**Feasibility of Cover Page for Two Stage Sampling**

|  |  |  |
| --- | --- | --- |
| **Q101.** Did the interviewer have any problems completing the form? | Yes (01) | No (02) |
| **Q101.a.** If yes, please specify the problem, tick all that apply: | | |
| **Q102.** Deciding on the category of the building | Yes (01) | No (02) |
| **Q103.** Householder was uncooperative | Yes (01) | No (02) |
| **Q104.** Identifying anyone in a non-permanent building | Yes (01) | No (02) |
| **Q104a.** Any other issues with the cover page? | | |

**Feasibility of Cover Page for One Stage Sampling**

|  |  |  |
| --- | --- | --- |
| **Q105.** Did the interviewer have any problems completing the form? | Yes (01) | No (02) |
| **Q105a.** If yes, please specify the problem, tick all that apply: | | |
| **Q106.** Deciding on the category of the building | Yes (01) | No (02) |
| **Q107.** Householder was uncooperative | Yes (01) | No (02) |
| **Q107a.** Any other issues with the cover page? | | |

**Feasibility of Household Roster**

|  |  |  |
| --- | --- | --- |
| **Q108.** Did the respondent have any problems answering the household roster questions? | Yes (01) | No (02) |
| **Q108a.** If yes, please specify the problem, tick all that apply: | | |
| **Q109.** Identifying all household members | Yes (01) | No (02) |
| **Q110.** Deciding which code to use | Yes (01) | No (02) |
| **Q111.** Specifying or remembering any disability? | Yes (01) | No (02) |
| **Q112.** Specifying or remembering whether this was due to an injury? | Yes (01) | No (02) |
| **Q113.** Difficulty on asking income questions? | Yes (01) | No (02) |
| **Q113a.** If yes, please specify the problem, tick all that apply: | | |
| **Q114.** Any other problems with filling in the roster? | | |

**Section-2 (Migration and Social Capital Questions)**

**Questions:**

**Q 201**. When did you come to this place (or tole)? Number of years (specify)

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 202.** How long have you lived in this place (or tole)?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 203.**  Where were you living before you came to (Dhaka/Kathmandu/Hanoi)?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 204.**  Did you live in a town, village or rural area?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 205.** Which members of your household came with you?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 206.**  Why did you come to this place?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 207.**  Do you feel secure from eviction from this dwelling?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 208.** Have you lived in other parts of this city before coming to this place?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 209.** Where were you living in this city (specify tole) before you came to this place?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 210.**  When did you leave that place to come here?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 211**. Why did you leave that place to come here?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 212.**  Have you ever been forced to move or evicted?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 213.**  Why were you evicted?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 214.**  Do you and your household members hope to leave this place and go live elsewhere?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 215.**  Why do you want to go there?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Social Capital Questions from UN-Habitat**

**Q 216.**  Are you or anyone in this household a member of this group?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 217.** Most people who live in this community can be trusted? *Read out the responses*.

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 218.**  In this community, one has to be alert or someone is likely to take advantage of you.

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 219.** Most people in this neighborhood are willing to help if you need it.

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 210**. In this neighborhood, people generally do not trust each other in matters of lending and borrowing money.

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**SECTION E: Food expenses and home production**

**RE001:** Please record free text any problems the respondent has answering this section. If there is a particular question that the respondent struggles to understand or respond to. Please note down the question number:

**SECTION F: Non-food expenditures and inventory of durable goods**

**RF001:** Please record free text any problems the respondent has answering this section. If there is a particular question that the respondent struggles to understand or respond to. Please note down the question number:

**SECTION G: Non-food expenditures and inventory of durable goods**

– (Inventory of durable goods)

**RG001:** Please record free text any problems the respondent has answering this section. If there is a particular question that the respondent struggles to understand or respond to. Please note down the question number:

**SECTION H: Non-food expenditures and inventory of durable goods**

-- (Own account production of goods)

**RH001:** Please record free text any problems the respondent has answering this section. If there is a particular question that the respondent struggles to understand or respond to. Please note down the question number:

**SECTION I: HOUSING EXPENSES**

**RI001:** Please record free text any problems the respondent has answering this section. If there is a particular question that the respondent struggles to understand or respond to. Please note down the question number:

**Section-3 (DHS Assents)**

Observe the respondent answering these questions, for each question note down any issues arising:

**Questions:**

**Q 301.**  What is the main source of drinking water for members of your household?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 302.** What is the main source of water used by your household for other purposes such as cooking and handwashing?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 303.**  Where is that water source located?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 304.** How long does it take to go there, get water, and come back? (minutes)

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 305**. CHECK J001 AND J002: CODE '14' OR '21' CIRCLED?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 306.** In the past two weeks, was the water from this source not available for at least one full day?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 307.**  Do you do anything to the water to make it safer to drink?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 308.**  What do you usually do to make the water safer to drink? Anything else?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 309.**  Do you or someone in this household own this dwelling, or do you rent this dwelling?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 310.**  What kind of toilet facility do members of your household usually use? *IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY*

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 311.** Do you share this toilet facility with other households?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 312.** Including your own household, how many households use this toilet facility?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 313.** Where is this toilet facility located?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 314.** What type of fuel does your household mainly use for cooking?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 315.** What type of stove does your household mainly use for cooking?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 316.** Is the cooking usually done in the house, in a separate building, or outdoors?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 317.**  Do you have a separate room which is used as a kitchen?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 318.**  How many rooms in this household are used for sleeping?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 319.**  Do you have any spare rooms which you can rent?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 320.**  Does this household own any livestock, herds, other farm animals, or poultry?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 321.**  How many of the following animals does this household own?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 322.**  Does any member of this household own any agricultural land, sharecrop-in, or mortgage-in any agricultural land? If yes, is any of it irrigated?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 323.** How many of hectares of agricultural land do members of this household own?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 324.** Does your household have:

1. Electricity?
2. A Radio?
3. A Television?
4. A Computer?
5. A Refrigerator?
6. A non-mobile telephone? (If yes, specify number)

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 325.** Does any member of this household own;

1. A Watch?
2. A Bicycle?
3. A Motorcycle or motor Scooter?
4. An animal drawn cart?
5. A car of truck?
6. A boat with motor?
7. A mobile phone? (If yes, specify number)

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 326.** Does any member of this household have a bank account?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 327.** How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 328.** Compared to the wealth of other households in your community do you consider yourself to be (TICK ONE)

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Additional Questions (From PPI for Nepal)**

**Q 329.** Main construction material of outside walls?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 330.** Main material roof is made of?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**SECTION K: How much does it currently cost to buy a [name of item] like this from your usual place of purchase?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CODE | ITEM | Q9.01 | Q9.02 |  |  |
|  |  | PRICE | UNIT | RUPEE | Unit |
| 901 | Rice |  |  |  |  |
| 902 | Wheat flour |  |  |  |  |
| 903 | Pulses - red lentils |  |  |  |  |
| 904 | Milk |  |  |  |  |
| 905 | Cooking oil (soya/vegetable) |  |  |  |  |
| 906 | Meat - Chicken |  |  |  |  |
| 907 | Fish - freshwater |  |  |  |  |
| 908 | Potato |  |  |  |  |
| 909 | Leafy vegetable-spinach |  |  |  |  |
| 910 | Fruit - banana |  |  |  |  |
| 911 | Eggs |  |  |  |  |
| 912 | Sugar |  |  |  |  |
| BASED AT THE MOMENT ON LISTS FROM BANGLADESH (ITEMS USED TO ESTIMATE FOOD POVERTY).  I THINK NEPAL WILL BE SIMILAR.  IN VIETNAM LIKELY TO BE SOME SUBSTITUTIONS INCLUDING ADDITION OF NOODLES  Units as specified by respondent as the 'usual' quantity/measure. | | | | | |
| **Units** | | | | | |  |
| 1. KILOGRAM | | | | | | 12 SPOON |
| 2 GRAM | | | | | | 13 SODA BOTTLE LID |
| 3 LITER | | | | | | 14 RICE SACK, 25 KG |
| 4 MILLILITER | | | | | | 15 OIL TIN, 20 LITER |
| 5 CENTIMETER | | | | | | 16 SODA BOTTLE |
| 6 PACKET | | | | | | 17 BEER BOTTLE, SMALL |
| 7 LOAF | | | | | | 18 BEER BOTTLE, LARGE |
| 8 UNITIES | | | | | | 19 BUCKET |
| 9 MARG. TIN, 1 KG | | | | | | 20 HEAP |
| 10 MARG. TIN. ½ KG | | | | | | 21 BUNCH |
| 11 CUP, ¼ LITER | | | | | | 22 OTHER (SPECIFY) |
|  | | | | | |

May be unit could be placed first then we ask the amount. Also would be better to set the standard unit for each item and ask them the price

**Section-10 (Injury Related Questionnaire)**

**Q 1001.** Household member code of the respondent from HH Roster:

**Q 1002.** When did the injury occur?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1003.** At what time of day did the injury occur?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1004.** Where was the injured person when the injury occurred?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1005.** What was the injured person doing when he/she was injured?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1006.** In what area was the injured person's main work (paid or unpaid) at the time of the injury?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1007.** What task was the person performing when the injury occurred?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1008.** What was the cause of the injury?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1009.** How did the injury happen?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1010.** Nature of physical injury (type of injury)?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Health Seeking Behavior**

**Q 1011.** After he/she was injured, was medical treatment sought outside of the household (e.g. at a health facility, hospital, clinic)?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1012.** Where did the injured person first go for medical treatment for their injury?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1013.** Was the injured person admitted to a hospital ward or health facility for treatment of their injury?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1014.** How many days did the injured person stay in the hospital for treatment of their injury?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Impairment and Disability**

**Q 1015.** As a result of the injury, did the injured person suffer any impairment that prevented them from performing their usual activities (e.g. going to work or school, doing housework, playing, feeding) for one or more days?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1016.** Since the injury occurred, has the injured person been able to return to their normal activities?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1017.** If yes, fully, then after how long?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1018.** If yes, but only partially, then after how long?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Economic Impact**

**Q 1019.** Did the injured person lose days of work as a result of the injury?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1020.** If yes, then specify

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1021.** Did anyone in the household lose days of work or school to take care of the injured person?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1022.** If yes, then specify

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1023.** Did the usual household income (money coming in, not expenditures) decline as a result of the injury event?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1024.** Did the usual household food consumption decline as a result of the injury event?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1025.** Did the household have to borrow money or take loan to take care of the injured person or make up for loss of income?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**SECTION M: Injury-related death questionnaire (complete for each person in the household who has died from an injury)**

**Q 1101:** Has a household member ever died from an injury?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1102:** How many family members have died from an injury?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q M003:** Relationship of person who died to the respondent.

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1104:** When did the person die?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1105:** How old was the injured person when he/she died?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1106:** What gender was the person?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1107:** What was the cause of the injury?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1108:** How did the injury happen?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1109:** Where did the injured person die?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Q 1110:** How long after the injury occurred did the injured person die?

|  |  |  |  |
| --- | --- | --- | --- |
| Did the respondent find this question difficult to answer? | Yes (01) | No (02) |  |
| If yes, please specify: | | |  |
|  |
|  |

**Feasibility of Migration and Social Capital Questions in the Individual Questionnaire**

**Repeated Question of N. Individual Social Capital**

**Heart-Mind Questionnaire (Validated PHQ-9 in Nepal)**

**ID of randomly selected respondent from HH roster:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Now we will be talking about your experience during the past two weeks where you have been continuously feeling, not only for a couple of days but continuously, sad in your heart-mind and unhappy.** | | | |
| **Step 1: Heart mind problem screening** | | | |
| ***Select one of the following:*** | | | |
| Q 1201 | Have you heart-mind problems in the past two weeks, for example thoughts playing in your heart-mind, sadness in your heart-mind, or worry in your heart-mind? | Yes  No  Don’t Know  Refused | 1  2  98  88 |
| **Step 2: Impairment due to heart-mind problem** | | | |
| Q 1202 | During the past two weeks, have you experienced problems in your work, taking care of yourself and your family, or in your relationship with other people because of the problems that we talked about heart-mid problems? | Yes  No  Don’t Know  Refused | 1  2  98  88 |
| **Step 3: Patient and Health Questionnaire** | | | |
| Q 1203 | During the past two weeks, compared to other people, how much have you felt that you are not able to be happy or do not enjoy doing work / activities? | NOT AT ALL  SOMETIMES  USUALLY  ALWAYS | 0  1  2  3 |
| Q 1204 | During the past two weeks, how much have you felt frustrated, despairing, or incapable of doing anything? | NOT AT ALL  SOMETIMES  USUALLY  ALWAYS | 0  1  2  3 |
| Q 1205 | During the past two weeks, how much have you had problems with your sleep, such as not being able to sleep properly and peacefully, or feeling sleepier than before? | NOT AT ALL  SOMETIMES  USUALLY  ALWAYS | 0  1  2  3 |
| Q 1206 | During the past two weeks, how much have you felt tired and lacking energy? | NOT AT ALL  SOMETIMES  USUALLY  ALWAYS | 0  1  2  3 |
| Q 1207 | During the past two weeks, how much have you lost your appetite or experienced increased appetite? | NOT AT ALL  SOMETIMES  USUALLY  ALWAYS | 0  1  2  3 |
| Q 1208 | During the past two weeks, how much have you lost your appetite or experienced increased appetite? | NOT AT ALL  SOMETIMES  USUALLY  ALWAYS | 0  1  2  3 |
| Q 1209 | During the past two weeks, how much have you been having difficulty being able to focus or concentrate? (For example, not being able to concentrate while watching TV, reading a newspaper, cleaning rice, cooking, cutting grass or working.) | NOT AT ALL  SOMETIMES  USUALLY  ALWAYS | 0  1  2  3 |
| Q 1210 | During the past two weeks, how much have people commented that you have been talking very softly, walking slowly, moving around needlessly, or acting restless? | NOT AT ALL  SOMETIMES  USUALLY  ALWAYS | 0  1  2  3 |
| Q 1211 | During the past two weeks, how much have you had the feeling of hurting yourself, dying or committing suicide? (For example, cutting your hands, taking poison, jumping from somewhere, hitting your head against the wall.) | NOT AT ALL  SOMETIMES  USUALLY  ALWAYS | 0  1  2  3 |
| Q 1212 | How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? | NOT DIFFICULT AT ALL  SOMEWHAT DIFFICULT  VERY DIFFICULT  Extremely Difficult | 0  1  2  3 |

**The pictorial scale below may be useful to help respondents understand the differences in the response options.**

**For consideration in Vietnam and Bangladesh SECTION N1: Patient Health Questionnaire (PHQ-9)**

**ID of randomly selected person from roster**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Over the last 2 weeks, how often have you been bothered by any of the following problems? | | | | | | | |
| (Use '√' to indicate your answer) | |  |  |  |  |  |  |
|  |  | **Not at all** | **Several days** |  | **More than half the days** |  | **Nearly every day** |
| P101 | Little interest or pleasure in doing things | 0 | 1 |  | 2 |  | 3 |
| P102 | Feeling down, depressed, or hopeless | 0 | 1 |  | 2 |  | 3 |
| P103 | Trouble falling or staying asleep, or sleeping too much | 0 | 1 |  | 2 |  | 3 |
| P104 | Feeling tired or having little energy | 0 | 1 |  | 2 |  | 3 |
| P105 | Poor appetite or overeating | 0 | 1 |  | 2 |  | 3 |
| P106 | Feeling bad about yourself- or that you are a failure or have let yourself or your family down | 0 | 1 |  | 2 |  | 3 |
| P107 | Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 |  | 2 |  | 3 |
| P108 | Moving or speaking so slowly that other people could have noticed. Or the opposite- being so figety or restless that you have been moving around a lot more than usual. | 0 | 1 |  | 2 |  | 3 |
| P109 | Thoughts that you would be better off dead, or of hurting yourself | 0 | 1 |  | 2 |  | 3 |
| P110 | If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? |  | Not difficult at all ----------------------------- Somewhat difficult -------------------------- Very difficult ---------------------------------- Extremely difficult -------------------------- | | | | |

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