

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION							
PROVINCE/REGION (PUNJAB=1; SINDH=2; KPK=3; BALOCHISTAN=4; GB=5; ICT=6).....						
DISTRICT _____	<table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
TEHSIL _____							
CLUSTER NUMBER	<table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
HOUSEHOLD NUMBER	<table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
LARGE CITY=1; SMALL CITY=2; TOWN=3; RURAL=4	<table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
HOUSEHOLD SELECTED FOR MEN INTERVIEW: (YES=1; NO= 2)	<table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
PLACE NAME _____							
NAME OF HOUSEHOLD HEAD _____							
INTERVIEWER VISITS							
	1	2	3	FINAL VISIT			
DATE	_____	_____	_____	DAY <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			
				MONTH <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			
				YEAR <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr> </table>	2	0	1
2	0	1					
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			
RESULT*	_____	_____	_____	RESULT* <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			
				TOTAL ELIGIBLE WOMEN <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			
				TOTAL ELIGIBLE MEN <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="float: right; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			
LANGUAGE OF QUESTIONNAIRE: ENGLISH							
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR			
NAME _____	_____	NAME _____	_____	_____			
DATE _____	_____	DATE _____	_____	_____			
		KEYED BY					
		_____		_____			

INTRODUCTION AND CONSENT

Asalum-o-Alaikum My name is _____. I am working with National Institute of Population Studies. We are conducting a survey about health all over Pakistan. The information we collect will help the government to plan health services. Your household is selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

Do you have any questions?

May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTEF. . . . 2 → END



HOUSEHOLD SCHEDULE

Now I would like to ask you some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 YEARS OR OLDER
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING NAMES, RELATIONSHIP AND SEX FOR EACH PERSON, ASK Qs. 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK QUESTIONS IN COLUMNS 5-25 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? (SEE CODES BELOW)	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF LESS THAN 1 YEAR, WRITE '00'. IF AGE 95 YEARS OR MORE, WRITE '95'.	MARITAL STATUS
							What is (NAME'S) current marital status? (SEE CODES BELOW)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
			M F	YES NO	YES NO	IN YEARS	
01		□ □	1 2	1 2	1 2	□ □	□
02		□ □	1 2	1 2	1 2	□ □	□
03		□ □	1 2	1 2	1 2	□ □	□
04		□ □	1 2	1 2	1 2	□ □	□
05		□ □	1 2	1 2	1 2	□ □	□
06		□ □	1 2	1 2	1 2	□ □	□
07		□ □	1 2	1 2	1 2	□ □	□
08		□ □	1 2	1 2	1 2	□ □	□
09		□ □	1 2	1 2	1 2	□ □	□
10		□ □	1 2	1 2	1 2	□ □	□

CODES FOR Q. 3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

- | | |
|------------------------------------|----------------------------|
| 01 = HEAD | 09 = BROTHER/SISTER IN LAW |
| 02 = WIFE OR HUSBAND | 10 = NIECE/NEPHEW |
| 03 = SON OR DAUGHTER | 11 = GRAND PARENTS |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 12 = AUNTS/UNCLE |
| 05 = GRANDCHILD | 13 = OTHER RELATIVE |
| 06 = PARENT | 14 = ADOPTED/STEPCHILD |
| 07 = PARENT-IN-LAW | 15 = NOT RELATED |
| 08 = BROTHER OR SISTER | 16 = DOMESTIC SERVANT |
| | 98 = DON'T KNOW |

CODES FOR Q. 8

- MARITAL STATUS
- 1 = MARRIED
 - 2 = WIDOWED
 - 3 = DIVORCED/SEPARATED
 - 4 = NEVER MARRIED

ELIGIBILITY			IF AGE 5 YEARS OR OLDER EDUCATION		IF AGE 5-24 YEARS CURRENT SCHOOLING			What is the main reason (Name) is not attending school?
CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS WHO ARE MARRIED, WIDOWED OR DIVORCED OR SEPARATED	CIRCLE LINE NUMBER OF ELIGIBLE MAN AGE 15-49 YEARS WHO ARE MARRIED, WIDOWED OR DIVORCED OR SEPARATED	CIRCLE LINE NUMBER OF ELIGIBLE CHILD AGE 0-5 YEARS	Has (NAME) has ever attended school?	What is the highest class (NAME) completed? (SEE CODES BELOW)	Did (NAME) attend school/ college/ university at any time during the 2012 year?	During this year, which class/grade (NAME) is attending? (SEE CODES BELOW)	Reasons for not attending school? 01.SCHOOL TOO FAR 02.TRANSPORT NOT AVAILABLE 03.FURTHER EDUCATION NOT NECESSARY 04.REQUIRED FOR HOUSEHOLD/ FARMA WORK 05.GOT MARRIED 06.COSTS TOO MUCH 07.NOT INTERESTED IN STUDIES 08.REPEATED FAILURE 09.DID NOT GET ADMISSION 10.NOT SAFE 11.NEED TO WORK TO EARN 96.OTHER 98.DONT KNOW	
(9)	(10)	(11)	YES NO	CLASS	YES NO	CLASS	(16)	
01	01	01	1 2 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/>	<input type="text"/>	
02	02	02	1 2 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/>	<input type="text"/>	
03	03	03	1 2 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/>	<input type="text"/>	
04	04	04	1 2 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/>	<input type="text"/>	
05	05	05	1 2 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/>	<input type="text"/>	
06	06	06	1 2 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/>	<input type="text"/>	
07	07	07	1 2 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/>	<input type="text"/>	
08	08	08	1 2 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/>	<input type="text"/>	
09	09	09	1 2 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/>	<input type="text"/>	
10	10	10	1 2 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/>	<input type="text"/>	

CODES FOR Q. 13 AND 15

EDUCATION CLASS:

00 = LESS THAN 1 YEAR COMPLETED

01 = CLASS 1;

02 = CLASS 2

...

10 = MATRIC, CLASS 10

11 = CLASS 11

....

16 = MASTER'S DEGREE OR MBBS, PhD, MPHIL, BSc (4 YEARS)

98 = DON'T KNOW

IF AGE 0-17 YEARS SURVIVORSHIP OF BIOLOGICAL PARENTS				FOR ALL AGES REGISTRATION WITH NADRA	FOR ALL USUAL MEMBERS MIGRATION			
Is (NAME)'s natural mother alive?	Does (Names)'s natural mother usually live in this household or was she guest last night? If yes what is her name? [RECORD MOTHER'S LINE NUMBER] IF NO RECORD "00"	Is (NAME)'s natural father alive?	Does (Names)'s natural father usually live in this household or was he guest last night? If yes what is his name? [RECORD FATHER'S LINE NUMBER] IF NO RECORD "00"	Does (NAME) have NIC card or name entered onto a 'bay' form, or nothing at all? IF NAME ON BAY FORM, HAS (NAME) BIRTH CERTIFICATE? IF NEITHER NIC NOR NAME ON BAY FORM, HAS (NAME) BIRTH CERTIFICATE? (SEE CODES BELOW)	Was (Name) born in this village/city?	From where did (Name) move to this village/city? 1. CITY (IF URBAN) 2. DISTRICT (IF RURAL) 3. OUTSIDE COUNTRY	In which year did (Name) first move to this village/city? [WRITE FOUR-DIGIT] DK - 9998	What was the primary reason for (Name's) move to this village/city? 01. BETTER ECONOMIC/ OPPORTUNITIES 02. ACCUMULATE SAVING 03. TRANSFERRED 04. SCHOOLING 05. BETTER INFRASTRUCTURE 06. ACCOMPNIED FAMILY 07. JOIN THE FAMILY 08. ESCAPE DROUGHT/FLOOD 09. ESCAPE WAR/VIOLENCE 10. ESCAPE OTHER NATURAL DISASTER 11. MARRIAGE 12. SINCE CHILDHOOD 13. BIRTH OF POSTPARTUM 16. OTHERS 98. DK
(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
Y N DK 1 2 8 ↓ Go to 19	<input type="text"/> NAME: <input type="text"/>	Y N DK 1 2 8 ↓ Go to 21	<input type="text"/> NAME: <input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO NEXT	1 2 3 (NAME) <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1 2 8 ↓ Go to 19	<input type="text"/> <input type="text"/>	1 2 8 ↓ Go to 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO NEXT	1 2 3 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1 2 8 ↓ Go to 19	<input type="text"/> <input type="text"/>	1 2 8 ↓ Go to 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO NEXT	1 2 3 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1 2 8 ↓ Go to 19	<input type="text"/> <input type="text"/>	1 2 8 ↓ Go to 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO NEXT	1 2 3 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1 2 8 ↓ Go to 19	<input type="text"/> <input type="text"/>	1 2 8 ↓ Go to 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO NEXT	1 2 3 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1 2 8 ↓ Go to 19	<input type="text"/> <input type="text"/>	1 2 8 ↓ Go to 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO NEXT	1 2 3 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1 2 8 ↓ Go to 19	<input type="text"/> <input type="text"/>	1 2 8 ↓ Go to 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO NEXT	1 2 3 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1 2 8 ↓ Go to 19	<input type="text"/> <input type="text"/>	1 2 8 ↓ Go to 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO NEXT	1 2 3 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1 2 8 ↓ Go to 19	<input type="text"/> <input type="text"/>	1 2 8 ↓ Go to 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO NEXT	1 2 3 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

CODES FOR Q. 21

- 1=HAS NIC
- 2=NAME ON 'BAY' FORM AND HAVING BIRTH CERTIFICATE
- 3=NAME ON 'BAY' FORM AND HAVING NO BIRTH CERTIFICATE
- 4=ONLY BIRTH CERTIFICATE
- 5=NEITHER OF ABOVE
- 8=DOES NOT KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 YEARS OR OLDER
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING NAMES, RELATIONSHIP AND SEX FOR EACH PERSON, ASK Qs. 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK QUESTIONS IN COLUMNS 5-25 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>(SEE CODES BELOW)</p>	<p>Is (NAME) male or female?</p>			<p>How old is (NAME)?</p> <p>IF LESS THAN 1 YEAR, WRITE '00'.</p> <p>IF AGE 95 YEARS OR MORE, WRITE '95'.</p>	<p>What is (NAME'S) current marital status?</p> <p>(SEE CODES BELOW)</p>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
			M F	YES NO	YES NO	IN YEARS	
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>

CODES FOR Q. 3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 09 = BROTHER/SISTER IN LAW |
| 02 = WIFE OR HUSBAND | 10 = NIECE/NEPHEW |
| 03 = SON OR DAUGHTER | 11 = GRAND PARENTS |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 12 = AUNTS/UNCLE |
| 05 = GRANDCHILD | 13 = OTHER RELATIVE |
| 06 = PARENT | 14 = ADOPTED/FOSTER/STEPCHILD |
| 07 = PARENT-IN-LAW | 15 = NOT RELATED |
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| | 98 = DON'T KNOW |

CODES FOR Q. 8

- MARITAL STATUS
- 1 = MARRIED
- 2 = WIDOWED
- 3 = DIVORCED/SEPARATED
- 4 = NEVER MARRIED

ELIGIBILITY			IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		
			EDUCATION		CURRENT SCHOOLING		What is the main reason (Name) is not attending school?
CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS WHO ARE MARRIED, WIDOWED OR DIVORCED OR SEPARATED	CIRCLE LINE NUMBER OF ELIGIBLE MAN AGE 15-49 YEARS WHO ARE MARRIED, WIDOWED OR DIVORCED OR SEPARATED	CIRCLE LINE NUMBER OF ELIGIBLE CHILD AGE 0-5 YEARS	Has (NAME) has ever attended school?	What is the highest class (NAME) completed? (SEE CODES BELOW)	Did (NAME) attend school/ college/ university at any time during the 2012 year?	During this year, which class/grade (NAME) is attending? (SEE CODES BELOW)	Reasons for not attending school? 01.SCHOOL TOO FAR 02.TRANSPORT NOT AVAILABLE 03.FURTHER EDUCATION NOT NECESSARY 04.REQUIRED FOR HOUSEHOLD/ FARMA WORK 05.GOT MARRIED 06.COSTS TOO MUCH 07.NOT INTERESTED IN STUDIES 08.REPEATED FAILURE 09.DID NOT GET ADMISSION 10.NOT SAFE 11.NEED TO WORK TO EARN 96.OTHER 98.DONT KNOW
(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
11	11	11	YES NO 1 2 ↓ GO TO 17	CLASS <input type="text"/> <input type="text"/>	YES NO 1 2 ↓ GO TO 16	CLASS <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
12	12	12	1 2 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
13	13	13	1 2 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
14	14	14	1 2 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
15	15	15	1 2 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
16	16	16	1 2 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
17	17	17	1 2 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
18	18	18	1 2 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
19	19	19	1 2 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
20	20	20	1 2 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

CODES FOR Q. 13 AND 15
EDUCATION CLASS:

- 00 = LESS THAN 1 YEAR COMPLETED
- 01 = CLASS 1;
- 02 = CLASS 2
-
- 10 = MATRIC, CLASS 10
- 11 = CLASS 11
-
- 16 = MASTER'S DEGREE OR MBBS, PhD, MPHIL, BSc (4 YEARS)
- 98 = DON'T KNOW

IF AGE 0-17 YEARS SURVIVORSHIP OF BIOLOGICAL PARENTS				FOR ALL AGES REGISTRATION WITH NADRA	FOR ALL USUAL MEMBERS MIGRATION			
Is (NAME)'s natural mother alive?	Does (Names)'s natural mother usually live in this household or was she guest last night? If yes what is her name? [RECORD MOTHER'S LINE NUMBER] IF NO RECORD "00"	Is (NAME)'s natural father alive?	Does (Names)'s natural father usually live in this household or was he guest last night? If yes what is his name? [RECORD FATHER'S LINE NUMBER] IF NO RECORD "00"	Does (NAME) have NIC card or name entered onto a 'bay' form, or nothing at all? IF NAME ON BAY FORM, HAS (NAME) BIRTH CERTIFICATE? IF NEITHER NIC NOR NAME ON BAY FORM, HAS (NAME) BIRTH CERTIFICATE? (SEE CODES BELOW)	Was (Name) born in this village/city?	From where did (Name) move to this village/city? 1. CITY (IF URBAN) 2. DISTRICT (IF RURAL) 3. OUTSIDE COUNTRY	In which year did (Name) first move to this village/city? [WRITE FOUR-DIGIT] DK - 9998	What was the primary reason for (Name)'s move to this village/city? 01. BETTER ECONOMIC/ OPPORTUNITIES 02. ACCUMULATE SAVING 03. TRANSFERRED 04. SCHOOLING 05. BETTER INFRASTRUCTURE 06. ACCOMPNIED FAMILY 07. JOIN THE FAMILY 08. ESCAPE DROUGHT/FLOOD 09. ESCAPE WAR/VIOLENCE 10. ESCAPE OTHER NATURAL DISASTER 11. MARRIAGE 12. SINCE CHILDHOOD 13. BIRTH OF POSTPARTUM 96. OTHERS 98. DK
(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
Y N DK 1 2 8 ↓ Go to 19	<input type="text"/> NAME: <input type="text"/>	Y N DK 1 2 8 ↓ Go to 22	<input type="text"/> NAME: <input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO NEXT	1 2 3 _____ (NAME) <input type="text"/>	<input type="text"/>	<input type="text"/>
1 2 8 ↓ Go to 19	<input type="text"/>	1 2 8 ↓ Go to 21	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO NEXT	1 2 3 _____ <input type="text"/>	<input type="text"/>	<input type="text"/>
1 2 8 ↓ Go to 19	<input type="text"/>	1 2 8 ↓ Go to 21	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO NEXT	1 2 3 _____ <input type="text"/>	<input type="text"/>	<input type="text"/>
1 2 8 ↓ Go to 19	<input type="text"/>	1 2 8 ↓ Go to 21	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO NEXT	1 2 3 _____ <input type="text"/>	<input type="text"/>	<input type="text"/>
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1 2 8 ↓ Go to 19	<input type="text"/>	1 2 8 ↓ Go to 21	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO NEXT	1 2 3 _____ <input type="text"/>	<input type="text"/>	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED
Just to make sure that I have a complete household listing:

2A) Are there any other persons such as small children or infants that we have not listed? YES ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ADD TO TABLE NO

IF NO MORE MEMBERS, GO TO 26.

CODES FOR Q. 21
1=HAS NIC
2=NAME ON 'BAY' FORM AND HAVING BIRTH CERTIFICATE
3=NAME ON 'BAY' FORM AND HAVING NO BIRTH CERTIFICATE
4=ONLY BIRTH CERTIFICATE
5=NEITHER OF ABOVE
8=DOES NOT KNOW

OUT MIGRATION

26	Now I would like to ask you about members of this household who lived here in the past 10 years but have since moved away. Are there any members of your household who lived here in the past 10 years but who have since moved away?			YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 34	
LINE NO.	MIGRANTS	SEX	MONTH AND YEAR MOVED AWAY	AGE	REASON FOR MOVING	PLACE TRAVELLED TO
(27)	(28)	(29)	(30)	(31)	(32)	(33)
	Please give me the names of the persons who are living outside of this household? AFTER LISTING THE NAMES AND RECORDING THE SEX FOR EACH PERSON, ASK QUESTIONS 31-34 FOR EACH PERSON	Is (NAME) male or female?	In what month and year did (NAME) move away? DK MONTH . . . 98 DK YEAR . . . 9998	How old was (NAME) when she/he moved away? IF AGE 95 OR MORE, RECORD '95'. IF AGE LESS THAN 1 YEAR RECORD '00'. DK 98	What was the main reason that (NAME) moved away? 01. BETTER ECONOMIC/ OPPORTUNITIES 02. ACCUMULATE SAVING 03. TRANSFERRED 04. SCHOOLING 05. BETTER INFRASTRUCTURE 06. ACCOMPNIED FAMILY 07. JOIN THE FAMILY 08. ESCAPE DROUGHT/FLOOD 09. ESCAPE WAR/VIOLENCE 10. ESCAPE OTHER NATURAL DISASTER 11. MARRIAGE 12. SINCE CHILDHOOD 96. OTHERS	Where has (NAME) travelled to? IF OTHER CITY OF PAKISTAN, ASK FOR NAME OF CITY AND CODE, IF OTHER PART OF PAKISTAN, ASK FOR NAME OF DISTRICT AND CODE. IF OTHER THAN PAKISTAN, ASK FOR NAME OF THE COUNTRY CIRCLE THE CODES AS PROVIDED. 1. CITY (IF URBAN) 2. DISTRICT (IF RURAL) 3. OUTSIDE COUNTRY
01		M F 1 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> DON'T KNOW 98	1 2 3 <input type="text"/> <input type="text"/> <input type="text"/> NAME: _____ DON'T KNOW 99998
02		M F 1 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> DON'T KNOW 98	1 2 3 <input type="text"/> <input type="text"/> <input type="text"/> NAME: _____ DON'T KNOW 99998
03		M F 1 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> DON'T KNOW 98	1 2 3 <input type="text"/> <input type="text"/> <input type="text"/> NAME: _____ DON'T KNOW 99998
04		M F 1 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> DON'T KNOW 98	1 2 3 <input type="text"/> <input type="text"/> <input type="text"/> NAME: _____ DON'T KNOW 99998
05		M F 1 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> DON'T KNOW 98	1 2 3 <input type="text"/> <input type="text"/> <input type="text"/> NAME: _____ DON'T KNOW 99998
33A	TOTAL NUMBER OF MIGRANTS <input type="text"/> <input type="text"/>			TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>		

34 CHECK THE IDENTIFICATION SECTION OF HOUSEHOLD QUESTIONNAIRE. IS HOUSEHOLD SELECTED FOR MEN INTERVIEW?

HOUSEHOLD SELECTED HOUSEHOLD NOT SELECTED

101

35 TABLE FOR SELECTION OF RESPONDENTS FOR SECTION ON DOMESTIC VOLENCE

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE FEMALE RESPONDENTS ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. FOR EACH NON-ZERO NUMBER, THIS IS THE COLUMN. YOU SHOULD GO TO THE CELL WHERE THE ROW AND COLUMN MEET; IS THE NUMBER OF THE SELECTED WOMAN FOR DOMESTIC VOLENCE MODULE.

FOR EXAMPLE, IF THE HOUSEHOLD NUMBER IS '16', GO TO ROW '6'. IF THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 YEARS IN THE HOUSEHOLD, GO TO COLUMN '3'. FIND THE NUMBER IN THE BOX WHERE THE ROW MEETS THE COLUMN ('2'). NOW GO TO THE HOUSEHOLD SCHEDULE AND CIRCLE THE LINE NUMBER OF THE SELECTED WOMAN

LAST DIGIT OF THE HOUSEHOLD NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN 15-49 YEARS IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

Name of selected woman: _____

36. Line number of selected woman
 [IF NO ELIGIBLE WOMAN WRITE "00" AND SKIP TO 101]

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																									
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP) 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 _____ (SPECIFY)	→ 110																																																									
108	Do you share this toilet facility with other households?	YES 1 NO 2	→ 110																																																									
109	How many <u>other households</u> use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98																																																										
110	Does your household have: for example:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>a) Electricity?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b) A radio?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c) A television?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d) A landline telephone?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e) A refrigerator?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f) Almirah/Cabinet?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g) Chair?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h) Room Cooler?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>i) Airconditioner?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>j) Washing Machine?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>k) Water Pump?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>l) Bed?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>m) Clock?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>n) Sofa?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>o) Camera?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>p) Sewing Machine?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>q) Computer?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>r) Internet connection?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	a) Electricity?	1	2	b) A radio?	1	2	c) A television?	1	2	d) A landline telephone?	1	2	e) A refrigerator?	1	2	f) Almirah/Cabinet?	1	2	g) Chair?	1	2	h) Room Cooler?	1	2	i) Airconditioner?	1	2	j) Washing Machine?	1	2	k) Water Pump?	1	2	l) Bed?	1	2	m) Clock?	1	2	n) Sofa?	1	2	o) Camera?	1	2	p) Sewing Machine?	1	2	q) Computer?	1	2	r) Internet connection?	1	2	
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111	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 ANIMAL DUNG 10 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 _____ (SPECIFY)	→ 114																																																									


NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	<input type="checkbox"/> → 114
113	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
114	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/MUD 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 CHIPS/TERRAZZO 36 BRICKS 37 MATS 38 MARBLE 39 OTHER 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD/GRASS 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING IRON SHEETS/ASBESTOS 31 REINFORCED BRICK CEMENT/RCC ... 32 METAL 33 WOOD/T IRON/MUD 34 CALAMINE/CEMENT FIBER 35 CERAMIC TILES 36 CEMENT/RCC 37 ROOFING SHINGLES 38 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
116	<p>MAIN MATERIAL OF THE EXTERIOR WALLS.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>DIRT 13</p> <p>MUD/STONES 14</p> <p>BAMBOO/STICKS/MUD 15</p> <p>RUDIMENTARY WALLS</p> <p>UNBAKED BRICKS/MUD 21</p> <p>CARTON/PLASTIC 22</p> <p>BAMBOO WITH MUD 23</p> <p>STONE WITH MUD 24</p> <p>UNCOVERED ADOBE 25</p> <p>PLYWOOD 26</p> <p>CARDBOARD 27</p> <p>REUSED WOOD 28</p> <p>FINISHED WALLS</p> <p>BAKED BRICKS 31</p> <p>TENT 32</p> <p>CEMENT 33</p> <p>STONE WITH LIME/CEMENT 34</p> <p>BRICKS 35</p> <p>CEMENT BLOCKS 36</p> <p>COVERED ADOBE 37</p> <p>WOOD PLANKS/SHINGLES 38</p> <p>OTHER 96</p> <p>(SPECIFY)</p>																															
117	How many rooms in this household are used for sleeping?	<p>ROOMS <input type="text"/> <input type="text"/></p>																															
118	<p>Does any member of this household own:</p> <p>a) A watch?</p> <p>b) A mobile telephone?</p> <p>c) A bicycle?</p> <p>d) A motorcycle or motor scooter?</p> <p>e) An animal-drawn cart?</p> <p>f) A car or truck or bus?</p> <p>g) A Tractor?</p> <p>h) A boat with a motor?</p> <p>i) A boat without a motor?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOBILE TELEPHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK/BUS</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRACTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITHOUT MOTOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	MOBILE TELEPHONE	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK/BUS	1	2	TRACTOR	1	2	BOAT WITH MOTOR	1	2	BOAT WITHOUT MOTOR.....	1	2	
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BOAT WITHOUT MOTOR.....	1	2																															
119	Does any member of this household own any agricultural land?	<p>YES 1</p> <p>NO 2</p>	→ 121																														
120	<p>How many acres or kanals of agricultural land do members of this household own?</p> <p>IF 95 OR MORE, RECORD '950' IN BOX.</p>	<p>AREA ACRE 1 <input type="text"/> <input type="text"/> . <input type="text"/></p> <p> KANAL 2 <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>DON'T KNOW 9998</p>																															
121	Does this household own any livestock, herds, other farm animals, or poultry?	<p>YES 1</p> <p>NO 2</p>	→ 123																														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																		
122	How many of the following animals does this household own? IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'. a) Milk cows or bulls? b) Horses, donkeys, or mules? c) Goats? d) Sheep? e) Chickens? f) Buffalo? g) Camels?	COWS/BULLS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> HORSES/DONKEYS/MULES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GOATS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SHEEP <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> CHICKENS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> BUFFALO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> CAMELS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																																																																																			
123	Does any member of this household have a bank account?	YES 1 NO 2																																																																																																			
124	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES 1 NO 2 DON'T KNOW 8	→ 126																																																																																																		
125	Who sprayed the dwelling? [CIRCLE ALL MENTIONED]	GOVERNMENT WORKER/PROGRAM A PRIVATE COMPANY B NONGOVERNMENTAL ORGANIZATION (NGO) C OTHER X (SPECIFY) DON'T KNOW Z																																																																																																			
126	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 131																																																																																																		
127	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input style="width: 40px; height: 20px;" type="text"/>																																																																																																			
128	How many of these mosquito nets are insecticide treated? CIRCLE "0" IF ANSWER IS "NONE" IF 7 OR MORE NETS RECORD "7"	NONE 0 NUMBER OF NETS <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW 8	→ 131 → 131																																																																																																		
129	Do you usually soak the mosquito nets in a liquid that kill or repel mosquitoes?	YES 1 NO 2 DON'T KNOW 8	→ 131																																																																																																		
130	Generally, after how many months mosquito nets are soaked or dipped? IF LESS THAN ONE MONTH, RECORD "00"	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> 25 OR MORE MONTHS 95 NOT SURE 98																																																																																																			
131	Do you think that the use of insecticide treated nets can reduce the incidence of Malaria?	YES 1 NO 2 NOT SURE 8																																																																																																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
132	What else your household does to avoid mosquitos?	YES 1 NO 2	→ 134
133	What do you do? Any thing else? [CIRCLE ALL MENTIONED]	COIL A MATS B SPRAY C ELECTRIC SPRAY REPELLANT D INSECT REPELLANT E INFRARED ELECTRIC DEVICE F SMOKE G MEMBRANCE H OTHER _____ X (SPECIFY)	
134	Please show me where members of your household most often wash their hands? <ul style="list-style-type: none"> ▲ ▲ ▲ ▲ OBSERVATION ONLY.	OBSERVED 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 2 NOT OBSERVED, NO PERMISSION TO SEE 3 NOT OBSERVED, OTHER REASON 4	→ 201
135	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
136	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE C	

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK IDENTIFICATION SECTION OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR MEN INTERVIEW YES <input type="checkbox"/> NO <input type="checkbox"/> → END OF SECTION 			
202 CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 203. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).				
		CHILD 1	CHILD 2	CHILD 3
203	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
204	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM PREGNANCY HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
205	CHECK 204: CHILD BORN IN JANUARY 2007 OR LATER?	YES 1 NO 2 (GO TO 204 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 210) ←	YES 1 NO 2 (GO TO 204 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 210) ←	YES 1 NO 2 (GO TO 204 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 210) ←
206	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
207	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> CHILD NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT . 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT . 9994 REFUSED 9995 OTHER 9996
208	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3
209	GO BACK TO 204 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 210.			

		CHILD 4	CHILD 5	CHILD 6
203	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
204	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM PREGNANCY HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
205	CHECK 204: CHILD BORN IN JANUARY 2007 OR LATER?	YES 1 NO 2 (GO TO 204 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 210) ←	YES 1 NO 2 (GO TO 204 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 210) ←	YES 1 NO 2 (GO TO 204 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 210) ←
206	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
207	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> CHILD NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> CHILD NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> CHILD NOT PRESENT 9994 REFUSED 9995 OTHER 9996
208	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3
209	GO BACK TO 204 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 210.			

TICK HERE IF ADDITIONAL SHEET USED

WEIGHT AND HEIGHT MEASUREMENT FOR ELIGIBLE WOMEN

210	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 211. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
211	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
212	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
213	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
214	PREGNANCY STATUS: CHECK 234 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 NOT PRESENT 4 NOT SURE/DON'T KNOW 8	YES 1 NO 2 NOT PRESENT 4 NOT SURE/DON'T KNOW 8	YES 1 NO 2 NOT PRESENT 4 NOT SURE/DON'T KNOW 8
215	GO BACK TO 212 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END OF HOUSEHOLD QUESTIONNAIRE.			

TICK HERE IF ADDITIONAL SHEET USED

