

Sample ID: 

--	--	--	--	--

**Risk Reduction and Adaptive Measures in the Context of Climate  
Change Impact on Health Sector in Bangladesh.**

**Baseline Survey Questionnaire**

2012

**Implemented by**  
**Climate Change and Health Promotion Unit (CCHPU)**  
Under  
**Ministry of Health & Family Welfare**  
14/2, Topkhan Road, Ansari Bhaban, Dhaka-1000.  
Bangladesh

In Collaboration with  
The University of New Castle, Australia and  
Health Communication Network.

## BASELINE SURVEY QUESTIONNAIRE

Risk Reduction and Adaptive Measures in the Context of Climate  
Change Impact on Health Sector in Bangladesh.

Survey Date:.....

1. Participant Name : ..... Code No. 

--	--	--

2. District Name : ..... Code No. 

--	--	--

3. Upozila Name : ..... Code No. 

--	--	--

4. Union/Word : ..... Code No. 

--	--	--

5. Village/Moholla/Block : ..... Code No. 

--	--	--

6. Surveyor Name and Signature :.....

1. Name of the Family members:  
(Start from head of the Family)

Sl. No.	Name of the Family members	Relation with the Family Head	Gender	Age/ Month	Marital Status	Education Qualification	Occupation
1	2	3	4	5	6	7	8
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							

(Use following code for column no. 3, 4, 6, 7, and 8)

\* (Use Month Only for (0-59) monthly for Children aged less than 5 years of age)

[You will need to ensure that the surveyor specifies months or years for each entry]

Relation with the Family Head	Gender	Marital Status	Educational Qualification	Occupation
Column 3	Column 4	Column 6	Column 7	Column 8
1. Head of the family	1. Male	1. Unmarried	1. No Institutional education	Farmer
2. Husband/Wife	2. Female	2. Married	2. Primary level (class 1-5)	Day Labour
3. Son/Daughter		3. Divorcee	3. Secondary Level (Class6-10)	Service holder
4. Father-Mother		4. Widow	4. SSC/HSC/ Dakhil/ Alim	Small businessman
5. Others		5. Bipotnik	5. Graduation & above	Housewife
		6. Others	6. Other/ Not applicable	Unemployed
			7. Student	
			8. Fishermen	
			9. Others	

**Family Condition:**

2. Total number of houses at your home?

.....

3. Total average monthly income?

.....

**Disaster Related Question :**

4. How long have you been living this area?

.....

5. Have you faced any sort of Natural calamity such as flood, drought or cyclone?

I. Yes

II. No

(If yes then go to the next question/If no then jump to the Q # 10)

6. What type of calamity you have faced

(Multiple answer acceptable)

I. Flood

II. Drought

III. Cyclone

IV. Tidal wave

V. River erosion

VII. Other

7. Have you become homeless due to natural calamity during the past 10 years?

I. Yes

II. No

(If 'Yes' then go to the next question/If 'No' then jump to the Q # 10)

8. How many times have you have been homeless due to a natural calamity in the past 10 years?

.....

9. How many days were you homeless the last time?

.....

10. Have you heard about Weather/Climate change?

I. Yes

II. No

(If yes then go to the next question/If no then jump to the Q # 14)

11. Where did you hear about Climate change?

(Multiple answer acceptable)

I. Newspaper

II. Magazine

III. Radio

IV. Television

V. Neighbour

VI. Health worker

VII. School Teacher

- VIII. Others (Please mention)
12. What type of change to the climate do you think has happened?  
(Multiple answer acceptable)
    - I. Excessive Temperature
    - II. Excessive Cold
    - III. Change of pattern of precipitation
    - IV. Cyclone/Tidal wave
    - V. Frequent flood
    - VI. Water logging
    - VII. Don't know/Don't understand
  13. What do you think are the possible reasons for climate change?  
(Multiple answers acceptable)
    - I. Deforestation
    - II. Industrial effluent
    - III. Population growth
    - IV. Black smoke of vehicles
    - V. Excessive carbon emission to the atmosphere by developed country.
    - VI. Quick urbanization & change of livelihood
    - VII. Others (Specify)
  14. What is your opinion about the extent of Floods and Cyclones during last 10 years?
    - I. Have decreased
    - II. Have increased
    - III. Unchanged
  15. what is your opinion about the extent of tidal waves in you locality during last 10 years?
    - I. Have decreased
    - II. Have increased
    - III. Unchanged
    - IV. Didn't notice
  16. What is your opinion about the extent of drought in last 10 years?
    - I. Have decreased
    - II. Have increased
    - III. Unchanged
    - IV. Didn't notice
  17. Have you notice any change in precipitation during the last 10 years?
    - I. Yes
    - II. No
  18. Have any family member drowned during last 10 years?
    - I. Yes
    - II. No

(If 'yes' then go to the next question/If no then jump to the Q # 20)
  19. How many drowned?  
.....
  20. Have any family members been attacked by snake biting in last 10 years?
    - I. Yes

II. No

21. Have any family members died by Snake biting in last 10 years?  
I. Yes  
II. No
22. Have you noticed any changed in sea water level in last 10 years?  
I. Yes  
II. No  
II. Don't know
23. Do you think risk of life's livelihood can increase if sea water level increases?  
I. Yes  
II. No
24. Do you think you and your family would be affected by increasing sea water levels?  
I. Yes  
II. No
25. Has water salinity increased in your locality in the last 10 years?  
I. Yes  
II. No
26. Do you think increases in salinity might affect fresh water?  
I. Yes  
II. No
27. Do you believe human health is deteriorating due to increases in water salinity?  
I. Yes  
II. No
28. Has crop production in your area diminished during the last 10 years  
I. Yes, go to Q29  
II. No, go to Q 30
29. In your opinion what are the possible causes of the reduction in crop production?  
I. Flood  
II. Drought  
III. Excessive rain  
IV. Increase in Salinity  
V. Improper use of chemical fertilizer  
VI. Improper use of pesticides  
VII. Others (Please specify) \_\_\_\_\_
30. What is your closest place of healthcare service?  
I. Govt. Hospital  
II. Community Clinic  
III. Private Clinic  
IV. NGO Healthcare centre  
V. Village Doctor  
VI. Pharmacy  
VII. Other (Specify Please) \_\_\_\_\_
31. Are service providers of nearby health centre available when necessary?  
I. Yes  
II. No



32. Have any family members been attacked by any of the following diseases during last 12 months?

Name of Disease	Ans.	Number of attacked
Dengue fever	Yes/No	
Malaria	Yes/No	

33. How does Dengue/Malaria spread?

- I. Mosquito biting
- II. Polluted water
- III. Contaminated Food
- IV. Through Stool - urine
- V. Other (Specify) \_\_\_\_\_

34. Have any of your children (aged 59 months or younger) been attacked by diarrhea/Pneumonia during the last 12 months?

Name of Disease	Ans.	Number of attacked
Diarrhoea	Yes/No	
Pneumonia	Yes/No	

35. Have any of your children (aged 59 months or younger) been attacked by diarrhea or pneumonia in the last 1 month?

Name of Disease	Ans.	Number of attacked
Diarrhoea	Yes/No	
Pneumonia	Yes/No	

36. How much money did you spend for keeping good health of family member(s)

Total Expenditure.....

37. Do you feel healthcare expenditure increases after disaster?

- I. Yes
- II. No

? Space for other comments

Thank you for your cooperation in research

Name of the Supervisor and Sign .....





## Common Checklist on Baseline survey

Participant Name:  Code No.

District Code:	<input type="text"/>	Upozilla Code:	<input type="text"/>	Union Code:	<input type="text"/>	Village Code:	<input type="text"/>
----------------	----------------------	----------------	----------------------	-------------	----------------------	---------------	----------------------

**urveyor to complete this section by tick (✓) the**

1. Type of Roof ?
  - I. Kaacha
  - II. Pucca
  - III. Tin
  - IV. Other
2. Electricity ?
  - I. Yes
  - II. No
3. Source of Drinking Water?
  - I. Shallow
  - II. Deep Tubewell
  - III. Supplied water through Pipe
  - IV. Crude pond water
  - V. Refined Pond water
  - VI. Rain water
  - VII. Other
4. Govt. Hospital nearby? (define nearby???)
  - I. Dist. Hospital
  - II. Upazilla Health Complex
  - III. Union Health Center
  - IV. Comm. Clinic
  - V. Other (Specify)
5. School in the Survey Area?  
(Specify name and type)
  - I. Yes
  - II. No
6. Health Education Program in this school?
  - I. Yes
  - II. No
7. Community Clinic in the Survey Area?  
(If Yes then Name)
  - I. Yes
  - II. No
8. Exchange/Communication between School and Community Clinic?
  - I. Yes
  - II. No
9. Mosquito Crash Program locally?
  - I. Yes
  - II. No
10. Participant
  - I. Weight  Kg
  - II. Height  cm
  - III Age  in months
11. Any children below 2 yrs
  - I. Yes
  - II. No
12. If 'yes' then take the weight (If more than 1 then take weight of Elder child)?
  - I. Weight  Kg
  - II. Height  cm
  - III Age  in months