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Government of Pakistan
Statistics Division
Federal Bureau of Statistics

C W I Q

Core Welfare Indicators Questionnaire

2004-05

A - INTERVIEW INFORMATION

Pakistan Social & Living
Standards Measurement
(PSLM) Survey, Round-1

1. Province	
2. District	
3. Tehsil/Taluka	
4. Mouza/Deh/Village	
5. Hadbast No.	
6. City/Town	
7. Regional/Field office	
8. Name of Head of Household	
9. Name of Respondent	
10. Name of Interviewer	
11. Checked by (Supervisor)	

A.1: PSU	A.2: Household	A.3: Interviewer	A.4: Date	A.5 Start time	A.6 Respondent	A.7 Q No
			Day Month Year	Hour Min.	Member No.	Quest. No.
Enumeration Block Code						

IMPORTANT

Create a reference number by combining the PSU (A.1), household (A.2) and questionnaire number (A.7).
Write this number NOW on the top of all pages.

If the interview is split then record details of the second part in this row.	A.11 Interviewer	A.12 Date	A.13 Start time	A.14 Respondent
		Day Month Year	Hour Min.	Member No.

Comments



B - LIST OF HOUSEHOLD MEMBERS

Reference Number (A1 : A2 : A7)

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	
	Head										WRITE DOWN THE NAMES OF ALL PERSONS WHO NORMALLY LIVE AND EAT TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD.
B.1 Is [NAME] male or female?											
Male = 1 Female = 2											
B.2 Residential status of [NAME] ?											
Present = 1 Temporarily absent = 2											
B.3 What is [NAME]'s relationship to the head of household?											RECORD AGE IN COMPLETED YEARS.
Head = 1 Spouse = 2 Child = 3 Grandchild = 4 Parent = 5 Brother/Sister = 6 Son/Daughter-in-law = 7 Father/Mother-in-law = 8 Other relative = 9 Not related = 0											
B.4 How old is [NAME] (in completed years) ?											
B.5 What is [NAME]'s marital status?											
Never married = 1 Married = 2 Divorced = 3 Widowed = 4 Only Nikah solemnised = 5											



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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10		
Yes = 1 No = 2	C.1 Can [NAME] read and write with understanding in any language?										ASK IF AGE IS 10 YEARS OR ABOVE.	
	<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"/>		
Yes = 1 No = 2	C.2 Can [NAME] do simple arithmetic?										IF PERSON IS UNDER AGE 10, GO TO C.3	
	<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"/>		
Yes = 1 No = 2	C.3 Has [NAME] ever attended school?										ASK IF AGE IS 4 YEARS OR ABOVE. IF NO, GO TO C.9	
	<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"/>		
CODES FOR C.4 & C.6 Less than class 1 =00 Class 1 = 01 Class 2 = 02 Class 3 = 03 Class 4 =04 Class 5 =05 Class 6 =06 Class 7 =07 Class 8 =08 Class 9 =09 Class 10 =10 F.A./F.Sc/C.Com/Diploma =11 BA/BSc (except engineer, medical, compsci, agric) =12 Degree in Engineering =13 Degree in Medicine =14 Degree in Computer =15 Degree in Agriculture =16 M.A. / M.Sc =17 M.Phil / Ph.D =18 Other =19 Government = 1 Masjid school = 2 Private school = 3 Deeni Madrasa = 4 NGO, trust etc. = 5 NFBE school = 6 Privately = 7 Other = 8 No problem (satisfied) = 1 Lack of teachers = 2 Lack of books etc. = 3 Poor teaching = 4 Too far away = 5 Too expensive = 6 No toilet/ water/ etc. = 7 Too young/Too old = 01 Education completed = 02 Too expensive = 03 Too far away = 04 Had to help home = 05 Had to help work = 06 Not useful = 07 Sick/handicapped = 08 Marriage/Pregnancy = 09 Due to Job/Work = 10 Poor Quality of Sch./Staff =11 Lack of fem:/male teacher =12 Parents do not approve = 13 Child not willing = 14 Other = 15	C.4 What is the highest class/level of education that [NAME] completed?										IF NO, GO TO C.9	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
	C.5 Is [NAME] currently attending an educational institution? Yes = 1 No = 2											
	<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"/>		
	C.6 What is the current class/level of education [NAME] is attending?											
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	C.7 What type of educational institution is [NAME] attending?											
	<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"/>		
	C.8 Did [NAME] have any problems with the educational institution?											
	<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"/>		
										YOU MAY WRITE UP TO TWO ANSWERS. GO TO NEXT PERSON.		
C.9 Why is [NAME] not currently attending/ never attended an educational institution?												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			



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
MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	
Yes = 1 No = 2	D.1 Was [NAME] sick or injured during last 2 weeks										IF NO, GO TO NEXT PERSON
	<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"/>	
Yes = 1 No = 2	D.2 Did [NAME] consult anyone for this illness?										IF NO, GO TO D.6
	<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"/>	
Private Disp/ Hospital = 1 Public Disp/ Hospital = 2 RHC/BHU = 3 LHV/LHW = 4 Hakeem/ Herbalist = 5 Homeopath = 6 Chemist/Pharmacy = 7 Saina /Saini = 8 Other = 9	D.3 What kind of health provider did [NAME] visit ?										YOU MAY WRITE UP TO TWO ANSWERS GO TO NEXT PERSON
	<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"/>	
D.4 How many times did [NAME] use the service during last 2 weeks											
<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"/>		
No problem (satisfied) = 01 No Doctor = 02 Staff not helpful = 03 No female staff = 04 Not clean = 05 Long waiting = 06 No trained staff = 07 Too expensive = 08 No medicine available = 09 Treatment unsuccessful = 10 Other = 11	D.5 Did [NAME] have any problem at the time of the visit?										
	<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"/>		
D.6 Why did [NAME] not use medical care during last 2 weeks?											
<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"/>		
No need = 01 Too expensive = 02 Too far away = 03 No confidence in service = 04 No doctor available = 05 Staff not helpful previously = 06 No female staff available = 07 Not clean = 08 Long waiting = 09 No trained staff = 10 No medicine available = 11 Other = 12											
Yes=1 No=2	D.7 Has any LH W visited the household during last thirty days?					<input type="checkbox"/>					ASK D. 7 AND D. 8 FROM ANY HOUSEHOLD MEMBER.
Yes=1 No=2	D.8 Has any member of the household visited the Health House during last thirty days?					<input type="checkbox"/>					



E(1) - EMPLOYMENT

Reference Number (A1 : A2 : A7)

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10		
Yes = 1 No = 2	<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"/>	E.1 Did [NAME] do any work for pay, profit or family gain during last week, for minimum 1 hour on any day?	IF PERSON IS UNDER 10 GO TO NEXT PERSON. IF YES, GO TO E.7
Yes = 1 No = 2	<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"/>	E.2 Did [NAME] have a business (shop, farm, service etc.) even if [NAME] did not work last week?	IF YES, GO TO E.7
Yes = 1 No = 2	<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"/>	E.3 Did [NAME] help to work in the family business or farm during the last week?	IF YES, GO TO E.7
Yes = 1 No = 2	<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"/>	E.4 Was [NAME] available/looking for work in the last week (but did not actually work)?	IF YES, GO TO E.6
Illness/ Handicapped = 1 Other constraints (pregnancy etc) = 2 Temporary laid off = 3 Apprentice = 4 Student = 5 Housekeeping = 6 Retired = 7 Landlord/Property = 8 Too Young / Old = 9 Other = 0	<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"/>	E.5 What was the main reason [NAME] was not available/looking for work during the last week?	GO TO E.11
Illness or Injury = 1 Strike or Lockout = 2 Holiday, Leave etc. = 3 Off Season = 4 Bad Weather = 5 Mech. Breakdown = 6 Shortage of raw Material = 7 Educational Leave = 8 Maternity, Parental leave = 9 Other = 0	<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"/>	E.6 Why did [NAME] not work last week?	GO TO E.11
Paid Employee = 1 Self employed (Non agri) = 2 Owner cultivator = 3 Contract Cultivator = 4 Share Cropper = 5 Unpaid Family Helper = 6 Employer = 7 Livestock (Only) = 8	<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"/>	E.7 What is [NAME'S] employment status in the main job?	
Government = 1 Private business = 2 Private person / household = 3 NGO = 4 Other = 5	<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"/>	E.8 What type of business / organisation did [NAME] work during main job?	
Senior Officials & Mangers = 1 Professionals = 2 Technicians & Assoc. Profnl = 3 Clerks = 4 Service, Shop, Sale. Worker = 5 Skilled Agriculture, Fishery = 6 Craft & Trade Workers = 7 Plant, Machinery Operators = 8 Elementary Occupations = 9	<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"/>	E.9 What is the nature of work done by [NAME] during his/her main employment?	
Agriculture, Forestry, Fishing = 1 Mining & Quarrying = 2 Manufacturing = 3 Electricity, Gas & Water = 4 Construction = 5 Wholesale & Retail trade = 6 Transport & Storage = 7 Real State, Insurance = 8 Social & Personal Services = 9 Other = 0	<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"/>	E.10 What is the nature of work done by the enterprise/institution/office where [NAME] worked?	GO TO E.11
												 Continue

FINAL



E(2) - EMPLOYMENT

Reference Number (A1 : A2 : A7)

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10												
Yes = 1 No = 2	E.11: Did [NAME] do any work last month? <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					IF PERSON IS UNDER 10, GO TO NEXT PERSON. IF NO, GO TO E.15. RECORD NUMBER OF DAYS
	E.12: If so, for how many days was [NAME] employed last month? <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
E.13: How much did [NAME] earn last month? (record amount in Rs.) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						
E.14: How many months did [NAME] work last year? <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					RECORD NUMBER OF MONTHS. NEXT PERSON	
Yes = 1 No = 2	E.15: Did [NAME] do any work last year? <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					IF NO, GO TO NEXT PERSON
E.16: How much did [NAME] earn last year? (record amount in Rs.) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					NEXT PERSON	



F - OWNERSHIP OF ASSETS

Reference Number (A1 : A2 : A7)

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F. Does the household

How do these values compare with one year ago?

Less now
1

Same now
2

More now
3

Don't know
4

Is this land mainly irrigated?

Yes=1 No=2

F.1: OWN agricultural land?

Yes=1 No=2

☐

If yes, what is the area (in acres)?

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IF NO, GO TO F.3

F.2: Lease out (rent out) agricultural land?

Yes=1 No=2

☐

If yes, what is the area (in acres)?

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Some or all let on a FIXED RENT basis?

Yes=1 No=2

☐

Some or all let on a SHARECROPPING basis?

Yes=1 No=2

☐

F.3: Take on Lease (rent) agricultural land?

Yes=1 No=2

☐

If yes, what is the area (in acres)?

--	--	--	--	--

Some or all let on a FIXED RENT basis?

Yes=1 No=2

☐

Some or all let on a SHARECROPPING basis?

Yes=1 No=2

☐

F.4: Own CATTLE?

Yes=1 No=2

☐

If yes, how many?

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F.5: Own SHEEP and/or GOATS?

☐

If yes, how many?

--	--	--	--	--

F.6: Own LADEN animals?

☐

If yes, how many?

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F.7: Own POULTRY?

☐

If yes, how many?

--	--	--	--	--

F.8: OWN Non-agricultural land / plot?

Yes=1 No=2

☐

If yes, what is the area (sq.yards)?

--	--	--	--	--

If you were to sell it, how much would you expect to get for it (amount in Rs.)?

--	--	--	--	--

F.9: OWN Residential Building(s)?

☐

If yes, what is the area (sq.ft.)?

--	--	--	--	--

If you were to sell it, how much would you expect to get for it (amount in Rs.)?

--	--	--	--	--

F.10: OWN Shop/ Commercial Building(s)?

☐

If yes, what is the area (sq.ft.)?

--	--	--	--	--

If you were to sell it, how much would you expect to get for it (amount in Rs.)?

--	--	--	--	--

Is this land?

Urban = 1

Semi-Urban = 2

Rural = 3

Urban = 1

Semi-Urban = 2

Rural = 3

Urban = 1

Semi-Urban = 2

Rural = 3

F.11: Does the household currently own any of the following?

Include items only if they are in working condition.

Yes=1 No=2

Electric iron

☐

Electric fan

☐

Sewing machine

☐

Radio or Cassette player

☐

Chair/Table

☐

Watch/Clock

☐

Television

☐

VCP/VCR/CD player

☐

Yes=1 No=2

Refridgerator

☐

Air cooler

☐

Air conditioner

☐

Computer

☐

Bicycle

☐

Motorcycle

☐

Car or Truck

☐

Tractor

☐

F.12: How do you compare the overall economic situation of the HOUSEHOLD with one year ago?

Much worse now = 1

A little worse now = 2

Same = 3

A little better now = 4

Much better now = 5

Don't know = 6

☐

F.13: How do you compare the overall economic situation of the COMMUNITY with one year ago?

Much worse now = 1

A little worse now = 2

Same = 3

A little better now = 4

Much better now = 5

Don't know = 6

☐

FINAL



G - HOUSEHOLD DETAILS

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G.1 What is your present occupancy status?

- Owner-occupied = 1
 Rented = 2
 Subsidised rented = 3
 Rent-free = 4

G.2 How many separate rooms are there in your dwelling?

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G.3 What is the material of the roof of the house?

- RCC/RBC = 1
 Wood/Bamboo = 2
 Sheet/iron/cement = 3
 Other (specify here) = 4

G.4 What is the material of the walls of the house?

- Burnt Bricks/Blocks = 1
 Mud Bricks/Mud = 2
 Wood/Bamboo = 3
 Stones = 4
 Other (specify here) = 5

G.5 What is the main source of drinking water?

- Piped into house/compound = 1
 Outdoor tap = 2
 Hand Pump = 3
 Motorised Pumping = 4
 Protected well = 5
 Unprotected well = 6
 River Lake Pond Stream = 7
 Tanker/ Truck or Vendor = 8
 Other (specify here) = 9

G.6 What kind of toilet facility does your household use?

- None = 1
 Flush to sewerage = 2
 Flush to septic tank = 3
 Flush connected with open drain = 4
 Raised latrine = 5
 Pit latrine = 6
 Other (specify here) = 7

G.7 What is the main fuel used for cooking?

- Firewood = 1
 Gas = 2
 Kerosene oil = 3
 Dung Cake = 4
 Electricity = 5
 Crop residue = 6
 Charcoal/Coal = 7
 Other (specify here) = 8

G.8 What is the main fuel used for lighting?

- Electricity = 1
 Gas = 2
 Kerosene oil = 3
 Firewood = 4
 Candles = 5
 Other (specify here) = 6

G.9 Does the household (or any member) have a working telephone connection?

- No = 1
 Land line only = 2
 Mobile only = 3
 Both land and mobile = 4

G.10 How far is it from here to reach the nearest ...?

	Time (in minutes)					usual means of transport		
	0-14 1	15-29 2	30-44 3	45-59 4	60+ 5	On foot 1	Non-mechanised 2	Mechanised 3
Supply of drinking water			<input type="text"/>				<input type="text"/>	
Groceries shop			<input type="text"/>				<input type="text"/>	
Public transport			<input type="text"/>				<input type="text"/>	
Primary school			<input type="text"/>				<input type="text"/>	
Middle school			<input type="text"/>				<input type="text"/>	
High school			<input type="text"/>				<input type="text"/>	
Health clinic or hospital			<input type="text"/>				<input type="text"/>	
Family planning centre			<input type="text"/>				<input type="text"/>	



H(1) - HOUSEHOLD INCOMES / EXPENDITURE

Reference Number (A1 : A2 : A7)

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H.1: What were the sources of Household Income during last year?		H.2: Where did the Household spend the Income during last year?															
	Amount (Rs.)		Amount (Rs.)														
1.Crops	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>								1. Food & Beverages	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>							
2.Livestock	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>								2.Clothing	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>							
3. Shop	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>								3. Housing	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>							
4. Other business	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>								4. Fuel & Lighting & other utilities	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>							
5. Employment in govt./public sector	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>								5. Transportation / Communications (including travel)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>							
6. Private sector employment	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>								6. Health Care & Medicines	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>							
7. Property (Non-agricultural)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>								7. Education	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>							
8. Gifts / Cash / Remittances	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>								8. Social Functions	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>							
9. Sale of Assets	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>								9. Personal care, Hygiene, upkeep, miscellaneous (including tobacco, daily use items)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>							
10. Other (Specify here) _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>								10. Purchase of Assets / Investments / Savings.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>							

H.3 Has the household received **domestic** remittances during last 12 months?

Yes=1 No=2

H.4 Has the household received **foreign** remittances during last 12 months?

Yes=1 No=2



H(2) - HOUSEHOLD BORROWING

				:			:	
--	--	--	--	---	--	--	---	--

H.5: Did the Household borrow capital during last year?

Yes=1 No=2

☐

H.6: Where did the Household borrow capital from during last one year?

Amount (Rs.)

1.Friends & Relatives	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.Shopkeepers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.Landlord	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.Profit money lenders	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.Input Suppliers or middlemen & commission agents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Cooperatives & Banks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Government Offices / Organizations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. ROSCA (Committee)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Zakat & Usher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

H.7: Where did the Household use the borrowed capital during last one year?

Amount (Rs.)

1.Food & Beverages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.Clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Housing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.Paying utility bills (incl.fuel & lighting)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.Transportation / Communications (including travel)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Health Care & Medicines	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Education	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Social Functions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Personal care, Hygiene ,upkeep, miscellaneous (including tobacco, daily use items)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.Purchase of Assets / Investment in :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter here Total (10a to 10f)							
10a. Personal Assets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10b. Agricultural Land	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10c. Livestock	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10d. Property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10e. Business	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10f. Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



I - IMMUNIZATION & DIARRHEA CHILDREN UNDER 5 YEARS

Reference Number (A1 : A2 : A7)

				:			:	
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I.1 For each child under 5 enter the child and mother's number from the list of household members.
Enter 00 if the child's mother is deceased or is not a member of the household.

Child	Mother
<input type="text"/>	<input type="text"/>

Child	Mother
<input type="text"/>	<input type="text"/>

Child	Mother
<input type="text"/>	<input type="text"/>

Child	Mother
<input type="text"/>	<input type="text"/>

I.2 Enter the child's date of birth (month and year)

M	M	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

M	M	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

M	M	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

M	M	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I.3 Has the child ever been immunized? (If 'NO' go to I.6)

Yes= 1
No = 2

Yes= 1
No = 2

Yes= 1
No = 2

Yes= 1
No = 2

I.4 Do you have an immunization card for the child?

Yes= 1
No = 2

Yes= 1
No = 2

Yes= 1
No = 2

Yes= 1
No = 2

I.5 Has the child received the following vaccinations ...? (1 = Yes on card, 2 = Yes on recall, 3 = No, 4 = Don't know)

Yc	Yr	N	?
BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT1	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT2	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles	<input type="text"/>	<input type="text"/>	<input type="text"/>

Yc	Yr	N	?
BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT1	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT2	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles	<input type="text"/>	<input type="text"/>	<input type="text"/>

Yc	Yr	N	?
BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT1	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT2	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles	<input type="text"/>	<input type="text"/>	<input type="text"/>

Yc	Yr	N	?
BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT1	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT2	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles	<input type="text"/>	<input type="text"/>	<input type="text"/>

I.6 Has the child had diarrhea during last 30 days? (If NO, go to next child)

Yes= 1
No = 2

Yes= 1
No = 2

Yes= 1
No = 2

Yes= 1
No = 2

I.7 Was anyone consulted for treatment of the diarrhea ? (If NO, go to I.9)

Yes= 1
No = 2

Yes= 1
No = 2

Yes= 1
No = 2

Yes= 1
No = 2

I.8 Whom did you consult first?

Private Dispensary/ Hospital =1
Government Hospital =2
RHC/BHU =3
LHW =4
LHV/Nurse =5
Chemist/ Pharmacy =6
Hakeem/ Herbalist/Homeopath =7
Other = 8

Private Dispensary / Hospital =1
Government Hospital =2
RHC/BHU =3
LHW =4
LHV/Nurse =5
Chemist/ Pharmacy =6
Hakeem/ Herbalist/Homeopath =7
Other = 8

Private Dispensary / Hospital =1
Government Hospital =2
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Other = 8

Private Dispensary / Hospital =1
Government Hospital =2
RHC/BHU =3
LHW =4
LHV/Nurse =5
Chemist / Pharmacy =6
Hakeem/ Herbalist/Homeopath =7
Other = 8

I.9 Did you give the child ORS?

Yes - purchased or provided =1
Yes - home made =2
No =3

Yes - purchased or provided =1
Yes - home made =2
No =3

Yes - purchased or provided =1
Yes - home made =2
No =3

Yes - purchased or provided =1
Yes - home made =2
No =3



J - EVER MARRIED WOMEN **(aged 15 to 49 years)**

Reference Number (A1 : A2 : A7)

				:			:	
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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10		
Yes = 1 No = 2 Home - TBA = 1 Home - LHW = 2 Home - LHV = 3 Home - doctor = 4 Govt. Hosp./ RHC/ BHU = 5 Private hospital clinic = 6 other = 7	J.1 Has [NAME] given birth to a child in the last three years?										IF NO, GO TO NEXT WOMAN	
	<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"/>		
	J.2 During [NAME]'s last pregnancy, did she receive any pre-natal care?										IF NO, GO TO J.4	
	<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"/>		
	J.3 Who provided pre-natal care during [NAME]'s last pregnancy?										RECORD NUMBERS OF INJECTIONS	
	<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"/>		
	J.4 During [NAME]'s last pregnancy, was she given Tetanus Toxoid injection(s)?											IF NO, GO TO J.6
	<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"/>		
	J.5 How many Tetanus Toxoid injections were [NAME] given during this pregnancy?											RECORD NUMBERS OF INJECTIONS
<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"/>			
Home = 1 Govt. hosp./ RHC/ BHU = 2 Private hospital clinic = 3 other = 4	J.6 Where did [NAME] give birth (last pregnancy)?										IF NO GO TO NEXT WOMAN	
	<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"/>		
	J.7 Who assisted [NAME] during this birth?											
	<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"/>		
	J.8 Did [NAME] receive any post-natal care after this delivery?											
Doctor(s) = 1 Nurse(s) = 2 LHV/qualified midwife = 3 TBA/ Dai = 4 Family/ neighb./ friends = 5 Other = 6	<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"/>		
	J.9 Where was this care normally received?										NEXT WOMAN	
	<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"/>		



K - USE & SATISFACTION WITH FACILITIES & SERVICES

Reference Number (A1 : A2 : A7)

				:			:	
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Work across the form taking each service in turn and answering all questions as appropriate, before moving to the next service.

SERVICES	A. How often do you use this service?				Ask B if "A" is 1 or 2							Ask C & D if "A" is 2, 3 or 4					
					B. Main reason for occasional or non-use							C. How satisfied are you with the quality of service?		D. How has the quality of service changed in the last 12 months?			
	Not at all 1	Occasionally Often 2	Often 3	All the time 4	Too far away 1	Too expensive 2	Poor service 3	No staff/equipment 4	Inadequate facilities 5	Other 6	Not applicable 7	Dissatisfied 1	Satisfied 2	Worse now 1	Same as before 2	Better now 3	Don't know 4
Basic Health Units																	
Family Planning																	
Schools (Primary, Middle, High)																	
Veterinary																	
Agriculture Extension																	
Police																	
Bank																	
Road																	
Drinking Water																	
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Type of water course →</div> <div style="border-left: 1px solid black; padding-left: 5px;"> Canal Tube Well Open Well Karez </div> </div>																	
Bus																	
Railways																	
Postal																	
Telecommunication (e.g. PCO / Telephone)																	

Section A (continued) - Complete this section as soon as the interview is finished.

A.8 Result

- 1 Completed with selected household
 2 Completed with replacement - refusal
 3 Completed with replacement - not found

Only use these fields if the form has been completed using two interviews.

A.9 Interview time

Hour			

☐ AM
☐ PM

A.15 Interview time

Hour			

☐ AM
☐ PM

A.10 Respondent

- 1 Co-operative
 2 Normal
 3 Hesitant
 4 Talkative
 5 Refusal
 6 Non-Contact

A.16 Respondent

- 1 Co-operative
 2 Normal
 3 Hesitant
 4 Talkative
 5 Refusal
 6 Non-Contact

FINAL

