PAKISTAN MATERNAL MORTALITY SURVEY 2019
LONG HOUSEHOLD QUESTIONNAIRE
PAKISTAN
NATIONAL INSTITUTE OF POPULATION STUDIES

IDENTIFICATION

PROVINCE/REGION (PUNJAB=1; SINDH=2; KPK=3; BALOCHISTAN=4; GB=5; AJK=6) . . . . . [ ]

DISTRICT _____ [ ][ ]

TEHSIL _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . [ ][ ][ ][ ]

HOUSEHOLD NUMBER . . . . . [ ][ ][ ][ ]

IS HOUSEHOLD SELECTED FOR (SHORT=1; LONG=2 . . . . . [ ]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY [ ][ ]
				MONTH [ ][ ]
				YEAR [ ][ ][ ][ ]
INTERVIEWER'S NAME				INT. NO. [ ][ ][ ][ ]
RESULT*				RESULT* [ ]
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS [ ]
TIME				

*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 _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD [ ][ ]

TOTAL ELIGIBLE WOMEN [ ][ ]

NO. OF FEMALE DEATHS AGE 15-49 FROM Q.38 [ ]

LINE NO. OF RESPONDENT TO HOUSEHOLD SCHEDULE [ ][ ]

LANGUAGE OF QUESTIONNAIRE** 0 1 | LANGUAGE OF INTERVIEW** [ ][ ] | NATIVE LANGUAGE OF RESPONDENT** [ ][ ] | TRANSLATOR USED (YES = 1, NO = 2) [ ]

LANGUAGE OF QUESTIONNAIRE** ENGLISH

**LANGUAGE CODES:

01 ENGLISH	03 SINDHI	05 SARAIKI
02 URDU	04 PUNJABI	06 BALUCHI
		07 PUSHTO
		08 OTHER

SUPERVISOR	FIELD EDITOR	KEYED BY
NAME _____ NUMBER [ ][ ][ ][ ]	NAME _____ NUMBER [ ][ ][ ][ ]	NUMBER [ ][ ]

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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 25 to 30 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	
		MINUTES	

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER		IF AGE 5 YEARS OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY	EVER ATTENDED SCHOOL	
1	2	3	4	5	6	7	8	9	16	17
	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 5-17 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 AGE LESS THAN 1-YEAR RECORD '00' IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = CURRENTLY MARRIED 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15 to 49 YEARS WHO ARE MARRIED DIVORCED OR SEPRATED OR WIDOWED	Has (NAME) ever attended school?	What is the highest class (NAME) has completed? SEE CODES BELOW.
			M F	Y N	Y N	IN YEARS			Y N	CLASS
01			1 2	1 2	1 2			01	1 2 → NEXT LINE	
02			1 2	1 2	1 2			02	1 2 → NEXT LINE	
03			1 2	1 2	1 2			03	1 2 → NEXT LINE	
04			1 2	1 2	1 2			04	1 2 → NEXT LINE	
05			1 2	1 2	1 2			05	1 2 → NEXT LINE	
06			1 2	1 2	1 2			06	1 2 → NEXT LINE	
07			1 2	1 2	1 2			07	1 2 → NEXT LINE	
08			1 2	1 2	1 2			08	1 2 → NEXT LINE	
09			1 2	1 2	1 2			09	1 2 → NEXT LINE	
10			1 2	1 2	1 2			10	1 2 → NEXT LINE	

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 HH

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

CODES FOR Q. 17: 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

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER		IF AGE 5 YEARS OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY	EVER ATTENDED SCHOOL	
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**16**	**17**
	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 5-17 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 AGE LESS THAN 1-YEAR RECORD '00' IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = CURRENTLY MARRIED 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15 to 49 YEARS WHO ARE MARRIED DIVORCED OR SEPRATED OR WIDOWED	Has (NAME) ever attended school?	What is the highest class (NAME) has completed? SEE CODES BELOW.
#			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS		11	Y N 1 2 NEXT LINE	CLASS
#			1 2	1 2	1 2			12	1 2 NEXT LINE	
#			1 2	1 2	1 2			13	1 2 NEXT LINE	
#			1 2	1 2	1 2			14	1 2 NEXT LINE	
#			1 2	1 2	1 2			15	1 2 NEXT LINE	
#			1 2	1 2	1 2			16	1 2 NEXT LINE	
#			1 2	1 2	1 2			17	1 2 NEXT LINE	
#			1 2	1 2	1 2			18	1 2 NEXT LINE	
#			1 2	1 2	1 2			19	1 2 NEXT LINE	
#			1 2	1 2	1 2			20	1 2 NEXT LINE	

TICK HERE IF CONTINUATION SHEET ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HH

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
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07 = PARENT-IN-LAW
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09 = BROTHER/SISTER-IN-LAW
10 = NEICE/NEPHEW
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CODES FOR Q. 17: 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

INFORMATION ABOUT BIRTHS AND DEATHS IN THE HOUSEHOLD IN THE PREVIOUS 3 YEARS

18 Now I would like to ask you about all the births that occurred in this household in the last 3 years, whether they were born alive or dead. Since 1st January 2016, did any woman who was a usual resident of this household at the time give birth? I am interested in any birth, even stillbirth & children who didn't survive.
YES 1
NO . . . . . 2 → 27

19 How many births occurred in this household in the last 3 years? ☐☐

NO	What are the names of the babies born in the last 3 years? IF STILL BORN WRITE 'BABY'.	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? IF MONTH DON'T KNOW RECORD '98'	Was (NAME) born alive?	Is (NAME) still alive?	LINE NUMBER FROM HOUSEHOLD ROSTER (RECORD '00' IF CHILD NOT LISTED IN HH ROSTER)
20	21	22	23	24	25	26
01		BOY / GIRL	MONTH ☐☐ YR 2 0 1 ☐	YES . . . . . NO . . . . . NEXT ←	YES . . . . . NO . . . . . NEXT ←	☐☐ NEXT ←
02		BOY / GIRL	MONTH ☐☐ YR 2 0 1 ☐	YES . . . . . NO . . . . . NEXT ←	YES . . . . . NO . . . . . NEXT ←	☐☐ NEXT ←
03		BOY / GIRL	MONTH ☐☐ YR 2 0 1 ☐	YES . . . . . NO . . . . . NEXT ←	YES . . . . . NO . . . . . NEXT ←	☐☐ NEXT ←
04		BOY / GIRL	MONTH ☐☐ YR 2 0 1 ☐	YES . . . . . NO . . . . . NEXT ←	YES . . . . . NO . . . . . NEXT ←	☐☐ NEXT ←
05		BOY / GIRL	MONTH ☐☐ YR 2 0 1 ☐	YES . . . . . NO . . . . . NEXT ←	YES . . . . . NO . . . . . NEXT ←	☐☐ NEXT ←
06		BOY / GIRL	MONTH ☐☐ YR 2 0 1 ☐	YES . . . . . NO . . . . . NEXT ←	YES . . . . . NO . . . . . NEXT ←	☐☐ NEXT ←
07		BOY / GIRL	MONTH ☐☐ YR 2 0 1 ☐	YES . . . . . NO . . . . . NEXT ←	YES . . . . . NO . . . . . NEXT ←	☐☐ NEXT ←
08		BOY / GIRL	MONTH ☐☐ YR 2 0 1 ☐	YES . . . . . NO . . . . . NEXT ←	YES . . . . . NO . . . . . NEXT ←	☐☐ NEXT ←

INFORMATION ABOUT BIRTHS AND DEATHS IN THE HOUSEHOLD IN THE PREVIOUS 3 YEARS

27	Now I would like to ask you about any deaths that occurred in this household in the last 3 years Since 1st January 2016, God forbid, has any usual member of this household died?	YES . . . . . 1 NO . . . . . 2 → 38
28	How many deaths occurred to usual residents in this household in the last 3 years? ☐☐	

NO	What were the names of the people who died in the last 3 years?	Was (NAME) Male or Female?	In what month and year did (NAME) die? IF MONTH DON'T KNOW RECORD '98'	How old was(NAME) when He/She died? RECORD DAYS IF LESS THAN 1 MONTHS' MONTHS IF LESS THAN 2 YEARS' OR YEARS	CHECK 31 AND 33 WAS THIS A WOMAN AGE 15-49 WHEN SHE DIED?	Female, 15 - 49 years old		
						Was (NAME) pregnant when she died	Did (NAME) die during childbirth?	Did (NAME) die within 6 weeks after delivery?
29	30	31	32	33	34	35	36	37
01	_____	MALE . . . . 1 FEMALE . . 2	MONTH ☐☐ YR 2 0 1 ☐	DAYS 1 ☐☐ MONTHS 2 ☐☐ YRS 3 ☐☐	YES . . 1 NO . . 2 NEXT	YES . . 1 NEXT NO . . 2	YES . . 1 NEXT NO . . 2	YES . . 1 NEXT NO . . 2
02	_____	MALE . . . . 1 FEMALE . . 2	MONTH ☐☐ YR 2 0 1 ☐	DAYS 1 ☐☐ MONTHS 2 ☐☐ YRS 3 ☐☐	YES . . 1 NO . . 2 NEXT	YES . . 1 NEXT NO . . 2	YES . . 1 NEXT NO . . 2	YES . . 1 NEXT NO . . 2
03	_____	MALE . . . . 1 FEMALE . . 2	MONTH ☐☐ YR 2 0 1 ☐	DAYS 1 ☐☐ MONTHS 2 ☐☐ YRS 3 ☐☐	YES . . 1 NO . . 2 NEXT	YES . . 1 NEXT NO . . 2	YES . . 1 NEXT NO . . 2	YES . . 1 NEXT NO . . 2
04	_____	MALE . . . . 1 FEMALE . . 2	MONTH ☐☐ YR 2 0 1 ☐	DAYS 1 ☐☐ MONTHS 2 ☐☐ YRS 3 ☐☐	YES . . 1 NO . . 2 NEXT	YES . . 1 NEXT NO . . 2	YES . . 1 NEXT NO . . 2	YES . . 1 NEXT NO . . 2

38	CHECK COLUMN 32 AND 34: NUMBER OF DEATHS TO WOMEN AGE 15-49 YEARS OLD IN JANUARY 2016 OR AFTER	☐☐

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/PLO . . . . . 12 PIPED TO NEIGHBOUR . . . . . 13 PUBLIC TAP/STANDPIPE . . . . . 14 TUBE WELL OR BOREHOLE . . . . . 21 **DUG WELL** PROTECTED WEL . . . . . 31 UNPROTECTED WEL . . . . . 32 **WATER FROM SPRING** PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RAINWATER . . . . . 51 TANKER TRUCK . . . . . 61 CART WITH SMALL TAN . . . . . 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/PLO . . . . . 12 PIPED TO NEIGHBOUR . . . . . 13 PUBLIC TAP/STANDPIPE . . . . . 14 TUBE WELL OR BOREHOLE . . . . . 21 **DUG WELL** PROTECTED WEL . . . . . 31 UNPROTECTED WEL . . . . . 32 **WATER FROM SPRING** PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RAINWATER . . . . . 51 TANKER TRUCK . . . . . 61 CART WITH SMALL TAN . . . . . 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	MINUTES . . . . . ☐☐☐ DON'T KNOW 998	
105	CHECK 101 AND 102: CODE '14' OR '21' YES ☐ ↓	NO ☐	→ 107

HOUSEHOLD CHARACTERISTICS

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 CLOT . . . . . C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC . . . . . D SOLAR DISINFECTIO . . . . . 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 SYSTE . . . . . 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 LATRIN . . . . 21 PIT LATRINE WITH SLAB . . . . . 22 PIT LATRINE WITHOUT SLAB/OPEN PIT . . 23 COMPOSTING TOILET . . . . . 31 BUCKET TOILET . . . . . 41 HANGING TOILET/HANGING LATRIN . . . . . 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 . . . . . 0 ☐ 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	
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 (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 . . . . . [ ][ ]	
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . . 1 NO 2	→ 121
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 . . . . . [ ][ ] b) OTHER CATTLE (BUFFALO . . . . [ ][ ] c) HORSES/DONKEYS/MULES . . . . [ ][ ] d) GOATS . . . . . [ ][ ] e) SHEEP . . . . . [ ][ ] f) CAMELS . . . . . [ ][ ] g) CHICKENS/POULTRY . . . . . [ ][ ]	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
121	Does your household have:		YES	NO	
	a) Electricity?	a) ELECTRICITY	1	2	
	b) A radio?	b) RADIO	1	2	
	c) A television?	c) TELEVISION	1	2	
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE . .	1	2	
	e) A refrigerator?	e) REFRIGERATOR	1	2	
	f) Almirah/cabinet?	f) ALMIRAH/CABINE	1	2	
	g) Chair?	g) CHAIR	1	2	
	h) Room cooler?	h) ROOM COOLER	1	2	
	i) Air conditioner?	i) AIR CONDITIONER	1	2	
	j) Washing machine?	j) WASHING MACHI	1	2	
	k) Water pump?	k) WATER PUMP	1	2	
	l) Bed?	l) BED	1	2	
	m) Clock?	m) CLOCK	1	2	
	n) Sofa?	n) SOFA	1	2	
	o) Camera?	o) CAMERA	1	2	
	p) Sewing machine?	p) SEWING MACHINE	1	2	
	q) Computer?	q) COMPUTER	1	2	
	r) Internet connection?	r) INTERNET CONNECTIO	1	2	
122	Does any member of this household own:		YES	NO	
	a) A watch?	a) WATCH	1	2	
	b) A mobile phone?	b) MOBILE PHONI	1	2	
	c) A bicycle?	c) BICYCLE	1	2	
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER . .	1	2	
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART	1	2	
	f) A car or truck or bus?	f) CAR/TRUCK/BUS	1	2	
	g) A tractor?	g) TRACTOR	1	2	
	h) A boat with a motor?	h) BOAT WITH MOTOR	1	2	
	i) A boat without a motor?	i) BOAT WITHOUT MOTOF	1	2	
	j) A Rickshaw/chingchi ?	j) RICKSHAW/CHINGCHI	1	2	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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/RC . . . . . 32 METAL . . . . . 33 WOOD . . . . . 34 CALAMINE/CEMENT FIBER . . . . . 35 CERAMIC TILES . . . . . 36 CEMENT/RCC . . . . . 37 ROOFING SHINGLES . . . . . 38 OTHER _____ 96 (SPECIFY)	
144	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	**NATURAL WALLS** NO WALLS . . . . . 11 CANE/PALM/TRUNKS . . . . . 12 DIRT . . . . . 13 MUD/STONES . . . . . 14 BAMBOO/STICKS/MUD . . . . . 15 **RUDIMENTARY WALLS** UNBAKED BRICKS/MUD . . . . . 21 BAMBOO WITH MUD . . . . . 22 STONE WITH MUD . . . . . 23 UNCOVERED ADOBE . . . . . 24 PLYWOOD . . . . . 25 REUSED WOOD . . . . . 26 **FINISHED WALLS** 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 . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

(A) INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

(B) SUPERVISOR'S OBSERVATIONS

(C) EDITOR'S OBSERVATIONS