



WORLD HEALTH SURVEY PLUS

Bangladesh – 2023

Household Questionnaire



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Section 0000: Coversheet

Q0001	RESEARCH CENTRE NUMBER	0 5 0	PRELOADED
Q0002	HOUSEHOLD ID		PRELOADED
Q0003	INTERVIEWER ID		
Q0004	TOTAL NUMBER OF CALLS/VISITS:	1 2 3	
Q0005	DATE OF FINAL RESULTS: (DD/MM/YYYY)	/ /	
Q0006	FINAL RESULT CODE HOUSEHOLD Q:		See Section 0350 [F] for codes
Q0007	DATE INTERVIEW/DATA EDITING COMPLETED (DD/MM/YYYY)	/ /	
Q0008	DATE SUPERVISOR REVIEWED INTERVIEW AND DATA (DD/MM/YYYY)	/ /	Day / Month / Year

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	
NAME	NAME		
DATE	DATE		

Section 0100: Sampling Information

SAMPLING

Q0101a. Primary Sampling Unit (PSU) Name:	Q0101b. PSU Code:
PRELOADED	PRELOADED
Q0102a. Secondary Sampling Unit (SSU) Name:	Q0102b. SSU Code:
Q0103a. Tertiary Sampling Unit (TSU) Name:	Q0103b. TSU Code:
ADDITIONAL INFORMATION	

Q0104 Setting (circle one)

AN URBAN AREA THAT HAS BEEN LEGALLY PROCLAIMED AS BEING URBAN. SUCH AREAS INCLUDE TOWNS, CITIES AND METROPOLITAN AREAS.	1 = Urban
ALL OTHER AREAS THAT ARE NOT CLASSIFIED AS BEING URBAN. THIS INCLUDES COMMERCIAL FARMS, SMALL SETTLEMENTS, RURAL VILLAGES AND OTHER AREAS WHICH ARE FURTHER AWAY FROM TOWNS AND CITIES.	2 = Rural

ADMINISTRATIVE DIVISION INFORMATION

Refer to Appendix A0100 for administrative names and codes

Q0105a. First Administrative Level Unit Name:	Q0105b. First Administrative Level Unit Code:
PRELOADED	PRELOADED 99 Not applicable if the unit is not in appendix list
If First Administrative Level Unit name is not in the Appendix list, write name clearly here:	

Q0106a. Second Administrative Level Unit Name:	Q0106b. Second Administrative Level Unit Code:
PRELOADED	PRELOADED 99 Not applicable if the unit is not in appendix list
If Second Administrative Level Unit name is not in the Appendix list, write name clearly here:	

Section 0200: Geocoding/GPS Information

Q0201	Number of satellite signals received		
Q0202	Accuracy		feet
Q0203	Latitude:	N/S 	Degrees 0
			Minutes . '
Q0204	Longitude:	E/W 	Degrees 0
			Minutes . '
Q0205	Waypoint: Circle one 1 In front of the household 2 Nearby location (for example, a park, communal space or landmark)		
Notes about GPS reading, if any:			

Section 0300: Recontact Information

Q0301	What is the informant's <u>full name</u> ? <i>(verify spelling and write clearly)</i> Q0301A. LAST NAME (SURNAME): _____ Q0301B. FIRST NAME: _____				
Q0302	What is the informant's address? Q0302A. STREET NUMBER AND NAME: _____ Q0302B. CITY: _____ Q0302C. POSTAL CODE: _____ Q0302D. OTHER: _____				
Q0303	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Does this informant/household have a telephone?</td> <td style="width: 40%; border-bottom: 1px solid black;"> 1 YES 2 No.....➔ </td> </tr> </table>	Does this informant/household have a telephone?	1 YES 2 No.....➔		
Does this informant/household have a telephone?	1 YES 2 No.....➔				
Q0304	What is the telephone number? 				
Q0305	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"> If we cannot contact you for whatever reason, is there someone else we could contact who would know how to reach you or someone in your household? </td> <td style="width: 40%; border-bottom: 1px solid black;"> 1 YES 2 No.....➔ </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> What is this person's name, relationship to you and his or her address? Q0306a. LAST NAME (SURNAME): Q0306b. FIRST NAME: Q0306c. RELATIONSHIP: <i>Use codes from Q0404.</i> Q0306d. STREET NUMBER AND NAME: Q0306e. CITY: Q0306f. POSTAL CODE: <i>Please enter all additional location information below.</i> Q0306g. OTHER: </td> </tr> </table>	If we cannot contact you for whatever reason, is there someone else we could contact who would know how to reach you or someone in your household?	1 YES 2 No.....➔	What is this person's name, relationship to you and his or her address? Q0306a. LAST NAME (SURNAME): Q0306b. FIRST NAME: Q0306c. RELATIONSHIP: <i>Use codes from Q0404.</i> Q0306d. STREET NUMBER AND NAME: Q0306e. CITY: Q0306f. POSTAL CODE: <i>Please enter all additional location information below.</i> Q0306g. OTHER:	
If we cannot contact you for whatever reason, is there someone else we could contact who would know how to reach you or someone in your household?	1 YES 2 No.....➔				
What is this person's name, relationship to you and his or her address? Q0306a. LAST NAME (SURNAME): Q0306b. FIRST NAME: Q0306c. RELATIONSHIP: <i>Use codes from Q0404.</i> Q0306d. STREET NUMBER AND NAME: Q0306e. CITY: Q0306f. POSTAL CODE: <i>Please enter all additional location information below.</i> Q0306g. OTHER:					

Q0305

**NEXT
SECTION**

A survey supervisor may be calling or visiting you again to verify this interview or to collect additional information in the future.

Section 0350: Contact Record - Household

	Q0351 CALL #1	Q0352 CALL #2	Q0353 CALL #3
A. Date	/ / Day/Month/Year	/ / Day/Month/Year	/ / Day/Month/Year
B. Time of contact	:	:	:
C. Interviewer I.D.			
D. Contact with 1=Household Informant 2=Other household member 3=No one	1 2 3	1 2 3	1 2 3
E. Household roster obtained 1=YES 2=NO	1 2	1 2	1 2
F. Result code 01=COMPLETED INTERVIEW (INTERVIEW IS ACCEPTED AND CONDUCTED) 02=PARTIAL INTERVIEW (INTERVIEW IS PARTIALLY COMPLETED AND PERSON WILL NOT BE CONTACTED ANYMORE). 03=HOUSEHOLD CONTACTED-INITIAL REFUSAL 04=HOUSEHOLD CONTACTED-UNCERTAIN ABOUT INTERVIEW 05=RESISTANCE/REFUSAL BY HOUSEHOLD INFORMANT 06=FINAL REFUSAL BY HOUSEHOLD INFORMANT 07=FINAL REFUSAL BY OTHER HOUSEHOLD MEMBER 08=UNABLE TO LOCATE HOUSEHOLD OR HOUSEHOLD INFORMANT 09=NO INTERVIEW BECAUSE INFORMANT IS NOT ELIGIBLE: LESS THAN 18, MENTALLY UNFIT OR TOO ILL. 10=LANGUAGE BARRIER 11=HOUSE IS VACANT OR HOUSEHOLD OCCUPANTS ARE ELSEWHERE (SEASONAL VACANCY, OTHER RESIDENCE) 12=UNSAFE OR DANGEROUS AREA OR NO ACCESS TO INFORMANT 13= DECEASED INFORMANT 14=INFORMANT IN INSTITUTION: JAIL, HOSPITAL AND NOT ACCESSIBLE	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14
CAP: INSERT final result code in Section 0000: Coversheet, Q0006.			

Section 0400: Household Roster

In order to determine who to interview, I need to know who lives at this address.

Let me assure you that any information you provide is strictly confidential. By asking “who lives at this household?”, I mean those who share meals (‘eat out of the same pot’) and usually stay here for at least six months a year.

I would like to know the age, sex, marital status, educational level and relationship to the household head of each of the members of this household who live here.

Please include people who may presently be in an institution due to their health (for example, in hospital or old people's home) for a short time.

Q0401	What is the total number of people who live in this household?		Persons
-------	--	--	---------

We want to start with the person who is the head of the household. By head of the household we mean the main decision maker in the household. The head can be either male or female. If two people are equal decision-makers, take the older person.

Q0402	What is the name of the head of the household?	Q0402a. Surname (last name):
	<i>Use Column 01 on the Household Roster for this person.</i>	Q0402b. First (given) name:

Complete one column for each household member in the table on the following pages.

INTERVIEWER: remember to include people who may presently be in an institution for a short time due to their health.

		Person (HH member) number				
		01	02	03	04	05
Q0403	First name and surname a. Last/surname: b. First (given):	Household head				
Q0404	What is [NAME]'s relationship to the household head? 01=SPOUSE 02=SON OR DAUGHTER 03=SON OR DAUGHTER-IN-LAW 04=GRANDCHILD 05=PARENT 06=PARENT-IN-LAW 07=BROTHER OR SISTER 08=CO-WIFE 09=GRANDPARENT 10=OTHER RELATIVE 11=NOT RELATED (FRIENDS, SERVANTS, BOARDERS, LODGERS, OTHER) 88=DON'T KNOW	N/A	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88	
Q0404a Asked If Q0404=11	Is [NAME] a migrant worker? 1 = YES 2 = NO		1 2	1 2	1 2	1 2
Q0405	To which gender does [NAME] most identify? 1=MAN 2=WOMAN 3= NON-BINARY	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Q0406	How old is [NAME]? <i>(if less than 1 year old enter "000")</i>					
Q0407	What is [NAME]'s marital status? 1= NEVER MARRIED (AND NOT COHABITING) 2= CURRENTLY MARRIED 3= COHABITATING 4= SEPARATED/DIVORCED 5= WIDOWED 8= DON'T KNOW	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	
Q0408a	What is the highest level of education [NAME] completed? 0=NO FORMAL EDUCATION 1=LESS THAN PRIMARY SCHOOL 2=PRIMARY SCHOOL COMPLETED 3=LOWER SECONDARY SCHOOL COMPLETED 4=UPPER SECONDARY GENERAL SCHOOL (OR EQUIVALENT) COMPLETED 5=UPPER SECONDARY VOCATIONAL EDUCATION (OR EQUIVALENT) COMPLETED 6=POST-SECONDARY (NON-UNIVERSITY OR SHORT-CYCLE TERTIARY) GENERAL EDUCATION COMPLETED 7=POST-SECONDARY (NON-UNIVERSITY OR SHORT-CYCLE TERTIARY) VOCATIONAL EDUCATION COMPLETED 8=UNIVERSITY BACHELOR'S (OR EQUIVALENT) DEGREE COMPLETED 9=UNIVERSITY MASTER'S (OR EQUIVALENT) DEGREE COMPLETED 10=UNIVERSITY DOCTORAL (OR EQUIVALENT) DEGREE COMPLETED	00 01 02 03 04 05 06 07 08 09 10	00 01 02 03 04 05 06 07 08 09 10	00 01 02 03 04 05 06 07 08 09 10	00 01 02 03 04 05 06 07 08 09 10	

Person (HH Member) number										
	06	07	08	09	10	11	12	13	14	
Q0403a										
Q0403b										
Q0404	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88
Q0404a	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
Q0405	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Q0406										
Q0407	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8
Q0408a	00 01 02 03 04 05 06 07 08 09 10	00 01 02 03 04 05 06 07 08 09 10	00 01 02 03 04 05 06 07 08 09 10	00 01 02 03 04 05 06 07 08 09 10	00 01 02 03 04 05 06 07 08 09 10	00 01 02 03 04 05 06 07 08 09 10	00 01 02 03 04 05 06 07 08 09 10	00 01 02 03 04 05 06 07 08 09 10	00 01 02 03 04 05 06 07 08 09 10	00 01 02 03 04 05 06 07 08 09 10

Q0408b Asked if Q0408a is 5-10	What was the main area of study of the highest diploma or degree that [NAME] completed? 1= EDUCATION OR TEACHER TRAINING 2=ARTS, HUMANITIES OR LANGUAGES 3=SOCIAL SCIENCES, JOURNALISM OR INFORMATION 4=BUSINESS, ADMINISTRATION OR LAW 5=NATURAL SCIENCES, MATHEMATICS OR STATISTICS 6=INFORMATION AND COMMUNICATION TECHNOLOGIES 7= ENGINEERING, MANUFACTURING, ARCHITECTURE OR CONSTRUCTION 8= AGRICULTURE, FORESTRY, FISHERIES OR VETERINARY 9=HEALTH AND WELFARE 10=PERSONAL, HYGIENE, SECURITY, TRANSPORT OR OTHER SERVICES 11=NOT KNOWN OR UNSPECIFIED (INCLUDING GENERAL PROGRAMMES)	01 02 03 04 05 06 07 08 09 10 11	01 02 03 04 05 06 07 08 09 10 11	01 02 03 04 05 06 07 08 09 10 11	01 02 03 04 05 06 07 08 09 10 11	01 02 03 04 05 06 07 08 09 10 11
Q0409a	Which of the following best describes what [NAME] is mainly doing at present? 1=STUDYING OR TRAINING 2=WORK IN FARMING, FORESTRY OR FISHING 3=WORK IN A SECTOR OTHER THAN FARMING, FORESTRY OR FISHING 4=LOOKING FOR WORK 5=ENGAGED IN HOUSEHOLD OR FAMILY RESPONSIBILITIES 6=LONG-TERM ILLNESS, INJURY OR DISABILITY 7=RETIRED OR PENSIONER 8=DON'T KNOW 87=OTHER	01 02 03 04 05 06 07 08 87	01 02 03 04 05 06 07 08 87	01 02 03 04 05 06 07 08 87	01 02 03 04 05 06 07 08 87	01 02 03 04 05 06 07 08 87
Q0409b Asked if Q0409a is 3 or 4	What is the main kind of work or occupation that [NAME] does? 1 = MANAGER IN HEALTH AND SOCIAL SERVICES 2=MANAGER IN A SECTOR OTHER THAN HEALTH AND SOCIAL SERVICES 3 = PROFESSIONAL IN HEALTH AND SOCIAL SERVICES 4 = PROFESSIONAL IN A SECTOR OTHER THAN HEALTH AND SOCIAL SERVICES 5 = TECHNICIAN OR ASSOCIATE PROFESSIONAL IN HEALTH AND SOCIAL SERVICES 6 = TECHNICIAN OR ASSOCIATE PROFESSIONAL IN A SECTOR OTHER THAN HEALTH AND SOCIAL SERVICES 7= CUSTOMER SERVICES OR CLERICAL SUPPORT WORK 8 = PERSONAL CARE WORKER IN HEALTH AND SOCIAL SERVICES 9 = SALES OR SERVICE WORK IN A SECTOR OTHER THAN HEALTH AND SOCIAL SERVICES 10 = BUILDING, MACHINERY, CRAFT, ELECTRICAL, FOOD PROCESSING, DRIVING, OR OTHER TRADES OR ASSEMBLY WORK 11= OFFICE CLEANING, DOMESTIC HELP, STOCKING SUPPLIES, STREET VENDOR, OR OTHER MANUAL WORK 12= ARMED FORCES 87= OTHER 88 = DON'T KNOW	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88

Q0408b	01 02 03 04 05 06 07 08 09 10 11	01 02 03 04 05 06 07 08 09 10 11	01 02 03 04 05 06 07 08 09 10 11	01 02 03 04 05 06 07 08 09 10 11	01 02 03 04 05 06 07 08 09 10 11	01 02 03 04 05 06 07 08 09 10 11	01 02 03 04 05 06 07 08 09 10 11	01 02 03 04 05 06 07 08 09 10 11
Q0409a	01 02 03 04 05 06 07 08 87	01 02 03 04 05 06 07 08 87	01 02 03 04 05 06 07 08 87	01 02 03 04 05 06 07 08 87	01 02 03 04 05 06 07 08 87	01 02 03 04 05 06 07 08 87	01 02 03 04 05 06 07 08 87	01 02 03 04 05 06 07 08 87
Q0409b	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88	01 02 03 04 05 06 07 08 09 10 11 12 87 88

If Q0408b=9 OR (Q0409b=1 or 3 or 5 or 8) administer Section 0900 to HH member

* Mandatory health insurance, such as social medical, unemployment, or endowment insurance

**Voluntary health insurance, such as cooperative medical care, commercial or social insurance

		Person (HH member) number				
		01	02	03	04	05
		Head				
Q0410	Does [NAME] have health insurance coverage? 1 = Yes, mandatory insurance* 2 = Yes, voluntary insurance** 3 = Yes, both mandatory and voluntary insurance 4 = No, none.	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Q0411	Does [NAME] need care due to his/her health condition, such as a long-term physical or mental illness or disability, or because he/she is getting old and weak? 1 = YES → <i>Continue</i> 2 = No → <i>Go to Q0414</i>	1 2	1 2	1 2	1 2	1 2
Q0412	How much care does [NAME] need? 1 = Needs help/watching all the time (day and night) 2 = Cannot be without help/watching or be left alone at home for more than an hour 3 = Can be left on his/her own at home for several hours but requires accompaniment when leaving home 4 = Needs some help at home and sometimes needs to be accompanied when leaving home	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Q0413	Is [NAME] presently in an institution (hospital, after care home, home for the aged, hospice) due to his/her health condition? 1 = YES; 2 = NO	1 2	1 2	1 2	1 2	1 2
Q0413a Asked if Q0406<5 (i.e. 0-59 months)	Has [NAME] ever been vaccinated by mouth or in the arm or thigh? 1 = YES; 2 = NO; 8 = DON'T KNOW	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
Q0413b Asked if Q0406<5 (i.e. 0-59 months)	Has [NAME] ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio? 1 = YES; 2 = NO; 8 = DON'T KNOW	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
Q0413c Asked if Q0406<5 (i.e. 0-59 months)	Has [NAME] ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops? 1 = YES; 2 = NO; 8 = DON'T KNOW	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
Q0413d Asked if Q0406<5 (i.e. 0-59 months)	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles? 1 = YES; 2 = NO; 8 = DON'T KNOW	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
INTERVIEWER: IF ADDITIONAL HH MEMBERS → go to Next HH member after Q0413d OR if last HH MEMBER → go to Q0414 .						

Person (HH member) number									
	06	07	08	09	10	11	12	13	14
Q0410	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Q0411	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
Q0412	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Q0413	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
Q0413a	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
Q0413b	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
Q0413c	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
Q0413d	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
INTERVIEWER: IF ADDITIONAL HH MEMBERS ➔ go to Next HH member after Q0413d OR if last HH MEMBER ➔ go to Q0414 .									

Just to make sure I have a complete listing of everyone in the household - you said previously that

(SEE Q0401) people live in this household.

INTERVIEWER: Check Q0401 - make sure total number of persons listed in the roster table above is equal to the number of persons living in the household.

If number matches, → Q0414.

If number does not match, → go back to roster.

Q0414	Are there any other persons such as small children or infants that we have not listed?	1 YES→ 2 NO	(GO BACK TO HH ROSTER AND COMPLETE COLUMN)
Q0415	Are there any other persons not here at the moment whom are usually part of your household?	1 YES→ 2 NO	
Q0415a	In the last five years, how many former members of this household have left to live abroad or moved within the country for at least 12 months and have not returned? <i>Administer Section 0460 if Q0415a is 1 or more</i>		
Q0415b	How many members of the household have returned permanently from abroad in the last 2 years?		
Q0416	Who is the main income earner for the household (person who brings in most money)? <i>INTERVIEWER: insert the Person (HH member) number from the roster table above.</i>	 87 OTHER PERSON	
Q0417	Who is the household member who completed the household roster? <i>INTERVIEWER: insert the Person (HH member) number from the roster table above.</i>		

Deaths in the household/dwelling in the last 24 months.

We want to know if there have been any deaths in this household/dwelling in the last 24 months (include former members of the household who were living abroad)

Q0418	Has any member of this household died since [MM/YY] <i>CAPI to calculate 24 months prior to date of interview</i>	1 YES 2 NO→	SECTION 0450
Q0419	How many deaths were there in this household in the last 24 months?		

		a.Person 1	b.Person 2	c.Person 3	d.Person 4	e.Person 5
Q0420	To which gender did the deceased most identify? 1 = MAN 2 = WOMAN 3 = NON-BINARY	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Q0421	What was the deceased persons age at death (in years) <i>Age at last birthday. For children less than 1 year, enter 000</i>					

Q0422	What was the date of death?	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Q0423	Was the deceased living abroad at the time of death? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2
Q0424	What was the cause of death? 1=INJURY (BEATINGS, BURNS, DROWNING, FALLS, POISONING) 2=COMPLICATIONS RELATED TO PREGNANCY OR CHILDBIRTH 3=INFECTIOUS DISEASE (FLU, COVID-19, TB, MALARIA) 4=CHRONIC DISEASE (CANCER, CVD, STROKE) 5=SUICIDE 6=VIOLENCE (GUNSHOT, PHYSICAL/ SEXUAL, INCARCERATION/KIDNAPPING, INTIMIDATION/ILL-TREATMENT) 7=OTHER, SPECIFY 8=DON'T KNOW	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8

Section 0450: Household Consent

INTERVIEWER: You will select an informant to complete the remaining sections of the household questionnaire and a respondent for the individual questionnaire at his point.

The household informant and individual respondent may or may not be the same person.

A. INSTRUCTIONS FOR SELECTING RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE

INTERVIEWER: For the Household Informant, choose the person in the household most knowledgeable about the household and household members' health status, employment, financial condition, expenditures and health insurance. Several persons in the household may have to be spoken to in order to determine this, but the most knowledgeable should be identified and coded in Q0451. The person identified here may be different from the person chosen to complete the individual questionnaire.

Q0451	INTERVIEWER: Indicate who is the 'Household Informant'? Record the Person (HH member) number from the Household Roster		
Q0451a	Was the Household Consent Form Agreed to and Signed / Agreed but Witness Signed or Refused?	1 Agreed and signed 2 Agreed, but witness signed 3 Refused→	End interview

B. INSTRUCTIONS FOR SELECTING RESPONDENT FOR INDIVIDUAL QUESTIONNAIRE

You need to complete the household questionnaire only once. The respondent for the individual questionnaire should be listed below in Q0452. Then also insert the person number in Q1002 on the Individual Respondent Questionnaire.

Q0452	Person (Household member) number	
-------	----------------------------------	---

INTERVIEWER:

To complete the remaining sections in the Household Questionnaire, make sure to obtain consent using the Household Informant Consent Form - before proceeding to Section 0500.

Section 0460: Migration

This section is to be administered to former household members whom in the last five years have moved abroad or who have moved within the country, for at least 12 months, and have not returned.

		Person number				
		60	61	62	63	64
Q0461	Last name and first name a. Last/surname: b. First (given):					
Q0462	To which gender does [NAME] most identify? 1=MAN 2=WOMAN 3= NON-BINARY	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Q0463	[NAME]'s age in completed years at departure?					
Q0464	Year and month of departure of [NAME]? YYYY / MM					
Q0465a	To which country did [NAME] move, to live for at least 12 months?	COUNTRY	COUNTRY	COUNTRY	COUNTRY	COUNTRY
Q0465b	To which city did [NAME] move, to live for at least 12 months?					
Q0466	What is the main reason for [NAME] leaving? 1=Settlement (long/term/permanent stay) 2=Employment (including military service) 3=Education or training 4=Marriage, family reunification or family formation 5= Forced displacement (refugees, asylum seekers, temporary protection status, etc.) 7=Other, specify	1 2 3 4 5 7	1 2 3 4 5 7	1 2 3 4 5 7	1 2 3 4 5 7	1 2 3 4 5 7
Q0467 If Q0463 is 6 years and older only	What is the highest level of education completed by [NAME] (at departure)?					
Q0468 If Q0463 is 15 years and older only	What was [NAME]'s occupation at departure?					
Q0469	What is [NAME]'s telephone number a. country code b. number					

Section 0500: Housing

I would like to ask you some questions about your dwelling or home.

Q0501	Is this dwelling where you live...? INTERVIEWER: read options to the respondent.	1 OWNED BY THE HOUSEHOLD HEAD AND FULLY PAID OFF 2 OWNED BY THE HOUSEHOLD HEAD BUT NOT YET FULLY PAID OFF 3 OWNED BY SOMEONE ELSE IN HOUSEHOLD AND FULLY PAID OFF 4 OWNED BY SOMEONE ELSE IN HOUSEHOLD BUT NOT YET FULLY PAID OFF 5 RENTED 6 PROVIDED FREE OF CHARGE 7 OTHER, SPECIFY:	
Q0502	How many rooms does this dwelling have in total, without counting the bathrooms or hallways?		

ENVIRONMENTAL RISK FACTORS

Q0503	What type of floor does your dwelling have?	1 HARD FLOOR (TILE, CEMENT, BRICK, WOOD) 2 EARTH FLOOR	
Q0504	What type of (exterior) walls does your dwelling have? (Circle main type)	1 CEMENT, BRICK, STONE OR WOOD 2 MUD/ MUD BRICK 3 THATCH AND OTHER 4 PLASTIC SHEET 5 METAL SHEET 7 OTHER, SPECIFY	

Section 0500: Water, Sanitation and Hygiene

I would now like to ask you some questions about drinking water, sanitation, hand washing and menstrual health at your household.

Drinking water

Q0505	What is the <u>main source</u> of drinking water for members of your household?	1. Piped into dwelling..... → 2. Piped into compound, yard or plot..... → 3. Piped to neighbour..... → 4. Public tap / standpipe..... → 5. Borehole or tube well..... → 6. Protected dug well..... → 7. Unprotected dug well..... → 8. Protected spring..... → 9. Unprotected spring..... → 10. Rainwater collection..... → 11. Tanker-truck..... → 12. Cart with small tank / drum..... → 13. Water kiosk..... → 14. Bottled water..... → 15. Sachet water..... → 16. Surface water (river, stream, dam, lake, pond, canal, irrigation channel)..... → 87. Other, specify..... →	Go to Q0511 Go to Q0511 Go to Q0508 Go to Q0508 Go to Q0507 Go to Q0507 Go to Q0507 Go to Q0507 Go to Q0507 Go to Q0507 Go to Q0508 Go to Q0508 Go to Q0508 Go to Q0506 Go to Q0506 Go to Q0507 Go to Q0507
Q0506	What is the <u>main source</u> of water used by members of your household for other purposes, such as cooking and hand washing?	1. Piped into dwelling..... → 2. Piped into compound, yard or plot..... → 3. Piped to neighbour 4. Public tap / standpipe 5. Borehole or tube well 6. Protected dug well 7. Unprotected dug well 8. Protected spring 9. Unprotected spring 10. Rainwater collection 11. Tanker-truck..... → 12. Cart with small tank / drum..... → 13. Water kiosk..... → 14. Bottled water..... → 15. Sachet water..... → 16. Surface water (river, stream, dam, lake, pond, canal, irrigation channel) → 87. Other, specify	Go to Q0511 Go to Q0511 Go to Q0508 Go to Q0508 Go to Q0508 Go to Q0511 Go to Q0511 Go to Q0508
Q0507	Where is that water collected from?	1. In own dwelling..... → 2. In own yard / plot..... → 3. Elsewhere	Go to Q0511 Go to Q0511
Q0508	How long does it take to go there, get water, and come back?	minutes -8. <i>DON'T KNOW.</i>	

Household Questionnaire

Q0509	Who usually goes to this source to fetch water for your household?	1. Adult woman (≥ 15 years) 2. Adult man (≥ 15 years) 3. Girl (< 15 years) 4. Boy (< 15 years)	
Q0510	How many trips did that person make in the last week?	no of trips -8. DK.	
Q0511	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	1. Yes, at least once 2. No, always sufficient 8. Don't know	
Q0512	Can you please show me where the members of your household collect drinking water so that I can test the water quality? [Samples are collected from the main source (point of collection) and tested for faecal contamination within 30 minutes of collecting the sample]	Number of E. coli detected in 100 mL sample. Source water test ≥ 101 record 101 998 not possible to read result	
Q0513	Can you please provide me with a glass of water that members of your household usually drink? [Conduct tests within 30 minutes of collecting samples]	Number of E. coli detected in 100 mL sample. Source water test ≥ 101 record 101 998 not possible to read result	

Sanitation

Q0514	What kind of toilet facility do members of your household usually use?	1. Flush / pour flush 2. Flush to piped sewer system 3. Flush to septic tank with underground infiltration well/field 4. Flush to septic tank with discharge line to surface 5. Flush to cesspit/cesspool with underground infiltration 6. Flush to cesspit/cesspool with discharge line to surface 7. Flush to pit latrine 8. Flush to open drain 9. Flush to don't know where 10. Pit latrine with slab 11. Pit latrine without slab / Open pit 12. Twin pit with slab 13. Twin pit without slab 14. Other composting toilet 15. Bucket 16. Container based sanitation 17. Hanging toilet / hanging latrine 18. No facility used..... → 19. No permission to see 87. Other, specify	Go to Q0519
Q0515	Do you share this facility with others who are not members of your household?	1. Yes 2. No	
Q0516	Where is this toilet facility located?	1. In own dwelling 2. In own yard / plot 3. Elsewhere	
Q0517-Q0518 Only applies to households using sanitation facilities with on-site storage (latrines, septic tanks, composting toilets and twin pits).			
Q0517	Has your (pit latrine or septic tank) ever been emptied?	1. Yes emptied 2. Never emptied 8. Don't know	
Q0518	The last time it was emptied, where were the contents emptied to?	1. Buried in a covered pit 2. Discharged locally, to uncovered pit, open ground, water body or elsewhere 3. Removed off-premises 8. Don't know	

Hand washing

Q0519	Can you please show me where members of your household most often wash their hands?	1. Fixed facility observed (sink/tap) in dwelling 2. Fixed facility observed (sink/tap) in yard/plot 3. Mobile object observed (bucket/jug/kettle) 4. No hand washing place in dwelling/yard/plot..... → 5. No permission to see..... → 7. Other, specify..... →	Go to Q0523 Go to Q0523 Go to Q0523
Q0520	Observe availability of water at the place for handwashing.	1. Water is available 2. Water is not available	

Household Questionnaire

Q0521	Observe availability of soap or detergent at the place for hand washing.	1. Soap or detergent available 2. Soap or detergent not available	
Q0522	Does this household have a bath or shower with running water on premises?	1. Yes 2. No	

Menstrual Health

Only applies to women who have had a period in the preceding year.

Q0523	During your last menstrual period were you able to wash and change in privacy while at home?	1. Yes 2. No	
Q0524	During your last menstrual period, what hygiene materials did you use?	1. Cloth/reusable sanitary pads 2. Disposable sanitary pads 3. Tampons 4. Menstrual cup 5. Toilet paper 6. Underwear alone 7. Other, specify	
During your last menstrual period, did you miss any of the following activities due to your period?			
Q0525a	Attending school?	1. Yes 2. No 98. Not applicable	
Q0525b	Paid work?	1. Yes 2. No 98. Not applicable	
Q0525c	Participating in social activities?	1. Yes 2. No 98. Not applicable	
Q0525d	Cooking food?	1. Yes 2. No 98. Not applicable	
Q0525e	Eating with others?	1. Yes 2. No 98. Not applicable	
Q0525f	Bathing in regular place?	1. Yes 2. No 98. Not applicable	
Q0526	Before you had your first menstrual period, were you aware of menstruation?	1. Yes 2. No	

Section 0530: Clean Fuels

Interviewer: I am now going to ask you some questions about the energy used for cooking and heating in your household, followed by questions about lighting and the source of electricity.

Household cooking

Repeat Q0531 and Q0533 for each of the cook stoves reported.

Q0531	What does this household use for cooking most of the time, including cooking food, making tea/coffee, boiling drinking water? Please tell me the cookstove or device that is used for the most time, followed by the other cookstove(s) or device(s) used most often, if applicable.	- No food or drink cooked/prepared in the household..... → - Solar cooker (thermal energy, not solar panels) - Electric stove..... → - Piped natural gas stove..... → - Biogas stove..... → - Liquefied petroleum gas (LPG)/ cooking gas stove..... → - Manufactured solid fuel stove - Traditional solid fuel stove (non-manufactured) - Liquid fuel stove - Moveable fire pan - Three stone stove/open fire - Other, specify	Q0549 Q0549 Q0549 Q0549
Q0533	What type of fuel or energy source does this household use most of the time in this cookstove or device for cooking food, making tea/coffee and boiling drinking water)	- Alcohol/ethanol - Gasoline/diesel (not in generator) - Kerosene/paraffin - Coal/lignite unprocessed - Coal/lignite briquettes/pellets - Charcoal unprocessed - Charcoal briquettes/pellets - Wood - Agricultural or crop residue grass/ straw/shrubs/corn cobs - Animal waste/dung - Processed biomass pellets/briquettes - Woodchips - Garbage/plastic - Sawdust - Other	
Q0549	What does this household use to heat the home when needed? For example, do you use a space heater(s), or use your cookstove in the winter for warmth? Please tell me the heaters, cookstoves or heat systems used for the most time, [followed by the other heater(s), cookstove(s) or device(s) used most often, if applicable]	- No device or fire used to heat the dwelling/household..... → - Central heating..... → - Manufactured space heater - Traditional space heater - Manufactured cook stove - Traditional cook stove (non-manufactured) - Moveable heating pan → - Open fire/Three-stone stove..... → - Heat Pump..... → - Other, specify	Q0555 Q0555 Q0555 Q0555 Q0555

Household Questionnaire

Q0551	What type of fuel or energy source does this household use most of the time for heating in this heater, cookstove or device?	1. Electricity (including solar panels) 2. Piped Natural Gas 3. LPG/cooking gas 4. Biogas 5. Alcohol/ethanol 6. Gasoline/diesel (not in generator) 7. Kerosene/paraffin 8. Coal/lignite unprocessed 9. Coal/lignite briquettes/pellets 10. Charcoal unprocessed 11. Charcoal briquettes/pellets 12. Wood 13. Agricultural or crop residue/grass/ straw/ shrubs/corn cobs 14. Animal waste/dung 15. Processed biomass pellets/briquettes 16. Woodchips 17. Garbage/plastic 18. Sawdust 87. Other	
Q0555	What does this household use most of the time as energy for lighting, or as a light source?	0. No lighting source used in this household.....→ 1. Electricity (including solar panels) 2. Solar-powered lantern or flashlight 3. Rechargeable flashlight, mobile, torch or lantern 4. Battery powered flashlight, torch or lantern 5. Biogas lamp 6. LPG lamp 7. Gasoline lamp 8. Kerosene/ paraffin lamp 9. Oil lamp 10. Candle 11. Open fire 87. Other	Q0557
Q0557	What source of electricity is used most of the time in this household? (Please circle one.) (Please customize options for each country.)	1. No electricity in household.....→ 2. National grid connection from (COMPANY)→ 3. Local mini grid.....→ 4. Solar home system 5. Solar lantern 6. Electric generator 7. Rechargeable battery 8. Dry cell battery / torch.....→ 87. Other, specify.....→	NEXT SECTION Q0561 Q0561 Q0561 Q0561
Q0558	What appliances are powered using this household's {NAME OF MAIN electricity system from Q0557}? (Please circle all that apply.)	1. Mobile phone charger 2. Radio 3. Television 4. Fan 5. Refrigerator 6. Electric iron 7. Cooking device 87. Other, specify	
Q0561	In the last 7 days, how many hours and minutes of electricity were available each day on average from [NAME OF MAIN electricity system from Q0557]? (Maximum 24 hours.)	hours minutes -8. DON'T KNOW.	

Q0562	In the last 7 days, how many hours and minutes of electricity were available each evening on average, from 6:00 pm to 10:00 pm from [NAME OF MAIN electricity system from Q5057]? (Maximum 4 hours.)	hours minutes -8. <i>DON'T KNOW.</i>	
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Section 0700: Assets and Income

PERMANENT INCOME INDICATORS (ASSETS)

I would like to ask you a few more questions about your home and items you might have in your home. Remember that any information you provide will be kept confidential.

Does your household or anyone in your household have...?

Q0701	A television?	1 YES 2 NO
Q0702	A motorcycle or motor scooter?	1 YES 2 NO
Q0703	A car or truck?	1 YES 2 NO
Q0704	Electricity?	1 YES 2 NO
Q0705	A bicycle?	1 YES 2 NO
Q0706	A microwave oven?	1 YES 2 NO
Q0707	Hot running water?	1 YES 2 NO
Q0708	A washing machine?	1 YES 2 NO
Q0709	A dishwasher?	1 YES 2 NO
Q0710	A refrigerator?	1 YES 2 NO
Q0711	A fixed-line telephone?	1 YES 2 NO
Q0712	A mobile / cellular telephone?	1 YES 2 NO
Q0713	A VCR (video) or DVD player?	1 YES 2 NO
Q0714	A computer?	1 YES 2 NO
Q0715	A radio?	1 YES 2 NO
Q0716	Livestock (cattle, goats, pigs, poultry)?	1 YES 2 NO
Q0717	Internet access in the home?	1 YES 2 NO
Q0718	An air-condition (cooling) system in the home?	1 YES 2 NO
Q0719	A heating system in the home?	1 YES 2 NO
Q0720	Does your household have one or more domestic servants?	1 YES 2 NO
Q0721	Does any member of this household own any agricultural land?	1 YES 2 NO
Q0722	Does any member of this household own a dwelling (other than this dwelling where you live)?	1 YES 2 NO

I would now like to know if you own any land – and the approximate value (cash equivalent amount). I know this is sensitive information and will not share this with any persons outside of the survey team.

		A. If Yes, → Column B If no → skip to Q0724	B. About how much is this worth in total? (cash equivalent)
Q0723	Do you own any land or property?	1 YES 2 No → b 8 DK	 -8 DON'T KNOW -97 REFUSED

In the last part of this section, I will ask about the total income for the household in the last 12 months (previous to today) from paid work or other sources. I would like to know about all sources of income. I know it may be difficult to calculate that figure, but please do try to give as accurate an amount as possible. Remember that all information will be kept strictly confidential. This information is important to assess overall health and well-being of people in your household compared to other similar households.

Q0724	Does your household have a regular source of income? <i>Interviewer: Regular income over the last 12 months, meaning that the household can depend on a source to provide an income at intervals that can be used to base household budget decisions.</i>	1 Yes, regular source 2 Yes, regular but seasonal 3 No
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I am now going to read you a list of possible sources of income. Thinking over the last 12 months, can you tell me what the average earnings of the household have been per week or per month or per year? Please tell me whichever time period that is easier for you.

		A. If Yes, → Column B If no → go to next Q	B. Can you estimate an approximate total amount of income for the household over the last [week/month/year - time period circled in Column A]?
Q0725	Please tell me from which of these sources members of your household receive income:		
Q0725a	Wages, salary from job?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → b 8 DON'T KNOW.	 -8 DON'T KNOW.
Q0725b	Earnings from selling, trading or hawking products?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → c 8 DON'T KNOW.	 -8 DON'T KNOW.
Q0725c	Income from rental of property?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → d 8 DON'T KNOW.	 -8 DON'T KNOW.

Q0726	So to verify this information, your approximate total household income from ALL sources over the last 12 months is about how much?	 -8 DON'T KNOW	
Q0727	How many people depend on this income? <i>(INTERVIEWER: This number should include the respondent - so enter "01" if only the respondent depends on/is supported by this income.)</i>	NUMBER OF PEOPLE -8 DON'T KNOW	
Q0728	Does your household or any members of the household have current debt or outstanding loans?	1 YES 2 NO→ 8 DON'T KNOW	Q0729
	Q0728a. What is the approximate total amount of this debt or loan(s)?	 -8 DON'T KNOW.	
Q0729	Thinking about the income for this household, do you believe that it is enough money to cover your daily living needs and obligations?	1 YES 2 NO 8 DON'T KNOW.	
Q0730	Would you say your household's financial situation is...?	1 Very Good 2 Good 3 Moderate 4 Bad 5 Very Bad	

Section 0800: Household Consumption Expenditure

I would like to ask you questions about your household consumption of various food, non-food, and health products and services. I will ask first about your household consumption. If there was any consumption, I will then ask how much money your household spent to purchase such product or service. Second, I will ask you to estimate the total value your household would have spent for the consumption of products and services produced by your household, received in-kind or as gift. Exclude from your answer any item that is purchased for processing or resale in a household enterprise.

Let me start with questions about your household consumption of food and beverages over the past week. In this first part, I would like to ask you to exclude meals, snacks and beverages prepared by restaurants and the like, including take-aways.

Q0801				
		A	B	C
COICOP-2018 CODE	ITEM	In the last week, did you or any member of your household consume [ITEM]?	During the last week, how much did your household spend to purchase for [ITEM]? value in local currency	During the last week, what was the total estimated value of [ITEM] that you produced, received in-kind, and/or as gift? Your <i>best estimate</i> is fine. value in local currency
01.1.1.1	1. Cereals (wheat, rice, etc.)	1 Yes 2 No >2A	 -8 DON'T KNOW	 -8 DON'T KNOW
01.1.1.2 to 01.1.1.5&01.1.1.9	2. Cereal products (flour, bread, macaroni, noodles, etc.)	1 Yes 2 No >3A	 -8 DON'T KNOW	 -8 DON'T KNOW
01.1.1.7.5 &01.1.7.6	3. Pulses, roots, tubers, plantains, and cooking bananas	1 Yes 2 No >4A	 -8 DON'T KNOW	 -8 DON'T KNOW
01.1.6.8	4. Nuts	1 Yes 2 No >5A	 -8 DON'T KNOW	 -8 DON'T KNOW
01.1.7.1 to 01.1.7.4 & 01.1.7.7 to 01.1.7.9	5Vegetables in any form (fresh, dried, dehydrated, frozen)	1 Yes 2 No >6A	 -8 DON'T KNOW	 -8 DON'T KNOW
01.1.6.1 to 01.1.6.7 & 01.1.6.9	6Fruits in any form (fresh, dried, dehydrated, frozen)	1 Yes 2 No >7A	 -8 DON'T KNOW	 -8 DON'T KNOW
01.1.3	7. Fish and other sea foods in any form (fresh, chilled or frozen, dried, salted)	1 Yes 2 No >8A	 -8 DON'T KNOW	 -8 DON'T KNOW
01.1.2	8. Any kind of meat and offal in any form (fresh, chilled or frozen, dried, salted)	1 Yes 2 No >9A	 -8 DON'T KNOW	 -8 DON'T KNOW
01.1.4.8	9. Any kind of egg (from chicken, duck, quail etc.)	1 Yes 2 No >10A	 -8 DON'T KNOW	 -8 DON'T KNOW
01.1.4.1 to 01.1.4.7 & 01.1.4.9	10. Milk and other milk products from animals, vegetables, and nuts (excluding butter)	1 Yes 2 No >11A	 -8 DON'T KNOW	 -8 DON'T KNOW
01.1.5.2 to 01.1.5.3 & 01.1.5.9	11. Butter, lard, and other animal-based oils and fats	1 Yes 2 No >12A	 -8 DON'T KNOW	 -8 DON'T KNOW
01.1.5.1	12. Vegetable oils such as groundnut oil, palm oil, sesame oil etc.	1 Yes 2 No >13A	 -8 DON'T KNOW	 -8 DON'T KNOW
01.1.8	13. Sugar, jaggery and other sugar confectionary and desserts(including nut pastes)	1 Yes 2 No >14A	 -8 DON'T KNOW	 -8 DON'T KNOW

01.1.9	14 Condiments and other spices, and other ready-made meals not mentioned elsewhere, including for babies	1 Yes 2 No >15A	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ -8 DON'T KNOW	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ -8 DON'T KNOW
01.2	15. Water and non-alcoholic beverages	1 Yes 2 No >16A	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ -8 DON'T KNOW	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ -8 DON'T KNOW
02.1 & 02.1	16. Alcoholic beverages (e.g., local or imported liquor/alcohol)	1 Yes 2 No >17B	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ -8 DON'T KNOW	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ -8 DON'T KNOW
	17. [DO NOT ASK ANYMORE] Total value of 1 to 16	N/A	Sum of 1 to 16 to be automatically generated in the CAPI version ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Sum of 1 to 16 to be automatically generated in the CAPI version ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	18. All food, alcoholic and non-alcoholic beverages	N/A	Overall, during the last week, how much did your household spend to purchase all food, alcoholic and non-alcoholic beverages? Please remember to exclude meals, snacks, and beverages prepared by restaurant and the like, including take-aways value in local currency ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Overall, during the last week, what was the total value of all food, alcoholic and non-alcoholic beverages that you received in-kind and/or as gift? Please remember to exclude meals snacks and beverages prepared by restaurant and the like, including take-aways <i>Your best estimate is fine.</i> value in local currency ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ >Q0802a

Q0802a				
Now, going to the second part of food and beverages, and still thinking about the last week, I would like to ask you questions about your household consumption of <u>meals, snacks, and beverages, prepared by restaurants and the like</u>. Sometimes, such meals were consumed by your household at those places and sometimes these were consumed elsewhere as take-away. I will first ask about consumption in restaurant premises and the like and then follow-up with questions about take-aways. If there was any consumption, I will then ask how much money your household spent to purchase these meals. Second, I will ask you to estimate the total value your household would have spent for the consumption of these meals that you received in-kind or as gift. Exclude from your answer any item that is purchased for processing or resale in a household enterprise.				
		A	B	C
COICOP	ITEM	In the last week did you or any member of your household consume [ITEM]?	During the last week, how much did your household spend to purchase [ITEM]? value in local currency	During the last week, what was the total value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
11.1	1. Meals, snacks, and beverages prepared by a restaurant, a street vendor and the like, as well as friends or relatives	1 Yes 2 No >2A	 -8 DON'T KNOW	 -8 DON'T KNOW
	2. Meals, snacks, and beverages from take-away, including deliveries and online purchases	1 Yes 2 No >Q0803a	 -8 DON'T KNOW	 -8 DON'T KNOW
	3. [DO NOT ASK] Total value of 1 and 2	N/A	Sum of 1 to 2: to be automatically generated in the CAPI version 	Sum of 1 to 2: to be automatically generated in the CAPI version

Q0803a				
Now I am shifting to specific questions about your household consumption of non-food and non-health products and services. I will first ask about your household consumption. If there was any consumption, I will then ask how much money your household spent to purchase these items. Second, I will ask you to estimate the total value your household would have spent for the consumption of these items that you received in-kind or as gift. When reporting expenditure, please include all online purchases as well. Exclude from your answer any item that is purchased for processing or resale in a household enterprise. Let us start with your household consumption of <u>smoking and smokeless tobacco products</u> over the last week.				
		A	B	C
COICOP-2018 CODE	ITEM	In the last week, did you or any member of your household consume [ITEM]?	During the last week, how much did your household spend to purchase [ITEM]? value in local currency	During the last week, what was the total value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
02.3	1. Smoking (e.g., cigarettes, cheroot, cigars), and/or smoke-less tobacco products (e.g., chewing tobacco, snuff, snus)	1 Yes 2 No >Q0804a	 -8 DON'T KNOW	 -8 DON'T KNOW

Q0804a				
		A	B	C
COICOP-2018 CODE	Now I am shifting to specific questions about your household consumption of frequent non-food and non-health products and services over the last month.	In the last month did you or any member of your household consume [ITEM]?	During the last month , how much did your household spend to purchase [ITEM]? value in local currency	During the last month , what was the total value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
13.1.2, & 13.1.3	1. Personal care products and services, including online purchases (e.g., shampoo, haircut)	1 Yes 2 No >2A	 -8 DON'T KNOW	 -8 DON'T KNOW
04.4 & 0.45	2. Utilities like electricity, water supply, refuse and sewage collection, and fuels (including gas)	1 Yes 2 No >3A	 -8 DON'T KNOW	 -8 DON'T KNOW
05.6	3. Household cleaning and maintenance products and services including domestic ones (e.g., maids)	1 Yes 2 No >4A	 -8 DON'T KNOW	 -8 DON'T KNOW
07.3	4. Passenger transportation services (by train, taxi, plane, school bus, etc.), including rentals and online purchases	1 Yes 2 No >5A	 -8 DON'T KNOW	 -8 DON'T KNOW
07.2.2	5. Fuels and lubricants for personal vehicles (e.g., car, motorcycle)	1 Yes 2 No >6A	 -8 DON'T KNOW	 -8 DON'T KNOW
08.3	6. Telephone line and mobile phone services, Wi-Fi access, cable TV monthly fee and any other communication and audio services including repairs and installation	1 Yes 2 No >7A	 -8 DON'T KNOW	 -8 DON'T KNOW
09.4, 09.6, & 9.8	7. Recreational, cultural, religious, sporting and entertainment services, including online purchases	1 Yes 2 No >8A	 -8 DON'T KNOW	 -8 DON'T KNOW
07.4	8. Delivery of goods and postal services (e.g., cost of delivery of online purchases, stamps, courier costs)	1 Yes 2 No >9B	 -8 DON'T KNOW	 -8 DON'T KNOW
4.1 & 4.2	9. Housing (actual rentals; estimated value of rent if owned)	N/A	During the last month, if you don't own the dwelling, how much did your household pay towards rent? -8 DON'T KNOW	During the last month, if you own the dwelling, how much would you have received as rent if you let this dwelling to another person? -8 DON'T KNOW
	10. [DO NOT ASK] Total value of 1 and 9		Sum of 1 to 9 to be automatically generated in the CAPI version 	Sum of 1 to 9 to be automatically generated in the CAPI version

Q0805				
	Now I would like to ask specific questions about your household consumption of <u>less frequent non-food and non-health products and services</u> over the last 6 months.	In the last 6 months did you or any member of your household consume [ITEM]?	During the last 6 months, how much did your household spend to purchase [ITEM]? value in local currency	During the last 6 months, what was the total value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
09.1, 09.2, 09.5, & 09.7	1. Recreational, cultural, religious, sporting and entertainment goods, including online purchases	1 Yes 2 No >2A	 -8 DON'T KNOW	 -8 DON'T KNOW
03	2. Ready-made clothing; cloth, fabric and materials for clothing, footwear, including repairs, rentals, and online purchases	1 Yes 2 No >3A	 -8 DON'T KNOW	 -8 DON'T KNOW
05.2 & 05.4	3. Household textile, glassware, tableware, and household utensil, including repairs, rentals, and online purchases	1 Yes 2 No >Q806a	 -8 DON'T KNOW	 -8 DON'T KNOW
	4. [DO NOT ASK] Total value of 1 and 3		Sum of 1 to 3 to be automatically generated in the CAPI version 	Sum of 1 to 3 to be automatically generated in the CAPI version

Q0806a				
	Now I am shifting to specific questions about your household consumption of <u>other less frequent non-food and non-health products and services</u> over the last 12 months.	In the last 12 months did you or any member of your household consume [ITEM]?	During the last 12 months, how much did your household spend to purchase [ITEM]? value in local currency	During the last 12 months, what was the total value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
10.0	1. Educational services (e.g., tuitions and tutoring, including those provided online).	1 Yes 2 No >2A	 -8 DON'T KNOW	 -8 DON'T KNOW
11.2.0.1, 11.2.0.2, 11.2.0.3 & 11.2.0.9	2. accommodation services, including for educational establishments and online purchases for other types (e.g., hotels)	1 Yes 2 No >3A	 -8 DON'T KNOW	 -8 DON'T KNOW
09.3.1 & 09.3.2	3. Garden and personal pets' products and services, including online purchases	1 Yes 2 No >4A	 -8 DON'T KNOW	 -8 DON'T KNOW
12.1.2	4. Health insurance	1 Yes 2 No >5A	 -8 DON'T KNOW	 -8 DON'T KNOW
12.1.1, 12.1.3, & 12.1.4	5. Other insurance (e.g., for life and accident, and travel)	1 Yes 2 No >6A	 -8 DON'T KNOW	 -8 DON'T KNOW
	6. [DO NOT ASK] Total value of 1 and 5		Sum of 1 to 5 to be automatically generated in the CAPI version 	Sum of 1 to 5 to be automatically generated in the CAPI version

For this last section, I will ask you about your household consumption of health products and services. I will again ask questions using different time periods as some services and products might be needed more frequently than others, so please listen carefully to the time frame. I will first ask about your household consumption. If there was any consumption, I will then ask how much money your household spent to purchase these items. Second, I will ask you to estimate to total value your household would have spent for the consumption of these items that you received in-kind or as gift.

When reporting an expenditure, please include any informal payment as well as amounts spent abroad but please exclude any amount reimbursed by an insurance or any other institution. Please include all online purchases as well. Please exclude from your answer any item that is purchased for processing or resale in a household enterprise.

Q0807a				
		A	B	C
FILTER	ITEM	In the last 12 months did you or any member of your household consume [ITEM]?	During the last 12 Months, how much did your household spend to purchase [ITEM]? value in local currency. Include informal payments but exclude reimbursements	During the last 12 Months, what was the total estimated value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
6.3	1. Inpatient care services	1 Yes 2 No >2A	 -8 DON'T KNOW	 -8 DON'T KNOW
06.4.2	2. Emergency transportation and emergency rescue services	1 Yes 2 No >4A	 -8 DON'T KNOW	 -8 DON'T KNOW
	3.[DO NOT ASK] Total value of 1 and 2		Sum of 1 and2 to be automatically generated in the CAPI version 	Sum of 1 and2 to be automatically generated in the CAPI version
		In the last 6 months did you or any member of your household consume [ITEM]?	During the last 6 months, how much did your household spend to purchase [ITEM]? value in local currency Include informal payments but exclude reimbursements	During the last 6months, what was the total estimated value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
06.2.1.1 & 06.2.1.9	4. Preventive services such as immunization/vaccinations services and other preventive services (e.g., tetanus toxoid for pregnant women, and routine immunization such as BCG during well child visits) <i>Exclude the cost of vaccine itself, If possible, I'll ask about this in the next section.</i>	1 Yes 2 No >5A	 -8 DON'T KNOW	 -8 DON'T KNOW

06.4.1	5. Diagnostic and laboratory tests, such as blood tests and x-rays, for other reasons than preventive care.	1 Yes 2 No >6A	☐ ☐ ☐ ☐ ☐ ☐ -8 DON'T KNOW	☐ ☐ ☐ ☐ ☐ ☐ -8 DON'T KNOW
06.1.3.1, 06.1.3.2, 06.1.3.3&6.1.4	6. Assistive health products for vision (e.g., glasses), hearing (e.g., hearing aids), and mobility (e.g., crutches, therapeutic footwear), including repair, rental, and online purchases	1 Yes 2 No >7A	☐ ☐ ☐ ☐ ☐ ☐ -8 DON'T KNOW	☐ ☐ ☐ ☐ ☐ ☐ -8 DON'T KNOW
06.1.2.1, 06.1.2.2 & 06.1.2.3	7. Medical products, (e.g., antigen tests, glucose meters, masks), including online purchases	1 Yes 2 No >9A	☐ ☐ ☐ ☐ ☐ ☐ -8 DON'T KNOW	☐ ☐ ☐ ☐ ☐ ☐ -8 DON'T KNOW
	8.[DO NOT ASK] Total value of 4 to 7		Sum of 4 to 7 to be automatically generated in the CAPI version ☐ ☐ ☐ ☐ ☐ ☐	Sum of 4 to 7 to be automatically generated in the CAPI version ☐ ☐ ☐ ☐ ☐ ☐
		In the last month did you or any member of your household consume [ITEM]?	During the last month, how much did your household spend to purchase [ITEM]? value in local currency Include informal payments but exclude reimbursements	During the last month, what was the total estimated value of [ITEM] that you received in-kind and/or as gift? Your best estimate is fine. value in local currency
06.1.1.1 & 06.1.1.2	9. Medicines (branded, generic, herbal), vaccines, oral contraceptives, and other pharmaceutical preparations, including online purchases	1 Yes 2 No >10A	☐ ☐ ☐ ☐ ☐ ☐ -8 DON'T KNOW	☐ ☐ ☐ ☐ ☐ ☐ -8 DON'T KNOW
06.2.2 & 06.2.3	10. Outpatient medical and dental services, including online services, without overnight stay	1 Yes 2 No >11	☐ ☐ ☐ ☐ ☐ ☐ -8 DON'T KNOW	☐ ☐ ☐ ☐ ☐ ☐ -8 DON'T KNOW
	11.[DO NOT ASK] Total value of 9 and 10		Sum of 9 and 10 to be automatically generated in the CAPI version ☐ ☐ ☐ ☐ ☐ ☐ IF SUM IS GREATER THAN 0 >Q0808a. IF SUM IS ZERO >Q0810.	Sum of 9 and 10 to be automatically generated in the CAPI version ☐ ☐ ☐ ☐ ☐ ☐ IF SUM IS GREATER THAN 0 >>go to Q0808a. IF SUM IS ZERO>> go to Q0810.

Sources of financing		
Q0808a to Q0808f		
In the last 12 months, which of the following financial sources did your household use to pay out-of-pocket for any medical, dental service with or without overnight stay, medicines, and health products		
Respondent is (check section 0450, Q045X...) most knowledgeable about health and health care utilization		
Q0808a	Current income of any household members	1 YES 2 NO
Q0808b	Savings, pension	1 YES 2 NO
Q0808c	Selling of any household's assets or goods (housing, land, animals, jewelry, appliances, or machines)	1 YES 2 NO
Q0808d	Borrowing from friends or relatives outside the household	1 YES 2 NO
Q0808e	Borrowing from institutions (e.g., financial, microfinance arrangements)	1 YES 2 NO
Q0808f	Remittance (money transfers sent by family living abroad) or money gift	1 YES 2 NO

Anxiety about household finances		
Q0809 to Q0811		
Q0809	Have you or your household had to reduce spending on things you need (such as food, housing, or utilities) because of this health expenditure in the last 1 month?	1. Yes 2. No 8. Don't know 9. Refused to answer
Q0810	How worried are you about your household's finances in the next 1 month?	1. Very worried 2. Somewhat worried 3. Not too worried 4. Not worried at all > END
Q0811	Do any of the following reasons describe why you are worried about your household's finances in the next 1 month?	1. Loss of income 2. Healthcare costs related to corona virus (COVID-19) 3. Healthcare costs NOT related to corona virus (COVID-19) (including to treat other diseases, illnesses, injuries, or symptoms)

This completes the household section of our survey. Thank you for your time and answers.

(FOR THOSE CONTINUING TO THE INDIVIDUAL QUESTIONNAIRE)

We have a second set of questions to ask you in a moment, which focus more on your own health.

