

Household Survey - 2024

Demo Questionnaire

Section 1: Household Information

1. **Household ID:** _____
2. **Date of Interview:** _____
3. **Name of the Respondent:** _____
4. **Contact Number:** _____
5. **Location:**
 - District: _____
 - Upazila: _____
 - Union/Ward: _____
 - Village/Town: _____
6. **Household Composition:**
 - Total Number of Members: _____
 - Number of Males: _____
 - Number of Females: _____
 - Number of Children (under 18): _____
 - Number of Elderly (60+): _____
7. **Head of Household:**
 - Name: _____
 - Gender: Male / Female
 - Age: _____
 - Occupation: _____

Section 2: Socio-Economic Information

1. **Main Source of Income for Household:**
 - Agriculture
 - Business

- Service/Job
- Daily Wage
- Other (Specify): _____

2. Monthly Household Income (in BDT):

- Less than 5,000
- 5,000 – 10,000
- 10,001 – 20,000
- 20,001 – 50,000
- More than 50,000

3. Monthly Household Expenditure (in BDT):

- Less than 5,000
- 5,000 – 10,000
- 10,001 – 20,000
- 20,001 – 50,000
- More than 50,000

4. Housing Type:

- Kutcha (Mud/Thatched)
- Semi-Pucca (Brick with tin roof)
- Pucca (Brick building)

5. Ownership of Land:

- Yes
- No
- If yes, how much land (in decimals)? _____

6. Access to Basic Services:

- **Electricity:**
 - Yes
 - No
- **Source of Drinking Water:**
 - Tube well

- Piped water
- Pond
- Other (Specify): _____
- **Sanitation Facility:**
 - Pit latrine
 - Flush toilet
 - Open defecation
 - Other (Specify): _____

Section 3: Education and Health

1. Educational Status of Household Members (Above 5 years):

- **Total No. of Literate Members:** _____
- **Total No. of Members Attending School/College:** _____
- **Highest Level of Education Attained by Any Member:**
 - No formal education
 - Primary
 - Secondary
 - Higher Secondary
 - Tertiary/University

2. Health Status of Household Members:

- Does any member of the household suffer from any chronic illness (e.g., diabetes, hypertension)?
 - Yes
 - No
 - If yes, specify: _____
- Did any member face any major illness/injury in the last 12 months?
 - Yes
 - No

Section 4: Assets and Livelihoods

1. Household Assets (check all that apply):

- Television
 - Mobile Phone
 - Refrigerator
 - Bicycle
 - Motorcycle
 - Car
 - Livestock (Cows/Goats/Chickens)
 - Agricultural Tools/Equipment
2. **Does the household own any savings or investments (bank accounts, bonds, etc.)?**
- Yes
 - No
3. **Does any household member receive remittances?**
- Yes
 - No
 - If yes, specify the source: _____

Section 5: Digital Literacy and Online Safety

1. **Does your household have access to the internet?**
- Yes
 - No
2. **How many members use smartphones? _____**
3. **Are you aware of online safety practices (e.g., password protection, avoiding online scams)?**
- Yes
 - No
4. **Have you or anyone in your household experienced any form of cybercrime?**
- Yes
 - No