



Questionnaire for (S)SHS users

Code: Name: Date: No. of interview on that day:	Note: Some data should be gathered by observation and not by questioning!	ID-No. (DO NOT FILL THIS OUT)
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General Information [to be completed before the interview]	
A	Post Office [check IDCOL list]
B	Village [check IDCOL list]
C	Name of the owner of the (S)SHS [check IDCOL list]
D	Customer ID [check IDCOL list]
E	<div> <div> Provider of the (S)SHS [check IDCOL list] </div> <div> <input type="checkbox"/> ADAMS <input type="checkbox"/> BRAC <input type="checkbox"/> BRIDGE <input type="checkbox"/> Grameen Sh. <input type="checkbox"/> PDBF <input type="checkbox"/> RDF <input type="checkbox"/> RISDA <input type="checkbox"/> RSF <input type="checkbox"/> Shakti Found. <input type="checkbox"/> Shubashati <input type="checkbox"/> SolarEn <input type="checkbox"/> SRIZONY <input type="checkbox"/> TMSS <input type="checkbox"/> Upokulio <input type="checkbox"/> other [specify]: </div> </div>
F	Name of the interviewed person [ask]
G	<div> <div> Relation of the interviewed person with respect to the owner [ask] </div> <div> <input type="checkbox"/> owner <input type="checkbox"/> wife <input type="checkbox"/> husband <input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> son <input type="checkbox"/> daughter <input type="checkbox"/> other [specify]: </div> </div>
H	<div> Start of the interview [hh:mm] End of the interview [hh:mm] </div>

Introduction

Good Morning, my name is [**NAME**]. Thank you very much for welcoming me to your home. On behalf of the GIZ (German Development Cooperation) we are currently carrying out a research project on the use and the benefits of Solar Home Systems. Your feedback is very important for us to further improve the dissemination of these systems. Therefore, I would like to ask you some questions. In total it will take between 45 and 60 minutes.

There are no right or wrong answers. We are only interested in your personal opinion. All information will be treated confidentially. This means that all personal details (e.g. your name & address) will be separated from the other answers. Thereby we will know who has been interviewed, but it will not be possible to know which answers were given by you or by someone else.

If you have not understood a question properly, please feel free to interrupt me and ask for clarification. We will not force you to respond to any of the questions. If, for any reason, you need to leave or feel uncomfortable during the interview, you can end it any time you want to.

Are there any questions you have before we start the interview?

[**wait for possible questions and respond to them**].

Okay, then let's start!



Specifications & Acquisition of Solar System		
[Please ask if it is possible to see the customer agreement and payment card copy. Many of the following questions will be easier to answer with this document]		
1	Solar system specifications [If copy is not available: Check the label at the backside of the panel (if possible) and the battery]	Wp Ah @ Volts
2	Time of purchase [If copy is not available: ask]	<input type="checkbox"/> less than 1 year ago <input type="checkbox"/> between 1 and 2 years ago <input type="checkbox"/> between 2 and 3 years ago <input type="checkbox"/> between 3 and 4 years ago <input type="checkbox"/> between 4 and 5 years ago <input type="checkbox"/> more than 5 years ago
3	Did you have a (S)SHS before the one that is currently in use?	<input type="checkbox"/> yes <input type="checkbox"/> no, it's the first one If yes <input type="checkbox"/> the old one is still in use, this is an additional (S)SHS <input type="checkbox"/> the old one was broken and we bought a new (S)SHS <input type="checkbox"/> the old one was broken and was replaced by the PO free of charge (warranty case)
4	Are you also connected to the electricity grid?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes: How many hours per day does the grid supply electricity? _____ hours per day How often do power cuts normally last? _____ hours When do they usually occur? <input type="checkbox"/> 6 a.m. – 12 p.m. <input type="checkbox"/> 12 p.m. – 6 p.m. <input type="checkbox"/> 6 p.m. – 6 a.m. <input type="checkbox"/> I don't know
5	Do you share the electricity from your (S)SHS with nearby households?	<input type="checkbox"/> yes, I sell electricity to nearby households <input type="checkbox"/> yes, I share electricity free of charge with nearby households <input type="checkbox"/> yes, I bought the (S)SHS together with someone and share its electricity now <input type="checkbox"/> no
6	How do or did you finance your (S)SHS?	<input type="checkbox"/> at once (upfront payment only) <input type="checkbox"/> by monthly installments How high was the upfront payment? _____ Taka If financed by installments: [Please check if payment card is available] How high is the monthly payment rate? _____ Taka per month How long is the repayment period? _____ months
7	Did you use an additional loan to cover the upfront costs and/or the installments of your (S)SHS?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes: How high was the loan? _____ Taka



8	Have you faced any problems in the past to pay your installments?	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes: What kind of problems?</i> <hr/> How did you and/or the PO handle this situation? <hr/> Have you been able to solve these problems by now? <input type="checkbox"/> yes <input type="checkbox"/> no
9	Have you already completed your repayment period?	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes: Do you have a maintenance contract with the provider of your (S)SHS?</i> <input type="checkbox"/> yes <input type="checkbox"/> no <i>If no: Does the PO personnel in charge of installment collection visit you regularly?</i> <input type="checkbox"/> yes <input type="checkbox"/> no Does he check the (S)SHS when he collects the installments? <input type="checkbox"/> yes, always <input type="checkbox"/> yes, sometimes <input type="checkbox"/> no <input type="checkbox"/> I don't know
10	Do you also possess an Improved Cooking Stove (Bondhu Chula)?	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes: If you had to choose between the (S)SHS and the ICS (Bondhu Chula), which one would you keep?</i> <input type="checkbox"/> (S)SHS <input type="checkbox"/> Improved Cooking Stove

System Performance & Basic Energy Services		
11	Is your (S)SHS still functioning?	<input type="checkbox"/> yes <input type="checkbox"/> no
12	Have you encountered any problems since you bought the (S)SHS?	<input type="checkbox"/> yes, I have encountered severe problems <input type="checkbox"/> yes, I have encountered minor problems but the system was working the whole time <input type="checkbox"/> no <i>If yes: What kind of problems?</i> <hr/> Have these problems been solved? <input type="checkbox"/> yes <input type="checkbox"/> no
13	Did you have to replace parts of the system?	<input type="checkbox"/> yes <input type="checkbox"/> no



	[Multiple answers possible]	<p><i>If yes:</i></p> <p>Which part(s)?</p> <p><input type="checkbox"/> battery <input type="checkbox"/> solar panel <input type="checkbox"/> lamp / tube <input type="checkbox"/> charge controller <input type="checkbox"/> switch <input type="checkbox"/> other <i>[please specify]</i>:</p> <p>How much money did you spend on the replacement(s) in total? <input type="checkbox"/> _____ Taka <input type="checkbox"/> nothing (warranty case)</p> <p><i>If warranty case: How satisfied were you with the service of the PO?</i></p> <p><input type="checkbox"/> 1 (very dissatisfied) <input type="checkbox"/> 2 (somewhat dissatisfied) <input type="checkbox"/> 3 (so so) <input type="checkbox"/> 4 (somewhat satisfied) <input type="checkbox"/> 5 (very satisfied)</p>							
14	Which electrical appliances do you run with the (S)SHS? [Multiple answers possible]	<p><input type="checkbox"/> lighting devices <input type="checkbox"/> mobile phone charger <input type="checkbox"/> TV <input type="checkbox"/> radio <input type="checkbox"/> DVD player <input type="checkbox"/> fan <input type="checkbox"/> other <i>[please specify]</i>:</p>							
15	How many lamps do you run with your (S)SHS?	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> other: _____</p>							
16	Lamp specs and location [Do NOT ask! Check the lamps and fill in the table!] Type: CFL, LED, ICL, Tube Codes for location L = Living area K = Kitchen W = Working area O = Outdoors X = Other <i>[specify below]</i>	Type	No.	Watt	Loc.	Type	No.	Watt	Loc.
			x	W			x	W	
			x	W			x	W	
			x	W			x	W	
			x	W			x	W	
			x	W			x	W	
17	How many hours per day do you normally light your home?	living area _____ hours			working area _____ hours				
		kitchen _____ hours			other <i>[specify]</i> : _____ hours				
		outdoors _____ hours							

Rationale & Satisfaction		
18	<p>What were your main reasons to buy a (S)SHS? What did you expect to change? [Do NOT read out the answers] [Mark and prioritize up to three reasons with '1', '2', '3']</p>	<p><input type="checkbox"/> money savings <input type="checkbox"/> fuel savings <input type="checkbox"/> improved illumination <input type="checkbox"/> easier mobile charging <input type="checkbox"/> more time for income generating activities <input type="checkbox"/> improved quality of life <i>[incl. TV and radio use]</i> <input type="checkbox"/> improved study conditions <input type="checkbox"/> better indoor air quality <input type="checkbox"/> reduced risk of kerosene-related accidents <input type="checkbox"/> easier access to information <input type="checkbox"/> improved safety <input type="checkbox"/> less prone to power cuts <input type="checkbox"/> improved status <input type="checkbox"/> other <i>[please specify]</i>:</p>



19	How did you know about the (S)SHS and its benefits?	<input type="checkbox"/> I saw (S)SHS in other households <input type="checkbox"/> someone (friends, relatives, neighbours, ...) told me about the (S)SHS and its benefits <input type="checkbox"/> PO staff members informed me personally <input type="checkbox"/> other [please specify]:		
20	Did you have any concerns or doubts when you bought the (S)SHS? [Do NOT read out the answers] [Multiple answers possible]	<input type="checkbox"/> yes <input type="checkbox"/> no If yes: What kind of concerns or doubts? <input type="checkbox"/> I was afraid the (S)SHS would not be worth its price <input type="checkbox"/> I was afraid that the price would suddenly be higher than stated when I bought the (S)SHS due to loan arrangements <input type="checkbox"/> I was afraid that I couldn't always pay the installments on time <input type="checkbox"/> I wasn't sure if the (S)SHS would work well <input type="checkbox"/> I wasn't sure if the customer service would be reliable <input type="checkbox"/> other [please specify]:		
21	If the HH is NOT connected to the grid (qu. 4): Would a grid connection have been available in your location when you bought the (S)SHS? [Only mark the most important reason]	<input type="checkbox"/> yes <input type="checkbox"/> no If yes: Why did you chose a (S)SHS instead? <input type="checkbox"/> the electricity grid is not reliable (power cuts) <input type="checkbox"/> someone (friends, relatives, neighbours, ...) recommended me to buy a (S)SHS <input type="checkbox"/> I couldn't afford a grid connection <input type="checkbox"/> there was an electricity grid in the area, but I could not get a connection [other than economic reasons] <input type="checkbox"/> I thought I would save more money with a (S)SHS in the long run <input type="checkbox"/> the (S)SHS improves my status in the village more than a grid connection <input type="checkbox"/> other reason [please specify]:		
22	Whose idea was it initially to buy the (S)SHS?	<input type="checkbox"/> husband <input type="checkbox"/> whole family	<input type="checkbox"/> wife <input type="checkbox"/> other:	<input type="checkbox"/> children <input type="checkbox"/> don't know
23	Who decided to buy the (S)SHS in the end?	<input type="checkbox"/> husband <input type="checkbox"/> whole family	<input type="checkbox"/> wife <input type="checkbox"/> other:	<input type="checkbox"/> children <input type="checkbox"/> don't know
24	If the solar system is smaller than 30 Wp: Why did you buy a small system instead of a bigger one? [Do NOT read out the answers]	<input type="checkbox"/> I wanted to buy a bigger system but I couldn't afford it <input type="checkbox"/> I could afford a bigger system but I didn't want to spend more money <input type="checkbox"/> I could afford a bigger system but I didn't need more power <input type="checkbox"/> someone (friends, relatives, neighbours, ...) recommended me to buy a SSHS instead of a bigger system <input type="checkbox"/> other reason [please specify]:		

25	<p>If the solar system is smaller than 30 Wp: Which appliances would you use in addition if you had a bigger system? [Do NOT read out the answers]</p>	<input type="checkbox"/> additional lighting devices <input type="checkbox"/> TV <input type="checkbox"/> DVD player <input type="checkbox"/> other [please specify]: <input type="checkbox"/> mobile phone charger <input type="checkbox"/> radio <input type="checkbox"/> fan
26	<p>If the solar system is smaller than 30 Wp: If a small system had not been available, would you have bought a bigger system instead?</p>	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> I don't know
27	How satisfied are you with your (S)SHS in general?	<input type="checkbox"/> 1 (very dissatisfied) <input type="checkbox"/> 3 (so so) <input type="checkbox"/> 5 (very satisfied) <input type="checkbox"/> 2 (somewhat dissatisfied) <input type="checkbox"/> 4 (somewhat satisfied)
28	<p>If concerns were stated (qu. 20): What about your concerns and doubts? Have any of them been fulfilled?</p> <p>[DO ONLY read out the concerns stated in qu. 20 and tick if they have been fulfilled]</p>	<input type="checkbox"/> the (S)SHS was not worth its price <input type="checkbox"/> the price was suddenly higher than stated when I bought the system due to loan arrangements <input type="checkbox"/> I couldn't always pay the installments on time <input type="checkbox"/> the (S)SHS didn't work well the whole time <input type="checkbox"/> the customer service was unreliable <input type="checkbox"/> other [please specify]:
29	Is there anything that you dislike about your (S)SHS?	1st: _____ 2nd: _____
30	Which household member benefits most from the (S)SHS?	<input type="checkbox"/> husband <input type="checkbox"/> all equal <input type="checkbox"/> wife <input type="checkbox"/> other: <input type="checkbox"/> children <input type="checkbox"/> don't know
31	<p>Does anybody else benefit from the (S)SHS?</p> <p>[Multiple answers possible]</p>	<input type="checkbox"/> yes, my neighbour(s) <input type="checkbox"/> yes, others [specify]: <input type="checkbox"/> yes, my relatives <input type="checkbox"/> no, nobody else <input type="checkbox"/> I don't know
		<p>If yes: How?</p> <input type="checkbox"/> they charge their mobile phones here <input type="checkbox"/> they come here to watch TV <input type="checkbox"/> they come here to listen to the radio <input type="checkbox"/> they come here to use the illumination at night <input type="checkbox"/> other reason [please specify]:
32	Would you recommend the (S)SHS to your friends, relatives, neighbours, ...?	<input type="checkbox"/> yes <input type="checkbox"/> no

Energy Consumption Patterns & Expenditures

33	Do you still use other energy sources than solar energy for illumination and other electrical appliances at home?	<input type="checkbox"/> yes <input type="checkbox"/> no
34	<i>[If the answer is 'no', skip question a) and ask directly for the energy sources before the purchase of the (S)SHS (question b). Then ask if none of these energy sources are used anymore to assure that the answer given before was correct.]</i>	



<p>a) What kind of energy sources do you use now for illumination and other electrical appliances at home? How much money do you spend on each of them per month?</p> <p>b) What kind of energy sources did you use before you bought the (S)SHS? How much money did you spend on each of them before?</p> <p>[Both the quantities and the expenditures are important for the study! If the interviewee is unable to indicate some of the values of the table below, try to calculate them together with him/her (e.g. multiply the quantity with the price per item for each energy source).]</p>				
	Now		Before	
	Quant/month	Taka/month	Quant/month	Taka/month
Kerosene	litres		litres	
Diesel (generator)	litres		litres	
Grid [indicate 'x' for grid connection without bill]	unit / kWh		unit / kWh	
Storage batteries (e.g. automotive batteries)	charges		charges	
Dry-cell batteries	pieces		pieces	
Electricity bought from neighbours or other persons	---		---	
Candles	pieces		pieces	
Other [<i>please specify</i>]:				

35	<p>If repayment period is not yet completed (question 9): Do you think that you will save money after you have completed the payment of your (S)SHS?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> I don't know</p>
36	How many of the following lighting devices do you have in use every day ?	<p>_____ kupis _____ hurricanes _____ candles _____ torches</p>
37	Where do you use your kerosene lamps [kupis + hurricanes]?	<p><input type="checkbox"/> living area <input type="checkbox"/> working area <input type="checkbox"/> kitchen <input type="checkbox"/> other [<i>specify</i>]: <input type="checkbox"/> outdoors</p>
38	Where did you use them before you bought the (S)SHS?	<p><input type="checkbox"/> living area <input type="checkbox"/> working area <input type="checkbox"/> kitchen <input type="checkbox"/> other [<i>specify</i>]: <input type="checkbox"/> outdoors</p>
39	Do you use your kerosene lamp(s) at any location now where you didn't use them before ?	<p><input type="checkbox"/> yes [<i>specify location</i>]: _____ <input type="checkbox"/> no</p>
40	How many hours per day do you usually use your kerosene lights?	_____ hours per day
41	How was it before you bought the (S)SHS?	_____ hours per day
42	How much does one litre of kerosene cost at the moment?	_____ Taka per litre
43	Has the kerosene price changed significantly since you bought the (S)SHS?	<p><input type="checkbox"/> yes, increased significantly <input type="checkbox"/> yes, decreased significantly <input type="checkbox"/> no <input type="checkbox"/> I don't know</p>
44	Do you expect the kerosene price to change significantly in the future?	<p><input type="checkbox"/> yes, it will increase significantly <input type="checkbox"/> yes, it will decrease significantly <input type="checkbox"/> no <input type="checkbox"/> I don't know</p>



Income-generating Activities					
45	Does any HH member usually carry out income-generating activities at home ? <input type="checkbox"/> yes <input type="checkbox"/> no [If the answer is 'no', please continue with question 52]				
46	What kind of activities? [Multiple answers possible]	<input type="checkbox"/> sewing / embroidery <input type="checkbox"/> handicrafts <input type="checkbox"/> home-based shop <input type="checkbox"/> processing of crops (e.g. assortment of seeds) <input type="checkbox"/> small-scale livestock farming <input type="checkbox"/> other <i>[please specify]</i> :			
47	Which of the HH members are involved?	<input type="checkbox"/> Male adults	<input type="checkbox"/> Female adults	<input type="checkbox"/> Children (under 16)	
48	How much time per day do they spend on it on average?	Hours per day			
49	Has the amount of time changed since you bought the (S)SHS?	Change in time	<input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> no change <input type="checkbox"/> no change but shifted <input type="checkbox"/> don't know	<input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> no change <input type="checkbox"/> no change but shifted <input type="checkbox"/> don't know	<input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> no change <input type="checkbox"/> no change but shifted <input type="checkbox"/> don't know
50	Has it become more or less comfortable to carry out these activities?	Change in comfort	<input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> no change <input type="checkbox"/> don't know	<input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> no change <input type="checkbox"/> don't know	<input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> no change <input type="checkbox"/> don't know
51	Do you earn more or less money since you bought the (S)SHS?	<input type="checkbox"/> yes, more money <input type="checkbox"/> yes, less money <input type="checkbox"/> no <input type="checkbox"/> I don't know If yes: How much? _____ Taka per month <input type="checkbox"/> I don't know			
52	If question 45 is answered with 'no': Have you ever thought of carrying out income-generating activities at home ?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes: Why don't you do so?			

Health	
53	<div>Do you think the (S)SHS has any effect on your health?</div> <div> <input type="checkbox"/> yes, a positive effect <input type="checkbox"/> yes, a negative effect <input type="checkbox"/> no <input type="checkbox"/> I don't know </div> <div> If yes: How? [Do NOT read out the answers] <input type="checkbox"/> kerosene-related accident are less likely now <input type="checkbox"/> the indoor air quality is better now <input type="checkbox"/> I know more about hygiene and other health-related issues now <input type="checkbox"/> other <i>[please specify, also mention negative effects here]</i>: </div> <div> If no: Do you think the use of kerosene has any effect on your health? <input type="checkbox"/> yes, a positive effect <input type="checkbox"/> yes, a negative effect <input type="checkbox"/> no <input type="checkbox"/> I don't know </div>



54	Do you remember any kerosene-related accidents in your home before you bought the (S)SHS?	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes: What kind of accidents?</i> <input type="checkbox"/> burnings of HH members <input type="checkbox"/> other [<i>please specify</i>]: <input type="checkbox"/> fire(s) <i>If no: Do you know of kerosene-related accidents in other households?</i> <input type="checkbox"/> yes <input type="checkbox"/> no			
55	Have any similar accidents occurred since you bought the (S)SHS?	<input type="checkbox"/> yes, even more frequently than before <input type="checkbox"/> yes, as frequently as before <input type="checkbox"/> yes, but less frequently than before <input type="checkbox"/> no <input type="checkbox"/> I don't know			
56	How satisfied are you with the air quality inside your home	<input type="checkbox"/> 1 (very dissatisfied) <input type="checkbox"/> 2 (somewhat dissatisfied) <input type="checkbox"/> 3 (so so) <input type="checkbox"/> 4 (somewhat satisfied) <input type="checkbox"/> 5 (very satisfied)			
	Has the indoor air quality changed since you bought the (S)SHS?	<input type="checkbox"/> improved <input type="checkbox"/> worsened <input type="checkbox"/> no change <input type="checkbox"/> don't know			
57	[If the interviewee only answers for himself/herself, explicitly ask for the other HH members]	HH member	male adults	female adults	children (under 16)
58	Has any HH member suffered from illnesses like headache, breathing problems or eye problems since you bought the system?	Situation now	<input type="checkbox"/> yes, often <input type="checkbox"/> yes, some-times <input type="checkbox"/> no <input type="checkbox"/> don't know	<input type="checkbox"/> yes, often <input type="checkbox"/> yes, some-times <input type="checkbox"/> no <input type="checkbox"/> don't know	<input type="checkbox"/> yes, often <input type="checkbox"/> yes, some-times <input type="checkbox"/> no <input type="checkbox"/> don't know
59	<i>If yes: What kind of illnesses?</i> [Multiple answers possible]	Type of illness	<input type="checkbox"/> headache <input type="checkbox"/> breathing problems <input type="checkbox"/> eye problems <input type="checkbox"/> other:	<input type="checkbox"/> headache <input type="checkbox"/> breathing problems <input type="checkbox"/> eye problems <input type="checkbox"/> other:	<input type="checkbox"/> headache <input type="checkbox"/> breathing problems <input type="checkbox"/> eye problems <input type="checkbox"/> other:
60	How often does this happen now compared to the time before you bought the (S)SHS?	Comparison to situation before	<input type="checkbox"/> more often <input type="checkbox"/> less often <input type="checkbox"/> no change <input type="checkbox"/> don't know	<input type="checkbox"/> more often <input type="checkbox"/> less often <input type="checkbox"/> no change <input type="checkbox"/> don't know	<input type="checkbox"/> more often <input type="checkbox"/> less often <input type="checkbox"/> no change <input type="checkbox"/> don't know

Education	
61	<p>a) How many hours per day do the different HH members spend reading and studying at home now?</p> <p>b) Has this changed compared to the situation before you bought the (S)SHS?</p> <p>[Collect all the information on one HH member before asking for the next one. Only ask the exact age for children younger than 16. For older children and other HH members fill in ">16"]</p>



62		Literate?	Gender	Age	Studying + reading hours per day (now)	Studying + reading time per day (comparison)	
	Husband	<input type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> male <input type="checkbox"/> female	>16		<input type="checkbox"/> increased <input type="checkbox"/> no change <input type="checkbox"/> don't know	<input type="checkbox"/> decreased <input type="checkbox"/> no change, but shifted
	Wife	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> male <input checked="" type="checkbox"/> female	>16		<input type="checkbox"/> increased <input type="checkbox"/> no change <input type="checkbox"/> don't know	<input type="checkbox"/> decreased <input type="checkbox"/> no change, but shifted
	Child 1	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> male <input type="checkbox"/> female			<input type="checkbox"/> increased <input type="checkbox"/> no change <input type="checkbox"/> don't know	<input type="checkbox"/> decreased <input type="checkbox"/> no change, but shifted
	Child 2	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> male <input type="checkbox"/> female			<input type="checkbox"/> increased <input type="checkbox"/> no change <input type="checkbox"/> don't know	<input type="checkbox"/> decreased <input type="checkbox"/> no change, but shifted
	Child 3	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> male <input type="checkbox"/> female			<input type="checkbox"/> increased <input type="checkbox"/> no change <input type="checkbox"/> don't know	<input type="checkbox"/> decreased <input type="checkbox"/> no change, but shifted
	Child 4	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> male <input type="checkbox"/> female			<input type="checkbox"/> increased <input type="checkbox"/> no change <input type="checkbox"/> don't know	<input type="checkbox"/> decreased <input type="checkbox"/> no change, but shifted
	Child 5	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> male <input type="checkbox"/> female			<input type="checkbox"/> increased <input type="checkbox"/> no change <input type="checkbox"/> don't know	<input type="checkbox"/> decreased <input type="checkbox"/> no change, but shifted
	Other:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> male <input type="checkbox"/> female			<input type="checkbox"/> increased <input type="checkbox"/> no change <input type="checkbox"/> don't know	<input type="checkbox"/> decreased <input type="checkbox"/> no change, but shifted
	Other:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> male <input type="checkbox"/> female			<input type="checkbox"/> increased <input type="checkbox"/> no change <input type="checkbox"/> don't know	<input type="checkbox"/> decreased <input type="checkbox"/> no change, but shifted
63	Have you noticed any change in the children's school outcomes?		<input type="checkbox"/> yes, the children's school outcomes have improved <input type="checkbox"/> yes, the children's school outcomes have worsened <input type="checkbox"/> no, I haven't noticed any change <input type="checkbox"/> I don't know				

Information, Recreation & Communication					
64	If TV is present:	HH member	male adults	female adults	children (under 16)
	How many hours per day do the different HH members spend watching TV	TV hours per day (now)			
65	Has this changed compared to the situation before you bought the (S)SHS?	TV time per day (comparison)	<input type="checkbox"/> no TV before <input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> no change <input type="checkbox"/> no change but shifted <input type="checkbox"/> don't know	<input type="checkbox"/> no TV before <input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> no change <input type="checkbox"/> no change but shifted <input type="checkbox"/> don't know	<input type="checkbox"/> no TV before <input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> no change <input type="checkbox"/> no change but shifted <input type="checkbox"/> don't know



66	Which TV programmes do they watch? [multiple answers possible]	TV programmes (now)	<input type="checkbox"/> news <input type="checkbox"/> educational programmes <input type="checkbox"/> entertainment <input type="checkbox"/> other [specify]:	<input type="checkbox"/> news <input type="checkbox"/> educational programmes <input type="checkbox"/> entertainment <input type="checkbox"/> other [specify]:	<input type="checkbox"/> news <input type="checkbox"/> educational programmes <input type="checkbox"/> entertainment <input type="checkbox"/> other [specify]:
67	If radio is present: How many hours per day do the different HH members spend listening to the radio?	Radio hours per day (now)			
68	Has this changed compared to the situation before you bought the (S)SHS?	Radio time per day (comparison)	<input type="checkbox"/> no radio before <input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> no change <input type="checkbox"/> no change but shifted <input type="checkbox"/> don't know	<input type="checkbox"/> no radio before <input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> no change <input type="checkbox"/> no change but shifted <input type="checkbox"/> don't know	<input type="checkbox"/> no radio before <input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> no change <input type="checkbox"/> no change but shifted <input type="checkbox"/> don't know
69	Which radio programmes do they listen to? [Multiple answers possible]	Radio programmes (now)	<input type="checkbox"/> news <input type="checkbox"/> educational programmes <input type="checkbox"/> entertainment <input type="checkbox"/> other [specify]:	<input type="checkbox"/> news <input type="checkbox"/> educational programmes <input type="checkbox"/> entertainment <input type="checkbox"/> other [specify]:	<input type="checkbox"/> news <input type="checkbox"/> educational programmes <input type="checkbox"/> entertainment <input type="checkbox"/> other [specify]:
70	Does any HH member regularly read the newspaper?	Newspaper (now)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
71	Has this changed compared to the situation before you bought the (S)SHS?	Newspaper (comparison)	<input type="checkbox"/> more often <input type="checkbox"/> less often <input type="checkbox"/> no change <input type="checkbox"/> no change but shifted <input type="checkbox"/> don't know	<input type="checkbox"/> more often <input type="checkbox"/> less often <input type="checkbox"/> no change <input type="checkbox"/> no change but shifted <input type="checkbox"/> don't know	<input type="checkbox"/> more often <input type="checkbox"/> less often <input type="checkbox"/> no change <input type="checkbox"/> no change but shifted <input type="checkbox"/> don't know
72	Do you think your knowledge on general news has changed since you bought the (S)SHS?	<input type="checkbox"/> yes, it has increased <input type="checkbox"/> yes, it has decreased <input type="checkbox"/> no change observed <input type="checkbox"/> I don't know			
73	And your knowledge on health-related issues?	<input type="checkbox"/> yes, it has increased <input type="checkbox"/> yes, it has decreased <input type="checkbox"/> no change observed <input type="checkbox"/> I don't know			
74	Does any HH member possess a mobile phone?	<input type="checkbox"/> yes <input type="checkbox"/> no			
	If yes: Who and how many phones?	HH member	male adults	female adults	children (under 16)
		Mobile phone (now)	<input type="checkbox"/> yes: ____ <input type="checkbox"/> no	<input type="checkbox"/> yes: ____ <input type="checkbox"/> no	<input type="checkbox"/> yes: ____ <input type="checkbox"/> no
75	If yes: Did they have their mobile phone(s) already before you bought the (S)SHS?	Mobile phone (before)	<input type="checkbox"/> yes: ____ <input type="checkbox"/> no	<input type="checkbox"/> yes: ____ <input type="checkbox"/> no	<input type="checkbox"/> yes: ____ <input type="checkbox"/> no



76	Does the (S)SHS influence your mobile phone use?	<input type="checkbox"/> yes, I use it more often now <input type="checkbox"/> no, there is no influence <input type="checkbox"/> yes, I use it less often now <input type="checkbox"/> I don't know
	If yes: Why? <input type="checkbox"/> I can charge it in my home now [time savings + comfort] <input type="checkbox"/> I don't have to pay for recharging my mobile phone(s) [money] <input type="checkbox"/> other [please specify]:	
77	Where did you charge your mobile phone(s) before? How often and for how much money?	<input type="checkbox"/> in a nearby village <input type="checkbox"/> within my village <input type="checkbox"/> at my home <input type="checkbox"/> other [specify]:
		_____ times per week _____ Taka per charge

Women's Workload & Working Comfort		
You said that the adult women in the HH spend _____ hours per day [question 48] on income-generating activities at home?		
78	How much additional time per day do the adult women in the HH spend on other housework? (cooking, collecting firewood, ...)	[Get up at: _____ Go to bed at: _____] _____ hours of work per day
79	Has the overall workload of the adult women in the HH changed since you bought the (S)SHS?	<input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> no change <input type="checkbox"/> don't know
80	Has it become more or less comfortable to carry out these tasks since you bought the (S)SHS?	<input type="checkbox"/> yes, it's more comfortable now <input type="checkbox"/> yes, it's less comfortable now <input type="checkbox"/> no, no change in comfort <input type="checkbox"/> I don't know
81	If kerosene is still in use [qu.34]: Who are the main responsible HH members for purchasing kerosene?	<input type="checkbox"/> male adults <input type="checkbox"/> female adults <input type="checkbox"/> children (under 16) <input type="checkbox"/> other [specify]:
82	If kerosene is NOT in use anymore [qu.34]: Who were the main responsible HH members for purchasing kerosene before you bought the (S)SHS?	<input type="checkbox"/> male adults <input type="checkbox"/> female adults <input type="checkbox"/> children (under 16) <input type="checkbox"/> other [specify]:
83	How much time do they spend on purchasing kerosene per week now?	_____ hours per week
84	Has this changed compared to the situation before you bought the (S)SHS?	<input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> no change <input type="checkbox"/> don't know

Social Activities, Social Status & Perception of Safety	
85	How often do you receive visitors at your home?
	_____ times per month
86	Has this changed compared to the situation before you bought the (S)SHS?
	<input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> no change <input type="checkbox"/> don't know



		HH member	male adults	female adults	children (under 16)
87	How often do the different HH members meet other people in their leisure time outside of their home?	times per month (now)			
88	How often does this happen compared to the situation before you bought the (S)SHS?	times per month (comparison)	<input type="checkbox"/> more often <input type="checkbox"/> less often <input type="checkbox"/> no change <input type="checkbox"/> don't know	<input type="checkbox"/> more often <input type="checkbox"/> less often <input type="checkbox"/> no change <input type="checkbox"/> don't know	<input type="checkbox"/> more often <input type="checkbox"/> less often <input type="checkbox"/> no change <input type="checkbox"/> don't know
89	Do you think the (S)SHS has changed your reputation in the village?	<input type="checkbox"/> yes, my reputation is better now <input type="checkbox"/> yes, my reputation is worse now <input type="checkbox"/> no, it has not changed my reputation <input type="checkbox"/> I don't know <i>If yes: Why?</i>			
90	Do you feel safe in your home and the surroundings?	<input type="checkbox"/> yes, I feel safe <input type="checkbox"/> so so <input type="checkbox"/> no, I don't feel safe			
91	Has this changed since you bought the (S)SHS?	<input type="checkbox"/> yes, I feel safer now <input type="checkbox"/> yes, I felt safer before <input type="checkbox"/> no, I feel as safe as before <input type="checkbox"/> I don't know <i>If yes: Why?</i>			
	[Multiple answers possible]	<input type="checkbox"/> improved illumination of my home <input type="checkbox"/> No need to go out at night anymore <i>[mobile charging, etc. possible at home]</i> <input type="checkbox"/> other <i>[please specify]:</i>			

Importance of Changes		
92	Which of the different changes we talked about so far do you regard as the most important ones? [Mark and prioritize up to three changes with '1', '2', '3']	<input type="checkbox"/> money savings <input type="checkbox"/> improved illumination <input type="checkbox"/> more time for income generating activities <input type="checkbox"/> improved study conditions <input type="checkbox"/> reduced risk of kerosene-related accidents <input type="checkbox"/> improved safety <input type="checkbox"/> improved status <input type="checkbox"/> fuel savings <input type="checkbox"/> easier mobile charging <input type="checkbox"/> improved quality of life <i>[incl. TV and radio use]</i> <input type="checkbox"/> better indoor air quality <input type="checkbox"/> easier access to information <input type="checkbox"/> less prone to power cuts <input type="checkbox"/> other <i>[please specify]:</i>

Toxic Waste	
93	<p><i>If dry cells are still in use:</i> You said that you use ____ [number from qu. 34] dry cells per month?</p> <p>What do you do with them when they are empty?</p> <div style="text-align: right;"> <input type="checkbox"/> I throw them away <input type="checkbox"/> I don't know <input type="checkbox"/> other <i>[specify]:</i> </div>



Now I would like to know a bit more about the **battery of your solar system**.

[If the solar battery **has not been** replaced yet (qu. 13), please ask **questions 94-96**]

[If the solar battery **has been** replaced already (qu. 13), please ask **questions 97-99**]

94	If not replaced: Do you know that you will have to replace your battery after a certain amount of time?	<input type="checkbox"/> yes <input type="checkbox"/> no
95	If not replaced: What do you plan to do with your battery when it's not working anymore? [Do NOT read out the answers]	<input type="checkbox"/> I will throw it away <input type="checkbox"/> I will give it back to the PO <input type="checkbox"/> I will sell it <input type="checkbox"/> other [please specify]: <input type="checkbox"/> I don't know
96	If not replaced: What do you think a new battery will cost?	_____ Taka
97	If replaced: How many years after you bought the (S)SHS did you replace your battery?	<input type="checkbox"/> less than 2 years <input type="checkbox"/> between 2 and 3 years <input type="checkbox"/> between 3 and 4 years <input type="checkbox"/> between 4 and 5 years <input type="checkbox"/> between 5 and 6 years <input type="checkbox"/> between 6 and 7 years <input type="checkbox"/> more than 7 years <input type="checkbox"/> I don't know
98	If replaced: What have you done with your old battery after replacing it with a new one?	<input type="checkbox"/> I threw it away <input type="checkbox"/> I gave it back to the PO <input type="checkbox"/> I sold it <input type="checkbox"/> other [please specify]: <input type="checkbox"/> I don't know
99	If replaced: How much money did you spend on the new battery?	_____ Taka
100	Do you know the battery disposal mechanism of your PO?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes & battery won't be / wasn't given back to the PO: Why don't you make use of this mechanism? _____

Socio-economic Information

S1	Gender of the interviewed person [observe!]	<input type="checkbox"/> male <input type="checkbox"/> female
S2	Age of the interviewed person	<input type="checkbox"/> up to 20 <input type="checkbox"/> 21 to 30 <input type="checkbox"/> 31 to 40 <input type="checkbox"/> 41 to 50 <input type="checkbox"/> older than 50
S3	Is the interviewed person the head of the HH?	<input type="checkbox"/> yes <input type="checkbox"/> no
S4	How many people regularly live in this HH?	<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"/> other:
S5	Do any HH members live abroad or have lived abroad in the past 5 years?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes: How many? _____ still abroad _____ abroad before



S6	Who earns the main part of the income?	<input type="checkbox"/> male adults <input type="checkbox"/> children (under 16)	<input type="checkbox"/> female adults <input type="checkbox"/> other [<i>specify</i>]:
S7	Where do you get most of your income from?	<input type="checkbox"/> agriculture <input type="checkbox"/> service sector <input type="checkbox"/> labour migration within Bangladesh <input type="checkbox"/> other [<i>please specify</i>]:	<input type="checkbox"/> trade <input type="checkbox"/> day labour <input type="checkbox"/> labour migration outside of Bangladesh
S8	How high is your monthly family income?	_____ Taka per month	
S9	Has the HH received remittances from HH members abroad in the past 5 years?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes: What is or has been the average amount of remittances per month? _____ Taka per month [Check if this amount was already part of the calculation above. If not, please add it!]	

Concluding Remarks	
X	Is there anything else you would like to tell us regarding your (S)SHS we have not talked about so far?

Conclusion of the Interview

Now I have asked **you** a lot of questions. Is there anything that **you** would like to ask **me**?

[Wait for possible questions of the interviewee and respond to them]

Thank you very much again for taking your time and answering all of our questions. Goodbye!

[Note: Please fill in the time when you concluded this interview on the first page now and answer the questions on the last page afterwards]



Interviewer's Observations

Please take some time after completing the interview to answer the following questions

What was your general impression of the conversation?

- ☐ everything went well & open atmosphere
☐ it was difficult to obtain the information

Do you think that the answers given to you were consistent and faithful?

- ☐ yes, the answers seemed plausible
☐ no, many answers seemed doubtful

Are there any aspects that were particularly difficult to talk about/ to get information on?

Please indicate the topics and the respective questions

Are there any aspects that went particularly well and proved especially fruitful?

Please indicate the topics and the respective questions

Are there any other impressions from the interview that you would like to share?

Researcher's declaration

I have personally conducted the interview and collected the information above to the best of my knowledge.

Name:

Signature:



Questionnaire for non-users

Code: Name: Date: No. of interview on that day:	Note: Some data should be gathered by observation and not by questioning!	ID-No. (DO NOT FILL THIS OUT)
--	--	---

General Information [to be completed before the interview]		
A	Post Office [according to IDCOL list]	
B	Village [according to IDCOL list]	
C	Name of the interviewed person [ask]	
D	Relation of the interviewed person with respect to the head of HH [ask]	<input type="checkbox"/> head <input type="checkbox"/> wife <input type="checkbox"/> husband <input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> son <input type="checkbox"/> daughter <input type="checkbox"/> other [<i>specify</i>]:
E	Start of the interview [hh:mm]	End of the interview [hh:mm]

Introduction

Good Morning, my name is **[NAME]**. Thank you very much for welcoming me to your home. On behalf of the GIZ (German Development Cooperation) we are currently carrying out a research project on the use and the benefits of Solar Home Systems. Your feedback is very important for us to further improve the dissemination of these systems. Therefore, I would like to ask you some questions. In total it will take between 30 and 40 minutes.

There are no right or wrong answers. We are only interested in your personal opinion. All information will be treated confidentially. This means that all personal details (e.g. your name & address) will be separated from the other answers. Thereby we will know who has been interviewed, but it will not be possible to know which answers were given by you or by someone else.

If you have not understood a question properly, please feel free to interrupt me and ask for clarification. We will not force you to respond to any of the questions. If, for any reason, you need to leave or feel uncomfortable during the interview, you can end it any time you want to.

Are there any questions you have before we start the interview?

[Wait for possible questions and respond to them].

Okay, then let's start!



Energy Consumption Patterns & Expenditures																													
1	Do you have a (S)SHS in your home?	<input type="checkbox"/> yes [<i>If the answer is 'yes', CHANGE the questionnaire form and use a USER-questionnaire</i>] <input type="checkbox"/> no																											
2	Are you connected to the electricity grid?	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes:</i> How many hours per day does the grid supply electricity? _____ hours per day How often do power cuts normally last? _____ hours When do they usually occur? <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 6 a.m. – 12 p.m. <input type="checkbox"/> 6 p.m. – 6 a.m. </div> <div> <input type="checkbox"/> 12 p.m. – 6 p.m. <input type="checkbox"/> I don't know </div> </div> <i>[Multiple answers possible]</i>																											
3	What kind of energy sources do you use for illumination and other electrical appliances at home? How much money do you spend on each of them per month? <i>[Both the quantities and the expenditures are important for the study! If the interviewee is unable to indicate some of the values of the table below, try to calculate them together with him/her (e.g. multiply the quantity with the price per item for each energy source).]</i>																												
		<table border="1"> <thead> <tr> <th></th> <th>Quant/month</th> <th>Taka/month</th> </tr> </thead> <tbody> <tr> <td>Kerosene</td> <td>litres</td> <td></td> </tr> <tr> <td>Diesel (generator)</td> <td>litres</td> <td></td> </tr> <tr> <td>Grid [<i>indicate 'x' for grid connection without bill</i>]</td> <td>unit / kWh</td> <td></td> </tr> <tr> <td>Storage batteries (e.g. automotive batteries)</td> <td>charges</td> <td></td> </tr> <tr> <td>Dry-cell batteries</td> <td>pieces</td> <td></td> </tr> <tr> <td>Electricity bought from neighbours or other persons</td> <td>---</td> <td></td> </tr> <tr> <td>Candles</td> <td>pieces</td> <td></td> </tr> <tr> <td>Other [<i>please specify</i>]:</td> <td></td> <td></td> </tr> </tbody> </table>		Quant/month	Taka/month	Kerosene	litres		Diesel (generator)	litres		Grid [<i>indicate 'x' for grid connection without bill</i>]	unit / kWh		Storage batteries (e.g. automotive batteries)	charges		Dry-cell batteries	pieces		Electricity bought from neighbours or other persons	---		Candles	pieces		Other [<i>please specify</i>]:		
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Other [<i>please specify</i>]:																													

Electrical Appliances & Illumination		
4	Do you have any electrical appliances in your home?	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> lighting devices <input type="checkbox"/> TV <input type="checkbox"/> DVD player <input type="checkbox"/> other [<i>please specify</i>]: </div> <div> <input type="checkbox"/> mobile phone charger <input type="checkbox"/> radio <input type="checkbox"/> fan <input type="checkbox"/> none </div> </div>
5	How many electrical lamps do you possess?	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 0 <input type="checkbox"/> 3 </div> <div> <input type="checkbox"/> 1 <input type="checkbox"/> 4 </div> <div> <input type="checkbox"/> 2 <input type="checkbox"/> other: _____ </div> </div>



6	<p>If at least 1 electr. lamp: Lamp specs and location [Do NOT ask! Check the lamps and fill in the table!]</p> <p>Type: CFL, LED, ICL, Tube</p> <p>Codes for location L = Living area K = Kitchen W = Working area O = Outdoors X = Other [specify below]</p>	<table border="1"> <thead> <tr> <th>Type</th> <th>No.</th> <th>Watt</th> <th>Loc.</th> </tr> </thead> <tbody> <tr><td></td><td>x</td><td>W</td><td></td></tr> <tr><td></td><td>x</td><td>W</td><td></td></tr> <tr><td></td><td>x</td><td>W</td><td></td></tr> <tr><td></td><td>x</td><td>W</td><td></td></tr> <tr><td></td><td>x</td><td>W</td><td></td></tr> </tbody> </table>	Type	No.	Watt	Loc.		x	W			x	W			x	W			x	W			x	W		<table border="1"> <thead> <tr> <th>Type</th> <th>No.</th> <th>Watt</th> <th>Loc.</th> </tr> </thead> <tbody> <tr><td></td><td>x</td><td>W</td><td></td></tr> <tr><td></td><td>x</td><td>W</td><td></td></tr> <tr><td></td><td>x</td><td>W</td><td></td></tr> <tr><td></td><td>x</td><td>W</td><td></td></tr> <tr><td></td><td>x</td><td>W</td><td></td></tr> </tbody> </table>	Type	No.	Watt	Loc.		x	W			x	W			x	W			x	W			x	W	
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7	How many of the following lighting devices do you have in use every day ?	<p>_____ kupis _____ hurricanes</p> <p>_____ candles _____ torches</p>																																																	
8	Where do you use your kerosene lamps [kupis + hurricanes]?	<input type="checkbox"/> living area <input type="checkbox"/> working area <input type="checkbox"/> kitchen <input type="checkbox"/> other [specify]: <input type="checkbox"/> outdoors																																																	
9	How many hours per day do you normally light your home [both electrical and non-electrical lamps]?	<table border="1"> <tr> <td>living area _____ hours</td> <td>working area _____ hours</td> </tr> <tr> <td>kitchen _____ hours</td> <td>other [specify]: _____ hours</td> </tr> <tr> <td>outdoors _____ hours</td> <td></td> </tr> </table>		living area _____ hours	working area _____ hours	kitchen _____ hours	other [specify]: _____ hours	outdoors _____ hours																																											
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10	How many hours per day do you usually use your kerosene lights?	_____ hours per day																																																	
11	How much does one litre of kerosene cost at the moment?	_____ Taka per litre																																																	
12	Do you expect the kerosene price to change significantly in the future?	<input type="checkbox"/> yes, it will increase significantly <input type="checkbox"/> no <input type="checkbox"/> yes, it will decrease significantly <input type="checkbox"/> I don't know																																																	

Rationale & Indirect Benefits of (S)SHS				
13	Do you know that (S)SHS are available in your village?	<input type="checkbox"/> yes <input type="checkbox"/> no		
14	Would you like to have a (S)SHS in your home?	<input type="checkbox"/> yes <input type="checkbox"/> no [if answered with 'no', continue with question 17] <input type="checkbox"/> I don't know		
15	<p>If yes: Why would you like to have a (S)SHS? What are your main reasons and expectations? [Do NOT read out the answers]</p> <p>[Mark and prioritize up to three reasons with '1', '2', '3']</p>	<table border="1"> <tr> <td> <input type="checkbox"/> money savings <input type="checkbox"/> improved illumination <input type="checkbox"/> more time for income generating activities <input type="checkbox"/> improved study conditions <input type="checkbox"/> reduced risk of kerosene-related accidents <input type="checkbox"/> improved safety <input type="checkbox"/> improved status </td> <td> <input type="checkbox"/> fuel savings <input type="checkbox"/> easier mobile charging <input type="checkbox"/> improved quality of life [incl. TV and radio use] <input type="checkbox"/> better indoor air quality <input type="checkbox"/> easier access to information <input type="checkbox"/> less prone to power cuts <input type="checkbox"/> other [please specify]: </td> </tr> </table>	<input type="checkbox"/> money savings <input type="checkbox"/> improved illumination <input type="checkbox"/> more time for income generating activities <input type="checkbox"/> improved study conditions <input type="checkbox"/> reduced risk of kerosene-related accidents <input type="checkbox"/> improved safety <input type="checkbox"/> improved status	<input type="checkbox"/> fuel savings <input type="checkbox"/> easier mobile charging <input type="checkbox"/> improved quality of life [incl. TV and radio use] <input type="checkbox"/> better indoor air quality <input type="checkbox"/> easier access to information <input type="checkbox"/> less prone to power cuts <input type="checkbox"/> other [please specify]:
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16	<p>If yes: Why don't you have one?</p> <p>[Do NOT read out the answers]</p> <p>[Multiple answers possible]</p>	<input type="checkbox"/> I cannot afford the price of the (S)SHS <input type="checkbox"/> I am afraid that the price will suddenly be higher than stated initially due to loan arrangements <input type="checkbox"/> other [please specify]:
17	<p>If no: Why not?</p>	<input type="checkbox"/> I don't believe the (S)SHS is worth its price <input type="checkbox"/> I don't believe that the (S)SHS works well <input type="checkbox"/> I don't believe that the customer service is reliable <input type="checkbox"/> other [please specify]:
18	<p>How far away is the (S)SHS that is closest to your home?</p>	<p>_____ m / km _____ minutes (walking time)</p>
19	<p>Do you sometimes make use of any (S)SHS close to your home?</p> <p>[Multiple answers possible]</p>	<input type="checkbox"/> yes <input type="checkbox"/> no <p>If yes: How?</p> <input type="checkbox"/> I charge my mobile phone there <input type="checkbox"/> I go there to watch TV <input type="checkbox"/> I go there to listen to the radio <input type="checkbox"/> I go there to use the illumination at night <input type="checkbox"/> other reason [please specify]:
20	<p>Have you experienced any disadvantages due to the fact that other villagers have a (S)SHS?</p>	<input type="checkbox"/> yes <input type="checkbox"/> no <p>If yes: What kind of disadvantages?</p>

Income-generating Activities				
21	<p>Does any HH member usually carry out income-generating activities at home?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no [If the answer is "no", please continue with question 25]</p>			
22	<p>What kind of activities?</p> <p>[Multiple answers possible]</p>	<input type="checkbox"/> sewing / embroidery <input type="checkbox"/> handicrafts <input type="checkbox"/> home-based shop <input type="checkbox"/> processing of crops (e.g. assortment of seeds) <input type="checkbox"/> small-scale livestock farming <input type="checkbox"/> other [please specify]:		
23	<p>Which of the HH members are involved?</p>	<input type="checkbox"/> Male adults	<input type="checkbox"/> Female adults	<input type="checkbox"/> Children (under 16)
24	<p>How much time per day do they spend on it on average?</p>	<p>Hours per day</p>		
25	<p>If question 21 is answered with 'no': Have you ever thought of carrying out income-generating activities at home?</p>	<input type="checkbox"/> yes <input type="checkbox"/> no <p>If yes: Why don't you do so?</p>		



Health					
26	Do you think the use of kerosene has any effect on your health?	<input type="checkbox"/> yes, a positive effect <input type="checkbox"/> yes, a negative effect <input type="checkbox"/> no <input type="checkbox"/> I don't know			
		<i>If yes: How? [Do NOT read out the answers]</i> <input type="checkbox"/> danger of kerosene-related accidents <input type="checkbox"/> kerosene negatively affects the indoor air quality <input type="checkbox"/> other [please specify, also mention positive effects here]:			
27	Do you remember any kerosene-related accidents in your home during the last few years?	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes: What kind of accidents?</i> <input type="checkbox"/> burnings of HH members <input type="checkbox"/> other [please specify]: <input type="checkbox"/> fire(s) <i>If no: Do you know of kerosene-related accidents in other households?</i> <input type="checkbox"/> yes <input type="checkbox"/> no			
28	How satisfied are you with the air quality inside your home	<input type="checkbox"/> 1 (very dissatisfied) <input type="checkbox"/> 2 (somewhat dissatisfied) <input type="checkbox"/> 3 (so so) <input type="checkbox"/> 4 (somewhat satisfied) <input type="checkbox"/> 5 (very satisfied)			
29	[If the interviewee only answers for himself/herself, explicitly ask for the other HH members]	HH member	male adults	female adults	children (under 16)
30	Has any HH member suffered from illnesses like headache, breathing problems or eye problems during the last few years?	Occurrence of illnesses	<input type="checkbox"/> yes, often <input type="checkbox"/> yes, some-times <input type="checkbox"/> no <input type="checkbox"/> don't know	<input type="checkbox"/> yes, often <input type="checkbox"/> yes, some-times <input type="checkbox"/> no <input type="checkbox"/> don't know	<input type="checkbox"/> yes, often <input type="checkbox"/> yes, some-times <input type="checkbox"/> no <input type="checkbox"/> don't know
31	<i>If yes:</i> What kind of illnesses? [Multiple answers possible]	Type of illness	<input type="checkbox"/> headache <input type="checkbox"/> breathing problems <input type="checkbox"/> eye problems <input type="checkbox"/> other:	<input type="checkbox"/> headache <input type="checkbox"/> breathing problems <input type="checkbox"/> eye problems <input type="checkbox"/> other:	<input type="checkbox"/> headache <input type="checkbox"/> breathing problems <input type="checkbox"/> eye problems <input type="checkbox"/> other:

Education	
32	How many hours per day do the different HH members usually spend reading and studying at home? [Collect all the information on one HH member before asking for the next one. Only ask the exact age for children younger than 16. For older children and other HH members fill in ">16"]



33		Literate?	Gender	Age	Studying + reading hours per day
	Husband	<input type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> male <input type="checkbox"/> female	>16	
	Wife	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> male <input checked="" type="checkbox"/> female	>16	
	Child 1	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> male <input type="checkbox"/> female		
	Child 2	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> male <input type="checkbox"/> female		
	Child 3	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> male <input type="checkbox"/> female		
	Child 4	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> male <input type="checkbox"/> female		
	Child 5	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> male <input type="checkbox"/> female		
	Other:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> male <input type="checkbox"/> female		
	Other:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> male <input type="checkbox"/> female		

Information, Recreation & Communication					
34	<i>If TV is present:</i> How many hours per day do the different HH members spend watching TV	HH member	male adults	female adults	children (under 16)
		TV hours per day			
35	Which TV programmes do they watch? [Multiple answers possible]	TV programmes	<input type="checkbox"/> news <input type="checkbox"/> educational programmes <input type="checkbox"/> entertainment <input type="checkbox"/> other [specify]:	<input type="checkbox"/> news <input type="checkbox"/> educational programmes <input type="checkbox"/> entertainment <input type="checkbox"/> other [specify]:	<input type="checkbox"/> news <input type="checkbox"/> educational programmes <input type="checkbox"/> entertainment <input type="checkbox"/> other [specify]:
36	<i>If radio is present:</i> How many hours per day do the different HH members spend listening to the radio?	Radio hours per day			
37	Which radio programmes do they listen to? [Multiple answers possible]	Radio programmes	<input type="checkbox"/> news <input type="checkbox"/> educational programmes <input type="checkbox"/> entertainment <input type="checkbox"/> other [specify]:	<input type="checkbox"/> news <input type="checkbox"/> educational programmes <input type="checkbox"/> entertainment <input type="checkbox"/> other [specify]:	<input type="checkbox"/> news <input type="checkbox"/> educational programmes <input type="checkbox"/> entertainment <input type="checkbox"/> other [specify]:
38	Does any HH member regularly read the newspaper?	Newspaper	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no



39	Does any HH member possess a mobile phone?	<input type="checkbox"/> yes <input type="checkbox"/> no			
	If yes: Who and how many phones?	HH member	male adults	female adults	children (under 16)
		Mobile phone	<input type="checkbox"/> yes: ____ <input type="checkbox"/> no	<input type="checkbox"/> yes: ____ <input type="checkbox"/> no	<input type="checkbox"/> yes: ____ <input type="checkbox"/> no
40	Where do you charge your mobile phone(s)? How often and for how much money?	<input type="checkbox"/> in a nearby village <input type="checkbox"/> within my village <input type="checkbox"/> at my home <input type="checkbox"/> other [<i>specify</i>]: _____ times per week _____ Taka per charge			

Women's Workload & Working Comfort

You said that **the adult women in the HH** spend _____ hours per day [*question 24*] on income-generating activities at home?

41	How much additional time per day do the adult women in the HH spend on other housework? (cooking, collecting firewood, ...)	[Get up at: _____ Go to bed at: _____] _____ hours of work per day	
42	Who are the main responsible HH members for purchasing kerosene?	<input type="checkbox"/> male adults <input type="checkbox"/> children (under 16)	<input type="checkbox"/> female adults <input type="checkbox"/> other [<i>specify</i>]: _____
43	How much time do they spend on purchasing kerosene per week?	_____ hours per week	

Social Activities, Social Status & Perception of Safety

44	How often do you receive visitors at your home?	_____ times per month			
		HH member	male adults	female adults	children (under 16)
45	How often do the different HH members meet other people in their leisure time outside of their home?	times per month			
46	Do you feel safe in your home and the surroundings?	<input type="checkbox"/> yes, I feel safe <input type="checkbox"/> so so <input type="checkbox"/> no, I don't feel safe			

Toxic Waste

47	If dry cells are still in use: You said that you use _____ [<i>number from qu. 3</i>] dry cells per month? What do you do with them when they are empty?	
		<input type="checkbox"/> I throw them away <input type="checkbox"/> I don't know <input type="checkbox"/> other [<i>specify</i>]: _____



Socio-economic Information	
S1	Gender of the interviewed person [observe!]
S2	Age of the interviewed person
S3	Is the interviewed person the head of the HH?
S4	How many people regularly live in this HH?
S5	Do any HH members live abroad or have lived abroad in the past 5 years?
S6	Who earns the main part of the income?
S7	Where do you get most of your income from?
S8	How high is your monthly family income?
S9	Has the HH received remittances from HH members abroad in the past 5 years?

Concluding Remarks	
X	Is there anything else you would like to tell us regarding your (S)SHS we have not talked about so far?

Conclusion of the Interview

Now I have asked **you** a lot of questions. Is there anything that **you** would like to ask **me**?

[Wait for possible questions of the interviewee and respond to them]

Thank you very much again for taking your time and answering all of our questions. Goodbye!

[Note: Please fill in the time when you concluded this interview on the first page now and answer the questions on the last page afterwards]



Interviewer's Observations

Please take some time after completing the interview to answer the following questions

What was your general impression of the conversation?

- ☐ everything went well & open atmosphere
☐ it was difficult to obtain the information

Do you think that the answers given to you were consistent and faithful?

- ☐ yes, the answers seemed plausible
☐ no, many answers seemed doubtful

Are there any aspects that were particularly difficult to talk about / to get information on?

Please indicate the topics and the respective questions

Are there any aspects that went particularly well and proved especially fruitful?

Please indicate the topics and the respective questions

Are there any other impressions from the interview that you would like to share?

Researcher's declaration

I have personally conducted the interview and collected the information above to the best of my knowledge.

Name:

Signature:

Wednesday, October 3			
Time	Topic	Details (if applicable)	Responsible
09.00 - 09.30	Welcome & Introduction	-	Michael
09.30 - 10.30	Technical training	What is a (S)SHS and which parts belong to it? How does a (S)SHS work? Where do I find the specifications needed for the study?	Jan
10.30 - 11.00	(S)SHS dissemination scheme	How are (S)SHS being disseminated in Bangladesh? What are the respective roles of GIZ, IDCOL and the POs?	Jan
11.00 - 11.30	Impacts of (S)SHS	What is an impact? Which impacts are assumed for (S)SHS?	Jan
11.30 - 11.45	Tea break		
11.45 - 12.30	Study scope and methodology	What is the study about? What are the main research objectives? What is the applied methodology? How does the questionnaire fit into the overall study context?	Michael
12.30 - 13.15	Introduction to user questionnaire (I)	How is the questionnaire structured? What is the content of the different sections (question by question)? (I)	Michael
13.15 - 14.15	Lunch break		
14.15 - 15.15	Introduction to user questionnaire (II)	What is the content of the different sections (question by question)? (II) How do I fill in the first and last page?	Michael
15.15 - 17.45	Role plays	Training of (S)SHS user interviews Feedback on interviewers' performance Identification of common mistakes	Michael
17.45 - 18.00	Questions & Feedback	-	Michael

Thursday, October 4			
Time	Topic	Details (if applicable)	Responsible
9.00 - 9.30	Quiz	Short revision of day 1 Clarification of open questions	Michael
9.30 - 11.00	General guidelines & best practices for interviewers	Which different types of questions are used? How do I ask these questions correctly? How do I identify and mark the answers? Worst practice examples: What can go wrong?	Michael
11.00 - 11.15	Tea break		
11.15 - 13.00	Introduction to non-user questionnaire	How is the questionnaire structured? What is the content of the different sections (question by question)?	Michael
13.00 - 14.00	Lunch break		
14.00 - 16.30	Role plays	Training of non-user interviews Feedback on interviewers' performance Identification of common mistakes	Michael
16.30 - 16.45	Tea break		
16.45 - 17.30	Organizational matters	Transport Accommodation Communication & Coordination Security	Michael & Christopher
17.30 - 18.00	Open questions & feedback	-	Michael