

HOUSEHOLD QUESTIONNAIRE(Non-MIGRANT)

--	--	--	--

SITE ID

--	--	--	--	--	--

HH ID

Detailed household address:

.....

VISITS TO THE HOUSEHOLD

VISIT 1

--	--

Day

--	--

Month

--	--	--	--

Year

[Notes]

VISIT 2

--	--

Day

--	--

Month

--	--	--	--

Year

[Notes]

VISIT 3

--	--

Day

--	--

Month

--	--	--	--

Year

[Notes]

[INTERVIEW NOTE: Use this space for additional notes where necessary.]

TO THE INTERVIEWER:

Cover sheet (front and back page) to be removed after all interviews have been completed and checked. Store separately.



SITE ID			

HH ID					

HOUSEHOLD QUESTIONNAIRE (NON-MIGRANT)

PERSONNEL DETAILS

Interviewer Code:	<input style="width: 100%;" type="text"/>	<hr style="border: 0; border-top: 1px solid black; margin: 0;"/>	Signature	Date of check:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
					Day	Month	Year
Fieldwork Supervisor Code:	<input style="width: 100%;" type="text"/>	<hr style="border: 0; border-top: 1px solid black; margin: 0;"/>	Signature	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Data Entry Clerk I Code:	<input style="width: 100%;" type="text"/>	<hr style="border: 0; border-top: 1px solid black; margin: 0;"/>	Signature	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Data Entry Clerk II Code:	<input style="width: 100%;" type="text"/>	<hr style="border: 0; border-top: 1px solid black; margin: 0;"/>	Signature	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
					Day	Month	Year

INTERVIEW DETAILS

Date:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Start time:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	End time:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		

PRE-INTERVIEW

[IF CONSENT HAPPENED ON PREVIOUS VISIT, READ THE FOLLOWING:] Once again, thank you for agreeing to take part in this study. Please remember that your participation in this research is entirely voluntary and there will be no negative impacts on you if you decide not to take part. You have the right to withdraw from this study at any time and you can refuse to answer any question.

Q1 Who is the person best able to answer questions about the family background, migration history, and financial management for this household? ID

[ENTER NAME]

[INTERVIEWER NOTE: Enter HHID number for main respondent after completing the household grid]

Q2 May I speak with this person? VISIT 1

01	Yes	[IF YES, GO TO Q3 ON NEXT PAGE]	
02	No, unavailable	[IF PERSON IS NOT AVAILABLE, END INTERVIEW AND RESCHEDULE]	VISIT 2 <input style="width: 40px;" type="text"/>
03	No, refusal	[IF PERSON IS UNWILLING, THANK THEM AND END INTERVIEW]	VISIT 3 <input style="width: 40px;" type="text"/>

SECTION 1: HOUSEHOLD GRID

Q3 In total, how many people (including adults, young children, and those who are away) belong to this household?[ENTER TOTAL NUMBER]

--	--

ID	Q4 What is his/her/your name/nickname?	Q5 Is (NAME) currently living away from the household for 3 months or more?	Q6 Has (NAME) ever lived away for 3 months or more over the past 10 years, but has already returned for the last 12 consecutive months?	Q7 What is (NAME)'s relationship to the Household Head?	Q8 Is (NAME) male or female?	Q9 How old is (NAME)?	Q10 What is (NAME)'s current marital status?	Q11 Does (NAME) have any children?														
		00 No 01 Yes	00 No 01 Yes	[USE CODEBOX 7]	01 Male 02 Female	[ANSWER IN YEARS]	[USE CODEBOX 10]	00 No [IF NO, GO TO Q14] 01 Yes														
01	_____ Main Respondent	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Other (SPECIFY): _____			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
02	_____	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Other (SPECIFY): _____			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
03	_____	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Other (SPECIFY): _____			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
04	_____	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Other (SPECIFY): _____			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
05	_____	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Other (SPECIFY): _____			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
06	_____	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Other (SPECIFY): _____			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
07	_____	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Other (SPECIFY): _____			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
08	_____	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Other (SPECIFY): _____			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		

CODEBOX 7: RELATIONSHIP TO HOUSEHOLD HEAD

- | | | | |
|-------------------------|--------------------|--------------------------|---------------------|
| 01. Self | 04. Grandchild | 07. Niece/Nephew | 10. Parent-in-Law |
| 02. Spouse/Partner | 05. Father/Mother | 08. Son/Daughter-in-Law | 11. Grandparent |
| 03. Child/Adopted Child | 06. Sister/Brother | 9. Brother/Sister-in-Law | 25. Other (specify) |

CODEBOX 10: MARITAL STATUS

- | | | |
|-------------|---------------|-----------------------|
| 01. Single | 03. Separated | 05. Widow/
Widower |
| 02. Married | 04. Divorced | 06. Minor |

ID	Q12	Q13	Q14	Q15	Q16	Q17	Q18
	Which members of this household are (NAME)'s children?	How old was (NAME) when he/she had the first child?	What languages does (NAME) speak fluently?	To which religious group does (NAME) belong?	Is (NAME) currently in school?	What is the highest level of education that (NAME) has completed?	What is the number of years of education that (NAME) has completed?
	[INSERT ID CODES OF CHILDREN FROM THIS HH GRID]	[SPECIFY IN YEARS]	[USE CODEBOX 14]	[USE CODEBOX 15]	00 No 01 Yes	[USE CODEBOX 17]	[ENTER IN YEARS]
01	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> Other (SPECIFY): _____	<input type="text"/> Other (SPECIFY): _____	<input type="text"/>	<input type="text"/> Other (SPECIFY): _____	<input type="text"/>
02	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> Other (SPECIFY): _____	<input type="text"/> Other (SPECIFY): _____	<input type="text"/>	<input type="text"/> Other (SPECIFY): _____	<input type="text"/>
03	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> Other (SPECIFY): _____	<input type="text"/> Other (SPECIFY): _____	<input type="text"/>	<input type="text"/> Other (SPECIFY): _____	<input type="text"/>
04	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> Other (SPECIFY): _____	<input type="text"/> Other (SPECIFY): _____	<input type="text"/>	<input type="text"/> Other (SPECIFY): _____	<input type="text"/>
05	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> Other (SPECIFY): _____	<input type="text"/> Other (SPECIFY): _____	<input type="text"/>	<input type="text"/> Other (SPECIFY): _____	<input type="text"/>
06	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> Other (SPECIFY): _____	<input type="text"/> Other (SPECIFY): _____	<input type="text"/>	<input type="text"/> Other (SPECIFY): _____	<input type="text"/>
07	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> Other (SPECIFY): _____	<input type="text"/> Other (SPECIFY): _____	<input type="text"/>	<input type="text"/> Other (SPECIFY): _____	<input type="text"/>
08	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> Other (SPECIFY): _____	<input type="text"/> Other (SPECIFY): _____	<input type="text"/>	<input type="text"/> Other (SPECIFY): _____	<input type="text"/>

- 01. Bangla
- 02. English
- 03. Arabic 25-others

- 01. Muslim
- 02. Christian
- 03. Hindu
- 04. Buddhist
- 25. Other (specify)

- 01. Cannot sign
- 02. Can sign
- 03. Primary
- 04. Junior high school

- 05. SSC
- 06. Dakhil-madrasa
- 07. SSC-vocational
- 08. HSC

- 09. Alim-madrasa
- 10. HSC-vocational
- 11. Undergraduate
- 12. Fajil-madrasa

- 13. Diploma
- 14. Masters
- 25. Other (specify)
- 88. Not applicable

SECTION 4: HOUSEHOLD SOCIOECONOMIC WELL-BEING

[INTERVIEWER TO READ:] *I would now like to ask you a few questions about your home.*

Q51 What type of land does this household own if any?

Type of land by location	Q51a. Own land	Q51b. Quantity of land	Q51c. Current Value of land
	00 No 01 Yes	[SPECIFY IN DECIMALS]	[SPECIFY IN BDT]
Homestead land in village	<input type="text"/>	<input type="text"/>	<input type="text"/>
Homestead land in urban or per urban	<input type="text"/>	<input type="text"/>	<input type="text"/>
Agricultural Land	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commercial land	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q52 Does this household own this house?

00	No
01	Yes

Q53 What is the size of this house in square decimal?

[ENTER NUMBER]

Q54 How many rooms are there in the house?

[ENTER NUMBER]

Q55 Do you have electricity?

00	No
01	Yes

Q56 What is the main type of fuel that you use for cooking?

CODEBOX 56: FUEL	
01 None	06 Firewood
02 Biogas	07 Charcoal
03 Kerosene/paraffin	08 Paddy excess
04 Electricity	09 Cow/animal dung
05 Gas	25 Other (SPECIFY):

Q57 [INTERVIEWER OBSERVATION] Wall material?

[ENTER UP TO TWO ANSWERS]

CODEBOX 57: WALL	
01 Brick/concrete	05 Galvanized iron
02 Adobe/mud	06 Matting
03 Corrugated tin with wooden frame	07 Matt with cellophane
04 Wood branches/bamboo/ply wood	25 Other (SPECIFY):

Q58 [INTERVIEWER OBSERVATION] **Floor material?**



CODEBOX 58: FLOOR	
01 Earth layout and earth surface	05 Wooden branches
02 Cement layout and earth surface	06 Laminated material
03 Cemented	07 Tile/mosaic
04 Matting	25 Other (SPECIFY): _____

Q59 [INTERVIEWER OBSERVATION] **Roof material?**



CODEBOX 59: ROOF	
01 Straw/thatch	05 Concrete cement
02 Earth/mud	06 Tiles/slate
03 Wood/planks	25 Other (SPECIFY): _____
04 Galvanized iron/corrugated tin	

Q60 **What is the main source of drinking water for members of your household?**



CODEBOX 60: DRINKING WATER	
01 Piped into dwelling/yard/plot	04 Unprotected well/spring/pond/river/stream
02 Tube well in dwelling/yard/plot	05 Protected well
	06 Bottled/mineral water
03 Public standpipe/tube well	25 Other (SPECIFY): _____

Q61 **What type of toilet facility does your household use?**



CODEBOX 61: TOILET FACILITY	
01 Flush toilet/septic tank	
02 Pit latrine (household)	
03 Pit latrine (community)	
04 Slab latrine	
05 None	
25 Other (SPECIFY): _____	

SECTION 5: OTHER SOURCES OF HOUSEHOLD INCOME

[INTERVIEWER TO READ:] *I would now like to ask you a few questions about goods and money in your household.*

Q62- During the past 12 months, have you or any household member received money from any of the following sources:

Q64

[INTERVIEWER NOTE: COMPLETE Q62 FOR ALL OPTIONS OF SOURCES OF MONEY. AFTER READING OUT THE QUESTION, PLEASE READ OUT ALL POSSIBLE SOURCES OF MONEY IN COLUMN.][WHEN ANSWERING Q64, READ OUT THE QUESTION, AND THEN READ OUT ALL OPTIONS INDICATED IN CODEBOX 29]

		Q62	Q63	Q64
		[FILL IN: YES OR NO]	On average, how much money did the household receive per month?	How frequently?
ID	SOURCES OF MONEY	00 No 01 Yes	[SPECIFY IN BDT]	[USE CODEBOX 64]
01	Waged work/employment	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Other (SPECIFY): _____
02	Self-employment	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Other (SPECIFY): _____
03	Agriculture	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Other (SPECIFY): _____
04	Trade and business	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Other (SPECIFY): _____
05	Rent	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Other (SPECIFY): _____
06	Government benefits (including money and goods)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Other (SPECIFY): _____
07	Payments/benefits from religious/charity/NGO organization	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Other (SPECIFY): _____
08	Fishery	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Other (SPECIFY): _____
09	Poultry	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Other (SPECIFY): _____
25	others	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Other (SPECIFY): _____

CODEBOX 64: FREQUENCY OF MONEY RECEIVED

01. Weekly	05. Every Three months	08. Only on special occasions or emergencies
02. Fortnightly	06. Every six months	09. Only if household requests money
03. Monthly	07. Every year	25. Other (specify)
04. Every couple of months		

Q65 What is the household's income mainly used for?

[ENTER UP TO THREE CHOICES IN RANKED ORDER]

CODEBOX 65: USE OF HOUSEHOLD INCOME	
01. Everyday consumption (food/clothing/drinks/tobacco)	15. Business and trade (shops/stock/transport)
02. Education	16. Purchase of transport equipment
03. Health and medical	17. Enterprise development (factory/purchase equipment/employ workers)
04. Pay off migration-finance loans	18. Special occasions (e.g. wedding or funeral)
05. Pay off other loans	19. Religion (pilgrimage of family members)
06. Purchase of homestead land	20. Household goods (e.g. furniture and home utensils)
07. Purchase of agricultural land	21. Electronic goods (e.g. computer, tv, fridge, camera, dvd)
08. Purchase of commercial land	22. Charity to extended family
09. Mortgage-in agricultural land	23. Charity to community
10. Mortgage-out agricultural land	24. Savings and fixed deposits in banks
11. Construction and development of homestead	25. Others
12. Farm agricultural production (purchase of seeds/ irrigation/water/employ workers)	26. Insurance
13. Purchase of agricultural equipment	27. Financing migration of other family members
14. Off-farm agricultural production (animal/poultry/feed)	28. Money lending
	29. Purchase of ornament
	30. Pay of NGO installment

1

2

3

Other (specify):

Q66 Who makes the main decision concerning how the household's finances are managed?

CODEBOX 66: MAIN DECISION MAKER FOR HOUSEHOLD INCOME

01. Migrant Self	06. Mother	11. Son-in-Law	16. Sister-in-law	21. Elderly relatives or well-wishers
02. Spouse/Partner	07. Brother	12. Daughter-in-Law	17. Grandson	25. Other (specify)
03. Son	08. Sister	13. Father-in-Law	18. Granddaughter	
04. Daughter	09. Niece	14. Mother-in-law	19. Grandfather	
05. Father	10. Nephew	15. Brother-in-law	20. Grandmother	

Other (specify):

SECTION 6a: PERCEPTIONS OF QUALITY OF LIFE

[INTERVIEWER TO READ:] *I would now like to ask you a few questions about your views on the quality of life in your household.*

Q67 Comparing now and five years ago, how would you describe the overall *quality of life* (based on indicators of economy, health and education) in your household?

[AFTER READING OUT THE QUESTION, PLEASE READ OUT ALL FIVE OPTIONS INDICATED IN CODEBOX 32]

CODEBOX 67: QUALITY OF LIFE	
01	Much easier
02	Easier
03	Neither easier nor harder
04	Harder
05	Much harder

Q68 Comparing now and five years ago, how would you describe your household's *financial situation*?

[AFTER READING OUT THE QUESTION, PLEASE READ OUT ALL FIVE OPTIONS INDICATED IN CODEBOX 33]

CODEBOX 68: FINANCIAL SITUATION	
01	More than adequate
02	Adequate
03	Just adequate
04	Inadequate
05	Very inadequate

Q69 Level of household debt, savings and insurance (if any)

Finance Type	Q69a. Current value	Q69b. Value 5 years back	Q69c. Value 10 years back
	[SPECIFY IN BDT]	[SPECIFY IN BDT]	[SPECIFY IN BDT]
Debt	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q70 Comparing now and five years ago, do you have access to more land?

00	No
01	Yes
88	Not applicable

Q71 Comparing now and five years ago, how would you describe your household's living conditions relative to other households in your village?

[AFTER READING OUT THE QUESTION, PLEASE READ OUT ALL FIVE OPTIONS INDICATED IN CODEBOX 35]

CODEBOX 71: RELATIVE HH LIVING CONDITION	
01	Much better than other households
02	Better than other households
03	Neither better nor worse
04	Worse than other households
05	Much worse than other households



Q71a Comparing now and five years ago, how would you describe your child's access to health services

[AFTER READING OUT THE QUESTION, PLEASE READ OUT ALL FIVE OPTIONS INDICATED IN CODEBOX 35a]

CODEBOX 71a: CHILDS ACCESS TO HEALTH SERVICES	
01	Much better
02	Better
03	Neither better nor worse
04	Worse
05	Much worse



INTERVIEWER NOTE: THE FOLLOWING QUESTIONS ARE FOR MIGRANT HOUSEHOLDS ONLY.]

[FOR NON-MIGRANT HOUSEHOLDS, END QUESTIONNAIRE HERE. INTERVIEWER TO READ:]

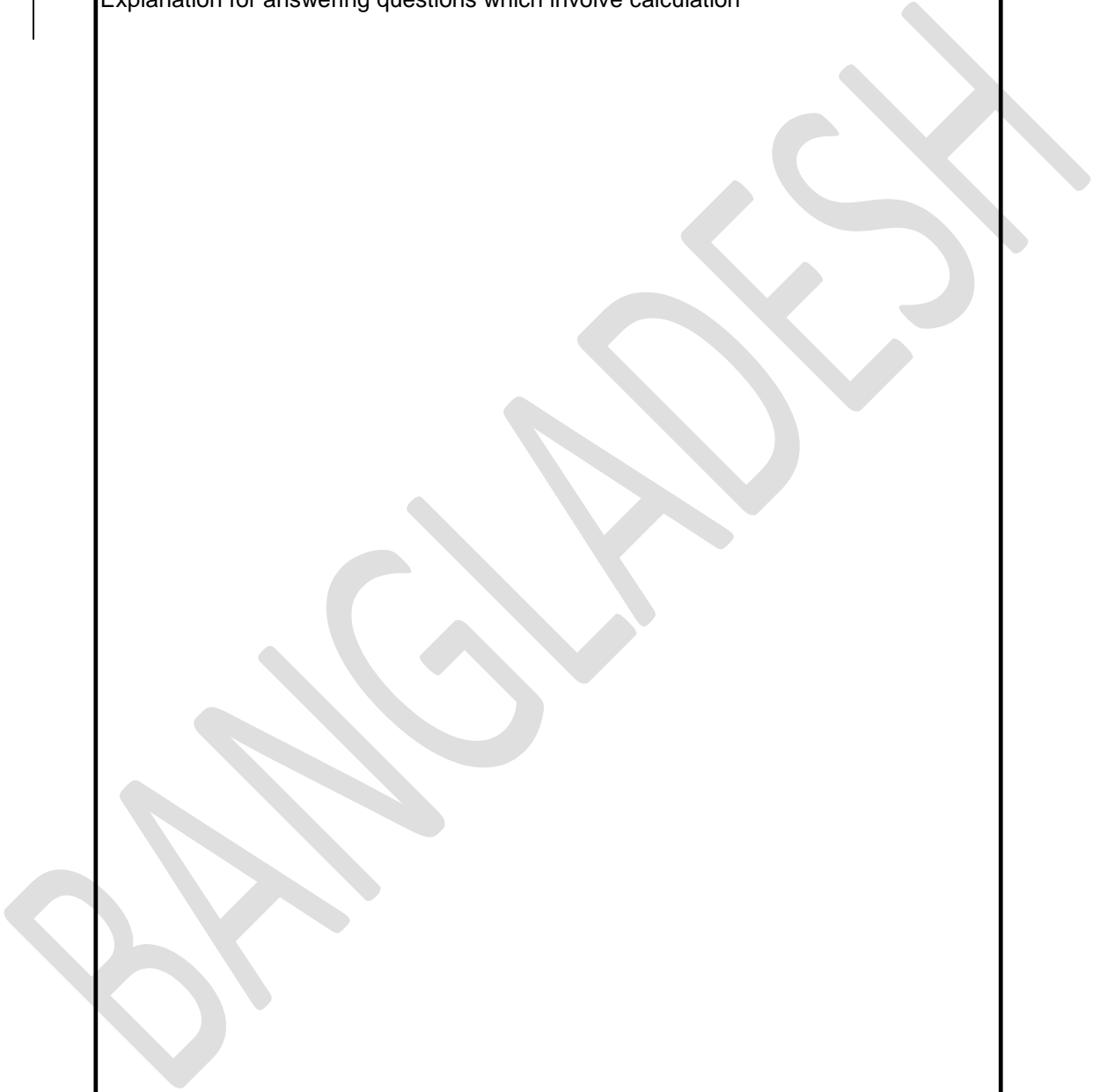
Thank you for answering our questions. Your answers will be very helpful for our research.

SITE ID			

HH ID			

OVERALLINTERVIEWERREPORT:

Explanation for answering questions which involve calculation



OVERALLINTERVIEWERREPORT:

--	--	--	--

SITE ID

--	--	--	--

HH ID

Technical issues

BANGLADESH

OVERALLINTERVIEWERREPORT:

--	--	--	--

SITE ID

--	--	--	--

HH ID

Please list any:

- ethical issues that arise
- communication difficulties that arise

BANGLADESH

Qu#	TECHNICALPROBLEM(Describe)	OTHERPROBLEM(Describe)

BANGLADESH

LOCATING DETAILS

We may be interviewing a small number of households again and would like to contact you if you are selected for a follow-up interview. It can be difficult to re-contact people, and it helps if we have addresses, telephone numbers, or cell/mobile phone numbers, and/or e-mail addresses of your household and one other person who usually knows your whereabouts.

HOUSEHOLD CONTACT		
Home Address		Additional information:
Telephone (home)		
Telephone (work)		
Cell phone number		
E-mail		

ADDITIONAL CONTACT		
<input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> FRIEND <input type="checkbox"/> NEIGHBOUR		
Full name	Surname	Given names/Nickname
Home Address		Additional information
Telephone (Home)		
Telephone (Work)		
Cell phone number		
E-mail		

To the supervisor:

Coversheet(frontandbackpage)toberemovedafterallinterviewshavebeencompletedandchecked.
To be stored separately.

