITY	EDUCATION		EMPLOYMENT					
				Does (NAME) usually live here?	Did (NAME) sleep here last night?					How old is (NAME)?	FOR ALL AGED 10 OR ABOVE	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN (Q8=1 OR 2) AGE 10-49	IF HOUSE-OLD CHOSEN FOR MEN'S SURVEY, CIRCLE LINE NUMBER OF ALL CURRENTLY MARRIED MEN (Q8 =1) AGE 15-59	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?***	IF AGED 18-25 YEARS	Is (NAME) currently working?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			
01			M	F	YES NO	IN YEARS	CM FM NM			YES NO	CLASS	YES NO	YES NO	CASH KIND BOTH NONE			
02			1	2	1	2	1	2	01	1	2	1	2	1	2	3	4
03			1	2	1	2	1	2	02	1	2	1	2	1	2	3	4
04			1	2	1	2	1	2	03	1	2	1	2	1	2	3	4
05			1	2	1	2	1	2	04	1	2	1	2	1	2	3	4
06			1	2	1	2	1	2	05	1	2	1	2	1	2	3	4
07			1	2	1	2	1	2	06	1	2	1	2	1	2	3	4
08			1	2	1	2	1	2	07	1	2	1	2	1	2	3	4
09			1	2	1	2	1	2	08	1	2	1	2	1	2	3	4
10			1	2	1	2	1	2	09	1	2	1	2	1	2	3	4
			1	2	1	2	1	2	10	1	2	1	2	1	2	3	4

HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
			M F	YES NO	YES NO	IN YEARS	CM FM NM			YES NO	LEVEL CLASS	YES NO	YES NO	CASH KIND BOTH NONE
11			1	2 1 2 1 2	2 1 2		1 2 3	01		1 GO TO 1 14		1 2	1 NEXT 1 LINE	1 2 3 4
12			1	2 1 2 1 2	2 1 2		1 2 3	02		1 GO TO 1 14		1 2	1 NEXT 1 LINE	1 2 3 4
13			1	2 1 2 1 2	2 1 2		1 2 3	03		1 GO TO 1 14		1 2	1 NEXT 1 LINE	1 2 3 4
14			1	2 1 2 1 2	2 1 2		1 2 3	04		1 GO TO 1 14		1 2	1 NEXT 1 LINE	1 2 3 4
15			1	2 1 2 1 2	2 1 2		1 2 3	05		1 GO TO 1 14		1 2	1 NEXT 1 LINE	1 2 3 4
16			1	2 1 2 1 2	2 1 2		1 2 3	06		1 GO TO 1 14		1 2	1 NEXT 1 LINE	1 2 3 4
17			1	2 1 2 1 2	2 1 2		1 2 3	07		1 GO TO 1 14		1 2	1 NEXT 1 LINE	1 2 3 4
18			1	2 1 2 1 2	2 1 2		1 2 3	08		1 GO TO 1 14		1 2	1 NEXT 1 LINE	1 2 3 4
19			1	2 1 2 1 2	2 1 2		1 2 3	09		1 GO TO 1 14		1 2	1 NEXT 1 LINE	1 2 3 4
20			1	2 1 2 1 2	2 1 2		1 2 3	10		1 GO TO 1 14		1 2	1 NEXT 1 LINE	1 2 3 4

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ENTER EACH IN TABLE NO

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ENTER EACH IN TABLE NO


* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/STEPCHILD
11 = NOT RELATED
12 = NOT RELATED
98 = DONT KNOW

** CODE FOR Q.8
MARITAL STATUS:
1 = CURRENTLY MARRIED
2 = FORMERLY MARRIED (DIVORCED/WIDOWED/SEPARATED/ DESERTED)
3 = NEVER MARRIED

*** CODES FOR Q.12
EDUCATION LEVEL:
1 = PRIMARY
2 = SECONDARY
3 = COLLEGE/UNIVERSITY
8 = DONT KNOW

EDUCATION CLASS:
00 = LESS THAN 1 YEAR COMPLETED
98 = DONT KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
18	What is the main source of water your household uses for dishwashing?	PIPED WATER PIPED INSIDE DWELLING11 PIPED OUTSIDE DWELLING12 WELL WATER TUBEWELL/DEEP TUBEWELL21 SURFACE WELL/OTHER WELL22 SURFACE WATER POND/TANK/LAKE31 RIVER/STREAM32 RAINWATER41 OTHER _____ 96 (SPECIFY)																																								
19	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INSIDE DWELLING11 PIPED OUTSIDE DWELLING12 WELL WATER TUBEWELL/DEEP TUBEWELL21 SURFACE WELL/OTHER WELL22 SURFACE WATER POND/TANK/LAKE31 RIVER/STREAM32 RAINWATER41 BOTTLED WATER51 OTHER _____ 96 (SPECIFY)																																								
19A	Do you boil drinking water?	YES1 NO2																																								
20	What kind of toilet facility does your household have?	SEPTIC TANK/MODERN TOILET11 PIT TOILET/LATRINE WATER SEALED/SLAB LATRINE21 PIT LATRINE22 OPEN LATRINE23 HANGING LATRINE24 NO FACILITY/BUSH/FIELD31 OTHER _____ 96 (SPECIFY)	022																																							
21	Do you share this facility with other households?	YES1 NO2																																								
22	Does your household (or any member of your household) have:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ALMIRAH.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TABLE/CHAIR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BENCH.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WATCH/CLOCK.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COT/BED.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEWING MACHINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEPHONE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	ALMIRAH.....	1	2	TABLE/CHAIR	1	2	BENCH.....	1	2	WATCH/CLOCK.....	1	2	COT/BED.....	1	2	RADIO	1	2	TELEVISION	1	2	BICYCLE	1	2	MOTORCYCLE	1	2	SEWING MACHINE	1	2	TELEPHONE.....	1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
24	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOF KATCHA (BAMBOO/THATCH) 11 RUDIMENTARY ROOF TIN 21 FINISHED ROOF (PUKKA) CEMENT/CONCRETE/TILED 31 OTHER _____ 96 (SPECIFY)	
25	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	NATURAL WALLS JUTE/BAMBOO/MUD (KATCHA)..... 11 RUDIMENTARY WALLS WOOD 21 FINISHED WALLS BRICK/CEMENT 31 TIN 32 OTHER _____ 96 (SPECIFY)	
26	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/BAMBOO (KATCHA)..... 11 RUDIMENTARY FLOOR WOOD 21 FINISHED FLOOR (PUKKA) CEMENT/CONCRETE 31 OTHER _____ 96 (SPECIFY)	
27	Does your household own any homestead? IF 'NO', PROBE: Does your household own homestead any other places?	YES 1 NO 2	
27A	Does your household own any land (other than the homestead land)?	YES 1 NO 2	029
28	How much land does your household own (other than the homestead land)? AMOUNT _____ SPECIFY UNIT _____	AMOUNT  NONE 0000	
29	In terms of household food consumption, how do you classify your household: deficit in whole year; sometimes deficit; neither deficit nor surplus; surplus.	DEFICIT IN WHOLE YEAR 1 SOMETIMES DEFICIT 2 NEITHER DEFICIT NOT SURPLUS 3 SURPLUS 4	
30	Does your family have vulnerable group feeding (VGF) card?	YES 1 NO 2	
31	Do you have any male/female member in this household who are receiving old age pension/widow or destitute benefit?	YES 1 NO 2	