

**Bangladesh Alive & Thrive Baseline Survey 2010**  
**Household Questionnaire**  
 International Food Policy Research Institute (IFPRI)  
 BRAC  
 Data Analysis and Technical Assistance Limited (DATA)

**A. Identification**

**Name**

**Code**

A.01 Household Number: .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
A.02 Census number:.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
A.03 Name of the INDEX Child and ID:.....	<input type="text"/>	<input type="text"/>	
A.04 Name of the Respondent mother [index child's mother]: .....	<input type="text"/>	<input type="text"/>	
A.05 Name of the Household Head: .....	<input type="text"/>	<input type="text"/>	
A.06 Name of the father of the HH head[husband if female headed]:.....	<input type="text"/>	<input type="text"/>	
A.07 Para/Location/ Landmark : .....	<input type="text"/>	<input type="text"/>	
A.08 Village:.....	<input type="text"/>	<input type="text"/>	
A.09 Mauza:.....	<input type="text"/>	<input type="text"/>	
A.10 Union/ Ward No:.....	<input type="text"/>	<input type="text"/>	
A.11 Thana/Upazila: .....	<input type="text"/>	<input type="text"/>	
A.12 District: .....	<input type="text"/>	<input type="text"/>	
A.13 Interviewer: .....	<input type="text"/>	<input type="text"/>	
A.14 Supervisor: .....	<input type="text"/>	<input type="text"/>	

A.15. **Religion:**

- Muslim..... 1
- Hindu ..... 2
- Christian ..... 3
- Buddhist..... 4
- Other[specify]..... 5

A.16 Household is selected for index child age group

- Children aged 0-5.9 months age..... 1
- Children aged 6-11.9 months age..... 2
- Children aged 12-23.9 months age..... 3
- Children aged 24-47.9 months age..... 4

Date of Interview:	First Visit			Second Visit		
	Day	Month	Year	Day	Month	Year
	<input type="text"/>	<input type="text"/>	1 0	<input type="text"/>	<input type="text"/>	1 0

\_\_\_\_\_  
 Signature of Supervisor

## CONSENT OF RESPONDENT

## MODULE L: WOMAN'S CONDITION AND DECISION MAKING POWER [Ask these question to the mother of index child]

Sl. No	Questions	Response	Code
L01	Do you currently live with your Husband?	<input type="text"/>	Yes..... 1 No..... 2 >> L03
L02	Do you often, sometimes, never talk with your partner or husband about the following subjects :		
1	Your daily activities?	<input type="text"/>	Often..... 1 Some times ..... 2 Never ..... 3
2	What happens at home?	<input type="text"/>	
3	Your expenditures?	<input type="text"/>	
4	What happens in your community or area?	<input type="text"/>	
5	Your child's health?	<input type="text"/>	
6	Your own health?	<input type="text"/>	
7	Child feeding?	<input type="text"/>	
L03	Now, I would like to have your opinion on some ideas regarding how people live within a household. Please tell me if you agree or not with each of the following declarations. There are people who say:		
1	In a household, the man should take the important decisions.	<input type="text"/>	YES, AGREE..... 1 NO DON'T AGREE ..... 2 DON'T KNOW ..... 88
2	If the woman works outside home, her husband or partner should help her with the daily housework.	<input type="text"/>	
3	A husband should not let his wife work outside home, even if she would like to do it.	<input type="text"/>	
4	A woman has the right to express her opinion if she does not agree with what the husband or partner says.	<input type="text"/>	
5	A woman must accept that her husband or partner beats her in order to keep the family together.	<input type="text"/>	
6	It is better to send a son to school than a daughter.	<input type="text"/>	
L04	Now, I would like to ask you some questions regarding your possessions. I am only asking these questions to better understand women's situation. (Don't forget, all that you tell us is confidential) Please tell me if you possess alone or together with somebody else one of the following things :		
1	Land?	<input type="text"/>	YES ALONE ..... 1 YES TOG-ETHER ..... 2 DONT HAVE ..... 3
2	This house or the house where you usually live?	<input type="text"/>	
3	Another house, apartment or room?	<input type="text"/>	
4	Animals like cows, buffalo, goats, sheeps?	<input type="text"/>	
5	Small animals like hens, ducks, chickens, rabbits, pigeons ?	<input type="text"/>	

Sl. No	Questions	Response	Code
6	Gold jewelry?	<input type="checkbox"/>	
L05	(ASK QUESTIONS ONLY FOR THE POSSESSIONS WITH CODE '1' IN 1004. If you have a problem, would you be able to sell one of these possessions without the authorization of somebody else?		
1	Land?	<input type="checkbox"/>	Yes..... 1 No..... 2 DON'T POSSES ALONE ..... 3 FOR THE OTHER POSSESSIONS WITH CODES '2' OR '3' IN 1104, CIRCLE HERE CODE '3')
2	This house or the house where you usually live?	<input type="checkbox"/>	
3	Another house, apartment or room?	<input type="checkbox"/>	
4	Animals like cows, buffalo, goats, sheeps?	<input type="checkbox"/>	
5	Small animals like hens, ducks, chickens, rabbits, pigeons ?	<input type="checkbox"/>	
6	Gold jewelry?	<input type="checkbox"/>	
L06	Can you decide on your own to buy the following things?		
1	Small amounts of food like rice, vegetables, and beans?	<input type="checkbox"/>	Yes..... 1 No..... 2 DON'T BUY ..... 3
2	Bigger amounts of food like a bag of rice?	<input type="checkbox"/>	
3	Clothes for yourself?	<input type="checkbox"/>	
4	Medicine for yourself?	<input type="checkbox"/>	
5	Toilet articles for yourself like soap, toothpaste?	<input type="checkbox"/>	
6	Clothes for the children?	<input type="checkbox"/>	
7	Medicine for the children?	<input type="checkbox"/>	
8	Special foods for your children	<input type="checkbox"/>	
L07	Do you have your own money that you can use for what you want to use it?	<input type="checkbox"/>	YES ..... 1 NO ..... 2
L08	Do you know projects for women in this area that lend money so that a woman can start a business or extend the business she already runs?	<input type="checkbox"/>	YES ..... 1 NO ..... 2>>L10 DON'T KNOW ..... 88>>L10
L09	Have you yourself benefitted from a loan, either in cash or in kind, to start a business or to extend the business you are running already?	<input type="checkbox"/>	YES ..... 1 NO ..... 2>>L10 I don't have any business or want to start a business ..... 3>>L10
L09A	If YES to above, which NGOs have you received loans from in the last 3 years?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BRAC ..... 1 ASHA ..... 2 GRAMIN Bank..... 3 OTHER (SPECIFY) ..... 4

Sl. No	Questions	Response	Code		
L10	How often do you see or talk to somebody from your own family?  (EXCEPT THE ONES YOU LIVE WITH)	<input type="text"/>	SEVERAL TIMES PER WEEK..... 1 ABOUT ONCE PER WEEK ..... 2 SEVERAL TIMES PER MONTH ..... 3 LESS THAN ONCE PER MONTH BUT MORE OFTEN THAN ONCE A YEAR ..... 4 ABOUT ONCE PER YEAR OR LESS ..... 5 NEVER ..... 6		
L11	Do you have somebody who could help you when you need it or when you have the following problems:				
1	To accommodate you for several nights if you need it?	<input type="text"/>	Yes..... 1 No..... 2 DK ..... 88	<input type="text"/>	IF YES, WHO IS THIS PERSON (See Code List below) HUSBAND ..... 1 SON OR DAUGHTER ..... 2 SON-IN-LAW or DAUGHTER-IN-LAW ..... 3 BROTHER OR SISTER ..... 4 BROTHER-IN-LAW or SISTER-IN-LAW ..... 5 MOTHER OR FATHER ..... 6 FATHER-IN-LAW or MOTHER-IN-LAW ..... 7 GRANDSON or GRANDDAUGHTER ..... 8 OTHER RELATIVE ..... 9 NON RELATIVE ..... 10 DOES NOT KNOW ..... 11
2	To help you out with money or lend you some money? (SOMEBODY OTHER THAN HUSBAND)	<input type="text"/>	Yes..... 1 No..... 2 DK ..... 88	<input type="text"/>	
3	To help when you don't have enough food at home? (SOMEBODY OTHER THAN HUSBAND)	<input type="text"/>	Yes..... 1 No..... 2 DK ..... 88	<input type="text"/>	
4	To talk to when you have a problem?	<input type="text"/>	Yes..... 1 No..... 2 DK ..... 88	<input type="text"/>	
L12	Do you usually meet with other women in your community to discuss any of the following?				
1	Problems of the community?	<input type="text"/>	Yes..... 1 No..... 2		
2	Education problems?	<input type="text"/>			
3	Health problems	<input type="text"/>			
4	Problems of women?	<input type="text"/>			
5	To receive information on health and nutrition?	<input type="text"/>			
L13	WHICH FAMILY MEMBER DECIDES MOST OF THE TIME ABOUT THE FOLLOWING THINGS:				
1	Buying important things for the family?	<input type="text"/>	RESPONDENT (mother of index child)..... 1 Husband of interviewee ..... 2 Interviewee AND her Husband..... 3 SON OR DAUGHTER ..... 4 SON-IN-LAW or DAUGHTER-IN-LAW ..... 5 BROTHER OR SISTER ..... 6 BROTHER-IN-LAW or SISTER-IN-LAW .. 7 MOTHER OR FATHER ..... 8 FATHER-IN-LAW or MOTHER-IN-LAW . 9 GRANDSON or GRANDDAUGHTER ..... 10 OTHER RELATIVE ..... 11		
2	What food is prepared every day?	<input type="text"/>			
3	If you have to work to earn money?	<input type="text"/>			
4	Visiting other family members, friends or relatives?	<input type="text"/>			
5	Seeing a doctor or visiting a dispensary when you are pregnant?	<input type="text"/>			
6	Use of family planning methods?	<input type="text"/>			
7	Sending your child/children to school?	<input type="text"/>			

Sl. No	Questions	Response	Code
8	What to do when a child is ill?	<input type="text"/>	NON RELATIVE ..... 12 DOES NOT KNOW ..... 13 <b>Not applicable</b> ..... 99
9	How to make children listen or obey them?	<input type="text"/>	
10	Having another child or not?	<input type="text"/>	
11	Whether or not you breastfeed the child and when to wean the child?	<input type="text"/>	
12	What and how to feed the infant in his first year of life?	<input type="text"/>	

## MODULE N: HH SOCIO ECONOMIC STATUS

Sl. No	Questions	Response	Code
N01	What is the main source of <u>drinking water</u> for members of your household?  (1 ANSWER ONLY)	<input type="text"/>	Own tube well .....1 Other's tube well .....2 Community tube well .....3 Supply Water (piped) .....4 Ring Well/ Indara.....5 Pond .....5 River/ Canal .....6 Other (specify) .....8
N02	How long does it take to go to the water source, get water, and come back?  (NOTE : TIME TO GO FETCH WATER <u>AND</u> RETURN)	<input type="text"/> MINUTES	MINUTES (If HH Compound Write "0" )
N03	Who usually goes to this source to fetch the water for your household?	<input type="text"/>	ADULT WOMAN .....1 ADULT MALE.....2 FEMALE CHILD (<15yrs).....3 MALE CHILD (<15yrs).....4 OTHER (Specify) .....5 Anybody from HH .....6
N04	What is the main source of water used by your household for cooking, bathing and washing utensils?  (1 ANSWER ONLY)	Cooking <input type="text"/>  Bathing <input type="text"/>  Washing <input type="text"/>	Own tube well .....1 Other's tube well .....2 Community tube well .....3 Supply Water (piped) .....4 Ring Well/ Indara.....5 Pond .....5 River/ Canal .....6 Other (specify) .....8
N05	What kind of toilet facility do members of your household usually use?	<input type="text"/>	Sanitary with flush (water sealed) .....1 Sanitary without flush (water sealed) .....2 <u>Pucc/pit (without water sealed) .....3</u>
N06	Where do young children in your household usually go to the toilet?	<input type="text"/>	Kutcha/Hanging (fixed place) .....4 open field .....5 Other (specify) .....6
N07	Do you share this toilet facility with other households?	<input type="text"/>	YES .....1 NO .....2
N8	Do you own the house you live in?	<input type="text"/>	OWNS HOUSE .....1 RENTS.....2 FREE HOUSING.....3 OTHER (SPECIFY).....4
N9	Does any member of this household own any agricultural land?	<input type="text"/>	YES .....1 NO .....2>>>N11
N10	How many <u>decimals</u> of agricultural land do members of this household own?  (Add total amount if multiple members of the household own land)	<input type="text"/>	Area in decimal  DK .....8888

Sl. No	Questions	Response	Code
N11	Do you have a garden where you grow vegetables and/or fruits?	<input type="checkbox"/>	YES.....1 NO .....2
N12	Does your household have any electricity?	<input type="checkbox"/>	YES .....1 NO .....2
N13	Do you have any other kind of electric power? If yes, which type?	<input type="checkbox"/>	GENERATOR .....1 Solar .....2 NO OTHER TYPE .....3
N14	What type of fuel does your household mainly use for cooking?	<input type="checkbox"/>	ELECTRICITY .....1 LPG.....2 NATURAL GAS .....3 BIOGAS .....4 KERSONE .....5 CHARCOAL .....6 WOOD / STRAW .....7 ANIMAL DUNG .....8 OTHER (SPECIFY) .....9
N15	MAIN FLOOR MATERIAL [OBSERVATION]	<input type="checkbox"/>	Concrete .....1 Brick/Cement .....2
N16	MAIN EXTERIOR WALL MATERIAL [OBSERVATION.]	<input type="checkbox"/>	Tin /CI sheet.....3 Wood .....4 Smoothed mud .....5 Tile.....6 Jute Stick.....7
N17	MAIN ROOF MATERIAL [OBSERVATION.]	<input type="checkbox"/>	Bamboo/ Grass/straw .....8 Others (Specify) .....9

**N18.** I am now going to ask you about household items that are available in your household. For each item, please tell me if the item mentioned is available in your household? If yes, please tell me how many of each are available?  
 [NOTE « 00 » IF NONE]

Asset	Asset code	How many (Number)	How many are in usable Condition? (Number)	Who owns this?		Can you (RESPONDENT) sell this asset if needed?  Yes.....1 No.....2
				You ..... 1 Your husband or partner..... 2 Jointly owned ..... 3 Someone else ..... 4		
1	2	3	4	5		6
Metal cooking pots/pans	1					
Bucket	2					
Stove/Gas burner	3					
Plates/Pans	4					
Cup/mug	5					
Bed/Khat/Chowki	6					
Mattress/blanket	7					
Table/ Chair	8					
Almirah	9					
Trunk / Suitcase	10					
Electric fan (Ceiling/Table)	11					
Table lamp	12					
Electric iron	13					
Radio	14					
Audio cassette/CD player	15					
TV (color/black-white)	16					
Refrigerator	17					
Microwave oven	18					
Sewing machine	19					
Wall clock/wrist watch	20					
Camera	21					
Bicycle	22					

Asset	Asset code	How many (Number)	How many are in usable Condition? (Number)	Who owns this? You ..... 1 Your husband or partner..... 2 Jointly owned ..... 3 Someone else ..... 4	Can you (RESPONDENT) sell this asset if needed?  Yes.....1 No.....2
1	2	3	4	5	6
Motorcycle	23				
Car/truck	24				
Rickshaw/Van	25				
Bullock cart/Push cart	26				
Boat	27				
Engine boat	28				
Phone/mobile phone	29				
Cow/buffalo	30				
Goat/sheep	31				
Chicken/duck	32				
Other 1 (specify).....	33				
Other 2 (specify).....					

