



**GOVERNMENT OF PAKISTAN**

**MINISTRY OF PLANNING DEVELOPMENT AND SPECIAL INITIATIVES**

**PAKISTAN BUREAU OF STATISTICS**

**SPECIAL SURVEY TO EVALUATE SOCIO ECONOMIC IMPACT OF COVID-19 ON WELLBEING OF PEOPLE**

**A-1 Enumeration Block Code**

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Province

Stratum

Region

Primary Sampling Unit

**A-2 Processing Code**

NAME OF THE HEAD OF THE HOUSEHOLD \_\_\_\_\_ ADDRESS \_\_\_\_\_

# SURVEY INFORMATION

## ENUMERATION

1. INTERVIEWER..... CODE   
(Name)

DATE

D M Y

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Date, Month & Year in two)

## 2. STATUS OF INTERVIEW

Completed =1, Partially Refused =2, Refusal=3, Non- Contacted=4  
(If code =3 & 4 then ask for remark if any)

## 3. BEHAVIOUR OF THE RESPONDENT

Co-operative=1 Normal =2 Reluctant/ Hesitant=3 Non serious/ Talkative=4

## 4. LANGUAGE OF INTERVIEW

Urdu=1 Punjabi=2 Sindhi =3 Pushtu =4 Balochi =5 Kashmiri=6 Balti=7  
Hindko=8 Siraki=9 Other(specify...)=10

## 5. Telephone/Contact No

\_\_\_\_\_

Remarks (If any) :-

## Section A:- HOUSEHOLD ROSTER,

I-D CODE	1. Name of household members who “usually live and eat here together”. (Do not list guests, visitors etc.)	2. Relation to head  (See foot note for codes)	3. Sex  Male =1 Female=2	4. Age  (in completed years on last Birth day)	5. Marital Status  <b>See foot note for codes</b>	6. Is ... a HH Member?  Yes = 1 No = 2	7. Maximum Education attained (FORMAL EDUCATION) See Codes Below

CODES FOR Q. 2	CODES FOR Q.5 (Marital Status)	CODES FOR Q.7
Head =01 Spouse =02 Son/Daughter =03 Grandchild =04 Father/Mother =05 Brother/Sister =06  Nephew/Niece = 07 Son/Daughter-in-law = 08 Brother/Sister-in-law = 09 Father/Mother-in-law = 10 Grand Father/G Mother = 11 Uncle/Aunt =12 Servant/their relatives = 13 Other = 14	Never Married =1 Currently Married =2 Widow / widower =3 Divorced =4 Separated =5 Nikkah solemnised but Rukhsati not taken place =6	No Formal Education =1 Nursery/Below KG =2 KG Below Primary =3 Primary but below Middle =4 Middle but below Matric =5 Matric but below Intermediate =6 Inter but below Degree =7 Degree in Engendering =8 Degree in Medicine =9 Degree in Computer =10 Degree in Agriculture =11 Degree in Other Subjects =12 MA/M.Sc. =13 M.Phil. =14 Ph.D. =15

## Section B: - Impact of COVID-19 on Employment and income (population age 10 years and above)

Before COVID-19, Lock Down					During COVID-19					After COVID-19, Lock Down								
Q1					Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9					Q10	
I D  C o d e	Did... do or help in any work for pay, profit or family gains or have a job or enterprise such as a shop, business, farm or service establishment (fixed or mobile) During Jan, to March 2020?					Why is (Name) not start working ? Fill If q1a=2 (See Foot Notes)	Did... do or help in any work for pay, profit or family gains or have a job or enterprise such as a shop, business, farm or service establishment (fixed or mobile) During April to July 2020? (Covid-19 period) (See Foot Notes)	Is this specified situation (code in q3) is because of Covid-19?  Yes =1 No =2  (If code=4 in q3 ask Q5 and Q6)	Occupation code  (2 digit)  (Filled only if Q3 =4)	Industry Code  (2 digit)  (Filled only if Q3 =4)	Average number of reduced working hours per day due to COVID-19?  (Filled only if Q3 =2 or 3)	Average Monthly income during Covid-19  (Filled If code Q3 =3 , 4, and 5)	Did... do or help in any work for pay, profit or family gains or have a job or enterprise such as a shop, business, farm or service establishment (fixed or mobile) during last week?					Why is (Name) not start working? (i.e. 9a = 2)? <b>(See Foot Notes)</b>
													1a Yes =1 No =2(→ Q2)	1b Employment Status (see footnote s)	1c Occupation code (2 digit)	1d Industry Code (2 digit)	1e Average Monthly income (→Q3)	

<p><b>Q1b and Q9b Employment Status</b></p> <ol style="list-style-type: none"> <li>01. Regular paid employee with fixed wage</li> <li>02. Casual paid employee</li> <li>03. Paid worker by piece rate or work performed</li> <li>04. Paid non-family apprentice</li> <li>05. Employer</li> <li>06. Own account worker (Agriculture)</li> <li>07. Owner account worker (non-agriculture)</li> </ol>	<ol style="list-style-type: none"> <li>08. Owner cultivator</li> <li>09. Share cropper</li> <li>10. Contract cultivator</li> <li>11. Contributing family worker (Agriculture)</li> <li>12. Contributing family worker (non-agriculture)</li> <li>13. Member of a producer's cooperative</li> <li>14. Other (Specify)</li> </ol>	<p><b>Codes for Q2 and Q10.</b></p> <ol style="list-style-type: none"> <li>01. Illness</li> <li>02. Searching Job</li> <li>03. Temporarily Laid off</li> <li>04. Apprentice and not willing to work</li> <li>05. Agricultural Landlord/ Property owner and not willing to work</li> <li>06. Too young to work</li> <li>07. Student and not willing to work</li> <li>08. Retired and not willing to work</li> <li>09. Too old to work</li> <li>10. Unable to work/handicapped</li> </ol>	<ol style="list-style-type: none"> <li>11. Housekeeping and not willing to work</li> <li>12. Family does not allow to work</li> <li>13. Other reasons</li> </ol>	<p><b>Codes for Q3.</b></p> <ol style="list-style-type: none"> <li>1. Same status as before</li> <li>2. Yes, reduced working hours/days but same salary.</li> <li>3. Yes, reduced working hours/days and reduce salary.</li> <li>4. Yes, just started working.</li> <li>5. Yes, on paid leave.</li> <li>6. No, on unpaid leave.</li> <li>7. No, removed from job(Domestic/local)</li> <li>8. No, removed from job (Foreign)</li> <li>9. Not allowed to work (lock down)</li> <li>10. No work due to Covid-19</li> </ol> <p><b>For code 1 skip question 4 and move to Q9a</b></p>
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## Section C1: - Income From Second Occupation, Domestic & Foreign Remittances, Rent and Other work

Questions These amount received by household are the amount which may not be returned back in future, household livelihood depends on these.  (For more than one person receiving amount report them by adding those)	Since January Up to now				
	Q1	Q2	Q3	Q4	Q5
	Did hh receiving these before <i>COVID-19</i> ? Jan to March Yes =1 , No=2	Did hh receiving these During <i>COVID-19</i> ? April to July Yes =1 , No=2  If q1=2 and q2=2 then move to next question	Did there any Change in these amount before and after <i>COVID-19</i> ? 1=Increase 2=Decrease 3=No Change	How Much Monthly Average Amount (Rs.) received before <i>COVID-19</i> ? (Skip this question if both Q1 and Q2 =2)	How Much Monthly Average Amount (Rs.) received during <i>COVID-19</i> ? (Skip this question if both Q1 and Q2 =2)
1. Does any member of your Household received Domestic Remittances (Rs within Pakistan)?					
2. Does any member of your Household received Foreign Remittances (Rs outside Pakistan)?					
3. Does any member of your Household received rent against agriculture land?					
4. Does any member of your Household received rent against commercial building, land or house. (non agriculture land					
5. Does any member of your household usually receive zakat, usher, Sadaqat, or gift (kind, Cash) Including BISP, Ehsaas, Bait ul Mal public, Private					
6. Does any member of your household received income from second occupation or other works?					

## Section C2: - Job loss/ Migration due to COVID -19

Questions	Yes =1 , No=2 (Next Question)	Which district/Country (See District codes Annexed)	Write in Numbers how many members lost Jobs
Has any member of your family working within Pakistan returned back, due to Job loss since the appearance of <i>COVID-19</i> ?			
Has any member of your family working abroad returned back to Pakistan, due to Job loss since the appearance of <i>COVID-19</i> ?			
Did any of your relative not part of your family roster lost his/her Job due to <i>COVID-19</i>			

## Section D:- Food Insecurity

<p>Now I would like to ask you some questions about food Insecurity. During COVID-19( April to July 2020), was there a time when:</p>	<p>Yes=1 No =2 Don't Know=98 Refused= 99</p>
Q1. You or others in yours household worried about not having enough food to eat because of a lack of money or other resources?	
Q2. Was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?	
Q3. Was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?	
Q4. Was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?	
Q5. Was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?	
Q6. Was there a time when your household ran out of food because of a lack of money or other resources?	
Q7. Was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?	
Q8. Was there a time when you or others in your household went without eating for a whole day because of lack of money or other resources?	

## Section E:- ASSISTANCE FROM SOCIAL PROTECTION PROGRAMS

<b>ENUMERATOR: ASK THIS SECTION TO THOSE WHO ARE RECEIVING SOCIAL PROTECTION BENEFITS CURRENTLY, OR RECEIVE SOCIAL PROTECTION BENEFITS DURING COVID-19</b>			
	<b>Program</b>	<b>A: Are you or any member of your household received the cash/in-kind currently or have you received [BENEFIT] in the last 5-Months? Yes=1 NO=2</b>	<b>B: What is the amount of [BENEFIT] received? (please report expected value of in kind in Rupees)</b>
1	Zakat/ Baitulmal		
2	Benazir Income Support Program		
3	Received Cash from Ehsas due to Covid-19		
4	Workers Welfare / Social Security/ EOBI		
5	Received cash/in-kind from any private person		
a	Family		
b	Friend		
c	Relative/Neighborhood		
d	Deeni Welfare Trust		
e	Other Welfare Trust		
6	From Any NGO/UN Organization		
7	Others (please specify)		

## Section F:- HOUSING CHARACTERISTICS/WASH

<p><b>1. What is the residential status at present:</b></p> <p>1. Personal residence (Not Self Hired)          2. Personal residence ( Self Hired) <input type="checkbox"/>          3. On Rent          4. On subsidized rent          5. Rent Free</p>	<p><b>2. How many rooms are there in this residential building?</b>          (Living Room Only, Excluding Kitchen, Wash Room. Store room etc.)</p>	<p><b>3. Which material is used for roof?</b></p> <p>1. RCC/RBC <input type="checkbox"/>          2. Wood/Bamboo          3. Iron/Cement sheets          4. Garder\T-Iron          5. Other( please explain)</p>
<p><b>4. Which material is used for walls?</b></p> <p>1. Burned bricks/block    2.Raw bricks/mud <input type="checkbox"/>          3. Wood/bamboo        4. Plywood/Cardboard          5. Stone          6. Other (Please explain)</p>	<p><b>5. What is the main fuel used for cooking</b></p> <p>1. Fire-wood                    2. Gas <input type="checkbox"/>          3. LPG                            4. Kerosene oil          5. Electricity                    6. Dung cake          7. Crop residue                8. Charcoal\Coal          9. Other(please explain)</p>	<p><b>6. What is main fuel used for lighting</b></p> <p>1. Electricity                    2. Solar Energy <input type="checkbox"/>          3. Gas                              4. Kerosene oil\Diesel\Petrol          5. Fire-wood                    6.Candle          7. Other(please explain)</p>
<p><b>7. What is main source for drinking water</b></p> <p>1. Piped water          2.Hand pump          3 Bore Hole (Motor Pump) / Tube Well <input type="checkbox"/>          4.Open well          5.Closed well          6.Spring (protected)          7.Spring (Un Protected)          8. Pond/Canal / River / Stream          9. Bottled Water          10.Tanker /Truck/water bearer          11. Filtration Plant          12.Others (specify-----)</p>	<p><b>8. What kind of toilet facility does your household use?</b></p> <p>1. No Toilet          2. Flush connected to public sewerage          3. Flush connected to septic tank <input type="checkbox"/>          4. Flush connected to pit          5. Flush connected to open drain          6. Dry raised latrine          7. Dry pit latrine          8. Composting toilet          9. Other (specify_____)</p>	<p><b>9. Do you share this toilet facility with others who are not members of your households?</b></p> <p>1. Yes <input type="checkbox"/>          2. No</p>
<p><b>10. Is there enough water available at your household for frequent handwashing?</b> <input type="checkbox"/></p> <p>1. Yes, Always,          2. Yes, Sometimes          3. No</p>	<p><b>11. Do you have specific place for hand washing at your household?</b> <input type="checkbox"/></p> <p>1. Yes          2. No</p>	<p><b>12. Do you use soap or hand-wash agent for hand washing before and after meal or using toilet at your household?</b> <input type="checkbox"/></p> <p>1. Yes          2. No</p>
<p><b>13. Does your Work place have a functional handwashing station?</b></p> <p>1. Yes, and usually has soap          2. Yes, but does not usually have soap          3. No <input type="checkbox"/></p>		<p><b>14. How your household waste been collected or disposed of?</b></p> <p>1. Collected by Municipality van from door step <input type="checkbox"/>          2. Collected by Private van/cart from door step          3. Public Bin/ Collection point          4.Road/ street          5. Lake/River/ Nullah.          6 Open space          7. Other Specify.</p>



## Section G:- COPING STRATEGIES TO TACKLE THE SHOCKS COVID-19:-

<b>How severely has your household been affected by the Covid-19?</b> Not at all affected=1..... (Go to next Section) Mildly affected =2 Moderately affected =3 Highly affected =4 Severely affected =5		<b>Code:</b>  <div style="border: 1px solid black; width: 30px; height: 30px; margin-left: auto; margin-right: auto;"></div>
<b>What the household did to cope up the economic situation during COVID-19</b>		<b>Yes=1</b> <b>No=2, Refused=99</b>
1	Reduced quantity of food intake	
2	Switched to lower quality or cheaper food	
3	Reduced non-food expenses i.e. health and education, clothing/shoes etc	
4	Spent savings or investments	
5	Loans from relatives/friends	
6	Loans from employer/moneylenders/traders	
7	Loans from formal sources/NGOs/Banks	
8	Asked and received help / gift assistance from others in the community (not loans)	
9	Delayed payment of loans	
10	Discontinuation of Education of children due to non-availability of monthly fee	
11	Non-payment of Electricity bills	
12	Non-payment of Gas bills	
13	Temporary Migration due to loss of job/ Migrated to look for livelihood opportunities	
14	Sold productive assets or means of transport (sewing machine, wheel barrow, grain mill, agricultural tools, farm machinery, bicycle, car etc.)	
15	Sold household assets/goods (radio, furniture, refrigerator, television, jewellery etc.)	
16	Sold last productive/female animal	
17	Consumed seed stock held for the next season	
18	Sold house/land/plot	
19	Other (specify)	

# SECTION H

# SELECTED DURABLE ITEMS OWNED BY THE HOUSEHOLD

Are any of the following items owned by this Household?							
Yes=1 No=2 (If code=2 then cross the none box)							
Item	Code	Y/N	Quantity		Code	Y/N	Quantity
1- RADIO	701			19- TURBINE	719		
2- TELEVISION	702			20- UPS	720		
3-LCD/ LED	703			21- GENERATOR	721		
4- REFRIGERATOR	704			22- SOLAR PANEL	722		
5- FREEZER	705			23-HEATER	723		
6- WASHING MACHINE	706			24- GEASER	724		
7- DRYER	707			25-BICYCLE	725		
8- AIR CONDITONER	708			26- MOTOR CYCLE\SCOOTER	726		
9- AIR COOLER	709			27- RICKSHAW/CHIGCHI	727		
10- FAN	710			28- A CAR	728		
11- STOVE	711			29- VAN/ TRUCK/ BUS	729		
12- COOKING RANGE	712			30- A BOAT WITH MOTOR	730		
13-MICROWAVE	713			31- TRACTOR/ TROLLEY	731		
14- SEWING MACHINE	714			32- ANIMAL DRAWN CART	732		
15- KNITTING MACHINE	715			33- INTERNET CONNECTION	733		
16- IRON	716			34-MOBILE PHONE	734		
17- WATETR FILTER	717			35-COMPUTER/LAPTOP	735		
18- DONKEY PUMP	718						

ITEM	LAND/PROPERTY	YES=1 NO=2(for Code 2 go to next Item)	ACRES/SQ YARD/SQ FEET
36	AGRICULTURE LAND(ACRES)		
37	RESIDENTIAL /COMMERCIAL PLOT(SQ YARD)		
38	OWNED HOUSE (SQ FEET)		
39	COMMERCIAL PROPERTY(SQ FEET)		

**SECTION I**

**Practices during COVID 19 to Mitigate the Effects of Covid-19 (Age 10 Years and Older)**

I-D CODE	Mention how frequently do you practice the following during the given periods of time?			Do you practice Mitigation Measures during the given periods of time?					
	1. Social Distancing	2. Wearing Mask	3. Hand washing During 24 hrs	4 Avoid going to the market	5 Avoid going to the mosque/ religious gatherings	6. Avoiding social gatherings of more than 4 people	7.Avoiding healthcare seeking	8. Avoiding public transport	9. Long Distance Travel avoidance

<p><b>CODES FOR Q1-Q3</b></p> <p>Always while outside=1          Sometimes when outside=2          Rarely when Outside=3          Never=4</p>	<p><b>CODES FOR Q4-Q10</b></p> <p>Yes=1          No=2</p>
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## SECTION J

## REDUCED USE OF HEALTH SERVICES DURING COVID 19

	1. Mention how frequently the following services were used during the given periods of time?	Yes=1 No=2 N/A=3 Next questions (N/A =Not applicable)	2. Major Issues Faced While Utilization of Service (Choose the appropriate Codes )			3. Major Reasons for non-utilization of Service		
			1	2	3	1	2	3
a	Family planning services for married couples							
b	Antenatal services for pregnant women							
c	Delivery services at hospital/health centre							
d	Postnatal services for mother during the first 40 days after delivery							
e	Postnatal services for neonate during the first 28 days after delivery							
f	Immunization services for children less than two years of age							
g	Wellbeing services for children (GM)							
h	Outpatient visits for treatment of common childhood illnesses like diarrhea & pneumonia							
i	Outpatient visits for treatment of infectious diseases like hepatitis B, TB, HIV, Malaria							
j	Outpatient visits for treatment of Non-Communicable diseases like hypertension, diabetes, Cancers							
k	Planned surgical procedures at hospital/ dressing/wound debridement							
l	Laboratory services for Diagnostic facilities							
m	Dental surgical procedures/treatments							
n	Psychiatry department visits							

### CODES FOR Q2

Satisfied=1  
 Unavailability of Service Provider=2  
 Staff non-cooperative =3  
 SOPs not followed=4  
 Shortage of Medicincine etc.=5  
 Vaccine was not available at centre = 6  
 Transport Issues =7  
 Long Queue=8  
 Due Fear of Covid-19 not properly treated =9  
 OPD Closed/No facility Available =10  
 Other =11

### CODES FOR Q3

Lockdown restrictions =1  
 Closure of services =2  
 Poor mobility due to lack of transport=3  
 Lack of affordability=4  
 Fear of COVID 19 infection=5  
 Lack of availability/purchasing ability of mask or protective gloves=6  
 Loss of employment during COVID 19=7  
 Lesser need due to staying at home- less exposure=8