

Household QUESTIONNAIRE

Date : |_|_|. |_|_|. |_|_|_|_|_|

PSU ID: PSU identifier: |_|_|_|

PSU NAME: Name of village / town / quarter / block:-----

HH ID: Household identifier: |_|_|

IN ID: Interviewer identifier: |_|_|_|

CONSENT	<i>Was household consent obtained?</i>	01=Yes 02 = Refusal 03= Occupants not present	[_]
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Request an interview with the following person (in order of preference)
RC1: The person mainly responsible for cooking in the household (minimum age limit 15 years).
RC2: A woman of reproductive age (15-49 years) present at the time of the visit.
RC3: Another adult household member present at the time of the visit (minimum age limit 18 years).

Category of the respondent (arranged in order of preference) <i>Select the respondent category with an "v"</i>			
RC1	<input type="checkbox"/>	RC2	<input type="checkbox"/>
RC3	<input type="checkbox"/>		

IN: (Interviewee Sex, Age and Education)

	QUESTION	CODING CATEGORIES	CODE
IN1	Name -----	Mobile Number <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> Name:----- Relation of phone owner with respondent	
IN2	Sex (M/F)	Male.....01 Female.....02	<input type="checkbox"/> <input type="checkbox"/>

IN3	Age (years)	Complete years	<input type="text"/> <input type="text"/>
IN4	Have you ever attended school or college?	Yes.....01 No.....02	<input type="text"/> <input type="text"/> 02⇒HH1
IN5	How many years of education did you have?	<5 years.....01 5-10 years.....02 SSC.....03 HSC.....04 Graduation.....05 Masters.....06 Others.....07	<input type="text"/> <input type="text"/>
IN6	Currently attending school or college?	Yes.....01 No.....02	<input type="text"/> <input type="text"/>

Household Members Information

FOR INTERVIEWER USE ONLY

Household member definition:

One person living alone, or a group of people (not necessarily related) living at the same address with common housekeeping (sharing either a living room or sitting room, or at least one meal a day)

	QUESTION	CODING CATEGORIES	CODE
HH1	How many people live in this household?	-----Person	<input type="text"/> <input type="text"/>
		Go to SBH1 if HH1 =1	
HH2	How many household members are male?	-----Person	<input type="text"/> <input type="text"/>
		If there is no male member in this HH go to HH3	
How old are the <HH2> males in the house?			
HH2a	0-11 months (<1 year)	-----Person	<input type="text"/> <input type="text"/>
HH2b	12-23 months (1-< 2 years)	-----Person	<input type="text"/> <input type="text"/>
HH2c	24-59 months (2-<5 years)	-----Person	<input type="text"/> <input type="text"/>
HH2d	5 to 14 years	-----Person	<input type="text"/> <input type="text"/>
HH2e	15 to 19 years	-----Person	<input type="text"/> <input type="text"/>
HH2f	20 to 49 years	-----Person	<input type="text"/> <input type="text"/>
HH2g	50 years or more	-----Person	<input type="text"/> <input type="text"/>
HH3	Confirm that there are (HH1-HH2) females in the household	----- Person	<input type="text"/> <input type="text"/>

	QUESTION	CODING CATEGORIES	CODE
How old are the (HH3) females in the house?			
HH3a	0-11 months (<1 year)	-----Person	<input type="text"/> <input type="text"/>
HH3b	12-23 months (1-< 2 years)	----- Person	<input type="text"/> <input type="text"/>

HH3c	24-59 months (2-<5 years)	----- Person	<input type="checkbox"/>
HH3d	5 to 14 years	----- Person	<input type="checkbox"/>
HH3e	15 to 19 years	----- Person	<input type="checkbox"/>
HH3f	20 to 49 years	----- Person	<input type="checkbox"/>
HH3g	50 years or more	----- Person	<input type="checkbox"/>

SBH: Short Birth History-MPI mortality

*Follow this module if there is any woman of reproductive age in this household (check HH3e-HH3f)
The purpose of the short birth history (SBH) component is to determine the number of live births to
CURRENT members of the household and establish where these children are now.*

	QUESTION	CODING CATEGORIES	CODE
SBH1:	MZ 5 eQ#ii g#a” GB Lvbvq †Kvb Rb¥ n‡q‡Q?	Yes.....01 No.....02	<input type="checkbox"/> 02⇒ED1

FOR INTERVIEWER USE ONLY

*Only consider the birth of a child, if it has occurred to a **current** member of the household. (i.e. if there was a child birth in this HH, but both of the parents now live outside this HH, then do not consider it a “recent birth in the HH”. However, if a child was born to parents, who (both or either one) currently live in the HH, even though they did not live in the HH when the child was born, consider it a “recent birth in the HH”.*

Tell the respondent:

- I will be asking about recent births in the household.*
- I am interested in all children that were born alive.*

Ask the following questions:

SBH2:	How many live births have there been in the household in the last 5 years?	R# <input type="text"/>
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Complete this table for live births to current members of the household in the last 5 years.

No	Rb# Zvwil		Where are they now?
	Name of Month	Year	1= Alive 2=dead
1			_
2			_
3			_
4			_
5			_
6			_

	QUESTION	CODING CATEGORIES	CODE
FOR INTERVIEWER USE ONLY			
<i>If any response in the table above shows that a child has died then record a Yes here, otherwise record No</i>			
D1:	<i>A recently born child had died?</i>	Yes.....01 No.....02	<input type="text"/>

ED: Schooling

	QUESTION	CODING CATEGORIES	CODE
ED1	Does any <u>other</u> household member have 5 or more years of schooling?	Yes.....01 No.....02	<input type="text"/>

	<i>If there is no child in the HH aged between 5 and 14 years (check HH2d and HH3d) skip to M1</i>		
ED2	Is there any child in the HH aged between 5 & 14 years who does <u>not</u> attend school?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>

M: MPI assets data

In this section I will ask about the assets of the household and questions about where you get your water and what kind of latrine do you use.

	QUESTION	CODING CATEGORIES	CODE
M1:	Does your household have electricity?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
	QUESTION	CODING CATEGORIES	CODE
M2:	What fuels does your household use for cooking? <i>Multiple responses allowed.</i> <i>Allow respondent to respond freely, and then prompt "Anything else?" Do not specify the fuels from the list.</i>		
M2a:	Electricity If the response is yes but the response to M1 was no then check M1 again with the respondent.	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M2b:	Gas/LP Gas	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M2c:	Kerosene	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M2d:	Coal / lignite	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M2e:	Charcoal	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M2f:	Wood	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M2g:	Straw / shrubs / grass / crop residue	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M2h:	Animal dung	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M2i:	Biogas	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M2j:	Others (Please specify)	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>

M3 :	<p>What is the main material of the floor of the dwelling? <i>Record the main material of the floor of the dwelling from observation. If not possible then ask respondent.</i></p>		
M3a:	Dirt / earth / sand / dung / mixed	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M3b:	Wood/Bamboo	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M3c:	Brick-cement/tiles	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M4:	<p>Does your household have...? <i>Read and prompt for each item. Record <u>all</u> items owned by household</i></p>		
M4a:	A radio?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M4b:	A television?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M4c:	A Refreegerator television?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M4d:	A cassette/CD player?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M4e:	A mobile or non-mobile telephone?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>

M4f:	A motorcycle/ scooter/Auto-rickshaw (CNG)?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M4g:	A rickshaw/van/bicycle?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M4h:	A motor rickshaw/ Easy-bike?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M4i:	Car/ Truck/Tractor?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M4k:	A boat with motor?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M4l:	A cow/goat/hen/duck?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
M4m:	A computer/laptop?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>

W: Water, Sanitation and Hygiene (WASH)

	QUESTION	CODING CATEGORIES	CODE
W1 :	What is the main source of your drinking water? (<i>enter <u>one</u> code only</i>)		
W1a:	Piped water into dwelling		01
W1b:	Piped water into yard/plot/compound		02
W1c:	Public tap/standpipe		03
W1d:	Tube-well/borehole		04
W1e:	Protected dug well/spring		05
W1f:	Rainwater collection system		06
W1g:	Bottled water/20L container		07
W1h:	Unprotected dug well/spring		08
W1i:	Cart wirth small tank or drum		09
W1j:	Tanker truck		10
W1K:	Surface water (river/dam/lake/pond/stream/canal/irrigation)		11
W1l:	Others (please specify)		77

W2 :	What do you usually do to the water to make it safer to drink? <i>(Do not prompt. Enter one code only)</i>		
W2a:	Boil		01
W2b:	Add bleach/chlorine tablet/Potash Alum		02
W2c:	Water filter (Ceramic/gravel/sand)		03
W2d:	Solar disinfectant		04
W2e:	Strain it through a cloth only		05
W2f:	Let it stand and settle only		06
W2g:	Nothing		07
W2h:	Others (Please specify)		77
W2i:	Don't know		99
W3 :	What kind of toilet facility do members of your household usually use? <i>In case the respondent is unable to tell the type of toilet, ask for permission to observe it if possible (Enter one code only)</i>		
Flush/ Pour flush System, that flushes to:			
W3a:	Piped sewer system		01
W3b:	Septic tank		02
W3c:	Pit latrine with water seal		03
W3d:	Somewhere else		04
W3e:	Don't know where		05
Pit latrine (without water seal)			
W3f:	Ventilated Improved Pit		06
W3g:	Pit latrine with slab without water-seal		07
W3h:	Pit latrine without slab and water-seal		08
W3i:	Composting latrine		09
W3j:	Bucket latrine		10
W3k:	Hanging Latrine		11
W3l:	No facilities/bush/field		12
W3m:	Others (please specify)		77

			⇒W5
W4:	Do you share this facility with other households?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
<p><i>If there is a child under 2 years in the household, (Check answer to Question HH2a-HH2c and HH3a-HH3c) ask W5. If not GOTO W6</i></p>			
W5 :	<p>The last time the child under 2 years old passed stools, what was done to dispose of the stools? (<i>Do not prompt</i>) (Enter one code only)</p>		
W5a:	Child used toilet/latrine	01	<input type="checkbox"/> <input type="checkbox"/>
W5b:	Put into toilet/latrine	02	
W5c:	Put into drain/ditch	03	
W5d:	Thrown into garbage	04	
W5e:	Nothing/left it open	05	
W5f:	Don't know	99	
W6:	<p>Please tell me all of the occasions when it is important for you to wash hands <u>with soap</u> <i>Do not prompt, Probe 'Anything Else?'</i> Enter all codes that apply</p>		
W6a:	Before Eating	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
W6b:	Before feeding a child	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
W6c:	Before cooking/preparing food	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
W6d:	After defecation/urination	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
W6e:	After cleaning a child that has defecated/changing nappies/washing diaper	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>

W6f:	Others (please specify)	Yes.....01 No.....02	<input type="text"/>
W6g:	Don't know/No answers given	Yes.....01 No.....02	<input type="text"/>

H: Household hunger scale (food security)

The following questions are to determine whether your household or you have experienced any shortage of food in the past month.

For interviewer use only

In general:
 00 = never
 01 = Rarely = (1 to 2 times)
 02 = Sometimes = (3 to 10 times)
 03 = Often = (more than 10 times)

You may need to probe beyond the initial answer to determine which of the above categories to record.

H1: How many times in the **last month** was there ever no food to eat of any kind in your house because of lack of resources to get food? |__|__|
(if none put '00')

H2: How many times in the **last month** did you personally go to sleep at night hungry because there was not enough food? |__|__|
(if none put '00')

H3: How many times in the **last month** did you personally go a whole day and night without eating anything at all because there was not enough food? |__|__| *(if none put '00')*

NUT: Nutrition data Women of Reproductive Age (WRA)

BOX 1 - FOR INTERVIEWER AND SUPERVISOR USE ONLY

WRA: Number of women 15-49 years of age living in this household? |__| If 0 GOTO AP1
(Calculate from **HH3e** and **HH3f**)

Is the interviewee a woman of reproductive age? Yes = 1, No= 2 |__|

IF THE INTERVIEWEE IS A WRA THEN REQUEST WHETHER YOU MAY TAKE A MEASUREMENT OF THEIR LEFT UPPER ARM CIRCUMFERENCE TO PROVIDE SOME ASSESSMENT OF THEIR NUTRITIONAL STATUS

If the interviewee is not a wra, check box 1 to see if any wra in the household, ask if they are present and request whether you may take a measurement of their left upper arm circumference to provide some assessment of their nutritional status

NUT: Age of selected woman in years (check this is 15-49 years) |__|__|
Enter 77 if no WRA consents to the measurement

MUAC on the left arm (1st time) |__|__|.|__|
cm

MUAC on the left arm (2nd time) |__|__|.|__|
cm

Enter:

77.7 if MUAC too big (MUAC tape does not fit)

Record in what condition the MUAC was measured (place tick)

Bare skin |__|

Clothing (thin) |__|

Clothing |__|

(thick)

Bangles |__|

IF MUAC < 21.0 CM → REFER TO A HEALTH FACILITY.

IODINE AND IODISED SALT-BANGLADESH

AP: Awareness and practices related to IDD and iodized salt

	QUESTION	CODING CATEGORIES	CODE
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AP1.	Have you ever heard of iodine as part of nutrient?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/> 02 ⇒ AP5
AP2.	Do you know what problems one might have if s/he has iodine deficiency? (Multiple responses possible) (Do not read responses, respond for All that are mentioned then return and complete “2” when the respondent confirms that they have no more responses.)		
AP2.a	Development of Goitre	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP2.b	Chance of complication during delivery/increases chance of miscarriage and stillbirth	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP2.c	Hampers growth in neonates/children	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP2.d	Reduces child intelligence/ Intellectual development	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP2.e	Hampers health in adolescents/adults	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP2.f	Hampers normal brain development	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP2.g	Development of Cretinism	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP2.h	Others (please specify)	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP2.i	Don't know any answers	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP3.	Do you know of any method to prevent iodine deficiency?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>

			02 ⇨ AP5
AP4.	Please state the <u>most important</u> way to prevent iodine deficiency	Use iodised salt.....01 Take iodine supplements.....02 Eat seafood/seaweed03 Other (Please specify)077 Don't Know.....99	<input type="checkbox"/> <input type="checkbox"/>
AP5.	Have you heard about iodized salt?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/> 02 ⇨ AP12
AP6:	Where have you heard about iodized salt? <i>(Multiple responses possible. Do not prompt, probe "Anything else?" Respond for All that are mentioned then return and complete "2" when the respondent confirms that they have no more responses)</i>		
AP6.a	Television	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP6.b	Radio	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP6.c	Newspaper	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP6.d	Poster/Leaflet	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP6.e	Doctor/ Health worker/ NGO worker	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP6.f	Relatives	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP6.g	Friend/Neighbour	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>

AP6.h	teacher/School	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP6.i	Shopkeeper	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP6.j	Others ()	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
AP7	Do you think, one can prevent iodine deficiency only by consuming iodized salt?	Yes.....01 No.....02 It depends on the severity of deficiency 03 Don't know.....99	<input type="checkbox"/> <input type="checkbox"/> 01⇒ AP9 99⇒AP9
AP8	If no or "it depends", then what is the most important reason behind this? <i>(Do not prompt)</i>	It is not possible to get adequate iodine from salt.....01 It is harmful for health to consume excess table salt.....02 Others (Please specify).....03	<input type="checkbox"/> <input type="checkbox"/>
AP9	Do you use iodized salt for cooking in your household?	Yes.....01 No.....02 Don't know.....99	 02⇒ AP11 99⇒AP12

AP10	<p>If yes, what is the most important cause for doing this?</p> <p><i>(Do not read responses. Select one option only. If more than one response is given please probe to find the most important reason)</i></p>	<p>Consuming iodized salt is good for health01 No other type of salt is available.....02 Advised by doctor.....03 Suggested by shopkeeper04 Advised by relatives/friend/neighbour05 Inspired by TV/radio/Newspaper.....06 Others (please specify)77</p>		<input type="checkbox"/> <input type="checkbox"/>
<p>If Ans to AP9 is 01, then skip AP11</p>				
AP11	<p>If not, what is the most important cause for not doing so?</p> <p><i>(Do not read responses. Select one option only. If more than one response is given please probe to find the most important reason)</i></p>	<p>Not readily available.....01 More expensive than non-iodised.....02 I/household members don't like the taste03 Not always available in small quantities04 Others (please specify).....077 Don't Know.....99</p>		<input type="checkbox"/> <input type="checkbox"/>
AP12	<p>Do you or any of your household members use table salt?</p>	<p>Yes.....01 No.....02</p>		<input type="checkbox"/> <input type="checkbox"/> 02⇒ AP15
AP13	<p>If yes, please confirm which members used table salt in the past week?</p>	<p>Age</p> <p><5 years</p> <p>5-14 years</p> <p>15-19 years</p> <p>20-49 years</p>	<p>Number of household members <i>(Record from HH2 and HH3)</i></p>	<p>Number of members using table salt</p>

		50 years or more		
AP14	Do you use iodized salt as table salt in your household?	Yes.....01 No.....02 Don't know.....99	<input type="checkbox"/> <input type="checkbox"/>	
AP15	Is there any member in your household who has delayed mental development?	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/> 02 ⇒ AP17	
AP16	How many members are there and please mention their age	Serial no	Age	
		1		
		2		
		3		
AP17	Is there any member in your household who has goitre?	Yes.....01 No.....02	<input type="checkbox"/> 02 ⇒ AP19	
AP18	How many members are there and please mention their age	Serial no	Age	
AP19	Do you know that there is a "salt law"?	Yes.....01 No.....02 Don't know99	<input type="checkbox"/> <input type="checkbox"/> 02 ⇒ AP21 99 ⇒ AP21	
AP20	Do you know whether there is any punishment for violating this law for retailers/manufacturers?	Yes.....01 No.....02 Don't know.....99	<input type="checkbox"/> <input type="checkbox"/>	
AP21	Do you know whether salt can be tested for iodine?	Yes.....01 No.....02	 02 ⇒ AP26	
AP22	If yes, please state the methods of testing salt for iodine	With home ingredients01 With testing kit/any chemicals02 Both.....03 Don't know.....99	<input type="checkbox"/> <input type="checkbox"/> 02 ⇒ AP24 99 ⇒ AP26 <input type="checkbox"/> <input type="checkbox"/>	

AP23	What are the ingredients required for testing salt iodine at home?		
AP23.a	Salt	Mentioned.....01 Did not mention.....02	<input type="text"/> <input type="text"/> 02 ⇒ AP23.c
AP23.b	How much Salt	Pinch amount.....01 Tea spoon full.....02 Others (please specify).....77 <hr/> Dont know.....99 Not applicable.....88	<input type="text"/> <input type="text"/>
AP23.c	Cooked rice	Mentioned.....01 Did not mention.....02	<input type="text"/> <input type="text"/> 02 ⇒ AP23.e
AP23.d	How much Cooked rice?	Small amount.....01 5 grains.....02 Others (please specify).....77 <hr/> Don't know.....99 Not applicable.....88	<input type="text"/> <input type="text"/>
AP23.e	Lemon juice	Mentioned01 Did not mention.....02	<input type="text"/> <input type="text"/> 02 ⇒ AP24
AP23.f	How much Lemon juice?	Few drops.....01 Others (please specify).....77 <hr/> Don't know.....99 Not applicable.....88	<input type="text"/> <input type="text"/>
AP24	What colour if salt contains iodine?	Colour does not change01 Blue..... 02 Violet.....03 Others (please specify).....77	<input type="text"/> <input type="text"/>
AP25	What colour if salt does not contain iodine?	Colour does not change01 Blue..... 02	<input type="text"/> <input type="text"/>

		Violet.....03 Others (please specify).....77	
AP26	Did you ever see salt being tested by government people in place where you buy your salt from?	Yes.....01 No.....02 Don't know.....99	<input type="checkbox"/> <input type="checkbox"/>

IS: Use of iodized salt

We would like to ask some questions about the salt most commonly used in your household and to take a sample for laboratory testing to see if it is iodized. Please answer all questions below in relation to the salt most commonly used to cook meals in your household.

	QUESTION	CODING CATEGORIES	CODE
<p>IS1.</p>	<p>Is the salt <u>currently used to cook meals</u> in your household in the packaging (<i>such as packets/plastic bags/tins</i>) you bought it in?</p>	<p>Yes.....01 No.....02 No salt currently in the household03 Don't know.....99</p>	<p><input type="checkbox"/><input type="checkbox"/></p>
<p>IS2.</p>	<p>Was the salt <u>currently used to cook meals</u> in your household bought in a sealed package</p> <p><i>(Check whether the packet is of any brand)</i></p>	<p>Yes.....01 No.....02 Don't know.....99</p>	<p><input type="checkbox"/><input type="checkbox"/></p>

IS3.	Do you know whether packaged salts have any picture/sign (label) on their packets?	Yes.....01 No.....02 Don't know.....99	<input type="checkbox"/> <input type="checkbox"/> 02⇒IS6 99⇒IS6
IS4.	If yes, what are the picture/signs that are present on the packet? <i>(Do not prompt)</i>		<input type="checkbox"/> <input type="checkbox"/>
IS4.a	BSTI seal	Mentioned.....01 Did not mention.....02	<input type="checkbox"/> <input type="checkbox"/>
IS4.b	Logo of “iodized salt”	Mentioned.....01 Did not mention.....02	<input type="checkbox"/> <input type="checkbox"/>
IS4.c	Date of manufacture	Mentioned.....01 Did not mention.....02	<input type="checkbox"/> <input type="checkbox"/>
IS4.d	Date of Expiry	Mentioned.....01 Did not mention.....02	<input type="checkbox"/> <input type="checkbox"/>
IS4.e	Weight	Mentioned.....01 Did not mention.....02	<input type="checkbox"/> <input type="checkbox"/>
IS4.f	Maximum retail price	Mentioned.....01 Did not mention.....02	<input type="checkbox"/> <input type="checkbox"/>
IS4.g	Name of manufacture	Mentioned.....01 Did not mention.....02	<input type="checkbox"/> <input type="checkbox"/>

IS5.	<i>Please look to observe the packet of the salt and record whether the information are present on the packet</i>	Packet is present.....01	<input type="checkbox"/>	
		Packet is not present.....02	<input type="checkbox"/>	
				02⇒IS6
		BSTI seal	Present=1; Absent=2	<input type="checkbox"/>
		Logo of “iodized salt”	Present=1; Absent=2	<input type="checkbox"/>
		Date of manufacture	Present=1; Absent=2	<input type="checkbox"/>
		Date of Expiry	Present=1; Absent=2	<input type="checkbox"/>
		Weight	Present=1; Absent=2	<input type="checkbox"/>
Maximum retail price	Present=1; Absent=2	<input type="checkbox"/>		
Name of manufacturer	Present=1; Absent=2	<input type="checkbox"/>		
IS6.	Where do you usually buy salts from?	Retailer shops..... 01 Market/haat..... 02 Hawkers 03 From ration.....04 Others (please specify.....77	<input type="checkbox"/>	
IS7.	When the salt <u>currently used to cook meals</u> in your household was bought, did you look for or ask for iodized salt? (labelled as iodized)	Yes.....01 No.....02 Someone else purchased the salt.....03 Salt was collected locally at site of production.....04	<input type="checkbox"/> 02⇒IS9 03⇒IS9 04⇒IS9	

IS8	How did you know it was iodized? (label, packaged)	Labelled as “Iodized”01 Seal of BSTI present.....02 Packaged.....03 The shopkeeper assured..... 04 Can’t give a reason.....05	<input type="checkbox"/> <input type="checkbox"/>
IS9	Do you use salt for purposes other than cooking or as table salt? <i>Such as food preservation, feeding livestock or cleaning purpose</i>	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/> 02⇒IS11
IS10	Please mention the usage of salt in our household other than for cooking, as table salt or for food preservation <i>Such as feeding livestock or cleaning purpose</i>		
IS10.a	For food preservation	Yes.....01 No.....02	
IS10.b	Feeding livestock/in fish farm	Yes.....01 No.....02	
IS10.c	For cleaning purpose	Yes.....01 No.....02	
IS10.d	Others (Please specify).....77	Yes.....01 No.....02	
IS11	How much salt do you use for cooking, table salt and preservation in a month? <i>If the respondent cannot quantify accurately, seek permission to observe the salt container and ask how full it was when salt was purchased and when it was purchased</i> grams	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

IS12.	On average, what quantity of salt do you buy for consumption (cooking, table salt, preserving foods)?	<100 gms.....01 100-200 gms.....02 200-400 gms.....03 500 gms.....04 1 kg.....05 1-2 kgs.....06 2-4 kgs.....07 >5 kgs.....08 Don't know.....99	<input type="text"/> <input type="text"/>
IS13.	Approximately how often do you buy salt for consumption (cooking, table salt, preserving foods)?	More than once a week01 Every week02 Two to three times a month.....03 Once a month04 Once in 2 to 3 months05 Once in 4 to 6 months.....06 Other077 Don't Know.....99	<input type="text"/> <input type="text"/>
IS14.	In the past 7 days, on about how many days did you consume food in the home that was prepared using or seasoned with salt? <i>Such as pickles, fish, others</i>	No days in this period.....00 1 day.....01 2 days.....02 3 days03 4 days.....04 5 days.....05 6 days.....06 7 days.....07 Don't know.....99	<input type="text"/> <input type="text"/> 00 ⇒ PF3 99 ⇒ PF3
IS15.	On days when you use salt, on average how many of your meals in that day are prepared or seasoned with salt?	3 times a day.....01 2 times a day.....02 Once a day.....03 Don't know.....99	<input type="text"/> <input type="text"/>
IS16.	How often do you consume food away from home in a week/vendor cooked food at home?	Everyday.....01 4-6 days.....02 1-3 days.....03 No days in this period.....04 Don't know.....99	<input type="text"/> <input type="text"/>

IS20.	SALT SAMPLE ID <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Enter the PSU number after 1, followed by the household number</i>		
IS21.	<i>Conduct a rapid field test from a portion of the salt collected for laboratory test as described in the field manual. Enter the number that corresponds to the test outcome.</i>	Not iodized.....01 Iodized.....02 Salt not tested.....03 No salt in the home04	<div style="text-align: right;"> <input type="text"/> <input type="text"/> </div> 02⇒IS24 03⇒IS23
IS22.	<i>The first result was negative. Conduct the retest with recheck solution on a new salt sample, as described in the field manual. Select the code that corresponds to the test outcome.</i>	Not iodized.....01 Iodized.....02 Salt not tested.....03	<div style="text-align: right;"> <input type="text"/> <input type="text"/> </div>
IS23.	<i>Please state the reason why the salt was not tested/re-tested</i>	<hr/> <hr/>	

IS24.	Please provide your valuable feedback to relevant authorities on how to increase public awareness regarding use of iodized salt.		
IS24.a	To increase campaign by media	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
IS24.b	Health workers should be involved more	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
IS24.c	These topics should be included in school curriculum	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
IS24.d	Price should be reduced	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
IS24.e	Salts should be packaged	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
IS24.f	Packets should be properly labelled	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
IS24.g	Ensure proper dissemination of information through retailer shops and shopkeepers	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
IS24.h	Raise public awareness on salt testing for iodine using home ingredients	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
IS24.i	No advice/could not give any advice	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
IS24.j	Others (please specify) _____	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>

IS25.	Please provide your valuable feedback on what steps should be taken by relevant authorities to ensure availability of quality iodized salt in market.		
IS25.a	Price should be reduced	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
IS25.b	Formualte law and ensure proper implementation	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
IS25.c	Raise awareness among retailers about salt law	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
IS25.d	Formulate law regarding proper packaging and appropriate implementation	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
IS25.e	No advice/could not give any advice	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>
IS25.f	Others (please specify) _____	Yes.....01 No.....02	<input type="checkbox"/> <input type="checkbox"/>

FORTIFIABLE FOODS DATA

Examples of basic contact coverage questions for other fortifiable edible oil
Mark the relevant box with an "v"

FF1: What is the main edible oil consumed by your household
(clarify with: the oil that you use on most days in most meals in the home)?

FF1a:	Soya-bean oil	<input type="checkbox"/>
FF1b:	Palm oil	<input type="checkbox"/>
FF1c:	Rice-bran oil	<input type="checkbox"/> ⇒ FF4
FF1d:	Sesame seed	<input type="checkbox"/> ⇒ FF4
FF1e:	Groundnut oil	<input type="checkbox"/> ⇒ FF4
FF1f:	Sunflower oil	<input type="checkbox"/> ⇒ FF4
FF1g:	Mustard seed oil	<input type="checkbox"/> ⇒ FF4
FF1h:	Ghee	<input type="checkbox"/> ⇒ FF4
FF1i:	Butter oil	<input type="checkbox"/> ⇒ FF4
FF1j:	Don't know	<input type="checkbox"/> ⇒ FF4
FF1k:	Other (Please specify)	<input type="checkbox"/> ⇒ FF4

FF2: Can you tell me where you usually get this main edible oil consumed in your household from?
Tick one box only...

FF2a:	Purchased from a store	<input type="checkbox"/>
FF2b:	Made it at home	<input type="checkbox"/> ⇒ FF4
FF2c:	Food aid	<input type="checkbox"/> ⇒ FF4
FF2d:	Don't know	<input type="checkbox"/> ⇒ FF4
FF2e:	Other (Please specify).....	<input type="checkbox"/> ⇒ FF4

FF3: Can you tell me the brand? *Tick **one** box only...*

1. (Soybean oil)

FF3a:	Unbranded	<input type="checkbox"/>
FF3b:	Rupchanda	<input type="checkbox"/>
FF3c:	Fresh	<input type="checkbox"/>
FF3d:	Teer	<input type="checkbox"/>
FF3e:	Pushti	<input type="checkbox"/>
FF3f:	Sun	<input type="checkbox"/>
FF3g:	Veola	<input type="checkbox"/>
FF3h:	Morog	<input type="checkbox"/>
FF3i:	Mostofa	<input type="checkbox"/>
FF3j:	Other (Please specify).....	<input type="checkbox"/>

FF3k:	Could not remember brand name	<input type="checkbox"/>
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2. (Palm oil)

FF3l:	Unbranded	_
FF3m:	Meizan	_
FF3n:	Lucky	_
FF3o:	Fresh	_
FF3p:	Family	_
FF3q:	Hilsha	_
FF3r:	Nurjahan	_
FF3s:	Morog	_
FF3t:	Mostofa	_
FF3u:	Other (Please specify).....	_
FF3v:	Could not remember brand name	_

FF4: For the most recent major purchase of (main oil type from above)

What was the quantity? |_|_|_|_|ml

Use photos of typical quantities (in plastic bags/bottles) and their grams equivalents to determine the quantity if possible.

FF5: How long does this amount usually last in your household (complete days)?

Number of days: |_|_|_|

Thank the respondent, end the interview and check back that all answers are complete before leaving the household.

Field Notes:



Signature of the interviewer

Code

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Signature of the quality controller

Code

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