

ANNEX V

The Questionnaire

LOCAL GOVERNMENT
ENGINEERING
DEPARTMENT (LGED)

QUESTIONNAIRE
NUMBER:



SUNAMGONJ COMMUNITY BASED RESOURCE MANAGEMENT PROJECT - 2006

IMPACT SURVEY QUESTIONNAIRE

INFORMED CONSENT

CONSENT. Hello. My name is _____. We are conducting a survey with IFAD and the Ministry of _____ on Sunamgonj Community Based Resource Management Project (SCBRMP) run by LGED. This survey will help us in planning and monitoring the impact of project activities. Your participation is voluntary. You can choose not to answer any questions, and you can stop the interview at any time. All of your responses will be confidential. Would you like to ask me anything else about the survey? Do you agree to participate in this survey?

☐ Respondent **agrees** to interview \Rightarrow 1 ☐ Respondent **does not agree** to interview \Rightarrow 2 END

IDENTIFICATION

CLUSTER:

HOUSEHOLD NUMBER:

INTERVIEW DATE: / / 2006
dd mm yy

NAME OF THE RESPONDENT: _____ LINE NO.:

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GROUP NAME: _____ CODE NO. _____

VILLAGE NAME: _____
UNION: _____

UPAZILA: _____ DISTRICT: _____

INTERVIEWER'S NAME: _____ CODE NO. _____

SUPERVISOR'S NAME: _____ CODE NO. _____

NOTE:

SECTION 1: HOUSEHOLD DEMOGRAPHICS

Please tell me the first name of each person who usually lives here, starting with the Head of the Household.
List adult members of the household first, then list children.

LINE NO.	FIRST NAME:	SEX: Male = 1 Female = 2		AGE How old was (NAME) on his/her last birthday?	LITERACY Can he/she read a newspaper or letter? EASILY (1); WITH DIFFICULTY (2); NOT AT ALL (3); OR DON'T KNOW (9)			
		M	F		EASY	DIFF	CAN'T READ	DK
01	(Head of Household)	1	2	_____	1	2	3	9
02		1	2	_____	1	2	3	9
03		1	2	_____	1	2	3	9
04		1	2	_____	1	2	3	9
05		1	2	_____	1	2	3	9
06		1	2	_____	1	2	3	9
07		1	2	_____	1	2	3	9
08		1	2	_____	1	2	3	9
09		1	2	_____	1	2	3	9
10		1	2	_____	1	2	3	9
11		1	2	_____	1	2	3	9
12		1	2	_____	1	2	3	9
13		1	2	_____	1	2	3	9
14		1	2	_____	1	2	3	9
15		1	2	_____	1	2	3	9
16		1	2	_____	1	2	3	9
17		1	2	_____	1	2	3	9
18		1	2	_____	1	2	3	9

SECTION 2: SURVEY QUESTIONS

QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
1. <u>Type of Housing</u> 1.a. What is the main material of the dwelling floor?	NATURAL FLOOR EARTH/SAND 1 DUNG 2 RUDIMENTARY FLOOR WOOD PLANKS 3 PALM/BAMBOO 4 FINISHED FLOOR POLISHED WOOD 5 VINYL OR ASPHALT STRIPS 6 CERAMIC TILES 7 CEMENT 8 CARPET 9 OTHER 96 <div style="text-align: center;">(SPECIFY)</div> <div style="background-color: #cccccc; height: 15px; width: 100%; margin-top: 5px;"></div>	
1.b. What is the number of sleeping rooms in the dwelling?	NUMBER OF SLEEPING ROOMS <input type="text"/> <input type="text"/>	
2. <u>Drinking Water Supply.</u> 2.a. What is the main source of drinking water for members of your household?	PIPED INTO HOUSE 1 PIPED INTO YARD OR PLOT 2 PUBLIC TAP 3 TUBEWELL/BOREHOLE WITH PUMP 4 PROTECTED DUG WELL 5 PROTECTED SPRING 6 RAINWATER COLLECTION 7 BOTTLED WATER 8 UNPROTECTED DUG WELL 9 UNPROTECTED SPRING 10 POND, RIVER OR STREAM 11 TANKER-TRUCK, VENDOR 12 OTHER 96 <div style="text-align: center;">(SPECIFY)</div>	
2.b. How long does it take to go there, get water, and come back?	Minutes <input type="text"/> <input type="text"/> <input type="text"/> Water on premises 88 No answer or don't know 99	
3. <u>Sanitation.</u> 3.a. What kind of toilet facility does your household use?	NO FACILITY/ BUSH/ FIELD 1 OPEN PIT/TRADITIONAL PIT LATRINE 2 IMPROVED PIT LATRINE (VIP) 3 POUR FLUSH LATRINE 4 FLUSH TOILET 5 OTHER 96 <div style="text-align: center;">(SPECIFY)</div>	→ Q4a
3.b. Is this toilet facility located within your dwelling, or yard or compound?	YES 1 NO 2	

QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																														
Food Security.																																
4.a. In the past 12 months, did your household experience a hungry season? <i>[The hungry season means the number of months a household does not have enough food because their own stores are depleted and they do not have money to buy food.]</i>	YES 1 NO 2	→ Q5																														
4.b. During what month did the hungry season begin?	MONTH THAT HUNGRY SEASON BEGAN																															
4.c. During what month did the hungry season end?	MONTH THAT HUNGRY SEASON ENDED																															
4.d. In the past 12 months, did your household experience a second hungry season?	YES 1 NO 2	→ Q5																														
4.e. During what month did the second hungry season begin?	MONTH THAT SECOND HUNGRY SEASON BEGAN																															
4.f. During what month did the second hungry season end?	MONTH THAT SECOND HUNGRY SEASON ENDED																															
Other Asset-Related Questions.																																
5. Does your household have...? <i>Read each item aloud and record the response before proceeding to the next item.</i>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>Electricity</td><td>1</td><td>2</td></tr> <tr> <td>Radio</td><td>1</td><td>2</td></tr> <tr> <td>Television</td><td>1</td><td>2</td></tr> <tr> <td>Refrigerator</td><td>1</td><td>2</td></tr> <tr> <td>Others (Fan, phone, etc.)</td><td>1</td><td>2</td></tr> <tr> <td>(Specify)</td><td></td><td></td></tr> <tr> <td>[insert local adaptation if needed]</td><td></td><td></td></tr> <tr> <td>[LOCAL ADAPTATION IF NEEDED]</td><td></td><td></td></tr> </tbody> </table>		YES	NO	Electricity	1	2	Radio	1	2	Television	1	2	Refrigerator	1	2	Others (Fan, phone, etc.)	1	2	(Specify)			[insert local adaptation if needed]			[LOCAL ADAPTATION IF NEEDED]						
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6. Does any member of your household own...? <i>Read each item aloud and record response before proceeding to the next item.</i>																																
* Bicycle [ininsert local language translation] * Motorcycle or scooter [ininsert local language translation] * Car or truck [ininsert local language translation] * [insert local adaptation if needed] [ininsert local language translation]	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>Bicycle.....</td><td>1</td><td>2</td></tr> <tr> <td>[insert local language translation]</td><td></td><td></td></tr> <tr> <td>Motorcycle or scooter.....</td><td>1</td><td>2</td></tr> <tr> <td>[insert local language translation]</td><td></td><td></td></tr> <tr> <td>Car or truck.....</td><td>1</td><td>2</td></tr> <tr> <td>[insert local language translation]</td><td></td><td></td></tr> <tr> <td>[LOCAL ADAPTATION IF NEEDED]...</td><td></td><td></td></tr> <tr> <td>[insert local language translation].....</td><td>1</td><td>2</td></tr> <tr> <td>(SPECIFY)</td><td></td><td></td></tr> </tbody> </table>		YES	NO	Bicycle	1	2	[insert local language translation]			Motorcycle or scooter	1	2	[insert local language translation]			Car or truck	1	2	[insert local language translation]			[LOCAL ADAPTATION IF NEEDED]...			[insert local language translation].....	1	2	(SPECIFY)			
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7. What type of fuel does your household mainly use for cooking?	ELECTRICITY1 LPG/NATURAL GAS2 BIOGAS3 KEROSENE4 COAL/LIGNITE5 CHARCOAL6 FIREWOOD/STRAW7 DUNG8 OTHER96 (SPECIFY)																															

QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																		
8.a. Are you or any members of your household involved in cultivating any farmland? IF YES, in decimal	YES 1 NO 2 <input type="text"/> <input type="text"/> <input type="text"/>	Q9																		
8.b. What does your household use to cultivate most of your farmland?	HAND TOOL (HOE/SPADE) 1 ANIMAL-DRAWN PLOW 2 TRACTOR-DRAWN PLOW 3 POWER TILLER 4 [LOCAL ADAPTATION IF NEEDED] 5 OTHER 96 (SPECIFY)																			
9. Does any member of your household own any livestock? <i>Read each item aloud and record response before proceeding to the next item.</i> * Chickens or other poultry? If YES : How many? * Sheep? If YES : How many? * Goats? If YES : How many? * Cattle? If YES : How many? * [Insert local adaptation if needed] If YES : How many? [LOCAL ADAPTATION] 1 2 * Other ? (Specify) If YES : How many?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHICKENS OR OTHER POULTRY 1</td> <td>2</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>SHEEP 1</td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>GOATS 1</td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>CATTLE 1</td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>OTHER 1</td> <td>2</td> <td><input type="text"/></td> </tr> </tbody> </table> (SPECIFY)		YES	NO	CHICKENS OR OTHER POULTRY 1	2	<input type="text"/> <input type="text"/> <input type="text"/>	SHEEP 1	2	<input type="text"/>	GOATS 1	2	<input type="text"/>	CATTLE 1	2	<input type="text"/>	OTHER 1	2	<input type="text"/>	
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SUNAMGONJ COMMUNITY BASED RESOURCE MANAGEMENT PROJECT

IMPACT SURVEY: SECTION 3 - ANTHROPOMETRY

ID	first Name of Child:	Sex:		Date of Birth			Age in Months: (0-59)	Height: (Centimetres)	Weight: (Kilograms)
		M	F	Day	Month	Year			
		1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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		1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTES OR COMMENTS _____

THIS IS THE END OF THE SURVEY.
THANK YOU VERY MUCH FOR YOUR COOPERATION