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INTRODUCTION AND CONSENT

Asalum-o-Alaikum. My name is _____. I am working with National Institute of Population Studies. We are conducting a survey about health and other topics all over Pakistan. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 30 to 35 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED .. 2 → END



100	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
		MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		8	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-34 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF LESS THAN 1 YEAR, WRITE '00' IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 WHO ARE MARRIED, DIVORCED/SEPARATED OR WIDOWED	IF HOUSEHOLD SELEC-TED FOR MAN'S SURVEY CIRCLE LINE NUMBER OF ALL MEN AGE 15-49 WHO ARE MARRIED, DIVORCED/SEPARATED OR WIDOWED	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES → ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES → ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES → ADD TO TABLE NO

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = BROTHER/SISTER-IN-LAW
- 10 = NEICE/NEPHEW
- 11 = GRAND PARENTS
- 12 = AUNTS/UNCLE
- 13 = OTHER RELATIVE
- 14 = ADOPTED/STEPCHILD
- 15 = NOT RELATED
- 16 = DOMESTIC SERVANT
- 98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-34 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF LESS THAN 1 YEAR, WRITE '00' IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 WHO ARE MARRIED, DIVORCED/SEPARATED OR WIDOWED	IF HOUSEHOLD SELEC-TED FOR MAN'S SURVEY CIRCLE LINE NUMBER OF ALL MEN AGE 15-49 WHO ARE MARRIED, DIVORCED/SEPARATED OR WIDOWED	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|----------------------------|
| 01 = HEAD | 09 = BROTHER/SISTER-IN-LAW |
| 02 = WIFE OR HUSBAND | 10 = NEICE/NEPHEW |
| 03 = SON OR DAUGHTER | 11 = GRAND PARENTS |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 12 = AUNTS/UNCLE |
| 05 = GRANDCHILD | 13 = OTHER RELATIVE |
| 06 = PARENT | 14 = ADOPTED/STEPCHILD |
| 07 = PARENT-IN-LAW | 15 = NOT RELATED |
| 08 = BROTHER OR SISTER | 16 = DOMESTIC SERVANT |
| | 98 = DON'T KNOW |

IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			IF AGE 0-17 YEARS	IF AGE 18 OR OLDER
SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			REGISTRATION WITH NADRA	REGISTRATION WITH NADRA
12	13	14	15	16	17	18	19	19A	20	20A
Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest class (NAME) has completed? SEE CODES BELOW.	Did (NAME) attend school at any time during this school year?	During [this/that] school year, what class/grade [is/was] (NAME) attending? SEE CODES BELOW.	What is the main reason (NAME) is not attending school?	Does (NAME) have his/her name entered onto a 'bay' form? IF YES: Does (NAME) have a birth certificate? IF NO: Does (NAME) have a birth certificate? 1 = NAME ON BAY FORM AND HAVE BIRTH CERTIFICATE 2 = NAME ON BAY FORM AND HAVE NO BIRTH CERTIFICATE 3 = ONLY BIRTH CERTIFICATE 4 = NEITHER OF ABOVE 8 = DON'T KNOW	Does (NAME) have NIC card?
Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 20	CLASS <input type="text"/>	Y N 1 2 ↓ GO TO 19A	CLASS <input type="text"/>	<input type="text"/>	<input type="text"/>	Y N 1 2
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2

CODES FOR Qs. 17 AND 19: EDUCATION

CLASS

- 00 = LESS THAN CLASS 1 COMPLETED
- 01 - 10 = CLASS 1 - CLASS 10 (MATRIC)
- 11 - 12 = CLASS 11 - 12
- 13 - 15 = BACHELORS DEGREE
- 16 = MASTER'S DEGREE OR MBBS, PhD, MPHIL, BSc (4 YEARS)
- 98 = DON'T KNOW

CODES FOR Q. 19A: DROP OUTS

- 01 = SCHOOL TOO FAR
- 02 = TRANSPORT NOT AVAILABLE
- 03 = FURTHER EDUCATION NOT NECESSARY
- 04 = REQUIRED FOR HOUSEHOLD/FARM WORK
- 05 = GOT MARRIED
- 06 = COSTS TOO MUCH
- 07 = NOT INTERESTED IN STUDIES

- 08 = REPEATED FAILURES
- 09 = DID NOT GET ADMISSION
- 10 = NOT SAFE
- 11 = NEED TO EARN
- 96 = OTHER
- 98 = DON'T KNOW

IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			IF AGE 0-17 YEARS	IF AGE 18 OR OLDER
SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			REGISTRATION WITH NADRA	REGISTRATION WITH NADRA
12	13	14	15	16	17	18	19	19A	20	20A
Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest class (NAME) has completed? SEE CODES BELOW.	Did (NAME) attend school at any time during this school year?	During [this/that] school year, what class/grade [is/was] (NAME) attending? SEE CODES BELOW.	What is the main reason (NAME) is not attending school?	Does (NAME) have his/her name entered onto a 'bay' form? IF YES: Does (NAME) have a birth certificate? IF NO: Does (NAME) have a birth certificate? 1 = NAME ON BAY FORM AND HAVE BIRTH CERTIFICATE 2 = NAME ON BAY FORM AND HAVE NO BIRTH CERTIFICATE 3 = ONLY BIRTH CERTIFICATE 4 = NEITHER OF ABOVE 8 = DON'T KNOW	Does (NAME) have NIC card?
Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 20	CLASS <input type="text"/>	Y N 1 2 ↓ GO TO 19A	CLASS <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="text"/>
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="text"/>
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="text"/>
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="text"/>
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="text"/>
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="text"/>
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="text"/>
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="text"/>
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

CLASS

- 00 = LESS THAN CLASS 1 COMPLETED
- 01 - 10 = CLASS 1 - CLASS 10 (MATRIC)
- 11 - 12 = CLASS 11 - 12
- 13 - 15 = BACHELORS DEGREE
- 16 = MASTER'S DEGREE OR MBBS, PhD, MPHIL, BSc (4 YEARS)
- 98 = DON'T KNOW

CODES FOR Q. 19A: DROP OUTS

- 01 = SCHOOL TOO FAR
- 02 = TRANSPORT NOT AVAILABLE
- 03 = FURTHER EDUCATION NOT NECESSARY
- 04 = REQUIRED FOR HOUSEHOLD/FARM WORK
- 05 = GOT MARRIED
- 06 = COSTS TOO MUCH
- 07 = NOT INTERESTED IN STUDIES

- 08 = REPEATED FAILURES
- 09 = DID NOT GET ADMISSION
- 10 = NOT SAFE
- 11 = NEED TO EARN
- 96 = OTHER
- 98 = DON'T KNOW

	FOR ALL USUAL MEMBERS					IF AGE 5 YEARS OR OLDER		
LINE NO.	IN-MIGRATION					SEEING DIFFICULTY		
	21	21A	22	23	24	25	26	27
	Was (NAME) born in this village/city?	In which village/city was (NAME) born?	From where did (NAME) move to this village/city the last time?	In which year did (NAME) last move to this village/city?	What was the primary reason for (NAME) to move to this village/city?	Does (NAME) wear glasses or contact lenses to help them see?	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?
		WRITE NAME OF PLACE. IN THE FIRST BOX, WRITE CODE 1, 2, or 3 AS FOLLOWS: 1=CITY (IF URBAN) 2=DISTRICT (IF RURAL) 3=OUTSIDE PAKISTAN THEN, WRITE THE 3-DIGIT CODES AS PROVIDED.	WRITE NAME OF PLACE. IN THE FIRST BOX, WRITE CODE 1, 2, or 3 AS FOLLOWS: 1=CITY (IF URBAN) 2=DISTRICT (IF RURAL) 3=OUTSIDE PAKISTAN THEN, WRITE THE 3-DIGIT CODES AS PROVIDED.				1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW
01	Y N 1 2 ↓ GO TO 25	_____	_____	_____	□	Y N DK 1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
02	1 2 ↓ GO TO 25	_____	_____	_____	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
03	1 2 ↓ GO TO 25	_____	_____	_____	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
04	1 2 ↓ GO TO 25	_____	_____	_____	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
05	1 2 ↓ GO TO 25	_____	_____	_____	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
06	1 2 ↓ GO TO 25	_____	_____	_____	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
07	1 2 ↓ GO TO 25	_____	_____	_____	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
08	1 2 ↓ GO TO 25	_____	_____	_____	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
09	1 2 ↓ GO TO 25	_____	_____	_____	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
10	1 2 ↓ GO TO 25	_____	_____	_____	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8

CODES FOR Q. 24: REASON FOR IN-MIGRATION

- 1 = BETTER ECONOMIC OPPORTUNITY
- 2 = MARRIAGE
- 3 = ACCOMPANY FAMILY
- 4 = STUDY
- 5 = TRANSFERRED ON JOB
- 6 = ESCAPE FROM VIOLENCE/NATURAL DISASTER
- 7 = OTHER REASONS
- 8 = DON'T KNOW

LINE NO.	FOR ALL USUAL MEMBERS					IF AGE 5 YEARS OR OLDER		
	IN-MIGRATION					SEEING DIFFICULTY		
	21	21A	22	23	24	25	26	27
	Was (NAME) born in this village/city?	In which village/city was (NAME) born? WRITE NAME OF PLACE. IN THE FIRST BOX, WRITE CODE 1, 2, or 3 AS FOLLOWS: 1=CITY (IF URBAN) 2=DISTRICT (IF RURAL) 3=OUTSIDE PAKISTAN THEN, WRITE THE 3-DIGIT CODES AS PROVIDED.	From where did (NAME) move to this village/city the last time? WRITE NAME OF PLACE. IN THE FIRST BOX, WRITE CODE 1, 2, or 3 AS FOLLOWS: 1=CITY (IF URBAN) 2=DISTRICT (IF RURAL) 3=OUTSIDE PAKISTAN THEN, WRITE THE 3-DIGIT CODES AS PROVIDED.	In which year did (NAME) last move to this village/city?	What was the primary reason for (NAME) to move to this village/city?	Does (NAME) wear glasses or contact lenses to help them see?	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW
11	Y N 1 2 ↓ GO TO 25	_____ □ □ □ □	_____ □ □ □ □	□ □ □ □	□	Y N DK 1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
12	1 2 ↓ GO TO 25	_____ □ □ □ □	_____ □ □ □ □	□ □ □ □	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
13	1 2 ↓ GO TO 25	_____ □ □ □ □	_____ □ □ □ □	□ □ □ □	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
14	1 2 ↓ GO TO 25	_____ □ □ □ □	_____ □ □ □ □	□ □ □ □	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
15	1 2 ↓ GO TO 25	_____ □ □ □ □	_____ □ □ □ □	□ □ □ □	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
16	1 2 ↓ GO TO 25	_____ □ □ □ □	_____ □ □ □ □	□ □ □ □	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
17	1 2 ↓ GO TO 25	_____ □ □ □ □	_____ □ □ □ □	□ □ □ □	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
18	1 2 ↓ GO TO 25	_____ □ □ □ □	_____ □ □ □ □	□ □ □ □	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
19	1 2 ↓ GO TO 25	_____ □ □ □ □	_____ □ □ □ □	□ □ □ □	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8
20	1 2 ↓ GO TO 25	_____ □ □ □ □	_____ □ □ □ □	□ □ □ □	□	1 2 8 ↓ GO TO 27	1 2 3 4 8 (GO TO 28)	1 2 3 4 8

CODES FOR Q. 24: REASON FOR IN-MIGRATION

- 1 = BETTER ECONOMIC OPPORTUNITY
- 2 = MARRIAGE
- 3 = ACCOMPANY FAMILY
- 4 = STUDY
- 5 = TRANSFERRED ON JOB
- 6 = ESCAPE FROM VIOLENCE/NATURAL DISASTER
- 7 = OTHER REASONS
- 8 = DON'T KNOW

IF AGE 5 YEARS OR OLDER

HEARING DIFFICULTY			OTHER FUNCTIONAL DIFFICULTIES			
28	29	30	31	32	33	34
Does (NAME) wear a hearing aid?	I would like to know if (NAME) has difficulty hearing even when using a hearing aid. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?	I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?	I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?	I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?	I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?
	1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW
Y N DK 1 2 8 ↓ GO TO 30	1 2 3 4 8 (GO TO 31)	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
1 2 8 ↓ GO TO 30	1 2 3 4 8 (GO TO 31)	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
1 2 8 ↓ GO TO 30	1 2 3 4 8 (GO TO 31)	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
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1 2 8 ↓ GO TO 30	1 2 3 4 8 (GO TO 31)	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
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1 2 8 ↓ GO TO 30	1 2 3 4 8 (GO TO 31)	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
1 2 8 ↓ GO TO 30	1 2 3 4 8 (GO TO 31)	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8

IF AGE 5 YEARS OR OLDER

HEARING DIFFICULTY			OTHER FUNCTIONAL DIFFICULTIES			
28	29	30	31	32	33	34
Does (NAME) wear a hearing aid?	I would like to know if (NAME) has difficulty hearing even when using a hearing aid. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?	I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?	I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?	I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?	I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?
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1 2 8 ↓ GO TO 30	1 2 3 4 8 (GO TO 31)	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8

OUT MIGRATION

35		Now I would like to ask you about members of this household who lived here in the past 10 years but have since moved away.				YES	1			
		Are there any members of your household who lived here in the past 10 years but who have since moved away?				NO	2			
						DONT KNOW	8	→ 43		
LINE NO.	MIGRANTS	RELATION TO HOUSEHOLD HEAD	SEX	MONTH AND YEAR MOVED AWAY	AGE	IF AGE 5 YEARS OR OLDER EDUCATION	REASON FOR MIGRATION	PLACE TRAVELLED TO	REMITTANCE	
	36	36A	37	38	39	39A	40	41	41A	
	Please give me the names of the persons who are living outside of this household? AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP TO HOUSEHOLD HEAD AND SEX FOR EACH PERSON, ASK QUESTIONS 38-41A FOR EACH PERSON	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female? M F 1 2	In what month and year did (NAME) move away? MONTH YEAR	How old was (NAME) when s/he moved away? IF LESS THAN 1 YEAR, WRITE '00' IF 95 OR MORE, RECORD '95'.	What was the highest class (NAME) completed when he/she moved away? SEE CODES BELOW.	What was the main reason that (NAME) moved away? 1 = BETTER ECONOMIC OPPORTUNITY 2 = MARRIAGE 3 = ACCOMPANY FAMILY 4 = STUDY 5 = TRANSFERRED ON JOB 6 = ESCAPE FROM VIOLENCE/ NATURAL DISASTER 7 = OTHER REASONS 8 = DONT KNOW	Where has (NAME) travelled to? IF OTHER CITY OF PAKISTAN, ASK FOR NAME OF THE CITY AND CODE. IF OTHER PARTS OF PAKISTAN, ASK FOR NAME OF THE DISTRICT AND CODE. IF OUTSIDE PAKISTAN WRITE THE NAME OF THE COUNTRY AND PROVIDE THE CODE.	In the past one year did you send money or receive money from (NAME)? 1 = SEND MONEY 2 = RECEIVED MONEY 3 = NEITHER SEND NOR RECEIVED 8 = DONT KNOW	
01	_____	□□	M F 1 2	MONTH YEAR	IN YEARS	CLASS	□	CITY IN PAKISTAN NAME _____ 1 □□□ DISTRICT IN PAKISTAN NAME _____ 2 □□□ OUTSIDE PAKISTAN NAME _____ 3 □□□ DONT KNOW 9998	□	
02	_____	□□	M F 1 2	MONTH YEAR	IN YEARS	CLASS	□	CITY IN PAKISTAN NAME _____ 1 □□□ DISTRICT IN PAKISTAN NAME _____ 2 □□□ OUTSIDE PAKISTAN NAME _____ 3 □□□ DONT KNOW 9998	□	
03	_____	□□	M F 1 2	MONTH YEAR	IN YEARS	CLASS	□	CITY IN PAKISTAN NAME _____ 1 □□□ DISTRICT IN PAKISTAN NAME _____ 2 □□□ OUTSIDE PAKISTAN NAME _____ 3 □□□ DONT KNOW 9998	□	
04	_____	□□	M F 1 2	MONTH YEAR	IN YEARS	CLASS	□	CITY IN PAKISTAN NAME _____ 1 □□□ DISTRICT IN PAKISTAN NAME _____ 2 □□□ OUTSIDE PAKISTAN NAME _____ 3 □□□ DONT KNOW 9998	□	
05	_____	□□	M F 1 2	MONTH YEAR	IN YEARS	CLASS	□	CITY IN PAKISTAN NAME _____ 1 □□□ DISTRICT IN PAKISTAN NAME _____ 2 □□□ OUTSIDE PAKISTAN NAME _____ 3 □□□ DONT KNOW 9998	□	
42	TOTAL NUMBER OF MIGRANTS				□□					
TICK IF CONTINUATION SHEET..... □										

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = BROTHER/SISTER-IN-LAW
- 10 = NEICE/NEPHEW
- 11 = GRAND PARENTS
- 12 = AUNTS/UNCLE
- 13 = OTHER RELATIVE
- 14 = ADOPTED/STEPCHILD
- 15 = NOT RELATED
- 16 = DOMESTIC SERVANT
- 98 = DONT KNOW

CODES FOR Qs. 39A: EDUCATION

- CLASS
- 00 = LESS THAN CLASS 1 COMPLETED
 - 01 - 10 = CLASS 1 - CLASS 10 (MATRIC)
 - 11 - 12 = CLASS 11 - 12
 - 13 - 15 = BACHELORS DEGREE
 - 16 = MASTER'S DEGREE OR MBBS, PhD, MPHIL, BSc (4 YEARS)
 - 98 = DONT KNOW

SELECTION OF WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS

43	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR DV MODULE? YES <input type="checkbox"/> NO <input type="checkbox"/> → 101
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LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

44	NAME OF SELECTED WOMAN _____ HH LINE NUMBER OF SELECTED WOMAN <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> IF NO ELIGIBLE WOMAN IN THE HOUSEHOLD WRITE '00' AND SKIP TO 101.
----	--

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	→ 106 → 103 → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER _____ 96 (SPECIFY)	→ 106
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 105
104	How long does it take to go there, get water, and come back? IF WATER IS DELIVERED AT HOME, RECORD '000'.	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
105	CHECK 101 AND 102: CODE '14' OR '21' CIRCLED? YES <input type="checkbox"/>	NO <input type="checkbox"/>	→ 107

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLI..... 95 OTHER _____ 96 (SPECIFY)	→ 116
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	→ 116
115	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
116	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 119
118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98': a) Milk cows or bulls? b) Other cattle (buffalo)? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Camels? g) Chickens or other poultry?	 a) COWS/BULLS <input type="text"/> <input type="text"/> b) OTHER CATTLE (BUFFALO) <input type="text"/> <input type="text"/> c) HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/> d) GOATS <input type="text"/> <input type="text"/> e) SHEEP <input type="text"/> <input type="text"/> f) CAMELS <input type="text"/> <input type="text"/> g) CHICKENS/POULTRY <input type="text"/> <input type="text"/>	
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121
120	How many acres or kanals of agricultural land do members of this household own?	 ACRES KANAL LAND <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> DON'T KNOW 9998	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																									
121	Does your household have: a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A refrigerator? f) Almirah/cabinet? g) Chair? h) Room cooler? i) Airconditioner? j) Washing machine? k) Water pump? l) Bed? m) Clock? n) Sofa? o) Camera? p) Sewing machine? q) Computer? r) Internet connection?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) ELECTRICITY</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) NON-MOBILE TELEPHONE ..</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) REFRIGERATOF.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) ALMIRAH/CABINET</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) CHAIR</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) ROOM COOLER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>i) AIRCONDITIONER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>j) WASHING MACHINI.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>k) WATER PUMP</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>l) BED</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>m) CLOCK</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>n) SOFA</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>o) CAMERA</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>p) SEWING MACHINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>q) COMPUTER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>r) INTERNET CONNECTION.....</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) ELECTRICITY	1	2	b) RADIO	1	2	c) TELEVISION	1	2	d) NON-MOBILE TELEPHONE ..	1	2	e) REFRIGERATOF.....	1	2	f) ALMIRAH/CABINET	1	2	g) CHAIR	1	2	h) ROOM COOLER	1	2	i) AIRCONDITIONER	1	2	j) WASHING MACHINI.....	1	2	k) WATER PUMP	1	2	l) BED	1	2	m) CLOCK	1	2	n) SOFA	1	2	o) CAMERA	1	2	p) SEWING MACHINE	1	2	q) COMPUTER	1	2	r) INTERNET CONNECTION.....	1	2	
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122	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck or bus? g) A tractor? h) A boat with a motor? i) A boat without a motor? j) A Rickshaw/chingchi ?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) WATCH</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) MOBILE PHONE.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) BICYCLE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOTORCYCLE/SCOOTEF.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) ANIMAL-DRAWN CART</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) CAR/TRUCK/BUS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) TRACTOR</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) BOAT WITH MOTOI.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>i) BOAT WITHOUT MOTOR</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>j) RICKSHAW/CHINGCHI</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) WATCH	1	2	b) MOBILE PHONE.....	1	2	c) BICYCLE	1	2	d) MOTORCYCLE/SCOOTEF.....	1	2	e) ANIMAL-DRAWN CART	1	2	f) CAR/TRUCK/BUS	1	2	g) TRACTOR	1	2	h) BOAT WITH MOTOI.....	1	2	i) BOAT WITHOUT MOTOR	1	2	j) RICKSHAW/CHINGCHI	1	2																									
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g) TRACTOR	1	2																																																										
h) BOAT WITH MOTOI.....	1	2																																																										
i) BOAT WITHOUT MOTOR	1	2																																																										
j) RICKSHAW/CHINGCHI	1	2																																																										
123	Does any member of this household have a bank account?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2																																																						
YES	1																																																											
NO	2																																																											
124	How often does anyone smoke cigarette/huqa/berri or pipe inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	<table border="0"> <tr> <td>DAILY</td> <td align="right">1</td> </tr> <tr> <td>WEEKLY</td> <td align="right">2</td> </tr> <tr> <td>MONTHLY</td> <td align="right">3</td> </tr> <tr> <td>LESS OFTEN THAN ONCE A MONTH</td> <td align="right">4</td> </tr> <tr> <td>NEVER</td> <td align="right">5</td> </tr> </table>	DAILY	1	WEEKLY	2	MONTHLY	3	LESS OFTEN THAN ONCE A MONTH	4	NEVER	5																																																
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LESS OFTEN THAN ONCE A MONTH	4																																																											
NEVER	5																																																											
125	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	→ 127																																																			
YES	1																																																											
NO	2																																																											
DON'T KNOW	8																																																											
126	Who sprayed the dwelling?	<table border="0"> <tr> <td>GOVERNMENT WORKER/PROGRAM</td> <td align="right">A</td> </tr> <tr> <td>PRIVATE COMPANY</td> <td align="right">B</td> </tr> <tr> <td>NONGOVERNMENTAL ORGANIZATION (NGO).....</td> <td align="right">C</td> </tr> <tr> <td>OTHER _____</td> <td align="right">X</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">Z</td> </tr> </table>	GOVERNMENT WORKER/PROGRAM	A	PRIVATE COMPANY	B	NONGOVERNMENTAL ORGANIZATION (NGO).....	C	OTHER _____	X	(SPECIFY)		DON'T KNOW	Z																																														
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(SPECIFY)																																																												
DON'T KNOW	Z																																																											
127	Does your household have any mosquito nets?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2	→ 139																																																					
YES	1																																																											
NO	2																																																											
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	<table border="0"> <tr> <td>NUMBER OF NETS</td> <td align="center"><input type="text"/></td> </tr> </table>	NUMBER OF NETS	<input type="text"/>																																																								
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MOSQUITO NETS

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
130	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98
131	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) DAWA PLUS 11 YORKOOL 12 TANA NETTING 13 OTHER/DON'T KNOW BRAND 16 OTHER TYPE 96 DON'T KNOW TYPE 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) DAWA PLUS 11 YORKOOL 12 TANA NETTING 13 OTHER/DON'T KNOW BRAND 16 OTHER TYPE 96 DON'T KNOW TYPE 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) DAWA PLUS 11 YORKOOL 12 TANA NETTING 13 OTHER/DON'T KNOW BRAND 16 OTHER TYPE 96 DON'T KNOW TYPE 98
134	Did you get the net through Continuous LLINs Distribution (CD) Program, during an antenatal care visit, or during an immunization visit?	YES, CONTINUOUS LLINs DISTRIBUTION PROGRAM 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4	YES, CONTINUOUS LLINs DISTRIBUTION PROGRAM 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4	YES, CONTINUOUS LLINs DISTRIBUTION PROGRAM 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4
135	Where did you get the net?	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 CHW 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DON'T KNOW 98	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 CHW 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DON'T KNOW 98	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 CHW 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DON'T KNOW 98

MOSQUITO NETS

		NET #1	NET #2	NET #3
136	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 138) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 138) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 138) ← NOT SURE 8
137	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/>
138		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 139.

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEI 4 NOT OBSERVED, OTHER REASON 5	→ 142
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 CHIPS/TERRAZZO 36 BRICKS 37 MATS 38 MARBLE 39 OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD/GRASS 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING ASBESTOS 31 REINFORCED BRICK CEMENT/F 32 METAL 33 WOOD 34 CALAMINE/CEMENT FIBER 35 CERAMIC TILES 36 CEMENT/RCC 37 ROOFING SHINGLES 38 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
144	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	<p>NATURAL WALLS</p> NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 MUD/STONES 14 BAMBOO/STICKS/MUI 15 <p>RUDIMENTARY WALLS</p> UNBAKED BRICKS/MU 21 BAMBOO WITH MUD 22 STONE WITH MUD 23 UNCOVERED ADOBE 24 PLYWOOD 25 REUSED WOOD 26 <p>FINISHED WALLS</p> CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)									
146	RECORD THE TIME.	HOURS <table border="1" data-bbox="1157 779 1289 831"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> MINUTES <table border="1" data-bbox="1157 831 1289 882"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
