**Survey for Urban Equity (SUE)**

Household Questionnaire

2018

Start time:

|  |  |  |  |
| --- | --- | --- | --- |
| **S.N** | **IDENTIFICATION** | **Code** | **Skip**  |
| I | PSU Number (choose) |  |  |  |
| II | PSU Number (enter) |  |  |  |
| IV | Is the dwelling already listed in the dwelling listing form? | Same dwellings as listed in the dwelling listing formSame building but new level/dwellingNew building (not listed previously) | 123 |  VI |
| V | Unique-ID ***Choose from list of unique-IDs and enter the ID again.*** | ***List of unique-IDs of all the dwellings that was enumerated previously.***   ***PSU# S.N Bldg.#***  |   VIII |
| VI | Unique-ID***Create a unique-ID and enter 2 times.*** |    ***PSU# S.N Bldg.#***  |  X |
| VIII | Is/are any household/s or other individuals currently living in the dwelling? | YesNo  | 12 |   |
|  | ***If no, end and save the form for one-stage PSUs.******If yes, address of the dwelling, building details and picture of the building will be displayed.***  |
| IX | Is the information displayed correct? | YesNo  | 12 |  |
|  | ***If the information is not correct, enter correct information.***  |  |
| X | Area name | ………………………………...…….. |  |  |
| XI | Municipality | ………………………………………. |  |  |
| XII | Ward |  |  |  |
| XIV | Building/Location Number |  |  |  |
| XV | Dwelling Number |  |  |  |
| XVI | Household Number |  |  |  |
| XVII | Name of the person most knowledgeable about the household | ……………………………………… |  |  |

|  |  |
| --- | --- |
|  | **Interview visit records** |
| Interviewer’s Name: | …………………………………………… |
| Interview date | **1st visit** | **2nd visit** | **3rd visit** |
| / /2017 DD / MM | / /2017 DD / MM | / /2017 DD / MM |
| Result\* |  |  |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Interview date | **1st visit** | **2nd visit** | **3rd visit** |
| / /2017 DD / MM | / /2017 DD / MM | / /2017 DD / MM |
| Result\* |  |  |  |

 |
| **Result code\***1. Completed2. No household member at home or no eligible respondent at home at the time of visit3. Entire household absent for extended period of time4. Postponed5. Refused6. Others (specify)………………………. |
| Total persons in household |  |
| Total eligible adults (over 18 and good mental state) |  |
| Line No. of respondent to household questionnaire |  |
| A | Type of building  | ResidentialMixedCommercial / institutionalVacant / construction / demolitionShack / tentHostel/college dorm(For student)Hostel (For working women/ migrants)Street sleeper | 1234566A7 | House-hold Roster House-hold Roster |
| B | ***Only for One-stage PSUs***How many other people slept in the same location last night? |  |  | End the form |

***NOTE: In one-stage sample, complete cover sheet for anyone who slept in the physical area of the PSU the night before. Interview all those eligible (i.e. over 18 years) who slept in a permanent or non-permanent building (except institutions).***

**Section 1: Household Schedule**

*(Ask to household head or the most knowledgeable person of the household. Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | **If age 15 years or older** | **If age 5 years or older** | **If age 15 years or older** |
| **Line No.** | **Usual residents and visitors** | **Relationship to head of household** | **Sex** | **Residence** | **Age** | **Caste** | **Eligible ind.q.** | **Marital status** | **Ever attended school** | **Occupation and employment** |
| **Q1** | **Q2** | **Q3** | **Q4** | **Q5** | **Q6** | **Q7** | **Q8** | **Q9** | **Q10** | **Q11** | **Q11a** | **Q12** | **Q13** | **Q14** | **Q15** | **Q15a** | **Q16** | **Q17** | **Q18** |
|  | Name of household members ***After listing the names and recording the relationship and sex for each person, ask questions 2A-2C to be sure that the listing is complete.******Then ask appropriate questions in columns 5-20 for each person.*** | What is the relationship of (NAME) to the head of the household?***(See the codes below)*** | Is (NAME) male or female? | Did (NAME) stay here for 6 of the last 12 months? | Did (NAME) stay here for 3 of the last 12 months? | Did (NAME) stay here last night? | Does (NAME) typically share meals with other members in this household? | Does (NAME) typically pool their income and expenditure with other members in this household? | How old is (NAME)?***If 95 or more, record ‘95’*** | What is (NAME)'religion?***(See the codes below)*** | Circle adults age 15+***(See the codes below)******(if not eligible go to Q13)*** | What is (NAME)'s current marital status?1=Married or living together2=Divorced/separated3 = Widowed4 = Never-married and never lived together | Is [NAME] able to read and write? ***(if not go to column 15)*** | What is the highest level of school (NAME) has attended?***(See the******codes******below)*** | What is (Name)'s main occupation?***Please write the main work of the member.*** | What is (Name)'s main occupation?***(See the codes below)*** | ***Answer if responded 1-7 in Q15 else go to Q19***What is the sector of (Name)?***(See the codes*** ***below)*** | ***Answer if responded 1-7 in Q15 else go to Q19***What is (Name)'s employment status in the last 12 months?***(See the codes*** ***below)*** | ***Answer if responded 1-7 in Q15 else go to Q19***What is method of payment from (Name)'s employment?***(See the codes below)*** |
|  |  | M | F | Y | N | Y | N | Y | N | Y | N | Y | N | In years |  |  | Y | N | Level |  | Occupation | Sector | Employment | Payment method |
| 01 |  |  | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |  |  | 01 |  | 1 | 2 |  | ……………. |  |  |  |  |
| 02 |  |  | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |  |  | 02 |  | 1 | 2 |  | ……………. |  |  |  |  |
| 03 |  |  | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |  |  | 03 |  | 1 | 2 |  | ……………. |  |  |  |  |
| 04 |  |  | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |  |  | 04 |  | 1 | 2 |  | ……………. |  |  |  |  |
| 05 |  |  | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |  |  | 05 |  | 1 | 2 |  | ……………. |  |  |  |  |
| 06 |  |  | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |  |  | 06 |  | 1 | 2 |  | ……………. |  |  |  |  |
| 07 |  |  | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |  |  | 07 |  | 1 | 2 |  | ……………. |  |  |  |  |
| 08 |  |  | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |  |  | 08 |  | 1 | 2 |  | ……………. |  |  |  |  |
| 09 |  |  | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |  |  | 09 |  | 1 | 2 |  | ……………. |  |  |  |  |
| ...20 |  |  | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |  |  | ...20 |  | 1 | 2 |  | ……………. |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CODES FOR Q. 3: RELATIONSHIP**01 = Head/individual02 = Husband/wife03 = Son/daughter04 = Grandchild05 = Father/mother06 = Brother/sister07 = Nephew/niece08 = Son/daughter-in-law09 = Brother/sister-in-law10 = Father/mother-in-law11 = Other family relative | 12 = Servant/servant’s relative13 = Grand father/mother 14 = Other person not related15= Tenant/tenant’s relatives98 = Don’t' know(**Note:** if they answered 12 or 14 or 15, do separate questionnaire with them)  | **CODES FOR Q. 11: RELIGION**01 = Muslim02 = Hindu03 = Buddhism04 = Christian96 = Others98 = Don't know | **CODES FOR Q. 14: EDUCATION**01 = Nursery or below02 = Primary (Class 1 to 5)03 = Secondary (Class 6 to 10)04 = SSC or equivalent05 = HSC or equivalent07 = Bachelor or equivalent 08 = Masters or equivalent 09 = Informal education98 = Don't Know | **CODES FOR Q. 15a: OCCUPATION**01 = Labour (skilled)02 = Labour (unskilled)03 = Service (government)04 = Service (private)05 = Petty business06 = Business07 = Farming (agriculture/livestock)08 = Homemaker09 = Student10 = Retired (pension)11 = Unemployment (able to work)12 = Unemployment (unable to work)96 = Others98 = Don't know | **CODES FOR Q. 16: SECTOR**01 =Agriculture/forestry/ aquaculture02 = Health sector03 = Education sector04 = Industry sector05 = Transport sector06 = Tourism/hospitality sector07 = Construction sector08 = Retail sector09 = Domestic sector [house]96 = Others98 = Don't know | **CODES FOR Q. 17: EMPLOYMENT**1 = Worked full time2 = Worked seasonably3 = Worked occasionally4 = Did not work in last year8 = Don’t Know | **CODES FOR Q. 18: METHODS OF PAYMENT**1 = Daily basis2 = Monthly basis3 = Piece rate4 = Contract basis (installments)5 = Self-employment6 = Not paid 96 = Others |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line No.** | **Injury *(Serious enough to need medical treatment or to change their 'normal' activity for one or more days)*** | **Chronic disease *(The disease which affects people more than 3 months)*** |  | **Permanent Disability**  |
| **Q1** | **Q19** | **Q19A** | **Q20** | **Q21a** | **Q21b** | **Q21c** | **Q22a** | **Q22b** | **Q22c** | **Q23a** | **Q23b** | **Q23c** | **Q24a** | **Q24b** | **Q24c** | **Q25a** | **Q25b** | **Q25c** | **Q26a** | **Q26b** | **Q26c** |
|  | Did (Name) sustain an injury in the last 6 months?1= Yes2= No98= Don’t know | Does (Name) have a chronic disease (illness which has lasted for more than 3 months)? 1= Yes2= No98= Don’t know | Does (Name) have difficulty with any of the following for more than 6 months? 1=Seeing 2=Hearing 3=Walking 4=Self-care 5=Remembering 6=Understanding or communicating7=No difficulty for more than 6 months.***If YES for SEEING, GO TO question 21a, If YES for HEARING, GO TO question 22a, If YES for WALKING,*** ***GO TO question 23a If YES for Self-care, GO TO question '24a, If YES for Remembering, GOTO question 25a, If YES for Understanding or communicating, GO TO 26a. If No difficulty for more than 6 months GOTO Q27.***  | Does (Name) have difficulty with seeing, even if wearing glasses?***If Not go to Q22a*** | If yes, how much difficulty?1 = some difficulty2= a lot of difficulty3 = cannot do at all | Was the disability caused by an injury? | Does (Name) have difficulty with hearing, even if using a hearing aid?***If Not go to Q23a*** | If yes, how much difficulty?1 = some difficulty2= a lot of difficulty3 = cannot do at all | Was the disability caused by an injury? | Does (Name) have difficulty with walking or climbing steps?***If Not go to Q24a*** | If yes, how much difficulty?1 = some difficulty2= a lot of difficulty3 = cannot do at all | Was the disability caused by an injury? | Does (Name) have difficulty with self care, like washing all over or dressing?***If Not go to Q25a*** | If yes, how much difficulty?1 = some difficulty2= a lot of difficulty3 = cannot do at all | Was the disability caused by an injury? | Does (Name) have difficulty with remembering or concentrating?***If Not go to Q26a*** | If yes, how much difficulty?1 = some difficulty2= a lot of difficulty3 = cannot do at all | Was the disability caused by an injury? | Does (Name) have difficulty with understanding or communicating because of mental or emotional health condition?***If Not go to Q27.*** | If yes, how much difficulty?1 = some difficulty2= a lot of difficulty3 = cannot do at all | Was the disability caused by an injury? |
|  |  |  | Difficulty type  | Y | N | Difficulty | Y | N | Y | N | Difficulty | Y | N | Y | N | Difficulty | Y | N | Y | N | Difficulty | Y | N | Y | N | Difficulty | Y | N | Y | N | Difficulty | Y | N |
| 01 |  |  |  | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 |
| 02 |  |  |  | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 |
| 03 |  |  |  | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 |
| 04 |  |  |  | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 |
| 05 |  |  |  | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 |
| 06 |  |  |  | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 |
| 07 |  |  |  | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 |
| 08 |  |  |  | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 |
| 09 |  |  |  | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 |
| …20 |  |  |  | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 | 1 | 2 |  | 1 | 2 |
|  |  |  |  |  |
| 2A | Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? | Yes…………………………………………………No…………………………………………………… | 12 | Add the member to above table   |
| 2B | Are there any other people who may not be members of your family, such as domestic servants, lodgers, or other people who are not relatives who usually live here? | Yes……………………………………………………No…………………………………………………… | 12 | Add the member to above table  |
| 2C | Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? | Yes……………………………………………………No…………………………………………………… | 12 | Add the member to above table  Proceed to column 5 of roster |

|  |  |  |
| --- | --- | --- |
|  **Q1** | **Q27** | **How much money [Name] received last month from following [……...] sources?**  |
| **Line No.** | Does [Name] have any source of income? ***If no ask for another member*** | **Q28** | **Q29** | **Q30** | **Q31** | **Q32** | **Q33** | **Q34** | **Q35** | **Q36** | **Q37** | **Q38** | **Q39** |
| Work (7 days for daily workers only) | Work(Monthly income for regular workers)  | Rent (house/land) | Remitta-nce | Investments, stocks, shares  | Loan interest  | Self-employment  | Agriculture/livestock | Elderly/Freedom fighter benefit  | Retirement benefits | Asset sales | Other earnings  |
|  |  | Taka | Taka | Taka | Taka | Taka | Taka | Taka | Taka | Taka | Taka | Taka | Taka |
| 01 | Yes/No/Don’t know |   |   |   |   |   |   |   |   |   |   |   |  |
| 02 | Yes/No/Don’t know |   |   |   |   |   |   |   |   |   |   |   |  |
| 03 | Yes/No/Don’t know |   |   |   |   |   |   |   |   |   |   |   |  |
| 04 | Yes/No/Don’t know |   |   |   |   |   |   |   |   |   |   |   |  |
| 05 | Yes/No/Don’t know |   |   |   |   |   |   |   |   |   |   |   |  |
| 06 | Yes/No/Don’t know |   |   |   |   |   |   |   |   |   |   |   |  |
| 07 | Yes/No/Don’t know |  |  |  |  |  |  |  |  |  |  |  |  |
| 08 | Yes/No/Don’t know |  |  |  |  |  |  |  |  |  |  |  |  |
| 09 | Yes/No/Don’t know |  |  |  |  |  |  |  |  |  |  |  |  |
| …20 | Yes/No/Don’t know |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Note:*** *If it is a household income, please record for household head.* *29: Record earnings from regular work after deducting tax.**32: Including dividends and interest.* *34: Record the net profit after deducting all the expenses and taxes. Should not be a valuation of the asset/principal itself.**35: Record the net profit after deducting all the expenses and taxes.* |

**Section 2: Migration and Social Capital**

*(Ask to household head or the most knowledgeable person of the household. Now, I am going to ask you questions related to migration and social capital. Can I continue?)*

ID of respondent from HH roster: 

| **S. N** | **Questions** | **Responses** | **Code** | **Skip** |
| --- | --- | --- | --- | --- |
| 202 | How long has the household lived in Dhaka? | Month  Year Living here for generations…………….Don’t know……………………………. | 1398 | Q208 |
| 203 | Was your household living somewhere else before living in Dhaka? | YesNoDon’t know | 1298 | Q208 |
| 204 | Where was your household living before coming to Dhaka? | District: ……………………………..VDC/Municipality: ………………… |  |  |
| 205 | Why did your household come to Dhaka? | To find workBecause of a change of workFor educationTo join othersBecause of evictionBecause my livelihood failedPlace was unsafe or insecureTo escape conflict Because of a natural disasterHousing was too expensiveFor improved housingDon’t know Other (specify)…………………… | 12345678910119896 |  |
| 206 | Did your household live in a town, village or rural area? | CityTownVillage or Rural areaDon't know | 12398 |  |
| 207 | Did all the members of your household come to Dhaka from that place (place recorded in Q204) at that time? | All of them My spouse only Some (others joined me or are still there)None Don’t know  | 123498 |  |
| 208 | Have your household lived in other parts of Dhaka city before coming to this place? | YesNo | 12 |   Q212 a1 |
| 209 | Where were your household living in Dhaka city before you came to this place? | Record name of the location:……………………………………… |  |  |
| 210 | When did your household leave that place to come here? | Month  Year  |  |
| 211 | Why did your household leave that place to come here? | To find workBecause of a change of workFor educationTo join othersBecause of evictionBecause my livelihood failedPlace was unsafe or insecureTo escape conflict Because of a natural disasterHousing was too expensiveFor improved housingDon’t know Other (specify)…………………… | 12345678910119896 |  |
| 212 (a1) | Do you or someone in this household own this dwelling, or do you rent this dwelling? | OwnRentProvided by employerRent free/squatterOther (specify) ………………. | 123496 |  |
| 212 (b1) | Do you feel secure from eviction from this dwelling? | YesNoOther (specify)……………………… | 12 96 | Q213 |
| 212 (c1) | Why do you feel insecure?  | ………………………………. |  |  |
| 213 | Have you ever been forced to move or evicted? | YesNo | 12 |  Q215 |
| 214 | Why were you evicted? | Government relocationCould not pay rentOwner did not want us thereDon't knowOther (specify)……………………. | 1239896 |  |
| 215 | Do you and your household members plan to leave this place and go live elsewhere? | NoYes, we want to return to our home areaYes, we want to move to another part of (specify city)………………Yes, we want to move to another part of the country (specify)……..Yes, we want to go to another country (specify) …………………Other (specify)……………………. | 1234596 |  Q217 |
| 216 | Why do you want to go there?***(Multiple response possible)*** | Will be able to find workHealth servicesEducation servicesFamily reunificationAvailability of landAvailability of housingSecurityDon't knowOther (specify)……………………. | 12345679896 |  |
| 217 | Are you or anyone in this household a member of this group? ***(Multiple response possible)*** | Saving or credit groupCooperativePolitical groupReligious groupWomen's group/Mother's groupFather's groupYouth groupNeighborhood/village groupNot a member of any groupOther groups (specify)……………. | 123456789596 |  |
| 218 | Most people who live in this community can be trusted? ***Read out the responses.*** | Strongly agreeAgreeNeither agree nor disagreeDisagree Strongly disagree | 12345 |  |
| 219 | In this community, one has to be alert or someone is likely to take advantage of you.***Read out the responses.*** | Strongly agreeAgreeNeither agree nor disagreeDisagree Strongly disagree | 12345 |  |
| 220 | Most people in this neighborhood are willing to help if you need it.***Read out the responses.*** | Strongly agreeAgreeNeither agree nor disagreeDisagree Strongly disagree | 12345 |  |
| 221 | In this neighborhood, people generally do not trust each other in matters of lending and borrowing money.***Read out the responses.*** | Strongly agreeAgreeNeither agree nor disagreeDisagree Strongly disagree | 12345 |  |

**Section 3: Household characteristics and assets**

*(Ask to household head or the most knowledgeable person of the household. Now, I am going to ask questions related to your household characteristic and assets. Can I continue?)*

| **S. N** | **Questions** | **Responses** | **Code** | **Skip** |
| --- | --- | --- | --- | --- |
| 301 | What is the main source of drinking water for members of your household? | **Piped water**Piped into dwellingPiped to yard/plotPiped to neighborPublic tap/standpipeTube well or borehole**Dug well**Protected wellUnprotected well**Water from spring**Protected springUnprotected springRainwaterTanker truck Surface water (river/dam/Lake/pond/stream/canal/Irrigation channel) Bottled or Jar waterOther (specify)............................ | 0102030405060708091011121396 |   |
| 302 | What is the main source of water used by your household for other purposes such as cooking and hand washing? | **Piped water**Piped into dwellingPiped to yard/plotPiped to neighborPublic tap/standpipeTube well or borehole**Dug well**Protected wellUnprotected well**Water from spring**Protected springUnprotected springRainwaterTanker truck Surface water (river/dam/Lake/pond/stream/canal/Irrigation channel)Other (specify)……………… | 01020304050607080910111396 | Q307  Q307 |
| 303 | ***Ask question if code 3 to 9 is selected in Q301 & 302.***Where is that water source located? | In own dwellingIn own yard/plotElsewhere | 123 | Q305 |
| 304 | How long does it take to go there, get water, and come back? | Minutes Don’t know | 98 |  |
| 304A | Do you share the water source with other households?  | YesNo 2If yes, how many households share this watersoure?: | 1 |  |
| 305 | Check 301 and 302: code '4' or '5' circled? | If yes- go to 306If not- go to 307 |  |  |
| 306 | In the past two weeks, was the water from this source not available for at least one full day? | YesNoDon't know | 1298 |  |
| 307 | Do you do anything to the water to make it safer to drink? | YesNoDon't know | 1298 |  Q310 |
| 308 | What do you usually do to make the water safer to drink? Anything else?***(Multiple response possible)***  | BoilAdd bleach/chlorineStrain through a clothUse water filter (ceramic/sand/compositive.. etc)Solar disinfectionLet it stand and settleDon't knowOther (specify) ………………… | 1234569896 |  |
| 310 | What kind of toilet facility do members of your household usually use?***(If not possible to determine, ask permission to observe the facility)*** | **Flush or pour toilet**Flush to piped sewerFlush to septic tankFlush to pit latrineFlush to somewhere elseFlush, don't know where**Pit latrine**Ventilated improved pit latrinePit latrine with slabPit latrine without slab/open pitComposting toiletBucket toiletHanging toilet/hanging latrineNo facility/bush/fieldOther (specify)………………. | 01020304050607080910119596 |  Q314 |
| 311 | Do you share this toilet facility with other households? | YesNo | 12 | Q313 |
| 312 | Including your own household, how many households use this toilet facility? | Specify number Don’t know | 98 |  |
| 313 | Where is this toilet facility located? | In own dwellingIn own yard/plotElsewhere | 123 |  |
| 314 | What type of fuel does your household mainly use for cooking? | ElectricityLPGNatural GasBiogasKeroseneCoal, ligniteCharcoalWoodStraw/Shrubs/Grass Agricultural cropAnimal dungNo food cooked in householdOthers (specify)………………… | 12345678910119596 |  Q317 a1 |
| 315 | What type of stove does your household mainly use for cooking? | Gas stove or smokeless ovenElectric cooker (including electric rice or pressure cooker)Open fireplace, mud, kerosene stove or other | 123 |  |
| 316 | Is the cooking usually done in the house, in a separate building, or outdoors? | In the houseIn a separate buildingOutdoorsOther(specify) | 12396 |  |
| 317 (a1) | How many rooms are used in your household? ***Except kitchen and toilet.*** | Rooms(specify number)  |  |  |
| 317 (b1) | Do you have a separate room which is used as a kitchen? | YesNo | 12 |  |
| 318 | How many rooms in this household are used for sleeping? | Rooms(specify number)  |  |  |
| 319 | Do you have any spare rooms which you can rent?***Include the rooms which are already rented.*** | YesNo | 12 |  |
| 320 | Does this household own any livestock, herds, other farm animals, or poultry? | YesNo | 12 |  Q322 |
| 321 | How many of the following animals does this household own? | ***If none, record '00'******If 95 or more, record '95'******If Don’t know, record '98'*** |  |  |
| a) | Milk cows or bulls or buffalo ? |  |  |  |
| b) | Other cattle? |  |  |  |
| c) | Horses, donkeys, or mules? |  |  |  |
| d) | Goats? |  |  |  |
| e) | Sheep? |  |  |  |
| f) | Chickens or other poultry? |  |  |  |
| 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? | Yes, and some irrigatedYes, but none irrigatedNo | 123 |  Q324 |
| 322a | If yes, where is it located? ***(Multiple responses possible***) | DhakaVillageBoth | 123 |   323 |
| 323 | How many of square feet of agricultural land do members of this household own? (in square feet) |  |
| .324 | Does your household have…….. | **Yes** | **No** |  |
| a) | Electricity? | 1 | 2 |  |
| b) | Generator/invertor/solar  | 1 | 2 |  |
| c) | A non-mobile telephone? (If yes, specify the phone number…………….) | 1 | 2 |  |
| 325 | Does any member of this household own…………… | **Yes** | **No** |  |
| a) | A watch? | 1 | 2 |  |
|  |  |  |  |  |
| 326 | How much worth jewelry, you have. ***Include all silver, gold, diamond, pearl….*** | Rupees………………….***If refused write 88*** |  |
| 327 | Does any member of this household have a bank account? | YesNo | 12 |  |
| 328 | How often does anyone smoke inside your house?Would you say daily, weekly, monthly, less often than once a month, or never? | DailyWeeklyMonthlyLess often than once a monthNever | 12345 |  |
| 329 | Compared to the wealth of other households in your community do you consider yourself to be (Select one) | Much poorerSlightly poorerAbout averageSlightly richerMuch richer | 12345 |  |
| 330 | What is the main construction material of outside walls? | Bamboo/leavesUnbaked bricksWood Mud-bonded bricks/stonesNo outside Cement-bonded bricks/stoneOther materials (specify)………………… | 12345696 |  |
| 331 | What is the main material of roof? | Straw/thatchEarth/mudTiles/slateWood/planksGalvanized ironConcrete/cementOther materials (specify)…………….. | 12345696 |  |
| 332 | Does water enter into the house through the roof or ground or both?  | YesNo | 12 |  |
| 333 | Does anyone in the household have any health insurance coverage?  | YesNo | 12 |  |

334 Is your home of a permanent nature that protects against extreme climate conditions?  Yes  No

335 Do you have security of tenure that prevents forced evictions?  Yes  No

336 Do more than three people share the same room?  Yes No

337 Does your household have easy access to safe water in sufficient amounts at an affordable price?  Yes  No

338 Does your household have access to adequate sanitation in the form of a private or public toilet shared by a reasonable number of people?  Yes  No

**Section 4: Food expenses and home production**

*(Ask to household head or the most knowledgeable person of the household. Now. I am going to ask you questions related to food expenses. Can I continue?)*

| **S. N** | **Questions** | **Responses** | **Code** | **Skip** |
| --- | --- | --- | --- | --- |
| 4.01 | Do you produce any food items that you consume?  | YesNo | 12 |  4.03 |
| 4.02 | What is the total value of …[FOOD ITEMS]…you produced and consumed during the past 30 days? | Taka……………..Don’t know  | 98 |  |
| 4.03 | Do you produce alcohol that you consume?  | YesNo | 12 |  4.05 |
| 4.04 | What is the total value of alcohol you produced and consumed during the past 30 days? | Taka……………..Don’t know  | 98 |  |

|  |  |
| --- | --- |
| **Code** | **Food purchased for household consumption** |
|  | 4.05 Have you purchased and consumed ..[FOOD ITEMS].. during the past 30 days?  ***If Yes, ask questions 4.06*** | 4.06 What is the value of ..[FOODS].. consumed during the past 30 days? |
|  | **Food items** | **Yes** | **No** | **Taka** |
| 101 | Rice |  |  |  |
| 102 | Mutton |  |  |  |
| 103 | Chicken |  |  |  |
| 104 | Buffalo meat |  |  |  |
| 105 | Milk |  |  |  |
| 106 | Potatoes |  |  |  |
| 107 | Sweets (Mithai) |  |  |  |
| 108 | Fruits |  |  |  |
| 109 | Green leafy vegetables |  |  |  |
| 110 | Bread/biscuit/noodles |  |  |  |
| 111 | Tobacco |  |  |  |
| 112 | Alcohol |  |  |  |
| 113 | Meals and snacks taken outside |  |  |  |
| 114 | Food eaten within the home  |  |  |  |

**Section 5: Non-food expenditures**

*(Ask to household head or the most knowledgeable person of the household. Now, I am going to ask you questions related to non-food expenses and availability of durable goods in the household. Can I continue?)*

|  |  |  |
| --- | --- | --- |
| Code | **5.01**  | **5.02** |
| Were any of the following items purchased or received in-kind over the  past 30 days?***1=Yes, purchased******2= Yes, received in-kind******3= Both******4=No******If the answer is 1, 2 or 3, ask (5.02) else go to next item.*** | What is the money value of the amount purchased or received in-kind by your householdduring the past30 days? |
|  | 1 | 2 | 3 | 4 | Taka |
| **Frequent expenses**  |
| **210** | **21 Fuels:**  |
| 211 | Wood (bundle wood, logwood, sawdust) |   |   |
| 212 | Kerosene oil |   |   |
| 213 | Coal, charcoal |    |   |
| 214 | Cylinder gas (LPG) |    |   |
| 215 | Matches, candles, lighters, lanterns, etc. |    |   |
| **220** | **22 Apparel and personal care items:** |
| 221 | Ready-made clothing and apparel |   |   |
| 222 | Cloth, wool, yarn, and thread for making clothes and sweaters |   |   |
| 223 | Tailoring expenses |   |   |
| 224 | Footwear (shoes, slippers, sandals, etc.) |   |   |
| 225 | Toilet soap |   |   |
| 226 | Toothpaste, tooth powder, toothbrush, etc. |  |  |
| 227 | Other personal care items (shampoo, combs, cosmetics, etc.) |  |  |
| 228 | Dry cleaning and washing expenses |  |  |
| 229 | Personal services (haircuts, shaving, shoeshine, etc.) |  |  |
| 901 | **TOTAL** |   |
| 230 | **OTHER FREQUENT EXPENSES:** |
| 231 | Public transportation (buses, taxis, rickshaws, train tickets, etc.) |  |   |
| 232 | Petrol, diesel, motor oil (for personal vehicle only) |  |  |
| 233 | Family entertainment (cinema, CD/cassette rentals/DVD, etc.) |  |  |
| 234 | Newspapers, books, stationery supplies(except educational expenses) |  |  |
| 235 | Pocket money to children |  |  |
| 236 | Spending on schooling (including tuition, uniform, textbooks and private tuition, admission fee, daycare/nursery fees) |  |  |
| 237 | Modern medicines and health services (doctor fees, hospital charges, pharmacies etc.) |  |  |
| 238 | Traditional medicines and health services |  |  |
| 239 | Wages paid to watchman, servant, gardener, driver, etc. |  |  |
| 240 | Light bulbs, shades, batteries, etc. |  |  |
| 241 | Household cleaning articles (soap, bleach, washing powder, etc.) |  |  |
| 242 | Communication (telephone, mobile, internet), television, cable |  |  |
| **310** | **31 INFREQUENT EXPENSES:** |
| 311 | Legal expenses and insurance (life, car, health, etc.) |   |   |
| 312 | Income taxes, land taxes, housing and property taxes |   |   |
| 313 | Repair and other expenses for personal vehicle(registration, fines) |   |   |
| Code | **5.01**  | **5.02** |
| Were any of the following items purchased or received in-kind over the  past 12 months ?***1=Yes, purchased******2= Yes, received in-kind******3=Both******4=No******If the answer is 1, 2 or 3, ask (5.02) else go to next item.*** | What is the money value of the amount purchased or received in-kind by your householdduring the past12 months? |
|  | 1 | 2 | 3 | 4 | Taka |
| 314 | Excursion, holiday, (including travel and lodging) |   |  |
| 315 | Toys, sports goods |  |  |
| 316 | Repair and maintenance of the house |  |  |
| 317 | Repair and servicing of household effects |  |  |
| 318 | Home improvements and additions |  |  |
| **320** | **32 MISCELLANEOUS EXPENSES:** |
| 321 | Marriages, births, and other ceremonies |   |  |
| 322 | Dowry & bride price given |  |  |
| 323 | Dowry & bride price received |  |  |
| 324 | Funeral and death related expenses |  |  |
| 325 | Expenditure on religious ceremonies |  |  |
| 326 | Charity and donations |  |  |
| 327 | Cash losses |  |  |
| 328 | Gifts  |  |  |
| 902 | TOTAL |  |
| **410** | **41 DURABLE GOODS:** |
| 411 | Crookery and kitchen appliances (refrigerator, cooking range, blenders,etc.) |  |  |
| 412 | Pillows, mattresses, blankets, etc. |  |  |
| 413 | Jewelry, watches |  |  |
| 414 | Furniture and fixtures |  |  |
| 415 | Electric fans |  |  |
| 416 | Heaters (electric, gas, kerosene) |  |  |
| 417 | Sewing machine |  |  |
| 418 | Iron (electric or other) |  |  |
| 419 | Television/VCR |  |  |
| 420 | Washing machine |  |  |
| 421 | Cassette recorder or player, radio, etc. |  |  |
| 422 | Camera, camcorder, etc. |  |  |
| 423 | Bicycle |  |  |
| 424 | Motorcycle |  |  |
| 425 | Motor car or other such vehicle |  |  |
| 426 | Pressure lamps / petromax |  |  |
| 427 | Telephone sets / cordless/mobile phone/pager |  |  |
| 428 | Computer/Printer |  |  |
| 429 | Freeze/ freezer  |  |  |
| 903 | TOTAL |   |

**Section 6: Non-food expenditures- Inventory of durable goods**

*(Ask to household head or the most knowledgeable person of the household. Now, I am going to ask you questions related to inventory of durable goods in the households. Can I continue? )*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **6.01** | **6.02** | **6.03** | **6.04** | **6.05** |
| CODE | Does your household own any of the following items?***Put a tick "√'" in the appropriate box for all items. If the answer is yes, ask q. (6.02) to (6.05)*** | How many ..[ITEM].. does your household own? | How many years ago did you acquire..[ITEM]..? | Did you purchase it, receive it as a gift or payment for services, or receive it as dowry or inheritance? | How much was it worth when you purchased it? |
| ***If more than one item owned, ask about most recently acquired item.*** |
| ***If less than 1 year, record ‘0’.***  | Purchase=1 | ***Ask only to those who purchased the item.*** |
| Gift/payment=2 |
| Dowry/inheritance=3 |
| **Item description** | **No** | **Yes** | **Number** | **Years** |  | **Taka** |
| 501 | Radio/cassette/CD player |  |  |  |  |   |   |
| 502 | Camera (still/movie) |  |  |  |  |   |   |
| 503 | Bicycle |  |  |  |  |   |   |
| 504 | Motorcycle/scooter |  |  |  |  |   |   |
| 505 | Motor/car etc. |  |  |  |  |   |   |
| 506 | Refrigerator or freezer |  |  |  |  |   |   |
| 507 | Washing machine |  |  |  |  |   |   |
| 508 | Fans |  |  |  |  |   |   |
| 509 | Heaters |  |  |  |  |   |   |
| 510 | Television/ video player |  |  |  |  |   |   |
| 511 | Pressure lamps / petromax |  |  |  |  |   |   |
| 512 | Telephone sets / cordless/mobile phone |  |  |  |  |   |   |
| 513 | Sewing machine |  |  |  |  |   |   |
| 514 | Furniture, rugs, clocks |  |  |  |  |   |   |
| 515 | Kitchen utensils |  |  |  |   |  |   |
| 516 | Computer/Printer |  |  |  |   |  |   |
| 904 | TOTAL |  |  |  |   |  |   |

**Section 7: Self-production of goods**

*(Ask to household head or the most knowledgeable person of the household. Now, I am going to ask you questions related to goods produced in your household for your own use. Can I continue?)*

|  |  |  |  |
| --- | --- | --- | --- |
| **7.01** |  | **7.02** | **7.03** |
| Do you produce any non-food/food items (such as…..) that you also use in the household? ***If No go to next section*** | Code | Were any of the following items produced and used by your household over the past 12 months?***Put a tick "√'" in the appropriate box for all items. if the answer is yes, ask 7.02.*** | What is the monetary value in the local market of the items produced and used yourself during the past…….. |
| A..... during the past 30 days? | B.....during the past 12 months? |
| Yes | No |  | **Self-produced and consumed items** | Yes | No | Taka | Taka |
|  | 601 | Rope, cane and bamboo made items etc. |  |  |  |  |
| 602 | Mat, Broom and Stool etc. |  |  |  |  |
| 603 | Wool and thread made materials etc. |  |  |  |  |
| 604 | Firewood/Dung collection |  |  |  |  |
| 605 | Furniture and allied wooden materials |  |  |  |  |
| 606 | Sickle, Chulesi, Knife, etc. |  |  |  |  |
| 607 | Tailoring |  |  |  |  |
| 608 | Shoe making/repairing |  |  |  |  |
| 609 | Minor house repairing |  |  |  |  |
| 610 | Biogas |  |  |  |  |
| 611 | Pickle, Jam and Jelly etc. |  |  |  |  |
| 612 | Other (Clay and wax made materials etc.) |  |  |  |  |
| 905 | TOTAL |  |  |  |  |

**Section 8: Housing expenses**

*(Ask to household head or the most knowledgeable person of the household. Now, I am going to ask you question related to your housing expenses. Can I continue? )*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. N** | **Questions** | **Responses** | **Code** | **Skip** |
| 801 | How many square metres does your household occupy?***Not applicable for those who stay on rent.***  | Square feet………………………………Don't knowNot applicable | 9899 |  |
| 802 | What is your present occupancy status? | We own this propertyWe rent this dwellingWe built this dwelling but the land is on rent Provided free of charge by friend/relativeProvided free by employer/governmentWe are squatting in this propertyOther (specify)……………… | 12345696 | Q804  Q805 |
| 803 | If you wanted to buy this dwelling just like this today, how much money would you have to pay? | Taka…………………… |  |  |
| 803 (a1) | If someone wanted to rent this dwelling today, how much money would they have to pay each month? | Taka……………………… |  | Q805 |
| 804 | How much rent do you pay per month for this property each month? | Per month……………….. |  |  |
| 804A | Do you have legal contract with the dwelling/land owner? | YesNo | 12 |  |
| 804B | If dwelling/land owner wants to remove you from the property, how long before he/she needs to notify you? ***For legal contract, ask the exact time written in the contract paper***  |  MonthsWhenever he/she wants/ No such time period……….......………..... | 00 |  |
| 805 | Do you have to pay any other charges for occupying this property (in addition to any rent)? | YesNo | 12 |  Q807 |
| 806 | How much in other charges do you pay for occupying this property? | Taka………………………Don’t Know | 98 |  |
| 806 (a1) | For what purpose you pay other charges for occupying this property?  | ………………………………… |  |  |
| 807 | Do you have any loans to pay? | YesNo | 12 | Q814 |
| 808 | Do you have any loans to pay which you have taken to refurbish or build a house? | YesNo | 12 | Q811 |
| 809 | What was the value of loan you took out?  | Taka………………………Don’t Know | 98 |  |
| 810 | How much do you pay back each month? | Taka………………………Don’t Know | 98 |  |
| 811 | Do you have any other loans? | YesNo | 12 | Q814 |
| 812 | What was the value of loan you took out?  | Taka ………………………Don’t Know | 98 |  |
| 813 | How much do you pay back each month? | Taka ………………………Don’t Know | 98 |  |
| 814 | How much did you pay for water over the last 12 months? | Taka ………………………Don’t Know | 98 |  |
| 815 | How much did you pay for electricity over the last 12 months? | Taka ………………………Don’t Know | 98 |  |
| 816 | How much did you pay for waste disposal over the last 12 months? | Taka ………………………Don’t Know | 98 |  |
| 817 | Any other expenses (specify) | Taka ………………………Don’t Know | 98 |  |

**Section 9: Market price**

*(To be collected by CIPRB team from 5/6 different market places.)*

|  |
| --- |
| How much does it currently cost to buy a [name of item]? |
| Code | Item | 9.01 | 9.02 | 9.03 | 9.04 |
| Price | Unit | PSU # | Type of shop |
| 901 | Rice |   |   |  |  |
| 902 | Mutton |  |  |  |  |
| 903 | Chicken |   |   |  |  |
| 904 | Buffalo meat |   |   |  |  |
| 905 | Milk |   |   |  |  |
| 906 | Potatoes |   |   |  |  |
| 907 | Sweets (Mithai) |   |   |  |  |
| 908 | Fruits (Oranges) |   |   |  |  |
| 909 | Green leafy vegetables |   |   |  |  |
| 910 | Biscuits |   |   |  |  |
| 911 | Tobacco |   |   |  |  |
| 912 | Alcohol |   |   |  |  |
| 913 | Lunch taken outside  |  |  |  |  |
| 914 | 2 bed rooms |  | x |  | x |
| **Codes for 9.04: Type of shop**1= Street vendor2= Small shop3= Supermarket96= Other (specify) …………………… |

**Section 10: Injury**

*(Ask to those who sustained non-fatal injuries in last 6 months, not for permanent disability (all the members who said yes in Q19, household roster. Now, I am asking you questions related to injury that you sustained during last 6 months. Can I continue?)*

| **S. N** | **Questions** | **Responses** | **Code** | **Skip** |
| --- | --- | --- | --- | --- |
| 10A | Did any member sustain injury during last 6 months? | YesNo | 12 | Section 11 |
| 10B | Total number of household members who sustained injury. |  |  |
| 1001 | Name of the household member who sustained injury.***Select all the members who sustained injury.*** | ……………………………………… |  |  |
| 1002 | When did the injury occur?  | Month  Year  |  |  |
| 1003 | At what time of day did the injury occur? | Morning [05:00-11:00]Middle of the day [11:00-13:00]Afternoon [13:00-17:00]Evening [17:00-19:00]Night [19:00-05:00]Don't know | 010203040598 |  |
| 1004             | Where was the injured person when the injury occurred?           | Home (including yard)………………School ……………………….……Street………………………………Highway ……………………..……Residential institution ……………Sports and athletic area…………Industrial or construction area….Farm (excluding home) …………Commercial area…………………Countryside………………………Religious place …………………Don’t know…………………………Refused…………………………….Other (specify) …………………… | 0102030405060708091011988896 |  |
| 1005           | What was the injured person doing when he/she was injured?          | Paid work …………………………Unpaid work - Including household chores……………………………...Education …………………………Sports/play …………………..……Leisure …………………………….Religious practice ………………..Vital activity (sleeping/eating/washing)………Travelling………………………….Unspecified activities ……………Don’t know …………………………Refused………………………Other (specify)……………………… | 010203040506070809988896 |   Q1008 |
| 1006a | What occupation the injured person was engaged in at the time of injury?  | …………………………………….. |  |  |
| 1006b | In what area was the injured person's main work (paid or unpaid) at the time of the injury? | Agriculture/forestry/aquaculture...Health sector…………...…………Education sector…………………Industry sector……………………Transport sector …………………Tourism/hospitality sector ……….Construction sector ...……………Retail sector ………………………Domestic sector [household] ………Other (specify)………………………… | 01020304050607080996 |  |
| 1007 | What task was the person performing when the injury occurred? | (Specify)…………………………………………………………………………..... |  |  |
| 1008            | What was the cause of the injury?           | Road traffic crash …………………Fall ………………………………Struck/hit by person or object …Stab………………………………Gunshot …………………………Fire/flames/heat/scald ………..………Near-drowning ……………………..……Poisoning …………………………Animal bite/sting ………………………Electricity shock …………………Don’t know …………………………Refused…………………………….Other (specify)……………………….. | 01020304050607080910988896 |  |
| 1009 | How did the injury happen? | It was an accident ……………..…Someone else did it deliberately..Injured person did it deliberately…Earthquake/natural disaster…..Don't know………………………Other (specify)……………………….. | 010203049896 |  |
| 1010 | Nature of physical injury (type of injury)? | Fracture (broken bone)…………Sprain/dislocation………………Cut, bite or other open wound…Bruise or superficial injury………Burn………………………………Poisoning…………………………Concussion/head injury …………Internal injury/internal organ injury……………………………….Suffocation/choking/near-drowning…Don’t know…………………………Refused…………………………….Other (specify) ……………………. | 010203040506070809988896 |  |
| 1011 | After he/she was injured, was medical treatment sought outside of the household (e.g. at a health facility, hospital, clinic)? | Yes……………...……………….…No ………………………………….Don’t know………………………… | 1298 |  Q1015 |
| 1012 | Where did the injured person first go for medical treatment for their injury? | **Govt. Service**Medical college hospital……………....…District Hospital……………………….…Upazilla Health Complex (UHC)…..….…Community clinic……. ………………….**Non-Govt. Service**NGO hospital ………………………NGO Clinic…………………………Private hospital……………………..Private clinic……………………….Pharmacy …………………………Traditional healers ………..............Don’t know…………………………Other (specify) ……………………….. | 011\_a1\_b02099a 1010a11129896 |  |
| 1013 | Was the injured person admitted to a hospital ward or health facility for treatment of their injury? | Yes ………………………………No …………………………………Don’t know ………………………… | 1298 |   Q1015 |
| 1014 | How many days did the injured person stay in the hospital for treatment of their injury? |  Month/s  Day/sDon’t know …………… | 98 |  |
| 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? | Yes …………………..……………No …………………………………Don’t know ………………………… | 1298 | Section 11  |
| 1016 | Since the injury occurred, has the injured person been able to return to their normal activities? | Yes, fully …………………….……Yes, but only partially ……………No..…………………………………Don’t know…………………………. | 12398 |   Q1018  Q1019  |
| 1017 | If yes, fully, then after how long? |  Month/s  Day/sDon’t know ………………………… | 98 | Q1019 |
| 1018 | If yes, but only partially, then after how long? |  Month/s  Day/sDon’t know ………………………… | 98 |  |
| 1019 | Did the injured person lose days of work as a result of the injury? | Yes …………………..……………No …………………………………Don’t know ………………………… | 1298 |  Q1021 |
| 1020 | If yes, then specify |  Month/s  Day/sDon’t know ………………………… | 98 |  |
| 1021 | Did anyone in the household lose days of work or school to take care of the injured person? | Yes …………………..……………No …………………………………Don’t know ………………………… | 1298 |  Q1023 |
| 1022 | If yes, then specify |  Month/s  Day/sDon’t know ………………………… | 98 |  |
| 1023 | Did the usual household income (money coming in, not expenditures) decline as a result of the injury event? | Yes …………………..……………No …………………………………Don’t know ………………………… | 1298 |  |
| 1024 | Did the usual household food consumption decline as a result of the injury event? | Yes …………………..……………No …………………………………Don’t know ………………………… | 1298 |  |
| 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? | Yes …………………..……………No …………………………………Don’t know ………………………… | 1298 |  |

**Section 11: Injury Death**

*(Ask to household head or the most knowledgeable person of the household. Now, I am asking you questions related to the person who died due to injury. Can I continue? )*

| **S. N** | **Questions** | **Responses** | **Code** | **Skip** |
| --- | --- | --- | --- | --- |
| 1101 | Has a family member died from an injury in last 1 year? | No ……………………….…………Yes ……………………………… | 12 | Section 12 |
| 1102 | How many family members died from an injury in the last year? | Number  |  |  |
| 1102a | What was the name of the person who died due to injury? ***Enter name of the died person for each death.*** | ………………………………………. |  |  |
| 1103 | Relationship of died person to the respondent. | Husband/wife ……………………Son/daughter ……………………Grandchild ………………………Father/mother …………………….Brother/sister ……………………Nephew/niece ……………………Son/daughter-in-law ……………Brother/sister-in-law ……………Father/mother-in-law ……………Other family relative ……………Tenant/tenant’s relative …………Other person not related ………Other (specify)……………………. | 01020304050607080910111296 |  |
| 1104 | When did the person die? | Month  Year  |  |
| 1105 | How old was the injured person when he/she died? ***Completed years***  | Year/s   |  |  |
| 1106 | What gender was the person? | Male………………………………Female…………………………… | 12 |  |
| 1107 | What was the cause of the injury? | Road traffic crash………………..…Fall …………………………..……Struck/hit by person or object …Stab ………………………………Gun shot …………………………Fire/flames/heat/scald …………………Drowning ……………………..……Poisoning …………………………Animal bite/sting………………..……Electricity shock …………………Don’t know …………………………Refused……………………………Other (specify) …………………… | 01020304050607080910988896 |  |
| 1108 | How did the injury happen? | It was an accident ……..…………Someone else did it deliberately..Injured person did it deliberately …Earthquake/natural disaster …….Don't know ……………………….Other (specify)……………………. | 12349896 |  |
| 1109 | Where did the injured person die? | At the place where the injury occurred ………………….……At a health facility (e.g. hospital, clinic, health centre) ……………..At home ………………………..…Don’t know …………………………Other (specify) …………………….. | 1239896 |  |
| 1110 | How long after the injury occurred did the injured person die? | At the scene…………………….…Less than 1 hour after the injury..Between 1 and 6 hours after the injury………………………………More than 6 hours but less than 12 hours after the injury…………Between 12 and 24 hours after the injury…………………………More than 1 day but less than 1 week after the injury……………More than 1 week after the injury. Don’t know………………………….. | 0102030405060798 |  |

**Section 12: Migration and Social Capital**

*(Using Kish method select one individual from household roster who is 18 years and above. Now, I will ask you questions related to migration. Can I continue?)*

| **S. N** | **Questions** | **Responses** | **Code** | **Skip** |
| --- | --- | --- | --- | --- |
| 12B | Respondent ID from HH roster:  |  |
| 12C | Name of the respondent: ……………………………….. |  |
| 1201 | When did you come to Dhaka city?  | My family was here when I was born Came here when I was a child (aged below 18) Came here when I was an adult (aged 18 or over)Came here due to marriage Don't know Other (specify)…………………. | 12349896 |  Q1208 Q1208 |
| 1202 | How long have you lived in Dhaka City?  | Month  Year  |  |
| 1203 | Were you born in Dhaka City? | YesNo  | 12 |  Q1208 |
| 1204 | Where were you living before you came to Dhaka City | District: …………………………….. |  |  |
| 1205 | Why did you come to Dhaka city? | To find workBecause of a change of workFor educationTo join othersBecause of evictionBecause my livelihood failedPlace was unsafe or insecureTo escape conflict Because of a natural disasterHousing was too expensiveFor improved housingCame here due to marriage Don’t know Other (specify)…………………… | 1234567891011129896 |  |
| 1206 | Did you live in a town, village or rural area? | CityTownVillage or Rural areaDon't know | 12398 |  |
| 1207 | Which members of your household came with you? | All of them My spouse only Some (others joined me or are still there)None Don’t know  | 123498 |  |
| 1208 | Have you lived in other parts of Dhaka city before coming to this place? | YesNo | 12 |   Q1212 |
| 1209 | Where were you living in this city before you came to this place? | ***Record name of the location***……………………………………… |  |  |
| 1210 | When did you leave that place to come here? | Month  Year  |  |
| 1211 | Why did you leave that place to come here? | Find workEvicted from houseJoin household membersRent was expensive in previous place Changed place of workPrevious place was insecure Would like to changeDon't knowOther (specify) ……….. | 12345679896 |  |
| 1212a | Is this respondent the same as the respondent giving information for section 2 (Household migration and social capital)? | YesNo | 12 | Q1222 |
| 1212 b | Do you feel secure from eviction from this dwelling?***Confirm and circle Yes (1) for those whose response was 2 in Q1211*** | YesNo | 12 | Q1213 |
| 1212 c1 | Why do you feel insecure?  | ……………………………………… |  |  |
| 1213 | Have you ever been forced to move or evicted? | YesNoDon't know | 1298 |  Q1215 |
| 1214 | Why were you evicted? | Government relocationCould not pay rentOwner did not want us thereDon't knowOther (specify)……………………. | 1239896 |  |
| 1215 | Do you plan to leave this place and go live elsewhere? | NoYes, we want to return to our home areaYes, we want to move to another part of (specify city)………………Yes, we want to move to another part of the country (specify)……..Yes, we want to go to another country (specify) …………………Don't knowOther (specify)……………………. | 123459896 |  Q1217 Q1217 |
| 1216 | Why do you want to go there?***(Multiple response possible)*** | Will be able to find workHealth servicesEducation servicesFamily reunificationAvailability of landAvailability of housingSecurityDon't knowOther (specify)……………………. | 12345679896 |  |
| 1217 | Are you or a member of any of these groups? ***(Multiple response possible)*** | Saving or credit groupCooperativePolitical groupReligious groupWomen's group/Mother's groupFather's groupYouth groupNeighborhood/village groupNot a member of any groupOther groups (specify)……………. | 123456789596 |  |
| 1218 | Most people who live in this community can be trusted? ***Read out the responses.*** | Strongly AgreeAgreeNeither agree nor disagreeDisagreeStrongly disagreeNot applicable | 1234599 |  |
| 1219 | In this community, one has to be alert or someone is likely to take advantage of you.***Read out the responses.*** | Strongly AgreeAgreeNeither agree nor disagreeDisagreeStrongly disagreeNot applicable | 1234599 |  |
| 1220 | Most people in this neighborhood are willing to help if you need it.***Read out the responses.*** | Strongly AgreeAgreeNeither agree nor disagreeDisagreeStrongly disagreeNot applicable | 1234599 |  |
| 1221 | In this neighborhood, people generally do not trust each other in matters of lending and borrowing money.***Read out the responses.*** | Strongly AgreeAgreeNeither agree nor disagreeDisagreeStrongly disagreeNot applicable | 1234599 |  |
| 1222 | How many phone numbers do you make calls from regularly using your phone or someone else's phone? |   |  | If “0” then go to section13 |
| 1223 | How many of these phone numbers to you use exclusively, meaning that no one else uses them?  |  |  |  |

**Section 13: Patient Health Questionnaire (PHQ9)**

*(Ask to the same individual selected in section 12. Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use √ to indicate your answer). Can I continue?)*

*(Section 13, 14 and 15 should be asked with the same individual)*

**ID of randomly selected person from roster** 

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Not at all |  | Several days | More than half the days | Nearly everyday |
| Q1301 | Little interest or pleasure in doing things | 0 |  | 1 | 2 | 3 |
| Q1302 | Feeling down, depressed or hopeless | 0 |  | 1 | 2 | 3 |
| Q1303 | Trouble falling or staying asleep or sleeping too much | 0 |  | 1 | 2 | 3 |
| Q1304 | Feeling tired or having little energy | 0 |  | 1 | 2 | 3 |
| Q1305 | Poor appetite or overeating | 0 |  | 1 | 2 | 3 |
| Q1306 | Feeling bad about yourself or that you are a failure or have let yourself or your family down | 0 |  | 1 | 2 | 3 |
| Q1307 | Trouble concentrating on things, such as reading the newspaper or watching television | 0 |  | 1 | 2 | 3 |
| Q1308 | Moving or speaking so slowly that other people could have noticed Or the opposite being figety or restless that you have been moving around a lot more than usual | 0 |  | 1 | 2 | 3 |
| Q1309 | Thoughts that you would be better off dead, or of hurting yourself | 0 |  | 1 | 2 | 3 |
| Q1310 | 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? | 0 |  | 1 | 2 | 3 |

**Section 14: Common Somatic Symptoms Questionnaire**

Let’s talk about some problems, which might have happened to you over last two weeks. Could you please include today’s date too while answering the questions related to problems I am asking to you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Q1401 | How much did you suffer from headache over the last two weeks? | Not at allSometimesUsuallyAlways | 0123 |  |
| Q1402 | How much did you suffer from dizziness or fainting over the last two weeks?  | Not at allSometimesUsuallyAlways | 0123 |  |
| Q1403 | How much did you suffer from chest pain or pain in left side around heart over the last two weeks?  | Not at allSometimesUsuallyAlways | 0123 |  |
| Q1404 | How much did you suffer from waist pain over the last two weeks? | Not at allSometimesUsuallyAlways | 0123 |  |
| Q1405 | How much did you suffer from body (muscle) pain over the last two weeks?  | Not at allSometimesUsuallyAlways | 0123 |  |
| Q1406 | How much did you suffer from pain or numbness, jiggling or fall asleep (paraesthesia) in your body parts (such as legs, hands) over the last two weeks? | Not at allSometimesUsuallyAlways | 0123 |  |
| Q1407 | How much did you suffer from weakening (feeling weak) of your body parts (such as hands, legs) over the last two weeks? | Not at allSometimesUsuallyAlways | 0123 |  |

**Section 15: Anxiety and Depression (WG Questions)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Anxiety Questions** |  |  |  |
| 1501 | How often you feel worried, nervous or anxious? Would you say.. [*Read response categories*] | Daily ……………………….1Weekly …………………….2Monthly ……………………3A few times a year …………4Never ………………………5*Refused ………………………88**Don’t know …………………98* |  |  |
| 1502 | Do you take medication for these feelings? | Yes ……………………….1No ………………………..2 *Refused ……………………88**Don’t know ………………..98*(*If “Never” to 1501 and “No” to 1502, skip to 1504 (depression question)* |  |  |
| 1503 | Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? Would you say… [*Read response categories*] | A little …………………….1A lot ………………………2Somewhere in between a little and a lot ……………………….3*Refused …………………….88**Don’t know ………………..98* |  |  |
|  | **Depression Questions** |  |  |  |
| 1504 | How often do you feel depressed? Would you say… [*Read response categories*] | Daily …………………....1Weekly ………………....2Monthly ………………. .3A few times a year ……..4Never …………………...5*Refused …………………..88**Don’t know ………………98* |  |  |
| 1505 | Do you take medication for depression? | Yes …………………....1No …………………….2*Refused ………………....88**Don’t know …………....98* |  |  |
| 1506 | Thinking about the last time you felt depressed, how depressed did you feel? Would you say… [*Read response categories*] | A little ………………..1A lot ………………….2Somewhere in between a little and a lot ………………….3*Refused ……………….88**Don’t know …………..98* |  |  |

End time:

**End the interview and say THANK YOU to the respondent/s.**