

APPENDIX E QUESTIONNAIRES

E.1 Household questionnaire



HOUSEHOLD QUESTIONNAIRE



Multiple Indicator Cluster Survey (MICS) Punjab, 2017

HOUSEHOLD INFORMATION PANEL		HH	
HH1. Cluster number: _____		HH2. Household number: _____	
HH3. Interviewer's name and number: NAME _____		HH4. Supervisor's name and number: NAME _____	
HH5. Day / Month / Year of interview: ____ / ____ / 2 0 1 ____		HH7. District code: _____	
HH6. Area:	URBAN 1 RURAL..... 2		
HH8. Is the household selected for Questionnaire for Men?	YES..... 1 NO 2		
HH9. Is the household selected for Water Quality Testing?	YES..... 1 NO 2	HH10. Is the household selected for blank testing?	YES 1 NO 2
Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15.		HH11. Record the time. HOURS : MINUTES :	
HH12. Assalam O Alaikum, my name is (<i>your name</i>). 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. This interview usually takes about 40 minutes. Following this, I may ask to conduct additional interviews with you or other individual members of your household. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?			
YES..... 1		1 ⇨ LIST OF HOUSEHOLD MEMBERS	
NO / NOT ASKED 2		2 ⇨ HH46	
HH46. Result of Household Questionnaire interview:	COMPLETED..... 01 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 02 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 03 REFUSED 04 DWELLING VACANT OR ADDRESS NOT A DWELLING 05 DWELLING DESTROYED..... 06 DWELLING NOT FOUND 07 OTHER (<i>specify</i>) 96	Discuss any result not completed with Supervisor.	
HH47. Name and line number of the respondent to Household Questionnaire interview: NAME _____	To be filled after the Household Questionnaire is completed		To be filled after <u>all</u> the questionnaires are completed
HOUSEHOLD MEMBERS	TOTAL NUMBER		COMPLETED NUMBER
WOMEN AGE 15-49	HH48	_____	HH53
If household is selected for Questionnaire for Men: MEN AGE 15-49	HH50	_____	HH54
CHILDREN UNDER AGE 5	HH51	_____	HH55
CHILDREN AGE 5-17	HH52	_____	HH56 ZERO..... 0 ONE..... 1

LIST OF HOUSEHOLD MEMBERS **HL**

First complete HL2 for all members of the household. Then proceed with HL3 and HL4 vertically. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household. Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box: _____

HL1. Line No.	HL2. First, please tell me the name of each person who usually lives here, starting with the head of the household. <i>Probe for additional household members.</i>	HL3. What is the relationship of (name) to (name of the head of household)?	HL4. What is the sex of (name)?	HL5. What is (name)'s date of birth?	HL6. How old is (name)? <i>Record in completed years.</i> <i>If age is 95 or above, record '95'.</i>	HL7. Did (name) stay here last night?	HL7A. Age 10 and above?	HL7B. What is marital status of (name)?	HL8. Record line number if woman and age 15-49.	HL9. Record line number if man, age 15-49 and HH8 is yes.	HL10. Record line number if age 0-4	HL11. Age 0-17?	HL12. Is (name)'s natural mother alive?	HL13. Does (name)'s natural mother live in this household?	HL14. Record the line number of mother and go to HL16.	HL15. Where does (name)'s natural mother live?	HL16. Is (name)'s natural father alive?	HL17. Does (name)'s natural father live in this household?	HL18. Record the line number of father and go to HL20.	HL19. Where does (name)'s natural father live?	HL20. Copy the line number of mother from HL14. If blank, ask: Who is the primary caretaker of (name)? <i>If 'No one' for a child age 15-17, record '90'.</i>	
			1 MALE 2 FEMALE 3 TRANS- GENDER	98 DK 9998 DK		1 YES 2 NO	1 YES 2 NO 3 HL10	1 Married 2 Widowed 3 Divorced 4 Separated 5 Never Married 8 DK				1 YES 2 NO Next Line	1 YES 2 NO HL16 8 DK HL16	1 YES 2 NO HL15		1 Abroad 2 In another household in the same district 3 In another household in another district 4 Institution in this country 8 DK	1 YES 2 NO HL20 8 DK HL20	1 YES 2 NO HL19		1 Abroad 2 In another household in the same district 3 In another household in another district 4 Institution in this country 8 DK		
Line	Name	Relation*	M F T	month	Year	Age	Y N	Y N	Marital Status	W 15-49	M 15-49	0-4	Y N	Y N DK	Y N	Mother	Y N DK	Y N	Father			
01		0 1	1 2 3	___	___	___	1 2	1 2	1 2 3 4 5 8	01	01	01	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
02		___	1 2 3	___	___	___	1 2	1 2	1 2 3 4 5 8	02	02	02	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
03		___	1 2 3	___	___	___	1 2	1 2	1 2 3 4 5 8	03	03	03	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
04		___	1 2 3	___	___	___	1 2	1 2	1 2 3 4 5 8	04	04	04	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
05		___	1 2 3	___	___	___	1 2	1 2	1 2 3 4 5 8	05	05	05	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
06		___	1 2 3	___	___	___	1 2	1 2	1 2 3 4 5 8	06	06	06	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
07		___	1 2 3	___	___	___	1 2	1 2	1 2 3 4 5 8	07	07	07	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
08		___	1 2 3	___	___	___	1 2	1 2	1 2 3 4 5 8	08	08	08	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
09		___	1 2 3	___	___	___	1 2	1 2	1 2 3 4 5 8	09	09	09	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
10		___	1 2 3	___	___	___	1 2	1 2	1 2 3 4 5 8	10	10	10	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
11		___	1 2 3	___	___	___	1 2	1 2	1 2 3 4 5 8	11	11	11	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
12		___	1 2 3	___	___	___	1 2	1 2	1 2 3 4 5 8	12	12	12	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
13		___	1 2 3	___	___	___	1 2	1 2	1 2 3 4 5 8	13	13	13	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
14		___	1 2 3	___	___	___	1 2	1 2	1 2 3 4 5 8	14	14	14	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
15		___	1 2 3	___	___	___	1 2	1 2	1 2 3 4 5 8	15	15	15	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___

<p>* Codes for HL3: Relationship to head of household:</p>	<p>01 Head 02 Spouse/ Wife 03 Son/ Daughter 04 Son in law/ Daughter in law</p>	<p>05 Grandchild 06 Parent 07 Parent-in-law 08 Brother / sister</p>	<p>09 Brother-in-law / Sister-in-law 10 Uncle/Aunt 11 Niece / Nephew 12 Other Relative</p>	<p>13. Adopted /Foster / Stepchild 14. Servant (live in) 96. Other (Not related) 98. DK</p>
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EDUCATION 1											ED									
ED1. Line number	ED2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.		ED3. Age 3 or above? 1 YES 2 NO ↗ Next Line		ED4. Has (name) ever attended school or any PreSchool/ Katchi/ Early Childhood Education programme? 1 YES 2 NO ↗ Next Line		ED5. What is the highest level and grade or class of school (name) has ever attended? LEVEL: 0 PRESCHOOL/KATCHI /ECE ↗ ED7 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 4 HIGHER 8 DK					ED6. Did (name) ever complete that (grade/class)? 1 YES 2 NO 8 DK			ED7. Age 3-24? 1 YES 2 NO ↗ Next Line		ED8. Check ED4: Ever attended school or PreSchool/ Katchi /ECE? 1 YES 2 NO ↗ Next Line			
LINE	NAME	AGE	YES	NO	YES	NO	LEVEL					GRADE/ CLASS*	Y	N	DK	YES	NO	YES	NO	
01		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
02		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
03		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
04		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
05		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
06		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
07		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
08		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
09		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
10		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
11		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
12		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
13		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
14		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
15		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2

*Class codes for ED5, ED10 & ED16:

Primary 01-05

Middle 01-03

Matric 01-02

Higher 01-07

EDUCATION 2													ED		
ED1. Line number	ED2. Name and age.		ED9. At any time during the current school year (2017-18), did (name) attend school, or any PreSchool/ Katchi/ Early Childhood Education programme?	ED10. During this current school year (2017-18), which level and grade or class is (name) attending? LEVEL: 0 Preschool/ Katchi/ECE ⇄ ED15 1 PRIMARY 2 LOWER SEC. 3 UPPER SEC. 4 HIGHER 8 DK		GRADE/ CLASS: 98 DK	ED10A. Is (name) currently going to any school. (reference period is last seven days for at least 4-5 hours daily) 1 YES 2 NO ⇄ ED15	ED11. Is (he/she) attending a public school? If "Yes", record '1'. If "No", probe to code who controls and manages the school. 1 GOVT / PUBLIC 2 RELIGIOUS/ MISSIONARY. 3 PRIVATE 6 OTHER 8 DK	ED12. In the current school year (2017-18), has (name) received any school tuition support? If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO ⇄ ED14 8 DK ⇄ ED14	ED13. Who provided the tuition support? Record all mentioned. A GOVT / PUBLIC B RELIGIOUS/ MISSIONARY. C PRIVATE X OTHER Z DK	ED14. For the current school year (2017-18), has (name) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies? If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO 8 DK	ED15. At any time during the previous school year (2016-17), did (name) attend school or any PreSchool/ Katchi/ Early Childhood Education programme? 1 YES 2 NO ⇄ Next Line 8 DK ⇄ Next Line	ED16. During the previous school year (2016-17), which level and grade or class did (name) attend? LEVEL: 0 Preschool/ Katchi/ ECE ⇄ Next Line 1 PRIMARY 2 LOWER SEC. 3 UPPER SEC. 4 HIGHER 8 DK		GRADE/ CLASS: 98 DK
LINE	NAME	AGE	YES NO	LEVEL	GRADE/ CLASS*	YES NO	AUTHORITY	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	GRADE/ CLASS*		
01		_____	1 2	0 1 2 3 4 8	_____	1 2	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	_____		
02		_____	1 2	0 1 2 3 4 8	_____	1 2	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	_____		
03		_____	1 2	0 1 2 3 4 8	_____	1 2	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	_____		
04		_____	1 2	0 1 2 3 4 8	_____	1 2	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	_____		
05		_____	1 2	0 1 2 3 4 8	_____	1 2	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	_____		
06		_____	1 2	0 1 2 3 4 8	_____	1 2	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	_____		
07		_____	1 2	0 1 2 3 4 8	_____	1 2	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	_____		
08		_____	1 2	0 1 2 3 4 8	_____	1 2	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	_____		
09		_____	1 2	0 1 2 3 4 8	_____	1 2	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	_____		
10		_____	1 2	0 1 2 3 4 8	_____	1 2	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	_____		
11		_____	1 2	0 1 2 3 4 8	_____	1 2	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	_____		
12		_____	1 2	0 1 2 3 4 8	_____	1 2	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	_____		
13		_____	1 2	0 1 2 3 4 8	_____	1 2	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	_____		
14		_____	1 2	0 1 2 3 4 8	_____	1 2	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	_____		
15		_____	1 2	0 1 2 3 4 8	_____	1 2	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	_____		

*Class codes for ED5, ED10 & ED16:

Primary 01-05

Middle 01-03

Matric 01-02

Higher 01-07

DISABILITY 1											DA															
DA1. Line number	DA2. Name and age.		DA3. Age 18 or above?		DA4. Does (name) wear glasses or contact lenses to help them see?		DA5. I would like to know if (name) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (name) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?			DA6. I would like to know if (name) has difficulty seeing. Would you say that (name) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?			DA7. Does (name) wear a hearing aid?		DA8. I would like to know if (name) has difficulty hearing even when using a hearing aid. Would you say that (name) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?			DA9. I would like to know if (name) has difficulty hearing. Would you say that (name) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?		DA10. I would like to know if (name) has difficulty communicating when using his/her usual language. Would you say that (name) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?						
			1 YES 2 NO ⇄ Next Line		1 YES 2 NO ⇄ DA6		1 NO DIFFICULTY SEEING ⇄ DA7 2 SOME DIFFICULTY ⇄ DA7 3 A LOT OF DIFFICULTY ⇄ DA7 4 CANNOT SEE AT ALL ⇄ DA7 8 DON'T KNOW ⇄ DA7			1 NO DIFFICULTY SEEING 2 SOME DIFFICULTY 3 A LOT OF DIFFICULTY 4 CANNOT SEE AT ALL 8 DON'T KNOW			1 YES 2 NO ⇄ DA9		1 NO DIFFICULTY HEARING ⇄ DA10 2 SOME DIFFICULTY ⇄ DA10 3 A LOT OF DIFFICULTY ⇄ DA10 4 CANNOT HEAR AT ALL ⇄ DA10 8 DON'T KNOW ⇄ DA10			1 NO DIFFICULTY HEARING 2 SOME DIFFICULTY 3 A LOT OF DIFFICULTY 4 CANNOT HEAR AT ALL 8 DON'T KNOW		1 NO DIFFICULTY COMMUNICATING 2 SOME DIFFICULTY 3 A LOT OF DIFFICULTY 4 CANNOT COMMUNICATE AT ALL 8 DON'T KNOW						
LINE	NAME	AGE	Y	N	Y	N	SEEING			SEEING			Y	N	HEARING			HEARING			COMMUNICATION					
01			1	2	1	2	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8
02			1	2	1	2	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8
03			1	2	1	2	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8
04			1	2	1	2	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8
05			1	2	1	2	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8
06			1	2	1	2	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8
07			1	2	1	2	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8
08			1	2	1	2	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8
09			1	2	1	2	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8
10			1	2	1	2	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8
11			1	2	1	2	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8
12			1	2	1	2	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8
13			1	2	1	2	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8
14			1	2	1	2	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8
15			1	2	1	2	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8

DISABILITY 2						DA
DA1. Line number	DA2. Name and age.		DA11. I would like to know if <i>(name)</i> has difficulty remembering or concentrating. Would you say that <i>(name)</i> has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all? 1 NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 SOME DIFFICULTY 3 A LOT OF DIFFICULTY 4 CANNOT REMEMBER/CONCENTRATE AT ALL 8 DON'T KNOW	DA12. I would like to know if <i>(name)</i> has difficulty walking or climbing steps. Would you say that <i>(name)</i> has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all? 1 NO DIFFICULTY WALKING OR CLIMBING 2 SOME DIFFICULTY 3 A LOT OF DIFFICULTY 4 CANNOT WALK OR CLIMB AT ALL 8 DON'T KNOW	DA13. I would like to know if <i>(name)</i> has difficulty washing all over or dressing. Would you say that <i>(name)</i> has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all? 1 NO DIFFICULTY WASHING OR DRESSING 2 SOME DIFFICULTY 3 A LOT OF DIFFICULTY 4 CANNOT WASH OR DRESS AT ALL 8 DON'T KNOW	DA14. Has <i>(name)</i> taken any benefit from social protection scheme due to disability/ functioning? A ZAKAT & BAIT UL MAAL B BISP C KHIDMAT CARD D PENSION / RETIRMENT E WATAN / HEALTH CARD F NOT ANY X OTHER Z DK
LINE	NAME	AGE	MEMORY	WALKING/ CLIMBING	SELF-CARE	BENEFIT
01		_____	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F X Z
02		_____	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F X Z
03		_____	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F X Z
04		_____	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F X Z
05		_____	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F X Z
06		_____	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F X Z
07		_____	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F X Z
08		_____	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F X Z
09		_____	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F X Z
10		_____	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F X Z
11		_____	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F X Z
12		_____	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F X Z
13		_____	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F X Z
14		_____	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F X Z
15		_____	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	A B C D E F X Z

HOUSEHOLD CHARACTERISTICS		HC
HC1B What is the mother tongue of (<i>name of the head of the household from HL2</i>)?	ENGLISH 1 URDU 2 PUNJABI/POTOHARI 3 SARAIKI 4 OTHER LANGUAGE (<i>specify</i>) 6	
HC3 How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS ___	
HC4 <i>Main material of the dwelling floor.</i> <i>Record observation.</i> <i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i>	NATURAL FLOOR EARTH / SAND 11 DUNG 12 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES/MARBLE/CHIPS 33 CEMENT 34 CARPET 35 BRICKS FLOOR 36 OTHER (<i>specify</i>) 96	
HC5 <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 32 CALAMINE / CEMENT FIBRE 33 CERAMIC TILES 34 CEMENT 35 OTHER (<i>specify</i>) 96	
HC6 <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	

MICS6.HH.7

HC7. Does your household have:	YES NO	
[A] A fixed telephone line?	FIXED TELEPHONE LINE 1 2	
[B] A radio?	RADIO 1 2	
[C] Gas Heater?	GAS HEATER 1 2	
[D] Cooking Range?	COOKING RANGE 1 2	
[E] Sewing Machine (without electric motor)?	SEWING MACHINE 1 2	
[F] An iron (Gas/ Coal)?	IRON 1 2	
[G] Bed	BED 1 2	
[H] Sofa	SOFA 1 2	
[I] Cupboard	CUPBOARD 1 2	
[J] Wall Clock	WALL CLOCK 1 2	
HC8. Does your household have electricity?	YES, INTERCONNECTED GRID 1 YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM) 2 NO 3	3 ⇨ HC10
HC9. Does your household have:	YES NO	
[A] A television?	TELEVISION 1 2	
[B] A refrigerator?	REFRIGERATOR 1 2	
[C] A Washing Machine/ Dryer	WASHING MACHINE/ DRYER 1 2	
[D] An Air Cooler/ Fan	AIR COOLER/ FAN 1 2	
[E] A Microwave Oven	MICROWAVE OVEN 1 2	
[F] An Electric Iron	ELECTRIC IRON 1 2	
[G] A Water Filter	WATER FILTER 1 2	
[H] A Donkey Pump/ Turbine	DONKEY PUMP/ TURBINE 1 2	
[I] An Air conditioner	AIR CONDITIONER 1 2	
[J] A Sewing Machine (with electric motor)?	SEWING MACHINE 1 2	
HC10. Does any member of your household own:	YES NO	
[A] A watch?	WATCH 1 2	
[B] A bicycle?	BICYCLE 1 2	
[C] A motorcycle or scooter?	MOTORCYCLE / SCOOTER 1 2	
[D] An animal-drawn cart?	ANIMAL-DRAWN CART 1 2	
[E] A car, truck, bus or van?	CAR / TRUCK / BUS/VAN 1 2	
[F] A boat with a motor?	BOAT WITH MOTOR 1 2	
[G] A Tractor trolley	TRACTOR TROLLEY 1 2	
[H] An Autorickshaw/ Chingchi	AUTORICKSHAW/ CHINGCHI 1 2	
HC11. Does any member of your household have a computer or a tablet?	YES 1 NO 2	
HC12. Does any member of your household have a mobile telephone?	YES 1 NO 2	
HC13. Does your household have access to internet at home?	YES 1 NO 2	

MICS6.HH.8

<p>HC14. 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', record '2'. For other responses, record '6' and specify.</i></p>	<p>OWN 1</p> <p>RENT..... 2</p> <p>OTHER (<i>specify</i>) 6</p>	
<p>HC15. Does any member of this household own any land that can be used for agriculture?</p>	<p>YES 1</p> <p>NO 2</p>	2⇒HC17
<p>HC16. How many acres of agricultural land do members of this household own?</p> <p><i>If less than 1, record '00'.</i></p> <p><i>1 acre = 8 kanals</i></p>	<p>ACRES ____</p> <p>95 OR MORE 95</p> <p>DK 98</p>	
<p>HC17. Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES 1</p> <p>NO 2</p>	2⇒HC19
<p>HC18. How many of the following animals does this household have?</p> <p>[A] Milk cows, buffaloes or bulls?</p> <p>[B] Other cattle?</p> <p>[C] Horses, donkeys, camel or mules?</p> <p>[D] Goats?</p> <p>[E] Sheep?</p> <p>[F] Chickens?</p> <p>[H] Ducks/Turkeys?</p> <p><i>If none, record '00'. If 95 or more, record '95'.</i></p> <p><i>If unknown, record '98'.</i></p>	<p>MILK COWS, BUFFALOES OR BULLS..... ____</p> <p>OTHER CATTLE..... ____</p> <p>HORSES, DONKEYS, CAMEL OR MULES..... ____</p> <p>GOATS..... ____</p> <p>SHEEP..... ____</p> <p>CHICKENS..... ____</p> <p>DUCKS/TURKEYS..... ____</p>	
<p>HC19. Does any member of this household have an account in a bank, post office or National Saving Centre?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	

SOCIAL TRANSFERS

ST

ST1. I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.

	[A] ZAKAT, BAIT_UL_MAAL?	[B] BISP?	[C] KHIDMAT CARD?	[D] ANY RETIREMENT / PENSION BENEFITS	[E] WATAN CARD OR HEALTH CARD	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
ST2. Are you aware of (<i>name of programme</i>)?	YES.....1 NO2 ☺ [B]	YES 1 NO 2 ☺ [C]	YES.....1 NO 2 ☺ [D]	YES.....1 NO 2 ☺ [E]	YES1 NO2 ☺ [X]	YES(SPECIFY)_1 NO.....2☺ END
ST3. Has your household or anyone in your household received assistance through (<i>name of programme</i>)?	YES.....1 ☺ ST4 NO 2 ☺ [B] DK 8 ☺ [B]	YES.....1 ☺ ST4 NO.....2 ☺ [C] DK.....8 ☺ [C]	YES.....1 ☺ ST4 NO 2 ☺ [D] DK 8 ☺ [D]	YES.....1 ☺ ST4 NO 2 ☺ [E] DK 8 ☺ [E]	YES 1 ☺ ST4 NO 2 ☺ [X] DK 8 ☺ [X]	YES.....1 ☺ ST4 NO 2 ☺ [End] DK 8 ☺ [End]
ST4. When was the last time your household or anyone in your household received assistance through (<i>name of programme</i>)? <i>If less than one month, record '1' and record '00' in Months.</i> <i>If less than 12 months, record '1' and record in Months.</i> <i>If 1 year/12 months or more, record '2' and record in Years.</i>	Months Ago 1 ___ ☺ [B] Years Ago 2 ___ ☺ [B] DK.....998 ☺ [B]	Months Ago 1 ___ ☺ [C] Years Ago 2 ___ ☺ [C] DK.....998 ☺ [C]	Months Ago 1 ___ ☺ [D] Years Ago 2 ___ ☺ [D] DK.....998 ☺ [D]	Months Ago..... 1 ___ ☺ [E] Years Ago 2 ___ ☺ [E] DK.....998 ☺ [E]	Months Ago..... 1 ___ ☺ [X] Years Ago..... 2 ___ ☺ [X] DK.....998 ☺ [X]	Months Ago 1 ___ ☺ [End] Years Ago 2 ___ ☺ [End] DK.....998 ☺ [End]

REMITTANCES & CASH DONATION		RM
RM1. Has there been a member of this household who used to live here but is now working outside this country?	YES1 NO.....2	2 ⇨ RM3
RM2. How many members are working outside this country?	NUMBER OF PERSONS: ___ ___	
RM3. Did the household receive any remittance in cash from outside country/ overseas during the last year? <i>Money which will not be repaid</i>	YES1 NO.....2 DK.....8	
RM4. Did the household receive any cash donation such as zakat or other means from within the country during the last year? <i>Money which will not be repaid.</i> <i>Support from family, other relatives, friends or neighbours</i>	YES.....1 NO.....2 DK.....8	

HOUSEHOLD ENERGY USE		EU
EU1. In your household, what type of cook stove is <u>mainly</u> used for <u>cooking</u> ?	ELECTRIC STOVE 01	01 ⇒EU5
	SOLAR COOKER..... 02	02 ⇒EU5
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE 03	03 ⇒EU5
	PIPED NATURAL GAS STOVE 04	04 ⇒EU5
	BIOGAS STOVE 05	05 ⇒EU5
	LIQUID FUEL STOVE 06	06 ⇒EU4
	MANUFACTURED SOLID FUEL STOVE..... 07	
	TRADITIONAL SOLID FUEL STOVE..... 08	
	THREE STONE STOVE / OPEN FIRE..... 09	09 ⇒EU4
	OTHER (<i>specify</i>) 96	96 ⇒EU4
NO FOOD COOKED IN HOUSEHOLD 97	97 ⇒EU6	
EU2. Does it have a chimney?	YES..... 1	
	NO 2	
	DK 8	
EU3. Does it have a fan?	YES..... 1	
	NO 2	
	DK 8	
EU4. What type of fuel or energy source is used in this cook stove? <i>If more than one, record the main energy source for this cook stove.</i>	ALCOHOL/ ETHANOL 01	
	GASOLINE / DIESEL..... 02	
	KEROSENE / PARAFFIN 03	
	COAL / LIGNITE..... 04	
	CHARCOAL 05	
	WOOD..... 06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS..... 07	
	ANIMAL DUNG / WASTE 08	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS..... 09	
	GARBAGE / PLASTIC 10	
	SAWDUST 11	
OTHER (<i>specify</i>) 96		
EU5. Is the cooking usually done in the house, in a separate building, or outdoors? <i>If in main house, probe to determine if cooking is done in a separate room.</i> <i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i>	IN MAIN HOUSE NO SEPARATE ROOM..... 1	
	IN A SEPARATE ROOM 2	
	IN A SEPARATE BUILDING 3	
	OUTDOORS OPEN AIR 4	
	ON VERANDA OR COVERED PORCH..... 5	
	OTHER (<i>specify</i>) 6	

<p>EU6. What does your household <u>mainly</u> use for <u>space heating</u> when needed?</p>	<p>CENTRAL HEATING 01</p> <p>MANUFACTURED SPACE HEATER 02</p> <p>TRADITIONAL SPACE HEATER 03</p> <p>MANUFACTURED COOKSTOVE 04</p> <p>TRADITIONAL COOKSTOVE 05</p> <p>THREE STONE STOVE / OPEN FIRE 06</p> <p>OTHER (<i>specify</i>) 96</p> <p>NO SPACE HEATING IN HOUSEHOLD 97</p>	<p>01 ⇨EU8</p> <p>06 ⇨EU8</p> <p>96 ⇨EU8</p> <p>97 ⇨EU9</p>
<p>EU7. Does it have a chimney?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>EU8. What type of fuel and energy source is used in this heater?</p> <p><i>If more than one, record the main energy source for this heater.</i></p>	<p>SOLAR AIR HEATER 01</p> <p>ELECTRICITY 02</p> <p>PIPED NATURAL GAS 03</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS 04</p> <p>BIOGAS 05</p> <p>ALCOHOL / ETHANOL 06</p> <p>GASOLINE / DIESEL 07</p> <p>KEROSENE / PARAFFIN 08</p> <p>COAL / LIGNITE 09</p> <p>CHARCOAL 10</p> <p>WOOD 11</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS 12</p> <p>ANIMAL DUNG / WASTE 13</p> <p>PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 14</p> <p>GARBAGE / PLASTIC 15</p> <p>SAWDUST 16</p> <p>OTHER (<i>specify</i>) 96</p>	
<p>EU9. At night, what does your household <u>mainly</u> use to <u>light</u> the household?</p>	<p>ELECTRICITY 01</p> <p>SOLAR LANTERN 02</p> <p>RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN 03</p> <p>BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN 04</p> <p>BIOGAS LAMP 05</p> <p>GASOLINE LAMP 06</p> <p>KEROSENE LAMP 07</p> <p>CHARCOAL 08</p> <p>WOOD 09</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS 10</p> <p>ANIMAL DUNG 11</p> <p>OIL LAMP 12</p> <p>CANDLE 13</p> <p>OTHER (<i>specify</i>) 96</p> <p>NO LIGHTING IN HOUSEHOLD 97</p>	

MICS6.HH.13

WATER AND SANITATION		WS
<p>WS1. What is the <u>main</u> source of drinking water used by members of your household?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</i></p>	PIPED WATER	
	PIPED INTO DWELLING	11 11 ⇨WS7
	PIPED TO COMPOUND/ YARD / PLOT	12 12 ⇨WS7
	PIPED TO NEIGHBOUR	13 13 ⇨WS3
	PUBLIC TAP / STANDPIPE.....	14 14 ⇨WS3
	BOREHOLE	
	TUBE WELL.....	21 21 ⇨WS3
	MOTORIZED PUMP.....	22 22 ⇨WS3
	HAND PUMP (MECHANICAL).....	23 23 ⇨WS3
	DUG WELL	
	PROTECTED WELL.....	31 31 ⇨WS3
	UNPROTECTED WELL	32 32 ⇨WS3
	SPRING	
	PROTECTED SPRING.....	41 41 ⇨WS3
	UNPROTECTED SPRING	42 42 ⇨WS3
	RAINWATER (POND).....	51 51 ⇨WS3
	TANKER-TRUCK.....	61 61 ⇨WS4
	CART WITH SMALL TANK /DRUM/CANE ...	71 71 ⇨WS4
	WATER KIOSK	72 72 ⇨WS4
	SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)	81 81 ⇨WS3
	PACKAGED WATER	
BOTTLED WATER	91	
OTHER (<i>specify</i>).....	96 96 ⇨WS3	

<p>WS2. What is the <u>main</u> source of water used by members of your household for other purposes such as cooking and handwashing?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect water for other purposes.</i></p>	<p>PIPED WATER PIPED INTO DWELLING11 PIPED TO COMPOUND / YARD / PLOT12 PIPED TO NEIGHBOUR.....13 PUBLIC TAP / STANDPIPE.....14</p> <p>BOREHOLE TUBE WELL.....21 MOTORIZED PUMP.....22 HAND PUMP (MECHANICAL).....23</p> <p>DUG WELL PROTECTED WELL.....31 UNPROTECTED WELL.....32</p> <p>SPRING PROTECTED SPRING.....41 UNPROTECTED SPRING.....42</p> <p>RAINWATER.....51 TANKER-TRUCK.....61 CART WITH SMALL TANK71 WATER KIOSK72 SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)81</p> <p>OTHER (<i>specify</i>).....96</p>	<p>11 ⇨WS7 12 ⇨WS7</p> <p>61 ⇨WS4 71 ⇨WS4 72 ⇨WS4</p>
<p>WS3. Where is that water source located?</p>	<p>IN OWN DWELLING1 IN OWN YARD / PLOT2 ELSEWHERE3</p>	<p>1 ⇨WS7 2 ⇨WS7</p>
<p>WS4. How long does it take for members of your household to go there, get water, and come back?</p>	<p>MEMBERS DO NOT COLLECT000 NUMBER OF MINUTES.....__ __ DK.....998</p>	<p>000 ⇨WS7</p>
<p>WS5. Who usually goes to this source to collect the water for your household?</p> <p><i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i></p>	<p>NAME _____ LINE NUMBER.....__ __</p>	
<p>WS6. Since last (<i>day of the week</i>), how many times has this person collected water?</p>	<p>NUMBER OF TIMES.....__ __ DK.....98</p>	
<p>WS7. In the last month, has there been any time when your household did not have sufficient quantities of drinking water?</p>	<p>YES, AT LEAST ONCE.....1 NO, ALWAYS SUFFICIENT2 DK.....8</p>	<p>2 ⇨WS9 8 ⇨WS9</p>

<p>WS8. What was the main reason that you were unable to access water in sufficient quantities when needed?</p>	<p>WATER NOT AVAILABLE FROM SOURCE...1 WATER TOO EXPENSIVE.....2 SOURCE NOT ACCESSIBLE.....3 OTHER (<i>specify</i>).....6 DK.....8</p>	
<p>WS9. Do you or any other member of this household do anything to the water to make it safer to drink?</p>	<p>YES.....1 NO.....2 DK.....8</p>	<p>2 ⇨ <i>WS11</i> 8 ⇨ <i>WS11</i></p>
<p>WS10. What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all methods mentioned.</i></p>	<p>BOILA ADD BLEACH / CHLORINEB STRAIN IT THROUGH A CLOTH.....C USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.)D SOLAR DISINFECTIONE LET IT STAND AND SETTLEF OTHER (<i>specify</i>).....X DK.....Z</p>	
<p>WS11. 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 OPEN DRAIN.....14 FLUSH TO DK WHERE.....18 PIT LATRINE VENTILATED IMPROVED PIT LATRINE.....21 PIT LATRINE WITH SLAB22 PIT LATRINE WITHOUT SLAB / OPEN PIT23 BUCKET.....41 NO FACILITY / BUSH / FIELD.....95 OTHER (<i>specify</i>).....96</p>	<p>11 ⇨ <i>WS14</i> 14 ⇨ <i>WS14</i> 18 ⇨ <i>WS14</i> 41 ⇨ <i>WS14</i> 95 ⇨ <i>End</i> 96 ⇨ <i>WS14</i></p>
<p>WS12. Has your (<i>answer from WS11</i>) ever been emptied?</p>	<p>YES, EMPTIED WITHIN THE LAST 5 YEARS.....1 MORE THAN 5 YEARS AGO.....2 DON'T KNOW WHEN.....3 NO, NEVER EMPTIED NEVER REQUIRED EMPTYING4 REPLACED WHEN FULL5 DK.....8</p>	<p>4 ⇨ <i>WS14</i> 5 ⇨ <i>WS14</i> 8 ⇨ <i>WS14</i></p>

<p>WS13. The last time it was emptied, where were the contents emptied to?</p> <p><i>Probe:</i> Was it removed by a service provider?</p>	<p>REMOVED BY SERVICE PROVIDER TO A TREATMENT PLANT1 BURIED IN A COVERED PIT2 TO DON'T KNOW WHERE.....3</p> <p>EMPTIED BY HOUSEHOLD BURIED IN A COVERED PIT4 TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE.....5 OTHER (<i>specify</i>)..... 6 DK8</p>	
<p>WS14. Where is this toilet facility located?</p>	<p>IN OWN DWELLING1 IN OWN YARD / PLOT2 ELSEWHERE3</p>	
<p>WS15. Do you share this facility with others who are not members of your household?</p>	<p>YES1 NO.....2</p>	2 ⇒ End
<p>WS16. 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>SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC).....1 SHARED WITH GENERAL PUBLIC.....2</p>	2 ⇒ End
<p>WS17. How many households in total use this toilet facility, including your own household?</p>	<p>NUMBER OF HOUSEHOLDS (IF LESS THAN 10) <u>0</u> .. TEN OR MORE HOUSEHOLDS10 DK98</p>	

HANDWASHING		HW
<p>HW1. We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household <u>most often</u> wash their hands?</p> <p><i>Record result and observation.</i></p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN DWELLING1</p> <p>IN YARD /PLOT2</p> <p>MOBILE OBJECT OBSERVED</p> <p>BUCKET / JUG / KETTLE.....3</p> <p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT4</p> <p>NO PERMISSION TO SEE5</p> <p>OTHER REASON (<i>specify</i>)6</p>	<p>4 ⇒HW5</p> <p>5 ⇒HW4</p> <p>6 ⇒HW5</p>
<p>HW2. Observe presence of water at the place for handwashing.</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 AVAILABLE2</p>	
<p>HW3. Is soap or detergent present at the place for handwashing?</p>	<p>YES, PRESENT1</p> <p>NO, NOT PRESENT2</p>	<p>1 ⇒HW7</p> <p>2 ⇒HW5</p>
<p>HW4. Where do you or other members of your household most often wash your hands?</p>	<p>FIXED FACILITY (SINK / TAP)</p> <p>IN DWELLING1</p> <p>IN YARD / PLOT.....2</p> <p>MOBILE OBJECT</p> <p>BUCKET / JUG / KETTLE.....3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT4</p> <p>OTHER (<i>specify</i>)6</p>	
<p>HW5. Do you have any soap or detergent in your house for washing hands?</p>	<p>YES1</p> <p>NO2</p>	<p>2 ⇒End</p>
<p>HW6. Can you please show it to me?</p>	<p>YES, SHOWN.....1</p> <p>NO, NOT SHOWN.....2</p>	<p>2 ⇒End</p>
<p>HW7. Record your observation.</p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP.....A</p> <p>DETERGENT (POWDER / LIQUID / PASTE)B</p>	

SALT IODIZATION		SA
<p>SA1. 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?</p> <p><i>Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION)..... 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM).. 2 ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p>SALT NOT TESTED NO SALT IN THE HOUSE..... 4 OTHER REASON (specify) _____ 6</p>	<p>2 ⇒HH13 3 ⇒HH13 4 ⇒HH13 6 ⇒HH13</p>
<p>SA2. I would like to perform one more test. May I have another sample of the same salt?</p> <p><i>Apply 5 drops of recheck solution. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION)..... 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM).. 2 ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p>SALT NOT TESTED OTHER REASON (specify) _____ 6</p>	

HH13. Record the time.	HOUR AND MINUTES __ : __	
HH14. Language of the Questionnaire.	ENGLISH 1 URDU 2	
HH15. Language of the Interview.	ENGLISH 1 URDU 2 PUNJABI/POTOHARI 3 SARAIKI 4 OTHER LANGUAGE (specify) _____ 6	
HH16. Native language of the Respondent.	URDU 2 PUNJABI/POTOHARI 3 SARAIKI 4 OTHER LANGUAGE (specify) _____ 6	
HH17. Was a translator used for any parts of this questionnaire?	YES, ENTIRE QUESTIONNAIRE 1 YES, PART OF QUESTIONNAIRE 2 NO, NOT USED 3	
HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:	NO CHILDREN 0 1 CHILD 1 2 OR MORE CHILDREN (NUMBER)..... __	<p>0 ⇒HH29 1 ⇒HH27</p>

HH19. List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.

HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4		HH24. 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	___

HH25. Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 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 record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	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

HH26. Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.

HH27. (When HH18=1 or when there is a single child age 5-17 in the household): Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this child from the LIST OF HOUSEHOLD MEMBERS.

RANK NUMBER _

LINE NUMBER _ _

NAME

AGE _ _

HH28. Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the mother/caretaker of this child.

HH29. Check HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any women age 15-49?	YES, AT LEAST ONE WOMAN AGE 15-49.....1 NO2	2 ⇒HH34
HH30. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN for each woman age 15-49 years.		
HH31. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any girls age 15-17?	YES, AT LEAST ONE GIRL AGE 15-171 NO2	2 ⇒HH34
HH32. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠90.....1 NO, HL20=90 FOR ALL GIRLS AGE 15-17.....2	2 ⇒HH34
<p>HH33. As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.</p> <p>For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of female member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all girls age 15-17 ⇒ Continue with HH34.</p> <p><input type="checkbox"/> 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH34.</p> <p><input type="checkbox"/> 'No' for all girls age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH34.</p>		
HH34. Check HH8 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Questionnaire for Men?	YES, HH8=11 NO, HH8=0.....2	2 ⇒HH40
HH35. Check HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any men age 15-49?	YES, AT LEAST ONE MAN AGE 15-491 NO2	2 ⇒HH40
HH36. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-49 years.		
HH37. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17?	YES, AT LEAST ONE BOY AGE 15-171 NO2	2 ⇒HH40
HH38. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠90.....1 NO, HL20=90 FOR ALL BOYS AGE 15-17.....2	2 ⇒HH40
<p>HH39. As part of the survey we are also interviewing men age 15-49. We ask each person we interview for permission. A male interviewer conducts these interviews.</p> <p>For boys age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of male member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all boys age 15-17 ⇒ Continue with HH40.</p> <p><input type="checkbox"/> 'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-17 ⇒ Record '06' in MWM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH40.</p> <p><input type="checkbox"/> 'No' for all boys age 15-17 ⇒ Record '06' in MWM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH40.</p>		

MICS6.HH.21

HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?	YES, AT LEAST ONE.....1 NO2	2 ⇒HH42
HH41. Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.		
HH42. Check HH9 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Water Quality Testing Questionnaire?	YES, HH9=1.....1 NO, HH9=2.....2	2 ⇒HH45
HH43. Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household		
HH44. As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test? <i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i>	YES, PERMISSION IS GIVEN 1 NO, PERMISSION IS NOT GIVEN 2	2 ⇒Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE
HH45. Now return to the HOUSEHOLD INFORMATION PANEL and, <ul style="list-style-type: none"> • Record '01' in question HH46 (Result of the Household Questionnaire interview), • Record the name and the line number (from the LIST OF HOUSEHOLD MEMBERS) of the Respondent to the Household Questionnaire interview in HH47, • Fill the questions HH48 – HH52, • Thank the respondent for his/her cooperation and then • Proceed with the administration of the remaining individual questionnaire(s) in this household <i>If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.</i>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

MICS6.HH.23