

PAKISTAN DEMOGRAPHIC AND HEALTH SURVEY 2017-18
 HOUSEHOLD QUESTIONNAIRE

PAKISTAN
 NATIONAL INSTITUTE OF POPULATION STUDIES

IDENTIFICATION				
PROVINCE/REGION (PUNJAB=1; SINDH=2; KPK=3; BALOCHISTAN=4; GB=5; ICT=6; AJK=7; FATA=8)				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
DISTRICT				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
TEHSIL				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME OF HOUSEHOLD HEAD				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
CLUSTER NUMBER				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD NUMBER				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD SELECTED FOR DV? (1=YES, 2=NO)				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	DAY <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
				MONTH <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
				YEAR <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
INTERVIEWER'S NAME	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	INT. NO. <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
RESULT*	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	RESULT* <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NEXT VISIT: DATE	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER <div style="text-align: center;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
				TOTAL ELIGIBLE WOMEN <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
				TOTAL ELIGIBLE MEN <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** 0 1 </div> <div> LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div> NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div> TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> LANGUAGE OF QUESTIONNAIRE** ENGLISH </div> <div> **LANGUAGE CODES: 01 ENGLISH 03 SINDHI 05 SARAIKI 02 URDU 04 PUNJABI 06 BALUCHI 07 PUSHTO 08 OTHER </div> </div>				
SUPERVISOR <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>NAME</div> <div>NUMBER</div> </div>		FIELD EDITOR <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>NAME</div> <div>NUMBER</div> </div>		KEYED BY <div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: center;">NUMBER</div>

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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"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
		MINUTES	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></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		MARITAL STATUS	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	<p>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.</p> <p>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.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-34 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF LESS THAN 1 YEAR, WRITE '00'</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 WHO ARE MARRIED, DIVORCED/SEPARATED OR WIDOWED</p>	<p>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</p> <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-49 WHO ARE MARRIED, DIVORCED/SEPARATED OR WIDOWED</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
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 <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
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 <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>

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

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
	<p>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.</p> <p>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.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-34 FOR EACH PERSON.</p>	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME)'s current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 WHO ARE MARRIED, DIVORCED/SEPARATED OR WIDOWED	<div>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</div> <div>CIRCLE LINE NUMBER OF ALL MEN AGE 15-49 WHO ARE MARRIED, DIVORCED/SEPARATED OR WIDOWED</div>	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

CODES FOR Qs. 17 AND 19: EDUCATION

CLASS

00 = LESS THAN CLASS 1 COMPLETED
01 - 10 = CLASS 1 - CLASS 10 (MATIC)
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
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
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

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	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? 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
01	Y N 1 2 ↓ GO TO 25	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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

	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? 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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	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
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- 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
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
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

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
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
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

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 (MATIC)
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	<p>CHECK COVER PAGE: HOUSEHOLD SELECTED FOR DV MODULE?</p> <p style="text-align: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> 101 </p>																																																																																																											
<p>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.</p> <p>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</p>																																																																																																												
LAST DIGIT OF THE HOUSE- HOLD QUESTION- NAIRE SERIAL NUMBER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="9" style="text-align: center; padding: 5px;">TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9</th> </tr> <tr> <th style="width: 11.11%; text-align: center; padding: 5px;">1</th> <th style="width: 11.11%; text-align: center; padding: 5px;">2</th> <th style="width: 11.11%; text-align: center; padding: 5px;">3</th> <th style="width: 11.11%; text-align: center; padding: 5px;">4</th> <th style="width: 11.11%; text-align: center; padding: 5px;">5</th> <th style="width: 11.11%; text-align: center; padding: 5px;">6</th> <th style="width: 11.11%; text-align: center; padding: 5px;">7</th> <th style="width: 11.11%; text-align: center; padding: 5px;">8+</th> </tr> <tr><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">4</td><td style="text-align: center;">3</td><td style="text-align: center;">6</td><td style="text-align: center;">5</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td><td style="text-align: center;">1</td><td style="text-align: center;">4</td><td style="text-align: center;">1</td><td style="text-align: center;">6</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">5</td><td style="text-align: center;">2</td><td style="text-align: center;">7</td><td style="text-align: center;">6</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td><td style="text-align: center;">1</td><td style="text-align: center;">7</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">2</td><td style="text-align: center;">4</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td><td style="text-align: center;">5</td><td style="text-align: center;">3</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">4</td><td style="text-align: center;">6</td><td style="text-align: center;">4</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">5</td><td style="text-align: center;">1</td><td style="text-align: center;">5</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">1</td><td style="text-align: center;">4</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">6</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">7</td><td style="text-align: center;">5</td></tr> </table>	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
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44	<p>NAME OF SELECTED WOMAN _____</p> <p style="text-align: right;">HH LINE NUMBER OF SELECTED WOMAN </p> <p>IF NO ELIGIBLE WOMAN IN THE HOUSEHOLD WRITE '00' AND SKIP TO 101.</p>																																																																																																											

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
106	In the past two weeks, was the water from this source not available for at least one full day?	YES 1 NO 2 DON'T KNOW 8			
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 109		
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/etc) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY) DON'T KNOW Z			
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PI' 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 113		
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112		
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1"><tr><td>0</td><td></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3			

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 HOUSEHOLD 95 OTHER 96 <div align="center">(SPECIFY)</div>	→ 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 <div align="center">(SPECIFY)</div>	→ 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 <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></table>															
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 <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></table> b) OTHER CATTLE (BUFFALO) <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></table> c) HORSES/DONKEYS/MULES <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></table> d) GOATS <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></table> e) SHEEP <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></table> f) CAMELS <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></table> g) CHICKENS/POULTRY <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></table>															
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?	<div align="right">ACRES KANAL</div> LAND <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><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 9998															

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?	YES a) ELECTRICITY 1 b) RADIO 1 c) TELEVISION 1 d) NON-MOBILE TELEPHONE .. 1 e) REFRIGERATOF 1 f) ALMIRAH/CABINET 1 g) CHAIR 1 h) ROOM COOLER 1 i) AIRCONDITIONER 1 j) WASHING MACHINI 1 k) WATER PUMP 1 l) BED 1 m) CLOCK 1 n) SOFA 1 o) CAMERA 1 p) SEWING MACHINE 1 q) COMPUTER 1 r) INTERNET CONNECTION 1	NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
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 ?	YES a) WATCH 1 b) MOBILE PHONE 1 c) BICYCLE 1 d) MOTORCYCLE/SCOOTER 1 e) ANIMAL-DRAWN CART 1 f) CAR/TRUCK/BUS 1 g) TRACTOR 1 h) BOAT WITH MOTOI 1 i) BOAT WITHOUT MOTOR 1 j) RICKSHAW/CHINGCHI 1	NO 2 2 2 2 2 2 2 2 2 2	
123	Does any member of this household have a bank account?	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?	DAILY 1 WEEKLY 2 MONTHLY 3 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?	YES 1 NO 2 DON'T KNOW 8		→ 127
126	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM A PRIVATE COMPANY B NONGOVERNMENTAL ORGANIZATION (NGO) .. C OTHER _____ X (SPECIFY) DON'T KNOW Z		
127	Does your household have any mosquito nets?	YES 1 NO 2		→ 139
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>		

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 SEE 4 NOT OBSERVED, OTHER REASON 5	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> → 142 </div>
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	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>DIRT 13</p> <p>MUD/STONES 14</p> <p>BAMBOO/STICKS/MUI 15</p> <p>RUDIMENTARY WALLS</p> <p>UNBAKED BRICKS/MU 21</p> <p>BAMBOO WITH MUD 22</p> <p>STONE WITH MUD 23</p> <p>UNCOVERED ADOBE 24</p> <p>PLYWOOD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>COVERED ADOBE 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>									
146	<p>RECORD THE TIME.</p>	<p>HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									

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
