



HOUSEHOLD QUESTIONNAIRE

MICS Punjab 2014

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer's name and number: Name _____	HH4. Team Supervisor's name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / 2014		
HH6. AREA: Urban.....1 Rural.....2	HH7. District Code: _____	
HH8A. Is the household selected for salt test sample? Yes 1 No 2		
WE ARE FROM Bureau Of Statistics, Planning & Development Department, Government of the Punjab, Lahore . WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW? <input type="checkbox"/> <i>Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</i> <input type="checkbox"/> <i>No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</i>		
HH9. Result of household interview: Completed01 No household member or no competent respondent at home at time of visit02 Entire household absent for extended period of time03 Refused04 Dwelling vacant / Address not a dwelling.....05 Dwelling destroyed06 Dwelling not found07 Other (<i>specify</i>) 96		
<i>After the household questionnaire has been completed, fill in the following information:</i>		
HH10. Respondent to Household Questionnaire: Name _____ Line No: _____	<div style="border: 1px solid black; padding: 5px;"> <i>After all questionnaires for the household have been completed, fill in the following information:</i> </div> HH13. Number of women's questionnaires completed: _____ HH15. Number of under-5 questionnaires completed: _____	
HH11. Total number of household members: _____		
HH12. Number of women age 15-49 years: _____		
HH14. Number of children under age 5: _____		
HH16. Field editor's name and number: Name _____	HH17. Main data entry clerk's name and number: Name _____	

HH18. Record the time.

Hour..... — —

Minutes..... — —

LIST OF HOUSEHOLD MEMBERS

HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.

Use an additional questionnaire if all rows in the List of Household Members have been used.

						Marital status of members age 10 years and above		For women age 15-49	For children age 0-4	Literacy for members age 10 years and above						
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD? Write relevant codes from the list given below	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL6B. WHAT IS MARITAL STATUS OF (name)? Married.....1 Widowed.....2 Divorced3 Separated.....4 Never married.....5 DK8	HL7. Circle line no. if woman age 15-49	HL7B. Circle line no. if age 0-4	HL10A. CAN (NAME) READ IN ANY LANGUAGE WITH UNDERSTANDING? 1 Yes 2 No ☹ HL10C 8 DK ☹ HL10C	HL10B. IF YES IN HL10A, IN WHICH LANGUAGE(S)? Urdu.....A English.....B PunjabiC SaraikiD Other Specify _____X DKZ Probe and circle all applicable.	HL10C. CAN (NAME) WRITE IN ANY LANGUAGE WITH UNDERSTANDING? 1 Yes 2 No ☹ Next Line 8 DK ☹ Next Line	HL10D. IF YES IN HL10C, IN WHICH LANGUAGE(S)? Urdu.....A English.....B PunjabiC SaraikiD Other Specify _____X DKZ Probe and circle all applicable.			
Line	Name	Relation*	M	F	Month	Year	Age	Marital Status	15-49	0-4	Y	N	Read	Y	N	Write
01		01	1	2	___	___	___	1 2 3 4 5 8	01	01	1	2	A B C D E X Z	1	2	A B C D X Z
02		___	1	2	___	___	___	1 2 3 4 5 8	02	02	1	2	A B C D E X Z	1	2	A B C D X Z
03		___	1	2	___	___	___	1 2 3 4 5 8	03	03	1	2	A B C D E X Z	1	2	A B C D X Z
04		___	1	2	___	___	___	1 2 3 4 5 8	04	04	1	2	A B C D E X Z	1	2	A B C D X Z
05		___	1	2	___	___	___	1 2 3 4 5 8	05	05	1	2	A B C D E X Z	1	2	A B C D X Z
06		___	1	2	___	___	___	1 2 3 4 5 8	06	06	1	2	A B C D E X Z	1	2	A B C D X Z
07		___	1	2	___	___	___	1 2 3 4 5 8	07	07	1	2	A B C D E X Z	1	2	A B C D X Z
08		___	1	2	___	___	___	1 2 3 4 5 8	08	08	1	2	A B C D E X Z	1	2	A B C D X Z
09		___	1	2	___	___	___	1 2 3 4 5 8	09	09	1	2	A B C D E X Z	1	2	A B C D X Z
10		___	1	2	___	___	___	1 2 3 4 5 8	10	10	1	2	A B C D E X Z	1	2	A B C D X Z

						Marital status of members age 10 years and above	For women age 15-49	For children age 0-4	Literacy for members age 10 years and above							
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD? Write relevant codes from the list given below	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL6B. WHAT IS MARITAL STATUS OF (name)? Married.....1 Widowed.....2 Divorced3 Separated.....4 Never married.....5 DK8	HL7. Circle line no. if woman age 15-49	HL7B. Circle line no. if age 0-4	HL10A. CAN (NAME) READ IN ANY LANGUAGE WITH UNDERSTANDING? 1 Yes 2 No ☒ HL10C 8 DK ☒ HL10C	HL10B. IF YES IN HL10A, IN WHICH LANGUAGE(S)? Urdu.....A English.....B PunjabiC SaraikiD Other Specify _____ X DKZ Probe and circle all applicable.	HL10C. CAN (NAME) WRITE IN ANY LANGUAGE WITH UNDERSTANDING? 1 Yes 2 No ☒ Next Line 8 DK ☒ Next Line	HL10D. IF YES IN HL10C, IN WHICH LANGUAGE(S)? Urdu.....A English.....B PunjabiC SaraikiD Other Specify _____ X DKZ Probe and circle all applicable.			
Line	Name	Relation*	M	F	Month	Year	Age	Marital Status	15-49	0-4	Y	N	Read	Y	N	Write
11		___ ___	1	2	___	___	___	1 2 3 4 5 8	11	11	1	2	A B C D E X Z	1	2	A B C D X Z
12		___ ___	1	2	___	___	___	1 2 3 4 5 8	12	12	1	2	A B C D E X Z	1	2	A B C D X Z
13		___ ___	1	2	___	___	___	1 2 3 4 5 8	13	13	1	2	A B C D E X Z	1	2	A B C D X Z
14		___ ___	1	2	___	___	___	1 2 3 4 5 8	14	14	1	2	A B C D E X Z	1	2	A B C D X Z
15		___ ___	1	2	___	___	___	1 2 3 4 5 8	15	15	1	2	A B C D E X Z	1	2	A B C D X Z

Tick here if additional questionnaire used

Probe for additional household members.
 Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.
 Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.
 For each man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire.
 For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.
 You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.

* Codes for HL3: Relationship to head of household:	01 Head	04 Son-In-Law / Daughter-In-Law	07 Parent-In-Law	10 Uncle / Aunt	13 Adopted / Foster/ Stepchild	96 Other (Not related)
	02 Wife/ Husband	05 Grandchild	08 Brother / Sister	11 Niece / Nephew	14 Servant (Live-in)	98 DK
	03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative		

List of Household Members

HL

			For children age 0-17 years						For children age 0-14	For all household members Cough / TB /Hepatitis			
HL1A. Line number	HL2A. Name and age Copy from HL2 and HL6		HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? If "Yes" Record line no. of mother and go to HL13. If "No", record 00.	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? If "Yes" Record line no. of father and go to HL15. If "No", record 00.	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE?	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?	HL16A. HAD (NAME) BEEN HAVING COUGH AND FEVER FOR LAST 3 WEEKS?	HL16B. HAD (NAME) BEEN DIAGNOSED AS HAVING TB IN THE PAST YEAR?	HL16C. HAD (NAME) BEEN DIAGNOSED AS HAVING HEPATITIS IN THE PAST YEAR?	
			1 Yes 2 No ^{HL13} 8 DK ^{HL13}		1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	1 Yes 2 No ^{HL15} 8 DK ^{HL15}		1 In another household in this country 2 Institution in this country 3 Abroad 8 DK		1 Yes 2 No 8 DK	1 Yes 2 No 8 DK	1 Yes 2 No 8 DK	1 Yes 2 No 8 DK
Line	Name	Age	Y N DK	Mother		Y N DK	Father		Mother	Y N DK	Y N DK	Y N DK	Y N DK
01		___	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	1 2 8	1 2 8	1 2 8	1 2 8
02		___	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	1 2 8	1 2 8	1 2 8	1 2 8
03		___	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	1 2 8	1 2 8	1 2 8	1 2 8
04		___	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	1 2 8	1 2 8	1 2 8	1 2 8
05		___	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	1 2 8	1 2 8	1 2 8	1 2 8
06		___	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	1 2 8	1 2 8	1 2 8	1 2 8
07		___	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	1 2 8	1 2 8	1 2 8	1 2 8
08		___	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	1 2 8	1 2 8	1 2 8	1 2 8
09		___	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	1 2 8	1 2 8	1 2 8	1 2 8
10		___	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	1 2 8	1 2 8	1 2 8	1 2 8
11		___	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	1 2 8	1 2 8	1 2 8	1 2 8
12		___	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	1 2 8	1 2 8	1 2 8	1 2 8
13		___	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	1 2 8	1 2 8	1 2 8	1 2 8
14		___	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	1 2 8	1 2 8	1 2 8	1 2 8
15		___	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	1 2 8	1 2 8	1 2 8	1 2 8

EDUCATION **ED**

For household members age 3 and above *For household members age 3-24 years*

ED1. <i>Line number</i>	ED2. <i>Name and age</i> <i>Copy from HL2 and HL6</i>		ED3.			ED4A.		ED4B.	ED5.		ED6.		ED6C	ED7.			ED8.		ED8C
			HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?		WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?		WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	DURING THE CURRENT SCHOOL YEAR, THAT IS 2014-2015, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?		IS (name) ATTENDING A PRIVATE OR GOVERNMENT SCHOOL THIS YEAR?	DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2013-2014, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?			DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?		IS (name) ATTENDING A PRIVATE OR GOVERNMENT SCHOOL PREVIOUS YEAR (2013-14)?	
			1 Yes 2 No ↕ Next Line		Level: 0 Preschool 1 Primary 2 Middle 3 Matric 4 Higher 8 DK <i>If level=0, skip to ED5</i>	Grade /Class: 98 DK <i>If the first grade at this level is not completed, enter "00".</i>	1 Yes 2 No ↕ ED7		Level: 0 Preschool 1 Primary 2 Middle 3 Matric 4 Higher 8 DK <i>If level=0, skip to ED7</i>	Grade /Class: 98 DK	1 Govt. 2 Private 6 Others (specify) 8 DK	1 Yes 2 No ↕ Next Line 8 DK ↕ Next Line		Level: 0 Preschool 1 Primary 2 Middle 3 Matric 4 Higher 8 DK <i>If level=0, go to next line</i>	Grade /Class: 98 DK	1 Govt. 2 Private 6 Others (specify) 8 DK			

Line	Name	Age	Yes	No	Level	Grade/Class*	Yes	No	Level	Grade/Class*	School type	Yes	No	DK	Level	Grade/Class*	School type
01		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1 2 6 8	1	2	8	0 1 2 3 4 8	___	1 2 6 8
02		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1 2 6 8	1	2	8	0 1 2 3 4 8	___	1 2 6 8
03		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1 2 6 8	1	2	8	0 1 2 3 4 8	___	1 2 6 8
04		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1 2 6 8	1	2	8	0 1 2 3 4 8	___	1 2 6 8
05		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1 2 6 8	1	2	8	0 1 2 3 4 8	___	1 2 6 8
06		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1 2 6 8	1	2	8	0 1 2 3 4 8	___	1 2 6 8
07		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1 2 6 8	1	2	8	0 1 2 3 4 8	___	1 2 6 8
08		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1 2 6 8	1	2	8	0 1 2 3 4 8	___	1 2 6 8
09		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1 2 6 8	1	2	8	0 1 2 3 4 8	___	1 2 6 8
10		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1 2 6 8	1	2	8	0 1 2 3 4 8	___	1 2 6 8
11		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1 2 6 8	1	2	8	0 1 2 3 4 8	___	1 2 6 8
12		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1 2 6 8	1	2	8	0 1 2 3 4 8	___	1 2 6 8
13		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1 2 6 8	1	2	8	0 1 2 3 4 8	___	1 2 6 8
14		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1 2 6 8	1	2	8	0 1 2 3 4 8	___	1 2 6 8
15		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1 2 6 8	1	2	8	0 1 2 3 4 8	___	1 2 6 8

*Class codes for ED4B, ED6 & ED8: Primary 01-05 Middle 01-03 Matric 01-02 Higher 01-07

INCOME AND EMPLOYMENT

IE

Ask this module from all 5 years of age and older.

Starting with the head of the Household, Ask: Did (name) work (or receive income) for pay, profit or family gain during last month? If Yes, Ask questions IE3 to IE7 from that person. If No or Don't Know, Probe any work for income, even if it was given to the household. If Yes, Ask questions IE3 to IE7 from that person. If No, write no income code in IE3 and go to the next Household member 5+ years of age.

In addition, did (name) do any other work (or receive income) for pay, profit or family gain during last month? If Yes, write additional income source in IE7 and continue to IE10. If No, go to next member.

IE1 LINE NO.			IE2 NAME AND AGE (copy from HH Listing form HL2 & HL6)		A. PRIMARY INCOME SOURCE					B. ADDITIONAL INCOME SOURCE			
			IE3 WHAT IS THE MAJOR TYPE OF INCOME SOURCE OF (name)? Write Code (See Below) If no Income, write (21-26), go to Next Person	IE4. WHAT IS (name's) INCOME ON A, DAILY, MONTHLY OR YEARLY BASIS? Write amount and M for Monthly Y for Yearly and D for Daily basis.	IE5 MONTHLY ON THE AVERAGE, HOW MANY MONTHS A YEAR DID (name) WORK FOR PAY?	IE6 DAILY ON THE AVERAGE HOW MANY DAYS A MONTH DID (name) WORK FOR PAY?	IE7 WHAT IS ANY OTHER TYPE OF INCOME SOURCE OF (name)? If no additional income write code 27 and go to Next Line	IE8 WHAT IS THE ADDITIONAL INCOME OF (name)? Write amount and M for Monthly Y for Yearly and D for Daily basis.	IE9 MONTHLY ON THE AVERAGE, HOW MANY MONTHS A YEAR DID (name) WORK FOR PAY?	IE10 DAILY ON THE AVERAGE HOW MANY DAYS A MONTH DID (name) WORK FOR PAY?			
Line	Name	Age	Code for Source	Amount in Rs.	M Y D	Month/Yr	Day/Mnth	Code for Source	Amount in Rs.	M Y D	Month/Yr	Day/Mth	
01			__	_____		__	__	__	_____		__	__	
02			__	_____		__	__	__	_____		__	__	
03			__	_____		__	__	__	_____		__	__	
04			__	_____		__	__	__	_____		__	__	
05			__	_____		__	__	__	_____		__	__	
06			__	_____		__	__	__	_____		__	__	
07			__	_____		__	__	__	_____		__	__	
08			__	_____		__	__	__	_____		__	__	
09			__	_____		__	__	__	_____		__	__	
10			__	_____		__	__	__	_____		__	__	
11			__	_____		__	__	__	_____		__	__	
12			__	_____		__	__	__	_____		__	__	
13			__	_____		__	__	__	_____		__	__	
14			__	_____		__	__	__	_____		__	__	
15			__	_____		__	__	__	_____		__	__	
(If more than 2 sources of income, add extra to second income)								TOTALS for Each Source					
								GRAND TOTAL					

* Income Codes (IE3, IE7):				No Income Codes (IE3, IE7):			
01	Government / Semi Govt. Employee	07	Interest or profit from any source	12	Child (5-17) works outside HH – in workshop (e.g. Carpet	21	Unemployed - looking for work
02	Private Employee	08	Agriculture / Land rent/ Sharing		Soccer balls, Surgical goods, tannery)) or collects garbage	22	Unemployed - not looking for work
03	Self-Employed	09	Livestock, Poultry, Fishery, Forestry	13	Child (5-17) works outside HH – any work other than in 12	23	Unpaid Family Worker (4+ Hours/day)
04	Employs others	10	Retired with Pension	14	Home base Worker	24	Housewife
05	Labourer	11	Student (any income, e.g., tutor)	96	Other (specify)	25	Aged / Very Weak
06	Rent of house, shop, agriculture equipment, Tractor, Tubewell			98	Don't know	26	Student
						27	No Additional Income
						95	Others

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE

SL

SL1. Check HL6 in the List of Household Members and write the total number of children age 1-17 years.

Total number..... —

SL2. Check the number of children age 1-17 years in SL1:

- Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module
- One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age
- Two or more ⇒ Continue with SL2A

SL2A. List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.

SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. Age from HL6
Rank	Line	Name	M	F	Age
1	— —		1	2	— —
2	— —		1	2	— —
3	— —		1	2	— —
4	— —		1	2	— —
5	— —		1	2	— —
6	— —		1	2	— —
7	— —		1	2	— —
8	— —		1	2	— —

SL8. Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.

Check the total number of children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.

Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child

Rank number

Line number

Name

Age

CHILD LABOUR

CL

CL1. Check selected child's age from SL9:

1-4 years ⇒ Go to Next Module

5-17 years ⇒ Continue with CL2

CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

SINCE LAST (*day of the week*), DID (*name*) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?

Yes No

[A] DID (*name*) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS?

Worked on plot / farm / food garden / looked after animals 1 2

[B] DID (*name*) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?

Helped in family / relative's business/ran own business 1 2

[C] DID (*name*) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?

Produce / sell articles / handicrafts / clothes / food or agricultural products 1 2

[D] SINCE LAST (*day of the week*), DID (*name*) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR?

If "No", Probe:

PLEASE INCLUDE ANY ACTIVITY (*name*) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.

Any other activity 1 2

CL3. Check CL2, A to D

There is at least one 'Yes' ⇒ continue with CL4

All answers are 'No' ⇒ Go to CL8

CL4. SINCE LAST (*day of the week*) ABOUT HOW MANY HOURS DID (*name*) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?

If less than one hour, record "00".

Number of hours __ __

CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?

Yes..... 1
No 2

1⇒ CL8

CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?

Yes..... 1
No 2

1⇒ CL8

CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (*name*)?

<p>[A] IS (<i>name</i>) EXPOSED TO DUST, FUMES OR GAS?</p> <p>[B] IS (<i>name</i>) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</p> <p>[C] IS (<i>name</i>) EXPOSED TO LOUD NOISE OR VIBRATION?</p> <p>[D] IS (<i>name</i>) REQUIRED TO WORK AT HEIGHTS?</p> <p>[E] IS (<i>name</i>) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</p> <p>[F] IS (<i>name</i>) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (<i>name</i>)’S HEALTH OR SAFETY?</p>	<p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p>	<p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p>																								
<p>CL8. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒ CL10</p>																								
<p>CL9. IN TOTAL, HOW MANY HOURS DID (<i>name</i>) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (<i>day of the week</i>)? <i>If less than one hour, record “00”</i></p>	<p>Number of hours ____</p>																									
<p>CL10. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?</p> <p>[A] SHOPPING FOR HOUSEHOLD?</p> <p>[B] REPAIR ANY HOUSEHOLD EQUIPMENT?</p> <p>[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?</p> <p>[D] WASHING CLOTHES?</p> <p>[E] CARING FOR CHILDREN?</p> <p>[F] CARING FOR THE OLD OR SICK?</p> <p>[G] OTHER HOUSEHOLD TASKS?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Yes</th> <th style="text-align: right;">No</th> </tr> </thead> <tbody> <tr> <td>Shopping for household.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Repair household equipment.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Cooking / cleaning utensils /house ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Washing clothes</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Caring for children</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Caring for old / sick</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Other household tasks</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>		Yes	No	Shopping for household.....	1	2	Repair household equipment.....	1	2	Cooking / cleaning utensils /house ...	1	2	Washing clothes	1	2	Caring for children	1	2	Caring for old / sick	1	2	Other household tasks	1	2	
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<p>CL11. Check CL10, A to G</p> <p><input type="checkbox"/> There is at least one ‘Yes’ ⇒ Continue with CL12</p> <p><input type="checkbox"/> All answers are ‘No’ ⇒ Go to Next Module</p>																										
<p>CL12. SINCE LAST (<i>day of the week</i>), ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? <i>If less than one hour, record “00”.</i></p>	<p>Number of hours..... ____</p>																									

CHILD DISCIPLINE		CD																																				
CD1. Check selected child's age from SL9: <input type="checkbox"/> 1-14 years ⇒ Continue with CD2 <input type="checkbox"/> 15-17 years ⇒ Go to Next Module																																						
CD2. Write the line number and name of the child from SL9.	Line number ____ Name																																					
CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH <u>(name)</u> IN THE PAST MONTH.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <u>(name)</u> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[B] EXPLAINED WHY <u>(name)</u>'S BEHAVIOUR WAS WRONG.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[C] SHOOK HIM/HER.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[E] GAVE HIM/HER SOMETHING ELSE TO DO.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <u>(name)</u> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	1	2	[B] EXPLAINED WHY <u>(name)</u> 'S BEHAVIOUR WAS WRONG.	1	2	[C] SHOOK HIM/HER.	1	2	[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	1	2	[E] GAVE HIM/HER SOMETHING ELSE TO DO.	1	2	[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	1	2	[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	1	2	[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	1	2	[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	1	2	[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	1	2	[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	1	2	
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CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes..... 1 No 2 DK / No opinion 8																																					

HOUSEHOLD CHARACTERISTICS		HC
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Urdu1 Punjabi2 Saraiki3 Other language (<i>specify</i>) 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms _ _	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth / Sand 11 Dung 12 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips 32 Ceramic tiles / Marbles / Chips 33 Cement 34 Carpet 35 Bricks floor 36 Other (<i>specify</i>) 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing No Roof 11 Thatch / Palm leaf 12 Sod 13 Rudimentary roofing Rustic mat 21 Palm / Bamboo 22 Wood planks 23 Finished roofing Metal / Tin / T-Iron/Girders 31 Wood/ Wooden beams / bricks 32 Calamine / Cement fibre 33 Ceramic tiles 34 Cement 35 Other (<i>specify</i>) 96	
HC5. <i>Main material of the exterior walls.</i> <i>Record observation.</i>	Natural walls No walls 11 Cane / Palm / Trunks 12 Dirt 13 Rudimentary walls Bamboo with mud 21 Stone with mud 22 Uncovered adobe 23 Plywood 24 Cardboard 25 Reused wood 26 Finished walls Cement 31 Stone with lime / cement 32 Bricks 33 Cement blocks 34 Covered adobe 35 Other (<i>specify</i>) 96	

<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity 01 Liquefied Petroleum Gas (LPG) 02 Natural gas 03 Biogas 04 Kerosene 05 Coal / Lignite 06 Charcoal 07 Wood 08 Straw / Shrubs / Grass 09 Animal dung 10 Agricultural crop residue 11 No food cooked in household 95 Other (<i>specify</i>) 96</p>	<p>01⇒HC8 02⇒HC8 03⇒HC8 04⇒HC8 05⇒HC8 95⇒HC8</p>																																																
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house In a separate room used as kitchen1 Elsewhere in the house2 In a separate building3 Outdoors4 Other (<i>specify</i>) 6</p>																																																	
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY? [B] A RADIO? [C] A TELEVISION? [D] A NON-MOBILE TELEPHONE? [E] A REFRIGERATOR? [F] GAS? [G] COMPUTER? [H] AIR CONDITIONER? [I] WASHING MACHINE/ DRYER? [J] AIR COOLER / FAN? [K] COOKING RANGE / MICRO WAVE? [L] SEWING/ KNITTING MACHINE? [M] AN IRON? [N] WATER FILTER? [O] DUNKY PUMP/ TURBINE?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Non-mobile telephone.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refrigerator/Freezer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Gas</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Computer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Air conditioner</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Washing machine/Dryer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Air cooler/ Fan</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Cooking Range/Micro wave.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sewing/knitting machine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Iron.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Water Filter</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Dunky pump/Turbine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television.....	1	2	Non-mobile telephone.....	1	2	Refrigerator/Freezer	1	2	Gas	1	2	Computer	1	2	Air conditioner	1	2	Washing machine/Dryer	1	2	Air cooler/ Fan	1	2	Cooking Range/Micro wave.....	1	2	Sewing/knitting machine	1	2	Iron.....	1	2	Water Filter	1	2	Dunky pump/Turbine	1	2	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH? [B] A MOBILE TELEPHONE? [C] A BICYCLE? [D] A MOTORCYCLE OR SCOOTER? [E] AN ANIMAL-DRAWN CART? [F] A BUS/ TRUCK? [G] A BOAT WITH A MOTOR? [H] A CAR/ VAN? [I] A TRACTOR/ TROLLEY?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Watch.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mobile telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle / Scooter</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bus / Truck.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat with motor.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car / Van.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Tractor/Trolley.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Watch.....	1	2	Mobile telephone	1	2	Bicycle	1	2	Motorcycle / Scooter	1	2	Animal drawn-cart.....	1	2	Bus / Truck.....	1	2	Boat with motor.....	1	2	Car / Van.....	1	2	Tractor/Trolley.....	1	2																			
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<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If “No”, then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If “Rented from someone else”, circle “2”. For other responses, circle “6”.</i></p>	<p>Own.....1</p> <p>Rent2</p> <p>Other (<i>specify</i>) _____ 6</p>	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes.....1</p> <p>No2</p>	2⇒HC13
<p>HC12. HOW MANY ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record “00”. If 95 or more, record ‘95’. If unknown, record ‘98’.</i></p>	<p>Acres..... _ _ _</p> <p>(1 Acres = 8 Kanal)</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes.....1</p> <p>No2</p>	2⇒HC15
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, BUFFALOES OR BULLS?</p> <p>[B] HORSES, DONKEYS, MULES OR CAMELS?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS/ DUCKS/ TURKEY?</p> <p><i>If none, record ‘00’. If 95 or more, record ‘95’. If unknown, record ‘98’.</i></p>	<p>Cattle, milk cows, Buffaloes or bulls _ _ _</p> <p>Horses, donkeys, mules or camels.. _ _ _</p> <p>Goats _ _ _</p> <p>Sheep _ _ _</p> <p>Chickens/ Ducks/ Turkey..... _ _ _</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE AN ACCOUNT IN BANK, POST OFFICE OR NATIONAL SAVING CENTRE?</p>	<p>Yes.....1</p> <p>No2</p>	

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling.....11 Piped into compound, yard or plot.....12 Piped to neighbour.....13 Public tap / standpipe14 Borehole Tube Well21 Hand pump22 Motorized Pump(Dunky/turbine).....23 Dug well Protected well31 Unprotected well32 Water from spring Protected spring.....41 Unprotected spring42 Other sources Rainwater collection (Pond)51 Tanker-truck61 Cart with small tank / drum/cane.....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Bottled water91 Other (<i>specify</i>)96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 22⇒WS3 23⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 96⇒WS3
WS2. 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 into compound, yard or plot.....12 Piped to neighbour.....13 Public tap / standpipe14 Borehole Tube Well21 Hand pump22 Motorized Pump(Dunky/turbine).....23 Dug well Protected well31 Unprotected well32 Water from spring Protected spring.....41 Unprotected spring42 Other sources Rainwater collection (Pond)51 Tanker-truck61 Cart with small tank / drum/cane.....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Other (<i>specify</i>)96	11⇒WS6 12⇒WS6 13⇒WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling1 In own yard / plot2 Elsewhere3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes DK.....998	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15) 4 DK 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A Add bleach / chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F Other (<i>specify</i>) X DK Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to somewhere else 14 Flush to unknown place / Not sure / DK where 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23 Composting toilet 31 Bucket 41 No facility, Bush, Field 95 Other (<i>specify</i>) 96</p>	<p>95⇒Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes 1 No 2</p>	<p>2⇒Next Module</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public) 1 Public facility 2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 ____ Ten or more households 10 DK 98</p>	

REMITTANCES		RM
RM1. IS ANY FAMILY MEMBER OF THIS HOUSEHOLD, WHO DOES NOT USUALLY RESIDE IN THE HOUSEHOLD, WORKING OUTSIDE THIS VILLAGE, CITY OR COUNTRY?	Yes 1 No 2	⇒ RM4
RM2. HOW MANY MEMBERS ARE WORKING OUTSIDE THIS VILLAGE, CITY OR COUNTRY?	Number of Persons: ___ ___	
RM3. WHERE ARE THEY WORKING? <i>Circle all possible responses</i>	Other Village/ City A Other District..... B Other province C Overseas D DK Z	
RM4. DID THE HOUSEHOLD RECEIVE (FROM WITHIN THE COUNTRY AND / OR OVERSEES) ANY REMITTANCE (IN CASH) DURING THE LAST YEAR (MONEY WHICH WILL NOT BE REPAID)? <i>It should include remittances received from family member(s) or any other person(s)/ source(s) other than family member.</i>	Yes 1 No 2 DK..... 8	2⇒ Next Module 8⇒ Next Module
RM5. HOW MUCH AMOUNT WAS RECEIVED FROM INSIDE THE COUNTRY DURING THE PAST YEAR?	Rs: _____	
RM5A. HOW MUCH AMOUNT WAS RECEIVED FROM OVERSEAS DURING THE PAST YEAR?	Rs: _____	

PENSION BENEFITS		PB
PB1. DID ANY MEMBER (S) OF THE HOUSEHOLD RECEIVE ANY PENSION BENEFITS DURING LAST YEAR?	Yes.....1 No..... 2 DK8	2⇒ Next Module 8⇒ Next Module
PB2. WHAT WAS THE SOURCE OF PENSION? <i>Circle all possible responses</i>	Government.A EOBI.....B Other (<i>specify</i>).....X DKZ	

SAFETY NETS SN		
SN1. DID THE HOUSEHOLD RECEIVE ANY BENEFIT FROM THE GOVERNMENT INITIATIVES SUCH AS ZAKAT, BAIT_UL_MAAL, SASTA RATION, BISP, WATAN CARD DURING LAST YEAR?	Yes.....1 No.....2 DK.....8	2⇒ SN3 8⇒ SN3
SN2. WHAT WAS THE SOURCE? <i>Circle all responses given by the respondent</i>	Zakat (Guzara Allowance, Health Care, Marriage Grant, Training from VTI).....A Bait-ul-Maal..... B Sasta Ration..... C Benazir Income Support Program (BISP) D Watan Card.....E Other (Specify)..... X DK.....Z	B⇒ SN5 C⇒ SN5 D⇒ SN5 E⇒ SN5 X⇒ SN5 Z⇒ SN5
SN3. DID THE HOUSEHOLD RECEIVE ANY CASH DONATIONS FROM ZAKAT OR OTHER MEANS DURING THE PAST YEAR?	Yes1 No.....2	2⇒ SN5
SN4. HOW MUCH AMOUNT WAS RECEIVED FROM ZAKAT DURING THE PAST YEAR?	Rs: _____	
SN5. DID YOUR HOUSEHOLD PURCHASE ANY CONSUMABLE ITEMS DURING LAST YEAR?	Yes.....1 No.....2 DK.....8	2⇒ SN8 2⇒ SN8
SN6. DID THE HOUSEHOLD PURCHASE THE CONSUMABLE ITEMS FROM A UTILITY STORE DURING LAST YEAR?	Yes.....1 No.....2 DK.....8	2⇒ SN8 8⇒ SN8
SN7. WERE THE ITEMS PURCHASED REGULARLY FROM A UTILITY STORE?	Regular.....1 Casual2 DK.....8	
SN8. DO YOU FEEL THAT GOVERNMENT INITIATIVES ARE BENEFITING THE LOW INCOME GROUPS?	Yes.....1 No.....2 DK.....8	

HANDWASHING		HW
<p>HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS.</p> <p>CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?</p>	<p>Observed 1</p> <p>Not observed</p> <p>Not in dwelling / plot / yard 2</p> <p>No permission to see 3</p> <p>Other reason (specify) 6</p>	<p>2 ⇒ HW4</p> <p>3 ⇒ HW4</p> <p>6 ⇒ HW4</p>
<p>HW2. <i>Observe presence of water at the place for handwashing.</i></p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>Water is available 1</p> <p>Water is not available 2</p>	
<p>HW3A. <i>Is soap, detergent or ash/mud/sand present at the place for handwashing?</i></p>	<p>Yes, present 1</p> <p>No, not present 2</p>	<p>2 ⇒ HW4</p>
<p>HW3B. <i>Record your observation.</i></p> <p><i>Circle all that apply.</i></p>	<p>Bar soap A</p> <p>Detergent (Powder / Liquid / Paste) B</p> <p>Liquid soap C</p> <p>Ash / Mud / Sand D</p>	<p>A ⇒ HH19</p> <p>B ⇒ HH19</p> <p>C ⇒ HH19</p> <p>D ⇒ HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2 ⇒ HH19</p>
<p>HW5A. CAN YOU PLEASE SHOW IT TO ME?</p>	<p>Yes, shown 1</p> <p>No, not shown 2</p>	<p>2 ⇒ HH19</p>
<p>HW5B. <i>Record your observation.</i></p> <p><i>Circle all that apply.</i></p>	<p>Bar soap A</p> <p>Detergent (Powder / Liquid / Paste) B</p> <p>Liquid soap C</p> <p>Ash / Mud / Sand D</p>	

HH19. Record the time.	Hour and minutes : ..	
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SALT IODIZATION		SI
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SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO <u>COOK MEALS</u> IN YOUR HOUSEHOLD? <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized - 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3 No salt in the house..... 4 Salt not tested (<i>specify reason</i>) 5	
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SI2. Check HH8A has the household been selected for additional salt testing:
 Yes ⇒ Continue SI3
 No ⇒ Go to HH20

SI3. WHEN YOU BUY SALT TO <u>COOK MEALS</u> IN YOUR HOUSEHOLD, DO YOU NORMALLY LOOK FOR OR ASK FOR IODISED SALT WITH A HANDI LOGO OR LABELLED AS IODISED? <i>Probe by showing picture of handi logo.</i>	Yes 1 No..... 2 DK 8	
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SI4. WAS THE SALT THAT YOU PROVIDED FOR THE TEST BOUGHT IN SEALED PACKAGE?	Yes, sealed package..... 1 No, unsealed package or as loose salt 2 No, rock salt/sea salt..... 3 DK 8	2⇒SI6 3⇒ SI6 8⇒SI6
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SI5. WHAT IS THE BRAND OF THE SALT THAT YOU PROVIDED FOR THE TEST?	National salt.....01 Shan Salt.....02 Hub Salt.....03 Al Amin Salt.....04 Sana Salt.....05 No label/ brand.....06 Other Brand(specify) _____ 96 DK / Don't Remember98	
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SI6. CAN I PLEASE TAKE A SMALL SAMPLE OF YOUR SALT FOR FURTHER TESTING OF IODINE CONTENT IN THE LABORATORY?	Yes..... 1 No 2	2⇒HH20
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SI7. Collect one cup approximately 50gms of salt from the household into the plastic bag provided and label the sample with the cluster number and household number with the marker provided (CCC-HH). <i>Record the results of sample collection.</i>	Sample collected and labelled 1 Salt not available 2 Sample bag not available 3 Other (<i>Specify</i>) 6	2⇒HH20 3⇒HH20 6⇒HH20
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SI8. Salt sample ID

 _____ - _____
Enter the cluster number followed by the household number

HH20. *Thank the respondent for his/her cooperation and check the List of Household Members:*

- A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of Household Members (HL7)*
- A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B)*

Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12) and under-5s (HH14) are entered.

Make arrangements for the administration of the remaining questionnaire(s) in this household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations