

# The Income and Expenditure Survey Questionnaire (IESQ), 2005

## Bangladesh: First Round

ESRC Research Group on  
Well-being in Developing Countries (WeD)  
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Author: Zulfiqar Ali

	Name	Code number	
Country			
Site/Village			
Household Number			Signature
Interviewer			Date
Supervisor			
Data entry personnel 1			
Data entry personnel 2			

***Statement of confidentiality:*** This questionnaire is part of a wider project on the well-being of people in different parts of the world. All information gathered is confidential and will be used only for research. The identity of the respondents or households will not be revealed to anyone. Nobody will be able to identify you or use the information against you.

*To the interviewer:* The above statement of confidentiality was read to the respondent and the respondent has agreed to participate in the interview.

Please tick the box.

## PART I: UPDATING HOUSEHOLD DEMOGRAPHICS

**We would like to ask you about any change in your household composition since our last visit. Has any member of your household left the household since our last visit?**

READ ALL THE NAMES OF THE HOUSEHOLD MEMBER AS THEY ARE LISTED ON THE ROSTER CARD. CHECK FOR EACH PERSON WHETHER THEY ARE STILL A MEMBER. IF ANY PERSON IS NOT A MEMBER ANYMORE FOR WHATEVER REASON, FILL IN THE BOX BELOW, COPYING THE ID CODE IN THE FIRST COLUMN, AND ASK THE FOLLOWING QUESTIONS.

1. ID CODE	2. How or why did [Name] leave the household? ( <i>See codebook</i> ). If died Q4. Else Q3	3. What is [Name]'s main residence now? ( <i>See codebook</i> ). Next person	4. If died, cause of death? ( <i>See codebook</i> ) Next person

**5. Did any member give birth since our last visit?** Yes  Answer questions  
No  Go to Q10

IF YES, WRITE NAME OF CHILDREN ON HOUSEHOLD ROSTER USING NEXT AVAILABLE NUMBER. COPY THIS NUMBER IN BOX AND ANSWER THE FOLLOWING QUESTIONS. INCLUDE CHILDREN STILLBORN OR WHO DIED SINCE.

6. ID CODE	7. Sex. Male....1 Female....2	8. What is the relationship of child to household head? ( <i>See codebook</i> )	9. Is the child still alive? YES....1 NO....2

**10. Have any new persons joined the household as member since our last visit, for example through marriage?** If yes, write their name on the Household Roster Card and give details. ? Yes  Answer questions No  Go to part II

Did any other people start living with you in your house since our last visit, for example to work for you? Include them as well.

11. ID CODE	12. Sex Male.....1 Female....2	13. Age (Years)	14. What is the relationship of [Name] to the household head? ( <i>See codebook</i> )	15. Main activity of person? ( <i>See codebook</i> )	16. How or why did [Name] enter the household? ( <i>See codebook</i> )











**SECTION 2.7: INCOME MANAGEMENT (Both the head of household and spouse will answer this section)**

(tick only one box)

**1. How was the household income managed during the last four months?**

	<b>1. Household head</b>	<b>2. Spouse of the household head</b>	<b>3. Other (specify ID .....</b>
All earnings went into a common pot	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
Everyone kept and managed his/her own earnings	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
Wife gave some income to husband to manage	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
Husband gave some income to wife to manage	<input type="checkbox"/> 4	<input type="checkbox"/> 4	
Wife gave all income to husband to manage	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
Husband gave all income to wife to manage	<input type="checkbox"/> 6	<input type="checkbox"/> 6	
Other member(s) gave some income to hh head to manage	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
HH head gave some income to other member(s) to manage	<input type="checkbox"/> 4	<input type="checkbox"/> 4	
Other member(s) gave all income to hh head to manage	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
HH head gave all income to other member(s) to manage	<input type="checkbox"/> 6	<input type="checkbox"/> 6	

**2. Satisfaction (Both the household head and spouse will answer this section)**

How satisfied are you with these arrangements? (Income management)

(tick only one box)

	Not satisfied	Just satisfied	More than satisfied
2.1 Household head	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2.2 Spouse of the household head	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2.3 Other (specify ID.....)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3



## PART III: EXPENDITURES

### SECTION 3.1: FOOD CONSUMED BY THE HOUSEHOLD LAST WEEK

**1. We would like to ask you about all the food that was bought for consumption or was consumed from your own stock, in the LAST WEEK.**

1. Food Items	2. In the last week, did your household consume any [product]? (Tick the appropriate Boxes)	3. Quantity consumed (kg/gm) by main source			4. Unit price (Tk per unit)	5. What is the total value (if quantity or price is not available)
		a. HH Production	b. Cash purchase	c. Gift		
Rice	<input type="checkbox"/> 1					
Wheat	<input type="checkbox"/> 2					
Bread	<input type="checkbox"/> 3					
Pulses	<input type="checkbox"/> 4					
Fish	<input type="checkbox"/> 5					
Eggs (no.)	<input type="checkbox"/> 6					
Milk (ltr.)	<input type="checkbox"/> 7					
Meat (chicken)	<input type="checkbox"/> 8					
Meat (beef)	<input type="checkbox"/> 9					
Meat (mutton)	<input type="checkbox"/> 10					
Other Meat	<input type="checkbox"/> 11					
Potato	<input type="checkbox"/> 12					
Other vegetables	<input type="checkbox"/> 13					
Cooking Oils (ltr.)	<input type="checkbox"/> 14					
Butter/Cheese	<input type="checkbox"/> 15					
Spices	<input type="checkbox"/> 16					
Sweets	<input type="checkbox"/> 17					
Sugar/Honey	<input type="checkbox"/> 18					
Fruits	<input type="checkbox"/> 19					
Soft Drinks (ltr.)	<input type="checkbox"/> 20					
Tea/Coffee	<input type="checkbox"/> 21					
Tobacco (no.)	<input type="checkbox"/> 22					
Other foods	<input type="checkbox"/> 23					
Dining out	<input type="checkbox"/> 24					

**2. Concerning your family's food consumption during the last month, which of the following is true:**

(tick only one box)

	Not adequate	Just adequate	More than adequate
2.1 Household head	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2.2 Spouse of the household head	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2.3 Other (specify ID .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

### SECTION 3.2: NON-FOOD EXPENDITURE SINCE LAST/FOUR MONTH

Has the household purchased any of the following non-food items in the LAST MONTH/4 MONTHS (THE PAST 30 DAYS/4 MONTHS PRECEDING THE INTERVIEW)?

#### 1. How much was spent by the household on the following items?

1. Expenditure Items	2. Tick the appropriate Boxes	3. Amount spent last month (Tk)	4. Amount spent during the last 4 months (Tk.)
Fuel and lightening	<input type="checkbox"/> 1		
Bills (water, electricity, telephone)	<input type="checkbox"/> 2		
Bath, Washing and cleaning	<input type="checkbox"/> 3		
Transport/Travel	<input type="checkbox"/> 5		
Newspapers	<input type="checkbox"/> 7		
Cosmetics	<input type="checkbox"/> 4		
Recreation and leisure	<input type="checkbox"/> 6		
Educational expenses	<input type="checkbox"/> 8		
Medical expenses (modern treatment)	<input type="checkbox"/> 9		
Medical exp. (traditional treatment)	<input type="checkbox"/> 10		
Clothes and shoes	<input type="checkbox"/> 11		
Household-use textiles (quilt etc.)	<input type="checkbox"/> 12		
Housing related expenses	<input type="checkbox"/> 13		
Remittances and gifts to others	<input type="checkbox"/> 14		
Cooking equipment	<input type="checkbox"/> 15		
Furniture	<input type="checkbox"/> 16		
Personal articles (watch, jewellery)	<input type="checkbox"/> 17		
Household durables (radio, TV, phone)	<input type="checkbox"/> 18		
Ceremonies and festivals	<input type="checkbox"/> 19		
Taxes, interests, fines, premiums, etc.	<input type="checkbox"/> 20		
Donations/Transfers to others	<input type="checkbox"/> 21		
Other expenses	<input type="checkbox"/> 22		

#### 2. Concerning your family's non-food consumption the last four months, which of the following is true:

(tick only one box)

	Not adequate	Just adequate	More than adequate
2.1 Household head	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2.2 Spouse of the household head	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2.3 Other (specify ID.....)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

### SECTION 3.3 HOUSEHOLD EXPENDITURE DECISION MAKING

Both the head of household and his/her spouse will answer this section

1. Expenditure decisions during the LAST FOUR MONTHS. Section to be answered by the head of the household:

1.Type of Expenditure		2. Who actually took the decision to spend money on this item? (Tick the appropriate box)										3. Who provided the money for the following items during the last four months? See ID (s)			4. Who was responsible for buying this item?  See ID (s)
		self only	mainly self, minor spouse	mainly self, minor other members	hh head and spouse equally together	All members equally together	Minor self, mainly spouse	Minor self, mainly other members	Only hh head and spouse but no other members	Only other members but not hh head	Other means	a.	b.	c.	
Food	Staple	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
	Vegetable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
	Meat/Fish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Non-food household items (eg Soap, fuel)		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Rent		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Clothes for children		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Clothes for self		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Clothes for spouse		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
School fees		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
School books		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
School transport		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Health expenditure		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Purchase of household assets eg tv. radio, furniture		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Farm/enterorise inputs		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Business investment		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Other investments		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				

**2. Expenditure decisions during THE LAST FOUR MONTHS. Section to be answered by the spouse of the household head, if other member specify ID.....:**

1.Type of Expenditure		2. Who actually took the decision to spend money on this item? (Tick the appropriate box)										3. Who provided the money for the following items during the last four months? See ID (s)			4. Who was responsible for buying this item? See ID (s)
		self only	mainly self, minor spouse	mainly self, minor other members	hh head and spouse equally together	All members equally together	Minor self, mainly spouse	Minor self, mainly other members	Only hh head and spouse but no other members	Only other members but not hh head	Other means	a.	b.	c.	
Food	Staple	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
	Vegetable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
	Meat/Fish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Non-food household items (eg Soap, fuel)		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Rent		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Clothes for children		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Clothes for self		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Clothes for spouse		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
School fees		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
School books		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
School transport		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Health expenditure		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Purchase of household assets eg tv. radio, furniture		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Farm/enterorise inputs		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Business investment		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				
Other investments		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10				

## PART IV: EMPLOYMENT AND REMITTANCES

### SECTION 4.1: EMPLOYMENT HISTORY AND DIVERSIFICATION

**1. Have you and other members of your household been doing the same works since the beginning or have you changed your works? If you have changed, what did you and members of your family did 15 years ago? Also, can you tell us the reasons for the reported changes?**

1. Person ID	2. Activity 15 years ago (see codebook)	3. Reasons for changing activity (maximum 3)		
		3a. Reason 1 (codes)	3b. Reason 2 (codes)	3c. Reason 3 (codes)

**2. Are you and the members of your family happy with your present work?**

1. Person ID	2. Happy with the present job? (very happy=1, fairly happy=2, not too happy=3)	3. Why?		
		3a. Reason 1 (codes)	3b. Reason 2 (codes)	3c. Reason 3 (codes)





**4. Are you happy with the remittances that your household receive under the prevailing circumstances both here and at the place of destination:**

**Household Head:**

Very happy      1  
Fairly happy    2  
Not too happy   3

**Spouse of household head/ other member specify ID ....**

Very happy      1  
Fairly happy    2  
Not too happy   3







2. Only if the household did not obtain a loan in the past 4 months. Why did your household not attempt to borrow money in the last 12 months? (see codebook).....

### SECTION 5.3: CREDIT LENT TO NON-MEMBERS OF THE HOUSEHOLD

1. Has any member of the household given out loan in money or goods to another household during the last four months? 1. Yes  2. No   
If YES, give details. If NO, go to the next section.

1. Loan	2. ID of household member given out loan	3. Amount given	4. Is there still any part outstanding? Yes...1 No....2	5. Do you have any other business relationship with the borrower? (See codebook)
Loan 1				
Loan 2				
Loan 3				
Loan 4				
Loan 5				

### SECTION 5.4: HOUSEHOLD FINANCIAL MANAGEMENT

1. How well would you say your household is managing financially these days?  
Would you say you are (tick only on box)

Household Head:

Living comfortably.... 1  
Doing alright..... 2  
Just about getting by..... 3  
Finding it quite difficult 4  
Finding it very difficult 5  
Don't know 6

Spouse of household head (If other specify ID ....)

Living comfortably.... 1  
Doing alright..... 2  
Just about getting by..... 3  
Finding it quite difficult 4  
Finding it very difficult 5  
Don't know 6

## PART VI: INCOME EXPECTATIONS

### 1. Comparing your family's total income now with your expected income for the next MONTH, which of the following is true?

*Tick only one box.*

**Both the head of household and his/her spouse will answer this section**

**Household Head:**

**Spouse of household head/other member specify ID ....**

Your family income:

- Going up 1  
 It will be the same 2  
 Going down 3  
 Don't Know 4

- Going up 1  
 It will be the same 2  
 Going down 3  
 Don't Know 3

### 2. Comparing your family's total income now with your expected income for the next YEAR, which of the following is true?

*Tick only one box.*

**Both the head of household and his/her spouse will answer this section**

**Household Head :**

**Spouse of household head/other member specify ID .....**

Your family income

- Going up 1  
 It will be the same 2  
 Going down 3  
 Don't Know 3

- Going up 1  
 It will be the same 2  
 Going down 3  
 Don't Know 3





**PART VIII: GLOBAL HAPPINESS**

**1. Taking all things together, how would you say things are these days? Would you say you are:**

*Tick only one box.*

**Both the household head and his/her spouse will answer this section**

**Household Head:**

**Spouse of household head/ other member specify ID ....**

- Very happy      1
- Fairly happy    2
- Not too happy   3

- Very happy      1
- Fairly happy    2
- Not too happy   3

**PART IX: NEED DOMAIN SATISFACTION**

**Both the household head and his/her spouse will answer this section**

**1. The household head will answer this section. Select only one option for each need domain satisfaction component.**

1. Options	2. Concerning your children's education which of the following is true? The education they get is	3. Concerning the health care your family gets which of the following is true? The health care your family get is	4. Concerning your family's housing which of the following is true? The family's house is	5. Concerning your family's clothing which of the following is true? The family clothing is	6. Concerning your family's total income over the past month which of the following is true? The total family income was
Not adequate....1 Just adequate....2 More than adequate.....3					

**2. The spouse of household head, if other specify ID...., will answer this section. Select the relevant option for each life domain satisfaction component.**

1. Options	2. Concerning your children's education which of the following is true? The education they get is	3. Concerning the health care your family gets which of the following is true? The health care your family get is	4. Concerning your family's housing which of the following is true? The family's house is	5. Concerning your family's clothing which of the following is true? The family clothing is	6. Concerning your family's total income over the past month which of the following is true? The total family income was
Not adequate....1 Just adequate....2 More than adequate.....3					