

Bangladesh Bureau of Statistics Sample Census 2011

Module 1: Identification and Household Summary										Module 2: Housing related															
1a. Household Address:				3. Household members			Total	Male	Female	4. Type of dwelling?			5. Construction material of walls?			6. Construction material of roof?			7. Construction material of floor?			8. Dwelling		9. Is it a slum dwelling?	
				a. Members usually living in the HH																		a. Total number of rooms			
1b. Continuation pages <input type="text"/> <input type="text"/> pg. <input type="text"/> <input type="text"/>				b. Members usually living in the HH but currently absent						Joint/Barrack house			Straw/Bamboo/ Polythene/Plastic/ Canvas			Tin (CI sheet)			Wood/Bamboo						
				c. Former members of the HH now living abroad																					
2a. Sample Census Household Number <input type="text"/> <input type="text"/>				d. Visitors						Wood			Tally			Brick- Cement			Others		Yes		No		
2b. Census Household Number <input type="text"/> <input type="text"/>				e. Members of the HH that returned from abroad in the 5 past years																	Others				

Module 3: Household Related																																							
10. Does your hh belong to an ethnic community?		11. Tenancy of house 1=Owned 2=Rented 3=Rent free		12. Drinking water							13. Type of toilet				14. Disposal of solid waste				15. Source of light					16. Cooking fuel			17. How many male and female members of the household read newspaper, listen to radio, watch television or use internet?												
				a. Main source of drinking water							b. Does the household drink boiled/ bottled/ filtered water?		c. Distance to source of water		Sanitary with water seal		Sanitary without water seal		Non-sanitary/ Kutcha		Open space		Managed dustbin		Unmanaged dump site		Bury/inside pit	Burn	Electricity	Solar energy	Kerosene	Bio-gas	Others	Wood	Kerosene	Gas/LPG	Electricity	Straw/leaf/dried cowdung	Bio-gas
Yes	No			Tap	Tubewell/ Deep tubewell	Well	Pond	River/ditch/ Canal	Others	Yes	No	Inside dwelling	Within 200 meters	More than 200 meters																									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Does any member of the HH own a house/land?								20. Does this household own the following? (Ask question for each item. If the answer is yes put cross on 'yes' box else put cross on 'no' box)																													
18a. House?		18b. If yes, how many own house?		19a. Land?		19b. If yes, how many own land?		Boat		Bull/ Buffalo Cart		Push Cart/ Rickshaw Van		Rickshaw		Bicycle		Motorcycle		Motor Car/ Bus/ Truck		Scooter/ CNG/Auto rickshaw		Telephone		Mobile		Sewing Machine		Television/ Radio/ Transistor		Dish Antenna		Computer		Freezer/ Deep Freezer	
Yes	No	Male	Female	Yes	No	Male	Female	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Module 4: Individual

21. Line Number	22. Name of Household member <i>Write names of all members usually living in the HH. Write the nickname in English in block letters. Write the names in the order: head, spouse, youngest child, older child, other relative and other non-relative.</i>	23. Age <i>Write the number of completed years, enter "00" if less than one year</i>	24. Relationship with Head of Household 1-Head of household 2-Wife/husband 3-Children 4-Parents/parents-in-law 5-Daughter/son-in-law 6-Brother/sister and brother/sister-in-law 7-Grandchildren/great grandchildren 8-Other relative 9-Non-relative	25. Sex 1-Male 2-Female	26. Line number of mother <i>Write '00' if biological mother is not a member of the household</i> <i>If mother is a member of HH, → Go to Q.28</i>	27. Is mother alive 1-Yes 2-No 3-Don't know	28. Is father alive 1-Yes 2-No 3-Don't know	29. Religion 1-Islam 2-Hinduism 3-Buddhism 4-Christiantity 5-Others	30. Mother tongue 1-Bengali 2-Others	31. Second language 1-Bengali 2-English 3-Others 4-None	32. Location of birth place			33. Current Zila		34. Location of living 5 years ago			3 years or more aged member		7 years or more aged member		
											a. Birth place 1-Same Zila → Q.33a 2-Different Zila 3-Different Country	b. Different Zila/Country Code <i>(Write using code list)</i>	c. Type of locality of birth 1-Rural area 2-Metropolitan area 3-Other urban area	a. Duration of living in this Zila <i>(Completed years)</i> If Q.32a = 1 → Q.34a	b. Main reason for coming to this Zila 1-Marriage 2-Education 3-Employment/Business 4-In search of work 5-Natural calamity 6-Family quarrel 7-Tortured/deserted by spouse 8-Other	a. Previous residence, 5 years ago 1-Same Zila → Q.35 2-Different Zila 3-Different Country	b. Different Zila/Country Code <i>(Write using code list)</i>	c. Type of locality of former residence 1-Rural area 2-Metropolitan area 3-Other urban area	35. School attendance 0-Don't currently attend → Q.37 1-Pre-primary 2-Primary 3-Junior secondary 4-Secondary/higher secondary 5-Graduate 6-Masters and over	36. Type of school 1-Government 2-Non-government/MPO 3-Religious/ 4-Non-formal 5-Others	37. Literacy 1-Cannot read and write → Q.40 2-Can read only → Q.40 3-Can read and write	38. Highest class passed <i>(Education code)</i>	39. Field of education 1-General 2-Technical/Vocational 3-Religious
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
0																							

Module 5: Economic Activities (For members of age 10 years and above)													Module 6: Nuptiality (For members of age 10 years and above)									
Line Number	40. Was he/she engaged in any gainful activity for at least 1 hour during the last 7 days? Yes Has a job but did not work because on leave or sick → Q.43 No → Q.42			41. How many hours did he/she work during the last 7 days? Write number of hours, then → Q.43	42. What is the main reason for not working during the last 7 days? Write code, then → Q.46 1-Student 2-Housewife and child care 3-Old age/retired 4-Physical or mental problem 5-Sick/Accident 6-No work found	43. Description of economic activity		44. Activity status 1-Employer 2-Employee 3-Self-Employed-Agriculture 4-Self-Employed-Non-Agriculture 5-Family Helper 6-Others	45. Main Occupation		46. Was he/she engaged in any activity for HH gain or own consumption for at least 1 hour during the last 7 days? Yes No → Q.48	47. How many hours did he/she work for HH gain or own consumption during the last 7 days?	48. Is he/she looking for a job or any income generating activity?		49. Marital status 1-Never married → next person 2-Married 3-Widower/widowed 4-Divorced 5-Separated	50. Age at first marriage <i>(Completed years)</i>	51. Number of times married <i>If once, (female) → Q.55 (male) → next member</i>	For males who married more than once				
						a. In which field of activity did he/she work?	b. Activity code <i>(Supervisor will write 2 digit code using BSIC)</i>		a. What type of work did he/she do? <i>(designation or description)</i>	b. Occupation code <i>(Supervisor will write 2 digit code using BSOC)</i>			Yes	No				52. How many wives now live in the household?	53. How many wives now live in other households?	54. Is the first wife alive? Yes No		
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

Module 7: Fertility (For currently married/divorced/separated/widowed women of age 10 years and above)

Line Number	55. Total number of live births	56. Number of live births who usually live in the HH		57. Number of live births who usually live outside the HH		58. Number of children born alive who later died		For women currently of age 10 to 49 years				
		Son	Daughter	Son	Daughter	Son	Daughter	59. Gave a live birth during last 12 months?	60. Sex of the live birth	61. Is the child still alive?	62. Who assisted in delivery?	63. Where did the delivery take place?
1												
2												
3												
4												
5												
6												
7												
8												
9												
0												

Module 8: Members returned from abroad

Line Number	For HH members who returned from abroad in the past 5 years				
	64. Country where he/she returned from		65. Date when he/she returned from abroad		66. Main reason for return
	Name	Code	Month	Year	

Module 9: International Migration

Serial No.	For person 5 years and above who were the members of this household but migrated for 6 or more months						
	67. Name of migrant	68. Sex	69. Age	70. Degree	71. Duration	72. Reason for leaving	73. Destination
1							
2							
3							
4							

Module 10: Death (During last 12 months)

Serial Number	For members of all ages									For female members of age 10 to 49 who died during the last one year							
	74. Did any member of the household die during last 12 months?		75. Name of deceased	76. Sex		77. Age at the time of death	78. Where died?			79. Was she pregnant at the time of death?		80. Did she die during abortion or during 42 days after abortion?		81a. Did she die during delivery?		81b. Did she die within 42 days after delivery?	
	Yes	No		Male	Female		Home	Hospital	Other	Yes	No	Yes	No	Yes	No	Yes	No
1																	
2																	
3																	
4																	