

Questions in this schedule should be asked to the Household head or to a Household (HH) member who is able to answer. Answers should be marked by circling the number corresponding to the appropriate answer.

District V.D.C./Municipality Ward No.....Enumeration Area No.....Village/Settlement/Tole

House No. Household No.

Household Information

Personal Information

- What is the type of the house occupied by the household ?
1. Own 2. Rented 3. Institutional 4. Others
- What is the structure of the house ?

2.1 Foundation :	1. Mud bonded bricks/stone 2. Cement bonded bricks/stone 3. Concrete with pillar 4. Wooden pillar 5. Other	2.4 No. of Floor
2.2 Outer Wall :	1. Mud bonded bricks/stone 2. Cement bonded bricks/stone 3. Wood/planks 4. Bamboo 5. Unbaked bricks 6. Other	2.5 How old is the house ?
2.3 Roof:	1. Straw/thatch 2. Galvanized iron 3. Tile/slate 4. Concrete/cement 5. Wood/planks 6. Earth/Mud 7. Other....	
- What is the main source of drinking water in your household ?
1. Tap/pipe 2. Tubewell/Hand pump 3. Covered Well/Kuwa 4. Uncovered Well/Kuwa 5. Spout water 6. River/Stream 7. Other
- What is the usual type of fuel used for cooking in your household ?
1. Wood 2. Kerosene 3. LP Gas 4. Cow Dung 5. Biogas 6. Electricity 7. Other
- What is the usual source of lighting in your household ?
1. Electricity 2. Kerosene 3. Biogas 4. Solar 5. Other
- What type of toilet facility are you using in your household ?
1. Flush (Public Sewerage) 2. Flush (Septic Tank) 3. Ordinary 4. No Toilet
- Do you have following facilities in your household ? (Multiple response is possible)
1. Radio 2. TV 3. Cable TV 4. Computer 5. Internet 6. Telephone 7. Mobile Phone 8. Motor 9. Motorcycle 10. Bicycle 11. Other type of vehicle 12. Refrigerator 13. None
- Does any female member of the HH own house in any part of Nepal ? 1. Yes 2. No
- Does any female member of the HH own land in any part of Nepal ? 1. Yes 2. No
- Please tell us the area of land owned by female member ?

Unit	Bigha	Katha	Dhur	Ropani	Anna	Paisa
Area						
- Were there any deaths occurred during the last 12 months in your household ?
1. Yes, Number : 2. No 13
- Please give use the description of deceased persons.

S. N.	Sex	Cause of death	Age at death	if deceased woman was 15-49 years of age, Condition at the time of death
1	1. Male 2. Female	.....	..... yr.	1. Pregnant 2. Delivery 3. Deaths during 6 weeks of delivery 4. Other
2	1. Male 2. Female	.....	..... yr.	1. Pregnant 2. Delivery 3. Deaths during 6 weeks of delivery 4. Other
- Are any persons absent from the household living in other countries?
1. Yes 2. No → Personal Information 3. Don't Know → Personal Information
- Give description of persons absent and living in other countries

S. N.	Sex	Age at leaving (yr.)	Passed level of edu. *	Absent duration (yr.)	Absent reason/purpose **	Destination country
1	1. Male 2. Female	.....	.....	.....	.....	.....
2	1. Male 2. Female	.....	.....	.....	.....	.....
3	1. Male 2. Female	.....	.....	.....	.....	.....
4	1. Male 2. Female	.....	.....	.....	.....	.....

S. N.	Please give the first, middle and last name of the persons who usually live in your household (starting from the head of the household)	What is the relationship of household head to (Name)?	What is the sex of (Name) ?	What is the age of (Name) ? (Write down Completed year, enter "00" if less than one year)
1	2	3	4	5
01	First Name : Last Name :	1. Household Head 2. Spouse 3. Son/Dau.-in-law 4. Dau./Son-in-law 5. Parent 6. Father/Mother-in-law 7. Brother/sister 8. Grandson/G.D. 9. HH worker 10. Other ..	1. Male 2. Female	..... Year
02	First Name : Last Name :	1. Household Head 2. Spouse 3. Son/Dau.-in-law 4. Dau./Son-in-law 5. Parent 6. Father/Mother-in-law 7. Brother/sister 8. Grandson/G.D. 9. HH worker 10. Other ..	1. Male 2. Female	..... Year
03	First Name : Last Name :	1. Household Head 2. Spouse 3. Son/Dau.-in-law 4. Dau./Son-in-law 5. Parent 6. Father/Mother-in-law 7. Brother/sister 8. Grandson/G.D. 9. HH worker 10. Other ..	1. Male 2. Female	..... Year
04	First Name : Last Name :	1. Household Head 2. Spouse 3. Son/Dau.-in-law 4. Dau./Son-in-law 5. Parent 6. Father/Mother-in-law 7. Brother/sister 8. Grandson/G.D. 9. HH worker 10. Other ..	1. Male 2. Female	..... Year
05	First Name : Last Name :	1. Household Head 2. Spouse 3. Son/Dau.-in-law 4. Dau./Son-in-law 5. Parent 6. Father/Mother-in-law 7. Brother/sister 8. Grandson/G.D. 9. HH worker 10. Other ..	1. Male 2. Female	..... Year
06	First Name : Last Name :	1. Household Head 2. Spouse 3. Son/Dau.-in-law 4. Dau./Son-in-law 5. Parent 6. Father/Mother-in-law 7. Brother/sister 8. Grandson/G.D. 9. HH worker 10. Other ..	1. Male 2. Female	..... Year

First and Last Name of Household Head :

Sex of Household Head : 1. Male 2. Female

Household Members	Total	Male	Female
Usually live			
Absent (within country)			
Absent (abroad)			

What is the Caste/ Ethnicity of (Name) ?	For persons 10 years and above What is the marital status of (Name) ?	Only for married persons What was the age at first marriage of (Name)?	What is the Religion of (Name) ?	What is the Mother Tongue and Second Language of (Name) ?	Which Country's Citizen is (Name) ?	What is the Physical and mental disability of (Name)?	For persons 5 years and above		
							Can (Name) read and write?	Is (Name) currently attending school/college?	What is the Level of Education of (Name) ?
6	7	8	9	10	11	12	13	14	15
.....	1. Never Married→9 2. Once married 3. Multiple spouse 4. Re-married 5. Widow/widower 6. Divorced 7. Separated Year	1. Mother Tongue 2. Second Lang.	1. Nepal 2. India 3. China 4. Other	1. Not disable 2. Physical disable 3. Blind and low vision 4. Deaf & hard of hearing 5. Deaf-Blind 6. Speech problem 7. Mental Illness 8. Intellectual disable 9. Multiple disable	1. Read & write 2. Read Only 3. Can't Read & Write	1. Yes 2. No	1. Pass level 2. Major Sub. (above SLC)
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* Code for passed level of education (5 yrs. & above only) : passed level but illiterate, SLC, Intermediate, Diploma, PhD, should be given proper code.
 ** Code for reason/purpose: 1. Business 2. Personal Service 3. Institutional Service 4. Study 5. Conflict 6. Dependent 7. Other 8. Don't Know