APPENDIX F: QUESTIONNAIRES

■■■ MICS   **HOUSEHOLD QUESTIONNAIRE**
                                                MICS Gilgit-Baltistan 2016

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: .... ___ ___ /___ ___ / 2 0 1 6

HH6. Area: Urban..1 Rural...2	**HH7**. District Code: .... ___ ___

WE ARE FROM ***Planning & Development Department, Government of the Gilgit-Baltistan***. 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 35 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?

☐ *Yes, permission is given* ⇨ *Go to HH18 to record the time and then begin the interview.*

☐ *No, permission is not given* ⇨ *Circle 04 in HH9. Discuss this result with your supervisor.*

HH9. Result of household interview:

Completed	01
No household member or no competent respondent at home at time of visit	02
Entire household absent for extended period of time	03
Refused	04
Dwelling vacant / Address not a dwelling	05
Dwelling destroyed	06
Dwelling not found	07
Other (*specify*)	96

After the household questionnaire has been completed, fill in the following information:	
HH10. Respondent to Household Questionnaire: Name _____Line No: ___ ___	

HH11. Total number of household members: ___ ___	*After all questionnaires for the household have been completed, fill in the following information:*
HH12. Number of women age 15-49 years: ___ ___	**HH13**. Number of women's questionnaires completed: ___ ___
HH14. Number of children under age 5: ___ ___	**HH15**. Number of under-5 questionnaires completed: ___ ___

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

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 RELATION-SHIP OF (*name*) TO THE HEAD OF HOUSE-HOLD? *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 Divorced ....3 Separated..........4 Never married.............5 DK 8	**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 UNDER-STANDING? 1 Yes 2 No↯ HL10C 8 DK↯ HL10C	**HL10B.** IF YES IN HL10A, IN WHICH LANGUAGE(S)? Urdu.......................A English..................B Other Specify _____ X DK ....Z *Probe and circle all applicable.*	**HL10C.** CAN (NAME) WRITE IN ANY LANGUAGE WITH UNDER-STANDING? 1 Yes 2 No ↯ *Next Line* 8 DK↯ *Next Line*	**HL10D.** IF YES IN HL10C, IN WHICH LANGUAGE(S)? Urdu.......................A English..................B Other Specify _____ X DK ....Z *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		**0 1**	1 2	__ __ __ __ __ __ __ __		1 2 3 4 5 8	01	01	1 2	A B X Z	1 2	A B X Z
02		__ __	1 2	__ __ __ __ __ __ __ __		1 2 3 4 5 8	02	02	1 2	A B X Z	1 2	A B X Z
03		__ __	1 2	__ __ __ __ __ __ __ __		1 2 3 4 5 8	03	03	1 2	A B X Z	1 2	A B X Z
04		__ __	1 2	__ __ __ __ __ __ __ __		1 2 3 4 5 8	04	04	1 2	A B X Z	1 2	A B X Z
05		__ __	1 2	__ __ __ __ __ __ __ __		1 2 3 4 5 8	05	05	1 2	A B X Z	1 2	A B X Z
06		__ __	1 2	__ __ __ __ __ __ __ __		1 2 3 4 5 8	06	06	1 2	A B X Z	1 2	A B X Z
07		__ __	1 2	__ __ __ __ __ __ __ __		1 2 3 4 5 8	07	07	1 2	A B X Z	1 2	A B X Z
08		__ __	1 2	__ __ __ __ __ __ __ __		1 2 3 4 5 8	08	08	1 2	A B X Z	1 2	A B X Z
09		__ __	1 2	__ __ __ __ __ __ __ __		1 2 3 4 5 8	09	09	1 2	A B X Z	1 2	A B X Z
10		__ __	1 2	__ __ __ __ __ __ __ __		1 2 3 4 5 8	10	10	1 2	A B X Z	1 2	A B 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 RELATION-SHIP OF (*name*) TO THE HEAD OF HOUSE-HOLD? *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 Divorced ....3 Separated.........4 Never married............5 DK 8	**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 UNDER-STANDING? 1 Yes 2 No↘ HL10C 8 DK↘ HL10C	**HL10B.** IF YES IN HL10A, IN WHICH LANGUAGE(S)? Urdu.......................A English...................B Other Specify _____ X DK ....Z *Probe and circle all applicable.*	**HL10C.** CAN (NAME) WRITE IN ANY LANGUAGE WITH UNDER-STANDING? 1 Yes 2 No ↘ *Next Line* 8 DK↘ *Next Line*	**HL10D.** IF YES IN HL10C, IN WHICH LANGUAGE(S)? Urdu.......................A English.................B Other Specify _____ X DK ....Z *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 X Z	1 2	A B X Z	
12		___ ___	1 2	__ __ __ __ __	__ __	1 2 3 4 5 8	12	12	1 2	A B X Z	1 2	A B X Z
13		___ ___	1 2	__ __ __ __ __	__ __	1 2 3 4 5 8	13	13	1 2	A B X Z	1 2	A B X Z
14		___ ___	1 2	__ __ __ __ __	__ __	1 2 3 4 5 8	14	14	1 2	A B X Z	1 2	A B X Z
15		___ ___	1 2	__ __ __ __ __	__ __	1 2 3 4 5 8	15	15	1 2	A B X Z	1 2	A B 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
02 Wife/ Husband
03 Son / Daughter
04 Son-In-Law / Daughter-In-Law
05 Grandchild
06 Parent
07 Parent-In-Law
08 Brother / Sister
09 Brother-In-Law / Sister-In-Law
10 Uncle / Aunt
11 Niece / Nephew
12 Other relative
13 Adopted / Foster/ Stepchild
14 Servant (Live-in)
96 Other (Not related)
98 DK

			For children age 0-17 years						For children age 0-14
HL1A. *Line number*	**HL2A.** *Name and age* *Copy from HL2 and HL6*		**HL11.** IS (*name*)'S NATURAL MOTHER ALIVE? 1 Yes 2 No↶ HL13 8 DK↶ HL13	**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? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	**HL13.** IS (*name*)'S NATURAL FATHER ALIVE? 1 Yes 2 No↶ HL15 8 DK↶ HL15	**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? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	**HL15.** *Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask:* WHO IS THE PRIMARY CARETAKER OF (*name*)?
Line	Name	Age	Y N DK	Mother		Y N DK	Father		Mother
01		___ ___	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
02		___ ___	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
03		___ ___	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
04		___ ___	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
05		___ ___	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
06		___ ___	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
07		___ ___	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
08		___ ___	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
09		___ ___	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
10		___ ___	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
11		___ ___	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
12		___ ___	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
13		___ ___	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
14		___ ___	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
15		___ ___	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___

EDUCATION											ED

			For household members age **3 and above**			For household members age **3-24 years**					
ED1. Line number	**ED2.** Name and age Copy from HL2 and HL6		**ED3.** HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 No ⬎ Next Line	**ED4A.** WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? Level: 0 Preschool/ Madrassa 1 Primary 2 Middle 3 Matric 4 Higher 8 DK If level=0, skip to ED5	**ED4B.** WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade /Class: 98 DK If the first grade at this level is not completed, enter "00".	**ED5.** DURING THE CURRENT SCHOOL YEAR, THAT IS 2016-2017, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ⬎ ED7	**ED6.** DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? Level: 0 Preschool/ Madrassa 1 Primary 2 Middle 3 Matric 4 Higher 8 DK If level=0, skip to ED7	Grade /Class: 98 DK	**ED6C** IS (name) ATTENDING A PRIVATE OR GOVERNMENT SCHOOL THIS YEAR? 1 Govt. 2 Private 6 Others 8 DK	**ED7.** DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2015-2016, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ⬎ Next Line 8 DK ⬎ Next Line	**ED8.** DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: 0 Preschool/ Madrassa 1 Primary 2 Middle 3 Matric 4 Higher 8 DK If level=0, go to next line	Grade /Class: 98 DK	**ED8C** IS (name) ATTENDING A PRIVATE OR GOVERNMENT SCHOOL PREVIOUS YEAR (2015-16)? 1 Govt. 2 Private 6 Others 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

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

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

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*)?		
[A] IS (*name*) EXPOSED TO DUST, FUMES OR GAS?	Yes ....1 No..2	1 ⇨ CL8
[B] IS (*name*) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?	Yes ....1 No..2	1 ⇨ CL8
[C] IS (*name*) EXPOSED TO LOUD NOISE OR VIBRATION?	Yes ....1 No..2	1 ⇨ CL8
[D] IS (*name*) REQUIRED TO WORK AT HEIGHTS?	Yes ....1 No..2	1 ⇨ CL8
[E] IS (*name*) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?	Yes ....1 No..2	1 ⇨ CL8
[F] IS (*name*) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (*name*)'S HEALTH OR SAFETY?	Yes ....1 No..2	
CL8. SINCE LAST (*day of the week*), DID (*name*) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	Yes ....1 No..2	2 ⇨ CL10
CL9. IN TOTAL, HOW MANY HOURS DID (*name*) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (*day of the week*)? *If less than one hour, record "00"*	Number of hours ....__ __	
CL10. SINCE LAST (*day of the week*), DID (*name*) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD? Yes No		
[A] SHOPPING FOR HOUSEHOLD?	Shopping for household 1 2	
[B] REPAIR ANY HOUSEHOLD EQUIPMENT?	Repair household equipment 1 2	
[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?	Cooking / cleaning utensils /house ...1 2	
[D] WASHING CLOTHES?	Washing clothes 1 2	
[E] CARING FOR CHILDREN?	Caring for children 1 2	
[F] CARING FOR THE OLD OR SICK?	Caring for old / sick 1 2	
[G] OTHER HOUSEHOLD TASKS?	Other household tasks 1 2	

CL11. *Check CL10, A to G*
 	
   ☐ *There is at least one 'Yes' ⇨ Continue with CL12*
 	
   ☐ *All answers are 'No' ⇨ Go to Next Module*		

CL12. 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 .... __ __	

CHILD DISCIPLINE		CD
CD1. *Check selected child's age from SL9:* ☐ *1-14 years ➪ Continue with CD2* ☐ *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 <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH *(name)* <u>IN THE PAST MONTH</u>.
 	
    [A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING *(name)* LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.
 	
    [B] EXPLAINED WHY *(name)*'S BEHAVIOUR WAS WRONG.
 	
    [C] SHOOK HIM/HER.
 	
    [D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.
 	
    [E] GAVE HIM/HER SOMETHING ELSE TO DO.
 	
    [F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.
 	
    [G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.
 	
    [H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.
 	
    [I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.
 	
    [J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.
 	
    [K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.
	Yes No
	
	Took away privileges......................... 1 2
	
	Explained wrong behaviour.............. 1 2
	
	Shook him/her 1 2
	
	Shouted, yelled, screamed 1 2
	
	Gave something else to do 1 2
	
	Spanked, hit, slapped on
	    bottom with bare hand 1 2
	
	Hit with belt, hairbrush, stick,
	    or other hard object 1 2
	
	Called dumb, lazy, or
	    another name 1 2
	
	Hit / slapped on the face,
	    head or ears 1 2
	
	Hit / slapped on hand, arm or leg 1 2
	
	Beat up, hit over and over
	    as hard as one could..................... 1 2	

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?	Urdu .... 01 Sheena... 02 Balti .... 03 Brushaski .... 04 Khwar .... 05 Wakhi.. 06 Other language (*specify*)_____ 96	
HC1C. WHAT IS THE LANGUAGE USUALLY SPOKEN IN THIS HOUSEHOLD?	Urdu .... 01 Sheena... 02 Balti .... 03 Brushaski .... 04 Wakhi.. 05 Khwar .... 06 Other (*specify*) _____ 96	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms .... __ __	

HC3. *Main material of the dwelling floor.*
 	
Record observation.
	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 (*specify*) _____ 96	

HC4. *Main material of the roof.*
 	
Record observation.
	Natural roofing
	    No Roof 11
	    Thatch / Palm leaf 12
	    Sod.. 13
	Rudimentary roofing
	    Rustic mat 21
	    Popular / 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 (*specify*) _____ 96	

HC5. *Main material of the exterior walls.*
 	
Record observation.
	Natural walls
	    No walls 11
	    Cane / Popular / 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 (*specify*) _____ 96	

HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	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 (*specify*) _____ 96	01⇨HC8 02⇨HC8 03⇨HC8 04⇨HC8 05⇨HC8 95⇨HC8

HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?
 	
If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?
	In the house
	    In a separate room used as kitchen 1
	    Elsewhere in the house 2
	In a separate building 3
	Outdoors 4
	
	Other (*specify*) _____ 6	

HC8. DOES YOUR HOUSEHOLD HAVE: [A] ELECTRICITY? [B] A RADIO? [C] A TELEVISION? [D] A NON-MOBILE TELEPHONE? [E] A REFRIGERATOR/FREEZER? [F] GAS? [G] COMPUTER? [H] AIR CONDITIONER? [I] WASHING MACHINE/ DRYER? [J] AIR COOLER / FAN? [K] COOKING RANGE / MICRO WAVE?	Yes No Electricity .... 1 2 Radio.. 1 2 Television... 1 2 Non-mobile telephone....................... 1 2 Refrigerator/Freezer .... 1 2 Gas (LPG).. 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	

[L] SEWING/ KNITTING MACHINE?	Sewing/knitting machine 1 2	
[M] AN IRON?	Iron 1 2	
[N] WATER FILTER?	Water Filter 1 2	
[O] DUNKY PUMP/ TURBINE?	Dunky pump/Turbine 1 2	

	Yes No	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		
[A] A WATCH?	Watch 1 2	
[B] A MOBILE TELEPHONE?	Mobile telephone 1 2	
[C] A BICYCLE?	Bicycle 1 2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter 1 2	
[E] AN ANIMAL-DRAWN CART?	Animal drawn-cart 1 2	
[F] A BUS/ TRUCK?	Bus / Truck 1 2	
[G] A BOAT WITH A MOTOR?	Boat with motor 1 2	
[H] A CAR/ VAN?	Car / Van 1 2	
[I] A TRACTOR/ TROLLEY?	Tractor/Trolley 1 2	

HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? *If "No", then ask:* DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? *If "Rented from someone else", circle "2". For other responses, circle "6".*	Own .... 1 Rent .... 2 Other (*specify*) _____ 6	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes .... 1 No 2	2⇨HC13
HC12. HOW MANY KANALS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? *If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.*	Kanals .... ___ ___ *(1 Kanal = 20 Marlas)*	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes .... 1 No 2	2⇨HC15
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, BUFFALOES, BULLS OR YAWK? [B] HORSES, DONKEYS, MULES OR CAMELS? [C] GOATS? [D] SHEEP? [E] CHICKENS/ DUCKS/ TURKEY? *If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.*	Cattle, cows, Buffaloes, bulls,Yawk. ___ ___ Horses, donkeys, mules or camels.. ___ ___ Goats .... ___ ___ Sheep .... ___ ___ Chickens/ Ducks/ Turkey .... ___ ___	
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE AN ACCOUNT IN BANK, POST OFFICE OR NATIONAL SAVING CENTRE?	Yes .... 1 No 2	

WATER AND SANITATION		WS

WS1. WHAT IS THE <u>MAIN</u> 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 / standpipe 14
	
	Borehole
	    Tube Well 21
	    Hand pump 22
	    Motorized Pump(Dunky/turbine)............23
	
	Dug well
	    Protected well 31
	    Unprotected well 32
	
	Water from spring
	    Protected spring....................................41
	    Unprotected spring 42
	
	Other sources
	    Rainwater collection (Pond) 51
	    Tanker-truck 61
	    Cart with small tank / drum/cane 71
	    Surface water (river, stream, dam, lake,
	    pond, canal, irrigation channel) 81
	
	Bottled water...91
	Other (*specify*) _____ 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 <u>MAIN</u> 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 / standpipe 14
	Borehole
	    Tube Well 21
	    Hand pump 22
	    Motorized Pump(Dunky/turbine)............23
	
	Dug well
	    Protected well 31
	    Unprotected well 32
	
	Water from spring
	    Protected spring....................................41
	    Unprotected spring 42
	
	Other sources
	    Rainwater collection (Pond) 51
	    Tanker-truck 61
	    Cart with small tank / drum/cane 71
	    Surface water (river, stream, dam, lake,
	    pond, canal, irrigation channel) 81
	Other (*specify*) _____ 96
		11⇨WS6
		12⇨WS6
		13⇨WS6

WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling ....1 In own yard / plot ....2 Elsewhere 3	1⇨WS6 2⇨WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes .... __ __ __ DK...998	

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? *Probe:* IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) .... 1 Adult man (age 15+ years)......................... 2 Female child (under 15) .... 3 Male child (under 15) .... 4 DK 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes .... 1 No.. 2 DK 8	2⇨WS8 8⇨WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? *Probe:* ANYTHING ELSE? *Record all items mentioned.*	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 (*specify*) _____ X DK ....Z	

WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?
 	
If "flush" or "pour flush", probe:
WHERE DOES IT FLUSH TO?
 	
If not possible to determine, ask permission to observe the facility.
	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 (*specify*) _____ 96
		95⇨Next Module

WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes .... 1 No.. 2	2⇨Next Module
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?	Other households only (not public) .... 1 Public facility 2	2⇨Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 __ Ten or more households .... 10 DK 98	

HANDWASHING		HW

HW1. 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 <u>MOST OFTEN</u> WASH THEIR HANDS?
	Observed 1
	
	 Not observed
	    Not in dwelling / plot / yard 2
	    No permission to see 3
	    Other reason
	      (*specify*) 6
		
		 2 ⇨HW4
		 3 ⇨HW4
		
		 6 ⇨HW4

HW2. *Observe presence of water at the place for handwashing.* *Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.*	Water is available ....1 Water is not available 2	
HW3A. *Is soap, detergent or ash/mud/sand present at the place for handwashing?*	Yes, present...1 No, not present 2	 2⇨HW4
HW3B. *Record your observation.* *Circle all that apply.*	Bar soap .... A Detergent (Powder / Liquid / Paste) .... B Liquid soap .... C Ash / Mud / Sand .... D	A⇨HH19 B⇨HH19 C⇨HH19 D⇨HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes..1 No 2	 2⇨HH19
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown ....1 No, not shown...2	 2⇨HH19
HW5B. *Record your observation.* *Circle all that apply.*	Bar soap .... A Detergent (Powder / Liquid / Paste) .... B Liquid soap .... C Ash / Mud / Sand .... D	

HH19. *Record the time.*	Hour and minutes ....__ __ : __ __	

SALT IODIZATION		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED <u>TO COOK MEALS</u> IN YOUR HOUSEHOLD? *Once you have tested the salt, circle number that corresponds to test outcome.*	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 (*specify reason*) _____ 5	

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