

Government of Pakistan
Statistics Division
Federal Bureau of Statistics

PAKISTAN SOCIAL AND LIVING STANDARDS
MEASUREMENT SURVEY (ROUND-1)

2004-05

QUESTIONNAIRE

A-1 Enumeration Block Code

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Reference No.

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A-2 Processing Code

A-3 Household

A-4 Q.No.

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PAKISTAN SOCIAL AND LIVING STANDARDS MEASUREMENT SURVEY (ROUND-1)

Government of
Pakistan
Statistics Division
Federal Bureau of
Statistics

2004-05

QUESTIONNAIRE-A

1	Province	
2	District	
3	Tehsil/Taluka	
4	Mauza/Deh/Village	
5	Hadd Bast No.	
6	City	
7	Regional/Field Office	
8	Name of the Family Head	
9	Name of the Respondent	
10	Name of the Interviewer	
11	Name of the Supervisor	

	A-5 Start Time	A-6 Date D D M M Y Y	A-7 Interviewer														
<input type="radio"/> AM <input type="radio"/> PM	<table border="1" style="width: 100%;"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>					<table border="1" style="width: 100%;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>							<table border="1" style="width: 100%;"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>				

	A-8 Start Time	A-9 Date D D M M Y Y	A-10 Interviewer														
<input type="radio"/> AM <input type="radio"/> PM If the interview is split then record details of second part in this Row	<table border="1" style="width: 100%;"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>					<table border="1" style="width: 100%;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>							<table border="1" style="width: 100%;"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>				

B. List of Family Members

Reference No.

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Person	Names of those family members who usually reside together and eat together (Write Family head's name first)	1. Family Member's Gender Male or Female	2. Residential Status	3. Relationship with the Family head	4. Age (in complete years)	5. Marital Status
1	Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

1= Male
2= Female

1= Present
2= Not present (temporarily)

1= Head
2= Wife/husband
3= Son/daughter
4= Grandson/
granddaughter
5= Father/mother

6= Brother/Sister
7= Daughter-in-law
Son-in-law
8= Mother-in-law
Father-in-law
9= Other relative
10= Not related

1= Unmarried
2= Married
3= Divorced
4= Widow
5= Nikah only

C. Educational Status

Reference No.

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Person	If age is 10 years or more then ask		If age is 4 years or more then ask						
	1. Can this person write & read in any language with understanding?	2. Can solve simple Mathematics Questions?	3. Was ever admitted in any school or educational institution?	4. What maximum education achieved?	5. Is he/she studying in any institution at present? 1= yes 2= no If no then go to Q. No. 9	6. In which class he/she is studying these days?	7. In which type of educational institution, he/she is going?	8. Is he/she facing any problems in that institution?	9. What are the reasons for not going to school at present? (Can give maximum two reasons)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1= Yes
2= No
If age is less than 10 years, then go to Q. No. 3

1= Yes
2= No

1= Yes
2= No
(Ask the next person)

00= Below Class-I
01= Class-I
02= Class-II
03= Class-III
04= Class-IV
05= Class-V
06= Class-VI
07= Class-VII
08= Class-VIII

(For 4 and 6)
09= Class-IX
10= Class-X
11= FA/F.Sc.
12= BA/B.Sc.
13= Degree in Engg
14= MBBS
15= Degree in Computer
16= Degree in Agri.
17= MA/M.Sc
18= M.Phil/Ph.D
19= Other

16= Degree in Agri.
17= MA/M.Sc
18= M.Phil/Ph.D
19= Other

1= Govt. School
2= Masjid School
3= Private School
4= Religious Institution
5= NGO/Trust School
6= NFBE School
7= Private exam
8= Other

1= Satisfied
2= Shortage of teachers
3= Shortage of books
4= Substandard education
5= Far away
6= Education is costly
7= Latrine/water not available

1= Minor/aged
2= Education completed
3= Education is costly
4= Far away
5= Household chores
6= Helping in work
7= Not useful
8= Ill/incapacitated

9= Marriage/pregnancy
10= Employment/Work
11= Substandard school
12= Shortage of male/female teachers
13= Parents do not permit
14= Child is not ready
15= Other

D. Health

Reference No.

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Person	1. Had he/she been ill or injured during the last two weeks?	2. Was any one consulted during the illness?	3. Did he/she saw any type of doctor for treatment?	4. How many times he/she received such facilities during the last two weeks?	5. Has he/she faced any problem in seeing____? (Give maximum two answers)	6. Why he/she did not seek medicines/medical facilities during the last two weeks?	Questions regarding the Family
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. Did any LHW come to this family during the last 30 days? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Did any male/female of the family visit a health unit during the last 30 days? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

1= Yes
2= No

1= Yes
2= No (Ask Q. No. 6)

1= Private Dispensary/
Hospital
2= Govt. Dispensary/
Hospital
3= BHU/RHC
4= LHV/LHW
5= Hakeem
6= Homoeopath
7= Chemist
8= One who performs
'Dum' (spiritualism)
9= Other

1= Satisfied
2= Doctor not present
3= Staff non-cooperative
4= Lady staff not present
5= Lack of cleanliness
6= Long wait
7= Costly treatment
8= Staff untrained
9= Medicines not
available
10= Unsuccessful
treatment
11= Other

1= Not required
2= Costly treatment
3= Far away
4= Unsatisfactory
5= Doctor not present
6= Staff non-cooperative
7= Lady staff not present
8= No cleanliness
9= Long wait
10= Staff untrained
11= Medicines not
available
12= Other

E. Employment

Reference No.

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Person	If age is below 10 years then ask the next person 1. Did he/she work at least for an hour on any day during the last week for monetary return?	2. If he/she did not work during the last week then does he have any business, shop, trade, farm or any service institution?	3. Has he/she worked for home farm, business, trade etc. as a helper (without any payment) during the last week?	4. Did he/she look for a job during the last week but found none?	5. What was the reason that he/she did not work last week? (Ask No. 11)	6. Why he/she did not work during the last week? (Ask No. 11)	7. What was the employment status of his/her work?	8. What was the nature of the business/institution in which he/she worked in the main capacity?
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1= Yes
2= No
If yes, ask Q. No. 7

1= Yes
2= No
If yes, ask Q. No. 7

1= Yes
2= No
If yes, ask Q. No. 7

1= Yes
2= No
If yes, ask Q. No. 6

1= Illness/Incapability
2= Any other cause (Pregnancy etc.)
3= Temporary unemployment
4= Learning to work
5= Student
6= Household
7= Retired
8= Landlord/property
9= Child/old
10= Other

1= Illness/injury
2= Strike
3= Leave etc.
4= Off season
5= Inclement weather
6= Machine out of order
7= Shortage of raw material
8= Study leave
9= Maternity leave
10= Other

1= Daily wages
2= Personal business (non-agriculture)
3= Self-cultivator
4= Cultivation on contract
5= Cultivation on partnership
6= Family helper without charges
7= Employer
8= Livestock (only)

1= Government
2= Personal business
3= Personal/Family
4= NGO
5= Other

E. Employment

Reference No.

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Person	9. What was the nature of the work (profession) that was performed by him/her?	10. What was the nature of work at the firm, office, institution where he/she worked?	11. Did he/she perform any work for salary, profit or monetary benefit during the last month?	12. If he/she worked, then how many days in the last month it was done?	13. How much money he/she earned during the last month? (in Rs.)	14. How many months he/she worked during the last year? (in months)	15. Did he/she perform any work during the last year for monetary benefit?	16. How much money he/she earned in total during the last year? (in Rs.)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	_____

- 1= Senior Officials & Managers
- 2= Professionals
- 3= Technicians & Assoc. Professionals
- 4= Clerks
- 5= Service, Shop, Sale, Workers
- 6= Skilled Agriculture, Fishery
- 7= Craft & Trade workers
- 8= Plant, Machinery Operators
- 9= Elementary Occupations

- 1= Agriculture, Forestry, Fishing
- 2= Mining & Quarrying
- 3= Manufacturing
- 4= Electricity
- 5= Construction
- 6= Wholesale & Retail Trade
- 7= Transport & Storage
- 8= Real Estate, insurance
- 9= Social & Personal Services
- 10= Other

- 1= Yes
- 2= No
- (If no, ask Q. No. 15)

- 1= Yes
- 2= No

G. Detail of the Family

Reference No.

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<p>1. What is the residential status at present:</p> <p>1. Personal residence</p> <p>2. On rent <input type="checkbox"/></p> <p>3. On subsidized rent</p> <p>4. Without rent</p>	<p>2. How many rooms are there in this residential building</p> <p><input type="checkbox"/><input type="checkbox"/></p>	<p>3. Which material is used to lay roof of this building:</p> <p>1. RCC/RBC</p> <p>2. Wood/Bamboo <input type="checkbox"/></p> <p>3. Iron/Cement sheets</p> <p>4. Other</p>
<p>4. Walls of this building are made of which material:</p> <p>1. Burned bricks/blocks 2. Raw bricks/mud</p> <p>3. Wood/Bamboo 4. Stone <input type="checkbox"/></p> <p>5. Other (Please explain)</p>	<p>5. What is main source for drinking water</p> <p>1. Tap (in home, courtyard) 2. Tap (outside the home)</p> <p>3. Hand pump 4. Water motor <input type="checkbox"/></p> <p>5. Covered well 6. Open well</p> <p>7. River, stream, pond etc. 8. Tanker truck, water fetcher</p> <p>9. Other</p>	<p>6. What type of facility the family uses to ease out</p> <p>1. Facility not available 5. Privy seat</p> <p>2. Flush system (linked to sewerage) 6. Digged ditch</p> <p>3. Flush (linked to Septic tank) 7. Other <input type="checkbox"/></p> <p>4. Flush (connected with open drain)</p>
<p>7. What is the main source of fuel to cook food</p> <p>1. Fire-wood 5. Electricity</p> <p>2. Gas 6. Sticks, etc. <input type="checkbox"/></p> <p>3. Kerosene oil 7. Coal, wooden coal</p> <p>4. Cow-dung cakes 8. Other</p>	<p>8. What is main source of fuel for lighting</p> <p>1. Electricity 5. Candle</p> <p>2. Gas 6. Other <input type="checkbox"/></p> <p>3. Kerosene oil</p> <p>4. Fire-wood</p>	<p>9. What type of phone is with the family in running condition</p> <p>1. None</p> <p>2. Landline only <input type="checkbox"/></p> <p>3. Mobile</p> <p>4. Both (landline and mobile)</p>

10. How much time is spent in reaching to the most near place of facility	Time in minutes					Normal mode of transport			Facility	Time in minutes					Normal mode of transport		
	0-14	15-29	30-44	45-59	60+	On foot	Non-mechanical	Mechanical		0-14	15-29	30-44	45-59	60+	On foot	Non-Mechanical	Mechanical
	1	2	3	4	5	1	2	3		1	2	3	4	5	1	2	3
Drinking water			<input type="checkbox"/>				<input type="checkbox"/>		Middle school			<input type="checkbox"/>				<input type="checkbox"/>	
Retail (Kiryana) store			<input type="checkbox"/>				<input type="checkbox"/>		High school			<input type="checkbox"/>				<input type="checkbox"/>	
Public transport			<input type="checkbox"/>				<input type="checkbox"/>		Health clinic/Hospital			<input type="checkbox"/>				<input type="checkbox"/>	
Primary school			<input type="checkbox"/>				<input type="checkbox"/>		Population Welfare Unit			<input type="checkbox"/>				<input type="checkbox"/>	

H1. Detail of the Family Income & Expenditure

Reference No.

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What were the Family's sources of income during the last year (If he/she did not spend most of his income on household expenses, then do not include his/her income in the Family's overall income) (Write income in Rs.)	What is the detail of Family's expenses incurred during the last year (Write expenses in Rs.)																																												
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H2. Debts of the Family

Reference No.

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<p>Did the Family take any capital (cash) as debt? 1. Yes 2. No <input type="checkbox"/></p> <p>From which of the following sources did the household take money as debt/loan? (in Rs.)</p>	<p>On what items did the household spend the borrowed money? (Write in Rs.)</p>																																																				
<table border="0"> <tr><td>1. Friends/Relations</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>2. Shopkeeper</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>3. Landlord</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>4. Money lender</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>5. Brokerage/Commission Agent</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>6. Bank/Cooperative Institution</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>7. Government Institution</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>8. Committee</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>9. Local Zakat, Ushr Committees</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>10. Other (Write details)</td><td style="text-align: right;">□□□□□□□□</td></tr> </table>	1. Friends/Relations	□□□□□□□□	2. Shopkeeper	□□□□□□□□	3. Landlord	□□□□□□□□	4. Money lender	□□□□□□□□	5. Brokerage/Commission Agent	□□□□□□□□	6. Bank/Cooperative Institution	□□□□□□□□	7. Government Institution	□□□□□□□□	8. Committee	□□□□□□□□	9. Local Zakat, Ushr Committees	□□□□□□□□	10. Other (Write details)	□□□□□□□□	<table border="0"> <tr><td>1. Eatables</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>2. Dress</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>3. Residence</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>4. Fuel for lightening and other purposes</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>5. Transportation/communication/travel expenses</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>6. Healthcare and medicines</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>7. Education</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>8. Social functions/occasions</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>9. Personal care (tobacco, articles of daily use)</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>10. Purchase of assets/investment (write the total of 10a to 10f)</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>10a. Personal assets</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>10b. Agricultural land</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>10c. Livestock</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>10d. Property</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>10e. Business</td><td style="text-align: right;">□□□□□□□□</td></tr> <tr><td>10f. Other (write detail)</td><td style="text-align: right;">□□□□□□□□</td></tr> </table>	1. Eatables	□□□□□□□□	2. Dress	□□□□□□□□	3. Residence	□□□□□□□□	4. Fuel for lightening and other purposes	□□□□□□□□	5. Transportation/communication/travel expenses	□□□□□□□□	6. Healthcare and medicines	□□□□□□□□	7. Education	□□□□□□□□	8. Social functions/occasions	□□□□□□□□	9. Personal care (tobacco, articles of daily use)	□□□□□□□□	10. Purchase of assets/investment (write the total of 10a to 10f)	□□□□□□□□	10a. Personal assets	□□□□□□□□	10b. Agricultural land	□□□□□□□□	10c. Livestock	□□□□□□□□	10d. Property	□□□□□□□□	10e. Business	□□□□□□□□	10f. Other (write detail)	□□□□□□□□
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I. Vaccination & Diarrhoea (for U-5 children)

Reference No.

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1. Write serial numbers of the child and his/her mother from the list of family members. If his/mother is not alive or is not a member of the family, then write Code '00'.			
Child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mother	Child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mother	Child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mother	Child <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mother
2. Write the month and the year of child's birth.			
Year Month <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Year Month <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Year Month <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Year Month <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Has the child been vaccinated.			
1. Yes 2. No <input type="checkbox"/>	1. Yes 2. No <input type="checkbox"/>	1. Yes 2. No <input type="checkbox"/>	1. Yes 2. No <input type="checkbox"/>
4. Do you have Vaccination Card of your children with you.			
1. Yes 2. No <input type="checkbox"/>	1. Yes 2. No <input type="checkbox"/>	1. Yes 2. No <input type="checkbox"/>	1. Yes 2. No <input type="checkbox"/>
5. Did the child vaccinated/administered the following drops. (1. Yes, according to Card, 2. Yes, according to memory, 3. No, 4. Don't know)			
BCG <input type="checkbox"/>	BCG <input type="checkbox"/>	BCG <input type="checkbox"/>	BCG <input type="checkbox"/>
DPT1 <input type="checkbox"/>	DPT1 <input type="checkbox"/>	DPT1 <input type="checkbox"/>	DPT1 <input type="checkbox"/>
DPT2 <input type="checkbox"/>	DPT2 <input type="checkbox"/>	DPT2 <input type="checkbox"/>	DPT2 <input type="checkbox"/>
DPT3 <input type="checkbox"/>	DPT3 <input type="checkbox"/>	DPT3 <input type="checkbox"/>	DPT3 <input type="checkbox"/>
POLIO1 <input type="checkbox"/>	POLIO1 <input type="checkbox"/>	POLIO1 <input type="checkbox"/>	POLIO1 <input type="checkbox"/>
POLIO2 <input type="checkbox"/>	POLIO2 <input type="checkbox"/>	POLIO2 <input type="checkbox"/>	POLIO2 <input type="checkbox"/>
POLIO3 <input type="checkbox"/>	POLIO3 <input type="checkbox"/>	POLIO3 <input type="checkbox"/>	POLIO3 <input type="checkbox"/>
MEASLES <input type="checkbox"/>	MEASLES <input type="checkbox"/>	MEASLES <input type="checkbox"/>	MEASLES <input type="checkbox"/>

J. Married women (age 15 to 49 years)

Reference No.

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Person	1. Did any delivery take place from your womb during the last 3 years	2. Did you consult anyone before child birth during last pregnancy	3. From where do you usually take advice/ consultancy?	4. Were you vaccinated against tetanus during this pregnancy	5. How many injections you were given for immunization against tetanus	6. Where was the child born	7. Who helped deliver the child	8. Were you medically examined during the 6 weeks after childbirth	9. Where did this check-up of yours take place
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Yes
2. No
(If no, then ask about the next woman)

1. Yes
2. No
(If no, then ask Q. No. 4)

1. TBA-home
2. LHW-home
3. LHV-home
4. Doctor-home
5. RHC/BHU/ Govt. hospital
6. Private hospital/ clinic
7. Other

1. Yes
2. No
(If no, then ask Q. No. 6)

1. Home
2. RHC/BHU/ Govt. hospital
3. Private hospital/ clinic
4. Other

1. Doctor
2. Nurse
3. Qualified midwife
4. TBA/midwife
5. Family member, neighbour, friend
6. Other

1. Yes
2. No
(If no, then ask about the next woman)

1. TBA-home
2. LHW-home
3. LHV-home
4. Doctor-home
5. RHC/BHU/ Govt. hospital
6. Private hospital/ clinic
7. Other

K. Benefit from services and facilities

Reference No.

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Enter replies about everyone in the following, in the relevant box.

Services and Facilities	A How many times do you use this service usually				B Any particular reason for not using once in a while							C To which extent you are satisfied of this service		D What type of change you found in the service during the last 12 months				Fill in the following at the end of the interview	
	Not at all	Once in a while	Often	Always	Far Away	Very costly	Does not suit	Lack of tools/staff	No enough facility	Other	N/A	Not Satisfied	Satisfied	Worst	Like before	Better than before	Don't know		
	1	2	3	4	1	2	3	4	5	6	7	1	2	1	2	3	4		
Basic Health Unit	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				<p>1. Selected household <input type="checkbox"/></p> <p>2. Changed household</p> <p>3. Refusal/non-availability</p> <p>Interview time</p> <p>Mins Hours □□□□</p> <p>Respondent</p> <p>1. Helper</p> <p>2. Normal</p> <p>3. Hesitation <input type="checkbox"/></p> <p>4. Talkative</p> <p>5. Refusal</p> <p>Fill in the following, if interview is taken by two persons.</p> <p>1. Helpful</p> <p>2. Normal</p> <p>3. Hesitant <input type="checkbox"/></p> <p>4. Talkative</p> <p>5. Refusal <input type="checkbox"/></p> <p>6. Lack of contact</p> <p>Mins Hours □□□□</p>
Family Planning Unit	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				
School	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				
Veterinary Clinic	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				
Agriculture (expansion)	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				
Police	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				
Bank	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				
Road	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				
Drinking water	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				
Canal	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				
Tube well	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				
Well	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				
Karez	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				
Bus	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				
Railway	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				
Post Office	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				
Communication, Phone, Fax	<input type="checkbox"/>						<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>				

A-1 Enumeration Block Code

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Reference No.

A-2 Processing Code

A-3 Household

A-4 Q.No.

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L. Detail of Family expenses

L-1. Family expenditure on food during the last two weeks (14 days)

Reference No.

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1. All those goods and services will be entered in PAID AND CONSUMED (Column 1, 2), that a family has actually spent on and used. Here this does not mean the total purchases made by the family. Goods and services that are borrowed or taken in exchange of goods are considered spent on or used. That way goods obtained through hard cash should also be included in the same. Exclude Consumption made in connection with the family's business. 2. Those goods and services will be entered in "UN-PAID AND CONSUMED" (Column 3, 4) that are received in-kind as wages and salary, and are spent or used. Those goods and services will be entered in Column 7, 8 that are received in the shape of gift, help, inheritance or any other source. Self-produced goods and services that are spent will be entered in "UN-PAID AND CONSUMED" (Column 5, 6). Exclude Consumption made in connection with the family's business.

Did the family members used any of the articles mentioned below during the last 14 days?				Paid and Consumed		Unpaid and Consumed (report value in whole Rs.)					
ITEM				Report value in whole Rupees		Wages and salaries in kind consumed		Own produced and consumed		Receipt from assistance gift, dowry, inheritance or other sources	
Cross the None box if item was not consumed	None	Unit	Code	1-Quantity	2-Price	3-Quantity	4-Price	5-Quantity	6-Price	7-Quantity	8-Price
a: Dairy products											
Milk (fresh and boiled)		Litre	1100								
Lassi (diluted curd)		Litre	1101								
Milk (packed)		Litre	1102								
Dry milk (For adults and minors)		Kg	1103								
Butter, margarine, cream		Kg	1104								
Cheese		Gram	1105								
Curd/Yogurt		Gram	1106								
Ice Cream/Kulfi		Kg	1107								
Other articles, hasty pudding, pudding, thick milk etc.			1108								
			1109								
b: Meat, poultry and fish											
Beef		Kg	1200								
Mutton		Kg	1201								
Chicken meat (fresh and frozen)		Kg	1202								
Eggs		No.	1203								
Other meaty birds (duck, quail, turkey, etc.)		Kg	1204								
Fish (fresh, frozen or dry)		Kg	1205								
Prawn or crab (fresh, frozen, air-tight packing)		Kg	1206								
			1207								
c: Fruits											
Banana		No.	1300								
Citrus fruit (Musammi, malta, kinoo, etc.)		Kg	1301								
Apple		Kg	1302								
Dates		Kg	1303								
Grapes		Kg	1304								
Mango		Kg	1305								
Water-melon, melon, musk-melon		Kg	1306								
Guava		Kg	1307								
Other fresh fruit (pomegranate, apricot, rennet, lemon, pear, peach, plum, and papaw fruit, etc.)		Kg	1308								
Air-tight packaged fruits		Gram	1309								
Page's total			1310								
			1001								

L-1

Reference No.

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Did the family members used any of the articles mentioned below during the last 14 days?				Paid and Consumed		Unpaid and Consumed (report value in whole Rs.)					
ITEM				Report value in whole Rupees		Wages and salaries in kind consumed		Own produced and consumed		Receipt from assistance gift, dowry, inheritance or other sources	
Cross the None box if item was not consumed	None	Unit	Code	1-Quantity	2-Price	3-Quantity	4-Price	5-Quantity	6-Price	7-Quantity	8-Price
d: Dry fruits											
		Gram	1401								
		Gram	1402								
e: Vegetables											
		Kg	1501								
		Kg	1502								
		Kg	1503								
		Kg	1504								
		Kg	1505								
		Kg	1506								
		Kg	1507								
		Kg	1508								
		Kg	1509								
		Gram	1510								
f: Spices											
		Kg	1601								
		Kg	1602								
		Gram	1603								
		Gram	1604								
		Gram	1605								
		Gram	1606								
		Gram	1607								
			1608								
g: Sweet											
		Kg	1701								
		Kg	1702								
		Gram	1703								
		No.	1704								
		Kg	1705								
		Gram	1706								
Page's total											
			1002								

L-2

Reference No.

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Did the family members used any of the articles mentioned below during the last month?				Paid and Consumed		Unpaid and Consumed (report value in whole Rs.)					
ITEM				Report value in whole Rupees		Wages and salaries in kind consumed		Own produced and consumed		Receipt from assistance gift, dowry, inheritance or other sources	
Cross the None box if item was not consumed	None	Unit	Code	1-Quantity	2-Price	3-Quantity	4-Price	5-Quantity	6-Price	7-Quantity	8-Price
f: Miscellaneous eatables											
Jam, marmalade, etc.		Gram	2601								
Tomato sauce/paste		Gram	2602								
Pudding, jelly, etc.		Gram	2603								
Pickles, sauce, etc.		Gram	2604								
Vinegar, yeast, ice, etc.			2605								
Expenses incurred on food and cereal's husking/grinding			2606								
B- Fuel and other articles usable as fuel											
Firewood		Kg	2701								
Kerosene oil		Litre	2702								
Wooden coal		Kg	2703								
Mining coal		Kg	2704								
Dry cow-dung cakes		Kg	2705								
Gas (pipe)			2706								
Gas (in cylinders)		Kg	2707								
Electricity			2708								
Match box, candle, mantel, etc.			2709								
Sugar cane waste, agriculture waste as fuel (cotton sticks, sawdust, bushes, herbs, and tobacco sticks, etc.)		Kg	2710								
C: Other misc expenditure a: Articles of personal use											
Bath/toilet soap			2801								
Shampoo			2802								
Hair oil, cream, hair tonic and colour, face cream and powder			2803								
Tooth paste and tooth powder, brush, miswaak, dandaasa			2804								
Other cosmetics like nail polish, fragrance, lipstick, perfumes and lotion, etc.			2805								
b: personal services											
Expenditure on hair-cut of men, women and children, hair-dressing etc. (including expenditure men's shaving)			2901								
Beauty parlour's expenditure			2902								
Dry-cleaning, washing of clothes, colouring and stitching, etc.			2903								
C: Washing of clothes at home, cleanliness and articles made of paper											
Laundry soap, bleach, other laundry items, washing powder, articles used for cleaning utensils, etc.			3001								
Article for home cleanliness, e.g. cleaners, sweeps, duster, sponge, wipers, mops, floor polish and buckets, etc.			3002								
Paper napkin, wax paper, and other articles made of paper			3003								
Page's total			2002								
Total of Part A.			2000								

L-4. Family expenditure on food, non-durable articles and services during the last year

Reference No.

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1. In this portion, expenditure for one year i.e. from the date of filling in this form to one year should be taken.
2. Expenditure that has already been reported in 14-day/monthly portions of articles and services should not be entered in this portion again.

Did the family members use any of the articles mentioned below during the last year?			Paid and Consumed	Unpaid and Consumed (report value in whole Rs.)		
ITEM			Report value in whole Rupees	Wages and salaries in kind consumed	Own produced and consumed	Receipt from assistance gift, dowry, inheritance or other sources
Cross the None box if item was not consumed	None	Code	1-Price	2-Price	3-Price	4-Price
A: Cotton clothes, shoes and articles of personal use a: clothes, cloth articles and services						
		5100				
		5101				
		5102				
		5103				
		5104				
		5105				
		5106				
b: Expenditure on shoes and their repair						
		5201				
		5202				
c: Expenditure on articles and services and on their repair						
		5301				
		5302				
		5303				
		5304				
B: Housing a: House rent and other housing related expenditure						
		5401				
		5402				
		5403				
		5404				
		5405				
		5406				
		5407				
		5408				
b: china, clay, plastic and wooden simple or printed utensils of daily use						
		5501				
		5502				
		5503				
Page's total						
		5001				

L-4.

Reference No.

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Did the family members use any of the articles mentioned below during the last year?			Paid and Consumed	Unpaid and Consumed (report value in whole Rs.)		
ITEM			Report value in whole Rupees	Wages and salaries in kind consumed	Own produced and consumed	Receipt from assistance gift, dowry, inheritance or other sources
Cross the None box if item was not consumed	None	Code	1-Price	2-Price	3-Price	4-Price
C: Miscellaneous expenditure a: Expenditure on medical facilities			5600			
		5601				
Expenditure on purchase of medicines and vitamins, medical equipment and other articles, etc.						
		5602				
Fee (doctor, specialist, hakeem, midwife) out of hospital with medicines						
		5603				
Fee for treatment in hospital along with fee of doctor/hakeem, etc. and expenditure on laboratory and X-ray						
		5604				
Expenditure on dental treatment, retiring or scaling teeth/eyesight spectacles and other expenditure on medical facilities that is not entered any where else						
b: Expenditure on entertainment, journey and transport			5700			
		5701				
Expenditure on any hobby, cable installation, membership of any entertainment club, toys, games and photography, and residence, etc.						
		5702				
Expenditure on annual fee of TV, VCR and dish antenna, etc.						
		5703				
Annual fee of arms licences, etc.						
		5704				
Annual registration fee, tax and driving licence fee and insurance (car, motorcycle, scooter, etc.)						
		5705				
Expenditure of air travel						
		5706				
Other expenditure (tyre, tube, spare-parts, maintenance of vehicles and payment for other services)						
c: Expenditure on educational, professional activities and stationery			5800			
		5801				
School, college fee, private tuition fee						
		5802				
Books, note book, copies and other stationery, etc.						
		5803				
Hostel expenditure (for studies)						
		5804				
Other educational expenditure (bags, fee of professional societies, transportation, etc.						
		5805				
Stationery (pen, pencil, stapler, pen, etc. for educational purposes)						
d: Tax, fines and other miscellaneous expenditure			5900			
		5901				
Fine, birth tax, marriage tax, tax on pet animals, passport visa fee, and any other tax, etc.						
		5902				
Expenditure on meals, drinks served in any religion function (sacrifice, marriage, birth, death, etc.). Do not include expenditure incurred on dowry						
		5903				
Legal expenditure (not for business)						
		5904				
Premium against insurance against fire, incidents, journey (sans insurance of personal vehicle and house)						
Page's total			5002			
Total Part D			5000			

L-5. Family expenditure on food, durable articles and services during the last year

Reference No.

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1. In this portion, expenditure for one year i.e. from the date of filling in this form to one year should be taken.

2. Expenditure that has already been reported in 14-day/monthly/yearly (non-durable) portions of articles and services should not be entered in this portion again.

Did the family members used any of the articles mentioned below during the last year?			Paid and Consumed	Unpaid and Consumed (report value in whole Rs.)		
ITEM			Report value in whole Rupees	Wages and salaries in kind consumed	Own produced and consumed	Receipt from assistance gift, dowry, inheritance or other sources
Cross the None box if item was not consumed	None	Code	1-Price	2-Price	3-Price	4-Price
A: Home textile and articles of personal use			6100			
		Durable articles of personal use (wrist watch, pocket watch, spectacles, lighter, etc.)	6101			
		Ready-made pillow covers, bed-sheets, blankets, curtains, mosquito nets, etc.	6102			
		Expenditure on purchase of clothes and cotton (for pillows, quilts, and bed-sheets)	6103			
		Expenditure on thread and stitching related expenditure for sewing at home	6104			
B: Housing a: China, silver utensils and kitchen equipment			6200			
		China and silver utensils including crockery and cutlery (not for daily use)	6201			
		Burner, cooking range (oil, gas, electricity), pressure cooker	6202			
		Stainless steel, aluminium and bronze utensils	6203			
		Other kitchen equipment (litre, toaster, blender, mixer, juicer, knives, can-opener, etc.)	6204			
b: Furniture fixture and furnishing			6300			
		Wooden, metal and plastic furniture, charpoys, etc.	6301			
		Sanitary fitting (bath tub, wash basin, mirror, taps, showers, etc.)	6302			
		Article to lay on floor (hand-knitted or machine-made) carpets, cotton carpet (durrie), etc.	6303			
		Other articles for decoration (paintings, pictures, other articles of decoration), etc.	6304			
c: Other household articles			6400			
		Electric fans (exhaust, table, pedestal, ceiling), air-conditioner, air-cooler, refrigerator, freezer, etc.)	6401			
		Heater, boiler, geyser, (electric, gas, oil), table lamp	6402			
		Sewing machine, knitting machine (hand, electricity)	6403			
		Other (trunk, suit-case), wall clock, table clock, water pipe (rubber, nylon, plastic), thermos, etc.	6404			
		Expenditure on repair of articles mentioned above	6405			
C: Miscellaneous expenditure			6500			
		Washing of clothes, and cleaning equipment (washer, dryer, vacuum cleaner, iron, iron board, etc.)	6500			
		Calculator, computer, laptop	6500			
		Radio and musical instruments (tape-recorder, gramophone, TV, VCR, VCP, cassette, CD, piano, violin, etc.)	6500			
		Entertainment equipment (camera, film projector, shot-gun, angling kit, bat, ball, etc.	6500			
		Bicycle, motorcycle, scooter, car, horse, camel, tonga, etc. for conveyance	6500			
Total of Part E			6000			

M. Important durable articles (that are in ownership/were sold)

Reference No.

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1. Enter the number of those articles from the following that were with the family during the last year in Column A. In Column B enter the number of articles that were with the family on the day (date) of filling-in the form.

Note: 2. In Column C enter the cash amount acquired through sale of durable goods during the last one year, counting from the date of filling in the form

Was any of the following articles in the ownership of the family during the last year or is so today? Important durable articles (that are in the ownership/were sold)	Number of articles that were/are in the ownership of the family		If sold out, then write the amount received (Rs.)	What is the estimated present value of all owned articles (Rs.)	In which year the present articles were purchased. If more than one, when was the last article purchased. Write in 4 figures	Purchased for how much (Rs.)	If want to sell, how much could it be sold out for? (Rs.)		
	At present No.	During the year No.							
ITEM	None	Code	A	B	C	D	E	F	G
1. Refrigerator		701							
2. Freezer		702							
3. Air-conditioner		703							
4. Air-cooler		704							
5. Fans (ceiling, table and pedestal)		705							
6. Geyser (gas, electricity, oil)		706							
7. Washing/dryer machine		707							
8. Camera (still)		708							
9. Camera (movie)		709							
10. Cooking stove		710							
11. Cooking range		711							
12. Heater		712							
13. Bicycle		713							
14. Car/vehicle		714							
15. Motorcycle		715							
16. TV		716							
17. VCP, VCR, dish, receiver, decoder, etc.		717							
18. Radio, tape-recorder		718							
19. CD player		719							
20. Vacuum cleaner		720							
21. Sewing machine, fitting machine		721							
22. Personal computer		722							
23. Other		723							
24. Total		700							

N. Balance Sheet for income and expenditure

Reference No.

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N-1. Annual income of the family (take this income from H-1)

- | | | |
|-------------------------|-------------------------------------|--|
| 1. _____ Crops | 5. _____ Government service | 9. _____ Sale of assets |
| 2. _____ Livestock | 6. _____ Private Service | 10. _____ Deliveries
(inland/foreign) |
| 3. _____ Shop | 7. _____ Property (non-agriculture) | 11. _____ Other income |
| 4. _____ Other business | 8. _____ Gifts | 12. _____ Total income
(1-11) |

N-2. Annual expenditure of the family (Enter total of only 'Paid and Consumed')

1. (L-1.Total)_____ x 26 = _____
2. (L-2.Total)_____ x 12 = _____
3. (L-3.Total)_____ x 12 = _____
4. (L-4.Total)_____ = _____
5. (L-5.Total)_____ = _____
6. Total (1-5)_____ = _____

N-3. Checking:-

1. Total income (X) = _____
2. Total expenditure (Z) = _____
3. Total income (X - Z) = _____

Check, if income is more than expenditure