

A	School name, Union, Upazila ▶	<input type="text"/>
B	School code ▶	<input type="text"/> - <input type="text"/> - <input type="text"/>
C	Date of visit DD-MM-YY ▶	<input type="text"/> - <input type="text"/> - <input type="text"/>
D	Name & Position of Respondent ▶	<input type="text"/>

REGISTER INFORMATION		Total	Boys	Girls	Section	Repetition Rate		drop out as of Jan 2011	
E	Enrolled in Pre-School in 2011 ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F	Enrolled in Class 1 in 2011 ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>				
G	Attendance Class1	<input type="text"/>	<input type="text"/>	<input type="text"/>					
H	Enrolled in Class 2 in 2011 ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I	Attendance Class2	<input type="text"/>	<input type="text"/>	<input type="text"/>					
I	Enrolled in Class 3 in 2011 ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
J	Attendance Class3	<input type="text"/>	<input type="text"/>	<input type="text"/>					
K	Enrolled in Class 4 in 2011 ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
L	Attendance Class4	<input type="text"/>	<input type="text"/>	<input type="text"/>					
M	Enrolled in Class 5 in 2011 ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N	Attendance Class5	<input type="text"/>	<input type="text"/>	<input type="text"/>					

Question	Data	Coding	Verify
1 How many positions for teachers are there?	<input type="text"/>	Enter number or 00	
2 How many serving male and female teachers are here excluding those on long-term leave?	<input type="text"/> <input type="text"/>	Enter number or 00	
3 How many vacant positions are there?	<input type="text"/>	Enter number or 00	
4 How many serving para teachers are there?	<input type="text"/> male <input type="text"/> female	Enter number or 00	
5 When does the classes take place for each class?	<input type="text"/> Cls1&2 <input type="text"/> Cls3 <input type="text"/> Cls4 <input type="text"/> Cls5	1=AM; 2=PM; 3=AM&PM	
6 Does the school have PTA?	<input type="checkbox"/>	1=Yes; 2=No	
7 Has the school been a target of any NGO project?	<input type="checkbox"/>	1=Yes; 2=No	
7.1 If "Yes", please specify:	[<input type="text"/>]		
8 How many de-worming drug distributions have taken place this year at the school?	<input type="text"/>	Enter number or 0	
9 What is the official grade of the school?	<input type="text"/>	1=A; 2=B; 3=C	
10 How many SMC male and female members?	<input type="text"/> M <input type="text"/> F	Enter number or 0 for no SMC	
11 Is the SMC chairperson male or female?	<input type="checkbox"/>	1=Male; 2=Female	
12 How many times did the SMC meet this year?	<input type="text"/>	Enter number	
13 What is the SMC's 3 priority issues?	[1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>]		
14 Has the SMC/school executed any health or hygiene related activity this year? (e.g., hand-washing day; cleaning event)	<input type="checkbox"/>	1=Yes; 2=No	

14	If "Yes," what did the SMC execute?	[_____]
		Government SMC Member Community
15	How much funds did the SMC receive from the government and community/SMC member this year?	[_____] taka [_____] taka [_____] taka [_____] in kind [_____] in kind [_____] in kind
16	How much funds did the SMC use for health and hygiene matters this year (e.g., soap, event) ?	[_____] taka

Question & Observation	Data	Coding	Verify
------------------------	------	--------	--------

Question & Observation	Data	Coding	Verify
17	How many latrines and urinals are there? latrine urinal <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Enter number or 00	<input type="checkbox"/>
18	How many separate latrines for boys/girls, and how many communal latrines for both boys & girls are there? boys girls comm. <input type="text"/> <input type="text"/> <input type="text"/>	Enter number or 0	<input type="checkbox"/> p
18	Of these, how many latrines function properly? boys girls comm. <input type="text"/> <input type="text"/> <input type="text"/>	Enter number or 0	<input type="checkbox"/>
18	Of these, how many latrines are locked during school hours? boys girls comm. <input type="text"/> <input type="text"/> <input type="text"/>	Enter number or 0	<input type="checkbox"/>
18	Are these latrine pit water sealed? boys girls comm. <input type="text"/> <input type="text"/> <input type="text"/>	1=Yes; 2=No; 3=Some	<input type="checkbox"/>
18	Are these latrines clean? male female comm. <input type="text"/> <input type="text"/> <input type="text"/>	1=Yes; 2=No; 3=Somewhat	<input type="checkbox"/> p
19	Are there latrines exclusively for teachers (male, female, or communal for both)? <input type="text"/> <input type="text"/> <input type="text"/>	Enter number or 0	<input type="checkbox"/>
20	Is there a hand-washing facility at the school? <input type="text"/>	1=Yes; 2=No	<input type="checkbox"/>
20.1*	What water source is used for hand-washing? (all applicable) <input type="text"/> <input type="text"/> [Specify: _____]	1=Tubewell; 2=Pot/ Bucket; 3=Other (Specify)	<input type="checkbox"/>
20	Is the hand-washing facility near the latrines? <input type="text"/>	1=Yes; 2=No	<input type="checkbox"/> p
20	Can the youngest children get water by themselves? <input type="text"/>	1=Yes; 2=No	<input type="checkbox"/>
21	Is there any soap for pupils for hand-washing at the hand-washing facility or nearby, and easily accessible? <input type="text"/>	1=Yes; 2=No; 3=Sometimes	<input type="checkbox"/>
21.1*	Who provide the soap generally? (all applicable) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1=School; 2=SMC; 3=Parents; 4=Other; 5=NA	<input type="checkbox"/>
22*	What is the main source of <u>drinking</u> water at school? (all applicable) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1=Tubewell; 2=Tap from pipe; 3=Rainwater; 4=Ring well; 5=Stream/Rive /Pond; 6=Pupils bring own water; 7=Other; 8=None	<input type="checkbox"/>
22	If "Tubewell", has it been tested for arsenic? <input type="text"/>	1=Yes; 2=No; 3=DK	<input type="checkbox"/>
22	What colour was the mouth of the tubewell painted after the arsenic test? <input type="text"/>	1=Green; 2=Red; 3=NA	<input type="checkbox"/>
22.3*	Is school drinking water treated for students? (all applicable) <input type="text"/> <input type="text"/> <input type="text"/>	0=None; 1=Filtered; 2=Boiled; 3=Chlorin/Alum/Purifying agent; 4=Other	<input type="checkbox"/>
23	Do the classrooms have electricity? <input type="text"/>	1=Yes; 2=No; 3=Some	<input type="checkbox"/>
24*	Are there educational and/or health-related drawings/posters on the classroom wall? (all <input type="text"/> <input type="text"/> <input type="text"/>	1=Educational; 2=Health related; 3=Others; 4=Some classrooms	<input type="checkbox"/> p

<p>25</p> <p>26</p> <p>27*</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p> <p>32</p> <p>33*</p> <p>33</p> <p>34</p>	<p>drawings/posters on the classroom wall? (all applicable)</p> <p>Is rubbish bin provided at the school?</p> <p>Is rubbish bin provided in each class room?</p> <p>How do you manage the rubbish after collection? (all applicable)</p> <p>Is sludge (sewage) from latrines always emptied before/when they fill up?</p> <p>Are there enough brooms for all class rooms?</p> <p>How many days in 1 week does a classroom get cleaned? (cleaning rota)</p> <p>Is a cleaning brush provided for student latrine?</p> <p>How many days in 1 week does the latrines get cleaned? (cleaning rota)</p> <p>Who is responsible for cleaning the latrine? (all applicable)</p> <p>If "Students," is it boys or girls who clean the latrine?</p> <p>Does the school have student led body/club?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> [specify]</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>[<input type="checkbox"/>]</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>0=Others; 1=Some classrooms; 5=None</p> <p>1=Yes; 2=No</p> <p>1=Yes; 2=No</p> <p>1=Burn/bury at school; 2=Collected by municipality; 3=Dump in another land; 4=Dump in river/pond; 5=Do nothing; 6=Other(Specify)</p> <p>1=Yes; 2=No; 3=Never filled up until now</p> <p>1=Yes; 2=No</p> <p>Enter number of days or "9" for "irregular cleaning"</p> <p>1=Yes; 2=No</p> <p>Enter number of days or "9" for "irregular cleaning"</p> <p>1=Cleaner; 2=Teachers; 3=Students; 4=Other(Specify); 5=None</p> <p>1=Boys; 2=Girls; 3=Both</p> <p>1=Yes; 2=No</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Observation Only</p>				<p>Verify</p>
<p>35</p> <p>36*</p> <p>37*</p> <p>38</p> <p>39</p> <p>40</p>	<p>Are class rooms and corridor clean?</p> <p>What is the floor of the school made of? (all applicable)</p> <p>What is the roof of the school made of? (all applicable)</p> <p>Does the school have a boundary wall/ditches around?</p> <p>The school gate open for public to enter?</p> <p>Water quality measurement (main water source)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Wtr Source</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RLU</p>	<p>1=Yes; 2=No; 3=Some/So so</p> <p>1=Cement; 2=Earth; 3=Other</p> <p>1=Cement; 2=Tin; 3=Thatch; 4=Other</p> <p>1=Yes (all around); 2=No; 3=Some; 4=Partly broken</p> <p>1=Yes; 2=No</p> <p>Source: 1=Tubewell; 2=Tap from pipe; 3=Rainwater; 4=Ring well; 5=Stream; 7=Other; RLU:Enter figure</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>!</p>	<p>!Take a school photo and GPS coordinate!</p>		<p>p & GPS</p>	<p><input type="checkbox"/></p>
<p>!</p>	<p>Editor Sign</p>			

No	Question or information	Data	Coding to be used																						
A	Date & Time of interview	<table border="1"> <tr> <td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Time</td><td>h</td><td>h</td><td>m</td><td>m</td> </tr> </table>	D	D	-	M	M	-	Y	Y	Time	h	h	m	m	Enter as dd - mm - yy; Time: hhmm									
D	D	-	M	M	-	Y	Y	Time	h	h	m	m													
B	School Code	<table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">School</td> <td colspan="2">Class</td> <td colspan="2">Sex</td> <td colspan="4">ID</td> </tr> </table>			-			-						School			Class		Sex		ID				Upazila-Union-School ID School ID - Class - Sex
		-			-																				
School			Class		Sex		ID																		
C	ID number of child	<table border="1"> <tr> <td></td><td></td><td></td><td>-</td><td></td><td>-</td><td></td><td>-</td><td></td><td></td> </tr> </table>				-		-		-			(1:Male; 2:Female) - Child ID (enter number: 1~10)												
			-		-		-																		
D	Name of Child []		VERIFY																						
E	Name of Father []		Enter full name + Verify with school register																						
F	Name of Mother []																								
G	Home Address []		Village, Union, Upazila																						
H	Child Birthday and Age	<table border="1"> <tr> <td>DD</td><td>MM</td><td>-</td><td>YY</td><td>Age:</td><td>Year</td><td>:</td><td>Month</td> </tr> <tr> <td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>:</td><td></td><td></td> </tr> </table>	DD	MM	-	YY	Age:	Year	:	Month	D	D	-	M	M	-	Y	Y	:			BD: Enter as dd - mm - yy Age: Enter number for Yr-Mo; Cross out if DK			
DD	MM	-	YY	Age:	Year	:	Month																		
D	D	-	M	M	-	Y	Y	:																	
Health Examination and Clinical Observation																									
a	Age (ask the child)	<table border="1"> <tr> <td>Year</td><td>:</td><td>Month</td> </tr> <tr> <td></td><td></td><td></td> </tr> </table>	Year	:	Month				Enter as Year:Month																
Year	:	Month																							
b	Height	<table border="1"> <tr> <td></td><td></td><td></td><td>cm</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>				cm																			
			cm																						
c	Weight	<table border="1"> <tr> <td></td><td></td><td>.</td><td>kg</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> <tr> <td colspan="4">Right handed</td><td colspan="6">Left handed</td> </tr> </table>			.	kg	1	2	3	4	5	6	Right handed				Left handed						With: 1=Shirt; 2=Trouser; 3=Short-pants; 4=Skirt; 5=Dress/Camize; 6=Scarf (✓)		
		.	kg	1	2	3	4	5	6																
Right handed				Left handed																					
d	MUAC	<table border="1"> <tr> <td>1</td><td>2</td><td>Average</td> </tr> <tr> <td></td><td></td><td></td> </tr> </table>	1	2	Average				1=Right-handed; 2=Left-handed (✓)																
1	2	Average																							
e	Clean hands & ATP Measurement	<table border="1"> <tr> <td>Yes</td><td>No</td> </tr> <tr> <td>1</td><td>2</td> </tr> </table>	Yes	No	1	2	1=Yes; 2=No (✓)																		
Yes	No																								
1	2																								
f	ATP Measurement	<table border="1"> <tr> <td>Yes</td><td>No</td><td>BEFORE</td><td>AFTER</td> </tr> <tr> <td>1</td><td>2</td><td></td><td></td> </tr> <tr> <td colspan="2"></td><td>RLU</td><td>RLU</td> </tr> </table>	Yes	No	BEFORE	AFTER	1	2					RLU	RLU	1=Yes; 2=No (✓); RLU:Enter figure(brf &aft)										
Yes	No	BEFORE	AFTER																						
1	2																								
		RLU	RLU																						
g	Impetigo (clinical diagnosis)	<table border="1"> <tr> <td>Yes</td><td>No</td> </tr> <tr> <td>1</td><td>2</td> </tr> </table>	Yes	No	1	2	1=Yes; 2=No (✓)																		
Yes	No																								
1	2																								
g	Trimmed and clean fingernails	<table border="1"> <tr> <td>Yes</td><td>No</td><td>Some</td> </tr> <tr> <td>1</td><td>2</td><td>3</td> </tr> <tr> <td>1. Trimmed</td><td>2. Clean</td><td></td> </tr> <tr> <td>1</td><td>2</td><td>3</td> </tr> </table>	Yes	No	Some	1	2	3	1. Trimmed	2. Clean		1	2	3	1=Yes; 2=No; 3=Some (✓)										
Yes	No	Some																							
1	2	3																							
1. Trimmed	2. Clean																								
1	2	3																							
h	Wearing footwear outside the school building	<table border="1"> <tr> <td>Yes</td><td>No</td> </tr> <tr> <td>1</td><td>2</td> </tr> </table>	Yes	No	1	2	1=Yes; 2=No (✓)																		
Yes	No																								
1	2																								
Clinical Diagnosis and Health Questions																									
1*	Cold and cough related symptoms (all applicable)	<table border="1"> <tr> <td>None</td><td>Cough</td><td>Breath Diff</td><td>Sore Throat</td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td> </tr> <tr> <td>Fever</td><td>Runny Nose</td><td>Conge. Nose</td><td>Other</td> </tr> <tr> <td>4</td><td>5</td><td>6</td><td>7</td> </tr> </table>	None	Cough	Breath Diff	Sore Throat	0	1	2	3	Fever	Runny Nose	Conge. Nose	Other	4	5	6	7	0=None; 1=Coughs; 2=Breathing difficulty; 3=Sore throat; 4= Fever; 5=Runny nose; 6=Congest' nose; 7=Other; 9=DK (✓)						
None	Cough	Breath Diff	Sore Throat																						
0	1	2	3																						
Fever	Runny Nose	Conge. Nose	Other																						
4	5	6	7																						
2*	Q. Any cold and cough related symptoms in preceding 2 weeks? (all applicable)	<table border="1"> <tr> <td>None</td><td>Cough</td><td>Breath Diff</td><td>Sore Throat</td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td> </tr> <tr> <td>Fever</td><td>Runny Nose</td><td>Conge. Nose</td><td>Other</td><td>DK</td> </tr> <tr> <td>4</td><td>5</td><td>6</td><td>7</td><td>9</td> </tr> </table>	None	Cough	Breath Diff	Sore Throat	0	1	2	3	Fever	Runny Nose	Conge. Nose	Other	DK	4	5	6	7	9					
None	Cough	Breath Diff	Sore Throat																						
0	1	2	3																						
Fever	Runny Nose	Conge. Nose	Other	DK																					
4	5	6	7	9																					
3	Q. Have you had any stomach ache in preceding 2 weeks?	<table border="1"> <tr> <td>Yes</td><td>No</td> </tr> <tr> <td>1</td><td>2</td> </tr> </table>	Yes	No	1	2	1=Yes; 2=No (✓)																		
Yes	No																								
1	2																								
4	Q. Have you had diarrhoea in preceding 2 weeks?	<table border="1"> <tr> <td>Yes</td><td>No</td> </tr> <tr> <td>1</td><td>2</td> </tr> </table>	Yes	No	1	2	1=Yes; 2=No (✓)																		
Yes	No																								
1	2																								
4	Q. How many days in total did you suffer from diarrhoea in preceding 2 weeks?	<table border="1"> <tr> <td></td><td>days</td> </tr> <tr> <td></td><td></td> </tr> </table>		days			Enter number or 00																		
	days																								
4.2*	Q. What did you do for treatment? (all applicable)	<table border="1"> <tr> <td>Nothing</td><td>Rest</td><td>ORS/Saline</td><td>Trd.Dr.</td><td>M.D.</td><td>H.C.</td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> <tr> <td>Other Fluid</td><td>Medicine</td><td>Other</td><td></td><td></td><td></td> </tr> </table>	Nothing	Rest	ORS/Saline	Trd.Dr.	M.D.	H.C.	0	1	2	3	4	5	Other Fluid	Medicine	Other				0=Nothing; 1=Rest; 2=ORS/Saline; 3=Trad. Dr; 4=Medical Dr. 5=Health NA				
Nothing	Rest	ORS/Saline	Trd.Dr.	M.D.	H.C.																				
0	1	2	3	4	5																				
Other Fluid	Medicine	Other																							

Child Information

	<input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> [<input type="text" value="9"/>]	Complex; 6=Other fluid; 7=Medicine; 8=Other (Specify); 9=NA (✓)
5	Q. Have you had fever in preceding 2 weeks?	Yes <input type="text" value="1"/> No <input type="text" value="2"/>
5	Q. How many days in total did you have fever in preceding 2 weeks?	<input type="text"/> <input type="text"/> days
5.2*	Q. What did you do for treatment? (all applicable)	Nothing <input type="text" value="0"/> Rest <input type="text" value="1"/> Medcn <input type="text" value="2"/> Trad.Dr. <input type="text" value="3"/> M.D. <input type="text" value="4"/> H.C. <input type="text" value="5"/> Other <input type="text" value="6"/> NA <input type="text" value="9"/>
6*	Q. Do you have any of the following symptoms?	1. Tired/Weak Yes <input type="text" value="1"/> No <input type="text" value="2"/> 2. Dizziness Yes <input type="text" value="1"/> No <input type="text" value="2"/> 3. Appetite Loss Yes <input type="text" value="1"/> No <input type="text" value="2"/>
7*	Q. What did you eat this morning before coming to school or before the class? (all applicable)	Nothing <input type="text" value="0"/> Rice <input type="text" value="1"/> Ruti/Bread/Cake/Biscuit <input type="text" value="2"/> Fruits <input type="text" value="3"/> Vege <input type="text" value="4"/> Dhal <input type="text" value="5"/> Egg <input type="text" value="6"/> Fish <input type="text" value="7"/> Meat <input type="text" value="8"/> Dhoi/Milk <input type="text" value="9"/> Other <input type="text" value="10"/>
8	Q. Do you normally eat in the morning before coming to school?	Yes <input type="text" value="1"/> No <input type="text" value="2"/> Sometimes <input type="text" value="3"/>
9*	Q. Have you eaten the following food in the last 3 days: fish, meat, egg, vegetable, salad/raw vegetable or fruit? (all applicable)	Fish <input type="text" value="1"/> Meat <input type="text" value="2"/> Egg <input type="text" value="3"/> Vege <input type="text" value="4"/> Salad/Raw vege <input type="text" value="5"/> Fruits <input type="text" value="6"/>

Health KAPB

	Yes <input type="text" value="1"/> No <input type="text" value="2"/> DK <input type="text" value="3"/>	
10	Q. Do you think it is important to eat in the morning before coming to school?	
10.1	Q. If Yes, why do you think so?	[<input type="text"/>]
11*	Q. What kind of water do you drink at school? (all applicable)	None <input type="text" value="0"/> Sch. Water <input type="text" value="1"/> Own Bottle <input type="text" value="2"/> Other <input type="text" value="3"/>
12	Q. Do you use latrine or urinal (for boys) at school?	1. Latrine Yes <input type="text" value="1"/> No <input type="text" value="2"/> 2. Urinal Yes <input type="text" value="1"/> No <input type="text" value="2"/> NA <input type="text" value="9"/>
12.1*	If "No" for latrine, why do you not use latrine at school? (all applicable)	locked <input type="text" value="1"/> broken <input type="text" value="2"/> dirty/smelly <input type="text" value="3"/> dark <input type="text" value="4"/> no time <input type="text" value="5"/> go home <input type="text" value="6"/> no need <input type="text" value="7"/> other <input type="text" value="8"/>
13	Q. Is water and soap readily available after you use latrine/urinal at school?	Yes <input type="text" value="1"/> No <input type="text" value="2"/> Sometimes <input type="text" value="3"/> DK <input type="text" value="4"/>
14*	Q. In which occasions, do you clean your hand? If you do clean, how often, which hand, and with what do you clean your hands? (all applicable)	1. before eating Freq <input type="text"/> - Hand <input type="text"/> - Water <input type="text" value="1"/> Soap <input type="text" value="2"/> Ash <input type="text" value="3"/> Mud <input type="text" value="4"/> 2. after defecation Freq <input type="text"/> - Hand <input type="text"/> - Water <input type="text" value="1"/> Soap <input type="text" value="2"/> Ash <input type="text" value="3"/> Mud <input type="text" value="4"/> 3. after playing Freq <input type="text"/> - Hand <input type="text"/> - Water <input type="text" value="1"/> Soap <input type="text" value="2"/> Ash <input type="text" value="3"/> Mud <input type="text" value="4"/>
15	Q. Do you use running water for rinsing your hands?	Yes <input type="text" value="1"/> No <input type="text" value="2"/> Sometimes <input type="text" value="3"/>
16	Q. How do you dry your hands after washing hands?	Air dry <input type="text" value="1"/> Towel <input type="text" value="2"/> Cloth <input type="text" value="3"/> Paper <input type="text" value="4"/> Other <input type="text" value="5"/> [<input type="text"/>]
17	Q. Can you show us how you wash your hands?	<input type="text"/> processes

Child Information

	<i>your hands :</i>		No	Sometimes	Often	DK			
18	Q. Have you seen other children NOT washing hands after using latrine at school ?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		1=No; 2=Sometimes; 3=Often; 4=DK (✓)		
19	Q. Do you wear footwear when you go to latrine at home ?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>			1=Yes; 2=No; 3=Sometime (✓)		
20	Q. Do you wear footwear at your house compound (yard) ?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>			1=Yes; 2=No; 3=Sometimes (✓)		
21*	Q. How would you feel if you saw a friend who did not wash hands after defecation? (all applicable)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		0=Nothing; 1=Bad; 2=Good; 3=DK (✓)		
22	Q. How would you feel if you did not wash hands after defecation?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>		0=Nothing; 1=Bad; 2=Good; 3=DK (✓)		
23	Q. Is it important to clean the latrine?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>			1=Yes; 2=No; 3=DK (✓)		
24	Q. Have you ever cleaned a latrine at school?	<input type="text" value="1"/>	<input type="text" value="2"/>				1=Yes; 2=No (✓)		
24.1*	Q. If "Yes," did you get paid by cleaning the latrine? (all applicable)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	Other children paid	1=Yes; 2=No; 3=Sometimes; 4=Other child paid (✓)		
25	Q. Have you seen other pupil cleaning the latrine at school?	<input type="text" value="1"/>	<input type="text" value="2"/>				1=Yes; 2=No (✓)		
26*	Q. Who cleans the school latrine? (all applicable)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	1=Cleaner; 2=Teachers; 3=Students; 4=Other; 5=DK (✓)		
27	Q. Do you swim or bath in a pond, river or paddy field?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>			1=No; 2=Sometimes; 3=Often (✓)		
28*	Q. <u>How often</u> , <u>when</u> , and <u>with what</u> do you brush your teeth? (all applicable)	Freq	Time	Brush	Paste	Pwdr	Coal	Ash	
		<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	
				Other	6				

1=No; 2=Sometimes; 3=Often; 4=DK (✓)

1=Yes; 2=No; 3=Sometime (✓)

1=Yes; 2=No; 3=Sometimes (✓)

0=Nothing; 1=Bad; 2=Good; 3=DK (✓)

0=Nothing; 1=Bad; 2=Good; 3=DK (✓)

1=Yes; 2=No; 3=DK (✓)

1=Yes; 2=No (✓)

1=Yes; 2=No; 3=Sometimes; 4=Other child paid (✓)

1=Yes; 2=No (✓)

1=Cleaner; 2=Teachers; 3=Students; 4=Other; 5=DK (✓)

1=No; 2=Sometimes; 3=Often (✓)

use
Freq (✓): 0=Not brush; 1=Sometimes; 2=Always; Time(✓): 1=Morning; 2=Evening; 3=Both times; Use(✓): 1=Brush; 2=Paste; 3=Powder; 4=Coal; 5=Ash; 6=Other (Specify)

Family and House Information

		1=Mother	2=Father	3=Bro/Sis	4=G-Mother	5=G-Father	
29*	Q. Who do you live with in your house? - please count the number (all applicable)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	Enter number or 0 for: 1=Mother; 2=Father; 3=Brother/Sister; 4=Grand mother; 5=Grand father; 6=Aunt; 7=Uncle; 8=Cousin; 9=Other
		6=Aunt	7=Uncle	8=Cousin	9=Other		
30*	Q. How many younger brothers and sisters, and how many older brothers and sisters do you have?	1.Younger Brother	2.Older Brother	3.Younger Sister	4.Older Sister		Enter number or 00 for: 1=Younger brother; 2=Older brother; 3=Yonger sister; 4=Older sister
		<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	
31*	Q. What is the roof of your main bedroom house made from? (all applicable)	Cement	Tin	Tally	Thatch	Other	1=Cement; 2=Tin; 3=Tally (local thin brick); 4=Thatch; 5=Other (✓)
		<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	
32*	Q. What is the wall of your main bedroom house made from? (all applicable)	Brick/Cement	Tin	Mud	Wood/Thatch	Other	1=Brick/Cement; 2=Tin; 3=Mud; 4=Wood/Thatch; 5=Other (✓)
		<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	
33	Q. How many rooms are there in your family house ?	<input type="text" value="1"/>	<input type="text" value="2"/>	rooms			Enter number
		None(open)	Inside house	Pacca	SemiPacca	Jute/Wooden/Plastic	0=None (open); 1=Inside house; 2=Pacca (all cement); 3=Semi-Pacca (no cement
34	Q. What kind of latrine is there in your house? (specify structure)	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	
		Hanging	Other	specify			

Child Information

<p>house/ (super structure)</p> <p>5 [6 []]</p>		roof); 4=Jute/Wooden/Plastic; 5=Hanging; 6=Other (Specify) (✓)
<p>35 Q. Is there a hand-washing facility nearby the latrine?</p>	<p>Yes No</p> <p>1 2</p>	1=Yes; 2=No (✓)
<p>36 Q. Is there soap near or inside the latrine, or at a hand-washing place?</p>	<p>Yes No Sometimes</p> <p>1 2 3</p>	1=Yes; 2=No; 3=Sometimes (✓)
<p>37* Q. What is the source of drinking water at home? (all applicable)</p>	<p>Handpump Tap Rain Ringwell Stream/River/Pond</p> <p>1 2 3 4 5</p> <p>Other _____ DK</p> <p>6 7</p>	1=Handpump/Tubewell; 2=Tap from pipe; 3=Rainwater; 4=Ring well; 5=Stream/river/pond; 6=Other(Specify); 7=DK (✓)
<p>38* Q. How often is the drinkg water at home treated, such as boiled, filtered, chlorinised? (all applicable)</p>	<p>No 1.S/T Boil Filter Chlorine/Alum/Purify</p> <p>0 1 2 3</p> <p>2. Always</p> <p>1 2 3 4</p>	0=No; 1=Sometimes; 2=Always - 1=Boil; 2=Filter; 3=Chlorin/Alum/Purifying agent; 4=DK (✓)
<p>39 Q. Who can read orwrite in your family? (all applicable)</p>	<p>None Mother Father Bro/Sis G-Prt Other</p> <p>1. Read 0 1 2 3 4 5</p> <p>2 Write 0 1 2 3 4 5</p>	0=None; 1=Mother; 2=Father; 3=Brother/Sister; 4=Grandparent; 5=Other (✓)
<p>40* Q. What kind of electricity do you have at home? (all applicable)</p>	<p>None Electricity line Solar Battery/Generator Other</p> <p>0 1 2 3 4</p>	0=None; 1=Electricity line; 2=Solar; 3=Battery/generator; 5=Other (✓)
<p>41* Q. What kind of TV do you have at home? (all applicable)</p>	<p>None Colour B&W DK</p> <p>0 1 2 3</p>	0=None; 1=Coloured; 2=Black & White; 3=DK (✓)
<p>42 Q. How many mobile phones does your family have?</p>	<p> phones</p>	Enter number or 00 or "99" for DK
<p>43 Q. How many motor bikes does your family have?</p>	<p> motorbikes</p>	Enter number or 00 or "99" for DK
<p>44 Q. How many bicycles does your family have?</p>	<p> bicycles</p>	Enter number or 00 or "99" for DK
<p>45 Q. Do you have refrigerator at home?</p>	<p>Yes No</p> <p>1 2</p>	1=Yes; 2=No (✓)
<p>!</p>	<p>Editor Sign</p>	

Write notes

No	Question or information	Data	Coding to be used
A	School Code	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> School Class Sex ID	Upazila-Union-School ID
B	ID number of child	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> Time	School ID - class - sex - ID
C	Date & Time of interview	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> h h m m	Enter as dd - mm - yy; Time: hhmm

Family Information

1	Child [Name]	Age Respondent HHhead	<p>Write NA if no Father or Mother; Enter number for age; Enter "1" for Respondent / HH head, "0" otherwise</p> <p>Specify Name and Relation to the child</p> <p>Para, Village, Union, Upazila</p>
2	Father []	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2	Mother []	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2	If other respondent/main care giver, specify: [Name: [Relation to the child:]]		
2	If other HH head specify: [Name/Relation:]		
3	Current Address []		

4*	Q. Who is the main caregiver of the child? (all applicable)	<table border="0"> <tr> <td>Mother</td> <td>Father</td> <td>G-Mother</td> <td>G-Father</td> <td>Other</td> <td></td> </tr> <tr> <td><input type="text"/> 1</td> <td><input type="text"/> 2</td> <td><input type="text"/> 3</td> <td><input type="text"/> 4</td> <td><input type="text"/> 5</td> <td>[] DK</td> </tr> <tr> <td></td> <td>DD</td> <td>MM</td> <td>YY</td> <td></td> <td></td> </tr> </table>	Mother	Father	G-Mother	G-Father	Other		<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	[] DK		DD	MM	YY			1=Mother; 2=Father; 3=Grand Mother; 4=Grand Father; 5=Other (Specify) (✓)						
Mother	Father	G-Mother	G-Father	Other																							
<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	[] DK																						
	DD	MM	YY																								
5	Q. When is the child's birthday? Please show us the Birth Certificate and Vaccination Card if you have.	<table border="0"> <tr> <td>1. Mother's memory</td> <td><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/></td> <td>DD</td> <td>MM</td> <td>YY</td> <td><input type="text"/> <input type="text"/></td> <td>VERIFY</td> </tr> <tr> <td>2. Birth Cert</td> <td><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/></td> <td>DD</td> <td>MM</td> <td>YY</td> <td><input type="text"/> <input type="text"/></td> <td></td> </tr> <tr> <td>3. Vaccin Card</td> <td><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/></td> <td>DD</td> <td>MM</td> <td>YY</td> <td><input type="text"/> <input type="text"/></td> <td></td> </tr> </table>	1. Mother's memory	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	DD	MM	YY	<input type="text"/> <input type="text"/>	VERIFY	2. Birth Cert	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	DD	MM	YY	<input type="text"/> <input type="text"/>		3. Vaccin Card	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	DD	MM	YY	<input type="text"/> <input type="text"/>		Enter as dd - mm - yy Fill in whichever part is known; tick if DK (✓) for 1 Mother's Memory; VERIFY: 1= Verified; 2=Not verified for 2=Birth Certificate; 3=Vaccination Card			
1. Mother's memory	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	DD	MM	YY	<input type="text"/> <input type="text"/>	VERIFY																					
2. Birth Cert	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	DD	MM	YY	<input type="text"/> <input type="text"/>																						
3. Vaccin Card	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	DD	MM	YY	<input type="text"/> <input type="text"/>																						
6	Enter Child Age	<table border="0"> <tr> <td>Year</td> <td>Month</td> </tr> <tr> <td>Age <input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> </tr> </table>	Year	Month	Age <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Enter as: Year:Month (Surveyors do the calculation afterwards)																				
Year	Month																										
Age <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																										
7*	Q. Who are members of the family living together (in relation to the child)? (all applicable)	<table border="0"> <tr> <td>1=Mother</td> <td>2=Father</td> <td>3=Bro/Sis</td> <td>4=G-mother</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>5=G-Father</td> <td>6=Aunte</td> <td>7=Uncle</td> <td>8=Cousin</td> <td>9=Other</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	1=Mother	2=Father	3=Bro/Sis	4=G-mother	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5=G-Father	6=Aunte	7=Uncle	8=Cousin	9=Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Count and Enter number or 0 for: 1=Mother; 2=Father; 3=Bro/Sis; 4=Grand mother; 5=Grand father; 6=Aunte; 7=Uncle; 8=Cousin; 9=Other						
1=Mother	2=Father	3=Bro/Sis	4=G-mother																								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
5=G-Father	6=Aunte	7=Uncle	8=Cousin	9=Other																							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
8*	Q. What is the gender and age of other children (less than 18yrs, not married) living together?	<table border="0"> <tr> <td>sex</td> <td>age</td> <td>sex</td> <td>age</td> <td>sex</td> <td>age</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>sex</td> <td>age</td> <td>sex</td> <td>age</td> <td>sex</td> <td>age</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	sex	age	sex	age	sex	age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	sex	age	sex	age	sex	age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex: 1=Male; 2=Female; Age: Enter number 00 Cross all out if NA
sex	age	sex	age	sex	age																						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
sex	age	sex	age	sex	age																						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
9*	Q. Who in your family have eaten this morning? (all applicable)	<table border="0"> <tr> <td>Father</td> <td>Mother</td> <td>Child</td> <td>Bro/Sis</td> <td>G-Prt</td> <td>Other</td> <td>DK</td> </tr> <tr> <td><input type="text"/> 1</td> <td><input type="text"/> 2</td> <td><input type="text"/> 3</td> <td><input type="text"/> 4</td> <td><input type="text"/> 5</td> <td><input type="text"/> 6</td> <td><input type="text"/> 7</td> </tr> </table>	Father	Mother	Child	Bro/Sis	G-Prt	Other	DK	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	1=Father; 2=Mother; 3=the Child; 4=Brother/Sister; 5=Grandparent(s); 6=Other; 7=DK (✓)										
Father	Mother	Child	Bro/Sis	G-Prt	Other	DK																					
<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7																					
10	Q. How many days did the child eat in the morning before going to school in the last 7days?	<input type="text"/> days	Enter number 0~7																								
11*	Q. What does your family normally eat in the morning? (all applicable)	<table border="0"> <tr> <td>Notng</td> <td>Rice</td> <td>Ruti/Bread/Cake</td> <td>Fruit</td> <td>Vege</td> </tr> <tr> <td><input type="text"/> 0</td> <td><input type="text"/> 1</td> <td><input type="text"/> 2</td> <td><input type="text"/> 3</td> <td><input type="text"/> 4</td> </tr> <tr> <td>Dhal</td> <td>Egg</td> <td>Fish</td> <td>Meat</td> <td>Dhoi/Milk</td> <td>Other</td> </tr> <tr> <td><input type="text"/> 5</td> <td><input type="text"/> 6</td> <td><input type="text"/> 7</td> <td><input type="text"/> 8</td> <td><input type="text"/> 9</td> <td><input type="text"/> 10</td> </tr> </table>	Notng	Rice	Ruti/Bread/Cake	Fruit	Vege	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	Dhal	Egg	Fish	Meat	Dhoi/Milk	Other	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 8	<input type="text"/> 9	<input type="text"/> 10	0=Nothing; 1=Rice; 2=Ruti/Bread/Cake, etc.; 3=Fruits; 4=Vegetables; 5=Dhal; 6=Egg; 7=Fish; 8=Meat; 9=Dhoi/Milk; 10=Other (✓)		
Notng	Rice	Ruti/Bread/Cake	Fruit	Vege																							
<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4																							
Dhal	Egg	Fish	Meat	Dhoi/Milk	Other																						
<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 8	<input type="text"/> 9	<input type="text"/> 10																						
12*	Q. Has your family eaten these foods in the last 3days: fish, meat, egg, vegetable, sald/raw vegetable or fruit? (all applicable)	<table border="0"> <tr> <td>Fish</td> <td>Meat</td> <td>Egg</td> <td>Veg</td> <td>Salad</td> <td>Fruit</td> </tr> <tr> <td><input type="text"/> 1</td> <td><input type="text"/> 2</td> <td><input type="text"/> 3</td> <td><input type="text"/> 4</td> <td><input type="text"/> 5</td> <td><input type="text"/> 6</td> </tr> </table>	Fish	Meat	Egg	Veg	Salad	Fruit	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	1=Fish; 2=Meat; 3=Egg; 4=Vegetable; 5=Salad/raw vege; 6=Fruit; Cross all out if NA (✓)												
Fish	Meat	Egg	Veg	Salad	Fruit																						
<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6																						
	Q. Has anyone in the family had	None Father Mother Child Other Child G-P Other	0=None; 1=Father; 2=Mother;																								

13* **diarrhoea** in preceding 2 weeks?
(all applicable)

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

3=the Child; 4=Other child
5=Grandparent(s); 6=Other member (✓)

13.1* Q. What kind of treatment did the patient(s) have? (all applicable)

Nothing <input type="checkbox"/> 0	Rest <input type="checkbox"/> 1	ORS/Saline <input type="checkbox"/> 2	Trd.Dr. <input type="checkbox"/> 3	M.D. <input type="checkbox"/> 4	H.C. <input type="checkbox"/> 5
Other Fluid <input type="checkbox"/> 6	Medicine <input type="checkbox"/> 7	Other <input type="checkbox"/> 8	NA <input type="checkbox"/> 9		

0=Nothing; 1=Rest;
2=ORS/Saline; 3=Traditional Doctor; 4=Medical Dr. 5=Health Complex; 6=Other fluid; 7=Medicine; 8=Other (Specify); 9=NA (✓)

14* Q. Has anyone in the family had any **cold and cough related symptoms or fever** in preceding 2 weeks? (all applicable)

None <input type="checkbox"/> 0	Father <input type="checkbox"/> 1	Mother <input type="checkbox"/> 2	Child <input type="checkbox"/> 3	Other child <input type="checkbox"/> 4	G-P <input type="checkbox"/> 5	Other <input type="checkbox"/> 6
------------------------------------	--------------------------------------	--------------------------------------	-------------------------------------	---	-----------------------------------	-------------------------------------

0=None; 1=Father; 2=Mother; 3=the Child; 4=Other child; 5=Grandparent(s); 6=Other member (✓)

14.1* Q. What symptoms did the patient(s) have? (all applicable)

Cough <input type="checkbox"/> 1	Breathing Diff <input type="checkbox"/> 2	SoreThroat <input type="checkbox"/> 3	Fever <input type="checkbox"/> 4	
Runny Nose <input type="checkbox"/> 5	Congested Nose <input type="checkbox"/> 6	Other <input type="checkbox"/> 7	DK <input type="checkbox"/> 8	NA <input type="checkbox"/> 9

0=None; 1=Coughs; 2=Breathing difficulty; 3=Sore throat; 4=Fever; 5=Runny nose; 6=Congested nose; 7=Other; 8=DK; 9=NA (✓)

14.2* Q. What kind of treatment did the patient(s) have? (all applicable)

Nothing <input type="checkbox"/> 0	Rest <input type="checkbox"/> 1	Medicin <input type="checkbox"/> 2	Trd.Dr. <input type="checkbox"/> 3	H.C. <input type="checkbox"/> 4	Other <input type="checkbox"/> 5	NA <input type="checkbox"/> 9
---------------------------------------	------------------------------------	---------------------------------------	---------------------------------------	------------------------------------	-------------------------------------	----------------------------------

0=Nothing; 1=Rest; 2=Medicine; 3=Traditional Doctor; 4=Health Complex; 5=Other; 9=NA (✓)

15 Q. Who in the family currently have impetigo?

None <input type="checkbox"/> 0	Father <input type="checkbox"/> 1	Mother <input type="checkbox"/> 2	Child <input type="checkbox"/> 3	Other child <input type="checkbox"/> 4	G-P <input type="checkbox"/> 5	Other <input type="checkbox"/> 6
------------------------------------	--------------------------------------	--------------------------------------	-------------------------------------	---	-----------------------------------	-------------------------------------

0=None; 1=Father; 2=Mother; 3=the Child; 4=Other child; 5=Grandparent(s); 6=Other member (✓)

16 Q. In what occasion do you clean hands?

If you do clean, how often, which hand, and with what do you clean your hands? (all applicable)

1. before eating	Freq <input type="checkbox"/>	Hand <input type="checkbox"/>	Water <input type="checkbox"/> 1	Soap <input type="checkbox"/> 2	Ash <input type="checkbox"/> 3	Mud <input type="checkbox"/> 4
2. after defecation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. before cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. before feeding baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. after cleaning baby's bottom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Freq. 1=Not clean; 2=Sometimes; 3=Always;
Hand (enter #): 1=Left hand; 2=Right hand; 3=Both hands; Use(✓): 1=Water; 2=Soap; 3=Ash; 4=Mud

17 Q. Do you use running water for rinsing your hands after cleaning?

Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3
-----------------------------------	----------------------------------	---

1=Yes; 2=No; 3=Sometimes (✓)

18 Q. How do you dry your hands after washing hands?

Air dry <input type="checkbox"/> 1	Towel <input type="checkbox"/> 2	Clothes <input type="checkbox"/> 3	Paper <input type="checkbox"/> 4	Other <input type="checkbox"/> 5
---------------------------------------	-------------------------------------	---------------------------------------	-------------------------------------	-------------------------------------

1=Air dry; 2=Towel; 3=Clothes; 4=Paper; 5=Other (Specify) (✓)

19* Q. How do you dispose child feces? (all applicable)

Bushes/ground <input type="checkbox"/> 1	Pit <input type="checkbox"/> 2	Latrine <input type="checkbox"/> 3	Open sewer <input type="checkbox"/> 4
River/Pond <input type="checkbox"/> 5	Other <input type="checkbox"/> 6		

1=Bushes/ground; 2=Pit; 3=Latrine; 4=Open sewer/drain; 5=River/Pond; 6=Other (Specify) (✓)

19.1* Q. How do you clean child bottom after defecation?

In latrine <input type="checkbox"/> 1	Under tubewell <input type="checkbox"/> 2	Bath in coutyard <input type="checkbox"/> 3	Cloth <input type="checkbox"/> 4	Paper <input type="checkbox"/> 5	Other <input type="checkbox"/> 5
--	--	--	-------------------------------------	-------------------------------------	-------------------------------------

1=Inside latrine; 2=Under tubewell; 3=Bath in courtyard; 4=Cloth; 5=Paper; 5=Other

20* Q. What is the source of drinking water? (all applicable)

Handpump <input type="checkbox"/> 1	Tap <input type="checkbox"/> 2	Rain <input type="checkbox"/> 3	Ringwell <input type="checkbox"/> 4	Stream/River/Pond <input type="checkbox"/> 5
Other <input type="checkbox"/> 6				

1=Handpump(Tubewell); 2=Tap from a pipe; 3=Rainwater; 4=Ring well; 5=Stream/river/pond; 6=Other(Specify) (✓)

20.1 Q. If Q20=1(tube well), is the mouth of the tubewell painted with colour (tested for arsenic)?

None <input type="checkbox"/> 0	Red <input type="checkbox"/> 1	Green <input type="checkbox"/> 2	DK <input type="checkbox"/> 3	NA <input type="checkbox"/> 9	VERIFY <input type="checkbox"/>
------------------------------------	-----------------------------------	-------------------------------------	----------------------------------	----------------------------------	------------------------------------

0=Not painted; 1= Red; 2=Green; 3=DK; 9=NA (✓)
VERIFY: 1= Yes; 2=No

No Boil Filter Chlorine/Alum/Purify

21*	Q. How often you boil, filter or chlorinate water before drinking?	<input type="text" value="0"/> 1.S/T <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> 2.Always <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>	0=No; 1=Sometimes; 2=Always - 1=Boil; 2=Filter; 3=Chlorin/Alum/Purifying agent
22*	Q. Is there anyone in the family who are participating in a micro-credit scheme? (all applicable)	None <input type="text" value="0"/> Mother <input type="text" value="1"/> Father <input type="text" value="2"/> Other <input type="text" value="3"/> [_____]	0=None; 1=Mother; 2=Father; 3=Other (Specify) (✓)
22.1	Q. If "Yes", what is the use of the credit for?	Animal/Fam <input type="text" value="1"/> Busnss <input type="text" value="2"/> Consume <input type="text" value="3"/> Spe.Event <input type="text" value="4"/> Other <input type="text" value="5"/> NA <input type="text" value="9"/>	1=Animal/Fam; 2=Business; 3=Consumption; 4=Special Events; 5=Other; 9=NA (✓)
23*	Q. Is there any NGO project taking place in your village? (all applicable)	None <input type="text" value="0"/> MC <input type="text" value="1"/> Health <input type="text" value="2"/> Education <input type="text" value="3"/> Vocational <input type="text" value="4"/> DK <input type="text" value="6"/> Other (Specify) <input type="text" value="5"/> [_____]	0=None; 1=MC(microcredit); 2=Health; 3=Education; 4=Vocational; 5=Other (Specify); 6=DK(✓)

Observation & Interview

24*	Q. What is the wall of your bed room house made from? (all applicable)	Brick/Cement <input type="text" value="1"/> Tin <input type="text" value="2"/> Mud <input type="text" value="3"/> Wood/Thatch <input type="text" value="4"/> Other <input type="text" value="5"/>	1=Brick/Cement; 2=Tin; 3=Mud; 4=Wood/Thatch; 5=Other (✓)
25*	Q. What is the roof of your bed room house made from? (all applicable)	Cement <input type="text" value="1"/> Tin <input type="text" value="2"/> Tally <input type="text" value="3"/> Thatch <input type="text" value="4"/> Other <input type="text" value="5"/>	1=Cement; 2=Tin; 3=Tally (local thin brick); 4=Thatch; 5=Other (✓)
26	Q. How many rooms are there in your family house?	<input type="text"/> <input type="text"/> rooms	Enter number
27	Q. What kind of latrine is there in your house? (super structure)	None/Open <input type="text" value="0"/> Pacca <input type="text" value="1"/> SemiPacca <input type="text" value="2"/> Jute/Wooden/Plastic <input type="text" value="3"/> Hanging <input type="text" value="4"/> Other <input type="text" value="5"/> [_____]	0=None/open; 1=Pacca (all cement) ; 2=Semi-Pacca (no cement roof); 3=Jute/Wooden/ Plastic; 4=Hanging; 5=Other (Specify) (✓)
27.1	Q. Does the latrine water pan have a water seal?	Yes <input type="text" value="1"/> No <input type="text" value="2"/> DK <input type="text" value="3"/> VERIFY <input type="text"/>	1=Yes; 2=No; 3=DK (✓) VERIFY: 1= Yes; 2=No
28	Q. Is there hand-washing facility nearby the latrine?	Yes <input type="text" value="1"/> No <input type="text" value="2"/> VERIFY <input type="text"/>	1=Yes; 2=No (✓) VERIFY: 1= Yes; 2=No
29	Q. Is there soap at the hand-washing facility?	Yes <input type="text" value="1"/> No <input type="text" value="2"/> Sometimes <input type="text" value="3"/> VERIFY <input type="text"/>	1=Yes; 2=No; 3=Sometimes (✓) VERIFY: 1= Yes; 2=No
29.1*	Q. What kind of soap do you use for hand-washing? (all applicable)	None <input type="text" value="0"/> Powder <input type="text" value="1"/> Beauty soap <input type="text" value="2"/> Multi bar soap <input type="text" value="3"/>	0=None; 1=Powder/Detergent; 2=Beauty/Toilet soap; 3=Multipurpose bar soap (✓)
30*	Q. How many bars or bag of soap does your family use in 1 month?	1. Powder <input type="text"/> <input type="text"/> g 2. Beauty Large <input type="text"/> <input type="text"/> bars 3. Beauty Medi <input type="text"/> <input type="text"/> bars 4. Beauty Small <input type="text"/> <input type="text"/> bars 5. Multi bar soap <input type="text"/> <input type="text"/> bars	Enter number for each: 1. Powder/Detergent; 2. Beauty large; 3. Beauty Medium; 4. Beauty small; 4. Multipurpose bar soap
31*	Q. How much do you spend for each type of soap in 1 month?	1 Powder [_____]tk [_____]tk [_____]tk 2 Beauty [_____]tk [_____]tk [_____]tk 3 Multipurpose [_____]tk [_____]tk [_____]tk	Enter number; <u>If the answer is DK, write the size/brand of soap</u>
32*	Q. What fuel do you use for cooking? (all applicable)	Wood <input type="text" value="1"/> Dung <input type="text" value="2"/> Straw <input type="text" value="3"/> Charcoal <input type="text" value="4"/> Kerosene <input type="text" value="5"/> Gas <input type="text" value="6"/> Other <input type="text" value="7"/> [_____]	1=Firewood; 2=Dung; 3=Straw, Twigs, Leaves, Rice husks, Jute; 4=Charcoal; 5=Kerosene; 6=Gas; 7=Other (Specify) (✓)
33	Q. How many Bigha or Katha of land does your household own for the house and farmland?	<input type="text"/> <input type="text"/> . <input type="text"/> Bigha <input type="text"/> <input type="text"/> . <input type="text"/> Katha <input type="text"/> <input type="text"/> . <input type="text"/> Decimal Yes <input type="text" value="1"/> No <input type="text" value="2"/> Partly <input type="text" value="3"/>	Enter number or 00.0
33.1	Indicate if the land is borrowed for free	Land borroed for free <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>	1=Yes; 2=No; 3=Partly

<p>34* Q. What kind of TV do you have at home?</p> <p>35 Q. How many mobile phones does your family have?</p> <p>36 Q. How many motorbikes?</p> <p>37 Q. How many bicycles?</p> <p>38 Q. Do you have refrigerator at home?</p> <p>39* Q. Who can read or write in the family? (all applicable)</p> <p>40* Q. What is the household head occupation? (all applicable)</p> <p>41 Q. What is your family's religion?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">None <input type="checkbox"/> 0</td> <td style="text-align: center;">Colour <input type="checkbox"/> 1</td> <td style="text-align: center;">B&W <input type="checkbox"/> 2</td> </tr> <tr> <td colspan="3" style="text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>phones</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>motorbikes</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>bicycles</td> </tr> </table> </td> </tr> <tr> <td style="text-align: center;">Yes <input type="checkbox"/> 1</td> <td style="text-align: center;">No <input type="checkbox"/> 2</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">None <input type="checkbox"/> 0</td> <td style="text-align: center;">Mother <input type="checkbox"/> 1</td> <td style="text-align: center;">Father <input type="checkbox"/> 2</td> <td style="text-align: center;">Child <input type="checkbox"/> 3</td> <td style="text-align: center;">G-P <input type="checkbox"/> 4</td> <td style="text-align: center;">Other <input type="checkbox"/> 5</td> </tr> <tr> <td colspan="6">1. Read</td> </tr> <tr> <td style="text-align: center;">None <input type="checkbox"/> 0</td> <td style="text-align: center;">Mother <input type="checkbox"/> 1</td> <td style="text-align: center;">Father <input type="checkbox"/> 2</td> <td style="text-align: center;">Child <input type="checkbox"/> 3</td> <td style="text-align: center;">G-P <input type="checkbox"/> 4</td> <td style="text-align: center;">Other <input type="checkbox"/> 5</td> </tr> <tr> <td colspan="6">2. Write</td> </tr> <tr> <td style="text-align: center;">None <input type="checkbox"/> 0</td> <td style="text-align: center;">Farmer <input type="checkbox"/> 1</td> <td style="text-align: center;">Fisher <input type="checkbox"/> 2</td> <td style="text-align: center;">Rikshaw <input type="checkbox"/> 3</td> <td style="text-align: center;">Skilled <input type="checkbox"/> 4</td> <td style="text-align: center;">Unskilled <input type="checkbox"/> 5</td> </tr> <tr> <td style="text-align: center;">Teacher <input type="checkbox"/> 6</td> <td style="text-align: center;">Gov <input type="checkbox"/> 7</td> <td style="text-align: center;">NGO <input type="checkbox"/> 8</td> <td style="text-align: center;">Compa. <input type="checkbox"/> 9</td> <td style="text-align: center;">S.Bus <input type="checkbox"/> 10</td> <td style="text-align: center;">L.Bus <input type="checkbox"/> 11</td> </tr> <tr> <td style="text-align: center;">Other <input type="checkbox"/> 12</td> <td colspan="4" style="text-align: center;">[</td> <td style="text-align: center;">]</td> </tr> </table> </td> </tr> <tr> <td colspan="3" style="text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">None <input type="checkbox"/> 0</td> <td style="text-align: center;">Muslim <input type="checkbox"/> 1</td> <td style="text-align: center;">Hindu <input type="checkbox"/> 2</td> <td style="text-align: center;">Budd <input type="checkbox"/> 3</td> <td style="text-align: center;">Chirst <input type="checkbox"/> 4</td> <td style="text-align: center;">Other <input type="checkbox"/> 5</td> </tr> </table> </td> </tr> </table>	None <input type="checkbox"/> 0	Colour <input type="checkbox"/> 1	B&W <input type="checkbox"/> 2	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>phones</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>motorbikes</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>bicycles</td> </tr> </table>					phones			motorbikes			bicycles	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">None <input type="checkbox"/> 0</td> <td style="text-align: center;">Mother <input type="checkbox"/> 1</td> <td style="text-align: center;">Father <input type="checkbox"/> 2</td> <td style="text-align: center;">Child <input type="checkbox"/> 3</td> <td style="text-align: center;">G-P <input type="checkbox"/> 4</td> <td style="text-align: center;">Other <input type="checkbox"/> 5</td> </tr> <tr> <td colspan="6">1. Read</td> </tr> <tr> <td style="text-align: center;">None <input type="checkbox"/> 0</td> <td style="text-align: center;">Mother <input type="checkbox"/> 1</td> <td style="text-align: center;">Father <input type="checkbox"/> 2</td> <td style="text-align: center;">Child <input type="checkbox"/> 3</td> <td style="text-align: center;">G-P <input type="checkbox"/> 4</td> <td style="text-align: center;">Other <input type="checkbox"/> 5</td> </tr> <tr> <td colspan="6">2. Write</td> </tr> <tr> <td style="text-align: center;">None <input type="checkbox"/> 0</td> <td style="text-align: center;">Farmer <input type="checkbox"/> 1</td> <td style="text-align: center;">Fisher <input type="checkbox"/> 2</td> <td style="text-align: center;">Rikshaw <input type="checkbox"/> 3</td> <td style="text-align: center;">Skilled <input type="checkbox"/> 4</td> <td style="text-align: center;">Unskilled <input type="checkbox"/> 5</td> </tr> <tr> <td style="text-align: center;">Teacher <input type="checkbox"/> 6</td> <td style="text-align: center;">Gov <input type="checkbox"/> 7</td> <td style="text-align: center;">NGO <input type="checkbox"/> 8</td> <td style="text-align: center;">Compa. <input type="checkbox"/> 9</td> <td style="text-align: center;">S.Bus <input type="checkbox"/> 10</td> <td style="text-align: center;">L.Bus <input type="checkbox"/> 11</td> </tr> <tr> <td style="text-align: center;">Other <input type="checkbox"/> 12</td> <td colspan="4" style="text-align: center;">[</td> <td style="text-align: center;">]</td> </tr> </table>			None <input type="checkbox"/> 0	Mother <input type="checkbox"/> 1	Father <input type="checkbox"/> 2	Child <input type="checkbox"/> 3	G-P <input type="checkbox"/> 4	Other <input type="checkbox"/> 5	1. Read						None <input type="checkbox"/> 0	Mother <input type="checkbox"/> 1	Father <input type="checkbox"/> 2	Child <input type="checkbox"/> 3	G-P <input type="checkbox"/> 4	Other <input type="checkbox"/> 5	2. Write						None <input type="checkbox"/> 0	Farmer <input type="checkbox"/> 1	Fisher <input type="checkbox"/> 2	Rikshaw <input type="checkbox"/> 3	Skilled <input type="checkbox"/> 4	Unskilled <input type="checkbox"/> 5	Teacher <input type="checkbox"/> 6	Gov <input type="checkbox"/> 7	NGO <input type="checkbox"/> 8	Compa. <input type="checkbox"/> 9	S.Bus <input type="checkbox"/> 10	L.Bus <input type="checkbox"/> 11	Other <input type="checkbox"/> 12	[]	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">None <input type="checkbox"/> 0</td> <td style="text-align: center;">Muslim <input type="checkbox"/> 1</td> <td style="text-align: center;">Hindu <input type="checkbox"/> 2</td> <td style="text-align: center;">Budd <input type="checkbox"/> 3</td> <td style="text-align: center;">Chirst <input type="checkbox"/> 4</td> <td style="text-align: center;">Other <input type="checkbox"/> 5</td> </tr> </table>			None <input type="checkbox"/> 0	Muslim <input type="checkbox"/> 1	Hindu <input type="checkbox"/> 2	Budd <input type="checkbox"/> 3	Chirst <input type="checkbox"/> 4	Other <input type="checkbox"/> 5	<p>0=None; 1=Coloured; 2=Black & White (✓)</p> <p>Enter number or 00</p> <p>Enter number or 00</p> <p>Enter number or 00</p> <p>1=Yes; 2=No (✓)</p> <p>0=None; 1=Moher; 2=Father; 3=Child(ren); 4=Grandparent(s); 5=Other (✓)</p> <p>0=None; 1=Farmer; 2=Fisherman; 3=Rikshaw/Van-pooler; 4=Skilled labor; 5=Unskilled labor; 6=Teacher; 7=Govt; 8=NGO; 9=Company; 10=Small business; 11=Large business; 12=Other (Specify) (✓)</p> <p>0=None; 1=Muslim; 2=Hindu; 3=Buddhist; 4=Christian; 5=Other (✓)</p> <p>p</p> <p>GPS</p>
None <input type="checkbox"/> 0	Colour <input type="checkbox"/> 1	B&W <input type="checkbox"/> 2																																																																								
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>phones</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>motorbikes</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>bicycles</td> </tr> </table>					phones			motorbikes			bicycles																																																															
		phones																																																																								
		motorbikes																																																																								
		bicycles																																																																								
Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2																																																																									
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">None <input type="checkbox"/> 0</td> <td style="text-align: center;">Mother <input type="checkbox"/> 1</td> <td style="text-align: center;">Father <input type="checkbox"/> 2</td> <td style="text-align: center;">Child <input type="checkbox"/> 3</td> <td style="text-align: center;">G-P <input type="checkbox"/> 4</td> <td style="text-align: center;">Other <input type="checkbox"/> 5</td> </tr> <tr> <td colspan="6">1. Read</td> </tr> <tr> <td style="text-align: center;">None <input type="checkbox"/> 0</td> <td style="text-align: center;">Mother <input type="checkbox"/> 1</td> <td style="text-align: center;">Father <input type="checkbox"/> 2</td> <td style="text-align: center;">Child <input type="checkbox"/> 3</td> <td style="text-align: center;">G-P <input type="checkbox"/> 4</td> <td style="text-align: center;">Other <input type="checkbox"/> 5</td> </tr> <tr> <td colspan="6">2. Write</td> </tr> <tr> <td style="text-align: center;">None <input type="checkbox"/> 0</td> <td style="text-align: center;">Farmer <input type="checkbox"/> 1</td> <td style="text-align: center;">Fisher <input type="checkbox"/> 2</td> <td style="text-align: center;">Rikshaw <input type="checkbox"/> 3</td> <td style="text-align: center;">Skilled <input type="checkbox"/> 4</td> <td style="text-align: center;">Unskilled <input type="checkbox"/> 5</td> </tr> <tr> <td style="text-align: center;">Teacher <input type="checkbox"/> 6</td> <td style="text-align: center;">Gov <input type="checkbox"/> 7</td> <td style="text-align: center;">NGO <input type="checkbox"/> 8</td> <td style="text-align: center;">Compa. <input type="checkbox"/> 9</td> <td style="text-align: center;">S.Bus <input type="checkbox"/> 10</td> <td style="text-align: center;">L.Bus <input type="checkbox"/> 11</td> </tr> <tr> <td style="text-align: center;">Other <input type="checkbox"/> 12</td> <td colspan="4" style="text-align: center;">[</td> <td style="text-align: center;">]</td> </tr> </table>			None <input type="checkbox"/> 0	Mother <input type="checkbox"/> 1	Father <input type="checkbox"/> 2	Child <input type="checkbox"/> 3	G-P <input type="checkbox"/> 4	Other <input type="checkbox"/> 5	1. Read						None <input type="checkbox"/> 0	Mother <input type="checkbox"/> 1	Father <input type="checkbox"/> 2	Child <input type="checkbox"/> 3	G-P <input type="checkbox"/> 4	Other <input type="checkbox"/> 5	2. Write						None <input type="checkbox"/> 0	Farmer <input type="checkbox"/> 1	Fisher <input type="checkbox"/> 2	Rikshaw <input type="checkbox"/> 3	Skilled <input type="checkbox"/> 4	Unskilled <input type="checkbox"/> 5	Teacher <input type="checkbox"/> 6	Gov <input type="checkbox"/> 7	NGO <input type="checkbox"/> 8	Compa. <input type="checkbox"/> 9	S.Bus <input type="checkbox"/> 10	L.Bus <input type="checkbox"/> 11	Other <input type="checkbox"/> 12	[]																														
None <input type="checkbox"/> 0	Mother <input type="checkbox"/> 1	Father <input type="checkbox"/> 2	Child <input type="checkbox"/> 3	G-P <input type="checkbox"/> 4	Other <input type="checkbox"/> 5																																																																					
1. Read																																																																										
None <input type="checkbox"/> 0	Mother <input type="checkbox"/> 1	Father <input type="checkbox"/> 2	Child <input type="checkbox"/> 3	G-P <input type="checkbox"/> 4	Other <input type="checkbox"/> 5																																																																					
2. Write																																																																										
None <input type="checkbox"/> 0	Farmer <input type="checkbox"/> 1	Fisher <input type="checkbox"/> 2	Rikshaw <input type="checkbox"/> 3	Skilled <input type="checkbox"/> 4	Unskilled <input type="checkbox"/> 5																																																																					
Teacher <input type="checkbox"/> 6	Gov <input type="checkbox"/> 7	NGO <input type="checkbox"/> 8	Compa. <input type="checkbox"/> 9	S.Bus <input type="checkbox"/> 10	L.Bus <input type="checkbox"/> 11																																																																					
Other <input type="checkbox"/> 12	[]																																																																					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">None <input type="checkbox"/> 0</td> <td style="text-align: center;">Muslim <input type="checkbox"/> 1</td> <td style="text-align: center;">Hindu <input type="checkbox"/> 2</td> <td style="text-align: center;">Budd <input type="checkbox"/> 3</td> <td style="text-align: center;">Chirst <input type="checkbox"/> 4</td> <td style="text-align: center;">Other <input type="checkbox"/> 5</td> </tr> </table>			None <input type="checkbox"/> 0	Muslim <input type="checkbox"/> 1	Hindu <input type="checkbox"/> 2	Budd <input type="checkbox"/> 3	Chirst <input type="checkbox"/> 4	Other <input type="checkbox"/> 5																																																																		
None <input type="checkbox"/> 0	Muslim <input type="checkbox"/> 1	Hindu <input type="checkbox"/> 2	Budd <input type="checkbox"/> 3	Chirst <input type="checkbox"/> 4	Other <input type="checkbox"/> 5																																																																					
<p>! ! Take the photo of the house, latrine super structure & water pan!</p> <p>! ! Take GPS coordinate of the house !</p>																																																																										
<p>! Editor Sign</p>																																																																										

Write notes