



CENTRAL BUREAU OF STATISTICS

NEPAL LIVING STANDARDS SURVEY II 2002/03

HOUSEHOLD QUESTIONNAIRE

All personal information asked within this questionnaire will be kept confidential according to Statistical Act, 2015. This information will be used only for statistical purposes.

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PSU NUMBER

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HOUSEHOLD

HEAD OF HOUSEHOLD _____ LOCALITY _____

VILLAGE / MUNICIPALITY _____ DISTRICT _____

Team No.

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INTERVIEW

DATE OF INTERVIEW:

YEAR	MONTH	DAY
------	-------	-----

INTERVIEWER'S NAME: CODE:

--

IS IT A HOUSEHOLD ORIGINALLY SELECTED?
 YES..... 1 (→HOUSEHOLD DATA)

--

 NO..... 2

WHAT IS THE REASON THAT THE HOUSEHOLD ORIGINALLY SELECTED COULD NOT BE INTERVIEWED?
 DWELLING NOT FOUND... 1

--

 HOUSHEOLD NOT FOUND.. 2
 REFUSAL..... 3

SUPERVISOR: PLEASE FILL THE FOLLOWING IF THE HOUSEHOLD ORIGINALLY SELECTED COULD NOT BE INTERVIEWED AND ALTERNATE HOUSEHOLD IS TAKEN

HOUSEHOLD (NUMBER) TO BE INTERVIEWED:

--	--

HOUSEHOLD (NUMBER) THAT COULD NOT BE INTERVIEWED:

--	--

DATA ENTRY OPERATOR'S NAME:..... CODE:

--

REMARKS:

DATE OF REVIEW BY SUPERVISOR:

YEAR	MONTH	DAY
------	-------	-----

SUPERVISOR'S NAME:..... CODE:

--	--

REMARKS:

HOUSEHOLD DATA

RELIGION OF HEAD: USE RELIGION CODES PROVIDED AT THE BACK OF THE QUESTIONNAIRE

--	--

LANGUAGE USED IN THE HOUSEHOLD: USE LANGUAGE CODES

--	--

INTERPRETER: YES 1

--

 NO 2

REMARKS:

CORRECTION OF DATA ENTRY

DATE CORRECTIONS MADE:

YEAR	MONTH	DAY
------	-------	-----

DATA ENTRY OPERATOR'S NAME:..... CODE:

--

VERIFICATION BY SUPERVISOR: YES.....1

--

 NO.....2

SIGNATURE:

DATA ENTRY OF QUESTIONNAIRE

DATE OF 1ST ROUND OF DATA ENTRY:

YEAR	MONTH	DAY
------	-------	-----

HOUSEHOLD ROSTER

I D E N T I F I C A T I O N C O D E	2.	What is the sex of ..[NAME]..? MALE .. 1 FEMALE 2	3. What is the relationship of ..[NAME].. to the head of household? HEAD 1 HUSBAND/WIFE..... 2 SON/DAUGHTER..... 3 GRANDCHILD..... 4 FATHER/MOTHER..... 5 BROTHER/SISTER..... 6 NEPHEW/NIECE..... 7 SON/DAUGHTER-IN-LAW... 8 BROTHER/SISTER-IN-LAW.. 9 FATHER/MOTHER-IN-LAW.. 10 OTHER FAMILY RELATIVE . 11 SERVANT/SERVANT'S RELATIVE 12 TENANT/TENANT'S RELATIVE13 OTHER PERSON NOT RELATED14	4. Where was ..[NAME].. born? Was it then an urban or rural area? URBAN.....1 RURAL.....2	5. How old is ..[NAME]..? <div style="border: 1px solid black; padding: 2px; display: inline-block; width: fit-content;">IF <10 YEARS THEN</div> IF LESS THAN ONE YEAR, WRITE ZERO	6. What is the present marital status of ..[NAME]..? MARRIED .1 DIVORCED 2(→9) SEPARATED3(→9) WIDOW/ WIDOWER 4(→9) NEVER MARRIED 5(→9)	7. Is the spouse of ..[NAME].. in the list (Q. 1)? YES .. 1 NO 2(→9)	8. COPY THE ID CODE OF THE SPOUSE	9. During the past 12 months, how many months did ..[NAME].. live here? WRITE 12 IF ALWAYS PRESENT, OR IF AWAY LESS THAN A MONTH MONTHS	10. ACCORDING TO CRITERIA, IS ..[NAME].. A MEMBER OF THE HOUSEHOLD? YES..... 1 NO..... 2
				DISTRICT	U/R					

01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

I D E N T I F I C A T I O N C O D E	1. Is the father of ..[NAME].. in the list? YES..... 1 NO 2(→3) DECEASED 3(→3)	2. COPY THE ID CODE OF THE FATHER <div style="border: 1px solid black; width: 30px; height: 20px; margin: 10px auto; text-align: center;">→5</div>	3. What is/was the highest level of education that ..[NAME'S].. father completed? EDUCATION CODE	4. Where was ..[NAME'S].. father born? Was it then an urban or rural area? URBAN 1 RURAL 2 DISTRICT U/R	5. Is the natural mother of ..[NAME].. in the list? YES1 NO2(→7) DECEASED3(→7)	6. COPY THE ID CODE OF THE MOTHER <div style="border: 1px solid black; width: 30px; height: 20px; margin: 10px auto; text-align: center;">→NEXT PERSON</div>	7. What is/was the highest level of education that ..[NAME'S].. mother completed? EDUCATION CODE	8. Where was ..[NAME'S].. mother born? Was it then an urban or rural area? URBAN.....1 RURAL.....2 DISTRICT U/R
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01									
02									
03									
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15									

SECTION 1. HOUSEHOLD INFORMATION PART C

ACTIVITIES (ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER)

A C T I V I T Y C O D E	I D E N T I F I C A T I O N	1.		DURING PAST 12 MONTHS			DURING PAST 7 DAYS			LOCATION		SECTOR OF EMPLOYMENT				
		During the past 12 months, what work did ..[NAME].. do?		2.	3.	4.	5.	6.	7.	8.	9.					
				During the past 12 months, how many months did ..[NAME].. do this work?	How many days per month did ..[NAME].. do this work?	How many hours per day did ..[NAME].. do this work?	During the past 7 days, how many days did ..[NAME].. do this work?	How many hours did ..[NAME].. do this work?	Did ..[NAME].. do this work in this VDC/NP?	Where did ..[NAME].. do this work?	INTERVIEWER: PUT A LEAVE "1" IN THE RELEVANT COLUMN. THE OTHER COLUMNS BLANK.					
		WORK ACTIVITY	NSC OCO DE	MONTHS	DAYS/MONTH	HRS/DAY	DAYS A	HRS / DAY B	TOTAL HRS A*B	YES ... 1(→9) NO . 2	URBAN1 RURAL2	WAGE EMPLOYMENT		SELF EMPLOYMENT		EXTENDED
									DISTRICT	U/R	IN	NOT IN	IN	NOT IN	ECONOMIC WORK	
									AGRI CULTURE		AGRI CULTURE	AGRI CULTURE	AGRI CULTURE			
A																
B																
C																
D																
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R																

A C T I V I T Y C O D E	I D E N T I F I C A T I O N	1. During the past 12 months, what work did ..[NAME].. do?		DURING PAST 12 MONTHS			DURING PAST 7 DAYS			LOCATION		SECTOR OF EMPLOYMENT						
				2. During the past 12 months, how many months did ..[NAME].. do this work?	3. How many days per month did ..[NAME].. do this work?	4. How many hours per day did ..[NAME].. do this work?	5. During the past 7 days, how many days did ..[NAME].. do this work? IF DAY IS ZERO →7	6. How many hours did ..[NAME].. do this work?	7. Did ..[NAME].. do this work in this VDC/NP? YES ... 1(→9) NO . 2	8. Where did ..[NAME].. do this work? Was it an urban or rural area? URBAN1 RURAL2		9. INTERVIEWER: PUT A LEAVE		"1" IN THE RELEVANT COLUMN. THE OTHER COLUMNS BLANK.				
												WAGE EMPLOYMENT		SELF EMPLOYMENT		EXTENDED		
												IN	NOT IN	IN	NOT IN		ECONOMIC WORK	
WORK ACTIVITY	NSC O C O D E	MONTHS	DAYS/MON TH	HRS/DAY	DAYS A	HRS / DAY B	TOTA L HRS A*B	DISTRICT	U/R	AGRI CULTURE	AGRI CULTURE	AGRI CULTUR E	AGRI CULTURE					

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9																			
0																			

UNEMPLOYMENT/UNDEREMPLOYMENT (ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER)

UNEMPLOYMENT (NOT WORKING)			UNDEREMPLOYMENT (WORKING <40 HOURS/WEEK)			
I D E N T I F I C A T I O N C O D E	1.	2.	3.	4.	5.	6.
	Was ..[NAME].. available for work during the past 7 days?	Did ..[NAME].. look for work during the past 7 days?	Why was ..[NAME].. not available /did ..[NAME].. not look for work during the past 7 days?	Was ..[NAME].. available for additional work during the past 7 days?	Did ..[NAME].. look for work during the past 7 days?	Why was ..[NAME].. not available/ did ..[NAME].. not look for work during the past 7 days?
	YES..... 1 NO 2(→3)	YES... 1(→NEXT PERSON) NO.... 2	STUDENT..... 1 HOUSEWIFE..... 2 TOO OLD/RETIRED..... 3 SICK..... 4 HANDICAPPED..... 5 ON VACATION..... 6 AWAITING REPLY FROM EMPLOYER OR AGENCY.. 7 WAITING TO START NEW JOB 8 THERE IS NO WORK..... 9 DON'T KNOW HOW TO LOOK10 PREGNANT/DELIVERY... 11 OTHER REASONS 12	YES 1 NO 2(→6)	YES. 1(→NEXT PERSON) NO.. 2	THERE IS NO ADDITIONAL WORK1 LACK OF FINANCE, RAW MATERIALS2 MACHINERY, ELECTRICAL, ETC. BREAKDOWN3 OFF SEASON INACTIVITY ...4 INDUSTRIAL STRIKE, LAID-OFF5 ALREADY HAVE ENOUGH WORK .6 STUDENT, UNPAID TRAINEE ..7 HOUSEHOLD DUTIES8 SICK9 HANDICAPPED10 ON VACATION11 PREGNANT/DELIVERY12 OTHER REASONS13

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SECTION 2. HOUSING PART A

TYPE OF DWELLING

1. Is this dwelling unit occupied by your household only?

- YES 1
 NO 2

2. How many rooms does your household occupy?

TOTAL	
KITCHEN	
TOILET/BATHROOM	
BEDROOMS	
LIVING/DINING ROOMS	
BUSINESS	
MIXED USE	
OTHER	

3. IS THERE A KITCHEN GARDEN?

- YES 1
 NO 2

4. MAIN CONSTRUCTION MATERIAL OF OUTSIDE WALLS:

- CEMENT BONDED BRICKS/STONES 1
 MUD BONDED BRICKS/STONES 2
 WOOD/BRANCHES 3
 CONCRETE 4
 UNBAKED BRICKS 5
 OTHER MATERIAL 6
 NO OUTSIDE WALLS 7

5. MAIN FLOORING MATERIAL:

- EARTH.....1
 WOOD.....2
 STONE/BRICK.....3
 CEMENT/TILE.....4
 OTHER.....5

6. MAIN MATERIAL ROOF IS MADE OF:

- STRAW/THATCH.....1
 EARTH/MUD.....2
 WOOD/PLANKS.....3
 GALVANIZED IRON.....4
 CONCRETE/CEMENT.....5
 TILES/SLATE6
 OTHER.....7

7. HOW ARE THE WINDOWS?

- NO WINDOWS/NO COVERING...1
 SHUTTERS.....2
 SCREENS/GLASS.....3
 OTHER.....4

8. HOW BIG IS THE HOUSING PLOT?
 P/D

CODE R/B A/K

- ROPANI.....1
 BIGHA.....2

--	--	--

9. HOW BIG IS THE INSIDE OF THE DWELLING?

SQ. FT.

10. Which year was the house that you are living built?

- BEFORE 1996.....1
 AFTER 1995.....2

SECTION 2. HOUSING PART B

HOUSING EXPENSES

1. Is this dwelling yours?

YES 1
NO 2 (→6)

2. If you wanted to buy a dwelling just like this today, how much money would you have to pay?

INCLUDE VALUE OF HOUSING PLOT

RUPEES

3. If someone wanted to rent this dwelling today, how much money would they have to pay each month?

RUPEES

4. Did you rent out part of this dwelling unit?

YES 1
NO 2 (→PART C)

5. How much do you receive as rent per month?

RUPEES

→PART C

6. What is your present occupancy status?

RENTER 1(→8)
PROVIDED FREE OF CHARGE
BY RELATIVES OR LANDLORD
OR EMPLOYER 2
SQUATTING 3
OTHER 4

7. If someone wanted to rent this dwelling (only the unit occupied by the household) today, how much money would they have to pay each month?

RUPEES

→ PART C

8. What is the rent per month? (cash plus value of in-kind payments)

RUPEES

SECTION 2. HOUSING PART C

UTILITIES AND AMENITIES

1. What is the source of your drinking water?

- PIPED WATER SUPPLY .. 1
- COVERED WELL/HAND PUMP 2(→3)
- OPEN WELL 3(→3)
- OTHER WATER SOURCE .. 4(→3)

2. Do you have water piped into your house?

- YES 1
- NO 2

3. How much did you pay for water over the last 12 months?
(EXCLUDE WATER USED FOR IRRIGATION)

IF NOTHING, WRITE ZERO

RUPEES

4. What kind of sewerage facility does your household have?

- UNDERGROUND DRAINS 1
- OPEN DRAINS 2
- SOAK PIT 3
- NO 4

5. How does your household dispose of its garbage?

- COLLECTED BY GARBAGE TRUCK 1
- PRIVATE COLLECTOR 2
- DUMPED 3(→7)
- BURNED/BURIED 4(→7)
- DUMPED AND USED FOR FERTILIZER5(→7)
- OTHER 6

6. How much did you pay for garbage disposal over the last 12 months?

IF NOTHING, WRITE ZERO

RUPEES

7. What type of toilet is used by your household?

- HOUSEHOLD FLUSH (CONNECTED
TO MUNICIPAL SEWER) 1
- HOUSEHOLD FLUSH (CONNECTED
TO SEPTIC TANK) 2
- HOUSEHOLD NON-FLUSH 3
- COMMUNAL LATRINE 4
- NO TOILET 5

SECTION 2. HOUSING PART C

UTILITIES AND AMENITIES (CONTD.)

8. What is the main source of lighting for your dwelling?

- ELECTRICITY 1
- GAS/OIL/KEROSENE ... 2(→11)
- OTHER 3(→11)

9. Do you have a joint or individual electric meter?

- JOINT 1
- INDIVIDUAL 2
- NO METER 3

10. How much did you spend on electricity over the past 12 months?

IF NOTHING, WRITE ZERO

RUPEES

11. Which of the following facilities are there in your dwelling unit?

- Telephone
- Mobile Phone
- Pager
- Cable T.V.
- Email
- Internet

- YES.....1
- NO.....2

IF ALL ANSWERS ARE "NO" →13

12. How much did you pay for using those facilities listed in Q. 11 over the past 12 months?

RUPEES

13. What kind of fuel is most often used by your household for cooking?

- WOOD/FIREWOOD 1
- DUNG 2
- LEAVES/RUBBISH/STRAW/THATCH 3
- CYLINDER GAS 4
- KEROSENE 5
- BIO-GAS 6
- OTHER 7

14. What type of stove does your household mainly use for cooking?

- OPEN FIREPLACE 1
- MUD STOVE 2
- SMOKELESS STOVE 3
- KEROSENE/GAS STOVE . 4
- OTHER 5

SECTION 2. HOUSING PART D

FIREWOOD

1. Did your household use any firewood over the past 12 months?

YES... 1
NO.... 2(→7)

2. Did your household collect any firewood in the past 12 months?

YES... 1
NO.... 2(→7)

3. On average, how many bharis/carts of firewood did you collect each month?

BHARI.. 1
CART.. 2

UNIT

NO.

4. How long does it take to collect one bhari/cart of firewood?

TIME TAKEN ROUND TRIP

HRS

MIN

5. Where did you collect the firewood?

OWN LAND..... 1(→7)
COMMUNITY MANAGED FOREST... 2
GOVERNMENT FOREST..... 3
OTHER..... 4

6. How much did you pay for each bhari/cart?

IF NOTHING WRITE ZERO

RUPEES

7. Did you collect fodder for your livestock over the past 12 months?

YES... 1
NO.... 2 (→NEXT SECTION)

8. Where did you collect the fodder?

OWN LAND..... 1
COMMUNITY MANAGED FOREST... 2
GOVERNMENT FOREST..... 3
OTHER..... 4

SECTION 3.

ACCESS TO FACILITIES

1. How long does it take to get from your house to the closest ..[FACILITY]..?	2. MODE OF TRANSPORT: FOOT (WITHOUT LOAD) ...1 BICYCLE/RICKSHAW2 MOTORCYCLE/TAMPOO3 CAR/BUS4 MIXED (FOOT+VEHICLE) ..5 PRESENT NEXT TO HH6(→NEXT FACILITY) NOT APPLICABLE7(→NEXT FACILITY)	3. TIME TAKEN: (ONE WAY)		
		CODE	DAYS	HOURS
Primary School	101			
Health Post/Hospital	102			
Bus Stop	103			
Paved Road	104			
Dirt Road, vehicle passable	105			
Dirt Road, vehicle impassable	106			
Local Shop/Shops	107			
Haat Bazaar	108			
Market Center	109			
Agriculture Center	110			
Sajha/Cooperatives	111			
Bank	112			
Source of Drinking Water	113			
Post Office	114			
Telephone Booth	115			

SECTION 4.

MIGRATION (ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER)

I D E N T I F I C A T I O N C O D E	1. Did ..[NAME].. migrate to this place? YES.... 1 NO..... 2 (→NEXT PERSON)		2. From where did ..[NAME].. migrate to this place? Was it then an urban or rural area? URBAN 1 RURAL 2		3. How old was ..[NAME].. when migrated to this place? IF LESS THAN 5 YEARS →NEXT PERSON		4. Did ..[NAME].. do any work activities there before migrating? YES... 1 NO.... 2 (→6)		5. What was the primary activity did ..[NAME].. do there before migrating?		6. What was the main reason for ..[NAME].. to migrate here? FAMILY REASON (MARRIAGE,ETC.)..... ..1 (→NEXT PERSON) EDUCATION/TRAINING... ..2 POLITICAL REASONS.....3 NATURAL DISASTER.....4 LOOKING FOR WORK.....5 EASIER LIFESTYLE.....6 OTHER..... ..7		7. Who was the familiar person of ..[NAME].. here before migrating? FAMILY MEMBERS/RELATIVES..... ..1 PEOPLE FROM SAME PLACE/FRIENDS.. ..2 NO ONE.....3		8. What was the primary activity did ..[NAME].. do here after migrating? FOR NOT WORKING OR STUDENT OR HOUSEHOLD WORK, WRITE THEIR CODES AND →NEXT PERSON		9. How long did it take ..[NAME].. to find this job? IF LESS THAN ONE MONTH, WRITE ZERO	
	DISTRIC T	U/R	AGE	WORK ACTIVITY	NSCO CODE	WORK ACTIVITY	NSCO CODE	MONTHS										
01																		
02																		
03																		
04																		
05																		
06																		
07																		
08																		
09																		
10																		
11																		
12																		
13																		
14																		
15																		

1. Were any of the following items purchased or received in-kind over the past 12 months? PUT A CHECK (✓) IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q 2-3.				What is the money value of the amount purchased or received in-kind by your household during the past:	
				AMOUNT IN RUPEES	
				2.	3.
				30 DAYS	12 MONTHS
NO	YES	CODE			
21. FUELS					
		210			
		211			
		212			
		213			
		214			
		215			
22. APPAREL AND PERSONAL CARE ITEMS					
		220			
		221			
		222			
		223			
		224			
		225			
		226			
		227			
		228			
		229			

1. Were any of the following items purchased or received in-kind over the past 12 months? PUT A CHECK (✓) IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q 2-3.				What is the money value of the amount purchased or received in-kind by your household during the past:	
				AMOUNT IN RUPEES	
				2.	3.
				30 DAYS	12 MONTHS
NO	YES	CODE			
23. OTHER FREQUENT EXPENSES					
		230			
		231			
		232			
		233			
		234			
		235			
		236			
		237			
		238			
		239			
		241			
		242			

TOTAL: (210 + 220 + 230)
250

ASK RESPONDENT TO ESTIMATE AVERAGE MONTHLY AND ANNUAL EXPENDITURE ON FREQUENTLY PURCHASED NON-FOOD ITEMS

260

1. Were any of the following items purchased or received in-kind over the past 12 months? PUT A CHECK (✓) IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q 2.	2. What is the money value of the amount purchased or received in-kind by your household during the past 12 months:		
	AMOUNT IN RUPEES 12 MONTHS		
	NO	YES	CODE
31. INFREQUENT EXPENSES			310
Legal expenses and insurance (life, car, etc.)			311
Income taxes, land taxes, housing and property taxes			312
Repair and other expenses for personal vehicle (registration, fines)			313
Postal expenses, telegrams, fax, telephone			314
Excursion, holiday, (including travel and lodging)			315
Toys, sports goods			316
Repair and maintenance of the house			317
Repair and servicing of household effects			318
Home improvements and additions			319
32. MISCELLANEOUS EXPENSES			320
Marriages, births, and other ceremonies			321
Dowry & bride price given			322
Dowry & bride price received			323
Funeral and death related expenses			324
Expenditure on religious ceremonies			325
Charity			326
Cash losses			327

1. Were any of the following items purchased or received in-kind over the past 12 months? PUT A CHECK (✓) IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q 2.	2. What is the money value of the amount purchased or received in-kind by your household during the past:		
	AMOUNT IN RUPEES 12 MONTHS		
	NO	YES	CODE
41. DURABLE GOODS			410
Crockery, cutlery and kitchen utensils (household use)			411
Kitchen appliances (refrigerator, cooking range, blenders, etc.)			412
Pillows, mattresses, blankets, etc.			413
Jewelry, watches			414
Furniture and fixtures			415
Electric fans			416
Heaters (electric, gas, kerosene)			417
Sewing machine			418
Iron (electric or other)			419
Television/VCR			421
Washing machine			422
Radio, tape, etc.			423
Camera			424
Bicycle			425
Motorcycle/Scooter			426
Motor car or other such vehicle			427
Other durable goods (bullock/he buffalo carts, etc.)			428

I D E N T I F I C A T I O N C O D E	1. ID CODE OF RESPONDENT WRITE ID CODE FROM HOUSEHOLD ROSTER OF PERSON PROVIDING THIS INFORMATION ID CODE	2. Can ..[NAME].. read a letter? YES 1 NO 2(→5)	3. Can ..[NAME].. write a letter? YES..... 1 NO 2(→5)	4. Where did ..[NAME].. learn to read and write? FORMAL SCHOOLING .. 1 TAUGHT AT HOME ... 2 GOVT. LITERACY COURSE 3 NGO LITERACY COURSE4 OTHER 5	5. INTERVIEWER: ASK EACH PERSON ABOUT THEIR EDUCATIONAL BACKGROUND, AND CODE THEIR EDUCATIONAL BACKGROUND AS FOLLOWS: NEVER ATTENDED SCHOOL 1 ATTENDED SCHOOL/COLLEGE IN THE PAST 2(→PART B) CURRENTLY ATTENDING SCHOOL/COLLEGE 3(→PART C)	6. Why didn't ..[NAME].. ever attend school? SCHOOL NOT PRESENT 1 TOO EXPENSIVE 2 TOO FAR AWAY 3 HAD TO HELP AT HOME 4 EDUCATION NOT USEFUL 5 PARENTS DID NOT WANT 6 NOT WILLING TO ATTEND 7 HANDICAPPED 8 OTHER REASONS 9 <div style="border: 1px solid black; padding: 5px; display: inline-block;">→NEXT</div>
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SECTION 7. EDUCATION PART B

PAST ENROLLMENT (ALL PERSONS 5 YEARS AND OLDER)

INTERVIEWER: ASK ONLY OF THOSE PERSONS WHO HAVE ATTENDED SCHOOL/COLLEGE IN THE PAST

I D E N T I F I C A T I O N C O D E	1. What type of school/college did ..[NAME].. last attend?	2. What was the highest class that ..[NAME].. completed?	3. How many years did it take ..[NAME].. to complete primary school?	4. How many years did it take ..[NAME].. to pass the SLC examination?	5. Why did ..[NAME].. leave school/college?
	COMMUNITY/GOVERNMENT.. 1 INSTITUTIONAL/PRIVATE.. 2 TECHNICAL/VOCATIONAL.. 3 OTHER..... 4	EDUCATION CODE	WRITE "99" IF PRIMARY LEVEL IS COMPLETED WITHOUT ATTENDING SCHOOL IF PRIMARY SCHOOL NOT COMPLETED WRITE NUMBER OF YEARS SCHOOL ATTENDED AND →5	WRITE "99" IF PRIMARY LEVEL IS COMPLETED WITHOUT ATTENDING SCHOOL IF SLC LEVEL NOT COMPLETED WRITE NUMBER OF YEARS SCHOOL ATTENDED	FURTHER SCHOOLING NOT AVAILABLE 1 TOO EXPENSIVE 2 TOO FAR AWAY 3 HAD TO HELP AT HOME 4 PARENTS DID NOT WANT 5 COMPLETED DESIRED SCHOOLING 6 MOVED AWAY 7 POOR ACADEMIC PROGRESS.... 8 ENVIRONMENT OF SCHOOL NOT GOOD 9 OTHER REASONS 10

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SECTION 7. EDUCATION PART C

CURRENT ENROLLMENT (ALL PERSONS 5 YEARS AND OLDER)

INTERVIEWER: ASK ONLY OF THOSE PERSONS CURRENTLY ATTENDING SCHOOL/COLLEGE

I D E N T I F I C A T I O N C O D E	1.	2.	3.	4.	5.	6.		7.	8.	9.
	What type of school/college is ..[NAME].. currently attending? COMMUNITY/GOVERNMENT 1 INSTITUTIONAL/PRIVATE 2 TECHNICAL/VOCATIONAL3 OTHER..... 4	What class is ..[NAME].. currently attending? EDUCATION CODE	How many years did it take ..[NAME].. to complete primary school? IF PRIMARY SCHOOL NOT COMPLETED WRITE NUMBER OF YEARS SCHOOL ATTENDED AND →5	How many years did it take ..[NAME].. to pass the SLC examination? IF SLC LEVEL NOT COMPLETED WRITE NUMBER OF YEARS SCHOOL ATTENDED	How do ..[NAME].. go to school/college? WALK..... 1 BUS..... 2 BICYCLE/RICKSHAW. 3 MIXED (FOOT+VEHICLE)... 4 OTHER..... 5	How much time do you spend commuting every day? HRS	MIN	How much has your household spent during the past 12 months for ..[NAME's].. schooling? IF NOTHING WAS SPENT, WRITE ZERO. RUPEES	Did ..[NAME].. receive a scholarship to help pay for your educational expenses? YES..... 1 NO..... 2 (→NEXT PERSON)	How much did ..[NAME].. receive for scholarship over the past 12 months? RUPEES

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CHRONIC ILLNESSES (ALL HOUSEHOLD MEMBERS)

I D E N T I F I C A T I O N C O D E	1.	2.	3.	4.	5.	6.	7.
	ID CODE OF RESPONDENT WRITE ID CODE FROM HOUSEHOLD ROSTER OF PERSON PROVIDING INFORMATION	Does ..[NAME].. suffer from a chronic illness? YES ..1 NO ...2(→7)	What chronic illness does ..[NAME].. primarily suffer from? HEART CONDITIONS 1 RESPIRATORY 2 ASTHMA 3 EPILEPSY 4 CANCER 5 DIABETES 6 MALFUNCTION OF KIDNEY 7 CIRRHOISIS OF LIVER ... 8 OCCUPATIONAL ILLNESSES 9 HIGH/LOW BLOOD PRESSURE 1 DRUG ABUSE 11 OTHER 12	How many years ago did the illness start?	How much has ..[NAME].. spent in the past 12 months on the treatment of this illness? INCLUDE COST OF CONSULTATIONS, DIAGNOSIS, MEDICINES AND TRAVEL	How many days did ..[NAME].. have to stop doing his/her usual activity due to this illness during the past 12 months?	What is the present health status of ..[NAME]..? EXCELLENT..... 1 GOOD 2 FAIR 3 POOR 4
	ID CODE			YEARS	RUPEES	DAYS	

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SECTION 8. HEALTH PART B

ILLNESSES OR INJURIES (ALL HOUSEHOLD MEMBERS)

I D E N T I F I C A T I O N C O D E	1. When was the last time that ..[NAME].. was ill?			2. What type of illness or injury?	3. Was anyone consulted (e.g. a doctor, nurse or other healer) for the illness or injury in the last month?	4. Where did ..[NAME].. go for the last consultation?	5. Whom did ..[NAME].. consult with?	6. How much was spent for the last consultation of this injury and illness for service cost (cost of diagnostic service consisting of laboratory fee and cost of other services consisting of registration fee, consultation fee, surgery fee, etc.) medicine cost and travel cost over the past 30 days?						
	YEAR	MONT H	DAY	DIARRHOEA.. 1 DYSENTRY... 2 RESPIRATORY PROBLEMS.. 3 MALARIA.... 4 OTHER FEVER 5 SKIN DISEASE6 TB..... 7 MEASLES.... 8 JAUNDICE... 9 PARASITES.. 10 INJURY.... 11 OTHER..... 12	YES .1 NO ..2(→7)	GOVT.HEALTH INST. SHP 1 HP 2 PHC 3 HOSPITAL 4 MOBILE CLINIC .. 5 AYURVED CENTRE . 6 PVT. HEALTH INST. PHARMACY/CLINIC 7 PVT. HOSPITAL .. 8 HEALTH WORKER'S HOME 9 OTHER 10	GOVT.HEALTH WORKER DOCTOR 1 PARAMEDIC (HA, SAHW, AHW, ANM) 2 KAVIRAJ/VAIDYA . 3 PVT.HEALTH WORKER DOCTOR 4 PARAMEDIC 5 KAVIRAJ/VAIDYA . 6 TRADITIONAL HEALER 7 OTHER 8	RUPEES						
											TOTAL COST	DIAGNOSTIC & OTHER SERVICE COST	MEDICINE COST	TRAVEL COST

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ILLNESSES OR INJURIES (ALL HOUSEHOLD MEMBERS)
CONTD.

I D E N T I F I C A T I O N C O D E	7.	ALL PERSONS 5 YEARS AND OLDER		FOR CHILDREN UNDER 5 YEARS WITH DIARRHOEA			ALL PERSONS 10 YEARS AND OLDER	
		8.	9.	10.	11.	12.	13.	14.
	How much in total was spent over this illness or injury over the past 30 days?	Did ..[NAME].. have to stop doing his/her usual activities because of this illness or injury?	How many days did ..[NAME].. have to stop doing his/her usual activities? <div style="border: 1px solid black; padding: 2px; display: inline-block;">→13</div>	Did you give ..[NAME].. anything to treat the diarrhoea? ASK ONLY FOR CHILDREN UNDER 5 YEARS WITH ANSWER "1" TO Q.2	What did you give .[NAME]. to treat the diarrhoea? ORS (PACKET OR HOME-MADE) 1 ALLOPATHIC MEDICINE ... 2 (→NEXT PERSON) TRADITIONAL MEDICINE ... 3 (→NEXT PERSON) OTHER 4 (→NEXT PERSON)	Where did you obtain the ORS? SHP 1 HP 2 PHC 3 HOSPITAL 4 MOBILE CLINIC 5 MADE AT HOME 6 NON-GOVT.INST.7 OTHER. 8	Have you heard about HIV/AIDS? YES 1 NO 2 (→NEXTPERSON)	How did you first hear about HIV/AIDS? RADIO 1 TELEVISION 2 NEWSPAPERS/ PAMPHLETS/POSTERS 3 FRIENDS/RELATIVES 4 HEALTH WORKERS .. 5 OTHER 6
	RUPEES		DAYS					

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I D E N T I F I C A T I O N C O D E	1. Has..[NAME].. ever been immunized? YES1 NO2 (→NEXT CHILD) DO NOT KNOW .3 (→NEXT CHILD)	2. Do you have an immunizatio n card for ..[NAME]..? ASK TO SEE CARDS FOR ALL CHILDREN FOR WHOM CARDS ARE AVAILABLE YES .. 1 NO 2(→4)	3. INTERVIEWER: CHECK FROM CARD WHETHER IMMUNIZATION HAS TAKEN PLACE YES 1 NO 2							4. How many doses of vaccine has ..[NAME]. . received? NUMBER	5. Where was the most recent immunization given to ..[NAME]..? SHP 1 HP 2 PHC 2 HOSPITAL 4 OUTREACH CLINIC.. 5 OTHER HEALTH INST.6
			BCG	DPT 1	DPT 2	DPT 3	POLIO 1	POLIO 2	POLIO 3		
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SECTION 9. MARRIAGE AND MATERNITY HISTORY PART A

MATERNITY HISTORY (ALL EVER MARRIED WOMEN AGED 15-49 YEARS WHO HAVE GIVEN LIVE BIRTH)

NAME OF WOMAN _____

WRITE WOMAN'S ID CODE FROM ROSTER

WRITE ID CODE OF RESPONDENT

1

B I R T H O R D E R	1. When was [ORDER] child born? IF NOT KNOWN, ESTIMATE USING SUPPLEMENTARY CALENDAR		2. What is the [ORDER] child's name?	3. What is the sex of [NAME]? MALE ... 1 FEMALE . 2	4. Is [NAME] still alive? YES .. 1 NO ... 2(→7)	5. Does [NAME] currently live with you? YES 1 NO 2(→8)	6. COPY ID CODE OF [NAME] FROM HOUSEHOLD ROSTER <input type="text" value="→NEXT CHILD"/>	7. How long did [NAME] live?			8. What was the highest level of schooling that [NAME] completed? IF CHILD HAS NEVER GONE TO SCHOOL WRITE "99"
	MONTH	YEAR					ID CODE	YEARS	MONTHS	DAYS	EDUCATION CODE

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SECTION 9. MARRIAGE AND MATERNITY HISTORY
PART A

MATERNITY HISTORY (ALL EVER MARRIED WOMEN AGED 15-49 YEARS WHO HAVE GIVEN LIVE BIRTH) CONTD.

NAME OF WOMAN _____

WRITE WOMAN'S ID CODE FROM ROSTER

WRITE ID CODE OF RESPONDENT

2

B I R T H O R D E R	1. When was [ORDER] child born? IF NOT KNOWN, ESTIMATE USING SUPPLEMENTARY CALENDAR		2. What is the [ORDER] child's name?	3. What is the sex of [NAME]? MALE ... 1 FEMALE . 2	4. Is [NAME] still alive? YES .. 1 NO ... 2(→7)	5. Does [NAME] currently live with you? YES 1 NO 2(→8)	6. COPY ID CODE OF [NAME] FROM HOUSEHOLD ROSTER <input type="button" value="→NEXT CHILD"/>	7. How long did [NAME] live? YEARS MONTHS DAYS			8. What was the highest level of schooling that [NAME] completed? IF CHILD HAS NEVER GONE TO SCHOOL WRITE "99" EDUCATION CODE
	MONTH	YEAR					ID CODE				

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LAST PRE-NATAL CARE					
1.	2.	3.	4.	5.	6.
While you were pregnant with your last child, did you go for prenatal consultations to a health care facility?	Where did you first receive this care? <u>GOVT. HEALTH INST.</u> SHP1 HP2 PHC3 HOSPITAL4 MOBILE CLINIC 5 AYURVED CENTRE6 <u>PVT. HEALTH INST.</u> PHARMACY/CLINIC7 PVT. HOSPITAL 8 HEALTH WORKER'S HOME 9 OTHER10	Who provided this care? DOCTOR ...1 NURSE/ANM HA/SAHW/AH W2 MCHW/VHW .3 TBA4 OTHER5	At what month of pregnancy did you go for your first visit?	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus that is convulsions after birth? YES..1 NO ...2(→7)	How many times did you receive this injection? ONCE1 TWICE...2 MORE THAN TWICE ..3
YES 1 NO . 2(→7)					
					MONTHS

LAST POST-NATAL CARE				
7.	8.	9.	10.	11.
Where did you give birth? HOME..... 1 SHP..... 2 HP..... 3 PHC..... 4 HOSPITAL... 5 PVT. HOSPITAL... 6 OTHER..... 7	Who assisted you with this birth? FAMILY MEMBER OR RELATIVE1 NEIGHBOURS 2 TBA..... 3 MCHW/VHW.. 4 HA/SAHW/AHW5 ANM/NURSE/ DOCTOR.... 6 OTHER..... 7 NO ONE.... 8	After the birth, did you visit a health care facility within six weeks of delivery for a post-natal checkup? YES1 NO2 (→NEXT WOMAN)	Where did you go for this visit? <u>GOVT. HEALTH INST.</u> SHP 1 HP 2 PHC 3 HOSPITAL 4 MOBILE CLINIC 5 AYURVED CENTRE6 <u>PVT. HEALTH INST.</u> PHARMACY/CLINIC 7 PVT. HOSPITAL 8 HEALTH WORKER'S HOME 9 OTHER 10	Who provided this care? DOCTOR ...1 NURSE/ANM HA/SAHW/AH W2 MCHW/VHW .3 TBA4 OTHER5

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SECTION 9. MARRIAGE AND MATERNITY HISTORY PART C

FAMILY PLANNING (ALL CURRENTLY MARRIED WOMEN AGED 15-49 YEARS)

I D E N T I F I C A T I O N C O D E	1. How old were you when you first got married? AGE	2. Do you know of any method to prevent pregnancy or space births? YES..... 1 NO..... 2 (→9)	3. By which medium did you learn about family planning methods? RADIO..... 1 TELEVISION... 2 NEWSPAPERS/ PAMPHLETS/POSTERS..... 3 FRIENDS/RELATIVES..... 4 HEALTH WORKER 5 HUSBAND..... 6 OTHER..... 7	4. Have you (or your husband) ever used any of these methods? YES.. 1 NO... 2 (→8)	5. Are you (or your husband) currently using any of these methods? YES ... 1 NO 2 (→8)	6. Which method do you currently use? CONDOM 1 OTHER TEMPORARY 2 VASACTOMY 3 LAPOROSCOPY/MINILAP 4 TRADITIONAL 5 (→9)	7. Where do you get this method? PUBLIC HEALTH INSTITUTION . 1 PRIVATE HEALTH INSTITUTION . 2 PHARMACY 3 VSC 4 HEALTH WORKER 5 OTHER 6 →9	8. Why don't you use family planning methods? NOT AVAILABLE 1 TOO EXPENSIVE 2 HUSBAND AWAY 3 WANT MORE CHILDREN . 4 RELIGIOUS REASONS .. 5 SCARED OF SIDE-EFFECTS 6 HUSBAND DOES NOT WANT.. 7 OTHER..... 8	9. During the last six months, did any health worker visit your home to talk about family planning? YES..... 1 NO..... 2	10. How many children would you like to have? How many TOTAL? How many boys? How many girls? IF RESPONDENT REPLIES "UPTO GOD OR KARMA" CODE AS "99" TO COLUMN TOTAL	TOTAL	BOYS	GIRLS

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SECTION 11.

FARMING AND LIVESTOCK

PART A1

LANDHOLDING - LAND OWNED

ID CODE OF RESPONDENT:

1. Does your household own any agricultural land?

YES....1
NO.....2 (→PART A2)

P L O T N U M B E R	2. MAKE A LIST OF ALL THE PLOTS/GARDENS THAT THE HOUSEHOLD OWNS:	3. What is the total area of this ..[PLOT]..?		4. Where is this plot located? DISTRICT	5. What type of land is the ..[PLOT]..? UPLAND..... 1 LOWLAND..... 2	6. Is the ..[PLOT]. irrigated or rainfed? IRRIGATED1 RAINFED..2(→9)	7. Is the irrigation on the ..[PLOT]. seasonal or year round? SEASONAL ..1 YEAR ROUND . 2	8. What is the mode of irrigation on the ..[PLOT]..? TUBEWELL/BORING 1 CANAL..... 2 POND/TANK 3 OTHER NATURAL SOURCES 4 MIXED..... 5	9. If you wanted to buy/sell a plot exactly like this, how much would it cost/fetch you? RUPEES
		AREA	UNIT						

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P L O T N U M B E R	DRY SEASON						WET SEASON					
	10. Over the past DRY SEASON what did you do with the .[PLOT].? CROPPED YOURSELF SHARECROPPED OUT FIXED RENT OUT .3 MORTGAGED OUT .4(→13) LEFT FALLOW ...5(→13) OTHER6		11. For the plots which you did not crop yourself, what net rent did you receive from the tenant? →13 NET RENT (Rs.)		12. For the plots which you cropped yourself, what crops did you grow? CROP CODE		13. Over the past WET SEASON what did you do with the .[PLOT].? CROPPED YOURSELF .1 (→15) SHARECROPPED OUT 2 FIXED RENT OUT .. 3 MORTGAGED OUT ... 4 (→NEXT PLOT) LEFT FALLOW 5 (→NEXT PLOT) OTHER 6		14. For the plots which you did not crop yourself, what net rent did you receive from the tenant? →NEXT PLOT NET RENT (Rs.)		15. For the plots which you cropped yourself, what crops did you grow? CROP CODE	
	CASH	IN-KIND	A	B	C	D	CASH	IN-KIND	A	B	C	D
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1. Over the past AGRICULTURE YEAR did your household cultivate land owned by someone else (or that was mortgaged in)? YES 1 NO 2 (→PART A3)

P L O T N U M B E R	2. MAKE A LIST OF ALL THE PLOTS/GARDENS THAT THE HOUSEHOLD CULTIVATED THROUGH SHARECROPPING-IN, RENTING-IN OR MORTGAGING-IN:	3. What is the contractual arrangement on this .[PLOT].? SHARECROPPED 1 (→5) RENTED-IN 2 MORTGAGED-IN ... 3 (→5) OTHER 4	4. How much "rent" did you pay for this plot to the landlord? INCLUDE ONLY CASH PAYMENTS IF NOTHING WRITE ZERO RUPEES	5. What is the total area of this ..[PLOT]..? ROPANI 1 BIGHA 2 AREA	6. What type of land is the ..[PLOT]..? UPLAND 1 LOWLAND 2 UNIT

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P L O T N U M B E R	7. Is the .[PLOT]. irrigated or rainfed? IRRIGATED 1 RAINFED .. 2(→10)	8. Is the irrigation on the .[PLOT]. seasonal or year round? SEASONAL 1 YEAR ROUND 2	9. What is the mode of irrigation on the .[PLOT].? TUBEWELL/BORING 1 CANAL 2 POND/TANK 3 OTHER NATURAL SOURCES... 4 MIXED 5	DRY SEASON				WET SEASON			
				10. What crops did you cultivate over the past DRY SEASON?				11. What crops did you cultivate over the past WET SEASON?			
				CROP CODE				CROP CODE			
				A	B	C	D	A	B	C	D

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1. Did your household sell/transfer any land over the past 12 months?

YES.....1
NO.....2(→4)

2. How much land did your household sell/transfer?

AREA:

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ROPANI1
BIGHA2

UNIT:

3. How much did your household receive from the sales?

WRITE ZERO IF FREE

RUPEES:

4. Did your household buy/get any land over the past 12 months?

YES.....1
NO.....2 (→PART B)

IF THERE IS NO LAND ON THE OWNERSHIP, NO LAND OPERATED AND NO LAND SOLD/BOUGHT DURING THE REFERENCE PERIOD

→PART E1

5. How much land did your household buy/get?

AREA:

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ROPANI ... 1
BIGHA 2

UNIT:

6. How much did your household pay for this land?

WRITE ZERO IF FREE

RUPEES:

1. Did you purchase any chemical fertilizers or insecticides over the past AGRICULTURE YEAR (or receive them from the landlord)?

YES 1
 NO..... 2 (→PART C3)

2. TYPE OF FERTILIZER OR INSECTICIDE:	3. WHAT ARE THE CROPS (MAIN THREE) ON WHICH FERTILIZERS AND INSECTICIDES USED?			4. AMOUNT PURCHASED		
	CODE	A	B	C	QUANTITY (KG)	EXPENDITURE (Rs)
UREA	01					
COMPLEX	02					
DAP	03					
OTHER FERTILIZER	04					
INSECT/PEST-ICIDES	05					
	06	TOTAL TRANSPORTATION COSTS:				

99 TOTAL EXPENDITURE ON FERTILIZER AND INSECTICIDES:

5. Were you able to obtain all the fertilizer you needed over the past AGRICULTURE YEAR?

YES.....1(→PART C3)
 NO.....2

6. Why were you unable to get all the fertilizer you needed in the past AGRICULTURE YEAR?

NOT AVAILABLE FOR PURCHASE 1
 NO MONEY FOR PURCHASE..... 2
 OTHER 3

EXPENDITURES ON AGRICULTURAL INPUTS - HIRING LABOUR

1. Did you hire any casual farm workers over the past AGRICULTURE YEAR?

YES 1
 NO..... 2(→9)

2. PROVIDE INFORMATION ON WORKERS HIRED ON WAGE BASIS USE SEPARATE ROWS FOR WORKERS HIRED ON A PIECE-RATE BASIS AND TIME BASIS		PAID ON A DAILY BASIS											
		3. How did you hire these workers on a daily wages or piece-rate basis? DAILY WAGES1(→8)) PIECE-RATE. 2	4. For how many days in total did you hire this type of workers over the past AGRICULTURE YEAR? TOTAL MAN-DAYS		5. How much did you pay in cash per day to each worker? RUPEES PER DAY		6. What was the value of what you gave in kind to each worker? (meals, snacks, etc.) RUPEES PER DAY		7. INTERVIEWER: ADD THE AMOUNTS REPORTED IN Q. 5 AND 6 (Q. 5 + Q. 6) EXPENDITURE/WORKER (Rs.)		8. INTERVIEWER: MULTIPLY MAN-DAYS REPORTED IN Q. 4 BY THE AMOUNT IN Q. 7 IF SKIPPED FROM Q.3, WRITE THE TOTAL ONLY (Q. 4. x Q. 7) TOTAL EXPENDITURE (Rs.)		
S.N.	DESCRIPTION		MALE	FEMALE	MALE	FEMAL E	MALE	FEMAL E	MALE	FEMALE	MALE	FEMAL E	TOTA L
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16	EXCHANGE LABOUR												

9. TOTAL EXPENDITURE ON CASUAL WORKERS: (IF NOTHING WRITE ZERO)

EXPENDITURES ON AGRICULTURAL INPUTS - HIRING LABOUR
(CONTD.)

10. Did you hire any permanent farm workers over the past AGRICULTURE YEAR?
YES..... 1

NO..... 2 (→13)

11. How many permanent workers did you hire over the past AGRICULTURE YEAR?
NUMBER

12. How much did you pay (cash and in-kind) the permanent workers over the past AGRICULTURE YEAR? TOTAL EXPENDITURE ON PERMANENT WORKERS(Rs.)

13. TOTAL EXPENDITURE ON HIRING FARM LABOR (ADD THE AMOUNT OF Q. 9 AND Q. 12)
EXPENDITURE ON HIRED LABOUR (Rs.)

GRAND TOTAL

REVENUES		EXPENDITURES	
REVENUE SOURCE:	TOTAL REVENUE OVER AGRICULTURE YEAR	EXPENDITURE ITEM:	TOTAL EXPENDITURE OVER AGRICULTURE YEAR
1. TOTAL CROP SALES (COPY FROM PART B ROW 99)	<input style="width: 100%; height: 20px;" type="text"/>	9. TOTAL EXPENDITURE ON SEEDS, ETC. (COPY FROM PART C1 ROW 99)	<input style="width: 100%; height: 20px;" type="text"/>
2. Sale of crop by-products (straw, husk, etc.)	<input style="width: 100%; height: 20px;" type="text"/>	10. TOTAL EXPENDITURE ON FERTILIZER (COPY FROM PART C2 ROW 99)	<input style="width: 100%; height: 20px;" type="text"/>
		11. TOTAL EXPENDITURE ON HIRED LABOR (COPY FROM PART C3 Q NO. 13)	<input style="width: 100%; height: 20px;" type="text"/>
		12. Irrigation charges/maintenance of watercourse, etc.	<input style="width: 100%; height: 20px;" type="text"/>
		13. Transportation of crops to market	<input style="width: 100%; height: 20px;" type="text"/>
		14. Sacks, twine, or other containers	<input style="width: 100%; height: 20px;" type="text"/>
		15. Storage facilities	<input style="width: 100%; height: 20px;" type="text"/>
		16. Improvements on land or buildings	<input style="width: 100%; height: 20px;" type="text"/>
		17. Repair and maintenance of equipment	<input style="width: 100%; height: 20px;" type="text"/>
<u>INCOME FROM RENTING OUT:</u>		<u>EXPENDITURE ON RENTING IN:</u>	
3. Draft animals	<input style="width: 100%; height: 20px;" type="text"/>	18. Draft animals	<input style="width: 100%; height: 20px;" type="text"/>
4. Tractor	<input style="width: 100%; height: 20px;" type="text"/>	19. Tractor	<input style="width: 100%; height: 20px;" type="text"/>
5. Thresher	<input style="width: 100%; height: 20px;" type="text"/>	20. Thresher	<input style="width: 100%; height: 20px;" type="text"/>
6. Other machinery	<input style="width: 100%; height: 20px;" type="text"/>	21. Other machinery	<input style="width: 100%; height: 20px;" type="text"/>
7. Other income	<input style="width: 100%; height: 20px;" type="text"/>	22. Other expenditures	<input style="width: 100%; height: 20px;" type="text"/>
8. TOTAL REVENUES	<input style="width: 100%; height: 20px; border: 3px double black;" type="text"/>	23. TOTAL EXPENDITURES	<input style="width: 100%; height: 20px; border: 3px double black;" type="text"/>

SECTION 11. FARMING AND LIVESTOCK PART E1 LIVESTOCK - OWNERSHIP

1. Has your household owned any livestock over the past 12 months?

YES 1
 NO 2 (→PART F)

2. Did you own any ..[ANIMALS].. over the past 12 months? PUT A CHECK (✓) IN THE APPROPRIATE BOX FOR ANIMAL. IF THE ANSWER TO Q. 2 IS YES, ASK Q. 3-6.				3. How many do you own now? For how much could you buy them all today?		4. How many did you have 12 months ago? For how much could you have bought them all then?		5. How many did you sell over the past 12 months? How much did you sell them for?		6. How many did you buy over the past 12 months? How much did you pay for them?	
ANIMALS	NO	YES	CODE	NUMBER	RUPEES	NUMBER	RUPEES	NUMBER	RUPEES	NUMBER	RUPEES

Bullocks/Cows			01								
He/She Buffaloes			02								
Goats/Castrated goat			03								
He/She Sheep			04								
Yaks/Naks			05								
Pigs/Pork			06								
Horses/Donkeys/Mules,			07								
Poultry/Ducks/ Pigeons			08								
Other livestock			09								
TOTAL			10								

LIVESTOCK -
EARNINGS/EXPENDITURES

INCOME		EXPENDITURES	
INCOME ITEM	TOTAL REVENUE OVER PAST 12 MONTHS	EXPENDITURE ITEM:	TOTAL EXPENDITURE OVER PAST 12 MONTHS
1. Milk		9 Fodder/Animal feed	
2. Ghee		10 Transportation of animal feed	
3. Eggs		11. Veterinary services, inoculations, etc.	
4. Curd			
5. Meat			
6. Animal hides			
7. Other income (Breeding, Manure, Wool, Bones, etc.)		12. Other expenditures (Breeding, Shade improvement, Twine, etc.)	
8. TOTAL INCOME		13. TOTAL EXPENDITURES	

1. Has your household owned any equipment over the past 12 months?

YES 1
 NO..... 2(→9)

<p>2. Do you own a ..[EQUIPMENT]..?</p> <p>PUT A CHECK (✓) IN THE APPROPRIATE BOX FOR ALL EQUIPMENT. IF THE ANSWER TO Q.2 IS YES, ASK Q. 3-8.</p>				<p>3. How many ..[AGRICULTURAL EQUIPMENT].. does your household presently own?</p>	<p>4. For how much could you sell them all today?</p>	<p>5. How many ..[AGRICULTURAL EQUIPMENT].. did your household sell over the past 12 months?</p> <p style="text-align: center;">IF NONE WRITE ZERO AND →7</p>	<p>6. How much did you receive from the sale of ..[AGRICULTURAL EQUIPMENT]..?</p>	<p>7. How many ..[AGRICULTURAL EQUIPMENT].. did your household buy over the past 12 months?</p> <p style="text-align: center;">IF NONE WRITE ZERO AND →9</p>	<p>8. How much did you pay for ..[AGRICULTURAL EQUIPMENT]..?</p>					
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">NO</td> <td style="width: 20px; text-align: center;">YES</td> <td style="width: 20px; text-align: center;">CODE</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;">E</td> </tr> </table>	NO	YES	CODE			E			NUMBER	RUPEES	NUMBER	RUPEES	NUMBER	RUPEES
NO	YES	CODE												
		E												

Tractor/Power tiller			01					
Plough			02					
Cart			03					
Thresher			04					
Trolley			05					
Water Pump			06					
Generator/Diesel Engine			07					
Grain Storage Bin (Drum)			08					
Other Machinery			09					
TOTAL			10					

9. Have you or any member of your household taken technical advice from Government Agriculture Technician over the past 12 months?

YES 1(→11)
 NO..... 2

10. Why did you not take any advice?
 SERVICE FAR AWAY.....1
 SERVICE IS NOT GOOD.....2

11. Have you or any member of your household taken technical advice from Government Livestock Service Technician over the past 12 months?

YES 1(→NEXT SECTION)
 NO..... 2

12. Why did you not take any advice?
 SERVICE FAR AWAY.....1
 SERVICE IS NOT GOOD.....2

SECTION 12. NON-AGRICULTURE ENTERPRISES/ACTIVITIES PART GENERAL CHARACTERISTICS

INTERVIEWER: CHECK SECTION 1 PART C TO SEE IF ANY SELF-EMPLOYMENT ACTIVITIES OUTSIDE AGRICULTURE REPORTED

Yes1
 No2(→NEXT SECTION)

E N T E R P R I S E C O D E	1. What kind of enterprise did/do you operate? CROSS CHECK SELF-EMPLOYMENT ACTIVITIES REPORTED IN SECTION 1 PART C WRITE DESCRIPTION IN FULL THE KIND OF ACTIVITY, GOODS AND SERVICES PRODUCED			2. Which people in the household work in this enterprise/activity? WRITE ID CODES OF MAIN PERSON IN COLUMN "A" AND OF OTHERS IN OTHER COLUMNS FROM HOUSEHOLD ROSTER					3. WRITE ID CODE OF PERSON INTERVIEWED	4. For how long has the enterprise been operating? TOTAL TIME IS SUM OF YEARS AND MONTHS.		5. Where do you operate the enterprise? HOME 1 OTHER FIXED LOCATION.. 2 OTHER CHANGING LOCATION.. 3	6. In the past 12 months, how many months did the enterprise operate? MONTHS	7. Who owns the business? OWNED BY HOUSEHOLD ONLY 1 (→9) PARTNERSHIP/SHARE WITH OTHER OWNERS 2	8. What share of the profits does your household keep? PERCENT
	DESCRIPTION OF THE ACTIVITY	PRODUCED, GOODS AND SERVICES	NSIC CODE	A	B	C	D	E	ID CODE	YEARS	MONTHS				
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															

E N T E R P R I S E C O D E	9.		10.	11.	12.	13.	14.	15.	16.
		Who are your customers?		Is the enterprise registered with the government?	What was your main source of money for setting up the business?	Have you tried to borrow money to operate or expand your business in the past 12 months?	Whom did you borrow, or try to borrow, from?	Did you hire anyone over the past 12 months?	How many workers do you normally hire, during a month when the enterprise is operating?
	OTHER HOUSEHOLDS OR INDIVIDUALS 1	SMALL ENTERPRISES 2	YES ... 1 NO 2	DIDN'T NEED ANY MONEY 1 OWN SAVINGS 2 RELATIVES/FRIENDS .. 3 AGRI. DEV. BANK 4 COMMERCIAL BANK 5 GRAMEEN-TYPE BANK .. 6 OTHER FINANCIAL INSTITUTION 7 LOCAL GROUP (DHUKUTI) 8 NGO OR RELIEF AGENCY 9 SALE OF ASSETS 10 OTHER 11	YES, SUCCESSFULLY 1 YES, BUT UNSUCCESSFULLY 2 NO 3 (→14)	RELATIVES/FRIENDS .. 1 AGRI. DEV. BANK ... 2 COMMERCIAL BANK ... 3 GRAMEEN-TYPE BANK .. 4 OTHER FINANCIAL INSTITUTION 5 LOCAL GROUP (DHUKUTI) 6 NGO OR RELIEF AGENCY ... 7 OTHER 8	YES ... 1 NO 2 (→16)		NO MAJOR PROBLEM.. 1 CAPITAL OR CREDIT PROBLEMS 2 LACK OF TECHNICAL KNOW-HOW 3 PROBLEMS WITH SUPPLY OF POWER OR WATER 4 PROBLEMS WITH EQUIPMENT OR SPARE PARTS... 5 LACK OF ADEQUATE LABOR 6 GOVERNMENT REGULATIONS 7 LACK OF RAW MATERIALS 8 LACK OF CUSTOMERS . 9 TRANSPORT PROBLEMS 10 OTHER 11
	PRIMARY	SECONDARY							

01									
02									
03									
04									
05									
06									
07									
08									
09									
10									

SECTION 12. NON-AGRICULTURE ENTERPRISES/ACTIVITIES INCOME FROM ENTERPRISES

E N T E R P R I S E C O D E	INCOMES		EXPENDITURES OVER PAST 12 MONTHS												
	1. ENTERPRISE/ACTIVITY (COPY FROM PART A)	2. GROSS REVENUES OVER THE PAST 12 MONTHS (FROM SALES)	3. EXPENDITURES ON WAGES BOTH CASH AND IN-KIND	4. EXPENDITURE ON FUEL, KEROSENE, ELECTRICITY, ETC.	5. EXPENDITURE ON RAW MATERIALS	6. OTHER OPERATING EXPENSES	7. NET REVENUES [2-(3+4+5+6)]					8. EXPENDITURE ON CAPITAL GOODS OVER PAST 12 MONTHS	9. SALE OF ASSETS OVER PAST 12 MONTHS	10. If someone wanted to buy this enterprise today, how much would he have to pay?	11. What was its valuation a year ago?
		RUPEES	RUPEES	RUPEES	RUPEES	RUPEES						RUPEES	RUPEES	RUPEES	RUPEES
					CASH	IN-KIND									

01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

1. Does any member of your household have loans outstanding, or have your household contracted any loans over the past 12 months that your household has already repaid? YES1
 NO2(→PART B)

INCLUDE BOTH CASH AND IN-KIND LOANS

L O A N	2. ASK THE RESPONDENT TO FIRST MENTION ALL THE LOANS THAT NEEDS TO BE PAID (OR THAT HAVE ALREADY BEEN PAID IN CASE OF DURING THE REFERENCE PERIOD) BY THE HOUSEHOLD	3. Who was the primary borrower in the household?	4. When did you get the loan?		5. From whom did you obtain the loan?	6. For what purpose did you obtain the loan?	7. How much in total did you borrow?
	DESCRIPTION OF LOAN	ID CODE	MONTH	YEAR			RUPEES
					RELATIVES/FRIENDS/NEIGHBOURS1 AGRI. DEV. BANK2 COMMERCIAL BANK3 GRAMEEN-TYPE BANK4 OTHER FINANCIAL INSTITUTION5 NGO OR RELIEF AGENCY6 LANDLORD/EMPLOYER7 SHOPKEEPER/MONEY LENDER .8 OTHER9	<u>BUSINESS OR FARM USE</u> PURCHASE OF INPUTS (FERTILIZERS, SEEDS, INSECTICIDES, ETC.)..... 1 PURCHASE OF EQUIPMENT 2 PURCHASE OF LAND 3 PURCHASE OF LIVESTOCK 4 BUILDING IMPROVEMENTS FOR BUSINESS 5 OTHER BUSINESS OR FARM USE . 6 <u>PERSONAL USE</u> HOUSEHOLD CONSUMPTION NEEDS 7 PURCHASE/IMPROVEMENT OF DWELLING 8 MARRIAGE/FAMILY EVENTS/FESTIVALS 9 CONSUMER DURABLES 10 OTHER PERSONAL USE 11	INCLUDE ONLY THE PRINCIPAL

01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

BORROWING AND OUTSTANDING LOANS
(CONTD.)

L O A N N U M B E R	8. What is/was the interest or interest rate on the loan?		9. When are/were you scheduled to finish repaying the loan?		10. Have you finished repaying the loan?	11. How much principal and interest in total have you repaid?	12. What collateral did you use to secure the loan?	13. How many days did it take to obtain the loan?
	RUPEES	PERCENT PER YEAR	MONTH	YEAR	FULLY PAID ..1 PARTLY PAID .2 NOT PAID AT ALL3(→12)	RUPEES	AGRICULTURAL LAND 1 BUILDINGS OR OTHER PROPERTY 2 GOLD/SILVER 3 PROPERTY DOCUMENTS 4 PERSONAL GUARANTEE 5 PAST BORROWING RECORD.. 6 OTHER 7 NO COLLATERAL 8	COUNT FROM THE TIME YOU FORMALLY REQUESTED OR APPLIED FOR THE LOAN TO THE TIME YOU RECEIVED THE MONEY DAYS

01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

1. Does any person or household outside your household have loans owed to your household, or have any loans been made and been repaid to your household over the past 12 months? YES.....1 NO.....2 (→PART C)

L O A N N U M B E R	2. ASK THE RESPONDENT TO FIRST MENTION ALL THE LOANS OWED (OR THAT HAVE BEEN MADE AND REPAYED IN CASE OF DURING THE REFERENCE PERIOD) TO THE HOUSEHOLD	3. Who was the primary lender in the household?	4. When was the loan made?		5. What is the relationship of the borrower to the primary lender?	6. What was the primary purpose for which you lent the money?	7. How much in total did you lend?
	DESCRIPTION OF LOAN	ID CODE	MONTH	YEAR			RUPEES
					EMPLOYEE/TENANT FARMER 1 BUSINESS CUSTOMER .. 2 OTHER BUSINESS ASSOCIATE 3 FRIEND/NEIGHBOUR... 4 RELATIVE 5 OTHER..... 6	<u>BUSINESS OR FARM USE</u> PURCHASE OF INPUTS (FERTILIZERS, SEEDS, INSECTICIDES, ETC.) 1 PURCHASE OF EQUIPMENT 2 PURCHASE OF LAND 3 PURCHASE OF LIVESTOCK 4 BUILDING IMPROVEMENTS FOR BUSINESS 5 OTHER BUSINESS OR FARM USE . 6 <u>PERSONAL USE</u> HOUSEHOLD CONSUMPTION NEEDS 7 PURCHASE/IMPROVEMENT OF DWELLING 8 MARRIAGE/FAMILY EVENTS/FESTIVALS 9 CONSUMER DURABLES 10 OTHER PERSONAL USE 11	INCLUDE ONLY THE PRINCIPAL

01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

SECTION 13. CREDIT AND SAVINGS PART C

OTHER ASSETS

1. Does your household own any land or property (do not include property in which the household lives, or land or property already reported in Section 11 or 12)?

YES 1
NO 2 (→5)

2. How much money would it cost to buy property like that (reported in Q. 1) owned by your household?

RUPEES

3. How much money would it have cost a year ago to buy the property (reported in Q. 1) that your household now owns?

....

RUPEES

4. How much did your household spend in total over the past 12 months in purchasing property?

IF NOTHING WRITE ZERO

RUPEES

5. How much did your household receive in total over the past 12 months from selling property?

IF NOTHING WRITE ZERO

RUPEES

6. How much did your household receive in total over the past 12 months from renting property to others?

IF NOTHING WRITE ZERO

RUPEES

7. Does your household own any other real assets (other than financial assets or those assets already been reported in Section 11 or 12)?

YES 1
NO 2 (→11)

8. How much money would it cost to buy assets like those (reported in Q. 7) owned by your household?

RUPEES

9. How much money would it have cost a year ago to buy the assets (reported in Q. 7) that your household now owns?

RUPEES

10. How much did your household spend in total over the past 12 months in purchasing assets?

IF NOTHING WRITE ZERO

RUPEES

11. How much did your household receive in total over the past 12 months from selling assets?

IF NOTHING WRITE ZERO

RUPEES

12. How much did your household receive in total over the past 12 months from renting these assets to others?

IF NOTHING WRITE ZERO

RUPEES

SECTION 14. REMITTANCES AND TRANSFER PART A

REMITTANCES AND TRANSFER INCOME SENT

1. During the past 12 months, did any member of your household send money or other payments (for example, food or clothing) to someone who is not a member of your household?

YES..... 1
 NO..... 2 (→PART B)

L I N E N U M B E R	ID CODE OF RESPONDENT	2. What are the names of the people to whom members of your household have sent money or goods during the past 12 months? LIST ALL NAMES BEFORE GOING TO Q. 3-8. IF THE RESPONDENT DOES NOT WISH TO GIVE NAMES, LEAVE BLANK	3. Who in your household is primarily responsible for sending this assistance? WRITE ID CODE FROM SECTION 1A ID CODE	4. What is the relationship of the ..[RECIPIENT].. to the donor? USE RELATIONSHIP CODES FROM SECTION 1A	5. What is the sex of the ..[RECIPIENT]..? MALE1 FEMALE2	6. Where does the ..[RECIPIENT].. currently live? Is it an urban or rural area? URBAN1 RURAL2		7. What is the ..[RECIPIENT'S].. primary work activity? WAGE EMPLOYEE IN AG 1 WAGE EMPLOYEE IN NON-AG..... 2 SELF EMPLOYEE IN AG 3 SELF EMPLOYEE IN NON-AG..... 4 STUDY..... 5 OTHER..... 6	8. How much in total did you send to ..[RECIPIENT].. over the past 12 months? RUPEES	
	ID CODE					DISTRICT	U/R		CASH	IN-KIND

01										
02										
03										
04										
05										
06										
07										
08										
09										
10										

1. During the past 12 months, has any member of your household received any money or payments in kind, or gifts from any person who is not a member of your household?

YES..... 1
 NO..... 2 (→NEXT SECTION)

L I N E N U M B E R	ID CODE OF RESPONDE NT ID CODE	2. What are the names of all the people who sent you money or goods during the past 12 months? LIST ALL NAMES BEFORE GOING TO Q. 3-10. IF THE RESPONDENT DOES NOT WISH TO GIVE NAMES, LEAVE BLANK	3. Who in your household is the primary recipient of the assistanc e? WRITE ID CODE FROM SECTION 1A ID CODE	4. What is the relationsh ip of the ..[DONOR]. . to the recipient? USE RELATIONSH IP CODES FROM SECTION 1A	5. What is the sex of the ..[DONOR]. ? IF THE DONOR IS AN ORGANIZATI ON, WRITE "9" AND →9 MALE1 FEMALE ...2	6. What is the age of the ..[DONOR] ..? YEARS	7. Where does the ..[DONOR].. currently live? Is it an urban or rural area? URBAN1 RURAL2 DISTRICT U/R	8. What is the ..[DONOR'S].. primary work activity? WAGE EMPLOYEE IN AG. 1 WAGE EMPLOYEE IN NON- AG..... 2 SELF EMPLOYEE IN AG. 3 SELF EMPLOYEE IN NON- AG..... 4 STUDY..... 5 OTHER..... 6	9. How much in total did you receive from. ..[DONOR].. over the past 12 months? RUPEES CASH IN- KIND	10. How does the ..[DONOR].. usually send the amount? FINANCIAL INSTITUTION 1 HUNDI 2 PERSONAL ... 3 OTHER 4	
	01										
02											
03											
04											
05											
06											
07											
08											
09											
10											

SECTION 15.

OTHER INCOME

1. TYPE OF ASSET OR SOURCE OF INCOME		2. What is the current value of the .[ITEM]. that the household owns?	3. What was the value of the ..[ITEM].. a year ago?	4. How much has the household received from ..[ITEM].. in the past 12 months? (interest, dividends, profit, payments, etc.)
ITEM	CODE	RUPEES	RUPEES	RUPEES
Cash/Current/Saving account	101			
Fixed deposit	102			
Shares, stocks, treasury bills	103			
Employee Provident Fund/Citizen Investment Fund	104			
Internal Pension (Domestic)	105			
External Pension (Foreign)	106			
Commission fee, royalties, etc.	107			
Other	108			

SECTION 16.

CHILDREN AWAY FROM HOME (UNDER 15 YEARS)

1. Are any children under 15 years of age away from this household? Yes..1
 No...2 →NEXT SECTION

CHILD NUMBER	2. CHILD'S NAME LIST ALL THE CHILDREN UNDER 15 YEARS OF AGE ABSENT FROM THE HOUSEHOLD	3. RECORD THE ID CODE OF ..[NAME'S].. PARENTS FROM THE ROSTER. IF IT IS NOT ON ROSTER, CODE AS FOLLOWING. ALIVE.....97 DECEASED.....98 UNKNOWN.....99		4. What is the sex of ..[NAME] ..? MALE 1 FEMALE2	5. What is the relation of ..[NAME].. to the household head? SON/DAUGHTER 1 STEP-SON/ DAUGHTER ..2 GRANDCHILD .3 BROTHER/SISTER4 NEPHEW/NIECE 5 OTHER6	6. What was/is the age of ..[NAME]..? WRITE THE AGE OF NAME WHEN HE/SHE LEFT THE HOME AND OF NOW. WRITE THE AGE IN COMPLETE YEAR.		7. What was/is the highest level of education that ..[NAME].. completed ? WRITE THE EDUCATION CODE OF NAME WHEN HE/SHE LEFT THE HOME AND OF NOW		8. Where has ..[NAME].. gone when he/she left? Was it then an urban or rural area? URBAN.....1 RURAL.....2 IF PLACE IS UNKNOWN, WRITE "99" IN DISTRICT COLUMN		9. What does ..[NAME].. primarily do there? WORK 1 STUDY..... 2 (→NEXT PERSON) LIVE WITH RELATIVES . 3 (→NEXT PERSON) LEAVE WITH PARENTS .. 4 (→NEXT PERSON) DON'T KNOW 5 (→NEXT PERSON)	10. What work does ..[NAME].. primarily do there? SPECIFY THE WORK DONE AND GIVE APPROPRIATE NSCO CODE IN CASE OF 'OTHER' RAG PICKING .916 DOMESTIC WORK913 PORTER915 WORK IN MINES711 WORK IN CARPET FACTORY743 BONDED LABOUR996 AGRI. LABOUR 921 OTHER DON'T KNOW .009	11. Did your household receive any money or goods from ..[NAME].. or ..[NAME'S].. employer during the past 12 months? INTERVIEWER : CHECK THIS WITH SECTION 14 PART B YES..... 1 NO..... 2
		FATHER'S ID CODE	MOTHER'S ID CODE			THEN	NOW	THEN	NOW	DISTRICT	U/R			

01														
02														
03														
04														
05														
06														
07														
08														
09														
10														

ID CODE OF RESPONDENT

I would like to ask your opinion of your family's standard of living.	It was less than adequate for your family's needs1 It was just adequate for your family's needs2 It was more than adequate for your family's needs3 Not applicable4
1. Concerning your family's food consumption over the past one month, which of the following is true?	
2. Concerning your family's housing, which of the following is true?	
3. Concerning your family's clothing, which of the following is true?	
4. Concerning the health care your family gets, which of the following is true?	
5. Concerning your children's schooling, which of the following is true?	
6. Concerning your family's total income over the past one month, which of the following is true?	

7. IF THE ANSWER TO Q. 1 IS "1", ASK:

Do you consider that you, or any member of your family eats too little food to live a healthy and active live? YES... 1
 NO.... 2

Now, I would like to ask you to rate the government services/facilities that your household uses.	GOOD..... 1 FAIR..... 2 BAD..... 3 NOT APPLICABLE..... 4
8. How do you take the health services consuming by your household?	
9. How do you take the education services consuming by your household?	
10. How do you take the drinking water services consuming by your household?	
11. How do you take the electricity services consuming by your household?	
12. How do you take the road facilities consuming by your household?	
13. How do you take the postal services consuming by your household?	
14. How do you take the telephone services consuming by your household?	

SECTION 18.

PANEL SAMPLE HOUSEHOLD TRACKING

District	Municipality/VDC	Ward	Sub-ward	Household S. No.

PSU	HH

1. Is this household in the NLSS-01 form? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	2. Was this household found? Yes 1 → 6 <input type="checkbox"/> No 2 <input type="checkbox"/>	3. What is the reason of not found? Moved 1 Other 2 → 5 Don't know 3 → NEXT HH <input type="checkbox"/>	4. Where and when did the HH move? District <input type="checkbox"/> Urban 1 Rural 2 <input type="checkbox"/> Year <input type="checkbox"/>	5. Who stated this reason? Relative 1 Neighbour 2 <input type="checkbox"/> Knowledgeable person 3 Other person 4 → NEXT HOUSEHOLD
--	---	--	--	--

HOUSEHOLD COMPOSITION IN 1996					
I D C O D E I N 1 9 9 6	6.	7.	8.	9.	
	NAME	SEX	RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD IN 1996	AGE IN 1996	
				HEAD 1	
				HUSBAND/WIFE 2	
				SON/DAUGHTER 3	
				GRANDCHILD 4	
				FATHER/MOTHER 5	
				BROTHER/SISTER 6	
				NEPHEW/NIECE 7	
				SON/DAUGHTER-IN-LAW 8	
				BROTHER/SISTER-IN-LAW 9	
				FATHER/MOTHER-IN-LAW 10	
				OTHER FAMILY RELATIVE 11	
				SERVANT/SERVANT'S RELATIVE 12	
		MALE 1		TENANT/TENANT'S RELATIVE 13	
	FEMALE 2		OTHER PERSON NON RELATED 14	YEARS	

CURRENT SITUATION				
HOUSEHOLD MEMBER		NOT HOUSEHOLD MEMBER		
10.	11.	12.	13.	14.
IS THIS PERSON MEMBER IN THE NEW HOUSEHOLD ROSTER?	WRITE THE ID CODE OF THIS PERSON IN THE NEW ROSTER	WHY IS THIS PERSON NOT THE HOUSEHOLD MEMBER NOW?	WHERE IS THIS PERSON LIVING NOW?	WHEN DID THIS PERSON DIE, OR MOVE?
		DIED 1 → 14	IS IT IN THIS SAME PSU?	
		HOUSEHOLD SPLIT 2	IN WHAT DISTRICT OR COUNTRY IS THIS PERSON LIVING NOW?	
		MOVED FOR WORK 3	IS IT AN URBAN OR RURAL AREA?	
		MOVED DUE TO MARRIAGE 4	URBAN 1	
		MOVED FOR STUDIES 5	RURAL 2	
YES 1		OTHER 6 → 14	YES 1 → 14	
NO 2 → 12	ID CODE		NO 2	DISTRICT U/R YEAR

01				
02				
03				
04				
05				
06				
07				
08				
09				
10				

LIST OF CODES

ANNEX 1

NSIC CODES

01 AGRICULTURE AND RELATED SERVICE ACTIVITIES	37 RECYCLING
02 FORESTRY, LOGGING AND RELATED SERVICE ACTIVITIES	40 ELECTRICITY AND GAS SUPPLY
05 FISHING, OPERATION OF FISH HATCHERIES AND FISH FARMS; SERVICE ACTIVITIES INCIDENTAL TO FISHING	41 COLLECTIONS, PURIFICATION AND DISTRIBUTION OF WATER
10 MINING OF COAL AND LIGNITE; EXTRACTION OF PEAT	45 CONSTRUCTION
11 EXTRACTION OF CRUDE PETROLIUM AND NATURAL GAS; SERVICE ACTIVITIES INCIDENTAL TO OIL AND GAS EXTRACTION EXCLUDING SURVEYING	50 SALE, MAINTENANCE AND REPAIR OF MOTOR VEHICLES AND MOTORCYCLES; RETAIL SALE OF AUTOMOTIVE FUEL
12 MINING OF URANIUM AND THORIUM ORES	51 WHOLESALE TRADE AND COMMISSION TRADE, EXCEPT OF MOTOR VEHICLES AND MOTORCYCLES
13 MINING OF METAL ORES	52 RETAIL TRADE, EXCEPT OF MOTOR VEHICLES AND MOTORCYCLES; REPAIR OF PERSONAL AND HOUSEHOLD GOODS
14 OTHER MINING AND QUARRYING	55 HOTELS AND RESTAURANTS
15 MANUFACTURE OF FOOD PRODUCTS AND BEVERAGES	60 LAND TRANSPORT
16 MANUFACTURE OF TOBACCO PRODUCTS	61 WATER TRANSPORT
17 MANUFACTURE OF TEXTILES	62 AIR TRANSPORT
18 MANUFACTURE OF WEARING APPREL; DRESSING AND DYEING OF FUR	63 SUPPORTING AND AUXILIARY TRANSPORT ACTIVITIES; ACTIVITIES OF TRAVEL AGENCIES
19 TANNING AND DRESSING OF LEATHER; MANUFACTURE OF LUGGAGE, HANDBAGS, SADDLERY AND HARNESS	64 POST AND TELECOMMUNICATIONS
20 MANUFACTURE OF WOOD AND OF PRODUCTS OF WOOD AND CORK, EXCEPT FURNITURE; MANUFACTURE OF ARTICLES OF STRAW AND PLAITING MATERIALS	65 FINANCIAL INTERMEDIATION, EXCEPT INSURANCE AND PENSION FUNDING
21 MANUFACTURE OF PAPER AND PAPER PRODUCTS	66 INSURANCE AND PENSION FUNDING, EXCEPT COMPULSORY SOCIAL SECURITY
22 PUBLISHING, PRINTING AND REPRODUCTION OF RECORDED MEDIA	67 ACTIVITIES AUXILIARY TO FINANCIAL INTERMEDIATION
23 MANUFACTURE OF COKE, REFINED PETROLIUM PRODUCTS AND NUCLEAR FUEL	70 REAL ESTATE ACTIVITIES
24 MANUFACTURE OF CHEMICALS AND CHEMICAL PRODUCTS	71 RENTING OF MACHINERY AND EQUIPMENT WITHOUT OPERATOR AND OF PERSONAL AND HOUSEHOLD GOODS
25 MANUFACTURE OF RUBBER AND PLASICS PRODUCTS	72 COMPUTER AND RELATED ACTIVITIES
26 MANUFACTURE OF OTHER NON-METALIC MINARAL PRODUCTS	73 RESEARCHES AND DEVELOPMENT
27 MANUFACTURE OF BASIC METALS	74 OTHER BUSINESS ACTIVITIES
28 MANUFACTURE OF FABRICATED METAL PRODUCTS, EXCEPT MACHINERY AND EQUIPMENT	75 PUBLIC ADMINISTRATION AND DEFENCE; COMPULSORY SOCIAL SECURITY
29 MANUFACTURE OF MACHINERY AND EQUIPMENT N.E.C.	80 EDUCATION
30 MANUFACTURE OF OFFICE, ACCOUNTING AND COMPUTING MACHINERY	85 HEALTHS AND SOCIAL WORK
31 MANUFACTURE OF ELECTRICAL MACHINERY AND APPARATUS N.E.C.	90 SEWAGE AND REFUSE DISPOSAL, SANITATION AND SIMILAR ACTIVITIES
32 MANUFACTURE OF RADIO, TV AND COMMUNICATION EQUIPMENT AND APPARATUS	91 ACTIVITIES OF MEMBERSHIP ORGANIZATIONS N.E.C.
33 MANUFACTURE OF MEDICAL, PRECISION AND OPTICAL INSTRUMENTS, WATCHES AND CLOCKS	92 RECREATIONAL, CULTURAL AND SPORTING ACTIVITIES
34 MANUFACTURE OF MOTOR VEHICLES; TRAILERS AND SEMI-TRAILERS	93 OTHER SERVICE ACTIVITIES
35 MANUFACTURE OF OTHER TRANSPORT EQUIPMENT	95 PRIVATE HOUSEHOLDS WITH EMPLOYED PERSONS
36 MANUFACTURE OF FURNITURE; MANUFACTURING N.E.C.	99 EXTRA-TERRITORIAL ORGANIZATION AND BODIES

ANNEX 2
NSCO CODES

011	ARMED FORCES	344	CUSTOMS, TAX AND RELATED GOVERNMENT ASSOCIATE PROFESSIONALS	742	WOOD TREATERS, CABINET-MAKERS AND RELATED TRADERS WORKERS
111	LEGISLATORS				
112	GOVERNMENT OFFICIALS	345	POLICE INSPECTORS AND DETECTIVES	743	TEXTILE, GARMENT AND RELATED TRADES WORKERS
114	OFFICIALS OF SPECIAL INTEREST ORGANIZATIONS	346	SOCIAL WORK ASSOCIATE PROFESSIONALS	744	PELT, LEATHER AND SHOE MAKING TRADES WORKERS
121	DIRECTORS AND CHIEF EXECUTIVES	347	ARTISTIC, ENTERTAINMENT AND SOPRTS ASSOCIATE PROFESSIONALS	811	MINING AND MINERAL-PROCESSING PLANT OPERATORS
122	PRODUCTION AND OPERATIONS DEPARTMENT MANAGERS			812	METAL-PROCESSING-PLANT OPERATORS
123	OTHER DEPARTMENT MANAGERS	348	RELIGIOUS ASSOCIATE PROFESSIONALS	813	GLASS, CERAMICS AND RELATIVE PLANT OPERATORS
131	GENERAL MANAGERS/MANAGING PROPRIETORS	411	SECRETARIES AND KEYBOARD-OPERATING CLERKS/ASSISTANTS	814	WOOD-PROCESSING AND PAPERMAKING-PLANT OPERATORS
211	PHYSICISTS, CHEMISTS AND RELATED PROFESSIONALS	412	NUMERICAL CLERKS/OFFICE ASSISTANTS	815	CHEMICAL-PROCESSING-PLANT OPERATORS
212	MATHEMATICIANS, STATISTICIANS AND RELATED PROFESSIONALS	413	MATERIAL-RECORDING AND TRANSPORT CLERKS/OFFICE ASSISTANTS	816	POWER-PRODUCTION AND RELATED PLANT OPERATORS
213	COMPUTING PROFESSIONALS	414	LIBRARY, MAIL AND RELATED CLERKS/OFFICE ASSISTANTS	817	AUTOMATED-ASSEMBLY-LINE AND INDUSTRIAL-ROBOT OPERATORS
214	ARCHITECTS, ENGINEERS AND RELATED PROFESSIONALS			821	METAL AND MINERAL PRODUCTS MACHINE OPERATORS
221	LIFE SCIENCE PROFESSIONALS	419	OTHER OFFICE CLERKS/ASSISTANTS	822	CHEMICAL-PRODUCTS MACHINE OPERATORS
222	HEALTH PROFESSIONALS, EXCEPT NURSING	421	CASHIERS, TELLERS AND RELATED CLERKS/OFFICE ASSISTANTS	823	RUBBER AND PLASTIC PRODUCTS MACHINE OPERATORS
223	NURSING AND MIDWIFERY PROFESSIONALS	422	CLIENT INFORMATION CLERKS/OFFICE ASSISTANTS	824	WOOD-PRODUCTS MACHINE OPERATORS
231	COLLEGE, UNIVERSITY AND HIGHER EDUCATION TEACHING PROFESSIONALS	511	TRAVEL ATTENDANTS AND RELATED WORKERS	825	PRINTING, BINDING AND PAPER PRODUCTS MACHINE OPERATORS
232	SECONDARY EDUCATION TEACHING PROFESSIONALS	512	HOUSEKEEPING AND RESTAURANT SERVICES WORKERS	826	TEXTILE, FUR AND LEATHER-PRODUCTS MACHINE OPERATORS
233	PRIMARY AND PRE-PRIMARY EDUCATION TEACHING PROFESSIONALS	513	PERSONAL CARE AND RELATED WORKERS	827	FOOD AND RELATED PRODUCTS MACHINE OPERATORS
234	SPECIAL EDUCATION TEACHING PROFESSIONALS	514	OTHER PROFESSIONAL SERVICES WORKERS	828	ASSEMBLERS
235	OTHER TEACHING PROFESSIONALS	515	ASTROLOGERS, FORTUNE-TELLERS AND RELATED WORKERS	829	OTHER MACHINE OPERATORS AND ASSEMBLERS
241	BUSINESS PROFESSIONALS	516	PROTECTIVE SERVICE WORKERS	831	LOCOMOTIVE-ENGINE DRIVERS AND RELATED WORKERS
242	LEGAL PROFESSIONALS	521	FASHION AND OTHER MODELS	832	MOTOR VEHICLE DRIVERS
243	ARCHIVISTS, LIBRARIANS AND RELATED INFORMATION PROFESSIONALS	522	SHOP SALESPERSONS AND DEMONSTRATOTRS	833	AGRICULTURAL AND OTHER MOBILE-PLANT OPERATORS
244	SOCIAL SCIENCE AND RELATED PROFESSIONALS	523	STALL AND MARKET SALESPERSONS	911	STREET VENDORS AND RELATED WORKERS
245	WRITERS AND CREATIVE OR PERFORMING ARTISTS	611	MARKET-ORIENTED GARDENERS AND CROP GROWERS	912	SHOE CLEANING AND OTHER STREET SERVICES ELEMENTARY OCCUPATIONS
246	RELIGIOUS PROFESSIONALS	612	MARKET-ORIENTED ANIMAL PRODUCERS AND RELATED WORKERS	913	DOMESTIC AND RELATED HELPERS, CLEANERS AND LAUNDERERS
311	PHYSICAL AND ENGINEERING SCIENCE TECHNICIANS	613	MARKET-ORIENTED CROP AND ANIMAL PRODUCERS	914	BUILDING CARETAKERS, WINDOWS AND RELATED CLEANERS
312	COMPUTER ASSOCIATE PROFESSIONALS	614	FORESTRY AND RELATED WORKERS	915	MESSENGERS, PORTERS, DOORKEEPERS AND RELATED WORKERS
313	OPTICAL AND ELECTRONIC EQUIPMENT OPERATORS	615	FISHERY WORKERS	916	GARBAGE COLLECTORS AND RELATED LABOURERS
314	AIRCRAFT CONTROLLERS AND TECHNICIANS	621	SUBSISTENCE AGRICULTURAL AND FISHERY WORKERS	921	AGRICULTURAL, FISHERY AND RELATED LABOURERS
315	SAFETY AND QUALITY INSPECTORS	711	MINERS, SHOFTIRERS, STONE CUTTERS AND CARVERS	931	MINING AND CONSTRUCTION LABOURERS
321	LIFE SCIENCE TECHNICIANS AND RELATED ASSOCIATE PROFESSIONALS	712	BUILDING FRAME AND RELATED TRADES WORKERS	932	MANUFACTURING LABOURERS
322	MODERN HEALTH ASSOCIATE PROFESSIONAL, EXCEPT NURSING	713	BUILDING FINISHERS AND RELATED TRADES WORKERS	933	TRANSPORT LABOURERS AND FREIGHT HANDLERS
323	NURSING AND MIDWIFERY ASSOCIATE PROFESSIONALS	714	PAINTERS, BUILDING STRUCTURE CLEANERS AND RELATED TRADES WORKERS	997	HOUSEHOLD WORK
324	TRADITIONAL MEDICINE PRACTITIONERS AND FAITH HEALERS	721	METAL MOULDERS, WELDERS, SHEET-METAL WORKERS, STRUCTURAL-METAL PREPARER	998	STUDENT
331	PRIMARY EDUCATION TEACHING ASSOCIATE PROFESSIONALS	722	BLACKSMITHS, TOOL-MAKERS AND RELATED TRADES WORKERS	999	NOT WORKING
332	PRE-PRIMARY EDUCATION TEACHING ASSOCIATE PROFESSIONALS	723	MACHINERY MECHANICS AND FITTERS		
333	SPECIAL EDUCATION TEACHING ASSOCIATE PROFESSIONALS	724	ELECTRICAL AND ELECTRONIC EQUIPMENT MECHANICS AND FITTERS		
334	OTHER TEACHING ASSOCIATE PROFESSIONALS	731	PRECISION WORKERS IN METAL AND RELATED MATERIALS		
341	FINANCE AND SALES ASSOCIATE PROFESSIONALS	732	POTTERS, GLASS-MAKERS AND RELATED TRADES WORKERS		
342	BUSINESS SERVICES AGENT AND TRADE BROKERS	733	HANDICRAFT WORKERS IN WOOD, TEXTILE, LEATHER AND RELATED MATERIALS		
343	ADMINISTRATIVE ASSOCIATE PROFESSIONALS	734	PRINTING AND RELATED TRADES WORKERS		
		741	FOOD PROCESSING AND RELATED TRADES WORKERS		

ANNEX 3		SYANGJA	39	BANGLADESH	84	BANIYA	28	TAJPURIYA	68			
DISTRICT CODES		KASKI	40	HONG KONG	85	GHARTI/BHUJEL	29	THAKALI	69			
TAPLEJUNG	01	MANANG	41	MALAYASIA	86	MALLAH	30	CHIDIMAR	70			
PANCHTHAR	02	MUSTANG	42	JAPAN	87	KALWAR	31	PAHARI	71			
ILAM	03	MYAGDI	43	SAUDI ARABIA	88	KUMAL	32	MALI	72			
JHAPA	04	PARBAT	44	QATAR	89	HAJAM/THAKUR	33	BANGALI	73			
MORANG	05	BAGLUNG	45	UNITED ARAB EMIRATES	90	KANU	34	CHHANTAL	74			
SUNSARI	06	GULMI	46	UNITED KINGDOM	91	RAJBANSI	35	DOM	75			
DHANKUTA	07	PALPA	47	UNITED STATES OF AMERICA	92	SUNUWAR	36	KAMAR	76			
TEHRATHUM	08	NAWALPARASI	48	OTHER COUNTRY	93	SUDHI	37	BOTE	77			
SANKHUWASABHA	09	RUPANDEHI	49	ANNEX 4					LOHAR	38	BRAHMU/BARAMU	78
BHOJPUR	10	KAPILBASTU	50	ETHNICITY CODES					TATMA	39	GAINE	79
SOLUKHUMBU	11	ARGHAKHANCHI	51	CHHETRI	01	KHATWE	40	JIREL	80	ADIBASI/JANAJATI	81	
OKHALDHUNGA	12	PYUTHAN	52	BRAHMAN (HILL)	02	DHOBI	41	DURA	82	CHURAUTE	83	
KHOTANG	13	ROLPA	53	MAGAR	03	MAJHI	42	BADI	84	MECHE	85	
UDAYAPUR	14	RUKUM	54	THARU	04	NUNIYA	43	LEPCHA	86	HALKHOR	87	
SAPTARI	15	SALYAN	55	TAMANG	05	KUMHAR	44	PUNJABI/SIKH	88	KISAN	89	
SIRAHA	16	DANG	56	NEWAR	06	DANUWAR	45	RAJI	90	BYANGSI	91	
DHANUSHA	17	BANKE	57	MUSLIM	07	CHEPANG/PRAJA	46	HAYU	92	KOCHE	93	
MAHOTTARI	18	BARDIYA	58	KAMI	08	HALUWAI	47	DHUNIA	94	WALUNG	95	
SARLAHI	19	SURKHET	59	YADAV	09	RAJPUT	48	JAINE	96	MUNDA	97	
SINDHULI	20	DAILEKH	60	RAI	10	KAYASTHA	49	RAUTE	98	YEHLMO	99	
RAMECHHAP	21	JAJARKOT	61	GURUNG	11	BADHAE	50	PATHARKATA/KUSWADIYA	100	KUSUNDA	101	
DOLAKHA	22	DOLPA	62	DAMAIN/DHOLI	12	MARWADI	51	OTHER CASTE	102			
SINDHUPALCHOK	23	JUMLA	63	LIMBU	13	SANTHAL/SATAR	52					
KAVREPALANCHOK	24	KALIKOT	64	THAKURI	14	DHAGAR/JHAGAR	53					
LALITPUR	25	MUGU	65	SARKI	15	BANTAR	54					
BHAKTAPUR	26	HUMLA	66	TELI	16	BARAE	55					
KATHMANDU	27	BAJURA	67	CHAMAR/HARIJAN/RAM	17	KAHAR	56					
NUWAKOT	28	BAJHANG	68	KOIRI	18	GANGAI	57					
RASUWA	29	ACHHAM	69	KURMI	19	LODHA	58					
DHADING	30	DOTI	70	SANYASI	20	RAJBHAR	59					
MAKWANPUR	31	KAILALI	71	DHANUK	21	THAMI	60					
RAUTAHAT	32	KANCHANPUR	72	MUSAHAR	22	DHIMAL	61					
BARA	33	DANDHELDHURA	73	DUSADH/PASWAN/PASI	23	BHOTE	62					
PARSA	34	BAITADI	74	SHERPA	24	BING/BINDA	63					
CHITWAN	35	DARCHULA	75	SONAR	25	BHEDIYAR/GADERI	64					
GORKHA	36	INDIA	81	KEWAT	26	NURANG	65					
LAMJUNG	37	BHUTAN	82	BRAHMAN (TARAI)	27	YAKKHA	66					
TANAHUN	38	CHINA	83			DARAI	67					

ANNEX 5	
LANGUAGE CODES	
NEPALI	01
MAITHILI	02
BHOJPURI	03
THARU (DAGAURA/RANA)	04
TAMANG	05
NEWAR	06
MAGAR	07
AWADHI	08
BANTAWA	09
GURUNG	10
LIMBU	11
BAJJIKA	12
URDU	13
RAJBANSI	14
SHERPA	15
HINDI	16
CHAMLING	17
SANTHALI	18
CHEPANG	19
DANUWAR	20
JHANGAD/DHANGAD	21
SUNUWAR	22
BANGLA	23
MARWADI/RAJASTHANI	24
MAJHI	25
OTHER LANGUAGE	26
ANNEX 6	
RELIGION CODES	
HINDU	01
BOUDDHA	02
ISLAM	03
KIRANT	04
JAIN	05
CHRISTIAN	06
SHIKH	07
BAHAI	08
OTHER RELIGION	09

ANNEX 7	
MONTH CODES	
BAISHAKH	01
JETH	02
ASAR	03
SAUN	04
BHADAU	05
ASOJ	06
KATTIK	07
MANGSIR	08
PUS	09
MAGH	10
FAGUN	11
CHAIT	12

ANNEX 8	
EDUCATION CODES	
PRE-SCHOOL/KINDERGARTEN	00
CLASS 1	01
CLASS 2	02
CLASS 3	03
CLASS 4	04
CLASS 5	05
CLASS 6	06
CLASS 7	07
CLASS 8	08
CLASS 9	09
CLASS 10	10
SLC	11
CLASS 12/INTERMEDIATE LEVEL	12
BACHELOR LEVEL	13
MASTER LEVEL	14
PROFESSIONAL DEGREE	15
LITERATE (NON-FORMAL EDUCATION)	16
ILLITERATE	17

ANNEX 9	
QUANTITY CODES	
KILOGRAM	01
GRAM	02
MAUND	03
LITRE	04
MURI	05
PATHI	06
MANA	07
KURUWA	08
NUMBER/PIECES	09
DOZEN	10

ANNEX 10	
CROP CODES	
CEREALS:	
EARLY PADDY	01
MAIN PADDY	02
UPLAND PADDY	03
WHEAT	04
WINTER/SPRING MAIZE	05
SUMMER MAIZE	06
MILLET	07
BARLEY	08
BUCKWHEAT	09
OTHER CEREALS	10

PULSES AND LEGUMES:	
SOYBEAN	11
BLACK GRAM	12
RED GRAM	13
GRASS PEA	14
LENTIL	15
HORSE GRAM	16
PEA	17
GREEN GRAM	18
COARSE GRAM	19
COW PEA	20

OTHER LEGUMES	21
TUBER AND BULB CROPS:	
WINTER POTATO	22
SUMMER POTATO	23
SWEET POTATO	24
COLOCASIA	25
OTHER TUBERS	26
OILSEED CROPS:	
MUSTARD	27
GROUND NUT	28
LINSEED	29
SESAME	30
OTHER OILSEED	31
CASH CROPS:	
SUGARCANE	32
JUTE	33
TOBACCO	34
OTHER (INCLUDING COTTON)	35
SPICES:	
CHILIES	36
ONIONS	37
GARLIC	38
GINGER	39
TURMERIC	40
CARDAMOM	41
CORIANDER SEED	42
OTHER SPICES	43
VEGETABLES:	
WINTER VEGETABLES	44
SUMMER VEGETABLES	45
CITRUS FRUITS:	
ORANGE	46

LEMON	47
LIME	48
SWEET LIME	49
OTHER CITRUS	50
NON-CITRUS FRUITS:	
MANGO	51
BANANA	52
GUAVA	53
JACK FRUIT	54
PINEAPPLE	55
LICHEE	56
PEAR	57
APPLE	58
PLUM	59
PAPAYA	60
POMEGRANATE	61
OTHER FRUIT	62
OTHER:	
TEA	63
THATCH	64
FODDER TREES	65
BAMBOO	66
OTHER TREES	67