



**HOUSEHOLD INFORMATION PANEL** **HH**

<b>HH1.</b> Cluster number: _____	<b>HH2.</b> Household number: _____
<b>HH3.</b> Interviewer's name and number: Name _____	<b>HH4.</b> Team Supervisor's name and number: Name _____
<b>HH5.</b> Day / Month / Year of interview: ..... _____ / _____ / 201_	
<b>HH6.</b> Area: Urban ..... 1 Rural ..... 2	<b>HH7.</b> District: ..... _____

WE ARE FROM **Bureau Of Statistics, Planning & Development Department, Government of the Khyber Pakhtunkhwa**. 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?

- 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 ( <i>specify</i> ) _____	96

*After the household questionnaire has been completed, fill in the following information:*

<b>HH10.</b> Respondent to Household Questionnaire: Name _____ Line No: _____
<b>HH11.</b> Total number of household members: _____
<b>HH12.</b> Number of women age 15-49 years: _____
<b>HH14.</b> Number of children under age 5: _____

*After all questionnaires for the household have been completed, fill in the following information:*

<b>HH13.</b> Number of women's Questionnaires completed: _____
<b>HH15.</b> Number of under-5 questionnaires completed: _____

<b>HH16.</b> Field editor's name and number: Name _____	<b>HH17.</b> Main data entry clerk's name and number: Name _____
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**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.

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?		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 Widow.....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 UNDERSTAND- ING? 1 Yes 2 No 8 DK HL10C HL10C	HL10B. WHICH LANGUAGE(S)? Urdu.....A English.....B Pusho.....C Saraiki.....D Hindko.....E Other.....X DK.....Z Probe and circle all applicable	HL10C. CAN (name) WRITE IN ANY LANGUAGE WITH UNDER- STANDING? 1 Yes 2 No 8 DK Next Line Next Line	HL10D. WHICH LANGUAGE(S)? Urdu.....A English.....B Pusho.....C Saraiki.....D Hindko.....E Other.....X DK.....Z Probe and circle all applicable
				Month	Year								
01		01	M 2										
02			F 2										
03			F 2										
04			F 2										
05			F 2										
06			F 2										
07			F 2										
08			F 2										
09			F 2										
10			F 2										
11			F 2										
12			F 2										
13			F 2										
14			F 2										
15			F 2										

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 identifying information in the information panel of a separate Individual Women'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 and each child under five in the household.

Codes for HL3 Relationship to head of household:  
 01 Head  
 02 Spouse  
 03 Son/Daughter  
 04 Son in Law/Daughter in L.  
 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/Stepch  
 14 Servant (Live)  
 96 Other (Not related)  
 98 DK

HL1A. Line number	HL2A. Name and age  Copy from HL2 and HL6		For children age 0-17 years							For children age 0-14
	Name	Age	HL11. IS (name)'s NATURAL MOTHER ALIVE?  1 Yes 2 No <sup>Ⓢ</sup> 8 DK <sup>Ⓢ</sup> 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 <sup>Ⓢ</sup> 8 DK <sup>Ⓢ</sup> HL15 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	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**

ED1. Line number	ED2. Name and age  Copy from HL2 and HL6	For household members age 4 and above				For household members age 4-24 years							
		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE/Class* COMPLETED AT THIS LEVEL?	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2016-2017, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?	ED6C IS (name) ATTENDING A PRIVATE OR GOVERNMENT SCHOOL THIS YEAR?	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2015-2016, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	ED8C Was (name) ATTENDING A PRIVATE OR GOVERNMENT SCHOOL PREVIOUS YEAR (2015-16)?			
Line	Name	Age	Yes	No	Level	Grade	School type	Yes	No	DK	Level	Grade	School type
01		---	1	2	0 1 2 3 4 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	8	0 1 2 3 4 8	---	---	1 2 6 8
03		---	1	2	0 1 2 3 4 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	8	0 1 2 3 4 8	---	---	1 2 6 8
05		---	1	2	0 1 2 3 4 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	8	0 1 2 3 4 8	---	---	1 2 6 8
07		---	1	2	0 1 2 3 4 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	8	0 1 2 3 4 8	---	---	1 2 6 8
09		---	1	2	0 1 2 3 4 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	8	0 1 2 3 4 8	---	---	1 2 6 8
11		---	1	2	0 1 2 3 4 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	8	0 1 2 3 4 8	---	---	1 2 6 8
13		---	1	2	0 1 2 3 4 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	8	0 1 2 3 4 8	---	---	1 2 6 8
15		---	1	2	0 1 2 3 4 8	---	1	2	8	0 1 2 3 4 8	---	---	1 2 6 8

\* Class Code for ED4b, ED6 and ED8

Primary	Middle	Matric	Higher
01-05	01-03	01-02	01-07

<b>SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE</b>					<b>SL</b>		
<b>SL1.</b> Check HL6 in the List of Household Members and write the total number of children age 1-17 years.			Total number .....				
<b>SL2.</b> Check the number of children age 1-17 years in SL1:							
<input type="checkbox"/> Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module							
<input type="checkbox"/> One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age							
<input type="checkbox"/> Two or more ⇒ Continue with SL2A							
<b>SL2A.</b> 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.							
<b>SL3</b> Rank number	<b>SL4</b> Line number from HL1	<b>SL5</b> Name from HL2	<b>SL6</b> Sex from HL4		<b>SL7</b> 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	___		
<b>SL8.</b> 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.							
<b>Last Digit of Household Number (from HH2)</b>	<b>Total Number of Eligible Children in the Household (from SL1)</b>						
	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8+</b>
<b>0</b>	2	2	4	3	6	5	4
<b>1</b>	1	3	1	4	1	6	5
<b>2</b>	2	1	2	5	2	7	6
<b>3</b>	1	2	3	1	3	1	7
<b>4</b>	2	3	4	2	4	2	8
<b>5</b>	1	1	1	3	5	3	1
<b>6</b>	2	2	2	4	6	4	2
<b>7</b>	1	3	3	5	1	5	3
<b>8</b>	2	1	4	1	2	6	4
<b>9</b>	1	2	1	2	3	7	5
<b>SL9.</b> 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															
<b>CL1.</b> Check selected child's age from SL9: <input type="checkbox"/> 1-4 years ⇒ Go to Next Module <input type="checkbox"/> 5-17 years ⇒ Continue with CL2																	
<b>CL2.</b> NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.  SINCE LAST ( <i>day of the week</i> ), DID ( <i>name</i> ) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] DID (<i>name</i>) 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?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[D] SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? <i>If "No", Probe:</i> PLEASE INCLUDE ANY ACTIVITY (<i>name</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] DID ( <i>name</i> ) 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?	1	2	[B] DID ( <i>name</i> ) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?	1	2	[C] DID ( <i>name</i> ) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?	1	2	[D] SINCE LAST ( <i>day of the week</i> ), DID ( <i>name</i> ) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? <i>If "No", Probe:</i> PLEASE INCLUDE ANY ACTIVITY ( <i>name</i> ) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.	1	2	
	Yes	No															
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[B] DID ( <i>name</i> ) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?	1	2															
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<b>CL3.</b> Check CL2, A to D <input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4 <input type="checkbox"/> All answers are 'No' ⇒ Go to CL8																	
<b>CL4.</b> 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>	Number of hours ..... _ _																
<b>CL5.</b> DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes ..... 1 No ..... 2	1 ⇒ CL8															
<b>CL6.</b> DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes ..... 1 No ..... 2	1 ⇒ CL8															

<p><b>CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF <i>(name)</i>?</b></p> <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><b>CL8. SINCE LAST <i>(day of the week)</i>, DID <i>(name)</i> FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</b></p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒ CL10</p>																								
<p><b>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>?</b></p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours ..... __ __</p>																									
<p><b>CL10. SINCE LAST <i>(day of the week)</i>, DID <i>(name)</i> DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?</b></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>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Shopping for household .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Repair household equipment .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cooking / cleaning utensils /house ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing clothes .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for children .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for old / sick .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other household tasks .....</td> <td>1</td> <td>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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Other household tasks .....	1	2																								
<p><b>CL11. Check CL10, A to G</b></p> <p><input type="checkbox"/> <i>There is at least one 'Yes' ⇒ Continue with CL12</i></p> <p><input type="checkbox"/> <i>All answers are 'No' ⇒ Go to Next Module</i></p>																										
<p><b>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?</b></p> <p><i>If less than one hour, record "00".</i></p>	<p>Number of hours ..... __ __</p>																									

CHILD DISCIPLINE		CD																																				
<b>CD1. Check selected child's age from SL9:</b> <input type="checkbox"/> 1-14 years ⇒ Continue with CD2 <input type="checkbox"/> 15-17 years ⇒ Go to Next Module																																						
<b>CD2. Write the line number and name of the child from SL9.</b>	Line number ..... _ _ Name																																					
<b>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 (name) IN THE PAST MONTH.</b>	<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 (name) 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 (name)'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 (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	1	2	[B] EXPLAINED WHY (name)'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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<b>CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?</b>	Yes ..... 1 No ..... 2 DK / No opinion ..... 8																																					



HOUSEHOLD CHARACTERISTICS		HC
<b>HC1B.</b> WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Urdu ..... 1 Pushto..... 2 Hindko..... 3 Chitrali ..... 4 Saraiki ..... 5 Other language ( <i>specify</i> ) ..... 6	
<b>HC2.</b> HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms ..... _ _	
<b>HC3.</b> <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	
<b>HC4.</b> <i>Main material of the roof.</i>  <i>Record observation.</i>	Natural roofing No Roof..... 11 Thatch / Palm leaf ..... 12 Sod..... 13 Tent..... 14 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 fiber ..... 33 Ceramic tiles ..... 34 Cement ..... 35 Other ( <i>specify</i> ) ..... 96	
<b>HC5.</b> <i>Main material of the exterior walls.</i>  <i>Record observation.</i>	Natural walls No walls ..... 11 Cane / Palm / Trunks ..... 12 Dirt/Mud..... 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><b>HC6.</b> 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</p> <p>Coal / Lignite ..... 06  Charcoal ..... 07  Wood ..... 08  Straw / Shrubs / Grass ..... 09  Animal dung ..... 10  Agricultural crop residue ..... 11</p> <p>No food cooked in household ..... 95</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>01⇒HC8  02⇒HC8  03⇒HC8  04⇒HC8  05⇒HC8</p> <p>95⇒HC8</p>																																																
<p><b>HC7.</b> 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 kitchen ..... 1      Elsewhere in the house ..... 2  In a separate building ..... 3  Outdoors ..... 4</p> <p>Other (<i>specify</i>) ..... 6</p>																																																	
<p><b>HC8.</b> DOES YOUR HOUSEHOLD HAVE:</p> <p>[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?  [L] SEWING/ KNITTING MACHINE?  [M] AN IRON?  [N] WATER FILTER?  [O] DUNKY PUMP/ TURBINE?</p>	<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>Electricity ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Radio ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Television ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Non-mobile telephone ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Refrigerator/Freezer ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Gas ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Computer ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Air conditioner ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Washing machine/Dryer ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Air cooler/ Fan ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Cooking Range/Micro wave ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Sewing/knitting machine ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Iron ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Water Filter ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Dunky pump/Turbine ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		Yes	No	Electricity ..... 1	1	2	Radio ..... 1	1	2	Television ..... 1	1	2	Non-mobile telephone ..... 1	1	2	Refrigerator/Freezer ..... 1	1	2	Gas ..... 1	1	2	Computer ..... 1	1	2	Air conditioner ..... 1	1	2	Washing machine/Dryer ..... 1	1	2	Air cooler/ Fan ..... 1	1	2	Cooking Range/Micro wave ..... 1	1	2	Sewing/knitting machine ..... 1	1	2	Iron ..... 1	1	2	Water Filter ..... 1	1	2	Dunky pump/Turbine ..... 1	1	2	
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<p><b>HC9.</b> DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?  [B] A MOBILE TELEPHONE?  [C] A BICYCLE?  [D] A MOTORCYCLE/SCOOTER/RICKSHAW?  [E] AN ANIMAL-DRAWN CART?  [F] A BUS/ TRUCK?  [G] A BOAT WITH A MOTOR?  [H] A CAR/ VAN /JEEP?  [I] A TRACTOR/ TROLLEY?</p>	<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>Watch ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Mobile telephone ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Bicycle ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Motorcycle/Scooter/Rickshaw ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Animal drawn-cart ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Bus / Truck ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Boat with motor ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Car / Van/Jeep ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Tractor/Trolley ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		Yes	No	Watch ..... 1	1	2	Mobile telephone ..... 1	1	2	Bicycle ..... 1	1	2	Motorcycle/Scooter/Rickshaw ..... 1	1	2	Animal drawn-cart ..... 1	1	2	Bus / Truck ..... 1	1	2	Boat with motor ..... 1	1	2	Car / Van/Jeep ..... 1	1	2	Tractor/Trolley ..... 1	1	2																			
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<p><b>HC10.</b> 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  Rent .....2</p> <p>Other (<i>specify</i>) _____ 6</p>	
<p><b>HC11.</b> DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes.....1  No .....2</p>	2⇒HC13
<p><b>HC12.</b> 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 Acre = 8 Kanal)</p>	
<p><b>HC13.</b> DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes.....1  No .....2</p>	2⇒HC15
<p><b>HC14.</b> 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><b>HC15.</b> DOES ANY MEMBER OF THIS HOUSEHOLD HAVE AN ACCOUNT IN BANK, POST OFFICE OR NATIONAL SAVING CENTRE?</p>	<p>Yes.....1  No .....2</p>	

WATER AND SANITATION		WS
<b>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</b>	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 ( <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
<b>WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</b>	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 ( <i>specify</i> ) .....96	11⇒WS6 12⇒WS6 13⇒WS6
<b>WS3. WHERE IS THAT WATER SOURCE LOCATED?</b>	In own dwelling .....1 In own yard / plot .....2 Elsewhere .....3	1⇒WS6 2⇒WS6
<b>WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</b>	Number of minutes .....__ __ __  DK.....998	

<p><b>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</b></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><b>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</b></p>	<p>Yes ..... 1          No ..... 2            DK ..... 8</p>	<p>2⇒WS8  8⇒WS8</p>
<p><b>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</b></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><b>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</b></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><b>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</b></p>	<p>Yes ..... 1          No ..... 2</p>	<p>2⇒Next Module</p>
<p><b>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?</b></p>	<p>Other households only (not public) ..... 1          Public facility ..... 2</p>	<p>2⇒Next Module</p>
<p><b>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</b></p>	<p>Number of households (if less than 10) 0 __            Ten or more households ..... 10            DK ..... 98</p>	

SAFETY NETS		SN
<b>SN1.</b> 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
<b>SN2.</b> 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
<b>SN3.</b> DID THE HOUSEHOLD RECEIVE ANY CASH DONATIONS FROM ZAKAT OR OTHER MEANS DURING THE PAST YEAR?	Yes .....1 No .....2	2⇒ SN5
<b>SN4.</b> HOW MUCH AMOUNT WAS RECEIVED FROM ZAKAT DURING THE PAST YEAR?	Rs:	
<b>SN5.</b> DID THE HOUSEHOLD PURCHASE THE CONSUMABLE ITEMS FROM A UTILITY STORE DURING LAST YEAR?	Yes.....1 No.....2 DK.....8	2⇒ Next Module 8⇒ Next Module
<b>SN6.</b> WERE THE ITEMS PURCHASED ON A REGULAR OR CASUAL BASIS FROM A UTILITY STORE?	Regular.....1 Casual .....2 DK.....8	

HAND WASHING		HW
<p><b>HW1.</b> 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><b>HW2.</b> <i>Observe presence of water at the place for hand washing.</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><b>HW3A.</b> <i>Is soap, detergent or ash/mud/sand present at the place for hand washing?</i></p>	<p>Yes, present ..... 1</p> <p>No, not present ..... 2</p>	<p>2 ⇒ HW4</p>
<p><b>HW3B.</b> <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><b>HW4.</b> 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><b>HW5A.</b> CAN YOU PLEASE SHOW IT TO ME?</p>	<p>Yes, shown ..... 1</p> <p>No, not shown ..... 2</p>	<p>2 ⇒ HH19</p>
<p><b>HW5B.</b> <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..... \_\_\_\_ \_\_\_\_  
 Minutes..... \_\_\_\_ \_\_\_\_

SALT IODIZATION		SI
<p><b>SI1.</b> 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?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized - 0 PPM ..... 1                      More than 0 PPM &amp; less than 15 PPM..... 2                      15 PPM or more ..... 3</p> <p>No salt in the house..... 4</p> <p>Salt not tested (<i>specify reason</i>) _____ 5</p>	

**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**