



GOVERNMENT OF PAKISTAN

FEDERAL BUREAU OF STATISTICS

PAKISTAN SOCIAL AND LIVING STANDARDS MEASUREMENT SURVEY (PSLM)

DISTRICT QUESTIONNAIRE
ROUND VI - 2010-11

PROVIN CE/REGI ON	STRATUM	URBAN/R URAL	SUB- STRATUM	QUART ER	PRIMARY SAMPLING UNIT	HOUSEHOLD			

NAME OF THE HEAD OF THE HOUSEHOLD _____ ADDRESS _____

SURVEY INFORMATION

ENUMERATION

1. INTERVIEWER.....CODE DATE
(Name) (Date, Moth & Year in two digits)

TIME INTERVIEW STARTED
 ENDED

2. BEHAVIOUR OF THE RESPONDENT
 Co-operative=1 Normal =2 Reluctant/ Hesitant=3 Non serious/ Talkative=4
 Refusal = 5 Non-Contact = 6

3. LANGUAGE OF INTERVIEW
 Urdu=1 Punjabi=2 Sindhi =3 Pushtu =4 Balochi =5 Kashmiri=6 Other=7

4. DISTANCE OF PSU FROM OFFICE (Km)

VERIFICATION

5. SUPERVISOR.....CODE DATE
(Name) (Date, Moth & Year in two digits)

SIGNATURE.....

EDITING OF QUESTIONNAIRE

6. EDITOR.....CODE DATE
(Name) (Date, Moth & Year in two digits)

- 7. PROVINCE
- 8. DISTRICT
- 9. TEHSIL
- 10. MAUZA/DEH/VILLAGE
- 11. HADD BAST NO.
- 12. CITY
- 13. REGIONAL/FIELD OFFICE
- 14. NAME OF RESPONDENT

Remarks of Chief S.O/ Supervisor/ Enumerator /KPVO (If any) :-

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SECTION B	HOUSEHOLD ROSTER, MEMBER OF HOUSEHOLD
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ID C O D E	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. Sex Male =1 Female=2	4. Resident Status Present =1 Temporarily Absent at the time of enumeration =2	5. 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, which ever is not known Write year in 4 digits & write 99 for age 100 or greater)				6. Marital Status See foot note for codes	7. ID code of spouse. (If not in the roster write code "99")	*8. ID code of Father (If not alive code "98" and if not in the roster Write code "99"	*9. ID code of Mother (If not alive code "98" and if not in the roster Write code "99"	10. 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													

(a) CODES FOR Q. 2			
Head =01	Nephew/Niece = 07		
Spouse =02	Son/Daughter-in-law = 08		
Son/Daughter =03	Brother/Sister-in-law = 09		
Grand child =04	Father/Mother-in-law = 10		
Father/Mother =05	Servant/their relatives = 11		
Brother/Sister =06	Other = 12		

***If Father/mother are not alive write "98"
If spouse/ father/ mother is not in the household roster, write "99"**

CODES FOR Q.6 (Marital Status)
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 8

C. Educational Status

	If age is 10 years or more then ask		If age is 4 years or more then ask						
IDC	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									

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 09= Class-IX 10= Class-x	(For 4 and 6) 11=Class X1. 12= Class X11. 13= Class X111 14=B.A/B.Sc/B.e d/Bcs 15= Class XV 16=MA/MSC/ M.ED 17=Polytechnic Diploma/Other Diplomas 18= Degree in Engineering	19= MBBS 20=Degree in Agriculture 21=LLB/LL M 22=M.Phil/P h..D 23=Other	1= Govt. 2= Private School 3= Religious Institution 4= NGO/Trust 5= NFBE School =Masjid 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.Education is Costly 2. Far away 3. Substandard School 4. Helping in Domestic Work 5. Helping in work 6. Parents do not permit 7. Shortage of Male/female Teachers 8.Ill/incapacitated	9. Minor/aged 10.Child not Willing 11.Education is completed 12.Not useful 13.Lack of Documents 14.Marriage/pregnancy 15.Employment/work 16.Other
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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) (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. 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= Homocopath
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

SECTION 1-M PART-B **ALL MALES, 10 YEARS OF AGE AND OLDER - EMPLOYMENT AND INCOME**

ID	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
	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? Two 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 two 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> ? Rs.	16. In addition did ...do any other work or hold other 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? Rs.	18. Have sold any 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 1 year? Rs.	20. Did receive any Pension or other benefits during the <u>last year</u> ? Yes =1 No =2 → Q - 22	
		Description Code	Description Code								

<p>Q-23 During the last 12 months did any of the HH members, alone or with the members of other HH, actively operate land for crop production (irrespective of the size, location or ownership of the land)?</p> <p>Yes = 1(Agri. Sheet) → Q-25 No =2</p> <div style="text-align: right; margin-right: 20px;"><input type="checkbox"/></div>	<p>Q-24 During the last 12 months did the HH keep 1 or more head of buffalo/ camel, 2 or more cattle, 5 or more sheep/goats or 20 or more poultry birds or fish farm?</p> <p>Yes = 1 (For Household purpose only) <input type="checkbox"/> Yes = 2 (For commercial purpose only) Yes = 3 (For Household/Commercial purpose) (In all three case complete the Agri. Sheet) No =4</p>	<p>Q-25 During the last 12 months was any HH member proprietor of or partner in a non-agricultural, non-financial establishment, business or shop (fixed or mobile) which employed no more than 9 persons on any day during the last 12 months?</p> <p>Yes =1 (Non-Agri. Sheet) <input type="checkbox"/> No = 2 (→ Next Section)</p>	<p>Q-26 How many such establishments/business /shops /cottage industries were associated with this household during the last 12 months?</p> <p>A separate Non-Agriculture sheet must be completed for each establishment/business/ shop/cottage industry.</p>
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<p>CODES FOR QUESTION-14 NON AGRICULTURE</p> <p>Employer, employing less than 10 persons = 1 Employer, employing 10 or more persons = 2 Self-employed = 3 Paid employee = 4</p>	<p>Unpaid family worker = 5 (→ Q-16)</p>
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<p>AGRICULTURE (SELF EMPLOYED)</p> <p>Owner cultivator = 6 Share cropper = 7 Contract cultivator = 8 Live Stock (only) = 9</p>
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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:
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 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	Mobile	
Fans (electric)	Watches, clock	Air Cooler	Motor Cycle	Cooking Range	
Sewing machine	Television	Air-conditioner	Car, truck	Stove/Burner	
Video or cassette player	VCR, VCP, VCD	Computer/Laptop	Tractor	Washing Machine	
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 (Self Hired)</p> <p>2. Personal residence (Not Self Hired) <input type="checkbox"/></p> <p>3. On Rent</p> <p>4. On subsidized rent</p> <p>5. 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. Mineral Water</p> <p>10. 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. Dugged 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				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 Under 5 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 '00'.			
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.			
Year Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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. 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. Did the child vaccinated/administered the following drops. (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"/>
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"/>

I. Married women (age 15 to 49 years)

IDC	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. Were you given these injections during previous pregnancy? Yes=1,no=2, no previous pregnancy= 3	7. How many ?	8. Where was the child born?	9. Who helped in child Delivery?	10. Were you medically examined during the 6 weeks after childbirth ?	11. Where did this check-up of yours take place?
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 hos/ clinic 7.other	1. Yes 2. No (If no, then ask Q. No. 6)	(for code 2 or 3 then go to Q# 8)		1. Home 2. RHC/BHU/ Govt. hospital 3.Private hospital/ clinic 4. Other	1 Family member neighbour,Friend 2. Midwife 3. TBA 4.Trained Dai 5.Doctor 6.LHV 7.LHW 8.Nurse 9.Others	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	

