

**BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2004
HOUSEHOLD QUESTIONNAIRE**

IDENTIFICATION																															
DIVISION _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																														
DISTRICT _____																															
UPAZILA _____																															
UNION/WARD _____																															
VILLAGE/MOHALLA/BLOCK _____																															
CLUSTER NUMBER.....																															
HOUSEHOLD NUMBER.....																															
RURAL = 1, MUNICIPALITY = 2, OTHER URBAN = 3, SMA = 4																															
IS HOUSEHOLD IN A SLUM? (YES = 1, NO = 2) _____																															
NAME OF THE SLUM _____																															
NAME OF 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 _____ <div style="text-align: center;">(SPECIFY)</div>				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	ELIGIBILITY				EDUCATION IF AGE 5 YEARS OR OLDER			EMPLOYMENT IF AGE 8 YEARS OR OLDER	
				Does (NAME) usually live here?	Did (NAME) stay here last night?			How old is (NAME)? IF AGE IS LESS THAN 1 YEAR, WRITE '00'	FOR ALL AGED 10 OR ABOVE What is the current marital status of (NAME)?** Currently married=1 Formerly married=2 Never married=3	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN (Q8=1 OR 2) AGE 10-49	IF HOUSEHOLD CHOSEN FOR MEN'S SURVEY, CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER 6	Record mother's line no. Of all children under 6 (RECORD '00' IF MOTHER OF CHILDREN NOT LISTED IN HOUSEHOLD)	Has (NAME) ever attended school?	What is the level of schooling (NAME) has last attended?*** What is the highest class (NAME) completed at that schooling?***	IF AGED LESS THAN 25 YEARS Is (NAME) currently attending school?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(16)	(17)	(18)	(19)	(20)
01		<input type="text"/> <input type="text"/>	M 1 F 2	YES 1 NO 2	YES 1 NO 2	IN YEARS <input type="text"/> <input type="text"/>	CM 1 FM 2 NM 3	01	01	01	<input type="text"/> <input type="text"/>	YES 1 NO 2 GO TO 19 ↓	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	1 2 NEXT LINE ↓	1 2 3 4
02		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	02	02	02	<input type="text"/> <input type="text"/>	YES 1 NO 2 GO TO 19 ↓	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2 NEXT LINE ↓	1 2 3 4
03		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	03	03	03	<input type="text"/> <input type="text"/>	YES 1 NO 2 GO TO 19 ↓	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2 NEXT LINE ↓	1 2 3 4
04		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	04	04	04	<input type="text"/> <input type="text"/>	YES 1 NO 2 GO TO 19 ↓	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2 NEXT LINE ↓	1 2 3 4
05		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	05	05	05	<input type="text"/> <input type="text"/>	YES 1 NO 2 GO TO 19 ↓	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2 NEXT LINE ↓	1 2 3 4
06		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	06	06	06	<input type="text"/> <input type="text"/>	YES 1 NO 2 GO TO 19 ↓	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2 NEXT LINE ↓	1 2 3 4
07		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	07	07	07	<input type="text"/> <input type="text"/>	YES 1 NO 2 GO TO 19 ↓	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2 NEXT LINE ↓	1 2 3 4
08		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	08	08	08	<input type="text"/> <input type="text"/>	YES 1 NO 2 GO TO 19 ↓	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2 NEXT LINE ↓	1 2 3 4

HOUSEHOLD CONTINUED

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY				EDUCATION IF AGE 5 YEARS OR OLDER			EMPLOYMENT IF AGE 8 YEARS OR OLDER	
				Does (NAME) usually live here?	Did (NAME) stay here last night?			How old is (NAME)? IF AGE IS LESS THAN 1 YEAR, WRITE '00'	FOR ALL AGED 10 OR ABOVE What is the current marital status of (NAME)?** Currently married=1 Formerly married=2 Never married=3	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN (Q8=1 OR 2) AGE 10-49	IF HOUSEHOLD CHOSEN FOR MEN'S SURVEY, CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER 6	Record mother's line no. Of all children under 6 (RECORD '00' IF MOTHER OF CHILDREN NOT LISTED IN HOUSEHOLD)	Has (NAME) ever attended school?	What is the level of schooling (NAME) has last attended?*** What is the highest class (NAME) completed at that schooling?***	IF AGED LESS THAN 25 YEARS Is (NAME) currently attending school?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(16)	(17)	(18)	(19)	(20)
09		<input type="text"/> <input type="text"/>	M 1 F 2	YES 1 NO 2	YES 1 NO 2	IN YEARS <input type="text"/> <input type="text"/>	CM 1 FM 2 NM 3	09	09	09	<input type="text"/> <input type="text"/>	YES 1 NO 2 GO TO 19 ↓	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 NEXT LINE ← ↓	1 2 3 4
10		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	10	10	10	<input type="text"/> <input type="text"/>	YES 1 NO 2 GO TO 19 ↓	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2 NEXT LINE ← ↓	1 2 3 4
11		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	11	11	11	<input type="text"/> <input type="text"/>	YES 1 NO 2 GO TO 19 ↓	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2 NEXT LINE ← ↓	1 2 3 4
12		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	12	12	12	<input type="text"/> <input type="text"/>	YES 1 NO 2 GO TO 19 ↓	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2 NEXT LINE ← ↓	1 2 3 4
13		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	13	13	13	<input type="text"/> <input type="text"/>	YES 1 NO 2 GO TO 19 ↓	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2 NEXT LINE ← ↓	1 2 3 4
14		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	14	14	14	<input type="text"/> <input type="text"/>	YES 1 NO 2 GO TO 19 ↓	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2 NEXT LINE ← ↓	1 2 3 4
15		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	15	15	15	<input type="text"/> <input type="text"/>	YES 1 NO 2 GO TO 19 ↓	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2 NEXT LINE ← ↓	1 2 3 4
16		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 3	16	16	16	<input type="text"/> <input type="text"/>	YES 1 NO 2 GO TO 19 ↓	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	1 2	1 2 NEXT LINE ← ↓	1 2 3 4

HOUSEHOLD CONTINUED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(16)	(17)	(18)	(19)	(20)
17		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <input type="checkbox"/> <input type="checkbox"/>	CM FM NM 1 2 3	17	17	17	<input type="checkbox"/> <input type="checkbox"/>	YES1 NO2 GO TO 19	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2	1 2 NEXT LINE ↙	1 2 3 4
18		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2 3	18	18	18	<input type="checkbox"/> <input type="checkbox"/>	YES1 NO2 GO TO 19	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2	1 2 NEXT LINE ↙	1 2 3 4
19		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2 3	19	19	19	<input type="checkbox"/> <input type="checkbox"/>	YES1 NO2 GO TO 19	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2	1 2 NEXT LINE ↙	1 2 3 4
20		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2 3	20	20	20	<input type="checkbox"/> <input type="checkbox"/>	YES1 NO2 GO TO 19	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2	1 2 NEXT 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
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

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

***CODES FOR Q17
EDUCATION
LEVEL
SCHOOL
1 = PRIMARY
2 = SECONDARY
3 = COLLEGE AND HIGHER

GRADE:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
21	What is the main source of water your household used for dishwashing? (PROBE IF TUBEWELL IS MENTIONED)	PIPED WATER PIPED INSIDE DWELLING.....11 PIPED OUTSIDE DWELLING12 WELL WATER TUBEWELL21 SHALLOW TUBEWELL.....22 DEEP TUBEWELL23 SURFACE WELL/OTHER WELL24	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		SURFACE WATER POND/TANK/LAKE31 RIVER/STREAM.....32 RAINWATER41 OTHER _____ 96 (SPECIFY)	
22	What is the main source of drinking water for members of your household? (PROBE IF TUBEWELL IS MENTIONED)	PIPED WATER PIPED INSIDE DWELLING.....11 PIPED OUTSIDE DWELLING12 WELL WATER TUBEWELL21 SHALLOW TUBEWELL22 DEEP TUBEWELL23 SURFACE WELL/OTHER WELL24 SURFACE WATER POND/TANK/LAKE31 RIVER/STREAM.....32 RAINWATER41 OTHER _____ 96 (SPECIFY)	
WILL YOU PLEASE GIVE ME SOME DRINKING WATER. INTERVIEWER: PLEASE PRESERVES THE DRINKING WATER FOR ARSENIC TEST.			
23	What is the source of this drinking water? (PROBE IF TUBEWELL IS MENTIONED)	PIPED WATER PIPED INSIDE DWELLING.....11 PIPED OUTSIDE DWELLING12 WELL WATER TUBEWELL21 SHALLOW TUBEWELL22 DEEP TUBEWELL23 SURFACE WELL/OTHER WELL24 SURFACE WATER POND/TANK/LAKE31 RIVER/STREAM.....32 RAINWATER41 OTHER _____ 96 (SPECIFY)	
24	How long have you been using this source for drinking water?	YEARS..... <input type="text"/> <input type="text"/>	
25	Have you heard of arsenic?	YES1 NO2	
26	CHECK Q23: CIRCLED '21' OR '22' OR '23' YES: <input type="checkbox"/> NO <input type="checkbox"/>	YES: <input type="checkbox"/> NO <input type="checkbox"/>	→ 29
27	Is the tube well marked red or green color from where you obtained this water for drinking?	RED.....1 GREEN2 UNMARKED3 DK8	→ 28B → 29
28A	Do you know the meaning of red color in the tube well?	ARSENIC IN THE WATER..... A NOT SAFE TO DRINK..... B OTHER _____ X (SPECIFY) DK Z	→ 29

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
38	What type of fuel does your household mainly use for cooking?	WOOD01 CROP RESIDUE/GRASS.....02 DUNG CAKES03 COAL/COKE/LIGNITE.....04 CHARCOAL05 KEROSENE06 ELECTRICITY.....07 LIQUID GAS/GAS.....08 BIO-GAS09 OTHER _____ 96 (SPECIFY)	
39	What type of cooking stove is mainly used in your house?	KEROSENE STOVE1 GAS STOVE2 OPEN FIRE.....3 OPEN FIRE OR STOVE WITH CHIMNEY OR HOOD4 CLOSED STOVE WITH CHIMNEY5 OTHER _____ 6 (SPECIFY)	
40	Where is cooking usually done?	IN A ROOM USED FOR LIVING OR SLEEPING 1 IN A SEPARATE ROOM IN SAME BUILDING USED AS KITCHEN.....2 IN A SEPARATE BUILDING USED AS KITCHEN3 OUTDOORS4 OTHER _____ 6 (SPECIFY)	
41	Does your household own any homestead? IF 'NO', PROBE: Does your household own homestead any other places?	YES 1 NO.....2	
42	Does your household own any land (other than the homestead land)?	YES 1 NO.....2 → 44	
43	How much land does your household own (other than the homestead land)? AMOUNT _____ SPECIFY UNIT _____	AMOUNT <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/> ACRES </div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> DECIMALS </div> </div>	
44	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 YEAR1 SOMETIMES DEFICIT2 NEITHER DEFICIT NOT SURPLUS3 SURPLUS.....4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
44A	USE ARSENIC TEST KIT TO TEST DRINKING WATER AND CIRCLED APPROPRIATE CODE.	001 1002 10-2503 2504 25-5005 5006 50-10007 10008 100-25009 25010 250-50011 500-150012 1500-400013 OTHERS _____ 96 (SPECIFY)	
44B	IS THERE ANY SMELL OF ROTTEN EGG IN THE DRINKING WATER THAT WAS COLLECTED FOR TESTING?	YES1 NO2	

HEIGHT AND WEIGHT MEASUREMENT

CHECK COLUMNS (9) AND (11): RECORD THE LINE NUMBER, NAME AND AGE OF ALL EVER MARRIED WOMEN AGE 10-49 AND ALL CHILDREN UNDER 6 YEARS.

WOMEN 10-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 10-49			
LINE NO.	NAME	AGE	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT
FROM COL.(9)	FROM COL.(2)	FROM COL.(7)					1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)
		YEARS					
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER 6 YEARS [FROM COL.(7)]				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN UNDER 6 YEARS			
LINE NO.	NAME	AGE	What is (NAME)'s date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT
FROM COL.(11)	FROM COL.(2)	FROM COL.(7)					1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
			DAY MONTH YEAR			LYING STAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED