



**Central Bureau of Statistics (CBS)
Nepal Living Standards Survey - III
2010/11**

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID					
PSU NUMBER				HH	

All personal information asked within this questionnaire will be kept confidential according to Statistical Act, 2015. This information will be used only for statistical purposes.

HEAD OF THE HOUSEHOLD: _____ TELEPHONE: _____

ADDRESS: _____

LOCALITY: _____

WARD/SUB-WARD: _____ [] \ []

VDC / MUNICIPALITY: _____

DISTRICT: _____ []

TEAM NUMBER: []

Sir/Madam:

Dear respondents,
Central Bureau of Statistics is conducting the third round of Nepal Living Standards Survey from the month of Falgun 2066 B.S. This is a year round survey. In this survey, primarily income and consumption will be collected from selected households and the living standards of Nepalese people will be assessed on the basis of the information so obtained.
Your household is one of the 7200 sampled households selected for the survey. The information you provide are confidential by Statistics Act 2015 and they are only published collectively in which no personal records are visible.
I would like to request you all to make the survey successful by providing correct and factual information to the enumerators who are coming to your household.

Thanking for your cooperation.

Mr. Uttam Narayan Malla
Director General
Central Bureau of Statistics
Thapatali, Kathmandu, Nepal

Certification:

I hereby certify that the data gathered in this questionnaire were obtained/reviewed by me personally and in accordance with instructions

Signature of Enumerator

Date accomplished

Signature of Supervisor

Date reviewed

GPS COORDINATES

LATITUDE (NORTH) [] [] ° [] [] [] [] [] []

LONGITUDE (EAST) [] [] ° [] [] [] [] [] []

Survey Information

RESULT OF THE VISIT

INTERVIEWER: _____ CODE

DATE OF INTERVIEWER'S VISITS			
No.	DAY	MONTH	YEAR
1			
2			
3			

A. **HH** HOUSEHOLD INTERVIEWED?
 YES _____ 1 ► HOUSEHOLD DATA
 NO _____ 2

SUPERVISOR: PLEASE FILL IF HOUSEHOLD TO BE REPLACED, OR IF THIS HOUSEHOLD IS A REPLACEMENT HOUSEHOLD:

B. REASON NOT INTERVIEWED

 DWELLING NOT FOUND _____ 1
 HOUSEHOLD NOT FOUND _____ 2
 REFUSAL _____ 3

C. THIS HOUSEHOLD WILL BE REPLACED BY HOUSEHOLD NUMBER:

D. THIS HOUSEHOLD WILL BE REPLACED BY HOUSEHOLD NUMBER:

SUPERVISOR _____ CODE DATE OF SUPERVISION DAY MONTH YEAR

HOUSEHOLD DATA

E. RELIGION OF HEAD

F. LANGUAGE USED IN THE HOUSEHOLD

G. INTERPRETER:
 YES _____ 1
 NO _____ 2

USE RELIGION CODES PROVIDED OF HEAD: AT THE BACK OF THE QUESTIONNAIRE

DATA ENTRY

1ST ROUND OF DATA ENTRY

DATA ENTRY OPERATOR'S CODE DATE OF ENTRY DAY MONTH YEAR

REMARKS: _____

DATE OF REVIEW

SUPERVISOR'S CODE DAY MONTH YEAR

SUPERVISOR'S NAME: _____

CORRECTION OF DATA ENTRY

DATA ENTRY OPERATOR'S CODE DATE OF CORRECTION DAY MONTH YEAR

REMARKS: _____

VERIFIED BY SUPERVISOR?
 YES _____ 1
 NO _____ 2

SIGNATURE: _____

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Section 1 Household Roster

IDENTIFICATION CODE	(1.04)	(1.05)		FOR INDIVIDUALS 10 YRS AND ABOVE		(1.08)	(1.09)	(1.10)	
	What is the relationship of ..[NAME].. to the head of household?	Where was ..[NAME].. born?		(1.06)	(1.07)	What's ..[NAME].. Caste/Ethnic group?	During the past 12 months, how many months did ..[NAME].. live here?	ACCORDING TO CRITERIA, IS ..[NAME].. A MEMBER OF THE HOUSEHOLD?	
		Was it then an urban or rural area?		What is the present marital status of ..[NAME]..?	COPY THE ID CODE OF THE SPOUSE	SEE CASTE/ETHNICITY CODES IN TABLE "G"	WRITE 12 IF ALWAYS PRESENT	YES	
		URBAN	1	NEVER MARRIED				1	▶ (1.08)
		SEE DISTRICTS IN TABLE "A"		SINGLE MARRIED	IF NOT A HOUSEHOLD MEMBER WRITE "98"	DESCRIPTION	CODE	MONTHS	▶ NEXT PERSON
		DISTRICT	U/R	POLY MARRIED					3
01	01								
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

Section 1 Household Roster

IDENTIFICATION CODE	FATHER			MOTHER		
	(1.11) Does ..[NAME].. 's father live in this household?	(1.12) COPY THE ID CODE OF THE FATHER	(1.13) What was the highest class that the father of ..[NAME].. completed? WRITE "98" IF DON'T KNOW	(1.14) Does ..[NAME].. 's mother live in this household?	(1.15) COPY THE ID CODE OF THE MOTHER	(1.16) What was the highest class that the mother of ...[NAME]... completed? WRITE "98" IF DON'T KNOW
	YES 1	▶ (1.14)	SEE EDUCATION CODES IN TABLE "E"	YES 1	NEXT PERSON	SEE EDUCATION CODES IN TABLE "E"
	NO 2			NO 2		
▶ (1.13)		▶ (1.16)				
DIED 3	FATHER'S ID CODE	EDUCATION CODE	DIED 3	MOTHER'S ID CODE	EDUCATION CODE	
▶ (1.13)			▶ (1.16)			
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

Section 2 Housing

2A- ID CODE RESPONDENT

Part A: Type of dwelling

(2.01) Is this dwelling unit occupied by your household only?

YES	1
NO	2

(2.02) How many rooms does your household occupy?

a) TOTAL	<input type="text"/>	e) Living / dining rooms	<input type="text"/>
b) Kitchen	<input type="text"/>	f) Business	<input type="text"/>
c) Toilet / bathroom	<input type="text"/>	g) Mixed use	<input type="text"/>
d) Bedrooms	<input type="text"/>	h) Other	<input type="text"/>

(2.03) Is there a kitchen garden?

YES	1
NO	2

(2.04) MAIN CONSTRUCTION MATERIAL OF OUTSIDE WALLS

CEMENT BONDED BRICKS/STONES	1
MUD BONDED BRICKS/STONES	2
WOOD	3
BAMBOO/LEAVES	4
UNBAKED BRICKS	5
OTHER MATERIAL	6
NO OUTSIDE WALLS	7

(2.05) FOUNDATION OF DWELLING

PILLAR BONDED	1
CEMENT BONDED	2
MOD BONDED	3
WOODEN PILLAR	4
OTHER	5

(2.06) MAIN MATERIAL ROOF IS MADE OF

STRAW/ THATCH	1
EARTH/MUD	2
WOOD/ PLANKS	3
GALVANIZED IRON	4
CONCRETE/CEMENT	5
TILES/SLATE	6
OTHER	7

(2.07) THE WINDOWS ARE FITTED (CHECK THE FIRST THAT APPLIES)

NO WINDOWS/ NO COVERING	1
SHUTTERS	2
SCREENS/GLASS	3
OTHER	4

(2.08) HOW BIG IS THE HOUSING PLOT?

CODE	R/B	A/K	P/D
ROPANI 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
BIGHA 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

(2.09) HOW BIG IS THE INSIDE OF THE DWELLING?

SQUARE FEET

(2.10) Which year was the house that you are living built?

YEAR:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section 2 Housing

Part B: Housing expenses

(2.11) Is this dwelling yours?

YES	1	
NO	2	▶ (2.16)

(2.12) If you wanted to buy a dwelling just like this today, how much money would you have to pay?

RUPEES

INCLUDE VALUE OF HOUSING PLOT

(2.13) If someone wanted to rent this dwelling today, how much money would they have to pay each month?

RUPEES

(2.14) Did you rent out part of this dwelling unit?

YES	1	
NO	2	▶ PART C

(2.15) How much do you receive as rent per month?

RUPEES

▶ PART C

(2.16) What is your present occupancy status?

RENTER	1	▶ (2.18)
PROVIDED FREE OF CHARGE BY RELATIVES, LANDLORD OR EMPLOYER	2	
SQUATTING	3	
OTHER	4	

(2.17) If someone wanted to rent this dwelling (only the unit occupied by the household) today, how much money would they have to pay each month?

RUPEES

▶ PART C

(2.18) What is the rent per month? (cash plus value of in-kind payments)

RUPEES

Part C: Utilities and amenities

(2.19) Where does your drinking water come from?

PIPED WATER SUPPLY	1	
COVERED WELL	2	▶ (2.22)
HAND PUMP/ TUBEWELL	3	▶ (2.22)
OPEN WELL	4	▶ (2.22)
SPRING WATER	5	▶ (2.22)
RIVER	6	▶ (2.22)
OTHER SOURCE	7	▶ (2.22)

(2.20) Do you have water piped into your house?

YES	1
NO	2

(2.21) How many hours per day does your household have tap water?

HRS/WEEK

(2.22) How much did you pay for water over the last 12 months?

RUPEES

(EXCLUDE WATER USED FOR IRRIGATION)
WRITE ZERO IF NOTHING

(2.23) Are you connected to a sanitary system for liquid wastes?

UNDERGROUND DRAINS	1	SOAK PIT	3
OPEN DRAINS	2	NO	4

(2.24) How does your household dispose of its garbage mainly?

COLLECTED BY GARBAGE TRUCK	1	
PRIVATE/COMMUNITY COLLECTOR	2	
DUMPED	3	▶ (2.26)
BURNED/BURIED	4	▶ (2.26)
DUMPED AND USED FOR FERTILIZER	5	▶ (2.26)
OTHER	6	

(2.25) How much do you pay for garbage disposal over the last 12 months?

RUPEES

WRITE ZERO IF NOTHING

(2.26) What type of toilet is used by your household?

HOUSEHOLD FLUSH (CONNECTED TO MUNICIPAL SEWER)	1
HOUSEHOLD FLUSH (CONNECTED TO SEPTIC TANK)	2
HOUSEHOLD NON-FLUSH	3
COMMUNAL LATRINE	4
NO TOILET	5

Section 2 Housing

Part C: Utilities and amenities	Part C: Utilities and amenities																																				
<p>(2.27) What is the main source of lighting for your dwelling?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">ELECTRICITY</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 30%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>SOLAR</td> <td style="text-align: center;">2 ▶ (2.31)</td> <td>KEROSENE</td> <td style="text-align: center;">4 ▶ (2.31)</td> <td colspan="2"></td> </tr> <tr> <td>BIOGAS</td> <td style="text-align: center;">3 ▶ (2.31)</td> <td>OTHER</td> <td style="text-align: center;">5 ▶ (2.31)</td> <td colspan="2"></td> </tr> </table>	ELECTRICITY	1					SOLAR	2 ▶ (2.31)	KEROSENE	4 ▶ (2.31)			BIOGAS	3 ▶ (2.31)	OTHER	5 ▶ (2.31)			<p>(2.37) How many bharis/carts/kg of firewood did you collect during the past 12 months?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">BHARI</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>CART</td> <td style="text-align: center;">2</td> <td>UNIT</td> <td style="border: 1px solid black; width: 40px;"></td> <td>NUMBER</td> <td style="border: 1px solid black; width: 40px;"></td> </tr> <tr> <td>KILOGRAM</td> <td style="text-align: center;">3</td> <td colspan="2"></td> <td></td> <td></td> </tr> </table> <p>INTERVIEWER, COMPLETE: 1 BHARI / CART = KG</p>	BHARI	1					CART	2	UNIT		NUMBER		KILOGRAM	3				
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<p>(2.28) Do you have a joint or individual electric meter?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">INDIVIDUAL</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 30%;">NO METER</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>JOINT</td> <td style="text-align: center;">2</td> <td colspan="4"></td> </tr> </table>	INDIVIDUAL	1	NO METER	3			JOINT	2					<p>(2.38) How long does it take to collect one bhari/cart/kg of firewood?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">TIME TAKEN ROUND TRIP</td> <td style="width: 10%; text-align: center;">HOURS</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">MINUTES</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="border: 1px solid black; width: 40px;"></td> <td></td> <td style="border: 1px solid black; width: 40px;"></td> <td></td> </tr> </table>	TIME TAKEN ROUND TRIP	HOURS		MINUTES																				
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TIME TAKEN ROUND TRIP	HOURS		MINUTES																																		
<p>(2.29) How much did you spend on electricity over the past 12 months?</p> <p style="text-align: center;">WRITE ZERO IF NOTHING</p> <p style="text-align: right;">RUPEES</p> <div style="border: 1px solid black; width: 60px; height: 20px; margin-left: auto;"></div>	<p>(2.39) Where did you <u>mainly</u> collect the firewood?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">OWN LAND</td> <td style="width: 10%; text-align: center;">1 ▶ (2.41)</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>COMMUNITY MANAGED FOREST</td> <td style="text-align: center;">2</td> <td colspan="3"></td> </tr> <tr> <td>GOVERNMENT FOREST</td> <td style="text-align: center;">3</td> <td colspan="3"></td> </tr> <tr> <td>OTHER</td> <td style="text-align: center;">4</td> <td colspan="3"></td> </tr> </table>	OWN LAND	1 ▶ (2.41)				COMMUNITY MANAGED FOREST	2				GOVERNMENT FOREST	3				OTHER	4																			
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OTHER	4																																				
<p>(2.30) In the past 7 days, how many hours (total) did your household NOT have electricity?</p> <p style="text-align: right;">HRS</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div>	<p>(2.40) How much did you pay for each bhari/cart/kg?</p> <p style="text-align: center;">WRITE ZERO IF NOTHING</p> <p style="text-align: right;">RUPEES</p> <div style="border: 1px solid black; width: 60px; height: 20px; margin-left: auto;"></div>																																				
<p>(2.31) Which of the following facilities are there in your dwelling unit?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">YES</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 30%;">a) Telephone</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> <td>b) Mobile phone</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td>c) Cable T.V.</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td></td> <td></td> <td>d) Email/Internet</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table> <p style="border: 1px solid black; padding: 2px; display: inline-block;">IF ALL ANSWERS ARE NO ▶ (2.33)</p>	YES	1	a) Telephone				NO	2	b) Mobile phone		c) Cable T.V.				d) Email/Internet				<p>(2.41) Did you collect fodder for your livestock over the past 12 months?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2 ▶ PART D</td> <td colspan="3"></td> </tr> </table>	YES	1				NO	2 ▶ PART D											
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NO	2 ▶ PART D																																				
<p>(2.32) How much did you pay for using those facilities listed in (2.31) over the last 12 months?</p> <p style="text-align: right;">RUPEES</p> <div style="border: 1px solid black; width: 60px; height: 20px; margin-left: auto;"></div>	<p>(2.42) Where did you mainly collect the fodder?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">OWN LAND</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>COMMUNITY MANAGED FOREST</td> <td style="text-align: center;">2</td> <td colspan="3"></td> </tr> <tr> <td>GOVERNMENT FOREST</td> <td style="text-align: center;">3</td> <td>OTHER</td> <td style="text-align: center;">4</td> <td></td> </tr> </table>	OWN LAND	1				COMMUNITY MANAGED FOREST	2				GOVERNMENT FOREST	3	OTHER	4																						
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<p>(2.33) What kind of fuel is most often used by your household for cooking?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">FIREWOOD</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 30%;">CYLINDER GAS</td> <td style="width: 10%; text-align: center;">4</td> <td style="width: 10%;"></td> </tr> <tr> <td>DUNG</td> <td style="text-align: center;">2</td> <td>KEROSENE</td> <td style="text-align: center;">5</td> <td></td> </tr> <tr> <td>LEAVES/ RUBBISH/ STRAW/THATCH</td> <td></td> <td>BIO-GAS</td> <td style="text-align: center;">6</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">3</td> <td>OTHER</td> <td style="text-align: center;">7</td> <td></td> </tr> </table>	FIREWOOD	1	CYLINDER GAS	4		DUNG	2	KEROSENE	5		LEAVES/ RUBBISH/ STRAW/THATCH		BIO-GAS	6			3	OTHER	7		Part D: Iodized salt																
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<p>(2.34) What type of stove does your household mainly use for cooking?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">OPEN FIREPLACE</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 30%;">KEROSENE STOVE</td> <td style="width: 10%; text-align: center;">4</td> <td style="width: 10%;"></td> </tr> <tr> <td>MUD</td> <td style="text-align: center;">2</td> <td>GAS STOVE</td> <td style="text-align: center;">5</td> <td></td> </tr> <tr> <td>SMOKELESS OVEN</td> <td style="text-align: center;">3</td> <td>OTHER</td> <td style="text-align: center;">6</td> <td></td> </tr> </table>	OPEN FIREPLACE	1	KEROSENE STOVE	4		MUD	2	GAS STOVE	5		SMOKELESS OVEN	3	OTHER	6		<p>(2.43) What type of salt do you use for cooking?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">LARGE CRYSTAL SALT</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>CRUSHED SALT</td> <td style="text-align: center;">2</td> <td colspan="3"></td> </tr> <tr> <td>PACKED SALT WITH TWO CHILD LOGO</td> <td style="text-align: center;">3</td> <td>OTHERS (SPECIFY)</td> <td style="text-align: center;">4</td> <td></td> </tr> </table>	LARGE CRYSTAL SALT	1				CRUSHED SALT	2				PACKED SALT WITH TWO CHILD LOGO	3	OTHERS (SPECIFY)	4							
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CRUSHED SALT	2																																				
PACKED SALT WITH TWO CHILD LOGO	3	OTHERS (SPECIFY)	4																																		
<p>(2.35) Did your household use any firewood over the past 12 months?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2 ▶ (2.41)</td> <td colspan="3"></td> </tr> </table>	YES	1				NO	2 ▶ (2.41)				<p>(2.44) INTERVIEWER: USE YOUR SALT TEST KIT TO ASSES THE LEVEL OF IODINE IN SALT USED IN THIS HOUSEHOLD</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">0 PPM</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>BELOW 15 PPM</td> <td style="text-align: center;">2</td> <td colspan="3"></td> </tr> <tr> <td>ABOVE 15 PPM</td> <td style="text-align: center;">3</td> <td colspan="3"></td> </tr> </table>	0 PPM	1				BELOW 15 PPM	2				ABOVE 15 PPM	3														
YES	1																																				
NO	2 ▶ (2.41)																																				
0 PPM	1																																				
BELOW 15 PPM	2																																				
ABOVE 15 PPM	3																																				
<p>(2.36) Did your household collect any firewood in the past 12 months?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2 ▶ (2.41)</td> <td colspan="3"></td> </tr> </table>	YES	1				NO	2 ▶ (2.41)																														
YES	1																																				
NO	2 ▶ (2.41)																																				

Section 3 Access to facilities

3A ID CODE RESPONDENT

FACILITY CODE	FACILITY DESCRIPTION	(3.01) How do you OR would you normally travel to the <u>closest</u> <u>..[FACILITY]..</u> ?	(3.02) How long does it take to get from your house to the <u>closest</u> <u>..[FACILITY]..</u> ?			(3.03) How far is the <u>closest</u> <u>..[FACILITY]..</u> from this household?		(3.04) Have the members of this household used <u>..[FACILITY]..</u> during the past 12 months?	(3.05) How often do members of this household use <u>..[FACILITY]..</u> during the past 12 months?
		FOOT (WITHOUT LOAD) 1 BICYCLE/RICKSHAW 2 MOTORCYCLE/TAMPOO 3 CAR/BUS 4 MIXED (FOOT+VEHICLE) 5 PRESENT NEXT TO HH 6 ► (3.04) NOT APPLICABLE 7 ► NEXT	ONE WAY ONLY			KM	METERS	YES 1 NO 2 ► NEXT FACILITY	DAILY 1 WEEKLY 2 MONTHLY 3 RARELY 4
			DAYS	HOURS	MINUTES				
101	ECD center								
102	Primary School								
103	Secondary school								
104	Higher Secondary School								
105	Health post/Sub-health post								
106	Public Hospital/PHC								
107	Clinic/Hospital Private								
108	Bus Stop								
109	Paved Road								
110	Dirt Road, vehicle passable								
111	Dirt Road, vehicle impassable								
112	Local Shop/Shops (shopping centers)								
113	Haat Bazaar								
114	Market Center								
115	Agriculture Center								
116	Sajha (Cooperatives)								
117	Bank								
118	Source of Drinking Water in rainy season								
119	Source of Drinking Water in dry season								
120	Post Office								
121	Telephone Booth								
122	Police station								
123	Internet access								
124	Community library								

Section 4 Migration

ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER

IDENTIFICATION CODE	FIRST IN-MIGRATION TO THIS PLACE						OUT-MIGRATION OVER THE PAST 5 YEARS								
	(4.01) ID CODE OF RESPONDENT WRITE ID CODE FROM HOUSEHOLD ROSTER OF PERSON PROVIDING THIS INFORMATION	(4.02) Has <u>..[NAME]..</u> always lived in this location since birth? YES 1 ▶ (4.07) NO 2	(4.03) I want to ask you about the first time <u>..[NAME]..</u> moved to this location. Where did <u>..[NAME]..</u> move from? Was it then an urban or rural area? URBAN 1 RURAL 2 SEE DISTRICT CODES IN TABLE "A"	(4.04) When did <u>..[NAME]..</u> move to this place?	(4.05) Why did <u>..[NAME]..</u> leave the previous place and move to this place? MARRIAGE 01 FOLLOW THE FAMILY 02 OTHER FAMILY REASONS 03 EDUCATION 04 TRAINING 05 LOOKING FOR WORK 06 START NEW JOB 07 START NEW BUSINESS 08 JOB TRANSFER 09 CONFLICT 10 NATURAL DISASTER 11 EASIER LIFE STYLE 12 OTHER 13	(4.06) What primary activity did <u>..[NAME]..</u> do when arrived at this place for the first time? SEE OCCUPATION CODES IN TABLE "I" OCCUPATION DESCRIPTION NSCO CODE	(4.07) Has <u>..[NAME]..</u> lived outside this location for more than 2 continuous months over the past 5 years? YES 1 NO 2 ▶ NEXT PERSON	(4.08) How many times has <u>..[NAME]..</u> lived outside this location for more than 2 continuous months over the past 5 years?	(4.09) When was the <u>last time</u> <u>..[NAME]..</u> left to live outside this location for a period of 2 continuous months or more?	(4.10) When was the <u>last time</u> <u>..[NAME]..</u> came back to this household after living outside for a period of 2 continuous months or more? IF STILL AWAY WRITE "98" IN MONTH AND YEAR	N OF TIMES	YEAR	MONTH	YEAR	MONTH
	RESPONDENT'S ID CODE	DISTRICT / COUNTRY	U/R	YEAR											
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															
13															
14															
15															

Section 4 Migration

ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER

OUT-MIGRATION OVER THE PAST 5 YEARS

IDENTIFICATION CODE	(4.11) Where was the place where ..[NAME].. lived <u>this last</u> <u>time</u> ?		(4.12) What was the main reason for ..[NAME].. to go to that place? (LAST TIME)		(4.13) What primary activity did ...[NAME]... do just before leaving this household <u>last time</u> ?		(4.14) Did ..[NAME].. do any job there?	(4.15) Who helped ...[NAME]... to find the last job or to start a business in that place where he/she <u>last moved</u> ?	(4.16) What type of work did ..[NAME].. when he/she arrived to that <u>last</u> <u>place</u> ?	(4.17) What primary activity did ..[NAME].. when arrived to that <u>last place</u> ?	(4.18) What was the main reason why ..[NAME].. came back to this household <u>last time</u> ?		
	DISTRICT / COUNTRY	U/R	MARRIAGE		YES	NO	RELATIVES	FRIENDS, NEIGHBORS	WAGE JOB	SEE OCCUPATION CODES IN TABLE "I"	FAMILY REASONS	WORK FINISHED	DISSATISFIED WITH WORK
			01				1					1	
			02				2					2	
			03									3	
			04									4	
			05									5	
			06									6	
			07									7	
			08									8	
			09									9	
			10									10	
			11										
			12										
			13										
			14										
			15										

Section 5 Food expenses and home production

(5.00) ID CODE RESPONDENT:

PART A: TYPICAL MONTH

PART B: PAST 7 DAYS

CODE	(5.01) Have you consumed ..[FOOD].. during the past 12 months? INSTRUCTIONS: (1) ASK QUESTION (5.01) ABOUT EACH ITEM IN THE LIST FIRST. PUT A TICK "✓" IN THE APPROPRIATE BOX (YES OR NO) (2) IF THE ANSWER TO Q. (5.01) IS YES, ASK Q. (5.02) TO (5-08) (3) ONLY ONCE YOU HAVE FINISHED WITH QUESTIONS (5.02) TO (5.08) FOR ALL ITEMS CONSUMED, ASK NEXT DAY QUESTION (5.09) TO (5.12)				HOME PRODUCTION				FOOD PURCHASES FOR HH CONSUMPTION				IN-KIND	ASK (5.09) FOR ALL ITEMS FIRST						
	(5.02) How many months in the past 12 months did you consume ..[FOOD].. that you grew or produced yourself? IF NONE, WRITE ZERO AND ► (5.05)	(5.03) In a typical month during which you ate ..[FOOD].., how much did your household consume ..[FOOD]..? QUANTITY CODES IN TABLE "F"	(5.04) How much would your household have to spend in the market to buy this quantity of ..[FOOD].. (i.e. the amount consumed in a typical month)? RUPEES	(5.05) MONTHS	(5.06) How many months in the past 12 months did you purchase ..[FOOD].. ? IF NONE, WRITE ZERO AND ► (5.08)	(5.07) In a typical month during which you purchased ..[FOOD].. how much did you purchase? QUANTITY CODES IN TABLE "F"	(5.08) How much would you normally have to spend in total to buy this quantity? RUPEES	(5.09) MONTHS	(5.10) In a typical month during which you purchased ..[FOOD].. how much did you purchase? QUANTITY CODES IN TABLE "F"	(5.11) How much would you normally have to spend in total to buy this quantity? RUPEES	(5.12) What is the total value of ..[FOOD].. consumed that you received in-kind over the past 12 months (wages for work, etc.)? IF NONE, WRITE ZERO	(5.09) How many days has the household consumed ..[FOOD].. during the past 7 days? IF NONE, WRITE ZERO AND ► NEXT	(5.10) How much ..[FOOD].. did your household consume during the past 7 days? QUANTITY CODES IN TABLE "F"	(5.11) What is the value of this quantity of ..[FOOD].. consumed during the past 7 days? RUPEES	(5.12) MAIN SOURCE	HOME PRODUCTION	FOOD PURCHASES	IN-KIND		
	ITEM DESCRIPTION	NO	YES	MONTHS	QUANTITY	UNIT	RUPEES	MONTHS	QUANTITY	UNIT	RUPEES	RUPEES	DAYS	QUANTITY	UNIT	RUPEES	1	2	3	
030	3 EGGS AND MILK PRODUCTS																			
031	Eggs																			
032	Milk																			
033	Condensed milk																			
034	Baby milk/Powder milk																			
035	Curd/Whey																			
036	Other milk products (Cheese, <i>Paneer</i> , etc.)																			
040	4 COOKING OILS																			
041	Ghee																			
042	Vegetable oil																			
043	Mustard oil																			
044	Other oil (Soya, Sunflower, Corn, etc.)																			
050	5 VEGETABLES:																			
051	Potatoes																			
059	Colocassia																			
052	Onions																			
053	Cauliflower/Cabbage																			
901	PAGE TOTAL																			

Section 5 Food expenses and home production

(5.00) ID CODE RESPONDENT:

PART A: TYPICAL MONTH

PART B: PAST 7 DAYS

CODE	(5.01) Have you consumed ..[FOOD].. during the past 12 months? INSTRUCTIONS: (1) ASK QUESTION (5.01) ABOUT EACH ITEM IN THE LIST FIRST. PUT A TICK "✓" IN THE APPROPRIATE BOX (YES OR NO) (2) IF THE ANSWER TO Q. (5.01) IS YES, ASK Q. (5.02) TO (5-08) (3) ONLY ONCE YOU HAVE FINISHED WITH QUESTIONS (5.02) TO (5.08) FOR ALL ITEMS CONSUMED, ASK NEXT DAY QUESTION (5.09) TO (5.12)		
	ITEM DESCRIPTION	NO	YES
	054 Tomatoes		
	055 Green leafy vegetables		
056 Pointed gourd			
057 Bitter gourd			
058 Other vegetables			
060	6 FRUITS AND NUTS:		
061 Bananas			
062 Citrus fruits (Oranges, Lemon, Lime, Sweet orange, Pummelo, etc.)			
063 Mangoes			
064 Apples			
065 Pineapple			
066 Papaya			
067 Other fruits (Grape, Pomegranate, etc.)			
068 Dried fruits (Walnut, Coconut, etc.)			
070	7 FISH AND MEAT:		
071 Fish			
072 Mutton			
902	PAGE TOTAL		

HOME PRODUCTION				FOOD PURCHASES FOR HH CONSUMPTION				IN-KIND
(5.02) How many months in the past 12 months did you consume ..[FOOD].. that you grew or produced yourself? IF NONE, WRITE ZERO AND ► (5.05)	(5.03) In a typical month during which you ate ..[FOOD].., how much did your household consume ..[FOOD]..? QUANTITY CODES IN TABLE "F"	(5.04) How much would your household have to spend in the market to buy this quantity of ..[FOOD].. (i.e. the amount consumed in a typical month)? RUPEES		(5.05) How many months in the past 12 months did you purchase ..[FOOD].. ? IF NONE, WRITE ZERO AND ► (5.08)	(5.06) In a typical month during which you purchased ..[FOOD].. how much did you purchase? QUANTITY CODES IN TABLE "F"	(5.07) How much would you normally have to spend in total to buy this quantity? RUPEES		(5.08) What is the total value of ..[FOOD].. consumed that you received in-kind over the past 12 months (wages for work, etc.)? IF NONE, WRITE ZERO
MONTHS	QUANTITY	UNIT		MONTHS	QUANTITY	UNIT		RUPEES

ASK (5.09) FOR ALL ITEMS FIRST						
(5.09) How many days has the household consumed ..[FOOD].. during the past 7 days? IF NONE, WRITE ZERO AND ► NEXT	(5.10) How much ..[FOOD].. did your household consume during the past 7 days? QUANTITY CODES IN TABLE "F"	(5.11) What is the value of this quantity of ..[FOOD].. consumed during the past 7 days? RUPEES	(5.12) MAIN SOURCE			
DAYS	QUANTITY	UNIT	RUPEES	1	2	3

Section 6 Non-food expenditures and inventory of durable goods

Part A: Frequent non-food expenditures

(6.00) ID CODE RESPONDENT:

CODE	(6.01) Were any of the following items purchased or received in-kind over the past 12 months? PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q (6.02)			(6.02) What is the money value of the amount purchased or received in-kind by your household:	
				A.	B.
				... during the past 30 days?	...during the past 12 months?
	ITEM DESCRIPTION	NO	YES	RUPEES	RUPEES
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.)				
905	PAGE TOTAL				

CODE	(6.01) Were any of the following items purchased or received in-kind over the past 12 months? PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q (6.02)			(6.02) What is the money value of the amount purchased or received in-kind by your household:	
				A.	B.
				... during the past 30 days?	...during the past 12 months?
	ITEM DESCRIPTION	NO	YES	RUPEES	RUPEES
230	23 OTHER FREQUENT EXPENSES:				
231	Public transportation (buses, taxis, rickshaws, train tickets, etc.)				
232	Petrol, diesel, motor oil (for personal vehicle only)				
233	Entertainment (cinema, CD/cassette rentals, etc.)				
234	Newspapers, books, stationery supplies(except educational expenses)				
235	Pocket money to children				
236	Educational and professional services				
237	Modern medicines and health services (doctor fees, hospital charges etc.)				
238	Traditional medicines and health services				
239	Wages paid to watchman, servant, gardener, driver, etc.				
241	Light bulbs, shades, batteries, etc.				
242	Household cleaning articles (soap, bleach, washing powder, etc.)				
906	PAGE TOTAL				

260	ASK RESPONDENT TO ESTIMATE AVE. MONTHLY & ANNUAL EXPENDITURE ON FREQUENTLY PURCHASED NON-FOOD ITEMS		
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Section 6 Non-food expenditures and inventory of durable goods

Part B: Infrequent non-food expenditures

CODE	(6.03) Were any of the following items purchased or received in-kind over the past 12 months? PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q 6.04			(6.04) What is the money value of the amount purchased or received in-kind by your household during the past 12 months:
	ITEM DESCRIPTION	NO	YES	RUPEES
310	31 INFREQUENT EXPENSES:			
311	Legal expenses and insurance (life, car, etc.)			
312	Income taxes, land taxes, housing and property taxes			
313	Repair and other expenses for personal vehicle(registration, fines)			
314	Postal expenses, telegrams, fax, telephone			
315	Excursion, holiday, (including travel and lodging)			
316	Toys, sports goods			
317	Repair and maintenance of the house			
318	Repair and servicing of household effects			
319	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			
327	Cash losses			
328	Gifts and donations			
907	TOTAL			

CODE	(6.03) Were any of the following items purchased or received in-kind over the past 12 months? PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q 6.04			(6.04) What is the money value of the amount purchased or received in-kind by your household during the past 12 months:
	ITEM DESCRIPTION	NO	YES	RUPEES
410	41 DURABLE GOODS:			
411	Crockery, cutlery and kitchen utensils (household use)			
412	Kitchen appliances (refrigerator, cooking range, blenders, etc.)			
413	Pillows, mattresses, blankets, etc.			
414	Jewelry, watches			
415	Furniture and fixtures			
416	Electric fans			
417	Heaters (electric, gas, kerosene)			
418	Sewing machine			
419	Iron (electric or other)			
421	Television/VCR			
422	Washing machine			
423	Cassette recorder or player, radio, etc.			
424	Camera, camcorder, etc.			
425	Bicycle			
426	Motorcycle			
427	Motor car or other such vehicle			
428	Other durable goods (bullock/he buffalo carts, etc.)			
429	Pressure lamps / petromax			
431	Telephone sets / cordless/mobile phone/pager			
432	Computer/Printer			
908	TOTAL			

Section 6 Non-food expenditures and inventory of durable goods

Part C: Inventory of durable goods

CODE	(6.05) 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. (6.06) TO (6.10)			(6.06) How many ..[ITEM].. does your household own?	(6.07) How many years ago did you acquire ..[ITEM]..?	(6.08) Did you purchase it, receive it as a gift or payment for services, or receive it as dowry or inheritance?	(6.09) How much was it worth when you acquired it?	(6.10) If you wanted to sell this ..[ITEM].. today, how much money would you receive for it? IF MORE THAN ONE ITEM OWNED, ASK ABOUT TOTAL VALUE OF ALL ITEMS	
	ITEM DESCRIPTION	NO	YES	NUMBER	YEARS	IF MORE THAN ONE ITEM OWNED, ASK ABOUT MOST RECENTLY ACQUIRED ITEM.		RUPEES	RUPEES
		PURCHASE 1				GIFT/PAYMENT 2			
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/VCR/VCD Player								
511	Pressure lamps / petromax								
512	Telephone sets / cordless/mobile								
513	Sewing machine								
514	Furniture, rugs, clocks								
515	Kitchen utensils								
516	Jewelry (including watches)								
517	Computer/Printer								
909	TOTAL								

Section 6 Non-food expenditures and inventory of durable goods

Part D: Own account production of goods

CODE	(6.11) Were any of the following items produced and consumed by your household over the past 12 months? PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q. (6.12)			(6.12) What is the monetary value in the local market of the items produced and consumed yourself during the past:	
	SELF PRODUCED AND CONSUMED ITEMS	NO	YES	A.	B.
			 during the past 30 days?during the past 12 months?
				RUPEES	RUPEES
600	Expenditures on self produced and consumed items				
601	Dalo, Nanglo, Doko, Namlo, Rope, Mudha, etc.				
602	Mandro, Mat, Sukul, Bhakari, Ghum, Chitro, Broom, etc.				
603	Radi, Pakhi, Homespun clothes, etc.				
604	Firewood/Dung collection				
605	Furniture and allied wooden materials				
606	Sickle, Chulesi, Knife, etc.				
607	Tailoring				
608	Shoe making/repairing				
609	Water fetching				
610	Minor house repairing				
611	Biogas				
612	Pickle, Gundruk, Masyaura, Titauro, Jam, etc.				
613	Other (Communal construction, Duna, Tapari, Batti, etc.)				
910	TOTAL				

Section 7 Education

ALL PERSONS 3 YEARS AND OLDER

Part A: Literacy

IDENTIFICATION CODE	(7.01) ID CODE OF RESPONDENT	(7.02) Can ..[NAME].. read a letter?	(7.03) Can ..[NAME].. write a letter?	(7.04) Where did ..[NAME].. learn to read and write?	(7.05) Has ..[NAME].. ever been refused admission in any school, upto grades 8?	(7.06) What was the main reason that ..[NAME].. was refused admission?	(7.07) What type of school / college did refuse ..[NAME]..?	(7.08) INTERVIEWER: ASK EACH PERSON ABOUT THEIR EDUCATIONAL BACKGROUND, AND CODE THEIR EDUCATIONAL BACKGROUND AS FOLLOWS:	(7.09) Why didn't ..[NAME].. ever attend school?
	WRITE ID CODE FROM HOUSEHOLD ROSTER OF PERSON PROVIDING THIS INFORMATION	YES 1 NO 2 ▶ (7.05)	YES 1 NO 2 ▶ (7.05)	FORMAL SCHOOLING 1 TAUGHT AT HOME 2 GOVT. LITERACY COURSE 3 NGO LITERACY COURSE 4 OTHER 5	YES 1 NO 2 ▶ (7.08)	POOR ACADEMICS 1 COULDN'T PAY 2 CASTE/ ETHNICITY 3 RELIGION 4 OTHER 5	COMMUNITY/GOVERNMENT 1 INSTITUTIONAL/PRIVATE 2 GURUKUL / MADARSHA / GUMBA 3 OTHER 4	NEVER ATTENDED SCHOOL 1 ATTENDED SCHOOL/COLLEGE IN THE PAST 2 ▶ PART B CURRENTLY ATTENDING SCHOOL / COLLEGE / PRESCHOOL 3 ▶ PART C	TOO YOUNG 01 TOO EXPENSIVE 02 TOO FAR AWAY 03 HAD TO HELP AT HOME 04 EDUCATION NOT USEFUL 05 PARENTS DID NOT WANT 06 NOT WILLING TO ATTEND 07 DISABLED 08 NOT ALLOWED ADMISSION 09 OTHER REASONS 10 ▶ NEXT PERSON
RESPONDENT'S ID CODE									
01									
02									
03									
04									
05									
06									
07									
08									
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INTERVIEWER: ASK ONLY OF THOSE PERSONS WHO HAVE ATTENDED SCHOOL/COLLEGE IN THE PAST

IDENTIFICATION CODE	(7.10) What type of school / college did ..[NAME].. last attend?	(7.11) What was the highest class that ..[NAME].. completed?	(7.12) How many years did it take ..[NAME].. to complete primary education (class 5) excluding time spent in ECD/Pre-school?	(7.13)		(7.14) How old was ..[NAME].. when he/she left school?	(7.15) What class was ..[NAME].. last attending before leaving the school?	(7.16) Why did ..[NAME].. leave school/college?
	COMMUNITY/GOVERNMENT 1 INSTITUTIONAL/PRIVATE 2 TECHNICAL/VOCATIONAL 3 GURUKUL / MADARSHA / GUMBA 4 COMMUNITY (PUBLIC) CAMPUS 5 PRIVATE CAMPUS 6 CONSTITUENT (ANGIK) CAMPUS 7 OTHER 8	EDUCATION CODES IN TABLE "E"	WRITE "98" IF PRIMARY LEVEL IS COMPLETED WITHOUT ATTENDING SCHOOL IF PRIMARY SCHOOL NOT COMPLETED WRITE NUMBER OF YEARS SCHOOL ATTENDED ► (7.14)	A. How many years did it take ..[NAME].. to complete class 10?	B. How many times did ..[NAME].. appear for SLC examinations ?	AGE IN YEARS	EDUCATION CODES IN TABLE "E"	FURTHER SCHOOLING NOT AVAILABLE 01 TOO EXPENSIVE 02 TOO FAR AWAY 03 HAD TO HELP AT HOME 04 PARENTS DID NOT WANT 05 COMPLETED DESIRED SCHOOLING 06 MARRIAGE 07 MOVED AWAY 08 POOR ACADEMIC PROGRESS 09 STARTED WORKING/GOT A JOB 10 LACK OF TOILET FACILITY 11 LANGUAGE 12 NOT ALLOWED ADMISSION 13 MISTREATMENT AT SCHOOL 14 OTHER REASONS 15
01								
02								
03								
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05								
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Section 7 Education

PERSONS CURRENTLY ATTENDING SCHOOL/COLLEGE

Part C: Current enrollment

INTERVIEWER: ASK ONLY THOSE PERSONS CURRENTLY ATTENDING SCHOOL/COLLEGE OR PRESCHOOL

IDENTIFICATION CODE	(7.17) What type of school/college is ..[NAME].. currently attending?	(7.18) What class is ..[NAME].. currently attending?	(7.19) How many days did ..[NAME].. go to school during the past 7 days?	(7.20) How many days was ..[NAME].. supposed to go to school during the past 7 days?	(7.21) INTERVIEWER: IF (7.19) IS DIFFERENT THAN (7.20) THEN ASK: Why was ..[NAME].. absent from school some days?	(7.22) How do ..[NAME].. go to school/college?	(7.23) How much time does ..[NAME].. spend commuting every day?	(7.24) In the past 12 months, did ..[NAME].. take any private tuition classes?	(7.25) Was the private tuition ..[NAME].. received from a teacher in own school?	
	EDUCATION CODE	EDUCATION CODES IN TABLE "E"	N DAYS	N DAYS			HRS	MINS	YES 1 NO 2 ▶ (7.26)	YES 1 NO 2
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

Section 7 Education

PERSONS CURRENTLY ATTENDING SCHOOL/COLLEGE

Part C: Current enrollment

INTERVIEWER: ASK ONLY OF THOSE PERSONS CURRENTLY ATTENDING SCHOOL/COLLEGE

IDENTIFICATION CODE	(7.26) How much has your household spent during the past 12 months for ..[NAME's].. schooling? IF NOTHING WAS SPENT, WRITE ZERO.							(7.27) Did ..[NAME].. receive a scholarship to help pay for your educational expenses?	(7.28) How much did ..[NAME].. receive over the past 12 months?	(7.29) What is the major form of the scholarship?	(7.30) What is the type of the scholarship?	(7.31) What class was ..[NAME].. attending in the last academic year?	(7.32) How many years did it take ..[NAME].. to complete primary education (class 5) excluding time spent in ECD/Pre-school?	(7.33)	
	A Tuition fee	B Other fee (exams, admission, events, etc)	C Uniform	D Textbook / Supplies	E Transportation	F Private tuition	G Others (snacks, tea, etc)	YES 1 NO 2 ▶ (7.31)	RUPEES	TUITION / FEES 1 UNIFORMS/ BOOKS 2 HOSTEL 3 OTHER 4	POOR AND TALENTED GIRLS 1 2 DALITS 3 CONFLICT AFFECTED 4 DISABLED 5 HIV/AIDS 6 KARNALI REGION 7 OTHER 8	IF NOT APPLICABLE WRITE "98"	WRITE "98" IF PRIMARY LEVEL IS COMPLETED WITHOUT ATTENDING SCHOOL IF PRIMARY SCHOOL NOT COMPLETED WRITE NUMBER OF YEARS SCHOOL ATTENDED AND ▶ NEXT PERSON	A. How many years did it take ..[NAME].. to complete class 10?	B. How many times did ..[NAME].. appear for SLC examinations ?
	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES			EDUCATION CODE	NUMBER OF YEARS	N YEARS	TIMES	
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															
13															
14															
15															

Section 8 Health

ALL HOUSEHOLD MEMBERS

Part A: Chronic illnesses

IDENTIFICATION CODE	CHRONIC ILLNESS										
	(8.01) ID CODE OF RESPONDENT	(8.02) Do you suffer from any of the following disabilities?	(8.03) For how long have you suffered from this disability?	(8.04) Do ..[NAME].. suffer from a chronic illness?	(8.05) What chronic illness do ..[NAME].. primarily suffer from?	(8.06) How many years ago did the illness start?	(8.07) How much has ..[NAME].. spent in the past 12 months on the treatment of this illness in... INCLUDE COST OF CONSULTATIONS, DIAGNOSIS, MEDICINES AND TRAVEL		(8.08) Has ..[NAME].. received any in-kind medication for the treatment of this illness during the past 12 months?	(8.09) How many days did ..[NAME].. has to stop doing his/her usual activity due to this illness during the past 12 months?	(8.10) What is the present health status of ..[NAME]..?
	WRITE ID CODE FROM HOUSEHOLD ROSTER OF PERSON PROVIDING THIS INFORMATION	Physical? 1 Visual? 2 Hearing? 3 Visual and hearing? 4 Speech? 5 Mental? 6 Multiple? 7 None 8 ▶ (8.04)	WRITE "98" IF SINCE BIRTH	YES 1 NO 2 ▶ (8.10)	HEART CONDITIONS 01 RESPIRATORY 02 ASTHMA 03 EPILEPSY 04 CANCER 05 DIABETES 06 KIDNEY/LIVER DISEASES 07 RHEUMATISM RELATED 08 GYNECOLOGICAL PROBLEMS 09 OCCUPATIONAL ILLNESSES 10 HIGH/LOW BLOOD PRESSURE 11 GASTROINTESTINAL DISEASES 12 OTHER 13		A ... medicines?	B ... other expenses such as consultations, diagnosis, transport, etc.?	YES 1 NO 2		EXCELLENT 1 GOOD 2 POOR 3 WORST 4
RESPONDENT'S ID CODE		YEARS			NB. OF YEARS	RUPEES	RUPEES		NB. OF DAYS		
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
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14											
15											

Section 8 Health

ALL HOUSEHOLD MEMBERS

Part B: Illnesses or injuries

IDENTIFICATION CODE	(8.11)	(8.12)	(8.13)	(8.14)	(8.15)	(8.16)
	Has ..[NAME].. had any health problem or has been injured during the past 30 days, for example diarrhoea, respiratory problems, fever, burned, etc?	What type of illness or injury?	Was anyone consulted (e.g. a doctor, nurse, pharmacist or other healer) for the illness or injury in the last month?	What is the main reason why ..[NAME].. didn't consult anybody?	Where did ..[NAME].. go for the last consultation?	Whom did ..[NAME].. consult with?
		DIARRHOEA 01			GOVT.HEALTH INST.	
		DYSENTRY 02			SHP 01	GOVT.HEALTH INST.
		RESPIRATORY PROBLEMS 03		ILLNESS/INJURY NOT SERIOUS ENOUGH 01	HP 02	DOCTOR 1
		MALARIA 04		HEALTH FACILITY TOO FAR 02	PHC 03	PARAMEDIC (HA, SAHW, AHW, ANM) 2
		COLD/FEVER/FLU 05		NO TRANSPORT 03	HOSPITAL 04	
	YES 1	OTHER FEVER 06		HEALTH CARE TOO EXPENSIVE 04	MOBILE CLINIC 05	KAVIRAJ/VAIDYA 3
	NO 2 ► (8.25)	SKIN DISEASE 07		TRANSPORT TOO EXPENSIVE 05	AYURVED CENTRE 06	PVT. HEALTH INST.
		TB 08		HEALTH WORKERS UNFRIENDLY 06	PVT. HEALTH INST.	DOCTOR 4
		MEASLES 09	YES 1	HEALTH WORKERS NOT PRESENT 07	PHARMACY 07	PHARMACIST 5
		JAUNDICE 10	► (8.15)	HEALTH CARE NOT GOOD QUALITY 08	CLINIC 08	PARAMEDIC 6
		PARASITES 11	NO 2	OTHER (SPECIFY___) 09	PVT. HOSPITAL 09	KAVIRAJ/VAIDYA 7
		INJURY 12			HEALTH WORKER'S HOME 10	TRADITIONAL HEALER 8
		DENTAL PROBLEMS 13		► (8.18)	OTHER 11	OTHER 9
	OTHER (SPECIFY___) 14					
01						
02						
03						
04						
05						
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Section 8 Health

ALL HOUSEHOLD MEMBERS

Part B: Illnesses or injuries

IDENTIFICATION CODE	(8.17) How much was spent for the past consultation of this injury and illness for service cost (cost of diagnostic service consisting of lab fee and cost of other services consisting of registration fee, consultation fee, surgery fee, etc.) medicine cost and travel cost over the past 30 days?			(8.18) How much in total was spent over this illness or injury over the past 30 days? (= A + B + C) RUPEES	(8.19) Has ..[NAME].. received any in-kind medication for the treatment of this illness or injury during the past 30 days? YES 1 NO 2	5 YEARS AND OLDER		FOR CHILDREN UNDER 5 YEARS WITH DIARRHOEA					
	A	B	C			(8.20) Did ..[NAME].. have to stop doing his/her usual activities because of this illness or injury? YES 1 NO 2 ▶ (8.25)	(8.21) How many days did ..[NAME].. have to stop doing his/her usual activities? ▶ (8.25) DAYS	(8.22) Did you give ..[NAME].. anything to treat the diarrhoea? ASK ONLY FOR THOSE WITH ANSWER "01" TO (8.12) AND CHILDREN UNDER 5 YEARS YES 1 NO 2 ▶ (8.28)	(8.23) What did you give ..[NAME].. to treat the diarrhoea? ORS (PACKET OR HOME-MADE) 1 ALLOPATHIC MEDICINE 2 ▶ (8.28) TRADITIONAL MEDICINE 3 ▶ (8.28) OTHER 4 ▶ (8.28)	(8.24) Where did you obtain the ORS? SHP 1 HP 2 PHC 3 HOSPITAL 4 MOBILE CLINIC 5 MADE AT HOME 6 NON-GOVT. INST. 7 PHARMACY 8 OTHER. 9			
	DIAGNOSTIC & OTHER SERVICE COST	MEDICINE COST	TRAVEL COST										
	RUPEES	RUPEES	RUPEES										
01													
02													
03													
04													
05													
06													
07													
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14													
15													

Section 8 Health

ALL PERSONS 10 YEARS AND OLDER

Part C: HIV/AIDS Knowledge

ALL PERSONS 10 YEARS AND OLDER						
IDENTIFICATION CODE	(8.25)	(8.26)	(8.27)			
	Have you heard about HIV/AIDS?	How did you first hear about HIV/AIDS?	What can a person do to prevent it? PROMPT: Anything else?			
			RECORD ALL WAYS MENTIONED. DO NOT READ OUT RESPONSES			
			ABSTAIN FROM SEX	01	AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY	08
			USE CONDOMS	02	AVOID BLOOD TRANSFUSIONS	09
			LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER	03	AVOID INJECTIONS	10
					AVOID SHARING RAZORS/BLADES	11
	YES	1	NEWSPAPERS/PAMPHLETS/POSTERS	3	LIMIT NUMBER OF SEXUAL PARTNERS	04
	NO	2	FRIENDS/RELATIVES	4	AVOID SEX WITH PROSTITUTES	05
	▶ NEXT PERSON	3	HEALTH WORKERS	5	AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS	06
PERSON NOT CONTACTED		TEXTBOOKS	6	AVOID SEX WITH HOMOSEXUALS	07	
▶ NEXT PERSON		OTHER	7	OTHER (SPECIFY ___)	15	
				DON'T KNOW	16	
			1st	2nd	3rd	4th
01						
02						
03						
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Section 8 Health CHILDREN UNDER 5 YEARS

Part D: Immunizations

IDENTIFICATION CODE	COPY FROM CARD												BCG	POLIO				DPT		MEASLES	HP-B	(8.39) Where was the most recent immunization given? SHP 1 HP 2 PHC 3 HOSPITAL 4 OUTREACH CLINIC 5 OTHER HEALTH INST. 6
	(8.28) Has [NAME] ever been immunized? YES 1 NO 2 ▶ NEXT CHILD DO NOT KNOW 3 ▶ NEXT CHILD	(8.29) Do you have a card which shows which vaccinations [NAME] has received? ASK TO SEE THE CARD YES, SEEN 1 YES, NOT AVAILABLE 2 ▶ (8.31) NO 3 ▶ (8.31)	(8.30) CHECK FROM CARD WHETHER IMMUNIZATION HAS TAKEN PLACE YES 1 NO 2 ▶ (8.39)												(8.31) Has [NAME] received a BCG vaccination against tuberculosis, that is an injection in the upper arm that left a scar?	(8.32) Has [NAME] received a polio vaccine, that is pink or white drops in the mouth? YES 1 NO 2 ▶ (8.35)	(8.33) When was the first polio vaccine received, just after birth or later? JUST AFTER BIRTH 1 LATER 2 DON'T KNOW 3	(8.34) How many times was the polio vaccine given? ONCE 1 TWICE 2 THRICE 3 > 3 TIMES 4 DON'T KNOW 5	(8.35) Has [NAME] been given a DPT vaccination, that is an injection usually given in the thigh or buttocks at the same time as polio drops? YES 1 NO 2 ▶ (8.37) DON'T KNOW 3 ▶ (8.37)	(8.36) How many times did [NAME] get this shot? TIMES	(8.37) Has [NAME] been given an injection against measles? YES 1 NO 2 DON'T KNOW 3	
01																						
02																						
03																						
04																						
05																						
06																						
07																						
08																						
09																						
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13																						
14																						
15																						

Section 9 Marriage and maternity history

ALL EVER MARRIED WOMEN AGED 15-49 YEARS WHO HAVE GIVEN LIVE BIRTH

Part A: Maternity history

WOMAN 1

NAME OF WOMAN: _____

(9.01) ID CODE OF WOMAN

(9.02) ID CODE OF RESPONDENT

BIRTH ORDER	(9.03) What is the child's name?	(9.04) When was [ORDER] child born?		(9.05) What is the sex of [NAME]?	(9.06) Is [NAME] still alive?	(9.07) Does [NAME] currently live with you?	(9.08) COPY ID CODE OF CHILD FROM HOUSEHOLD ROSTER	(9.09) How long did the [NAME] live?			(9.10) What was the highest level of schooling that [NAME] completed?
	NAME	MTH	YR	MALE 1 FEMALE 2	YES 1 NO 2 ▶ (9.09)	YES 1 NO 2 ▶ (9.10)	▶ NEXT CHILD	YRS	MTHS	DAYS	EDUCATION CODE
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

Section 9 Marriage and maternity history

ALL EVER MARRIED WOMEN AGED 15-49 YEARS WHO HAVE GIVEN LIVE BIRTH

Part A: Maternity history

WOMAN 2

NAME OF WOMAN: _____

(9.01) ID CODE OF WOMAN

(9.02) ID CODE OF RESPONDENT

BIRTH ORDER	(9.03) What is the child's name?	(9.04) When was [ORDER] child born?		(9.05) What is the sex of [NAME]?	(9.06) Is [NAME] still alive?		(9.07) Does [NAME] currently live with you?		(9.08) COPY ID CODE OF CHILD FROM HOUSEHOLD ROSTER	(9.09) How long did the [NAME] live?			(9.10) What was the highest level of schooling that [NAME] completed?
				MALE 1 FEMALE 2	YES 1 NO 2	YES 1 NO 2							
				IF NOT KNOWN, ESTIMATE USING SUPPLEMENTARY CALENDAR		▶ (9.09)	▶ (9.10)		▶ NEXT CHILD				
	NAME	MTH	YR						ID CODE	YRS	MTHS	DAYS	EDUCATION CODE
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													

Section 9 Marriage and maternity history

ALL EVER MARRIED WOMEN AGED 15-49 YEARS WHO HAVE GIVEN LIVE BIRTH

Part A: Maternity history

WOMAN **3**

NAME OF WOMAN: _____

(9.01) ID CODE OF WOMAN

(9.02) ID CODE OF RESPONDENT

BIRTH ORDER	(9.03) What is the child's name?	(9.04) When was [ORDER] child born?		(9.05) What is the sex of [NAME]?	(9.06) Is [NAME] still alive?	(9.07) Does [NAME] currently live with you?	(9.08) COPY ID CODE OF CHILD FROM HOUSEHOLD ROSTER	(9.09) How long did the [NAME] live?			(9.10) What was the highest level of schooling that [NAME] completed?
	NAME	MTH	YR	MALE 1 FEMALE 2	YES 1 NO 2 ▶ (9.09)	YES 1 NO 2 ▶ (9.10)	▶ NEXT CHILD	YRS	MTHS	DAYS	IF CHILD HAS NEVER GONE TO SCHOOL WRITE "99" EDUCATION CODE
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

Section 9 Marriage and maternity history
 Part B: Pre and post-natal care

ALL WOMEN WHO HAVE GIVE LIFE BIRTH DURING PAST 36 MONTHS

LAST PRE-NATAL CARE								
LINE NUMBER	(9.11) COPY ID CODE OF WOMEN WITH CHILDREN LESS THAN 36 MONTHS FROM PART A QUESTION: (9.01)	(9.12) While you were pregnant with your last child, did you go for prenatal consultations to a health care facility?	(9.13) Where did you first receive this care?	(9.14) Who provided this care?	(9.15) At what month of pregnancy did you go for your first visit?	(9.16) During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus that is convulsions after birth?	(9.17) How many times did you receive this injection?	(9.18) What is the main reason why you didn't go for prenatal consultations the last time you were pregnant?
	ID CODE	YES 1 NO 2 ▶ (9.18)	GOVT.HEALTH INST. SHP 01 HP 02 PHC 03 HOSPITAL 04 MOBILE CLINIC 05 AYURVED CENTRE 06 PVT. HEALTH INST. PHARMACY 07 CLINIC 08 PVT. HOSPITAL 09 HEALTH WORKER'S HOME 10 OTHER 11	DOCTOR 1 NURSE/ANM 2 HA/SAHW /AHW/MCHW/ VHW TBA 3 SBA 4 OTHER 5	MONTHS	YES 1 NO 2 ▶ (9.19)	ONCE 1 TWICE 2 MORE THAN 3 TWICE ▶ (9.19)	DONT THINK IS NECESSARY 1 HEALTH FACILITY TOO FAR 2 NO TRANSPORT 3 HEALTH CARE TOO EXPENSIVE 4 TRANSPORT TOO EXPENSIVE 5 HEALTH WORKERS UNFRIENDLY 6 HEALTH WORKERS NOT PRESENT 7 HEALTH CARE NOT GOOD QUALITY 8 OTHER (SPECIFY___) 9
1								
2								
3								
4								
5								
6								

Section 9 Marriage and maternity history

ALL WOMEN WHO HAVE GIVE LIFE BIRTH DURING PAST 36 MONTHS

Part B: Pre and post-natal care

POST-NATAL CARE							
LINE NUMBER	(9.19)	(9.20)	(9.21)	(9.22)	(9.23)	(9.24)	
	Where did you give birth?	Who assisted you with this birth?	After the birth, did you visit a health care facility within six weeks of delivery for a post-natal checkup?	Where did you go for this visit?	Who provided this care?	What is the main reason why you didn't go for post-natal consultations the last time you were pregnant?	
		HOME 1			<u>GOVT.HEALTH INST.</u>		
		SHP 2	FAMILY MEMBER OR 1		SHP 01		
		HP 3	RELATIVES		HP 02		
		PHC 4	NEIGHBOURS 2		PHC 03	DOCTOR 1	
		HOSPITAL 5	TBA 3		HOSPITAL 04	NURSE/ANM HA/SAHW /AHW/MCHW/ VHW 2	
		PVT. HOSPITAL 6	SBA 4		MOBILE CLINIC 05		
		OTHER 7	HA/SAHW/AHW/ MCHW/CHW/VHW 5		AYURVED CENTRE 06	TBA 3	DONT THINK IS NECESSARY 1
			YES 1		<u>PVT. HEALTH INST.</u>	SBA 4	HEALTH FACILTY TOO FAR 2
			NO 2		PHARMACY 07	OTHER 5	NO TRANSPORT 3
			OTHER 7 ▶ (9.24)		CLINIC 08		HEALTH CARE TOO EXPENSIVE 4
			NO ONE 8		PVT. HOSPITAL 09		TRANSPORT TOO EXPENSIVE 5
			DON'T KNOW 9		HEALTH WORKER'S HOME 10		HEALTH WORKERS UNFRIENDLY 6
					OTHER 11		HEALTH WORKERS NOT PRESENT 7
					▶ NEXT PERSON	HEALTH CARE NOT GOOD QUALITY 8	
						OTHER (SPECIFY___) 9	
1							
2							
3							
4							
5							
6							

Section 9 Marriage and maternity history
Part C: Family planning

ALL CURRENTLY MARRIED WOMEN AGED 15-49 YEARS

IDENTIFICATION CODE	(9.25) INTERVIEWER: LOOK BACK AT SECTION 1, QUESTIONS: 1.02, 1.03 AND 1.06	(9.26) How old were you when you first got married?	(9.27) Do you know of any method to prevent pregnancy or space births?	(9.28) By which medium did you learn about family planning methods?	(9.29) Have you (or your husband) ever used any of these methods?	(9.30) Are you(or your husband) currently using any of these methods?	(9.31) Which method do you currently use?	(9.32) Where do you/ did you get this method?	(9.33) Why not?	(9.34) During the last six months, did any health worker visit your home to talk about family planning?	(9.35) How many children would you like to have?			
	IS THE PERSON A WOMAN, AGED 15-49 YEARS AND MARRIED?	YES 1 NO 2 ▶ NEXT PERSON	YES 1 NO 2 ▶ (9.35)	RADIO 1 TELEVISION 2 NEWSPAPERS/ PAMPHLETS/ POSTERS 3 FRIENDS/ RELATIVES 4 HEALTH WORKER 5 HUSBAND 6 TEXTBOOKS 7 OTHER 8	YES 1 NO 2 ▶ (9.33)	YES 1 NO 2 ▶ (9.33)	PILL 1 IUD 2 INJECTABLES 3 IMPLANTS 4 CONDOM 5 TRAD. METHOD 6 ▶ (9.34) FEMALE STERILIZATION 7 ▶ (9.34) MALE STERILIZ. ▶ (9.34) OTHER 9	PUBLIC HEALTH 1 INSTITUTION PRIVATE HEALTH INSTITUTION 2 PHARMACY 3 VSC 4 OTHER 5 ▶ (9.34)	NOT AVAILABLE 1 TOO EXPENSIVE 2 HUSBAND AWAY 3 WANT MORE CHILDREN 4 RELIGIOUS REASONS 5 SCARED OF SIDE- EFFECTS 6 HUSBAND DOES NOT WANT 7 OTHER 8	YES 1 NO 2	A TOTAL	B BOYS	C GIRLS	
01														
02														
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Section 9 Marriage and maternity history

PART D: Household decisions (PART I)

RESPONDENT: WOMAN WHO IS THE SPOUSE OF THE HOUSEHOLD HEAD OR FEMALE HEAD OF THE HOUSEHOLD

(9.36) ID CODE OF RESPONDENT

DECISION NUMBER	DECISION DESCRIPTION	(9.37)	(9.38)	(9.39)
		During the last 12 months did your household have to make a decision on ...[TYPE OF DECISION]..?	Were you involved in the most recent decision on ..[TYPE OF DECISION]..?	Who made the final decision on ..[TYPE OF DECISION]..?
		YES 1 NO 2 ▶ NEXT DECISION	A LOT 1 A LITTLE 2 NOT INVOLVED 3	ME 1 MY SPOUSE 2 BOTH 3 OTHER 4
01	Up to what grade should the children attend school			
02	Which school do the children go to			
03	Obtaining health care for self			
04	Obtaining health care during pregnancy			
05	How many children to have			
06	Which contraceptive method use			
07	Obtaining health care for children			
08	Spending on food			
09	Spending on major household items			
10	Selling household assets (including livestock)			
11	Which crops to grow			
12	To take loans			
13	How to use loans			
14	To migrate for employment			
15	How to use remittances			

Section 10 Jobs and time use

Part A: Time use

FOR ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER

IDENTIFICATION CODE	(10.01) How many hours has ..[NAME].. spent doing the following activities during the past 7 days?													
	IN COMPLETED HOURS WRITE ZERO IF NONE													
	A	B	C	D	E	F	G	H	I	J	K	L	M	N
Fetching water	Collecting firewood and dung	Collecting fodder	Taking care of animals	Making mats, knitting, weaving, tailoring	Processing preserved food (pickle, jam, wine, etc) and milling	TOTAL (A + B + C + D + E + F)	Minor household repairs	Cooking/ serving food for household	Cleaning house, laundry, dishes	Shopping for household	Caring for elderly, sick or disabled	Babysitting / caring for children	Other volunteer/community services	
N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS	N° HRS
01														
02														
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15														

Section 10 Jobs and time use

FOR ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER

Part B: Jobs during the past 12 months

(10.02) INTERVIEWER: COPY THE ID CODE OF ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER	JOB ID	PAST 12 MONTHS													PAST 7 DAYS								SECTOR OF EMPLOYMENT
		(10.03) Please describe all the jobs conducted during the last 12 months. PROBE FOR ALL JOBS CONDUCTED DURING THE PAST 12 MONTHS, EVEN IF THEY ARE NOT BEING CONDUCTED AT PRESENT EXCLUDE ACTIVITIES ALREADY ASKED IN PART A	(10.04) In which month did you work on this job during the past 12 months ? YES 1 NO 2	(10.05) On average, during the months when you did this job during the past 12 months, A B ...how many days per month did you work on this? DAYS / MTH		(10.06) How many hours per day did you work on this job during the past 7 days? WRITE THE NUMBER OF HOURS PER DAY WRITE ZERO IF NONE A B C D E F G H SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY TOTAL		(10.07) What was the type of work? WAGE EMPLOYMENT IN AGRICULTURE 1 NOT IN AGRICULTURE 2 SELF - EMPLOY-MENT IN AGRICULTURE 3 NOT IN AGRICULTURE 4															
				DESCRIPTION OF OCCUPATION	NSCO CODE	A	B		A	B													
				Baishakha	Jestha	Ashah	Shrawan		Bhadra	Ashwin	Kartik	Mangsir	Poush	Magh	Falgun	Chaitra							
ID CODE																							
	1																						
	2																						
	3																						
	4																						
	99	TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:																					
	1																						
	2																						
	3																						
	4																						
	99	TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:																					
	1																						
	2																						
	3																						
	4																						
	99	TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:																					
	1																						
	2																						
	3																						
	4																						
	99	TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:																					

Section 10 Jobs and time use

FOR ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER

Part B: Jobs during the past 12 months

		PAST 12 MONTHS													PAST 7 DAYS								SECTOR OF EMPLOYMENT						
(10.02) INTERVIEWER: COPY THE ID CODE OF ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER	JOB ID	(10.03) Please describe all the jobs conducted during the last 12 months. PROBE FOR ALL JOBS CONDUCTED DURING THE PAST 12 MONTHS, EVEN IF THEY ARE NOT BEING CONDUCTED AT PRESENT EXCLUDE ACTIVITIES ALREADY ASKED IN PART A		(10.04) In which month did you work on this job during the past 12 months ? YES 1 NO 2												(10.05) On average, <u>during the months</u> when you did this job during the past 12 months, A B ...how many days per month did you work on this? ...how many hours per day did you work on this?		(10.06) How many hours per day did you work on this job during the past 7 days? WRITE THE NUMBER OF HOURS PER DAY WRITE ZERO IF NONE								(10.07) What was the type of work?			
		DESCRIPTION OF OCCUPATION		NSCO CODE	Baishakha	Jeshta	Ashah	Shrawan	Bhadra	Ashwin	Karik	Mangsir	Poush	Magh	Falgun	Chaitra	A	B	A	B	C	D	E	F	G	H	TOTAL	WAGE EMPLOYMENT	
		ID CODE																											IN AGRICULTURE 1
																													NOT IN AGRICULTURE 2
		1																											
		2																											
		3																											
		4																											
		99																										TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:	
		1																											
		2																											
		3																											
		4																											
		99																										TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:	
		1																											
		2																											
		3																											
		4																											
		99																										TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:	
		1																											
		2																											
		3																											
		4																											
		99																										TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:	

Section 10 Jobs and time use

FOR ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER

Part B: Jobs during the past 12 months

		PAST 12 MONTHS													PAST 7 DAYS								SECTOR OF EMPLOYMENT																																														
(10.02) INTERVIEWER: COPY THE ID CODE OF ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER	JOB ID	(10.03) Please describe all the jobs conducted during the last 12 months. PROBE FOR ALL JOBS CONDUCTED DURING THE PAST 12 MONTHS, EVEN IF THEY ARE NOT BEING CONDUCTED AT PRESENT EXCLUDE ACTIVITIES ALREADY ASKED IN PART A		(10.04) In which month did you work on this job during the past 12 months ? <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2">YES</td> <td colspan="2">1</td> </tr> <tr> <td colspan="2">NO</td> <td colspan="2">2</td> </tr> </table>													YES		1		NO		2		(10.05) On average, <u>during the months</u> <u>when you did this job</u> during the past 12 months, <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>...how many days per month did you work on this?</td> <td>...how many hours per day did you work on this?</td> </tr> <tr> <td>DAYS / MTH</td> <td>HRS / DAY</td> </tr> </table>		A	B	...how many days per month did you work on this?	...how many hours per day did you work on this?	DAYS / MTH	HRS / DAY	(10.06) How many hours per day did you work on this job during the past 7 days? <p style="text-align: center;">WRITE THE NUMBER OF HOURS PER DAY</p> <p style="text-align: center;">WRITE ZERO IF NONE</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th colspan="2"></th> </tr> <tr> <td>SUNDAY</td> <td>MONDAY</td> <td>TUESDAY</td> <td>WEDNESDAY</td> <td>THURSDAY</td> <td>FRIDAY</td> <td>SATURDAY</td> <td>TOTAL</td> <td colspan="2"></td> </tr> </table>								A	B	C	D	E	F	G	H			SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL			(10.07) What was the type of work? <p>WAGE EMPLOYMENT</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>IN AGRICULTURE</td> <td>1</td> </tr> <tr> <td>NOT IN AGRICULTURE</td> <td>2</td> </tr> </table> <p>SELF - EMPLOY-MENT</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>IN AGRICULTURE</td> <td>3</td> </tr> <tr> <td>NOT IN AGRICULTURE</td> <td>4</td> </tr> </table>	IN AGRICULTURE	1	NOT IN AGRICULTURE	2	IN AGRICULTURE	3	NOT IN AGRICULTURE	4
				YES		1																																																															
NO		2																																																																			
A	B																																																																				
...how many days per month did you work on this?	...how many hours per day did you work on this?																																																																				
DAYS / MTH	HRS / DAY																																																																				
A	B	C	D	E	F	G	H																																																														
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL																																																														
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ID CODE	DESCRIPTION OF OCCUPATION	NSCO CODE	A	B	C	D	E	F	G	H	I	J	K	L																																																							

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99	TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:																							

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99	TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:																							

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4																								
99	TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:																							

1																								
2																								
3																								
4																								
99	TOTAL NUMBER OF HOURS WORKED BY THE PERSON DURING THE PAST 7 DAYS:																							

Section 11 Unemployment / Under-employment

FOR ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER

IDENTIFICATION CODE	UNEMPLOYMENT (NOT WORKING)				UNDEREMPLOYMENT (WORKING <40 HOURS/WEEK)		
	(11.01) INTERVIEWER: LOOK BACK TO QUESTIONS (10.01) COLUMN "G" AND (10.06) COLUMN "H": HOW MANY HOURS DID ..[NAME].. WORK IN TOTAL DURING THE PAST 7 DAYS? ● IF MORE THAN 40 HRS ► NEXT PERSON ● IF GREATER THAT ZERO BUT LESS THAN 40 HRS ► (11.05) ● IF ZERO, CONTINUE WITH QUESTION (11.02) NB. OF HRS	(11.02) Was ..[NAME].. available for work during the past 7 days? YES 1 NO 2 ► (11.04)	(11.03) Did ..[NAME].. look for work during the past 7 days? YES 1 ► NEXT PERSON NO 2	(11.04) Why was ..[NAME].. not available /did ..[NAME].. not look for work during the past 7 days? ATTENDING SCHOOL 01 HOUSEHOLD DUTIES 02 OLD/SICK 03 DISABLED 04 THOUGHT NO WORK AVAILABLE 05 AWAITING REPLY TO EARLIER ENQUIRIES 06 WAITING TO START ARRANGED JOB/BUSINESS 07 OFF SEASON 08 NOT AVAILABLE 09 OTHERS (SPECIFY) 10 ► NEXT PERSON	(11.05) Was ..[NAME].. available for additional work during the past 7 days? YES 1 NO 2 ► (11.07)	(11.06) Did ..[NAME].. look for additional work during the past 7 days? YES 1 ► NEXT PERSON NO 2	(11.07) Why was ..[NAME].. not available/ did ..[NAME].. not look for more work during the past 7 days? COULD NOT FIND MORE WORK/LACK OF BUSINESS 01 LACK OF FINANCE, RAW MATERIALS 02 MACHINERY, ELECTRICAL , OTHER BREAKDOW 03 OFF SEASON INACTIVITY 04 INDUSTRIAL DISPUTE (STRIKE, LAID OFF) 05 OTHER INVOLUNTARY (SPECIFY) 06 HAVE SUFFICIENT WORK 07 HOUSEHOLD DUTIES 08 STUDENT, UNPAID TRAINING 09 ILLNESS, DISABILITY 10 VACATION, FAMILY REASON 11 PREGNANT/DELIVERY 12 OTHER VOLUNTARY (SPECIFY) 13
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

Section 12 Wage jobs

LINE NUMBER	(12.01) INTERVIEWER: COPY THE ID CODE AND JOB ID FROM SECTION 10 FOR ALL JOBS CLASSIFIED WAGE JOB (QUESTION (10.07) CODES 1 AND 2)				(12.02) Which industrial sector do you work for? WRITE THE NAME OF GOODS AND SERVICES PRODUCED AT THE INDUSTRIAL SECTOR WHERE THE RESPONDENT WORKS		(12.03) How did you work to receive wages?		PAID BY DAY			(12.04) How much did you get in cash per day for this job?		(12.05) What did you get in kind?		(12.06) What was the value of what you received in kind?				
	ID CODE	JOB ID	PRODUCED GOODS AND SERVICES	NSIC CODE	DAILY BASIS	LONG TERM BASIS	CONTRACT/ PIECE- RATE	RUPEES	FIRST	SECOND	RUPEES PER DAY	RUPEES/WHOLE PERIOD	RECORD VALUE OF DAILY IN-KIND PAYMENTS AND VALUE OF IN-KIND PAYMENTS FOR WHOLE PERIOD WORKED		▶ NEXT JOB					
					1	2	3							1	2	3	4	5	6	7
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				

Section 12 Wage jobs

PAID ON A LONGER BASIS		PAID ON A LONGER BASIS (IN AGRICULTURE)																
LINE NUMBER	(12.07) INTERVIEWER: IS THIS WAGE JOB INVOLVED IN AGRICULTURE?	(12.08) How much did you get in cash for this job over the past 12 months?	(12.09) What did you get in kind?		(12.10) What was the value of what you received in kind? RECORD VALUE OF DAILY IN-KIND PAYMENTS AND VALUE OF IN-KIND PAYMENTS FOR WHOLE PERIOD WORKED	(12.11) Did you at any time take a loan from your employer?	(12.12) Did any other member of your household also work for the same employer?	(12.13) Did you share- crop any land with your employer?	(12.14) Did you tend any livestock for your employer?									
	WAGE JOB IN AGRICULTURE 1		WAGE JOB NOT IN AGRICULTURE 2	PADDY/RICE 1		WHEAT 2	MAIZE 3	MEALS 4	CLOTHING 5	OTHER 6	RECEIVED NOTHING IN KIND 7	YES 1	NO 2	YES 1	NO 2	YES 1	NO 2	YES 1
	▶ (12.15)																	
		RUPEES	FIRST	SECOND	RUPEES PER DAY	RUPEES/WHOLE PERIOD												
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		

Section 12 Wage jobs

PAID ON A LONGER BASIS (NOT IN AGRICULTURE)										CONTRACT/PIECE-RATE	
LINE NUMBER	(12.15) How much did you get for this job? WRITE ZERO IF NOTHING					(12.16) Are taxes already deducted?	(12.17) Do you contribute to an Employee Provident Fund?	(12.18) Will you receive a pension when you retire?	(12.19) Do you receive subsidized medical care?	(12.20) How many people work for your employer?	(12.21) During the past 12 months, having worked on a contract how much did you receive in-kind and cash?
	PER MONTH		PAST 12 MONTHS							ONE	1
	Take-home pay per month?	Transport per month?	Bonuses, tips, allowances (include Dasain)?	Uniform / clothing ?	Any other payments?	YES 1	YES 1	YES 1	YES 1	2-9	2
						NO 2	NO 2	NO 2	NO 2	10 OR MORE	3
	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES					▶ NEXT WORK	
										RUPEES	
1											
2											
3											
4											
5											
6											
7											
8											

Section 13 Farming and livestock

PART A1: Landholding - land owned

(13.01) ID CODE OF RESPONDENT:

(13.02) Does your household own any agricultural land?

YES 1
NO 2 ► PART A2

PLOT NUMBER	(13.03) MAKE A LIST OF ALL THE PLOTS/GARDENS THAT THE HOUSEHOLD OWNS:	(13.04) What is the total area of this ..[PLOT]..? UNIT CODE			(13.05) Where is this plot located?	(13.06) What type of land is the ..[PLOT]..?	(13.07) Is the ..[PLOT].. irrigated or rainfed?	(13.08) Is the irrigation on the ..[PLOT].. seasonal or year round?	(13.09) What is the mode of irrigation on the ..[PLOT]..?	(13.10) If you wanted to buy/sell a plot exactly like this, how much would it cost/fetch you?																										
		<table border="1"> <tr><td>ROPANI</td><td>1</td></tr> <tr><td>BIGHA</td><td>2</td></tr> </table>			ROPANI	1	BIGHA	2		<table border="1"> <tr><td>UPLAND</td><td>1</td></tr> <tr><td>LOWLAND</td><td>2</td></tr> </table>	UPLAND	1	LOWLAND	2	<table border="1"> <tr><td>IRRIGATED</td><td>1</td></tr> <tr><td>RAINFED</td><td>2</td></tr> </table>	IRRIGATED	1	RAINFED	2	<table border="1"> <tr><td>SEASONAL</td><td>1</td></tr> <tr><td>YEAR ROUND</td><td>2</td></tr> </table>	SEASONAL	1	YEAR ROUND	2	<table border="1"> <tr><td>TUBEWELL/BORING</td><td>1</td></tr> <tr><td>CANAL</td><td>2</td></tr> <tr><td>POND/TANK</td><td>3</td></tr> <tr><td>OTHER NATURAL SOURCES</td><td>4</td></tr> <tr><td>MIXED</td><td>5</td></tr> </table>	TUBEWELL/BORING	1	CANAL	2	POND/TANK	3	OTHER NATURAL SOURCES	4	MIXED	5	
	ROPANI	1																																		
BIGHA	2																																			
UPLAND	1																																			
LOWLAND	2																																			
IRRIGATED	1																																			
RAINFED	2																																			
SEASONAL	1																																			
YEAR ROUND	2																																			
TUBEWELL/BORING	1																																			
CANAL	2																																			
POND/TANK	3																																			
OTHER NATURAL SOURCES	4																																			
MIXED	5																																			
	PLOT DESCRIPTION OR NAME	UNIT	AREA		DISTRICT CODE		► (13.10)			RUPEES																										
			R/B	A/K	P/D																															
01																																				
02																																				
03																																				
04																																				
05																																				
06																																				
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Section 13 Farming and livestock

PART A1: Landholding - land owned

PLOT NUMBER	DRY SEASON							WET SEASON								
	(13.11) Over the past DRY SEASON what did you do with the [PLOT].?		(13.12) For the plots which you did not crop yourself during the last dry season, what net rent did you receive from the tenant?		(13.13) For the plots which you cropped yourself, what crops did you grow during the dry season?			(13.14) Over the past WET SEASON what did you do with the [PLOT].?		(13.15) For the plots which you did not crop yourself during the last wet season, , what net rent did you receive from the tenant?		(13.16) For the plots which you cropped yourself, what crops did you grow during the wet season?				
	CROPPED YOURSELF 1 ► (13.13)	SHARECROPPED OUT 2	FIXED RENT OUT 3	MORTGAGED OUT 4 ► (13.14)	LEFT FALLOW 5 ► (13.14)	OTHER 6	NET RENT (Rs.)	CROP CODE	CROPPED YOURSELF 1 ► (13.16)	SHARECROPPED OUT 2	FIXED RENT OUT 3	MORTGAGED OUT 4 ► NEXT PLOT	LEFT FALLOW 5 ► NEXT PLOT	OTHER 6	NET RENT (Rs.)	CROP CODE
		CASH	IN-KIND	A	B	C	D			CASH	IN-KIND	A	B	C	D	
01																
02																
03																
04																
05																
06																
07																
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Section 13 Farming and livestock

PART A2: Landholding - land sharecropped/rented/mortgaged -in

(13.17) ID CODE OF RESPONDENT:

(13.18) Over the past AGRICULTURE YEAR did your household cultivate land owned by someone else (or that was mortgaged in)?

YES 1
NO 2 ► PART A3

PLOT NUMBER	(13.19) MAKE A LIST OF ALL THE PLOTS/GARDENS THAT THE HOUSEHOLD CULTIVATED THROUGH SHARECROPPING-IN, RENTING-IN OR MORTGAGING-IN	(13.20) What is the contractual arrangement on this .[PLOT].? SHARECROPPED 1 ► (13.22) RENTED-IN 2 MORTGAGED-IN 3 ► (13.22) OTHER 4	(13.21) How much "rent" did you pay for this plot to the landlord? INCLUDE ONLY CASH PAYMENTS IF NOTHING WRITE ZERO	(13.22) What is the total area of this .[PLOT].? UNIT CODE ROPANI 1 BIGHA 2			(13.23) What type of land is the .[PLOT].? UPLAND 1 LOWLAND 2	(13.24) Is the .[PLOT]. irrigated or rainfed? IRRIGATED 1 RAINFED 2 ► (13.27)	(13.25) Is the irrigation on the .[PLOT]. seasonal or year round? SEASONAL 1 YEAR ROUND 2	(13.26) What is the mode of irrigation on the .[PLOT].? TUBEWELL/ BORING 1 CANAL 2 POND/TANK 3 OTHER NATURAL SOURCES 4 MIXED 5
				RUPEES	UNIT	AREA R/B A/K P/D				
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

Section 13 Farming and livestock
PART A2: Landholding - land sharecropped/rented/mortgaged - in (cont.)

PLOT NUMBER	DRY SEASON				WET SEASON			
	(13.27) What crops did you cultivate over the past DRY SEASON? SHEE CROP CODE IN TABLE "H"				(13.28) What crops did you cultivate over the past WET SEASON? SHEE CROP CODE IN TABLE "H"			
	CROP CODE				CROP CODE			
	A	B	C	D	A	B	C	D
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

PART A3: Landholding - increase-decrease in holdings

(13.29) Did your household sell/transfer any land over the past 12 months?

YES 1
 NO 2 ► (13.32)

(13.30) How much land did your household sell/transfer?

		R/B	A/K	P/D
1	ROPANI			
2	BIGHA			

(13.31) How much did your household receive from the sales?

WRITE ZERO IF FREE

RUPEES

(13.32) Did your household buy/get any land over the past 12 months?

YES 1
 NO 2 ► PART B

**IF THERE IS NO LAND ON THE OWNERSHIP (13.02) , NO LAND OPERATED (3.18), NO LAND SOLD/BOUGHT (13.29) AND NO LAND BOUGHT (13.32) DURING THE REFERENCE PERIOD
 ► PART E**

(13.33) How much land did your household buy/get?

		R/B	A/K	P/D
1	ROPANI			
2	BIGHA			

(13.34) How much did your household pay for this land?

WRITE ZERO IF FREE

RUPEES

Section 13 Farming and livestock

PART B: Production and uses

LINE NUMBER	(13.35) In the past AGRICULTURE YEAR, what crops did you grow? LIST ALL CROPS GROWN BY HOUSEHOLD FIRST BEFORE ASKING Q. 13.36 - 13.38.		(13.36) Did you use an improved variety of seed of ..[CROP]..?	(13.37) Please provide the following information related to quantity of ..[CROP].. produced by your household, as well as the various uses to which it was put: USE QUANTITY CODES IN COLUMN "A"				(13.38) Please report the total quantity and value of ...[crop]...sold IF CROP NOT, LEAVE THE BLANK IN COLUMN "A" AND WRITE "0" IN COLUMN B , C & D			
			YES 1	A	B	C	D	A	B	C	D
	CROP DESCRIPTION		CODE	NO 2	UNIT	Total quantity Harvested	Quantity given to landlord	Quantity sold (or expected to sell)	UNIT	Total quantity sold	Price per unit
					RUPEES/UNIT	RUPPES					
01											
02											
03											
04											
05											
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11											
12											
13											
14											
15											

98 TOTAL

Section 13 Farming and livestock

PART C1: Expenditures on seeds and young plants										
(13.39) Did you purchase or receive any seeds or young plants over the past AGRICULTURE YEAR?										
<table border="0"> <tr> <td>YES</td> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO</td> <td>2 ► PART C2</td> <td><input type="checkbox"/></td> </tr> </table>					YES	1	<input type="checkbox"/>	NO	2 ► PART C2	<input type="checkbox"/>
YES	1	<input type="checkbox"/>								
NO	2 ► PART C2	<input type="checkbox"/>								
LINE NUMBER	(13.40) For which crops did you purchase or receive any seeds or young plants over the past AGRICULTURE YEAR?? WRITE NAME AND CODE OF CROP	(13.41) Where did you obtain them? AGRICULTURE. DEV. OFFICE/SER.CENTRE 1 SEEDS COMPANY/COOPERATIVE 2 OTHER FARMERS 3 PRIVATE DEALER 4 FROM INDIA 5 LANDLORD 6 OTHER 7	(13.42) How much did you spend on buying them? IF NOTHING WRITE ZERO							
	CROP DESCRIPTION	CODE	FIRST	SECOND						
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15		97	TRANSPORTATION COSTS:							
16		98	TOTAL EXPENDITURE ON SEEDS AND PLANTS							

PART C2: Expenditures on fertilizers and insecticides																				
(13.43) Did you purchase any fertilizers or insecticides over the past AGRICULTURE YEAR (or receive them from the landlord)?																				
<table border="0"> <tr> <td>YES</td> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO</td> <td>2 ► PART C3</td> <td><input type="checkbox"/></td> </tr> </table>									YES	1	<input type="checkbox"/>	NO	2 ► PART C3	<input type="checkbox"/>						
YES	1	<input type="checkbox"/>																		
NO	2 ► PART C3	<input type="checkbox"/>																		
LINE NUMBER	(13.44) TYPE OF FERTILIZER OR INSECTICIDE:	(13.45) Was this fertilizer or insecticide used in the past AGRIC YEAR?	(13.46) CROPS ON WHICH USED:	(13.47) AMOUNT PURCHASED																
	DESCRIPTION	UNIT	▶ NEXT TYPE	IF NOTHING WRITE ZERO																
			CROP CODE		A	B	C	QUANTITY	RUPEES											
01	UREA	KG																		
02	COMPLEX	KG																		
03	DAP	KG																		
04	ORGANIC/COMPOST FERTILIZER	KG																		
05	OTHER CHEMICAL FERTILIZER	KG																		
06	INSECT/PESTICIDES																			
07	TRANSPORTATION COSTS:																			
08	TOTAL EXPENDITURE ON FERTILIZER AND INSECTICIDES:																			
(13.48) A) Where did you obtain most of the fertilizer?																				
<table border="0"> <tr> <td>GOVERNMENT</td> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NGO</td> <td>2</td> <td></td> </tr> <tr> <td>PRIVATE</td> <td>3</td> <td></td> </tr> <tr> <td>COOPERATIVE / COMMUNITY</td> <td>4</td> <td></td> </tr> </table>									GOVERNMENT	1	<input type="checkbox"/>	NGO	2		PRIVATE	3		COOPERATIVE / COMMUNITY	4	
GOVERNMENT	1	<input type="checkbox"/>																		
NGO	2																			
PRIVATE	3																			
COOPERATIVE / COMMUNITY	4																			
B) Were you able to obtain all the fertilizer you needed over the past AGRICULTURE YEAR?																				
<table border="0"> <tr> <td>YES</td> <td>1 ► PART C3</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO</td> <td>2</td> <td><input type="checkbox"/></td> </tr> </table>									YES	1 ► PART C3	<input type="checkbox"/>	NO	2	<input type="checkbox"/>						
YES	1 ► PART C3	<input type="checkbox"/>																		
NO	2	<input type="checkbox"/>																		
(13.49) Why were you unable to get all the fertilizer you needed in the past AGRICULTURE YEAR?																				
<table border="0"> <tr> <td>NOT AVAILABLE FOR PURCHASE</td> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO MONEY FOR PURCHASE</td> <td>2</td> <td></td> </tr> <tr> <td>OTHER</td> <td>3</td> <td></td> </tr> </table>									NOT AVAILABLE FOR PURCHASE	1	<input type="checkbox"/>	NO MONEY FOR PURCHASE	2		OTHER	3				
NOT AVAILABLE FOR PURCHASE	1	<input type="checkbox"/>																		
NO MONEY FOR PURCHASE	2																			
OTHER	3																			

Section 13 Farming and livestock

PART C3: Expenditures on agricultural inputs - hiring labour

(13.50) Did you hire any casual farm workers over the past AGRICULTURE YEAR?

YES 1
 NO 2 ► (13.58)
 ONLY EXCHANGE LABOUR LINE-13

PAID ON A DAILY BASIS													
LINE NUMBER	(13.51) WORKERS HIRED ON A DAILY BASIS USE SEPARATE ROWS FOR WORKERS HIRED ON A PIECE-RATE BASIS AND TIME BASIS DESCRIPTION	(13.52) Did you hire these workers on a piece-rate basis? YES 1 ► (13.57) NO 2	(13.53) For how many days in total did you hire this type of workers over the past AGRICULTURE YEAR?		(13.54) How much did you pay in cash per day to each worker?		(13.55) What was the value of what you gave in kind to each worker? (meals, etc.)		(13.56) INTERVIEWER: ADD THE AMOUNTS REPORTED IN Q13. 54 AND Q13.55 (B + C)		(13.57) INTERVIEWER: MULTIPLY MAN-DAYS REPORTED IN "A" BY THE AMOUNT IN "D" (A. x D) IF SKIPPED FROM Q13.52, WRITE THE TOTAL ONLY		
			A		B		C		D		RUPEES		
			TOTAL MAN-DAYS		RUPEES PER DAY		RUPEES PER DAY		EXPENDITURE PER WORKER		EXPENDITURE PER WORKER		
			MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	TOTAL
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13	EXCHANGE LABOR												
(13.58) TOTAL EXPENDITURE ON HIRING CASUAL WORKERS (IF NOTHING WRITE ZERO)											RUPEES	<input type="text"/>	

(13.59) Did you hire any permanent farm workers over the past AGRICULTURE YEAR?

YES 1
 NO 2 ► (13.62)

(13.61) How much did you pay (cash and in-kind) the permanent workers over the past AGRICULTURE YEAR?

SUB-TOTAL - PERMANENT WORKERS

RUPEES

(13.60) How many permanent workers did you hire?

NUMBER

(13.62) TOTAL EXPENDITURE ON HIRING FARM LABOR
 (ADD (Q 13.58 AND Q 13.61) AND WRITE IN BOX)

RUPEES

Section 13 Farming and livestock

PART D: Agriculture-earnings/expenditures

REVENUES		
SOURCE NUMBER	REVENUE SOURCE	(13.63) TOTAL REVENUE OVER AGRICULTURE YEAR
		RUPEES
1	TOTAL CROP SALES (COPY FROM PART B ROW 98)	
2	Sale of crop by-products (straw, husk, etc.)	
INCOME FROM RENTING OUT:		
3	Draft animals	
4	Tractor	
5	Thresher	
6	Other machinery	
7	Other income	
8	TOTAL REVENUES	

EXPENDITURES		
EXP. NUMBER	EXPENDITURE ITEM	(13.64) TOTAL REVENUE OVER AGRICULTURE YEAR
		RUPEES
1	TOTAL EXPENDITURE ON SEEDS, ETC. (COPY FROM PART C1 ROW 16)	
2	TOTAL EXPENDITURE ON FERTILIZER (COPY FROM PART C2 ROW 8)	
3	TOTAL EXPENDITURE ON HIRED LABOR (COPY FROM PART C3 question [13.62])	
4	Irrigation charges/maintenance of watercourse, etc.	
5	Transportation of crops to market	
6	Sacks, twine, or other containers	
7	Storage facilities	
8	Improvements on land or buildings	
9	Repair and maintenance of equipment	
EXPENDITURE ON RENTING IN:		
11	Draft animals	
12	Tractor	
13	Thresher	
14	Other machinery	
15	Other expenditures	
16	TOTAL EXPENDITURES	

Section 13 Farming and livestock

PART E: Livestock – ownership and related expenses

(13.65) Has your household owned any livestock over the past 12 months?

YES 1
NO 2 ► PART F

LIVESTOCK CODE	(13.66) Did you own any ..[ANIMALS].. over the past 12 months? PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ANIMAL. IF THE ANSWER IS YES, ASK Q (13.67) TO (13.70)			(13.67) How many do you own now? For how much could you buy them all today?		(13.68) How many did you have 12 months ago? For how much could you have bought them all then?		(13.69) How many did you sell over the past 12 months? How much did you sell them for?		(13.70) How many did you buy over the past 12 months? How much did you pay for them?	
	ANIMAL	NO	YES	NUMBER	RUPEES	NUMBER	RUPEES	NUMBER	RUPEES	NUMBER	RUPEES
1	Bullocks/Cows										
2	He/She Buffaloes										
3	Goats/Castrated goat										
4	He/She Sheep										
5	Yaks/Naks										
6	Pigs/Pork										
7	Horses/Donkeys/Mules										
8	Poultry/Ducks/ Pigeons										
9	Other livestock										
10	TOTAL										

INCOME		
NUMBER	INCOME ITEM	(13.71) TOTAL REVENUE OVER PAST 12 MONTHS RUPEES
1	Milk	
2	Ghee	
3	Eggs	
4	Curd	
5	Meat	
6	Animal hides	
7	Other income (Reproduction, Manure, Wool, Bones, etc.)	
8	TOTAL INCOME	

EXPENDITURES		
NUMBER	EXPENDITURE ITEM	(13.72) TOTAL EXPENDITURE OVER PAST 12 MONTHS RUPEES
1	Fodder	
2	Transportation of animal feed	
3	Veterinary services, inoculations, etc.	
4	Other expenditures(Reproduction, Shade improvement, Twine, etc.)	
8	TOTAL EXPENDITURES	

(13.73) During the past 12 months, did you hire any labor for tending livestock?

YES 1
NO 2

Section 13 Farming and livestock

PART F: Ownership of farming assets and extension services

(13.74) Has your household owned any equipment over the past 12 months?

YES 1
NO 2 ► (13.82)

EQ. CODE	(13.75) Do you own a ..[EQUIPMENT]..? PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ALL EQUIPMENT. IF THE ANSWER IS YES, ASK Q. (13.76) TO (13.81)			(13.76) How many ..[AGRICULTURALEQUIPMENT].. does your household presently own?	(13.77) For how much could you sell them all today?	(13.78) How many ..[AGRICULTURAL EQUIPMENT].. did your household sell over the past 12 months? IF NONE WRITE ZERO AND ► (13.80)	(13.79) How much did you receive from the sale OF AGRICULTURAL EQUIPMENT?	(13.80) How many ..[AGRICULTURAL EQUIPMENT].. did your household buy over the past 12 months? IF NONE WRITE ZERO AND ► NEXT EQUIPMENT	(13.81) How much did you pay for AGRICULTURAL EQUIPMENT?
	EQUIPMENT	NO	YES	NUMBER	RUPEES	NUMBER	RUPEES	NUMBER	RUPEES
1	Tractor								
2	Plough								
3	Cart								
4	Thresher								
5	Trolley								
6	Water Pump								
7	Generator/Diesel Engine								
8	Grain Storage Bin								
9	Other Machinery								
10	TOTAL								

(13.82) Have you or any member of your household taken technical advice from **Government Agriculture Technician** over the past 12 months?

YES 1 ► (13.84)
NO 2

(13.84) Have you or any member of your household taken technical advice from **Government Livestock Service Technician** over the past 12 months?

YES 1 ► NEXT SECTION
NO 2

(13.83) Why haven't you or any member of your household taken technical advice from **Government Agriculture Technician** over the past 12 months?

SERVICE FAR AWAY 1
SERVICE IS NOT GOOD 2
NOT NECESSARY 3
OTHER 4

(13.85) Why haven't you or any member of your household taken technical advice from **Government Livestock Service Technician** over the past 12 months?

SERVICE FAR AWAY 1
SERVICE IS NOT GOOD 2
NOT NECESSARY 3
OTHER 4

Section 14 Non-agriculture enterprises/activities

PART A: General characteristics

(14.01) CHECK SECTION 10 QUESTION (10.07) . SEE IF ANY SELF-EMPLOYMENT ACTIVITIES OUTSIDE AGRICULTURE REPORTED (CODE "4")

YES 1
NO 2 ► NEXT SECTION

ENTERPRISE CODE	(14.02) What kind of enterprise did/do you operate? CROSS CHECK SELF-EMPLOYMENT ACTIVITIES REPORTED IN SECTION 10 QUESTION (10.07), CODE 4 WRITE DESCRIPTION IN FULL THE KIND OF ACTIVITY, GOODS AND SERVICES PRODUCED			(14.03) Which people in the household work in this enterprise/activity? WRITE ID CODES OF MAIN PERSON IN COLUMN "A" AND OF OTHERS IN OTHER COLUMNS FROM HOUSEHOLD ROSTER					(14.04) WRITE ID CODE OF PERSON INTERVIEWED	(14.05) For how long has the enterprise been operating? TOTAL TIME IS SUM OF YEARS AND MONTHS.		(14.06) Where do you operate the enterprise? HOME 1 OTHER FIXED LOCATION 2 OTHER CHANGING LOCATION 3	(14.07) In the past 12 months, how many months did the enterprise operate?	(14.08) Who owns the business? OWNED BY HOUSEHOLD ONLY 1 PARTNERSHIP/ SHARED WITH OTHER OWNERS 2 (14.10)	(14.09) What share of the profits is kept by your household?
	DESCRIPTION OF THE ACTIVITY	PRODUCED, GOODS AND SERVICES	NSIC CODE	A	B	C	D	E	ID CODE	YEARS	MONTHS		MONTHS		PERCENT
				ID CODE	ID CODE	ID CODE	ID CODE	ID CODE							
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															

Section 14 Non-agriculture enterprises/activities

PART A: General characteristics

ENTERPRISE CODE	(14.10) Who are your customers?		(14.11) Is the enterprise registered with the government?	(14.12) What was your main source of money for setting up the business?	(14.13) Have you tried to borrow money to operate or expand your business in the past 12 months?	(14.14) Whom did you borrow, or try to borrow, from?	(14.15) Did you hire anyone over the past 12 months?	(14.16) How many workers do you normally hire, during a month when the enterprise is operating?	(14.17) What problems, if any, do you have in running your business?
	FIRST	SECOND	YES 1 NO 2	DIDN'T NEED ANY MONEY 01 OWN SAVINGS 02 RELATIVES/FRIENDS 03 AGRI. DEV. BANK 04 COMMERCIAL BANK 05 GRAMEEN-TYPE BANK 06 OTHER FINANCIAL INSTITUTION 07 LOCAL GROUP (DHUKUTI) 08 NGO OR RELIEF AGENCY 09 SALE OF ASSETS 10 OTHER 11	YES, SUCCESSFULLY 1 YES, BUT UNSUCCESSFULLY 2 NO 3	RELATIVES/FRIENDS 1 AGRI. DEV. BANK 2 COMMERCIAL BANK 3 GRAMEEN-TYPE BANK 4 OTHER FINANCIAL INSTITUTION 5 LOCAL GROUP (DHUKUTI) 6 NGO OR RELIEF AGENCY 7 OTHER 8	YES 1 NO 2 ▶ (14.17)	NUMBER OTHER	NO MAJOR PROBLEM 01 CAPITAL OR CREDIT PROBLEMS 02 LACK OF TECHNICAL KNOW-HOW 03 SUPPLY OF POWER 04 PROBLEMS WITH EQUIPMENT OR SPARE PARTS 05 LACK OF ADEQUATE LABOR 06 GOVERNMENT REGULATIONS 07 LACK OF RAW MATERIALS 08 LACK OF CUSTOMERS 09 TRANSPORT PROBLEMS 10 INTIMIDATION AND LABOR UNREST 11 SUPPLY OF WATER 12
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									

Section 14 Non-agriculture enterprises/activities

PART B: Income from enterprises

ENTERPRISE CODE	INCOME	EXPENDITURES OVER PAST 12 MONTHS									
	(14.18) GROSS REVENUES OVER THE PAST 12 MONTHS (FROM SALES)	(14.19) EXPENDITURES ON WAGES BOTH CASH AND IN-KIND	(14.20) EXPENDITURE ON FUEL, KEROSENE, ELECTRICITY, ETC.	(14.21) EXPENDITURE ON RAW MATERIALS		(14.22) OTHER OPERATING EXPENSES	(14.23) NET REVENUES	(14.24) EXPENDITURE ON CAPITAL GOODS OVER PAST 12 MONTHS	(14.25) SALE OF ASSETS OVER PAST 12 MONTHS	(14.26) If someone wanted to buy this enterprise today, how much would he have to pay?	(14.27) And how much would he had to pay one year ago?
	A	B WRITE ZERO IF NOTHING	C WRITE ZERO IF NOTHING	D WRITE ZERO IF NOTHING		E WRITE ZERO IF NOTHING	= A - (B + C + D + E)				
	RUPEES	RUPEES	RUPEES	CASH	IN-KIND	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											

Section 15 Credit and savings

PART A: Borrowing and outstanding loans

(15.01) Do you or any member of your household have loans outstanding, or have your household contracted any loans over the past 12 months that you have already repaid (include both cash and in-kind loans)?

YES 1
NO 2 ► PART B

LOAN NUMBER	(15.02) ASK THE RESPONDENT TO FIRST MENTION ALL THE LOANS THAT NEEDS TO BE PAID (OR THAT HAS ALREADY BEEN PAID IN CASE OF THE REFERENCE PERIOD) BY THE HOUSEHOLD	(15.03) Who was the primary borrower in the household?	(15.04) When did you get the loan?		(15.05) From whom did you obtain the loan?	(15.06) For what purpose did you obtain the loan?	(15.07) How much in total did you borrow?
	DESCRIPTION OF LOAN	ID CODE	MONTH	YEAR			RUPEES
					RELATIVES/FRIENDS	01 PURCHASE OF EQUIPMENT	02
					AGRI. DEV. BANK	02 PURCHASE OF LAND	03
					COMMERCIAL BANK	03 PURCHASE OF LIVESTOCK	04
					GRAMEEN-TYPE BANK	04 BUILDING IMPROVEMENTS FOR BUSINESS	05
					OTHER FINANCIAL INSTITUTION	05 OTHER BUSINESS OR FARM USE	06
					NGO OR RELIEF AGENCY	06 PERSONAL USE:	
					LANDLORD/EMPLOYER.	07 HOUSEHOLD CONSUMPTION NEEDS	07
					SHOPKEEPER	08 PURCHASE/IMPROVEMENT OF DWELLING	08
					MONEY LENDER	09 MARRIAGE/FAMILY EVENTS	09
					COOPERATIVE	10 CONSUMER DURABLES	10
					OTHER	11 TO TRAVEL ABROAD	11
						OTHER PERSONAL USE	12
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

Section 15 Credit and savings

PART A: Borrowing and outstanding loans

LOAN NUMBER	(15.08) What is/was the interest or interest rate on the loan?		(15.09) Did/do you have to repay the loan by a particular time?		(15.10) Have you repaid the lone over the last 12 months?	(15.11) How much Principal and interest in total have you repaid?	(15.12) What collateral did you use to secure the loan?	(15.13) How many days did it take to obtain the loan?
	RUPEES	PERCENT PER YEAR	MONTH	YEAR	FULLY PAID 1 PARTLY PAID 2 NOT PAID AT ALL 3 ► (15.12)	AGRICULTURAL LAND 1 BUILDINGS OR OTHER PROPERTY 2 GOLD/SILVER 3 PROPERTY DOCUMENTS 4 PERSONAL GUARANTEE 5 PAST BORROWING RECORD 6 OTHER 7 NO COLLATERAL 8	COUNT FROM THE TIME YOU FORMALLY REQUESTED OR APPLIED FOR THE LOAN TO THE TIME YOU RECEIVED THE MONEY	
								DAYS
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

Section 15 Credit and savings

PART B: Lending and outstanding loans

(15.14) Does any person outside your household have loans owed to you or any member of your household?
Have any loans been repaid to members of your household over the past 12 months?

YES 1
NO 2 ► PART C

LOAN NUMBER	(15.15) ASK THE RESPONDENT TO FIRST MENTION ALL THE LOANS THAT NEEDS TO BE OWED (OR THAT HAS ALREADY BEEN RETURNED IN CASE OF THE REFERENCE PERIOD) BY THE HOUSEHOLD	(15.16) Who was the primary lender in the household?	(15.17) When was the loan made?		(15.18) What is the relationship of the borrower to the primary lender?	(15.19) What was the primary purpose for which you lent the money?		(15.20) How much in total did you lend? INCLUDE ONLY THE PRINCIPAL
			ID CODE	MONTH		YEAR		
						BUSINESS OR FARM USE:		
						PURCHASE OF INPUTS (FERTILIZERS, SEEDS, INSECTICIDES, ETC.)	01	
					EMPLOYEE OR TENANT FARMER		02	
					BUSINESS CUSTOMER		03	
					OTHER BUSINESS ASSOCIATE		04	
					FRIEND/NEIGHBOR		05	
					RELATIVE		06	
					OTHER		06	
						PERSONAL USE:		
						HOUSEHOLD CONSUMPTION NEEDS	07	
						PURCHASE/IMPROVEMENT OF DWELLING	08	
						MARRIAGE/FAMILY EVENTS	09	
						CONSUMER DURABLES	10	
						TO TRAVEL ABROAD	11	
						OTHER PERSONAL USE	12	
	DESCRIPTION OF LOAN	ID CODE	MONTH	YEAR				RUPEES
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

Section 15 Credit and savings

PART B: Lending and outstanding loans

LOAN NUMBER	(15.21) What is/was the interest or interest rate on the loan?		(15.22) When is/was the borrower scheduled to finish repaying the loan?		(15.23) Has the borrower finished repaying the loan?	(15.24) How much in total has been repaid on the loan?	(15.25) What collateral did you lend against?
	RUPEES	PERCENT PER YEAR	MONTH	YEAR	FULLY PAID 1 PARTLY PAID 2 NOT PAID AT ALL 3 ► (15.25)	RUPEES	AGRICULTURAL LAND 1 BUILDINGS OR OTHER PROPERTY 2 GOLD/SILVER 3 PROPERTY DOCUMENTS 4 PERSONAL GUARANTEE 5 PAST BORROWING RECORD 6 OTHER 7 NO COLLATERAL 8
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

Section 15 Credit and savings

PART C: Other assets

(15.26) Does your household own any land or property (do not include property in which the household lives, or land or property already reported in Section 13 or 14)?

YES	1
NO	2 ► (15.32)

(15.32) Does your household own any other real assets (other than financial assets or those assets already been reported in Section 13 or 14)?

YES	1
NO	2 ► PART D

(15.27) How much money would it (as mentioned in Q 15.26) cost to buy property like that owned by your household? RUPEES

(15.33) How much money would it cost to buy assets(as mentioned in Q 15.32) like those owned by your household? RUPEES

(15.28) How much money would it (as mentioned in Q 15.26)have cost a year ago to buy the property that your household now owns? RUPEES

(15.34) How much money would it have cost a year ago to buy the assets (as mentioned in Q 15.32) that your household now owns? RUPEES

(15.29) How much did your household spend in total over the past 12 months in purchasing this property? RUPEES

(15.35) How much did your household spend in total over the past 12 months in purchasing these assets? RUPEES

WRITE ZERO IF NOTHING
(15.30) How much did your household receive in total over the past 12 months from selling this property? RUPEES

WRITE ZERO IF NOTHING
(15.36) How much did your household receive in total over the past 12 months from selling these assets? RUPEES

WRITE ZERO IF NOTHING
(15.31) How much did your household receive in total over the past 12 months from renting this property to others? RUPEES

WRITE ZERO IF NOTHING
(15.37) How much did your household receive in total over the past 12 months from renting these assets to others? RUPEES

WRITE ZERO IF NOTHING

WRITE ZERO IF NOTHING

Section 15 Credit and savings

PART D: Household decisions (PART II)

RESPONDENT: MALE HOUSEHOLD HEAD OR THE SENIOR MALE HOUSEHOLD MEMBER IF A FEMALE IS THE HEAD

(15.38) COPY THE ID CODE OF RESPONDENT

DECISION NUMBER	DECISION DESCRIPTION	(15.39)	(15.40)	(15.41)
		During the last 12 months did your household have to make a decision on ...[TYPE OF DECISION]..?	Were you involved in the most recent decision on ..[TYPE OF DECISION]..?	Who made the final decision on ..[TYPE OF DECISION]..?
		YES 1 NO 2 ▶ NEXT DECISION	A LOT 1 A LITTLE 2 NOT INVOLVED 3	ME 1 MY SPOUSE/FEMALE HEAD 2 BOTH 3 OTHER 4
01	Up to what grade should the children attend school			
02	Which school do the children go to			
03	Obtaining health care for self			
04	Obtaining health care during pregnancy			
05	How many children to have			
06	Which contraceptive method use			
07	Obtaining health care for children			
08	Spending on food			
09	Spending on major household items			
10	Selling household assets (including livestock)			
11	Which crops to grow			
12	To take loans			
13	How to use loans			
14	To migrate for employment			
15	How to use remittances			

Section 16 Absentees information

PART A: General information on absentees

(16.00) Are there any people that are not current household members, therefore are not in Section 1, but were household members sometime in the past and is expected to come back to this household?

YES 1
NO 2 ► NEXT SECTION

LINE NUMBER	(16.01)	(16.02)	(16.03)	(16.04)	(16.05)	(16.06)	(16.07)	(16.08)	(16.09)
	LIST ALL THE PEOPLE THAT ARE NOT CURRENT HOUSEHOLD MEMBERS BUT WERE HOUSEHOLD MEMBERS SOMETIME IN THE PAST AND ARE EXPECTED TO COME BACK	GENDER	What is ..[PERSON].. relationship to the head of this household?	How old is ..[PERSON].. now?	What was the highest class that ..[PERSON].. completed?	What's ..[PERSON]..'s marital status?	How many years ago did ..[PERSON].. leave this household?	Where does ..[PERSON].. live now?	What is the main reason why ..[PERSON].. left this household?
			HUSBAND/WIFE 02			NEVER MARRIED 1	IF LESS THAN 1 WRITE "0"	Is it an urban or rural area? URBAN 1 RURAL 2	TOGETHER WITH FAMILY/RELATIVES 01
			SON/DAUGHTER 03			SINGLE MARRIED 2			OTHER FAMILY REASONS 02
			GRANDCHILD 04			POLY MARRIED 3			EDUCATION 03
			FATHER/MOTHER 05			RE-MARRIED 4			TRAINING 04
			BROTHER/SISTER 06			WIDOW / WIDOWER 5			LOOKING FOR WORK 05
			NEPHEW/NIECE 07			DIVORCED 6			START NEW JOB 06
			SON/DAUGHTER-IN-LAW 08	AGE IN COMPLETE D YEARS		SEPARATED 7			START NEW BUSINESS 07
			BROTHER/SISTER-IN-LAW 09		CODE "97" IF DOES NOT KNOW	DON'T KNOW 8			JOB TRANSFER 08
	MALE 1	FATHER/MOTHER-IN-LAW 10							CONFLICT 09
	FEMALE 2	OTHER FAMILY RELATIVE 11							NATURAL DISASTER 10
		SERVANT/SERVANT'S RELATIVES 12							EASIER LIFE STYLE 11
		TENANT/TENANT'S RELATIVE 13							OTHER 12
		OTHER PERSON NOT RELATED 14							
	NAME			YEARS	EDUCATION CODE		YEARS AGO	DISTRICT / COUNTRY	U/R
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									

Section 16 Absentees information

PART B: Employment and remittances from absentees

LINE NUMBER	(16.10) What is ..[PERSON]'s primary activity now? IF HOUSEHOLD CHORES, STUDENT AND NO WORK AT ALL THEN WRITE "998" AND ► (16.13) IF DON'T KNOW WRITE "995"		(16.11) What's ..[PERSON].. type of job? WAGE JOB 1 SELF-EMPLOYED 2 EXT. ECON. WORK 3 DON'T KNOW 4		(16.12) How did ..[PERSON].. find this current job? RELATIVES 1 FRIENDS/ NEIGHBORS 2 EMPLOYMENT AGENCY 3 OTHER 4 DON'T KNOW 5		(16.13) During the past 12 months, have the members of this household received money or goods from ..[PERSON]..? YES 1 NO 2 ► (16.19)		(16.14) How many times did the members of this household receive money or goods from ..[PERSON].. during the past 12 months? TIMES		(16.15) How did ..[PERSON].. send you most of the money or goods during the past 12 months? FORMAL FINANCIAL INSTITUTIONS 1 HUNDI 2 SELF 3 THROUGH FRIENDS 4 THROUGH OTHER FAMILY MEMBERS/ RELATIVES 5 THROUGH ACQUAINTANCES 6 OTHERS 7		(16.16) How much money did the household members receive from ..[PERSON].. during the past 12 months? WRITE ZERO IF NOTHING RUPEES		(16.17) What is the value of all goods received by the household members from ..[PERSON].. during the past 12 months? WRITE ZERO IF NOTHING RUPEES		(16.18) What was the use of the remittances received from ...[PERSON].. during the past 12 months? THE TWO MOST IMPORTANT DAILY CONSUMPTION 1 EDUCATION 2 CAPITAL FORMATION 3 BUSINESS OR INVESTMENT 4 HOUSEHOLD ASSETS/DURABLES 5 SAVINGS 6 REPAY LOAN 7 OTHERS (SPECIFY) 8 FIRST SECOND		(16.19) How much in total has been sent by the household members to ..[PERSON].. during the past 12 months? INCLUDE VALUE OF GOODS WRITE ZERO IF NOTHING RUPEES	
	OCCUPATION DESCRIPTION	NSCO CODE																		
01																				
02																				
03																				
04																				
05																				
06																				
07																				
08																				
09																				
10																				

Section 17 Other remittances

PART A: Remittances and transfer-income sent

(17.01) During the past 12 months, did you, or any member of your household send money or other payments (for example, food or clothing) to someone who is not a member of your household?

YES 1
NO 2 ► PART B

NOTE FOR THE INTERVIEWER:

NOT INCLUDE THOSE ABSENTEES ALREADY LISTED IN SECTION 16

LINE NUMBER	(17.02) ID CODE OF RESPONDENT	(17.03) What are the names of the people to whom members of your household have sent money or goods during the past 12 months? LIST ALL NAMES BEFORE GOING TO Q. 17.04-17.10 IF THE RESPONDENT DOES NOT WISH TO GIVE NAMES, LEAVE BLANK	(17.04) Who in your household is primarily responsible for sending this assistance? ID CODE OF RESPONDENT WRITE ID CODE FROM SECTION 1A	(17.05) What is the relationship of the ..[RECIPIENT].. to the donor? HUSBAND/WIFE 02 SON/DAUGHTER 03 GRANDCHILD 04 FATHER/MOTHER 05 BROTHER/SISTER 06 NEPHEW/NIECE 07 SON/DAUGHTER-IN-LAW 08 BROTHER/SISTER-IN-LAW 09 FATHER/MOTHER-IN-LAW 10 OTHER FAMILY RELATIVE 11 SERVANT/SERVANT'S RELATIVES 12 TENANT/TENANT'S RELATIVE 13 OTHER PERSON NOT RELATED 14	(17.06) What is the sex of the ..[RECIPIENT]..? MALE 1 FEMALE 2	(17.07) Where does the ..[RECIPIENT].. currently live? Is it an urban or rural area? URBAN 1 RURAL 2	(17.08) What is the ..[RECIPIENT]..'s primary work activity? WAGE EMPLOYEE IN AGRICULTURE 1 WAGE EMPLOYEE IN NON-AGRI. 2 SELF EMPLOYEE IN AGRICULTURE 3 SELF EMPLOYEE IN NON-AGRI. 4 STUDY 5 OTHER 6 DON'T KNOW 7	(17.09) How much in total did you send to ..[RECIPIENT].. over the past 12 months? CASH IN-KIND	(17.10) How did the ..[DONOR].. usually send the amount? FORMAL FINANCIAL INSTITUTIONS 1 HUNDI 2 SELF 3 THROUGH FRIENDS 4 THROUGH OTHER FAMILY MEMBERS/RELATIVES 5 THROUGH ACQUAINTANCES 6 OTHERS 7
	ID CODE	NAMES	ID CODE			DISTRICT / COUNTRY U/R			
01									
02									
03									
04									
05									
06									
07									
08									

Section 17 Remittances

PART B: Remittances and transfer income received

(17.11) During the past 12 months, have you received any money or payments in kind, or gifts from any person who is not a member of your household?

YES 1
NO 2 ► NEXT SECTION

NOTE FOR THE INTERVIEWER:

NOT INCLUDE THOSE ABSENTEES ALREADY LISTED IN SECTION 16

LINE NUMBER	(17.12)	(17.13)	(17.14)	(17.15)	(17.16)	(17.17)	(17.18)	(17.19)	(17.20)	(17.21)	(17.22)
	ID CODE OF RESPONDENT	What are the names of all the people who sent you money or goods during the past 12 months? LIST ALL NAMES BEFORE GOING TO Q. 17.14 - 17.22. IF THE RESPONDENT DOES NOT WISH TO GIVE NAMES, LEAVE BLANK	Who in your household is primarily responsible for receiving this assistance? WRITE ID CODE FROM SECTION 1A	What is the relationship of the ...[DONOR].. to the recipient? USE CODES FROM QUESTION (17.05)	What is the sex of the ...[DONOR]..? MALE 1 FEMALE 2	What is the age of the ...[DONOR]..? WRITE COMPLETED YEARS	Where does the ...[DONOR].. currently live? Is it an urban or rural area? URBAN 1 RURAL 2 DISTRICT / COUNTRY U/R	What is the ...[DONOR]..s primary work activity? USE CODES FROM QUESTION (17.08)	How much in total did you receive from ...[DONOR].. over the past 12 months? CASH IN-KIND	How did the ...[DONOR].. usually send the amount? USE CODES FROM QUESTION (17.10)	What was the use of the remittances received from ...[DONOR].. during the past 12 months? THE TWO MOST IMPORTANT DAILY CONSUMPTION 1 EDUCATION 2 CAPITAL FORMATION 3 BUSINESS OR INVESTMENT 4 HOUSEHOLD ASSETS 5 SAVINGS 6 REPAY LOAN 7 OTHERS (SPECIFY) 8 FIRST SECOND
01											
02											
03											
04											
05											
06											
07											
08											

Section 18 Transfers, social assistance and Other Income

SERIAL NUMBER	SOURCE	(18.01)	(18.02)	(18.03)	(18.04)	(18.05)	(18.06)	(18.07)	(18.08)	(18.09)
		Did any of the household members receive payment from ..[SOURCE].. during the past 12 months?	How many household members are receiving the payments from ...[SOURCE]...?	How frequently are the household members supposed to receive the payments from ...[SOURCE]...?	Over that [PERIOD] how much are the household members supposed to receive from ..[SOURCE]..?	How many months ago did the household members receive THE LAST payment from ..[SOURCE]..?	How much [SOURCE] was actually received last time? (Please provide approximate monetary value for in-kind payments)	How many months was this payment for?	Is anyone currently owed payment?	What is the total amount owed?
		YES 1		MONTHLY 1	WRITE "999" IF DON'T KNOW				YES 1	
		NO 2		QUARTERLY 2						
		▶ NEXT SOURCE		HALF YEARLY 3						
		NOT APPL. 3		YEARLY 4						
		▶ NEXT SOURCE		ONCE ONLY 5						
			NUMBER	PERIOD	RUPEES	MONTHS AGO	RUPEES	MONTHS		RUPEES

Cash Transfer Programs										
01	Old age pension									
02	Widow pension									
03	Disability Allowance									
04	Endangered Ethnicities Pension									
05	Maternal Incentive Scheme									
06	Martyr's Family benefits									
07	People's movement victims Benefits									

SERIAL NUMBER		(18.10)
		Did any of the household members participate in or receive any benefits from ..[PROGRAM].. during the past 12 months?
		YES 1
		NO 2

In-Kind Transfer programs		
01	Public Food Distribution System	
02	Nutritional Supplement program for children	
03	Nutritional Supplement program for mothers	
Public Works		
04	Food for Work	
05	Cash for Work	
06	Rural Community Infrastructure Works Programme (RCIW)	

Section 18 Transfers, social assistance and Other Income

OTHER TYPE OF INCOME						
INCOME CODE	(18.11) PUT A TICK "✓" IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q. (18.12) TO (18.14)			(18.12) What is the current value of the .[ITEM]. that the household owns?	(18.13) And what was the value of the .[ITEM]. one year ago?	(18.14) How much has the household received from .[ITEM]. in the past 12 months? (interest, dividends, profit, payments, etc.)
	ITEM	NO	YES	RUPEES	RUPEES	RUPEES
1	Current/Savings account					
2	Fixed deposit					
3	Stocks, shares, treasury bills, etc.					
4	Employee Provident Fund/Citizen Investment fund					
5	Internal Pension					
6	External Pension					
7	Commission fee, royalties, etc.					
8	Other					
9	Total					

Section 19 Adequacy of consumption and government facilities

(19.01) ID CODE OF RESPONDENT

PART - A

I would like to ask your opinion of your family's standard of living.		<table border="1"> <tr><td>It was less than adequate for your family's needs</td><td style="text-align: center;">1</td></tr> <tr><td>It was just adequate for your family's needs</td><td style="text-align: center;">2</td></tr> <tr><td>It was more than adequate for your family's needs</td><td style="text-align: center;">3</td></tr> <tr><td>Not applicable</td><td style="text-align: center;">4</td></tr> </table>	It was less than adequate for your family's needs	1	It was just adequate for your family's needs	2	It was more than adequate for your family's needs	3	Not applicable	4
It was less than adequate for your family's needs	1									
It was just adequate for your family's needs	2									
It was more than adequate for your family's needs	3									
Not applicable	4									
(19.02)	Concerning your family's food consumption over the past one month, which of the following is true?									
(19.03)	Concerning your family's housing, which of the following is true?									
(19.04)	Concerning your family's clothing, which of the following is true?									
(19.05)	Concerning the health care your family gets, which of the following is true?									
(19.06)	Concerning your children's schooling, which of the following is true?									
(19.07)	Concerning your family's total income over the past one month, which of the following is true?									

IF THE ANSWER TO Q. (19.02) IS "1", ASK:

(19.08) Do you consider that you, or any member of your family eats too little food to live a healthy and active live?

YES	1
NO	2

Now, I would like to ask your opinion about the condition of government facilities your household consuming.		<table border="1"> <tr><td>GOOD</td><td style="text-align: center;">1</td></tr> <tr><td>FAIR</td><td style="text-align: center;">2</td></tr> <tr><td>BAD</td><td style="text-align: center;">3</td></tr> <tr><td>NOT APPLICABLE</td><td style="text-align: center;">4</td></tr> </table>	GOOD	1	FAIR	2	BAD	3	NOT APPLICABLE	4
GOOD	1									
FAIR	2									
BAD	3									
NOT APPLICABLE	4									
(19.09)	How do you take the health facilities consuming by your household?									
(19.10)	How do you take the education facilities consuming by your household?									
(19.11)	How do you take the drinking water facilities consuming by your household?									
(19.12)	How do you take the electricity facilities consuming by your household?									
(19.13)	How do you take the road facilities consuming by your household?									
(19.14)	How do you take the postal facilities consuming by your household?									
(19.15)	How do you take the telephone facilities consuming by your household?									

Section 19 Adequacy of consumption and government facilities

PART - B

(19.16) In the past 30 days, have there been times when the household members didn't have enough food or money to buy food?

YES	1
NO	2 ► NEXT SECTION

(19.17) During the past 30 days, how many days has the household experienced this problem?

DAYS

SERIAL NUMBER		(19.18) In the past 30 days, when your household didn't have enough food or money to buy food, has your household had to ... [COPING OPTION]...:				
	COPING OPTION					
01	...rely on less preferred and less expensive foods?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2
YES	1					
NO	2					
02	...borrow food or money, or rely on help from friends or relatives?					
03	...purchase food on credit?					
04	...gather wild food, hunt or harvest immature crops?					
05	...consume seed stock held for next season?					
06	...send household members to eat elsewhere?					
07	...send household members to beg?					
08	...limit portion sizes at mealtimes?					
09	...restrict consumption of adults so children can eat?					
10	...feed working members of household at the expense of non-working household members?					
11	...ration the money you had and buy prepared food?					
12	...reduced the number of meals eaten in a day?					
13	...skip entire days without eating?					
14	...sell assets, jewelry to purchase food?					

Section 20 Anthropometrics

FOR CHILDREN 59 MONTHS AND LESS

IDENTIFICATION CODE	EXACT AGE OF THE CHILD				RESULT	ANTHROPOMETRIC MEASUREMENTS				BREASTFEEDING PRACTICES		
	(20.01) Is there a birth certificate of ..[NAME]..?	(20.02) What is ..[NAME].. date of birth?	(20.03) What's ..[NAME].. age in months?	(20.04) RESULT OF THE MEASUREMENT	(20.05) RECORD HEIGHT IN CENTIMETERS	(20.06) RECORD METHOD FOR MEASURING HEIGHT	(20.07) RECORD WEIGHT IN KILOGRAMS	(20.08) DATE OF MEASUREMENT	(20.09) Was ..[NAME].. exclusively breastfed until 6 months of age? IF THE CHILD IS LESS THAN 6 MONTHS ASK: Has ..[NAME].. been exclusively breastfed until now?	(20.10) How many months was ..[NAME].. breastfed?	(20.11) After how many months did ..[NAME].. start receiving complimentary food?	
	YES 1 NO 2	DAY MONTH YEAR	AGE IN MONTHS	MEASURED 1 COULD NOT MEET THE CHILD AFTER MULTIPLE VISITS 2 TOO ILL OR DISABLED 3 REFUSED 4 OTHER (SPECIFY) 5	CENTIMETERS	STANDING 1 LYING 2	KILOGRAMS	DAY MONTH YEAR	YES 1 NO 2	MONTHS	MONTHS	
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

PANEL SAMPLE HOUSEHOLD TRACKING

District	VDC	Ward	Sub-ward	PSU Serial No.

PSU	HH

21.01 Is this household in the NLSS-01 or NLSS- 02 form? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	21.02. Was this household found? Yes 1 → 27.10 <input type="checkbox"/> No 2 <input type="checkbox"/>	21.03. Reason why not found Moved 1 Don't Know 2 → 21.05 <input type="checkbox"/> Other (Specify) 3 → NEXT HH <input type="checkbox"/>	21.04. Where and when did the HH move? District Code <input type="text"/> Urban 1 Rural 2 <input type="text"/> Year <input type="text"/>	21.05. Who stated this reason? Relative 1 Neighbor 2 Knowledgeable person 3 <input type="checkbox"/> Other 4 <input type="checkbox"/> → NEXT HOUSEHOLD
---	---	---	---	---

HOUSEHOLD COMPOSITION IN 1996					
I D C O D E I N 1 9 9 6	21.06	21.07	21.08	21.09	
	NAME	SEX	RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD IN 1996	AGE IN 1995/96 or 2003/04	
				HEAD 1	
			WIFE OR HUSBAND	2	
			SON/DAUGHTER	3	
			GRANDCHILD	4	
			FATHER OR MOTHER	5	
			SISTER OR BROTHER	6	
			NIECE OR NEPHEW	7	
			SON/DAUGHTER-IN-LAW	8	
			BROTHER/SISTER-IN-LAW	9	
			FATHER/MOTHER-IN-LAW	10	
			OTHER FAMILY RELATIVE	11	
			SERVANT/SERVANT'S REL	12	
		MALE 1	TENANT/TENANT'S RELATI	13	
	FEMALE 2	OTHER PERSON NON REL	14	YEARS	

CURRENT SITUATION							
HOUSEHOLD MEMBER		NOT HOUSEHOLD MEMBER					
21.10 IS THIS PERSON IN THE NEW HOUSE- HOLD ROSTER?	21.11 WRITE THE ID CODE OF THIS PERSON IN THE NEW ROSTER → NEXT PERSON ID CODE	21.12 WHY IS THIS PERSON NOT IN THE HOUSEHOLD NOW?	21.13 WHERE IS THIS PERSON LIVING NOW?		21.14 WHEN DID THIS PERSON DIE, OR MOVE?		
		DIED 1 → 21.14	IS IT IN THIS SAME PSU?	IN WHAT DISTRICT OR COUNTRY IS THIS PERSON LIVING NOW?			
		HOUSEHOLD SPLIT 2					
		MOVED FOR WORK 3					
		MOVED DUE TO MARRIAG 4					
		MOVED FOR STUDIES 5					
		OTHER REASON (SPECIFY) 6 → 21.14	YES 1 → 21.14 NO 2	IS IT AN URBAN OR RURAL AREA?			
				URBAN 1 RURAL 2			
		YES 1 NO 2 → 21.12	ID CODE	DISTRICT		U/R	YEAR

01				
02				
03				
04				
05				
06				
07				
08				
09				
10				

A DISTRICT CODES			
TAPLEJUNG	01	LAMJUNG	37
PANCHTHAR	02	TANAHUN	38
ILAM	03	SYANGJA	39
JHAPA	04	KASKI	40
MORANG	05	MANANG	41
SUNSARI	06	MUSTANG	42
DHANKUTA	07	MYAGDI	43
TEHRATHUM	08	PARBAT	44
SANKHUWASABHA	09	BAGLUNG	45
BHOJPUR	10	GULMI	46
SOLUKHUMBU	11	PALPA	47
OKHALDHUNGA	12	NAWALPARASI	48
KHOTANG	13	RUPANDEHI	49
UDAYAPUR	14	KAPILBASTU	50
SAPTARI	15	ARGHAKHANCHI	51
SIRAHA	16	PYUTHAN	52
DHANUSHA	17	ROLPA	53
MAHOTTARI	18	RUKUM	54
SARLAHI	19	SALYAN	55
SINDHULI	20	DANG	56
RAMECHHAP	21	BANKE	57
DOLAKHA	22	BARDIYA	58
SINDHUPALCHOK	23	SURKHET	59
KAVREPALANCHOK	24	DAILEKH	60
LALITPUR	25	JAJARKOT	61
BHAKTAPUR	26	DOLPA	62
KATHMANDU	27	JUMLA	63
NUWAKOT	28	KALIKOT	64
RASUWA	29	MUGU	65
DHADING	30	HUMLA	66
MAKWANPUR	31	BAJURA	67
RAUTAHAAT	32	BAJHANG	68
BARA	33	ACHHAM	69
PARSA	34	DOTI	70
CHITWAN	35	KAILALI	71
GORKHA	36	KANCHANPUR	72

B MONTH CODES	
BAISAKH	01
JESTHA	02
ASADH	03
SHRAWAN	04
BHADRA	05
ASHWIN	06
KARTIK	07
MARG	08
PAUSH	09
MAGH	10
FALGUN	11
CHAITRA	12

C LANGUAGE CODES	
NEPALI	01
MAITHILI	02
BHOJPURI	03
THARU (DAGAURA/RANA)	04
TAMANG	05
NEWAR	06
MAGAR	07
AWADHI	08
BANTAWA	09
GURUNG	10
LIMBU	11
BAJJIKA	12
URDU	13
RAJBANSI	14
SHERPA	15
HINDI	16
CHAMLING	17
SANTHALI	18
CHEPANG	19
DANUWAR	20
JHANGAR/ DHANGAR	21
SUNUWAR	22
BANGLA	23
MARWARI (RAJSTHANI)	24
MANJHI	25
THAMI	26
KULUNG	27
DHIMAL	28
ANGIKA	29
YAKKHA	30
THULUNG	31
SANGPANG	32
BHUJEL/ KHAWAS	33
DARAI	34
KHALING	35
KUMAL	36
THAKALI	37
CHHANTYAL/ CHHANTEI	38
NEPALI SIGN LANGUAGE	39
TIBBETAN	40
DUMI	41

C LANGUAGE CODES (cont)	
JIREL	42
WAMBULE/ UMBULE	43
PUMA	44
YHOLMO	45
NACHHIRING	46
DURA	47
MECHE	48
PAHARI	49
LEPCHA/ LAPCHE	50
BOTE	51
BAHING	52
KOI/ KOYU	53
RAJI	54
HAYU	55
BYANGSHI	56
YAMPHU/ YAMPHE	57
GHALE	58
KHARIYA	59
CHHILING	60
LOHORUNG	61
PUNJABI	62
CHINESE	63
ENGLISH	64
MEWAHANG	65
SANSKRIT	66
KAIKE	67
RAUTE	68
KISAN	69
CHURAUTI	70
BARAM/ MARAMU	71
TILUNG	72
JERO/ JERUNG	73
DUNGMALI	74
ORIYA	75
LINGKHEM	76
KUSUNDA	77
SINDHI	78
KOCHE	79
HARIYANWI	80
MAGAH	81
SAM	82

C LANGUAGE CODES (end)	
KURMALI	83
KAGATE	84
DZONKHA	85
KUKI	86
CHHINTANG	87
MIZO	88
NAGAMESE	89
LHOMI	90
ASSAMISE	91
SADHANI	92
OTHERS	93

D RELIGION CODES	
HINDU	01
BOUDDHA	02
ISLAM	03
KIRANT	04
JAIN	05
CHRISTIAN	06
SHIKH	07
BAHAI	08
OTHER RELIGION	09

E EDUCATION CODES	
PRE-SCHOOL /KINDERGARTEN	00
CLASS 1	01
CLASS 2	02
CLASS 3	03
CLASS 4	04
CLASS 5	05
CLASS 6	06
CLASS 7	07
CLASS 8	08
CLASS 9	09
CLASS 10	10
SLC	11
INTERMEDIATE LEVEL OR +2 LEVEL	12
BACHELOR LEVEL	13
MASTER LEVEL OR HIGHER	14
PROFESSIONAL DEGREE	15
LITERATE (LEVELLESS)	16
ILLITERATE	17

F QUANTITY CODES	
KILOGRAM	01
GRAM	02
MAUND	03
LITER	04
MURI	05
PATHI	06
MANNA	07
KURUWA	08
NUMBER/PIECES	09
DOZEN	10
Quintal	11

I OCCUPATION NSCO CODES	
ARMED FORCES	011
LEGISLATORS	111
GOVERNMENT OFFICIALS	112
OFFICIALS OF SPECIAL INTEREST ORGANIZATIONS	114
DIRECTORS AND CHIEF EXECUTIVES	121
PRODUCTION AND OPERATIONS DEPARTMENT MANAGERS	122
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PHYSICISTS, CHEMISTS AND RELATED PROFESSIONALS	211
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COMPUTING PROFESSIONALS	213
ARCHITECTS, ENGINEERS AND RELATED PROFESSIONALS	214
LIFE SCIENCE PROFESSIONALS	221
HEALTH PROFESSIONALS, EXCEPT NURSING	222
NURSING AND MIDWIFERY PROFESSIONALS	223
COLLEGE, UNIVERSITY AND HIGHER EDUCATION TEACHING PROFESSIONALS	231
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PRIMARY AND PRE-PRIMARY EDUCATION TEACHING PROFESSIONALS	233
SPECIAL EDUCATION TEACHING PROFESSIONALS	234
OTHER TEACHING PROFESSIONALS	235
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WRITERS AND CREATIVE OR PERFORMING ARTISTS	245
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PHYSICAL AND ENGINEERING SCIENCE TECHNICIANS	311
COMPUTER ASSOCIATE PROFESSIONALS	312
OPTICAL AND ELECTRONIC EQUIPMENT OPERATORS	313
AIRCRAFT CONTROLLERS AND TECHNICIANS	314

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SAFETY AND QUALITY INSPECTORS	315
LIFE SCIENCE TECHNICIANS AND RELATED ASSOCIATE PROFESSIONALS	321
MODERN HEALTH ASSOCIATE PROFESSIONAL, EXCEPT NURSING	322
NURSING AND MIDWIFERY ASSOCIATE PROFESSIONALS	323
TRADITIONAL MEDICINE PRACTITIONERS AND FAITH HEALERS	324
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BUSINESS SERVICES AGENT AND TRADE BROKERS	342
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CUSTOMS, TAX AND RELATED GOVERNMENT ASSOCIATE PROFESSIONALS	344
POLICE INSPECTORS AND DETECTIVES	345
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OTHER OFFICE CLERKS/ASSISTANTS	419
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HOUSEKEEPING AND RESTAURANT SERVICES WORKERS	512
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SHOP SALESPERSONS AND DEMONSTRATORS	522
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MARKET-ORIENTED GARDENERS AND CROP GROWERS	611
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MARKET-ORIENTED CROP AND ANIMAL PRODUCERS	613
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BUILDING FRAME AND RELATED TRADES WORKERS	712
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PAINTERS, BUILDING STRUCTURE CLEANERS AND RELATED TRADES WORKERS	714
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BLACKSMITHS, TOOL-MAKERS AND RELATED TRADES WORKERS	722
MACHINERY MECHANICS AND FITTERS	723
ELECTRICAL AND ELECTRONIC EQUIPMENT MECHANICS AND FITTERS	724
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A TICK (✓) ONLY THE HOUSEHOLD MEMBERS	IDENTIFICATION CODE	(1.01) MAKE A COMPLETE LIST OF ALL CONCERNED BEFORE GOING TO Q1.02 – 1.11. FIRST OF ALL WRITE THE NAME OF HOUSEHOLD HEAD, THEN HEAD'S SPOUSE, SON/DAUGHTER, GRAND- SON/DAUGHTER, PARENTS, ETC. RESPECTIVELY.	(1.02) GENDER	(1.03) How old is ..[NAME]..?	IDENTIFICATION CODE
			MALE 1 FEMALE 2	AGE IN COMPLETED YEARS	
		NAME		YEARS	
	01				01
	02				02
	03				03
	04				04
	05				05
	06				06
	07				07
	08				08
	09				09
	10				10
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	15				15