



**GOVERNMENT OF PAKISTAN  
MINISTRY OF PLANNING DEVELOPMENT AND REFORM  
PAKISTAN BUREAU OF STATISTICS**

**PAKISTAN SOCIAL AND LIVING STANDARDS  
MEASUREMENT SURVEY (2019-20)  
DISTRICT LEVEL QUESTIONNAIRE**

**A-1 Enumeration Block Code**

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Province      Stratum      Region      Primary Sampling Unit

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**A-2 Processing Code**

**A-3 HH No**

**A-4 No of Questionnaire**

NAME OF THE HEAD OF THE HOUSEHOLD \_\_\_\_\_ ADDRESS \_\_\_\_\_

# SURVEY INFORMATION

## ENUMERATION

1. INTERVIEWER..... CODE  DATE     
(Name) (Date, Month & Year in two)

2. STATUS OF INTERVIEW   
 Completed =1, Partially Refused =2, Refusal=3, Non- Contacted=4  
(If code =3 & 4 then go to Q-5)

3. BEHAVIOUR OF THE RESPONDENT   
 Co-operative=1 Normal =2 Reluctant/ Hesitant=3 Non serious/ Talkative=4

4. LANGUAGE OF INTERVIEW   
 Urdu=1 Punjabi=2 Sindhi =3 Pushtu =4 Balochi =5 Kashmiri=6 Balti=7  
 Hindko=8 Siraki=9 Other(specify...) =10

5. DISTANCE OF PSU FROM OFFICE (Km)

## VERIFICATION

6. SUPERVISOR.....CODE  DATE     
(Name) (Date, Month & Year in two digits)

SIGNATURE.....

## EDITING OF QUESTIONNAIRE

7. EDITOR.....CODE  DATE     
(Name) (Date, Month & Year in two digits)

8. PROVINCE

9. DISTRICT

10. TEHSIL

11. MAUZA/DEH/VILLAGE

12. HADD BAST NO.

13. CITY

14. REGIONAL/FIELD OFFICE

15. NAME OF RESPONDENT

Remarks of Chief S.O/ Supervisor/ Enumerator /D.E.O  
 (If any) :-

## SECTION B-1 HOUSEHOLD ROSTER (LIST OF HOUSEHOLD MEMBERS)

ID C O D E	1. Name of household members who "Usually live and eat here". Do not list guests, Visitors etc.	2. Relation to head  <b>See foot note for codes</b>	3. Reason to accept----- as head of hh  <b>See foot note for codes</b>	4. Sex  <b>Male =1 Female= 2</b>	5. Resident Status  <b>Present =1 Temporarily Absent at the time of enumeration =2</b>	6. Age (Day, Month, Year which is unknown, try to probe with the help of event calendar, write 00 in the col of day, month, year, whichever is not known Write year in 4 digits & write 99 for age 100 or greater)				7. Marital Status  <b>If code=1, 3, 4, 5,6 →Q -9  See foot note for codes</b>	8. ID code of spouse  <b>( If not in the roster write code "99")</b>	9. ID code of Father  <b>(If not alive code "98" and if not in the roster Write code "99")</b>	10. ID code of Mother  <b>(If not alive code "98" and if not in the roster Write code "99")</b>	11. Is ... a HH Member?  Yes = 1 No = 2
						Age (in completed years)	Date of Birth							
						Day	Month	Year						
						1	2	3	4					
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

### CODES FOR Q. 2

Head =01	Nephew/Niece = 07
Spouse =02	Son/Daughter-in-law = 08
Son/Daughter =03	Brother/Sister-in-law = 09
Grandchild =04	Father/Mother-in-law = 10
Father/Mother =05	Grand Father/G Mother = 11
Brother/Sister =06	Uncle/Aunt =12
	Servant/their relatives = 13
	Other = 14

### CODES For Q-3

Main Economic Provider =01
Main Provider away for work =02
Family Elder =03
Is old male in the house =04
Main decision maker =05
Other Specify..... =06

### CODES FOR Q.7 (Marital Status)

Never Married =1
Currently Married =2
Widow / widower =3
Divorced =4
Separated =5
Nikkah solemnised but Rukhsati not taken place =6

\* If months and days are not known then 2019 will be the base year during the whole survey

\*\*If months and days are known then age will be calculated from date of enumeration.

\*\*\*If more than one wife then enter code of first wife in Q-8.

## SECTION B-2 MIGRATION AND FUNCTIONAL LIMITATION (DISABILITY (ALL HOUSEHOLD MEMBERS))

ID C O D E	MIGRATION						FUNCTIONAL LIMITATION(DISABILITY)						
	1. Did you born in this District?  Yes =1 Go to Q 6 No=2	2. In which District did you born?  (Three digit District code from manual of Instruction) <b>Rural =1</b> <b>Urban =2</b>		3. In which year did you move last time to this district?	4. From where did you move to this district last time?  (Three digit District code from manual of Instruction) <b>Rural =1</b> <b>Urban =2</b>		5. What was the primary reason of migration?	6. Do you have difficulty seeing, even if wearing glasses?	7. Do you have difficulty hearing, even if using a hearing aid?	8. Do you have difficulty walking or climbing steps?	9. Do you have difficulty remembering or concentrating?	10. Do you have difficulty (with self-care) such as washing all over or dressing?	11. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?
		U/R	District		U/R	District							
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

### Codes for Q-5

Better Economic Opportunities =1	Law and order Situation =6
Marriage =2	Natural Disaster =7
Accompany Family =3	Other =8
Education =4	Don't Know =9
Job/ Transfer in Job = 5	

### Codes for Q-6 to Q11

No (no difficulty) =1
Yes- some difficulty =2
Yes- a lot of difficulty =3
Yes- Cannot do at all =4

## SECTION C-1 EDUCATION (ALL MALE & FEMALES AND CHILDREN 3 YEARS & OLDER)

PART - A				PART - B										
ALL MALE AND FEMALE 10 YEARS & OLDER				Ask if age >=15	FORMAL EDUCATION (ALL MALE & FEMALES AND CHILDREN 3 YEARS & OLDER)									
LITERACY				ENROLLMENT STATUS						PAST ENROLLMENT				
ID CODE (from Roster)	1.Can..... ...read simple statement in any language with full understanding?	2. Can ..... write simple statement in any language with full understanding?	3.Can ... solve simple Math. (plus, minus) sums?	4.Did---- attended any vocational or technical training/ Short course in last 12 months?	1. Ask each person about their educational background, and code as follows	Ask if ... is less than 20 years of age	3. What type of School/ Institution ....last attended	4. Why did enroll in this school/ institution	5. What was the highest grade, ....., completed	6. How many years did it take to complete primary class 1-5)?	Ask if person is 20 years or younger			
	Yes =1 No =2 Go to Q.3	Yes =1 No =2	Yes =1 No =2	Yes = 1 No = 2	Never attended school/institution = 1 (If age >= 20 → NP)  Attended school/ Institution in the st = 2 (→ Q.3 to Q.10)  Currently attending school/institution = 3 (→ Q.11 to Q-20)	2. Why didn't Ever attend School/ institution  (See footnote for codes)  → NP	(See footnote for codes)  If code=6 → Q5	(See footnote for codes)	(See footnote for codes)  if code =25 to 27 → NP  Passed Level	If primary not completed write No. of years school attended.  (Do not include time spend in Play group, Nursery and Prep class)  For 9 years and above write code 9	7. Did ... enrol in school /institution last year?  Yes=1 No =2 Go to Q.10	8. In which grade did .... enroll last year?  (See footnote for codes)	9. Did ....., complete this grade?  Yes=1 No =2	10. Why did ....., leave school/ Institution?  (See footnote for codes)  → NP

### CODES FOR Q.2 & 10

Too expensive = 01	Child too young = 10
Too far away = 02	Child not willing = 11
Poor teaching / behaviour = 03	Lack of documents = 12
Had to help at home = 04	Education not useful = 13
Had to help with work = 05	Education completed = 14
Parents/elders did not allow = 06	Marriage = 15
No female staff = 07	Service (job) = 16
No male staff = 08	Other (specify ..... ) = 17
Child sick/handicapped = 09	

} only for Q-10

### CODES FOR Q.3

Government = 1
Private = 2
Deeni Madarisa = 3
NGO, Foundation, Trust = 4
Non Formal Basic Education School = 5
Privately = 6
Other (specify ..... ) = 7

### CODES FOR Q.4

Good teaching = 1	Good environment of School/institute (Building, Facilities, Sports etc.) = 7
Cheaper = 2	No other school/institution available = 8
Near to home = 3	Other (specify.....) = 9
Female teaching staff = 4	
Male teaching staff = 5	
Teachers behave well = 6	

### CODES FOR Q.5 & 8

Play Group =25	Class 4 = 04	Class 10 /O-Level = 10	B.Ed/M.Ed = 14	M.A/M.S.C ,etc = 16	Degree in Law = 19
Nursery =26	Class 5 = 05	Polytechnic diploma* = 11	(B.A/B.SC/BS/BE) ,etc= 15	<b>(2 year program)</b>	Degree in Engineering =20
Prep =27	Class 6 = 06	F.A/F.Sc/I.Com/	<b>(4 year program)</b>	Degree in	Degree in Accountancy =21
Class 1 = 01	Class 7 = 07	ICS/A-Level = 12		Medicine(MBBS/BDS/Pharm-D etc) = 17	M. Phil =22
Class 2 = 02	Class 8 = 08	B.A/B.Sc./B.Com/etc =13		Degree in Agriculture =18	PhD =23
Class 3 = 03	<b>Class 9 = 09</b>	<b>(2 year program)</b>			MS =24
					Other (specify.....) =28

\* There are various types of Diplomas offered after Matric and the duration of diploma is greater than or equal to 1 year

## SECTION C-1 EDUCATION PART-B EDUCATION (ALL MALE & FEMALES AND CHILDREN 3 YEARS & OLDER)

PRESENT ENROLLMENT																		
I-D CODE	11. What type of school/ institution are ..., currently attending?  (See footnote for codes)  If code=6 → Q.13 & Q.18 must be blank	12. Why ...enrolled in this school/ Institution?  (See footnote for codes)	13. At what age did .....start Schooling ?  Age	14. Which grade are ..... currently attending?  (See footnote for codes)  If code=25 →Q.18	15. Did ....., enroll in school/ institution last year?  Yes = 1 No = 2 →Q.17  if code =26 in Q.14 & Q.15=2 →Q.18	16. In which grade ..... enrolled last Year?  (See footnote for codes)	17. How many years did it take to complete primary class 1-5)?  If primary not completed write No. of years school attended.  (Do not include time spend in Play group, Nursery and Prep class)  For 9 years and above write code 9	18. How far (round trip) is the institution From home?  (See footnote for codes)	19. How much has household spent during the last 1 year for each Household member presently enrolled in school/institution? (Give amount in RS.) If nothing was spent write zero. If the respondent cannot give the breakdown of expenses, write "0" in all columns and the total of expenditure in column I.									
									A.	B	C	D	E	F	G	H	I	
									Admission, Registration Fees, Funds, & Donations	Uniform	Books & Other School Material Including Stationery	Examination Fees	Private Tuition	Transportation	Hostel Expenditure	Other Expenditure	Total Expenditure	

CODES FOR Q.11	CODES FOR Q.12	Codes for Q.18
Government = 1	Good teaching = 1	0 - 2 km = 1
Private = 2	Cheaper = 2	2+ - 5 km = 2
Deeni Madaris = 3	Near to home = 3	5+ -10 km = 3
NGO, Foundation, Trust = 4	Female teaching staff = 4	10+-20 km = 4
Non Formal Basic Education School = 5	Male teaching staff = 5	20+ km = 5
Privately = 6	Teachers behave well = 6	Don't know = 6
Other = 7		Hostel = 7
	Good environment of School / institute (Building, Facilities, Sports etc.) = 7	
	No other school / institution available = 8	
	Other (specify) = 9	

CODES FOR Q.14 & Q.16	Class 4 = 04	Class 10 /O-Level =10	B.Ed/M.Ed = 14	Degree in Agriculture = 18
Play Group =25	Class 5 = 05	Polytechnic diploma* =11	(B.A/B.SC/BS/BE) ,etc = 15	Degree in Law = 19
Nursery =26	Class 6 = 06	F.A/F.Sc/I.Com/ (4 year program)	M.A/M.S.C ,etc = 16	Degree in Engineering =20
Prep =27	Class 7 = 07	ICS/A-Level =12	(2 year program)	Degree in Accountancy =21
Class 1 = 01	Class 8 = 08	B.A/B.Sc./B.Com/etc =13	Degree in Medicine(MBBS/BDS/Pharm-D etc) = 17	M. Phil = 22
Class 2 = 02	Class 9/O-level = 09	(2 year program)		PhD =23
Class 3 = 03				MS = 24
				Other (specify.....) =28

\* There are various types of Diplomas offered after Matric and the duration of diploma is greater than or equal to 1 year  
 \*\* If Q.14=26 and Q.15=2 then Q.18 must be filled

## SECTION C-2 INFORMATION COMMUNICATION TECHNOLOGY (ALL MEMBERS)

During Last Three Months											During Last Twelve Months										
I D C	1: Have you used Desktop=1 Laptop =2 Tablet =3 Other =4 No =5 <b>For code 5 go to Q4</b>	2: Where did you use a computer (desktop, laptop) from any location? <b>Yes at Home =1 Work place =2 Education place=3 Others =4</b>	3: Which of the following activities have you carried out? <b>For code 12 fill only one column. Go to Q.5</b>	4. Why you are not using computer ? (desktop, laptop, tablet etc) <b>For code 12 fill only one column. Go to Q.5</b>	5. Do you have your Personal? Mobile phone =1 Smart phone =2 None of above =3	6: Have ___ used? Mobile phone =1 Smart phone =2 None of above =3 <b>For codes 1&amp;2 go to Q8</b>	7. Why are you not using mobile phone?	8 Did --- use internet during last 3 months ? Yes=1 No =2 <b>Go to Q11</b>	9. Where did ___ use the internet? <b>For code 9 fill only one column.</b>	10: How many times did----- use internet? <b>At least</b> once a day =1 once a week= 2 once a month=3 As Required=4 <b>Go to Q13</b>	11 Did ----- use interne t during last 12 months ? Yes=1 No =2 <b>Go to Q14</b>	12: Where did ___ use the internet? (during 12 months) <b>For code 9 fill only one column</b>	13: For which purpose did----- use the internet? <b>For code 9 fill only one column. Go to Next Person</b>	14. Why are you not using internet? <b>For code 10 fill only one column.</b>							
			C1 C2 C3 C4 C5 C6					C1 C2 C3			C1 C2 C3			C1 C2 C3 C4 C5 C6 C1 C2 C3							

### Codes for Q3

- Copying or moving a file or folder =1
- Using copy and paste tools to duplicate or move information within a document =2
- Sending emails with attached files =3
- Using basic arithmetic formulas in a spread sheet =4
- Connecting and installing new devices e.g. a modem, camera, printer) =5
- Finding, downloading, installing and configuring software =6
- Creating electronic presentations with presentation software =7
- Transferring files between a compute and other devices =8
- Writing a computer program using a specialized programming language =9
- Social Media =10
- Entertainment =11
- All of the above =12

### Codes for Q4

- Don't know how to use it =1
- Do not use it because (not useful, not interested, cultural reasons =2
- Affordability =3
- Privacy/Security Concerns =4
- Use substitutes instead like mobile phone/smartphone etc =5
- Other Specify =6

### Codes for Q7

- Using Land line =1
- Don't know how to use mobile =2
- Do not need the mobile (not useful) =3
- Cost of Mobile is too high =4
- Privacy or security concerns =5
- Service is not available in the area =6
- Not allowed to use mobile =7
- Other reason, =8

### Codes for Q9 and Q.12

- Home =1
- Work =2
- Place of education =3
- Another person home =4
- Community internet access facility =5
- Commercial internet access facility =6
- In mobility =7
- Other location =8
- All of the above =9

### Codes for Q.13

- Email, chatting, Facebook etc. =1
- Education and research. =2
- Information seeking (news, health, Govt., etc.) =3
- Business Purpose. =4
- Voice and Video calls on - Skype, whats App etc. =5
- Downloading /watching movies, dramas etc. =6 -
- Downloading software, programs =7
- Online shopping/banking=8
- All of the above =9

### Codes for Q.14

- Do not need the Internet (not useful, not interesting) =1
- Do not know how to use it =2
- Cost of Internet use is too high (service charges, etc.) =3
- Privacy or security concerns =4
- Internet service is not available in the area =5
- Cultural reasons (e.g. exposure to harmful content) =6
- Don't know what Internet is =7
- Not allowed to use the Internet =8
- Other, specify =9
- All of the above =10

## SECTION D: HEALTH (ALL HOUSEHOLD MEMBERS)

IDC	1. Had he/she been sick or injured during the last two weeks?	2. Did anyone consulted for this illness?	3. What kind of health care provider did he/she visit?	4. How many times he/she visited health care provider during the last two weeks?	5. Did he/she face any problem at time of visit____? (Give maximum two answers) (ask from next person)	6. Why he/she did not seek medicines/medical facilities during the last two weeks? (Give maximum two Answers)	Questions regarding the household	
1								7. Did any LHW visit this household during the last 30 days?  Yes =1 No =2 <input type="checkbox"/>
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

### Codes for Q-1

Yes =1  
No =2

(If no then ask from next)

### Codes for Q-2

Yes=1  
No =2

(Ask Q. No. 6)

### Codes for Q-3

Private Dispensary Hospital =1  
Govt. Dispensary/Hospital =2  
BHU/RHC =3  
LHV/LHW =4  
Hakeem =5  
Homoeopath =6  
Chemist =7  
Faith Healer =8  
Other =9

### Codes for Q-5

Satisfied =01  
Doctor not present =02  
Staff non-cooperative =03  
Lady staff not present =04  
Lack of cleanliness =05  
Long wait =06  
Costly treatment =07  
Staff untrained =08  
Medicines not available =09  
Unsuccessful treatment =10  
Other =11

**Note: If code=1 (satisfied) in 1<sup>st</sup> column, then don't ask 2<sup>nd</sup> column.**

### Codes for Q-6

Not required =01  
Costly treatment =02  
Far away =03  
Unsatisfactory =04  
Doctor not present =05  
Staff non-cooperative =06  
Lady Staff not present =07  
No cleanliness =08  
Long wait =09  
Staff untrained =10  
Medicines not Available=11  
Others =12



## SECTION E PART-A EMPLOYMENT AND INCOME (ALL MALES AND FEMALES 10 YEAR OF AGE AND OLDER)

ID	1. Did ..., do any work for pay, profit or family gain during the last Month at least for one hour on any day? Yes =1 No =2→ <b>Q-3</b>	2. How many days did ..... work during the Last month? → <b>Q-4</b>	3. Even if did not work last month, did ....., have a job or enterprise such as shop, business, farm or service establishment (fixed/mobile) during the Last month? Yes=1 No .but seeking work=2 → <b>Q-16</b> No, not seeking work=3 → <b>Q-16</b>	4. What was the nature of work ( <b>Occupation</b> ) that ... did? Four digit codes are required. For code's details, see the sheet of occupational codes.		5. What was the nature of work done by the enterprise, office, institution where . Worked? Description of sector of activity ( <b>Industry</b> ) and four digit (Industry) codes is required. See Industry Codes sheet for codes.		6. What was the employment Status?  See footnotes for codes.  If code = 5 → <b>Q-11</b>	7. Can ...report His/her income on monthly or annual basis?  Monthly =1 Annually =2 → <b>Q.10</b>	<b>EARNED CASH INCOME</b> <small>Note.1: Net income should be reported excluding taxes and employee's contribution to social security, benevolent funds, etc. Note.2: Cash bonuses, gratuities and other cash allowances should be included. Note.3: Income from rent, interest and dividends should be excluded when received separately from net pay.</small>		
				Code	Description	Code	Description			8. How much money in cash, did ... earn During the <u>last month</u> ?	9. How many months, Did ...Work during the <u>last year</u> ? → <b>Q.11</b>	10. How much money in cash, did ....., earn during the <u>Last year</u> ?
										Rs.	Months	Rs.
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

\*If Q.7=3 then go to Q.11

\*\*If Q.7=3 income should be reported in Q.19 if Q.18=1

CODES FOR QUESTION-6		AGRICULTURE (SELF EMPLOYED)
<b>NON AGRICULTURE</b>		
Employer with 1-9 employees = 1	Unpaid family worker = 5 (→ <b>Q-11</b> )	Owner cultivator = 6
Employer with 10 or more employees = 2		Share cropper = 7
Self-employed = 3		Contract cultivator = 8
Paid employee = 4		Live Stock (only) = 9



## SECTION F-1 HOUSEHOLD CHARACTERISTICS: HOUSING

<p>1. What is your present occupancy status?</p> <p>Owner occupied (not self-hired) =1                      Owner occupied (self-hired) =2                      On rent =3                      Subsidized rent =4                      Rent free =5</p> <div style="text-align: right; margin-top: 10px;"> <input style="width: 50px; height: 20px;" type="text"/> </div>	<p>2. Gender of Owner</p> <p>Male =1                      Female =2                      Jointly =3                      Don't Know =4</p> <div style="text-align: right; margin-top: 10px;"> <input style="width: 50px; height: 20px;" type="text"/> </div>	<p>3. What is the dwelling type?</p> <p>Independent house / compound =1                      Apartment / flat =2                      Part of the large unit =3                      Part of a compound =4                      Other( please specify) =5</p> <div style="text-align: right; margin-top: 10px;"> <input style="width: 50px; height: 20px;" type="text"/> </div>																																												
<p>4. How many rooms are there in this residential building?</p> <div style="text-align: right; margin-top: 10px;"> <input style="width: 50px; height: 20px;" type="text"/> </div>	<p>5. Which main material is used for Floor?</p> <p>Earth/Sand =1                      Dung =2                      Ceramic tiles/Marbles/Chips =3                      Parquet or polished wood =4                      Cement =5                      Brick floor =6                      Other(please <b>explain</b>) =7</p> <div style="text-align: right; margin-top: 10px;"> <input style="width: 50px; height: 20px;" type="text"/> </div>	<p>6. Which main material is used for roof?</p> <p>RCC/RBC =1                      Wood/Bamboo =2                      Iron/Cement sheets =3                      Metal/Tin/Girders/T-Iron =4                      Other( please explain) =5</p> <div style="text-align: right; margin-top: 10px;"> <input style="width: 50px; height: 20px;" type="text"/> </div>																																												
<p>7. Which main material is used for walls?</p> <p>Burned bricks/block =1                      Raw bricks/mud =2                      Wood/bamboo =3                      Plywood/Cardboard =4                      Stone =5                      Other (Please explain) =6</p> <div style="text-align: right; margin-top: 10px;"> <input style="width: 50px; height: 20px;" type="text"/> </div>	<p>8. What is the main fuel used for cooking?</p> <p>Fire-wood =1      Gas =2                      LPG =3      Kerosene oil =4                      Electricity = 5      Dung cake =6                      Crop residue =7      Charcoal\Coal =8                      Other(please explain) =9</p> <div style="text-align: right; margin-top: 10px;"> <input style="width: 50px; height: 20px;" type="text"/> </div>	<p>9. What is the main fuel used for heating?</p> <p>Solar energy =1      Electricity =2                      LPG =3      Gas =4                      Bio gas =5      Crop residue =6                      Kerosene oil =7      Charcoal\Coal =8                      Dung cake =9      No Facility =10                      Other(please explain) =11</p> <div style="text-align: right; margin-top: 10px;"> <input style="width: 50px; height: 20px;" type="text"/> </div>																																												
<p>10. What is main fuel used for lighting?</p> <p>Electricity =1                      Solar Energy =2                      Gas =3                      Kerosene oil\Diesel\Petrol=4                      Fire-wood =5                      Candle =6                      Other(please explain) =7</p> <div style="text-align: right; margin-top: 10px;"> <input style="width: 50px; height: 20px;" type="text"/> </div>	<p>11. Does this household have following facilities?                      For code2 in 11(a) skip Q.12</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 45%;">Facility</th> <th style="width: 10%;">Yes=1 No=2</th> <th style="width: 40%;">Number</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Internet</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td>Mobile phone</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td>Landline/Wireless phone</td> <td></td> <td></td> </tr> <tr> <td>d.</td> <td>Computer Desktop</td> <td></td> <td></td> </tr> <tr> <td>e.</td> <td>Laptop/Notebook</td> <td></td> <td></td> </tr> <tr> <td>f.</td> <td>Tablet/l-pad</td> <td></td> <td></td> </tr> </tbody> </table>		Facility	Yes=1 No=2	Number	a.	Internet			b.	Mobile phone			c.	Landline/Wireless phone			d.	Computer Desktop			e.	Laptop/Notebook			f.	Tablet/l-pad			<p>12. What types of Internet services are used for Internet access at home? <b>If it is yes for internet in Q.11</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 55%;">Type</th> <th style="width: 10%;">Yes=1 No=2</th> <th style="width: 30%;">Number</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Cable / Wired: By Company e.g.PTCL, NTC, Nayatel etc.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td>Wireless: By Company e.g. PTCL, Telecard, Wateen etc</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td>Mobilink, Telenor, U-fone,Zong etc.</td> <td></td> <td></td> </tr> </tbody> </table>		Type	Yes=1 No=2	Number	a.	Cable / Wired: By Company e.g.PTCL, NTC, Nayatel etc.			b.	Wireless: By Company e.g. PTCL, Telecard, Wateen etc			c.	Mobilink, Telenor, U-fone,Zong etc.		
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## SECTION F-2 HOUSEHOLD CHARACTERISTICS: WATER SANITATION AND HYGIENE

<p>1. What is the main source of drinking water for the household?</p> <p><b>Inside dwelling</b></p> <table style="width:100%; border: none;"> <tr><td>Piped water</td><td>=1</td></tr> <tr><td>Hand pump</td><td>=2</td></tr> <tr><td>Bore Hole (Motor Pump) /Tube Well</td><td>=3</td></tr> <tr><td>Closed well</td><td>=4</td></tr> <tr><td>Open well</td><td>=5</td></tr> <tr><td>Protected Spring</td><td>=6</td></tr> <tr><td>Un protected Spring</td><td>=7</td></tr> </table> <p><b>Outside dwelling</b></p> <table style="width:100%; border: none;"> <tr><td>Piped Water/Public Tap/ Standpipe</td><td>=8</td></tr> <tr><td>Hand pump</td><td>=9</td></tr> <tr><td>Motorized pumping / Tube well</td><td>=10</td></tr> <tr><td>Closed well</td><td>=11</td></tr> <tr><td>Open well</td><td>=12</td></tr> <tr><td>Protected Spring</td><td>=13</td></tr> <tr><td>Un Protected Spring</td><td>=14</td></tr> <tr><td>Pond/Canal / River / Stream</td><td>=15</td></tr> <tr><td>Bottled Water</td><td>=16</td></tr> <tr><td>Tanker /Truck/water bearer</td><td>=17</td></tr> <tr><td>Filtration Plant</td><td>=18</td></tr> <tr><td>Others (specify-----)</td><td>=19</td></tr> </table> <p><b>For codes 14,15, 16,17,19 Go to 3</b></p>	Piped water	=1	Hand pump	=2	Bore Hole (Motor Pump) /Tube Well	=3	Closed well	=4	Open well	=5	Protected Spring	=6	Un protected Spring	=7	Piped Water/Public Tap/ Standpipe	=8	Hand pump	=9	Motorized pumping / Tube well	=10	Closed well	=11	Open well	=12	Protected Spring	=13	Un Protected Spring	=14	Pond/Canal / River / Stream	=15	Bottled Water	=16	Tanker /Truck/water bearer	=17	Filtration Plant	=18	Others (specify-----)	=19	<p>2. Who installed the water delivery system?</p> <table style="width:100%; border: none;"> <tr><td>Government (PHE, LG, District / Union/Village Council)</td><td>=1</td></tr> <tr><td>Community</td><td>=2</td></tr> <tr><td>Household itself</td><td>=3</td></tr> <tr><td>NGO, Private etc.</td><td>=4</td></tr> <tr><td>Don't know</td><td>=5</td></tr> </table> <p><b>IF codes are 1 to 7 in Q1 then after asking Q2 Go to Q5</b></p>	Government (PHE, LG, District / Union/Village Council)	=1	Community	=2	Household itself	=3	NGO, Private etc.	=4	Don't know	=5
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<p>3. How far (round trip) is the source of drinking water from your house?</p> <table style="width:100%; border: none;"> <tr><td>0 - .5 Km</td><td>=1</td></tr> <tr><td>0.5 -1 Km</td><td>=2</td></tr> <tr><td>1- 2 Km</td><td>=3</td></tr> <tr><td>2.- 5 Km</td><td>=4</td></tr> <tr><td>5+ Km</td><td>=5</td></tr> </table>	0 - .5 Km	=1	0.5 -1 Km	=2	1- 2 Km	=3	2.- 5 Km	=4	5+ Km	=5	<p>4. On average how much time spent on a Round trip to fetch the drinking water?</p> <table style="width:100%; border: none;"> <tr><td>1 – 15 Min</td><td>=1</td></tr> <tr><td>16 – 30 Min</td><td>=2</td></tr> <tr><td>31 – 45 Min</td><td>=3</td></tr> <tr><td>46 – 60 Min</td><td>=4</td></tr> <tr><td>60 + Min</td><td>=5</td></tr> </table>	1 – 15 Min	=1	16 – 30 Min	=2	31 – 45 Min	=3	46 – 60 Min	=4	60 + Min	=5	<p>5. Do you do something to make water safer to drink?</p> <table style="width:100%; border: none;"> <tr><td>Yes</td><td>=1</td></tr> <tr><td>No</td><td>=2</td></tr> <tr><td>Don't Know</td><td>=3</td></tr> </table> <p><b>For code 2 &amp; 3 go to 7</b></p>	Yes	=1	No	=2	Don't Know	=3																					
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<p>6. What you actually do to make water safer to drink?</p> <table style="width:100%; border: none;"> <tr><td>Boil</td><td>=1</td></tr> <tr><td>Add bleach/ chlorine/ tablet</td><td>=2</td></tr> <tr><td>Strain it through a cloth</td><td>=3</td></tr> <tr><td>Water filters (ceramic, sand, Composite etc.)</td><td>=4</td></tr> <tr><td>Solar Disinfection</td><td>=5</td></tr> <tr><td>Let it stand and settle</td><td>=6</td></tr> <tr><td>Don't Know</td><td>=7</td></tr> <tr><td>Others (specify-----)</td><td>=8</td></tr> </table>	Boil	=1	Add bleach/ chlorine/ tablet	=2	Strain it through a cloth	=3	Water filters (ceramic, sand, Composite etc.)	=4	Solar Disinfection	=5	Let it stand and settle	=6	Don't Know	=7	Others (specify-----)	=8	<p>7. Is sufficient water available for drinking when needed?</p> <table style="width:100%; border: none;"> <tr><td>Yes</td><td>=1</td></tr> <tr><td>No</td><td>=2</td></tr> <tr><td>Don't Know</td><td>=3</td></tr> </table>	Yes	=1	No	=2	Don't Know	=3	<p>8. Do you normally pay for water used by your dwelling?</p> <table style="width:100%; border: none;"> <tr><td>Yes</td><td>=1</td></tr> <tr><td>No</td><td>=2 <b>Go to 10</b></td></tr> </table> <p>9. How much do you normally pay monthly for water (Rs.)?</p>	Yes	=1	No	=2 <b>Go to 10</b>																					
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<p>10. Are you willing to pay for an improved water supply system?</p> <table style="width:100%; border: none;"> <tr><td>Yes</td><td>=1</td></tr> <tr><td>No</td><td>=2</td></tr> <tr><td>Don't Know</td><td>=3</td></tr> </table>	Yes	=1	No	=2	Don't Know	=3	<p>11. What type of toilet is used by your household?</p> <table style="width:100%; border: none;"> <tr><td>No Toilet</td><td>=1</td></tr> <tr><td>Flush connected to open drain</td><td>=2</td></tr> <tr><td>Flush connected to public sewerage</td><td>=3</td></tr> <tr><td>Flush connected to septic tank</td><td>=4</td></tr> <tr><td>Flush connected to pit</td><td>=5</td></tr> <tr><td>Dry raised latrine</td><td>=6</td></tr> <tr><td>Dry pit latrine</td><td>=7</td></tr> <tr><td>Composting toilet</td><td>=8</td></tr> <tr><td>Other (specify_____)</td><td>=9</td></tr> </table> <p><b>For codes 4 to 8 → Q- 13 and for Codes 2 ,3and 9 Go to 15</b></p>	No Toilet	=1	Flush connected to open drain	=2	Flush connected to public sewerage	=3	Flush connected to septic tank	=4	Flush connected to pit	=5	Dry raised latrine	=6	Dry pit latrine	=7	Composting toilet	=8	Other (specify_____)	=9	<p>12. Where do the household members go for their defecation?</p> <table style="width:100%; border: none;"> <tr><td>Fields / open places</td><td>=1</td></tr> <tr><td>Communal latrine</td><td>=2</td></tr> <tr><td>Others (specify .....)</td><td>=3</td></tr> </table> <p><b>Go to Q-16</b></p>	Fields / open places	=1	Communal latrine	=2	Others (specify .....)	=3																	
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<p><b>13. Have your septic tank or Pit latrine ever been emptied?</b></p> <p>Yes, emptied within the last 5 years =1          Yes, emptied more than 5 years =2          Yes, emptied don't Remember when =3          Replaced when full =4          Never required emptying =5          Don't Know =6</p> <p><b>For Code 4 to 6 Go to Q15</b></p> <input data-bbox="620 256 748 335" type="text"/>	<p><b>14. The last time it was emptied, where were the Contents emptied to?</b></p> <p>To a treatment plant by service provider =1          Buried in a covered pit by service provider =2          Don't know where .by Service provider =3          Buried in a covered pit by household itself =4          To uncovered pit, open ground by household itself =5          In water body or elsewhere by household itself =6          Others (specify) =7</p> <input data-bbox="1346 256 1473 335" type="text"/>	<p><b>15. Do you share this toilet facility with others who are not members of your households?</b></p> <p>Yes =1          No =2</p> <input data-bbox="1962 228 2089 306" type="text"/>
<p><b>16. Is your house connected with drainage / sewerage system?</b></p> <p>Yes, underground drains =1          Yes, to covered drains =2          Yes, to open drain = 3          No, no system =4</p> <input data-bbox="600 547 728 625" type="text"/>	<p><b>17. What is the main source of water used for the cooking etc. for household?</b></p> <p>Piped water =1          Hand pump =2          Bore Hole (Motor Pump) / Tube Well =3          Closed well =4          Open well =5          Spring (protected) =6          Spring (Un Protected) =7          Pond/Canal / River / Stream =8          Bottled Water =9          Tanker /Truck/water bearer =10          Filtration Plant =11          Others (specify-----) =12</p> <input data-bbox="1346 611 1473 689" type="text"/>	<p><b>18. What is the main source of water used for the hand Washing etc. for household?</b></p> <p>Piped water =1          Hand pump =2          Bore Hole (Motor Pump) / Tube Well =3          Closed well =4          Open well =5          Spring (protected) =6          Spring (Un Protected) =7          Pond/Canal / River / Stream =8          Tanker /Truck/water bearer =9          Others (specify-----) =10</p> <input data-bbox="1991 603 2119 681" type="text"/>
<p><b>19. Do you have specific place for hand washing at your household?</b></p> <p>Yes =1          No =2</p> <input data-bbox="685 951 813 1029" type="text"/>		<p><b>20. Do you use soap or hand-wash for hand washing before and after meal or using toilet at your household?</b></p> <p>Yes =1          No =2</p> <input data-bbox="1498 951 1626 1029" type="text"/>

## SECTION F-3 HOUSEHOLD CHARACTERISTICS:SOLID WASTE MANAGEMENT

<p>1. How your household waste been collected or disposed of?</p> <p>Collected by Municipality van from door step =1          Collected by Private van/cart from door step =2          Public Bin/ Collection point =3          Road/ street =4          Lake/River/Nullah =5          Open space =6          Other Specify..... =7</p> <div style="border: 1px solid black; width: 50px; height: 30px; margin-left: 250px;"></div>	<p>2. On average how much time spent on a Round trip to the nearest public bin/ collection point?</p> <p>1 – 5 minutes =1          6– 10 minutes =2          11-15 minutes =3          16– 20 minutes =4          21- 25 minutes =5          26+ minutes =6          Bin is not available/accessible =7</p> <p><b>For code 7 skip Q.3</b></p> <div style="border: 1px solid black; width: 50px; height: 30px; margin-left: 450px;"></div>	<p>3. If there are public bins or collection point how often are the nearest public bin emptied/cleared?</p> <p>Everyday =1          Once a week =2          Twice a week =3          Thrice a week =4          Don't Know =5          Other..... =6</p> <p><b>For codes 3-7 in Q.1 Skip Q.4</b></p> <div style="border: 1px solid black; width: 50px; height: 30px; margin-left: 850px;"></div>
<p>4. How Much Do you Pay for waste collection and disposal Services?</p> <p>If nothing note 00</p> <div style="border: 1px solid black; width: 50px; height: 30px; margin-left: 250px;"></div>		

## SECTION G ASSETS IN POSSESSION

	C1	C2	C3	C4	C5	C6
<b>Does this household possess . . .</b>	Yes =1 No =2	Gender of Owner(s)  Male =1 Female =2 Jointly =3 Don't Know=4	If yes, how many acres. (Q. 1 to 3) If yes, how many arcs? (Q. 4 to 7) If yes ,how many (Numbers-----.)	Current status compared to one year ago  Less than before =1 Same as before =2 Better than before =3 Don't know = 4	Is most of the land Irrigated?  Yes =1 No =2	If wish to sell now, expected price(In Rs)
1. Personal agriculture land (If no, ask Q. No. 3)						
2. Is all or a part of land been given on rent						
3. Has any land been taken on rent						
4. Livestock in personal possession						
5. Sheep, goat in personal possession						
6. Animals used for transportation in personal possession						
7. Chickens and poultry in personal possession						
	Yes =1 No =2	Gender of Owner (s)  Male =1 Female =2 Jointly =3 Don't Know=4	If yes, how much	Current status compared to one year ago  Worse than before =1 Like before =2 Better than before =3 Don't know =4	Is this land  Urban =1 Semi urban =2 Rural =3	If wish to sell now, expected price: (In Rs)
8. Does the family has non-agriculture land, property or plot in personal possession			<b>Sq. yards</b>			
9. Residential building in personal possession			<b>Sq. feet</b>			
10. Shop, commercial building in personal possession			<b>Sq. feet</b>			
11. How is the economic situation of the family as compared to one year before?					Much worse =1 Slightly worse =2 Like before =3	A little better than before =4 Far better than before =5 Don't know =6
12. How is the economic situation of this locality/area as compared to one year before?						

## SECTION H SELECTED DURABLE ITEMS OWNED BY THE HOUSEHOLD

Are any of the following items owned by this Household?							
Yes=1 No=2 (If code=2 then cross the none box)							
Item	Code	Y/N	Quantity		Code	Y/N	Quantity
1- RADIO	701			21- TABLE	721		
2- TELEVISION	702			22- UPS	722		
3-LCD/ LED	703			23- GENERATOR	723		
4- REFRIGERATOR	704			24- SOLAR PANEL	724		
5- FREEZER	705			25-HEATER	725		
6- WASHING MACHINE	706			26- GEASER	726		
7- DRYER	707			27-BICYCLE	727		
8- AIR CONDITONER	708			28- MOTOR CYCLE\ SCOOTER	728		
9- AIR COOLER	709			29- RICKSHAW/CHIGCHI A CAR	729		
10- FAN	710			30- A CAR	730		
11- STOVE	711			31- VAN/ TRUCK/ BUS A BOAT WITH MOTOR	731		
12- COOKING RANGE	712			32- A BOAT WITH MOTOR	732		
13-MICROWAVE	713			33- TRACTOR/ TROLLEY	733		
14- SEWING MACHINE	714			34- WATCH	734		
15- KNITTING MACHINE	715			35- ANIMAL DRAWN CART	735		
16- IRON	716						
17- WATETR FILTER	717						
18- DONKEY PUMP	718						
19- TURBINE	719						
20- CHAIR	720						



## SECTION I VACCINATION AND DIARRHOEA (CHILDREN UNDER 5 YEARS OF AGE)

1. Write serial numbers of the child and his/her mother from the list of family members. If his/her mother is not alive or is not a member of the family, then write Code '99'.

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

2. Write the month and the year of child's birth.

Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>
--	--	--	--

3. Has the child ever been immunized? (if no, skip to Q6)

Yes =1 No =2 <input type="checkbox"/>	Yes =1 No =2 <input type="checkbox"/>	Yes =1 No =2 <input type="checkbox"/>	Yes =1 No =2 <input type="checkbox"/>
---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------

4. Do you have Immunization Card of your children with you?

Yes =1, Yes Seen =2, No =3 <input type="checkbox"/>	Yes =1, Yes Seen =2, No =3 <input type="checkbox"/>	Yes =1, Yes Seen =2, No =3 <input type="checkbox"/>	Yes =1, Yes Seen =2, No =3 <input type="checkbox"/>
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5. Did the child receive following vaccination? Yes, on card =1, Yes, according to memory=2 No =3, Yes, By Polio campaign =4.

BCG <input type="checkbox"/>	BCG <input type="checkbox"/>	BCG <input type="checkbox"/>	BCG <input type="checkbox"/>
Penta-1 <input type="checkbox"/>	Penta-1 <input type="checkbox"/>	Penta-1 <input type="checkbox"/>	Penta-1 <input type="checkbox"/>
Penta-2 <input type="checkbox"/>	Penta-2 <input type="checkbox"/>	Penta-2 <input type="checkbox"/>	Penta-2 <input type="checkbox"/>
Penta-3 <input type="checkbox"/>	Penta-3 <input type="checkbox"/>	Penta-3 <input type="checkbox"/>	Penta-3 <input type="checkbox"/>
Pneumococcal-1 <input type="checkbox"/>	Pneumococcal-1 <input type="checkbox"/>	Pneumococcal-1 <input type="checkbox"/>	Pneumococcal-1 <input type="checkbox"/>
Pneumococcal-2 <input type="checkbox"/>	Pneumococcal-2 <input type="checkbox"/>	Pneumococcal-2 <input type="checkbox"/>	Pneumococcal-2 <input type="checkbox"/>
Pneumococcal-3 <input type="checkbox"/>	Pneumococcal-3 <input type="checkbox"/>	Pneumococcal-3 <input type="checkbox"/>	Pneumococcal-3 <input type="checkbox"/>
Polio-0 <input type="checkbox"/>	Polio-0 <input type="checkbox"/>	Polio-0 <input type="checkbox"/>	Polio-0 <input type="checkbox"/>
Polio-1 <input type="checkbox"/>	Polio-1 <input type="checkbox"/>	Polio-1 <input type="checkbox"/>	Polio-1 <input type="checkbox"/>
Polio-2 <input type="checkbox"/>	Polio-2 <input type="checkbox"/>	Polio-2 <input type="checkbox"/>	Polio-2 <input type="checkbox"/>
Polio-3 <input type="checkbox"/>	Polio-3 <input type="checkbox"/>	Polio-3 <input type="checkbox"/>	Polio-3 <input type="checkbox"/>
IPV <input type="checkbox"/>	IPV <input type="checkbox"/>	IPV <input type="checkbox"/>	IPV <input type="checkbox"/>
Measles -1 <input type="checkbox"/>	Measles -1 <input type="checkbox"/>	Measles -1 <input type="checkbox"/>	Measles -1 <input type="checkbox"/>
Measles -2 <input type="checkbox"/>	Measles -2 <input type="checkbox"/>	Measles -2 <input type="checkbox"/>	Measles -2 <input type="checkbox"/>

**Note: PENTA** is combination of Diphtheria, Pertussis, Tetanus, Influenza B and Hepatitis B. **IPV** stands for inactivated polio vaccine.

## SECTION I VACCINATION AND DIARRHOEA (CHILDREN UNDER 5 YEARS OF AGE)

6. Did the child has diarrhoea during the last 15 days? (If no, then ask Q-10)			
Yes =1    No =2 <input type="checkbox"/>	Yes =1    No =2 <input type="checkbox"/>	Yes =1    No =2 <input type="checkbox"/>	Yes =1    No =2 <input type="checkbox"/>
7. Did you consult anyone for the treatment of diarrhoea? (If no, then ask Q. No. 9)			
Yes =1    No =2 <input type="checkbox"/>	Yes =1    No =2 <input type="checkbox"/>	Yes =1    No =2 <input type="checkbox"/>	Yes =1    No =2 <input type="checkbox"/>
8. Whom did you consult first?			
Private Dispensary/Hospital    =1	Private Dispensary/Hospital    =1	Private Dispensary/Hospital    =1	Private Dispensary/Hospital    =1
Government Hospital            =2	Government Hospital            =2	Government Hospital            =2	Government Hospital            =2
RHC/BHU                            =3	RHC/BHU                            =3	RHC/BHU                            =3	RHC/BHU                            =3
LHW                                 =4 <input type="checkbox"/>	LHW                                 =4 <input type="checkbox"/>	LHW                                 =4 <input type="checkbox"/>	LHW                                 =4 <input type="checkbox"/>
Nurse/LHV/MCHC                =5 <input type="checkbox"/>	Nurse/LHV/MCHC                =5 <input type="checkbox"/>	Nurse/LHV/MCHC                =5 <input type="checkbox"/>	Nurse/LHV/MCHC                =5 <input type="checkbox"/>
Chemist/Pharmacy                =6	Chemist/Pharmacy                =6	Chemist/Pharmacy                =6	Chemist/Pharmacy                =6
Hakeem, Homoeopath, Waid =7	Hakeem, Homoeopath, Waid =7	Hakeem, Homoeopath, Waid =7	Hakeem, Homoeopath, Waid =7
Other                                =8	Other                                =8	Other                                =8	Other                                =8
9. Did you give Nimkol (ORS) to him/her?			
Yes, Purchased, Provided =1	Yes, Purchased, Provided =1	Yes, Purchased, Provided =1	Yes, Purchased, Provided =1
Yes, Prepared at home        =2 <input type="checkbox"/>	Yes, Prepared at home        =2 <input type="checkbox"/>	Yes, Prepared at home        =2 <input type="checkbox"/>	Yes, Prepared at home        =2 <input type="checkbox"/>
No                                 =3 <input type="checkbox"/>	No                                 =3 <input type="checkbox"/>	No                                 =3 <input type="checkbox"/>	No                                 =3 <input type="checkbox"/>
10. Respondent code <input type="text"/> <input type="text"/>	Respondent code <input type="text"/> <input type="text"/>	Respondent code <input type="text"/> <input type="text"/>	Respondent code <input type="text"/> <input type="text"/>
(Ask next Child)	(Ask next Child)	(Ask next Child)	(Ask next Child)

**SECTION J PRE AND POST-NATAL CARE (ALL EVER MARRIED WOMEN AGED 15 - 49)**

ID Code of woman (from Roster)	PRE NATAL CARE (LAST CHILD)									POST-NATAL CARE (LAST CHILD)				
	Is..... present at home Yes=1 No=2	1. Have you given birth to a child during the past 3 years?  Yes Live Birth = 1 Yes Still Birth = 2 → ask Q.2 to Q.12 No = 3 →  (Next Woman)	2. While you were pregnant with your last child, did you have any prenatal consultations?  Yes = 1 <b>If yes write number of visits below</b>  No = 2 → <b>Q-5</b>	3. Where did you normally receive this care?  (See Footnote for codes)	4. At what month of pregnancy did you go for your first consultation?  MONTH	5. During this pregnancy were you given tetanus toxoid (TT) injections? (Explain)  Yes = 1 No = 2 → <b>(Q-7)</b>	6. How many injections were you given?	7. At any time before this pregnancy, did you receive any tetanus injections?  Yes = 1 No = 2 DK = 3  If code is 2 or 3 → <b>Q-9</b>	8. How many?	9. Where did you give birth?  (See Footnote for codes)	10. Who assisted you with this delivery?  (See Footnote for codes)	11. After the birth, did you receive a Post-natal check up within 6 weeks of delivery from a health care facility or at home?  Yes = 1 <b>If yes write number of visits below</b>  No = 2 → <b>Q.13</b>	12. Where did you receive this check-up?  (See Footnote for codes)	13. Did you Breast Feed your last child during first 4 months?  (See Footnote for codes)

DK = Don't Know      BF = Breast Feeding

**CODES FOR Q.3 & 12**

Home TBA = 1	
Home LHW = 2	Private Hosp. / Clinic = 6
Home LHV = 3	Other (specify.....) = 7
Home Doctor = 4	
Govt. Hosp/Clinic = 5	

**CODES FOR Q.9**

Home = 1
Govt. Hospital / Clinic = 2
Private Hospital / Clinic = 3
Other (specify.....) = 4

**CODES FOR Q.10**

Doctor = 5
Family member = 6
relative/Neighbour = 1
Midwife = 2
TBA = 3
Trained Dai = 4
Doctor = 5
LHV = 6
LHW = 7
Nurse = 8
Other (specify....) = 9

**CODES FOR Q.13**

Yes, BF only = 1
Yes, BF with Milk = 2
Yes, BF with liquid = 3
No = 4
(BF= Breast Feeding)

**SECTION K****FOOD INSECURITY EXPERIENCE SCALE (FIES)**

Now I would like to ask you some questions about food.  
During the last 12 MONTHS, was there a time when:

Yes=1  
No =2  
Don't Know=98  
Refused= 99

Q1. You or others in yours household worried about not having enough food to eat because of a lack of money or other resources?

Q2. Still thinking about the last 12 MONTHS, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?

Q3. Was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?

Q4. Was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?

Q5. Still thinking about the last 12 MONTHS, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?

Q6. Was there a time when your household ran out of food because of a lack of money or other resources?

Q7. Was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?

Q8. Was there a time when you or others in your household went without eating for a whole day because of lack of money or other resources?

## SECTION L BENEFITS FROM SERVICES AND FACILITIES

Enter replies about everyone in the following, in the relevant box.							
Services and Facilities	1. How many times did you use this service usually For codes 3 and 4 Go to Q3	2. Any particular reason for not using at all or using once in a while  For Code 1 in Q1 after asking Q.2 Go to next Service/Facility	If 2, 3 or 4 in Q1 then ask Q3&Q4		5.Distance in KM	6.Mode of transport	7.Time to reach
			3. Are you satisfied with quality of service?	4.What type of change did you find in the service during the last 12 months			
Basic Health Unit							
Family Planning Unit							
Health Clinic/Hospital							
Road							
Bus/Public Transport							
Primary School							
Middle School							
High School							
Veterinary Clinic							
Agriculture Extension							
Police							
Bank							
Railway							
Post Office/Courier etc.							
General Store							

\*Services/Facilities can be availed from Govt /Private

Codes for Q1	
Not at all	= 1
Once in a while	=2
Often	=3
Always	=4

Codes for Q2	
Far Away	=1
Very Costly	=2
Does not Suit	=3
Lack of tools/Staff	=4
No enough Facilities	=5
Other	=6
N/A	= 7

Codes for Q3	
Satisfied	=1
Not Satisfied	=2

Codes for Q4	
Worst	=1
Like before	=2
Better than before	=3
Don't know	=4

Codes for Q5 (Kilometers)	
0-05 (km)	=1
0.5-1 (km)	=2
1-2 (Km)	=3
2-5 (Km)	=4
5+ (Km)	=5

Codes for Q6	
On Foot	=1
Mechanical	=2
Non Mechanical	=3

Codes for Q7 (minutes)	
0-14(min)	=1
15-29 (min)	=2
30-44 (min)	=3
45-59 (min)	=4
60+ (min)	=5