

Government of Pakistan
Statistics Division
Federal Bureau of Statistics

PAKISTAN SOCIAL AND LIVING STANDARDS
MEASUREMENT SURVEY (ROUND-III)
(District Level)
2006-07

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-III)

(District Level)

2006-07

Government of
Pakistan
Statistics Division
Federal Bureau of
Statistics

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		A-7 Interviewer
<input type="radio"/> AM			D D M M Y Y		
<input type="radio"/> PM					

		A-8 Start Time	A-9 Date		A-10 Interviewer
<input type="radio"/> AM			D D M M Y Y		
<input type="radio"/> PM					

If the interview is split then record details of second part in this Row

B. List of Family Members

IDC	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(days, months or year whichever is unknown should be reported according to calendar if still unknown then write "00" in the respective block. write year in four digits . if age is greater than 100 then write "99")				5. Marital Status
					Date of birth			Age in complete years	
					Year	Month	Days		
1	Head								
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

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. Education

IDC	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? (Ask if age <= 30) (Can give maximum two reasons)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

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
(If no then go to Q#9)

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

(For 4 and 6)

09= Class-IX
10 = Class-X
11= FA/F.Sc
12= BA/B.Sc.
13=Degree in Engeering
14= MBBS
15= Degree in Computer
16= Degree in

1= Govt.
2= Masjid School
3= Private School
4= Religious Institution
5= NGO/Trust
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

IDC	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							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							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

1= Yes
2= No
(If no then ask from next person)

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

IDC	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								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

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

IDC	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								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

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)

End of interview,
 next person

1= Yes
 2= No
 (If yes, ask Q. No. 16)

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 (Q. 4 to 7)	Current status compared to one year ago 1. Worse than before 2. Like before 3. Better than before 4. Don't know	Is most of the land under irrigation 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		Is this land 1 Urban 3. Rural 2. Semi urban	If wish to sell now, expected price:
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		Bicycle
Fans (electric)	Watches, clock		Air Cooler		Motor Cycle
Sewing machine	Television		Air-conditioner		Car, truck
Video or cassette player	VCR, VCP, VCD		Computer		Tractor
12. How is the economic situation of the family as compared to one year before?			1. Much worse		4. A little better than before
13. How is the economic situation of this locality/area as compared to one year before?			2. Slightly worse		5. Far better than before
			3. Like before		6. Don't know

G. Detail of the Family

<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 <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 Dry raised Latrine</p> <p>2. Flush system (linked to sewerage) 6. Pit Latrine</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				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"/>	

H. Vaccination & Diarrhoea (for children under 5)

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.(if no, skip to Q6)			
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"/>
HB1 <input type="checkbox"/>	HB1 <input type="checkbox"/>	HB1 <input type="checkbox"/>	HB1 <input type="checkbox"/>
HB2 <input type="checkbox"/>	HB2 <input type="checkbox"/>	HB2 <input type="checkbox"/>	HB2 <input type="checkbox"/>
HB3 <input type="checkbox"/>	HB3 <input type="checkbox"/>	HB3 <input type="checkbox"/>	HB3 <input type="checkbox"/>
MEASLES <input type="checkbox"/>	MEASLES <input type="checkbox"/>	MEASLES <input type="checkbox"/>	MEASLES <input type="checkbox"/>

H. Vaccination & Diarrhoea (for children under 5)

6. 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"/>
7. 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"/>
8. Who was the person you consulted first of all.			
1. Private Dispensary/Hospital	1. Private Dispensary/Hospital	1. Private Dispensary/Hospital	1. Private Dispensary/Hospital
2. Government Hospital	2. Government Hospital	2. Government Hospital	2. Government Hospital
3. RHC/BHU	3. RHC/BHU	3. RHC/BHU	3. RHC/BHU
4. LHW <input type="checkbox"/>	4. LHW <input type="checkbox"/>	4. LHW <input type="checkbox"/>	4. LHW <input type="checkbox"/>
5. Nurse/LHV	5. Nurse/LHV	5. Nurse/LHV	5. Nurse/LHV
6. Chemist/Pharmacy	6. Chemist/Pharmacy	6. Chemist/Pharmacy	6. Chemist/Pharmacy
7. Hakeem, Homoeopath, Waid	7. Hakeem, Homoeopath, Waid	7. Hakeem, Homoeopath, Waid	7. Hakeem, Homoeopath, Waid
8. Other	8. Other	8. Other	8. Other
9. Did you give Nimkol (ORS) to him/her?			
1. Yes, Purchased, Provided	1. Yes, Purchased, Provided	1. Yes, Purchased, Provided	1. Yes, Purchased, Provided
2. Yes, Prepared at home	2. Yes, Prepared at home	2. Yes, Prepared at home	2. Yes, Prepared at home
3. No <input type="checkbox"/>	3. No <input type="checkbox"/>	3. No <input type="checkbox"/>	3. No <input type="checkbox"/>

I. Married women (age 15 to 49 years)

IDC	1. Has given birth to a child 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 assisted during the delivery?	8. Were you medically examined after 6 weeks after childbirth	9. Where was this care normally received?
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

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. LHV/Midwife 4. TBA/Dai 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
-----------------------------------------------------------	-----------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	----------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------

J. Benefit from services and facilities

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

Services and Facilities	A				If it is 1 or 2 in A then ask B							If it is 2, 3 or 4 in A then ask C&D						
	How many times do you use this service usually				Any particular reason for not using once in a while							C		D				
	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																		
Family Planning Unit																		
School																		
Veterinary Clinic																		
Agriculture (expansion)																		
Police																		
Bank																		
Road																		
Drinking water																		
Bus																		
Railway																		
Post Office																		

Fill in the following at the end of the interview

1. Selected household

2. Changed household

3. Refusal/non-availability

Interview time

Mins Hours

Respondent

1. Helper

2. Normal

3. Hesitation

4. Talkative

5. Refusal

Fill in the following, if interview is taken by two persons.

1. Helpful

2. Normal

3. Hesitant

4. Talkative

5. Refusal

6. Lack of contact

Mins Hours

