

A-1 Enumeration Block Code

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GOVERNMENT OF PAKISTAN

PAKISTAN BUREAU OF STATISTICS

**PAKISTAN SOCIAL AND LIVING STANDARDS
MEASUREMENT SURVEY (ROUND – X)
DISTRICT LEVEL
2014-15
QUESTIONNAIRE**

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Province Stratum Region Substratum Primary Sampling Unit

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A-2 Processing Code

A-3 HH No

A-4 No of Questionnaire

NAME OF THE HEAD OF THE HOUSEHOLD _____ ADDRESS _____

SURVEY INFORMATION

<p>ENUMERATION</p> <p>1. INTERVIEWER.....CODE <input style="width: 40px;" type="text"/> DATE <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <small>(Name)</small> <small>D M Y</small> <small>(Day, Moth & Year in two digits)</small></p> <p>TIME INTERVIEW STARTED <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>ENDED <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>	<p>7. PROVINCE</p> <p>8. DISTRICT</p> <p>9. TEHSIL</p> <p>10. MAUZA/DEH/VILLAGE</p> <p>11. HADD BAST NO.</p> <p>12. CITY</p> <p>13. REGIONAL/FIELD OFFICE</p> <p>14. NAME OF RESPONDENT</p> <p>.....</p> <p>Remarks of Chief S.O/ Supervisor/ Enumerator /KPVO (If any) :-</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>2. BEHAVIOUR OF THE RESPONDENT</p> <p>Co-operative=1 Normal =2 Reluctant/ Hesitant=3 Non serious/ Talkative=4 Refusal = 5 Non-Contact = 6 <input style="width: 40px;" type="text"/></p>	
<p>3. LANGUAGE OF INTERVIEW</p> <p>Urdu=1 Punjabi=2 Sindhi =3 Pushto =4 Balochi =5 Kashmiri=6 Balti=7 <input style="width: 40px;" type="text"/> Hindko=8 Siraki=9 Other=10</p>	
<p>4. DISTANCE OF PSU FROM OFFICE (Km) <input style="width: 40px;" type="text"/></p>	
<p>VERIFICATION</p> <p>5. SUPERVISOR.....CODE <input style="width: 40px;" type="text"/> DATE <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <small>(Name)</small> <small>D M Y</small> <small>(Day, Moth & Year in two digits)</small></p>	
<p>SIGNATURE</p>	
<p>EDITING OF QUESTIONNAIRE</p> <p>6. EDITOR.....CODE <input style="width: 40px;" type="text"/> DATE <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <small>(Name)</small> <small>D M Y</small> <small>(Day, Moth & Year in two digits)</small></p>	

SECTION B

HOUSEHOLD ROSTER, LIST OF HOUSEHOLD MEMBERS

ID	1. Name of household members who "Usually live and eat here". Do not list guests, Visitors etc.	2. Relation to head See Foot note For Codes	3. Reason to accept---as head of hh See Foot note For Codes	4. Sex Male =1 Female=2	5. Resident Status Present =1 Temporarily Absent at the time of enumeration =2	6. Age (Day, Month, Year which is unknown, try to probe with the help of event calendar, write 00 in the col. Of day, month, year, whichever is not known Write year in 4 digits & write 99 for age 100 or greater)			7. Marital Status If code= 1, 3, 4, 5 →Q - 9 See foot note for codes	8. ID code of spouse. (If not in the roster write code "99")	9. ID code of Father (If not alive code "98" and if not in the roster Write code "99")	10. ID code of Mother (If not alive code "98" and if not in the roster Write code "99")	11. Is ... a HH Member? Yes = 1 No = 2
						Age (in completed years)	Date of Birth						
						Day	Month	Year					
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

Head =01	Nephew/Niece = 07
Spouse =02	Son/Daughter-in-law = 08
Son/Daughter =03	Brother/Sister-in-law = 09
Grandchild =04	Father/Mother-in-law = 10
Father/Mother =05	Grand Father/G.Mother= 11
Brother/Sister =06	Uncle Aunt =12
	Servant/their relatives = 13
	Other = 14

Main Economic Provide =01
Main Provider away for work =02
Family Elder =03
Is old male in the house =04
Other Specify..... =05

Never Married =1
Currently Married =2
Widow / widower =3
Divorced =4
Nikkah solemnised but Rukhsati not taken place =5
If code=1, 3, 4, 5 →Q 9

*In Survey 2014-15, if months and days are not stated then 2014 will be the base year during entire survey.

**If months and days are known then age will be calculated from date of enumeration.

***If more than one wives then enter code of first wife in Q-8.

C. Educational Status

ID C	If age is 10 years or more then ask		If age is 4 years or more then ask						
	1. Can this person read & write in any language with understanding?	2. Can solve simple Mathematics Questions?	3. Has ever attended any educational institution?	4. What is the highest class/level of education completed?	5. Is he/she currently studying in any institution?	6. In which class he/she is studying these days?	7. What type of educational institution (name) is currently attending?	8. Did (Name) have any problem(s) with educational institution/school?	9. Why is (Name) not currently attending/never attended in educational institute? (Ask if age<=30)
								(Can give maximum two reasons)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

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

Codes for Q-2
 1= Yes
 2= No

Codes for Q-3 & Q-5
 1= Yes
 2= No
 (If no and Age is <=30 then go to Q#9)

Codes for Q-4 & Q-6
 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 09=Class-IX
 10= Class-X
 11= Poly-Technic Diploma/other Diplomas e.t.c .
 12=F.A/F.Sc/ I.com
 13=B.A/B.Sc./B.Ed./BCS
 14=M.A/M.Sc./M.Ed./MCS
 15= Degree in Engineering
 16= Degree in Medicine
 17= Degree in Agriculture
 18= Degree in Law
 19=MPhil/Ph.D.
 20. Other Specify -----

Codes for Q-7
 1= Govt.
 2= Private School
 3= Religious Institution
 4= NGO/Trust
 5= NFBE School
 6= Private exam
 7= Other.

 (If code is 6, don't ask Q8)

Codes for Q-8
 1= Satisfied
 2= Lack of teachers
 3= Lack of books
 4= Poor Teaching
 5= Too Far away
 6= Too Expensive
 7= Toilet/water Not available
 8= Others Specify-----

 Note: if satisfied in 1st column don't ask 2nd column.

Codes for Q-9

1. Too Expensive	11. Child not Willing
2. Too Far away	12. Lack of Documents
3. Substandard School	13. Not Useful
4. Helping in Domestic Work	14. Education Completed
5. Helping in Work	
6. Parents do not permit	
7. Shortage of female Teachers	15. Marriage
8. Shortage of Male Teachers	16. Employment/Work
9. Ill/Handicapped	17. Others specify.-----
10. Too Young	

D. Health

IDC	1. Was he/she sick or injured during the last two weeks?	2. Did consult anyone for this illness?	3. What kind of health provider did he/she visit?	4. How many times did (Name) use the service in last two weeks?	5. Did (Name) face any problem at the time of visit____? (Give maximum two answers) (ask from next person)	6. Why he/she did not seek medicines/medical facilities during the last two weeks? (Give maximum two Answers)	Questions regarding the Family
1							7. Has any LHW visited this household during the last 30 days? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Has any member of the household visited the health unit during the last 30 days? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Codes for Q-1
 1= Yes
 2= No
 (If no then ask from next person)

Codes for Q-2
 1= Yes
 2= No
 (Ask Q. No. 6)

Codes for Q-3
 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

Codes for Q-5
 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
 Note: If code=1 (satisfied) in column 1 then don't ask 2nd column.

Codes for Q-6
 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= Others

Section E. Employment Part A (All males and females 10 year of age and older)

ID	1. Did ..., do any work for pay, profit or family gain during the last Month at least for one hour on any day? Yes =1 No =2→ Q-3	2. How many days did work during the Last month? → Q-4	3. Even if did not work last month, did, have a job or enterprise such as shop, business, farm or service establishment (fixed/mobile) during the Last month? See Foot note for codes.	4. What was the nature of work (Occupation) that ... did? four digit codes are required. For code's details, see the sheet of occupational codes.		5. What was the nature of work done by the enterprise, office, institution where . Worked? Description of sector of activity (Industry) and four digit (Industry) codes is required. See Industry Codes sheet for codes.		6. What was the employment Status? See FN for codes. If code = 5 → Q-11	7. Can ...report His/her income on monthly or annual basis? Monthly=1 Annually =2 → Q.10 received in kind =3 If code 3 report income in Q-18 and →11	EARNED CASH INCOME <small>Note.1: Net income should be reported excluding taxes and employer's employee's contribution to social security, benevolent funds, etc. Note.2: Cash bonuses, gratuities and other cash allowances should be included. Note.3: Income from rent, interest and dividends should be excluded when received separately from net pay.</small>		
				Code	Description	Code	Description			8. How much money in cash, did ... earn During the <u>last month</u> ? Rs.	9. How many months, Did ...Work during the <u>last year</u> ? → Q.11 Months	10. How much money in cash, did, earn during the <u>Last year</u> ? Rs.
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

CODES FOR QUESTION-6

NON AGRICULTURE		AGRICULTURE (SELF EMPLOYED)
Employer with 1-9 employees = 1	Unpaid family worker = 5 (→ Q-11)	Owner cultivator = 6
Employer with 10 or more employees = 2		Share cropper = 7
Self-employed = 3		Contract cultivator = 8
Paid employee = 4		Live Stock (only) = 9

SECTION 1-M PART-B			ALL MALES AND FEMALES, 10 YEARS OF AGE AND OLDER - EMPLOYMENT AND INCOME												
I D C O D E	SECOND OCCUPATION				OTHER WORK		INCOME IN KIND		PENSION etc.		22. Was all or a large part of ...income used to pay expenses of this HH? Yes =1 No =2 No Income Reported=3	23. (Income received by household without performing any economic activity(if no income enter 0)) Q-23. Remittance received (in cash) from within Pakistan? (Money received which will not be repaid) <input type="text"/> Q-24. Remittance received (in cash) from outside Pakistan? (Money received which will not be repaid): <input type="text"/> Q-25. If any of the household property (land\building) was rented out, give net amount of the rent, received during the last 1 year against respective property. <input type="text"/> 26-Other <input type="text"/>			
	11. In addition, did, do any other work or hold other jobs for pay, profit or family gain During the <u>last year</u> ? Yes=1 No=2 → Q-16	12. What was the nature of work (Occupation) that ... did? four digit codes are required. For code's details, see the sheet of occupational codes.	13. What was the nature of work done by the enterprise, office, institution where----- worked? Description of sector of activity (Industry) and Four digit (Industry) code is required. See Industry Codes sheet for codes.	14. What was the employment Status? See FN for codes. If code = 5 → Q-16	15. How much money in cash, did .. .earn from this second occupation during the <u>last year</u> ?	16. In addition did. ...Do any other work or jobs for pay, profit or family gain during the last year? Yes=1 No=2 → Q-18	17. How much money in cash, did ...earn from these other activities during the last year?	18. Have sold income received in kind for wages and salaries during the last one year? Yes=1 No=2 → Q-20	19. How much money was obtained by selling the "kind" received in wages & salaries during the last year?	20. Did---- receive any Pension or other benefits during the <u>last Year</u> ? Yes =1 No =2 → Q - 22			21. How much money in cash, did ...receive from Pension and other benefits during the <u>Last year</u> ?		
	Description	Code	Description	Code	Rs.	Rs.	Rs.	Rs.							

CODES FOR QUESTION-14

NON AGRICULTURE		AGRICULTURE (SELF EMPLOYED)
Employer with 1-9 employees = 1	Unpaid family worker = 5 (→ Q-16)	Owner cultivator = 6
Employer with 10 or more employees = 2		Share cropper = 7
Self-employed = 3		Contract cultivator = 8
Paid employee = 4		Live Stock (only) = 9

F. Assets in possession

Does this family possess . . .	1. Yes 2. No	If yes, how many acres. (Q. 1 to 3) If yes, how many arcs? (Q. 4 to 7) If yes ,how many (Numbers-----.)	Current status compared to one year ago 1. Less than before 2. Same as before 3. Better than before 4. Don't know	Is most of the land Irrigated? 1. Yes 2. No	If wish to sell now, expected price(in rupees)
1. Personal agriculture land (If not, ask Q. No. 3)					
2. Is all or a part of land been given on rent					
3. Has any land been taken on rent					
4. Livestock in personal possession (No.)					
5. Sheep, goat in personal possession (No.)					
6. Animals in personal possession for transportation (No.)					
7. Chickens and poultry in personal possession (No.)					

	1. Yes 2. No	If yes, how much	Current status compared to one year ago 1. Worse than before 2. Like before 3. Better than before 4. Don't know	Is this land 1 Urban 2. Semi urban 3. Rural	If wish to sell now, expected price: (In Rupees)
8. Does the family have non-agriculture land, property or plot in personal possession		Sq. yards			In Rs.
9. Residential building in personal possession		Sq. feet			In Rs.
10. Shop, commercial building in personal possession		Sq. feet			In Rs.

11. Is any of the following articles is in your possession at present					
		1. Yes		2. No	
Iron (electric)	Chair, table	Refrigerator\Freezer	Bicycle	Mobile, Land line	Heater
Fans (electric)	Watches, clock	Air Cooler	Motor Cycle	Cooking Range	Rwksha/chengchi
Sewing machine	Television/LCD/LED	Air-conditioner	Car	Stove/Burner	Microwave oven
Radio or cassette player	VCR, VCP, VCD	Computer/Laptop/Tablet	Tractor, Truck	Washing Machine/Drier	UPS/generator/Solar Penal.

12. How is the economic situation of the family as compared to one year before?		1. Much worse 2. Slightly worse 3. Like before	4. A little better than before 5. Far better than before 6. Don't know
13. How is the economic situation of this locality/area as compared to one year before?			

G. Detail of the Family

<p>1. What is the residential status at present?</p> <p>1. Personal residence (Not Self Hired)</p> <p>2. Personal residence (Self Hired)</p> <p>3. On Rent <input type="checkbox"/></p> <p>4. On subsidized rent <input type="checkbox"/></p> <p>5. Without rent</p>	<p>2. How many rooms are there in this residential building?</p> <p><input type="checkbox"/></p>	<p>3. Which material is used for roof?</p> <p>1. RCC/RBC</p> <p>2. Wood/Bamboo</p> <p>3. Iron/Cement sheets <input type="checkbox"/></p> <p>4. Garder\T-Iron</p> <p>5. Other(please explain)</p>
<p>4. Which material is used for walls?</p> <p>1. Burned bricks/blocks</p> <p>2. Raw bricks/mud</p> <p>3. Wood/Bamboo</p> <p>4. Stone <input type="checkbox"/></p> <p>5. Other (Please explain)</p>	<p>5. What is main source for drinking water?</p> <p>1. Piped water 2. Hand pump</p> <p>3. Water motor\Tube well <input type="checkbox"/></p> <p>4. Covered well</p> <p>5. Open well</p> <p>6. River, stream, pond , spring ,canal etc.</p> <p>7. Tanker truck, water bearer</p> <p>8. Mineral Water</p> <p>9. Filtration plant 10.Other(Please explain)</p>	<p>6. What kind of toilet facility does your household use?</p> <p>1. Facility not available</p> <p>2. Flush system (linked to sewerage)</p> <p>3. Flush (linked to Septic tank)</p> <p>4. Flush (connected to open drain) <input type="checkbox"/></p> <p>5. Dry raised latrine</p> <p>6. Pit latrine</p> <p>7. Other</p>
<p>7. What is the main fuel used for cooking?</p> <p>1. Fire-wood 5. Electricity</p> <p>2. Gas 6. Crop residue <input type="checkbox"/></p> <p>3. Kerosene oil 7. Charcoal\Coal</p> <p>4. Dung cake 8. Other(Please explain)</p>	<p>8. What is main fuel used for lighting?</p> <p>1. Electricity 5. Candle</p> <p>2. Gas 6. Other (Please explain)</p> <p>3. Kerosene oil\Diesel\Petrol <input type="checkbox"/></p> <p>4. Fire-wood</p>	<p>9. Does the household (or any member) have a working telephone connection?</p> <p>1. None</p> <p>2. Land Line only</p> <p>3. Mobile <input type="checkbox"/></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				Time in minutes					Normal mode of transport		
	0-14	15-29	30-44	45-59	60+	On foot	mechanical	Non-Mechanical		0-14	15-29	30-44	45-59	60+	On foot	Mechanical	Non-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"/>	

H. Vaccination & Diarrhoea (for under 5year children)

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 '99'.			
Child <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mother	Child <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mother	Child <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mother	Child <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mother
2. Write the month and the year of child's birth.			
Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Has the child ever been immunized? (if no, skip to Q7)			
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 Immunization Card of your children with you?			
1. Yes 2. Yes Seen 3. No <input type="checkbox"/>	1. Yes 2. Yes Seen 3. No <input type="checkbox"/>	1. Yes 2. Yes Seen 3. No <input type="checkbox"/>	1. Yes 2. Yes Seen 3. No <input type="checkbox"/>
5. How did child vaccinate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For separate vaccination =1 for Joint vaccination Combo =2 for Joint vaccination Penta =3 only polio drops through polio campaign=4 only BCG and age less than 6 weeks=5 * For code =2 or 3 skip Hepatitis B (Q.6) ** for detail see foot note.			
6. Did the child receive following vaccination? 1. Yes, according to Card, 2. Yes, according to memory, 3. No, 4. yes, polio campaign.			
BCG <input type="checkbox"/>	BCG <input type="checkbox"/>	BCG <input type="checkbox"/>	BCG <input type="checkbox"/>
DPT /Combo/Penta-1 <input type="checkbox"/>	DPT /Combo/Penta-1 <input type="checkbox"/>	DPT /Combo/Penta-1 <input type="checkbox"/>	DPT /Combo/Penta-1 <input type="checkbox"/>
DPT /Combo/Penta-2 <input type="checkbox"/>	DPT /Combo/Penta-2 <input type="checkbox"/>	DPT /Combo/Penta-2 <input type="checkbox"/>	DPT /Combo/Penta-2 <input type="checkbox"/>
DPT /Combo/Penta-3 <input type="checkbox"/>	DPT /Combo/Penta-3 <input type="checkbox"/>	DPT /Combo/Penta-3 <input type="checkbox"/>	DPT /Combo/Penta-3 <input type="checkbox"/>
POLIO-1 <input type="checkbox"/>	POLIO-1 <input type="checkbox"/>	POLIO-1 <input type="checkbox"/>	POLIO-1 <input type="checkbox"/>
POLIO-2 <input type="checkbox"/>	POLIO-2 <input type="checkbox"/>	POLIO-2 <input type="checkbox"/>	POLIO-2 <input type="checkbox"/>
POLIO-3 <input type="checkbox"/>	POLIO-3 <input type="checkbox"/>	POLIO-3 <input type="checkbox"/>	POLIO-3 <input type="checkbox"/>
HB-1 <input type="checkbox"/>	HB-1 <input type="checkbox"/>	HB-1 <input type="checkbox"/>	HB-1 <input type="checkbox"/>
HB-2 <input type="checkbox"/>	HB-2 <input type="checkbox"/>	HB-2 <input type="checkbox"/>	HB-2 <input type="checkbox"/>
HB-3 <input type="checkbox"/>	HB-3 <input type="checkbox"/>	HB-3 <input type="checkbox"/>	HB-3 <input type="checkbox"/>
MEASLES -1 <input type="checkbox"/>	MEASLES -1 <input type="checkbox"/>	MEASLES -1 <input type="checkbox"/>	MEASLES -1 <input type="checkbox"/>
MEASLES -2 <input type="checkbox"/>	MEASLES -2 <input type="checkbox"/>	MEASLES -2 <input type="checkbox"/>	MEASLES -2 <input type="checkbox"/>

Note : if child vaccinate DPT and hepatitis B separately then DPT and hepatitis B column must be filled but if child vaccinate by Combo or Penta then Hepatitis B column must be blank. **DPT** is anti- Diphtheria, Pertussis (Whooping Cough) and Tetanus. **PENTA** is combination of Diphtheria, Pertussis, Tetanus, Influenza HIB and Hepatitis B. Whereas **COMBO** is combination of Diphtheria, Pertussis, Tetanus and Hepatitis B

H. Vaccination & Diarrhoea (for Under 5 children)

7. Did the child face diarrhoea during the last 30 days? (If no, then ask from the next child)			
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"/>
8. Did you consult anyone for the treatment of diarrhoea? (If no, then ask Q. No. 9)			
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"/>
9. Whom did you consult first?			
1. Private Dispensary/Hospital 2. Government Hospital 3. RHC/BHU 4. LHW <input type="checkbox"/> 5. Nurse/LHV/MCHC 6. Chemist/Pharmacy 7. Hakeem, Homoeopath, Waid 8. Other	1. Private Dispensary/Hospital 2. Government Hospital 3. RHC/BHU 4. LHW <input type="checkbox"/> 5. Nurse/LHV/MCHC 6. Chemist/Pharmacy 7. Hakeem, Homoeopath, Waid 8. Other	1. Private Dispensary/Hospital 2. Government Hospital 3. RHC/BHU 4. LHW <input type="checkbox"/> 5. Nurse/LHV/MCHC 6. Chemist/Pharmacy 7. Hakeem, Homoeopath, Waid 8. Other	1. Private Dispensary/Hospital 2. Government Hospital 3. RHC/BHU 4. LHW <input type="checkbox"/> 5. Nurse/LHV/MCHC 6. Chemist/Pharmacy 7. Hakeem, Homoeopath, Waid 8. Other
10. Did you give Nimkol (ORS) to him/her?			
1. Yes, Purchased, Provided 2. Yes, Prepared at home 3. No <input type="checkbox"/>	1. Yes, Purchased, Provided 2. Yes, Prepared at home 3. No <input type="checkbox"/>	1. Yes, Purchased, Provided 2. Yes, Prepared at home 3. No <input type="checkbox"/>	1. Yes, Purchased, Provided 2. Yes, Prepared at home 3. No <input type="checkbox"/>
11. Respondent code <input type="text"/> <input type="text"/> (Ask next Child)	Respondent code <input type="text"/> <input type="text"/> (Ask next Child)	Respondent code <input type="text"/> <input type="text"/> (Ask next Child)	Respondent code <input type="text"/> <input type="text"/> (Ask next Child)

I. Married women (age 15 to 49 years)

IDC	1. Did you give birth to a child during last 3 years? (See foot note for codes)	2. Did you receive any pre-natal care during this pregnancy? (See foot note for codes)	3. Who provided pre-natal care during your last pregnancy? (See foot note for codes)	4. Were you vaccinated against tetanus during this pregnancy? (See foot note for codes)	5. How many injections you were given for immunization against tetanus?	6. Were you given tetanus toxoid injections during previous pregnancy? Yes=1 Yes EPI Program=2 no previous pregnancy=3 (If code 2 or 3 then go to Q # 08)	7. How many injection did you received?	8. Where did you give birth (Last Pregnancy)? (See foot note for codes)	9. Who assisted with delivery? (See foot note for codes)	10. Did you receive post-natal care within 6 weeks after this delivery? (See foot note for codes)	11. From where did you receive post-natal care? (See foot note for codes)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Codes for Q-1
1. Yes
2. No
(If no, then ask About the next Woman)

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

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

Codes for Q-4
1. Yes
2. Yes EPI program
3.No(if no then ask Q-6)

Codes for Q-8
1. Home
2. RHC/BHU/
Govt. hospital
3. Private hospital/
Clinic
4. Other.....

Codes for Q-9
1 Family member
Neighbour, Friend
2. Midwife
3. TBA
4. Trained Dai
5. Doctor
6. LHV
7. LHW
8. Nurse
9. Others.....

Codes for Q-10
1. Yes
2. No
(If no, then ask about the next woman)

Codes for Q-11
1. TBA-home
2. LHW-home
3. LHV-home
4. Doctor-home
5. RHC/BHU/
Govt. hospital
6. Private hospital/
Clinic
7. Other.....

