

STUDY OF SOCIAL ECONOMIC SECURITY IN BANGLADESH

People Security Survey

For additional information about PSS surveys, please consult:
<http://www.ilo.org/public/french/protection/ses/activity/survey.htm>

(Study sponsored by ILO)

IDENTIFICATION

INFORMATION	CODE
I.1. District: Gazipur Munshiganj Dhaka city	1 2 3
I.2. Upazila/Subdistrict/ward:	<input style="width: 20px; height: 20px;" type="text"/>
I.3. Union/Mohallah:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
I.4. Village/street or Lane:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
I.5. Sampling Area : Rural non flood area Rural flood prone area Dhaka city (New area) Dhaka City (Old area)	1 2 3 4
I.6. Name of Respondent: _____	
I.7. Household Number:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
I.8. Household Address: _____ _____ _____	

Name of Interviewer:	<input style="width: 20px; height: 20px;" type="text"/>	
Name of Editor:	<input style="width: 20px; height: 20px;" type="text"/>	

Interview session:	VISIT I	VISIT II	VISIT III	INTERVIEWER RESULT
DATE:	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	CODE: 1. Finish 2. Delayed 3. Can not be contacted 4. Partially completed 5. Refusal 7. Others: _____
TIME STARTED:	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	
TIME FINISHED:	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	
INTERVIEWER RESULT:	<input style="width: 60%; height: 20px;" type="text"/>	<input style="width: 60%; height: 20px;" type="text"/>	<input style="width: 60%; height: 20px;" type="text"/>	

Centre for Operations Research and Training (CORT)
Dhaka, Bangladesh
2001

The Bangladesh People's Security Survey

Interviewer Instructions: You should read each question as printed, and should not read out any of the suggested coded responses, unless there are specific instructions to do so. Questions to be read out are written in bold. Words in capitals are instructions. (See separate enumerator instruction sheet for details of the method to be used in choosing the respondent.)

I. HOUSEHOLD CHARACTERISTICS AND BACKGROUND

1.1-1.5 HOUSEHOLD SCHEDULE

INTERVIEWER INSTRUCTIONS: It is necessary to collect some information on all adults and children in the Household. A Household is defined as including all persons who usually sleep in the dwelling unit and usually eat from a common pot. To this sociological definition of a Household, the following persons are also to be included in the Household:

- a. Maids/servants if they eat and sleep in the dwelling or on its premises.
- b. Spouses, other adults or children who are **temporarily away** and who make a substantial contribution to meeting the Household's living expenses, or whose living expenses are met to a substantial extent by the Household.

Guests and other relatives such as married daughters who live else where but temporarily visiting the household should NOT BE INCLUDED in the household list.

When several unrelated adults (e.g. female garment workers, or male rickshaw pullers) share a dwelling, all of them should be considered to be members of one Household – whether or not they eat or cook together.

After completing the Household Schedule, the interviewer should ask the following question:

Are there any other adults or children who are temporarily away and who have helped to meet the Household's living expenses, or have helped the Household to meet its living expenses in the past 12 months?

If the answer is yes, these people/children should be added to the Household Schedule (but are not to be considered as possible respondents because they are temporarily living away).

The interviewer should add as many additional pages to the Household Schedule as are required.

1.1 – 1.5. HOUSEHOLD CHART

I would like to begin by asking you some questions about the people who live in this household.
(INS: INCLUDE ALL THOSE WHO ARE TEMPORARILY AWAY AND EXCLUDE ALL GUESTS VISITING THE HOUSEHOLD. READ INSTRUCTION ON PAGE 2]

Person sl.no.	MEMBERS OF HOUSEHOLD	SEX	AGE		RESIDENCE	WORK ACTIVITY							Sr. No. of eligible persons of interview***
			1.3 How old is X? (age at last birthday)			1.5 Which Household members did the following activities in the past one-month? 1 Yes 2 No (READ EACH ACTIVITY IN COLUMNS):							
	1.1 Who are the members of the household? (Give the name of everyone who usually lives and eats in this household; exclude visitors living elsewhere. Include also family members temporarily living outside and regularly contributing to family income. Include also live-in servants)	1.2 What is the sex of X? Male = 1 Female=2	*		1.4 Is X living in hh or temporarily away? 1. Living 2. Presently away	Wage or salary employee (daily, weekly or monthly)	Own business or craft (self-employed)	Petty business (self-employed)	Petty trader/purchaser (self-employed)	Cultivator/animals/fish	IF NOT PERFORM ANY ACTIVITY, INDICATE		
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													

* Code exact completed years in two columns. Code '01' if less than 12 months. 98 if 98 years or more. 99 Not as certain

** Codes for « non-actives »: 1. Housewife 2. Disabled 3. Ill 4. Student/child 5. Retired
6. Unemployed 7. Other

*** All persons are eligible for interview who are between 15-59 years. Person less than 15 years, more than 65 years and temporarily away are excluded.

Work activities can be full-time or part-time, done at home or away from home, and can be for paid or not. Such activities may include: **(1) working for someone else, (2) having your own business, (3) doing trading or selling or small production, (4) work on the farm or animals/fish.** Examples include daily wage work and monthly salary work; doing laundry, cooking, or sewing/repairing clothes for people outside this household; making pots or baskets for sale; operating a shop; selling vegetables in the street or market; raising crops, fish or animals.

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
1.6	Of the various sources of income your household had over the past one month, which would you say was the most important?	Wage or salary Own business Petty/small trader Petty/small business Cultivation/animals/fish Remittances Other (Specify _____)	1 2 3 4 5 6 7	
INS: NOW CHOOSE RESPONDENT USING THE TABLE GIVE BELOW				
	<p>INS: CHOOSE RESPONDENT for the remainder of the questionnaire using the following random number series along with person number from household members chart:</p> <p>Random Person number choice (pre-filled at HQ before interview)</p>	<p>1st choice _____</p> <p>2nd Choice _____</p> <p>3rd Choice _____</p>	<p>1</p> <p>2</p> <p>3</p>	

RANDOM NUMBER OF TABLES FOR SELECTION OF RESPONDENTS

Mummer of eligible persons in household	Last digit of the schedule number									
	0	1	2	3	4	5	6	7	8	9
1	1	1	1	1	1	1	1	1	1	1
2	2	2	1	2	1	2	1	1	2	1
3	1	3	3	2	1	2	1	3	3	1
4	2	4	2	3	4	1	2	1	3	3
5	2	4	1	5	4	5	1	2	4	5
6	1	1	4	6	4	6	5	1	2	3
7	2	1	4	7	1	5	1	2	3	2
8	4	2	7	1	2	6	3	7	2	2
9	2	3	9	6	2	6	3	2	5	5

<p>INS: IF CHOSEN PERSON IS AN “INACTIVE HOUSEWIFE”, AND SUPERVISOR INDICATES THAT THIS TYPE OF PERSON IS <u>NOT</u> TO BE INTERVIEWED IN THIS HOUSEHOLD OR AN “INACTIVE NON-HOUSEWIFE”, THEN USE ABOVE SECOND (AND THEN THIRD IF NECESSARY) RANDOM NUMBER TO CHOOSE THE RESPONDENT.</p> <p>INS: Circle respondent’s name in Household members chart. Indicate Respondent’s:</p>	<p>_____ person number from HH chart</p> <p>_____ name</p> <p>Indicate respondent’s spouse:</p> <p>_____ person number from HH chart</p>	<p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p>	
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Q.No.	Questions and Filters	Coding Category	Codes	Skip to
1.7	Is anyone in the household Disabled - - in that they need assistance with daily activities or are unable to perform typical work - - or suffer from a Chronic Illness such as serious arthritis, heart or renal problems, diabetes, mental health etc?	Yes No	1 2 →	1.8

INS: FOR EACH DISABLED AND CHRONICALLY ILL PERSON, OBTAIN THE INFORMATION AS PER TABLE

Who is disabled or chronically ill?	Person sr. no. from HH chart (i.e. col. 1)	Whether 1 disabled, or 2. chronically ill	What is: disease/condition Use codes given below*	Whether can work 1 fully 2 partially 3 not at all	Whether needs constant care? 1. yes 2. no	Whether needs constant medical care? 1. yes 2. no	Whether able to get adequate treatment? 1. yes 2. no

*Codes: 01. Blind 02. Deaf 03. Loss of limb 04. Heart 05. Mental
06. Renal 07. Diabetes 08. Asthma 09. Arthritis 10. TB
11. General weakness 12. Frequent illness 13. Leprosy 77. Other (Specify _____)

INSTRUCTION: REMAINDER OF QUESTIONNAIRE IS TO BE COMPLETED WITH CHOSEN RESPONDENT ONLY

1.8	What is your marital status?	Single Married Divorced Separated Widow/Widower	1 → 2 3 4 5	1.10
1.9	How many living children do you have? No child	<input type="text"/> <input type="text"/> 00 →	1.10
1.9a	What are the ages of your two youngest children in completed years?	Youngest _____ Years Second youngest _____ Years Less than 12 month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01	

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
1.16	Do you mostly self-consume or mostly sell what you grow?	Consume output mostly Sell output mostly Sell and consume about equally	1 2 3	
1.17	Did you regularly or occasionally hire workers for this farm work?	Yes, regularly Yes, occasionally No	1 2 3	

Qs 1.18 –1.22 ARE APPLICABLE ONLY TO HOUSEHOLDS WHICH HAVE ANY HOUSEHOLD MEMBER HAVING BUSINESS OR SELF-EMPLOYMENT ACTIVITY

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
1.18	Did any non-household member work in this business in the past 12 months?	Yes No	1 2	→ 1.19
1.18a	How many most of the time?	_____	<input type="text"/> <input type="text"/>	
1.19	Is the place of this business a fixed location?	Fixed location, building Fixed location, street Home Not fixed location, street	1 2 3 4	
1.20	What is the value of the fixed capital of the business?	Tk. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1.21	What is the value of the working capital in a typical month?	Tk. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1.22	Has a loan been taken for this purpose?	Yes No	1 2	→ Next Section
1.22a	From whom? (INS: Multiple answer possible. Code upto two answers)	Bank Grameen Bank BRAC Other NGO (Specify _____) Money lender Friends Relative Shopkeeper Contractor Other (Specify)	01 02 03 04 05 06 07 08 09 77 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

II. BASIC SECURITY

Q.No.	Questions and Filters	Coding Category	Codes	Skip to															
2.1	Is the income of your household more than sufficient, just enough or insufficient for your basic needs for the following: <div style="text-align: center;"> Food Housing Clothing Healthcare </div>	1. Sufficient(S) 2. Just enough (JE) 3. Insufficient (I)	<table style="margin-left: auto; margin-right: auto;"> <tr> <td><u>S</u></td> <td><u>JE</u></td> <td><u>I</u></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	<u>S</u>	<u>JE</u>	<u>I</u>	1	2	3	1	2	3	1	2	3	1	2	3	
<u>S</u>	<u>JE</u>	<u>I</u>																	
1	2	3																	
1	2	3																	
1	2	3																	
1	2	3																	
2.2	Do you and your household members usually have one, two, three or more meals a day?	One Two Three or more	1 2 3																
2.4	Is your family able to pay for treatment of common health problems when they occur?	Mostly yes Sometimes Mostly not able to pay	1 2 3																
2.5	In the past 12 months, did you or any household member borrow money or sell or leased assets/land to pay for medical treatment?	Yes No Don't know	1 2 3	<div style="text-align: right;"> ▶ 2.6 ▶ 2.6 </div>															
2.5a	What did you do? (INS: READ THE ANSWERS MULTIPLE RESPONSES ALLOWED)	Loan with interest Loan without interest Sold land Sold other assets	1 2 3 4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div>															
2.6	Is the dwelling/apartment/ room in which you are living owned or rented?	Owned Rented Cooperative Use without payment Other (Specify _____)	1 2 3 4 7																
2.7	How many rooms do you have (include separate kitchen as a room, and exclude toilets)?	_____ rooms 8 or more	<div style="text-align: center; margin-bottom: 10px;"> <input style="width: 40px; height: 20px;" type="text"/> </div> 8																
2.8	Do you have electricity for the house?	Yes No	1 2																

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
2.9	What is your main supply of drinking water?	Piped, inside Piped, external Piped, public Well Bore hole/hand pump River Pond/lake Other ((Specify _____))	1 2 3 4 5 6 8 7	

(INS: Qs 2.10a – 2.11 TO BE FILLED BY OBSERVING SANITARY CONDITIONS OF DWELLING)

2.10	Is dwelling surrounded by:			
2.10a	Human or animal waste	Yes, considerable Yes, some None/little	1 2 3	
2.10b	Piles of trash	Yes, considerable Yes, some None/little	1 2 3	
2.10c	Stagnant water or sewage	Yes, considerable Yes, some None/little	1 2 3	
2.11	Is the dwelling:	Pucca Mixed Kucha/mud Tin sheet sides Temporary/jute/thatch	1 2 3 4 5	

2.12	Do you have access to schools in your location (village/town/city)?	Yes No	1 2							
2.13	Do you or your spouse have any outstanding debt now?	Yes No	1 2	→ 2.14						
2.13a	From whom have you taken loans? [MULTIPLE RESPONSE ALLOWED] (UNPROMPTED) CODE UPTO THREE ANSWERS	Family/siblings/relatives Friends/neighbours Employer Money lenders NGO Bank/other financial institution Cooperatives Don't know Trader Crop Trader Other (Specify _____)	01 02 03 04 05 06 07 08 09 10 77	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
2.13b	For what purpose was the bulk of the loan taken?	Marriage cost Death ceremony Medical costs Food Schooling of children Festival Housing Business Farm Other (Specify _____)	01 02 03 04 05 06 07 08 09 77	
2.13c	How much is the total of all the loans?	Tk. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2.13d	Do you or any household member have to work for the person who provides loans?	Yes No	1 2	
2.14	In the last three years, was there a financial crisis situation in this household which affected income generation or the household's general well being?	Yes No	1 2	2.15
2.14a	What were the(se) crises? [MULTIPLE RESPONSE ALLOWED] (UNPROMPTED) (CODE UPTO THREE ANSWERS)	Loss of job Loss of work due to illness Medical cost Business failure Crop failure Natural disaster/flood/cyclone Price increase of basic commodities Death of earning member Birth costs Marriage cost Other (Specify: _____)	01 02 03 <input type="checkbox"/> <input type="checkbox"/> 04 <input type="checkbox"/> <input type="checkbox"/> 05 <input type="checkbox"/> <input type="checkbox"/> 06 <input type="checkbox"/> <input type="checkbox"/> 07 <input type="checkbox"/> <input type="checkbox"/> 08 09 10 77	
2.14b	INS: IF MORE THAN ONE CRISIS IS MENTIONED IN 2.14a, ASK 2.14b OTHERWISE ESCAPE 2.14c Which was the most serious crisis?	Loss of job Loss of work due to illness Medical cost Business failure Crop failure Natural disaster/flood/cyclone Price increase of basic commodities Death of earning member Birth costs Marriage cost Other (Specify: _____)	01 02 03 04 05 <input type="checkbox"/> <input type="checkbox"/> 06 07 08 09 10 77	

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
2.14c	During the most serious crisis, on whom did you mostly rely? (UNPROMPTED)	Family/siblings/relatives Friends/neighbours Employer Money lenders NGO Bank/other financial institution Cooperatives Don't know Trader Crop Trader Government welfare/work programme Other (Specify: _____)	01 02 03 04 05 06 07 88 08 09 10 77	→ 2.16
2.15	If/when you are in financial difficulty, whom do you approach mainly? (UNPROMPTED)	Family/siblings/relatives Friends/neighbours Employer Money lenders NGO Bank/other financial institution Cooperatives Don't know Trader Crop Trader Government welfare/work programme Other, (Specify: _____)	01 02 03 04 05 06 07 88 08 09 10 77	
2.16	In your opinion, apart from God, are people's living standards and opportunities determined more by the individual or more by outside forces, or are these two factors about equally important?	Mostly determined by individual Mostly determined by outside forces Both factors about equally important Difficult to say	1 2 3 4	

III. LABOUR MARKET SECURITY (having work/unemployed)

3.1-3.2	INS: READ OUT LIST OF ACTIVITIES IN THE FOLLOWING TABLE AND RECORD RESPONSES					
Which of the following activities did you do in the past (a) one-month and (b) last 12 month?	(a) Last month			(b) Last 12 months		
	Whether performed Yes 1 No 2	Which one was most important with respect to		Whether performed Yes 1 No 2	Most important with respect to	
		Time	Cash		Time	Cash
Wage/salary						
Self-employed/own business						
Self-employed, petty trade/small business						
Home-based business (e.g. fish pond, stitching/handicraft, animals)						
Cultivation						

INS: ASK 3.3 IF RESPONDENT DOES NOT PERFORM ANY OF THE ACTIVITIES IN ABOVE TABLE			
3.3	Which of the following categories do you belong to? (READ THE ANSWERS)	Housewife Disabled Ill Student Retired Unemployed Other (Specify: _____)	1 2 3 4 5 6 7
INS: IF ANY INCONSISTENCY BETWEEN ABOVE TABLE AND CHART 1, CORRECT CHART 1.			
INS: IN THE REMAINDER OF QUESTIONNAIRE, QUESTIONS WILL APPLY ONLY TO RESPONDENT'S MOST IMPORTANT WORK CATEGORY IN PAST ONE MONTH, AS INDICATED IN ABOVE TABLE.			

(Q 3.4 IS APPLICABLE TO ALL WOMEN EXCEPT WOMEN WHO ARE WAGE/SALARY EARNERS)

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
3.4	Is there any restriction on you from taking employment for wages by family members?	Yes No	1 2	3.5
3.4a	What is the main reason?	Neglect of household chores Neglect of childcare Religion/purdah Family prestige Other (Specify _____)	1 2 3 4 7	
3.4b	Who in the household objects? [MULTIPLE RESPONSES ALLOWED] (UNPROMTED)	Husband Mother-in-law Other household adult Parent(s) Other (Specify _____)	1 2 3 4 7	<input type="checkbox"/> <input type="checkbox"/>

(Qs 3.5 - 3.9 IS APPLICABLE ONLY TO ALL WAGE/SALARY EARNER)

3.5	Last week, at what time of day did you begin and end your work on most days on your main work/job? (INS: Midnight should be recorded as 12pm and noon as 12am)	Start: ____ AM ____ PM End: ____ AM ____ PM	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3.6	Usually, how much time do you spend per day in travel to and from your main work in total?	____ hours ____ minutes	<input type="text"/> <input type="text"/> <input type="text"/> Minutes	
3.7	Do you usually work a rotating shift in your main work - - that is, one that changes periodically such as from days to evenings or to nights?	Yes No	1 2	
3.8	How many days in the past seven days did you work?	_____ days	<input type="text"/>	
3.9	Did you work on Friday and/or on Saturday in your main work last week?	Friday only Saturday only Both Friday and Saturday Neither	1 2 3 4	

(Qs 3.10 - 3.12 IS APPLICABLE TO SELF-EMPLOYED ONLY)

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
3.10	How many hours in total did you work in main work last week? INS: Code in exact hours	_____ hrs 98 ≥ 98 hrs 00 Did not work	<input type="text"/> <input type="text"/>	
3.11	In the past week, did you mostly do your main work during the day (from 7AM to 7PM), during evenings (7PM to 10PM), during nights (10PM to 7AM), or did you do this work on a rotating/shifting basis between days, evenings and nights?	Days (7AM-7PM) Evenings (7PM-10PM) Nights (10PM-7AM) Rotating/shifting	1 2 3 4	
3.12	Did you work last week on Friday and/or on Saturday in your main work?	Friday only Saturday only Both Friday and Saturday Neither	1 2 3 4	

(Qs 3.13-3.15 ARE APPLICABLE TO ALL RESPONDENTS)

3.13	Over the past 12 months, were you without any income earning work for at least one week continuously , and you were actively looking for work?	Yes No	1 2 → 3.14	
3.13a	For how long were you unemployed in the past 12 months altogether?	_____ weeks	<input type="text"/> <input type="text"/>	
3.13b	What, if anything, did you do to find income-earning work when you were unemployed? [MULTIPLE RESPONSES ALLOWED] (Unprompted) CODE UPTO THREE ANSWERS	Nothing Read advertisement in newspapers Registered with employment exchange Contacted friends/relatives/ neighbours Contacted labour broker Sought work (visited farms, factories or other firms) in this area Sought work (visited farms, factories or other firms) outside this area Other (Specify: _____)	1 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 6 8 7	

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
3.13c	At the time when you became unemployed, were you an employee?	Yes No	1 2 →	3.14
3.13d	How did you become unemployed on the last occasion? [MULTIPLE RESPONSES ALLOWED] (ALSO INDICATE MAIN REASON)	End of casual, short-term job Quit for personal/family reasons Quit, too little income Quit, too little work available Dismissed by employer Other (Specify: _____)	1 → 2 → 3 → 4 → 5 → 7	3.14 3.13f 3.13g 3.13g 3.13e
3.13e	How much notice, if any, were you given?	_____ days	<input type="text"/> <input type="text"/>	
3.13f	What was the main reason you quit?	Pregnancy Marriage Health Need to care for other family member Request of spouse Other (Specify _____)	1 2 3 4 5 7	
3.13g	Did you receive your final pay?	Yes No	1 2	
3.14	During past 12 months, was anyone else in your household or close relative been unemployed (i.e. without work but wanted work) for at least one full week?	Yes No	1 2	

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
3.15	In your opinion, should the following workers get preference when workers are hired:			
3.15a	Men compared to women?	Favour men Favour women Not Discriminate Don't know	1 2 3 4	
3.15b	Married compared to single?	Favour single Favour married Not discriminate Don't know	1 2 3 4	
3.15c	Younger compared to older worker?	Favour youth Favour older No difference Don't know	1 2 3 4	

INS: 3.16 IS APPLICABLE ONLY FOR WAGE/SALARY EARNERS

3.16	If you leave your present main work, how easy or difficult would it be to get another work (job) which would be:			
3.16a	Similar in terms of pay?	Easy Mixed/uncertain Difficult	1 2 3	
3.16b	Similar in benefits?	Easy Mixed/uncertain Difficult	1 2 3	
3.16c	Suitable work for your skills/qualifications	Easy Mixed/uncertain Difficult	1 2 3	
3.16d	(FOR WOMEN ONLY) Socially acceptable work?	Easy Mixed Difficult	1 2 3	

INS: 3.17 to 3.18 ARE APPLICABLE TO ALL

3.17	Was there any relief work or work for food programme in or around your village/slum in the past 12 months?	Yes No Don't know	1 2 8	
3.18	Did you or any household member have relief work or work for food in the past 12 months?	Yes No	1 2	
3.18a	About how many days: Respondent (self)? Other household member?	_____ days _____ days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

IV. EMPLOYMENT SECURITY (Keeping or losing current work)

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
Qs 4.1 – 4.3 ARE APPLICABLE ONLY TO WAGE/SALARY EARNER AND SELF-EMPLOYED				
4.1	At what age did you begin working for wages, or profits?	_____ Years	<input type="text"/> <input type="text"/>	
4.2	How long have you been in your current main work? (INS: CODE IN WEEKS)	_____ years _____ months 19 or more years weeks	<input type="text"/> <input type="text"/> <input type="text"/> Weeks 998	
4.2a	How much longer do you expect to stay in this work from now? (INS: CODE IN WEEKS)	_____ years _____ months _____ weeks _____ days indefinitely _____ 998 uncertain _____ 999	<input type="text"/> <input type="text"/> <input type="text"/> Weeks	
4.3	On the whole, how satisfied or dissatisfied are you with your employment in terms of the following: [READ OUT 4.3a – 4.3c]			
4.3a	In terms of income?	Satisfied Neutral Dissatisfied	1 2 3	
4.3b	In terms of benefits apart from income?	Satisfied Neutral Dissatisfied	1 2 3	
4.3c	In terms of type of work?	Satisfied Neutral Dissatisfied	1 2 3	

(Qs 4.4 – 4.5 APPLICABLE TO ALL EXCEPT WAGE/SALARY EARNERS)

4.4	Have you ever been employed for wages?	Yes No	1 2	4.5
4.4a	What do you think is the main reason? (UNPROMPTED)	No wish for wage employment Lack of opportunity in area Insufficient education Unskilled No connections Family members would not approve/permit Community/society would not approve Religion Other (Specify _____)	1 2 3 4 5 6 9 8 7	
4.5	Would you like to work for wages now?	Yes No	1 2	4.6

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
4.5a	Have you tried to find wage employment in the past month?	Yes No	1 2	
(4.6 – 4.14 ARE APPLICABLE ONLY TO WAGE/SALARY EARNER)				
I would like to ask you some more detailed questions about your current (main) wage work.				
4.6	What is your main current occupation?	Professional/technical Managerial, administrative Clerical Salesperson, in shop Salesperson, in petty trade Factory/production worker in garment industry Factory/production worker in other industry Cleaning/domestic services Food/restaurant/bar services Cycle rickshaw Other transport services Construction labourer (including bricks) Agricultural labourer Other casual labourer Other class 4 employee of organized sector Other (Specify _____)	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 77	
4.7	What type of contract do you have in your main work?	No contract Verbal, daily/weekly Verbal, monthly Written, less than one month Written, one month-11 months Written, 1 year or more Written, permanent Other (specify)	1 2 3 4 5 6 8 7	
4.8	Is contract with employer directly, or with labour contractor?	Directly with employer With labour contractor	1 2	
4.9	Is your employer in the public, private or NGO?	Public (Government) Private NGO	1 2 3	
4.10	Approximately how many people work in the establishment (including owner)?	Five or less 6-10 11-19 20-49 50-99 100-499 500+	1 2 3 4 5 6 7	
4.11	Are you able to get work regularly?	Yes/has permanent job No	1 2	

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
4.12	Is the payment you receive for your work, regular or irregular or very irregular?	Regular Irregular Very irregular	1 2 3	
4.13	Where do you usually carry out your main work?	Home Others home Factory Store/shop, fixed location Office Street, fixed location Street, not fixed location Field/farm River Other (Specify _____)	01 02 03 04 05 06 07 08 09 77	

(INS: 4.14 IS APPLICABLE ONLY TO WOMEN WAGE/SALARY EARNERS)

4.14	If a woman working in your type of work were to become pregnant, is it likely or unlikely that she would be asked by her employer to leave her job?	Likely Unlikely Not sure/don't know	1 2 8	
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(INS: 4.15 TO 4.23 ARE APPLICABLE ONLY TO SELF-EMPLOYED)

I would like to ask you some more detailed questions about your self-employment/ business work.				
4.15	What is the product/service which you make/provide?	_____	<input type="text"/>	
4.16	At what type of place do you usually carry out your main work?	Home Others home Factory Store/shop, fixed location Office Street, fixed location Street, not fixed location Field River/water Other (Specify _____)	01 02 03 04 05 06 07 08 09 77	
4.17	Do you require a license for conducting your work/business?	Yes No Don't know	1 2 8 } →	4.18
4.17a	Do you have a license?	Yes No	1 2	

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
4.18	Is this work seasonal?	Yes No	1 2	4.19
4.18a	In which parts of the year is the work not done? (INS: MULTIPLE ANSWERS POSSIBLE. CODE UPTO TWO ANSWERS)	Winter Summer Monsoon	1 <input type="checkbox"/> 2 3 <input type="checkbox"/>	
4.19	Do you think there is sufficient demand for your product/services?	Yes No	1 2	
4.20	Do you have access to credit or capital in case you would want it for your business/work?	Yes No Don't know	1 2 8	
4.21	In the next year, do you think that the market for your product/services is likely to increase, decrease, or remain basically unchanged?	Increase Decrease Remain same Can't say/ DK	1 2 3 8	
4.22	Would you like to change to an alternative service or product, or to expand your business/work?	Yes No	1 2	

(INS: 4.23 IS APPLICABLE ONLY TO WHOSE WHO ARE SELF EMPLOYED AND HAS CHILDREN BETWEEN AGES 6 AND 13)

4.23	Do your children aged between 6-13 years help in your business/work?	Yes No	1 2	Next Section
4.23a	How important to you is their help?	Very important Important Not important	1 2 3	
4.23b	Does their work interfere with their schooling?	No, not attending school No, does not effect their schooling Yes, effect schooling adversely	1 2 3	

V. SKILL REPRODUCTION SECURITY (Skills)

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
5.1	Have you received formal training for any profession, vocation or craft?	Yes No	1 2	→ 5.2
5.1a	What is the highest form of formal training that you have received?	College, training school Apprenticeship Workplace, manual skill Workplace, clerical Short-term vocational training Other (Specify _____)	1 2 3 4 5 7	
5.1b	What is the main occupational skill for which you have had formal training?	_____ (Specify: occupation, specialty, or qualification according to certificate/diploma)	<input type="text"/> <input type="text"/>	
5.1c	Does your main work, enable you to use the formal qualifications - - that is your formal training and/or education?	Yes No Don't know/Not sure	1 2 3	→ 5.2
5.1d	What is the main reason you do not use it?	Appropriate work not available Work pays too little No longer interested in this work Work too risky Too old Work too difficult Additional qualifications required Other (Specify _____)	1 2 3 4 5 6 8 7	

Qs 5.2 -- 5.3 ARE APPLICABLE BOTH TO WAGE/SALARY EARNERS AND SELF-EMPLOYED)

5.2	To learn to do your main work, do you need formal training, on the job experience, or is it that no training or experience is required?	Formal training required On the job experience required Both formal and on the job experience required None required	1 2 3 4	→ Next Section
5.2a	How long do you think it would take someone to learn how to do your main work through experience, or apprenticeship/on the job training or formal training/education?	_____ weeks	<input type="text"/> <input type="text"/>	
5.3	In your opinion, are the qualifications and skills you possess greater than, roughly adequate for, or insufficient for your current main work?	Greater than needed to perform work Adequate (roughly sufficient) for work requirements Insufficient for the work	1 2 3	

VI JOB SECURITY (Job/work improvements, aspirations “career”)

[INS: THIS SECTION IS ASKED ONLY TO WAGE/SALARY AND SELF-EMPLOYED]

Q.No.	Questions and Filters	Coding Category	Codes	Skip to									
6.1	In the past three years have you made any advance in the work you do in terms of: [READ OUT] (a) Pay/income (b) Use of your skill		<table> <tr> <td><u>Yes</u></td> <td><u>No</u></td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table>	<u>Yes</u>	<u>No</u>	1	2	1	2				
<u>Yes</u>	<u>No</u>												
1	2												
1	2												
6.2	How about in the next three years, do you expect to advance in your work in terms of: [READ OUT] (a) Pay/income (b) Use of your skill		<table> <tr> <td><u>Yes</u></td> <td><u>No</u></td> <td><u>DK</u></td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> </table>	<u>Yes</u>	<u>No</u>	<u>DK</u>	1	2	8	1	2	8	
<u>Yes</u>	<u>No</u>	<u>DK</u>											
1	2	8											
1	2	8											
6.3	How likely is it do you think that you will need to acquire new skills in the next three years to keep your work? [INS: READ THE ANSWER]	Likely Not sure; possibly yes, possibly no Unlikely	1 2 3	→ 6.4									
6.3a	What will you do about this?	Try to get training Accept demotion Look for another job Quit Go on pension Do nothing; hope for the best Other (Specify)	1 2 3 4 5 6 7										
6.4	Suppose you want to get training to better your job opportunities or to get a promotion, how confident are you that you would be able to obtain training or retraining at: [READ OUT 6.4a AND 6.4b] (a) Your present place of employment (b) An institution outside you present place of employment?	Confident(C) 1 Not sure (NS) 2 No (N) 3	<table> <tr> <td><u>C</u></td> <td><u>NS</u></td> <td><u>N</u></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	<u>C</u>	<u>NS</u>	<u>N</u>	1	2	3	1	2	3	
<u>C</u>	<u>NS</u>	<u>N</u>											
1	2	3											
1	2	3											

Q 6.5 IS APPLICABLE ONLY TO SELF-EMPLOYED

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
6.5	Do you think some formal or short-term training will improve your work?	Yes No Not sure	1 2 8 } →	Next Section
6.5a	Is such training available in your area or nearby place?	Yes No Not sure	1 2 8	
6.5b	After training, how do you think your work would improve? [MULTIPLE RESPONSE ALLOWED] (UNPROMPTED)	Increase in production Improved quality Decrease in cost/reduced wastage Additional products produced Change to better product	1 2 <input type="checkbox"/> 3 4 <input type="checkbox"/> 5	

VII. WORK SECURITY (Work safety)

[INS: IF RESPONDENT IS A HOUSEWIFE SKIP TO 7.15]

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
(7.1 – 7.2 APPLICABLE ONLY TO WAGE/SALARY AND SELF-EMPLOYED)				
7.1	Are you stopped work for more than one week due to a work-related injury, or illness, or tension in the past 12 months? (a) Work-related injury (b) Work-related illness or stress	Yes 1 No 2	<u>Yes</u> 1 <u>No</u> 2 1 2	
7.2	Do you work with any dangerous chemicals or equipment or with heat, noise or vibration in your main work/employment?	Yes No Don't know	1 2 } 8 } → 7.3	
7.2a	IF YES What? [MULTIPLE RESPONSE ALLOWED] (UNPROMPTED)	Chemicals Dangerous machinery Excessive heat or cold Excessive noise Excessive vibration Other (Specify _____)	1 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 7	

Qs 7.3 – 7.7 ARE APPLICABLE ONLY TO WAGE/SALARY EARNERS

7.3	In general, do you think the safety and health conditions in you main work are very good, satisfactory, or poor?	Very good Satisfactory Poor Don't know	1 2 3 8	
7.4	Do you get an assignment or target each day which you have to complete before going home?	Yes No	1 2 → 7.5	
7.4a	Are you usually able to finish your assigned work or target during normal working hours (excluding overtime)?	Yes No	1 → 7.5 2	

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
7.4b	How many extra hours do you typically work in a day to achieve your assigned work/target?	_____ Hours	<input type="text"/>	
7.5	During working time, are you allowed to take a break at least every two hours to stand up, move around, or go to the toilet?	Yes No	1 2	
7.6	Does your (main) workplace have a toilet facility?	Yes No	1 2	→ 7.7
7.6a	Does it have running water?	Yes No	1 2	
7.6b	Are there separate toilets for men and women?	Yes No Not required (only male/female work in organization)	1 2 3	} → 7.6d
7.6c	How many workers are there per toilet? Male Workers Female Workers	Male Workers _____ Female Workers _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
7.6d	Total workers per toilets?	Worker _____	<input type="text"/> <input type="text"/> <input type="text"/>	
7.7	In case of a work-related accident in your main work, who would mainly pay for the medical/injury treatment?	Employer Insurance Myself Government Other (Specify) _____	1 2 3 4 7	

(7.8 – 7.10 ARE APPLICABLE ONLY TO WOMEN WAGE/SALARY EARNERS)

7.8	When commuting to your work, do you worry at all about your safety?	Yes No	1 2	→ 7.9
7.8a	What are your worries? [MULTIPLE RESPONSE ALLOWED DO NOT PROMPTE]	Accident Sexual assault Indecent remarks Touching body Theft Other (Specify _____)	1 2 3 4 5 7	<input type="text"/> <input type="text"/>
7.8b	What do you do to avoid problems? [MULTIPLE ANSWERS ALLOWED. CODE UPTO THREE ANSWERS]	Travel in group Travel in daytime Use public transport with many present Someone to pick me up Other (Specify _____)	1 2 3 4 7	<input type="text"/> <input type="text"/> <input type="text"/>

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
7.8c	To what extent do you worry?	A lot Somewhat Not much	1 2 3	
7.9	In the past 12 months at your main work, have you been harassed because you are a woman with verbal abuse or taunting, or with physical touching or with demands for sexual favours? [MULTIPLE RESPONSE ALLOWED]	Yes, verbal abuse/taunting Yes, physical touching Yes, demand for sexual favours No harassment	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
7.10	Do you know of female workers at your workplace who have experienced any of these in the past 12 months? [MULTIPLE RESPONSE ALLOWED]	Yes, verbal abuse/taunting Yes, physical touching Yes, demand for sexual favours All of the above No	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	7.11
7.10a	Would you say that incidence of harassment at your workplace is frequent, sometimes only, or rare?	Frequent Sometimes Rare	1 2 3	
7.10b	Who does it? [MULTIPLE RESPONSE ALLOWED]	Supervisor Co-worker Employer Contractor	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	

Qs 7.11 – 7.13 ARE APPLICABLE ONLY TO SELF-EMPLOYED IN URBAN AREA

7.11	In past 12 months, have you made any payment to government/local officials to smooth your business?	Yes No	1 2	
7.12	Do you have to pay a local mastan/dada to do your work?	Yes No	1 2	

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
7.13	In past 12 months, have there been times when customers have verbally abused you, or physically fought with you?	Yes, verbally abused Yes, physically fought Both No	1 2 3 4	7.14
7.13a	Did this occur often, sometimes, or rarely?	Often Sometimes Rarely	1 2 3	

(Q 7.14 IS APPLICABLE ONLY TO SELF-EMPLOYED)

7.14	What were the three main problems faced by your business over the last 12 months? (UNPROMPTED) INS: CODE ANSWERS IN ORDER OF IMPORTANCE. MOST IMPORTANT, FIRST, SECOND, MOST IMPORTANT AFTER THAT	Marketing difficulties Too many competitors Difficult to obtain raw materials Fluctuating/uncertain price of raw material Fluctuating/uncertain price for product Official regulations/harassment by police Payments to officials Wage costs Shortages of skilled labour Shortage of credit/capital Other, specify:	01 02 <input type="text"/> <input type="text"/> 03 <input type="text"/> <input type="text"/> 04 <input type="text"/> <input type="text"/> 05 <input type="text"/> <input type="text"/> 06 07 08 09 10 77	
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Q 7.15 IS APPLICABLE ONLY TO HOUSEWIVES ONLY

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
7.15(a)	Have you stopped housework for more than one week in the past 12 months due to related injury or illness?	Yes No	1 2	7.16
7.15(b)	IF YES, What injury or illness did you have?	Illness/ Injury _____	<input type="text"/> <input type="text"/>	

ASK 7.16 TO ALL MARRIED WOMEN

7.16	During the past 12 months, have you experienced any of the following at home either by husband or mother-in-law (READ OUT LIST 7.16a – 7.16d)				
		<u>Husband</u>		<u>Mother-in-law</u>	
		<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
	(a) Verbal abuse	1	2	1	2
	(b) Mild beating/slapping	1	2	1	2
	(c) Serious beating	1	2	1	2
	(d) Sexual assault	1	2		

VIII. REPRESENTATION SECURITY (Group voice)
(SECTION VIII ONLY APPLICABLE TO WAGE/SALARY EARNERS AND SELF-EMPLOYED)

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
8.1	Do you know about organizations like trade unions?	Yes No	1 2 →	8.2
8.1a	What do trade unions do? [MULTIPLE RESPONSE ALLOWED] (UNPROMPTED) CODE UPTO 3 ANSWERS	Protect workers interest Protect employer's interests Negotiate with management on behalf of workers Organise strikes Organise demonstrations Other (Specify _____) Do not know	1 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 7 8 →	8.2
8.1b	What is your attitude toward trade unions. Is it mostly positive or mostly negative, or is it neutral?	Positive mostly Negative mostly Neutral Uncertain/no option	1 2 3 4	

Qs 8.2-8.5 ARE APPLICABLE ONLY TO WAGE/SALARY WORKERS

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
8.2	Do you belong to any association, or any union organization that represents worker interests?	Yes No	1 2 →	8.4
8.2a	Specify NAME	----- -----	<input type="text"/>	
8.2b	Are you an active member with opportunity to vote on issues?	Yes No	1 2	
8.3	Do you trust employer/management to look after your welfare?	Yes No	1 2	
8.4	Are you working in an organised sector such as in industry, office, government, school?	Yes No	1 2 →	Next Section

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
8.5	Circumstances sometimes occur at work when workers feel it is necessary to take action against an employer. What do you feel is/are the most appropriate action to take in the following circumstances: (READ OUT 8.5a – 8.8b)			
8.5a	Non-observance of labour safety codes INS: MULTIPLE ANSWER POSSIBLE. CODE TWO ANSWERS IN ORDER OF THEIR IMPORTANCE	Go to court Go to a government agency Go to union Take part in meetings, demonstrations etc. Strike Nothing can be done Other (Specify _____)	1 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 7	
8.5b	Violation of an agreement INS: MULTIPLE ANSWER POSSIBLE. CODE TWO ANSWERS IN ORDER OF THEIR IMPORTANCE	Go to court Go to a government agency Go to union Take part in meetings, demonstrations etc. Strike Nothing can be done Other (Specify _____)	1 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 7	

(8.6 – 8.7 APPLICABLE TO ONLY SELF-EMPLOYED)

8.6	Do you know of any organisation in Bangladesh which represents the interest of self-employed workers?	Yes No	1 2	
8.7	Circumstances sometimes occur when self-employed workers feel it is necessary to take action. What do you feel is the most appropriate action to take in the following circumstances: (READ OUT 8.10a – 8.10b)			
8.7a	Increase in <u>price</u> of raw materials, fuel or anything affecting production INS: MULTIPLE ANSWER POSSIBLE CODE UPTO TWO ANSWERS	Go to court Go to a government agency Go to union Take part in meetings, demonstrations etc. Strike Nothing could be done Other (Specify _____)	1 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 7	
8.7b	Authorities decision to enforce rules and laws affecting your work, such as access to workplace or license requirements INS: MULTIPLE ANSWER POSSIBLE CODE UPTO TWO ANSWERS	Go to court Go to a government agency Go to union Take part in meetings, demonstrations etc. Strike Nothing Other (Specify _____)	1 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 7	

IX. INCOME SECURITY

Q.No.	Questions and Filters	Coding Category	Codes	Skip to												
9.1	Over the past one month, what was the net cash income <u>you</u> earned from your work? What was this for the <u>household</u> as a whole? Respondent's earnings in past month Household's income in past month	Tk. ----- Tk. -----	<table border="1" style="width: 100%;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> <table border="1" style="width: 100%;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>													
9.2	In comparison to other people who live locally, do you regard yourself as better-off, similar, or worse off?	Better-off Average/same Worse-off	1 2 3													
9.3	What proportion of your household's income depends of remittances from family members living away?	All Mostly Somewhat Minor Not at all	1 2 3 4 5	→ 9.4												
9.3a	Who sends?	Husband Brother Father Son Daughter Mother Sister Other relatives	1 2 3 4 5 6 8 7													
9.3b	Does s/he live inside or outside Bangladesh?	Outside Inside	1 2													
9.4	Do you feel that savings of people such as yourself are safe if kept in: (READ OUT 9.4a – 9.4c) (a) Your house? (b) Bank? (c) Cooperative society?	Yes 1 No 2 Don't know 8	<table border="1" style="width: 100%;"><tr><td style="width: 20px;">Yes</td><td style="width: 20px;">No</td><td style="width: 20px;">DK</td></tr><tr><td>1</td><td>2</td><td>8</td></tr><tr><td>1</td><td>2</td><td>8</td></tr><tr><td>1</td><td>2</td><td>8</td></tr></table>	Yes	No	DK	1	2	8	1	2	8	1	2	8	
Yes	No	DK														
1	2	8														
1	2	8														
1	2	8														
9.5	In the past 12 months, has your household been able to accumulate savings?	Yes No	1 2													

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
9.6	Over the past 12 months, has your household's monthly income and the income from your main work been fairly regular, fluctuating or very irregular? (a) Own main work income (b) Household's income	Regular (R) 1 Fluctuating (F) 2 Very irregular (VI) 3 Not applicable (NA) 5	R F VI NA 1 2 3 5 1 2 3 -	
9.7	Do you expect your income in 12 months time to be higher, lower or about the same as now? (a) Own income (OI) (b) Household income (HI)	Higher (H) 1 Lower (L) 2 About same (AS) 3 Don't know (DK) 8 Not applicable	H L AS DK 1 2 3 8 1 2 3 8 5	
9.8	When you think of your old age, how do you feel about your likely financial situation. Do you feel that it is likely to be good, adequate or inadequate?	Good Adequate Inadequate; not good Don't know/not sure	1 2 3 8	
9.9	Are you aware of any of the following Government or NGO programmes in your locality? (WRITE ANSWERS IN TABLE BELOW)			
9.9a	(IF YES) In the past 12 months, did anyone in your household receive any of these:			
	Govt./NGO Progra	Q 9.9. Aware Yes 1 No 2	Q 9.9a. Received any HH member Yes 1 No 2	
	Small credit scheme			
	Food for work			
	Food donations/VGF card			
	Cash grant for school attendance			
	Ration card for subsidised food			

(9.10 IS APPLICABLE TO WAGE/SALARY EARNERS AND SELF-EMPLOYED WOMEN ONLY)

9.10	Of the cash income you earn from work, do you keep all of it for yourself or is part or all of it taken by or given to other such as your spouse?	Keep all Mostly keep Keep about half Mostly give Give or taken all	1 2 3 4 5	
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(Q 9.11 – 9.14 ARE APPLICABLE ONLY TO WAGE/SALARY EARNER)

9.11	Do you know about an official minimum wage rate in your area?	Yes, knows No, does not know	1 2		9.12
9.11a	How much is it? (INS: CODE IN PER MONTH)	Per month _____ Does not know			
			8888		
9.12	What is the main method of payment in your main job?	Daily wage Weekly wage Monthly wage Contract basis Piece rate basis Other (Specify _____)	1 2 3 4 5 7		
9.13	Are you provided with loans/wage advances by your employer in times of crisis?	Yes No	1 2		
9.14	Which if any of the following benefits are provided to you by your main employer? (a) Paid holidays (b) Paid medical care (c) Free or subsidised food at work	Yes 1 No 2	<u>Yes</u> <u>No</u> 1 2 1 2 1 2		
9.14(a)	IN CASE OF ORGANISED SECTOR ONLY Do you/employee get the following benefits from your main employer? (a) Paid sick/medical leave (b) Paid maternity leave (c) Redundancy payments (d) Pension/provident fund entitlements	Yes 1 No 2	<u>Yes</u> <u>No</u> 1 2 1 2 1 2 1 2		

Qs 9.15 – 9.17 ARE APPLICABLE ONLY TO SELF-EMPLOYED

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
9.15	Is your net daily income from your work more, or less, or about equal to local wage rate for casual labourer?	More Less About same	1 2 3	
9.16	In the past one month, did you mostly have to purchase the raw materials you used in your work, or were they mostly provided by you contractor/client?	Purchased mostly Provided mostly	1 2	
9.17	In the past one month, did you have to pay for a license to work?	Yes No Not applicable (licence not required)	1 2 3	

(9.18 - 9.19 ARE APPLICABLE ONLY TO CULTIVATORS)

9.18	Have you failed to harvest a substantial proportion of the crops you planted in the past two years?	Yes No	1 2	→ 9.19
9.18a	What was the main reason?	Drought Flood Pests Low prices Other (Specify _____)	1 2 3 4 7	
9.19	Is the possibility of a flood some thing which worries you a lot, a little, or not at all?	A lot A little Not at all	1 2 3	

Q.No.	Questions and Filters	Coding Category	Codes	Skip to
(Qs 9.20 - 9.22 ARE APPLICABLE TO ALL RESPONDENT)				
9.20	Which of the following general rules do you agree with for the incomes of individuals in Bangladesh (READ OUT 9.20a-9.20d) (a) There should be an upper limit for a person's income (b) There should be a lower level for a person's income (c) There should be no limit or restriction on a person's income, but there should be policies to improve the situation of the least well off (d) Everyone should get a similar income	Agree (A) 1 Disagree (D) 2 Not Sure (NS) 8	<u>A</u> <u>D</u> <u>NS</u> 1 2 8 1 2 8 1 2 8 1 2 8	
9.21	Do you think non-poor households should give a portion of their income or savings each year to poor persons?	Yes No Not sure	1 2 3	
9.22	In your opinion, should the following types of workers receive higher, lower, or about the same wages/earned income as other workers when both are doing similar work? (READ OUT 9.22a-9.22c) (a) Men compared to women (b) Married compared to single (c) Younger compared to older	Higher (H) 1 Same (S) 2 Lower (L) 3	<u>H</u> <u>S</u> <u>L</u> 1 2 3 1 2 3 1 2 3	

CONCLUDING PAGE (INTERVIEW SESSION NOTES)

INTERVIEWER: FILL OUT THIS SECTION UPON THE COMPLETION OF THE QUESTIONNAIRE.

CP1. WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW?

ANSWER MAY BE MORE THAN ONE.

- A. NO ONE
- B. A CHILD 5 YEARS OLD OR UNDER
- C. A CHILD OLDER THAN 5 YEARS OLD
- D. HUSBAND/ WIFE
- E. ANOTHER ADULT, A HOUSEHOLD MEMBER
- F. ANOTHER ADULT, NOT A HOUSEHOLD MEMBER

CP2. WHAT IS YOUR EVALUATION OF THE ACCURACY OF RESPONDENT'S ANSWERS?

- 1. EXCELLENT
- 2. GOOD
- 3. FAIR
- 4. NOT SO GOOD
- 5. VERY BAD

CP3. WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT?

- 1. EXCELLENT
- 2. GOOD
- 3. FAIR
- 4. NOT SO GOOD
- 5. VERY BAD

CP4. WHAT QUESTIONS DID **RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?**

CP5. WHAT QUESTIONS DID **INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING?**

CP6. *WHAT QUESTIONS DID RESPONDENT SEEM PARTICULARLY INTERESTED IN?*

NOTES:

Note: Should not be in questionnaire, or if it is it should be on last page or first page.

[INTERVIEWER: TABLE IS FOR DESCRIBING AND RECORDING RESPONDENT'S MAIN WORK CATEGORY IN PAST 1 MONTH AND PAST 12 MONTHS]

Main work category (V)		Work category	Short description
<u>Past 1 Month</u>	<u>Past 12 months</u>		
		Wage worker (e.g. daily casual labourer, or maid-servant, or salaried worker, or factory worker).	Worked for wages or salary for an employer on a daily, month, price rate or other basis.
		Self-employed (e.g. petty trader; rickshaw puller; own business-person; small home-based business using for example NGO credit scheme).	Worked for self, or in family business with substantial control on decisions regarding this work such as: what to do; when to do it; how much time to devote to it; where to do it; and how to do it.
		Cultivator (e.g. farmer)	Worked on family farm (whether owned, rented or share cropped) with substantial decision-making and control on what to grow; when to harvest and plant; and what inputs to use.
		“Housewife”/unpaid family worker	Without any economic activity (i.e. <u>not</u> wage worker; or cultivator; or self-employment) and not actively seeking work (i.e. not unemployed). Person might be helping/working on family farm or in family business BUT s/he would not have substantial decision-making power or control on the work.
		Unemployed	Without economic activity (i.e. not working for wages, profit, or other economic activity), but available for work and seeking work.
		Other inactive (e.g. student, disabled, ill, retired)	Not working for wages, profit or gain; or performing an economic activity; not unemployed; nor unpaid family worker/housewife.