

Government of Pakistan
Statistics Division
Federal Bureau of Statistics

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

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	

- AM
 PM

A-5 Start Time

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A-6 Date

D D M M Y Y

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A-7 Interviewer

--	--	--	--

A-8 Start Time

--	--	--	--

A-9 Date

D D M M Y Y

--	--	--	--	--	--

A-10 Interviewer

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

- AM
 PM

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
0= Not related

6= Brother/Sister
7= Daughter-in-law
Son-in-law
8= Mother-in-law
Father-in-law
9= Other relative

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
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"/>	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"/>	
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= 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

F. Assets in possession

Reference No.

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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	
1. Personal agriculture land (If not, ask Q. No. 3)	<input type="checkbox"/>	□□□□	<input type="checkbox"/>	<input type="checkbox"/> Has all or a part of land been given on contract 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> Has all or a part of land been given on peasant/on equal basis 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
2. Is all or a part of land been given on rent	<input type="checkbox"/>	□□□□	<input type="checkbox"/>	<input type="checkbox"/> Has all or a part of land been taken on contract 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> Has all or a part of land been taken on peasant/on equal basis 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
3. Has any land been taken on rent	<input type="checkbox"/>	□□□□	<input type="checkbox"/>	<input type="checkbox"/>	
4. Livestock in personal possession (No.)	<input type="checkbox"/>	□□□□	<input type="checkbox"/>	<input type="checkbox"/>	
5. Sheep, goat in personal possession (No.)	<input type="checkbox"/>	□□□□	<input type="checkbox"/>	<input type="checkbox"/>	
6. Animals in personal possession for transportation (No.)	<input type="checkbox"/>	□□□□	<input type="checkbox"/>	<input type="checkbox"/>	
7. Chickens and poultry in personal possession (No.)	<input type="checkbox"/>	□□□□	<input type="checkbox"/>	<input type="checkbox"/>	
	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	<input type="checkbox"/>	Sq. yards □□□□	<input type="checkbox"/>	<input type="checkbox"/>	In Rs. _____ _____
9. Residential building in personal possession	<input type="checkbox"/>	Sq. feet □□□□	<input type="checkbox"/>	<input type="checkbox"/>	In Rs. _____ _____
10. Shop, commercial building in personal possession	<input type="checkbox"/>	Sq. feet □□□□	<input type="checkbox"/>	<input type="checkbox"/>	In Rs. _____ _____
11. Is any of the following articles is in your possession at present 1. Yes 2. No					
Iron (electric) <input type="checkbox"/>	Chair, table <input type="checkbox"/>	Refrigerator <input type="checkbox"/>	Bicycle <input type="checkbox"/>		
Fans (electric) <input type="checkbox"/>	Watches, clock <input type="checkbox"/>	Air Cooler <input type="checkbox"/>	Motor Cycle <input type="checkbox"/>		
Sewing machine <input type="checkbox"/>	Television <input type="checkbox"/>	Air-conditioner <input type="checkbox"/>	Car, truck <input type="checkbox"/>		
Video or cassette player <input type="checkbox"/>	VCR, VCP, VCD <input type="checkbox"/>	Computer <input type="checkbox"/>	Tractor <input type="checkbox"/>		
12. How is the economic situation of the family as compared to one year before?	<input type="checkbox"/>	1. Much worse 4. A little better than before 2. Slightly worse 5. Far better than before 3. Like before 6. Don't know			
13. How is the economic situation of this locality/area as compared to one year before?	<input type="checkbox"/>				

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 <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"/>

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.)																																												
<table> <tr> <td>1. Crops</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>2. Livestock</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>3. Shop</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>4. Other business</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>5. Government service</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>6. Private service</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>7. Property (non-agriculture)</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>8. Gifts/Cash</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>9. Sale of assets</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>10. Did the family receive remittances from within the country during the last 12 month. If so, how much</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>11. Did the family receive remittances from abroad during the last 12 month. If so, how much</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>12. Other detail (write)</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table>	1. Crops	<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. Livestock	<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. Shop	<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. Other business	<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. Government service	<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. Private service	<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. Property (non-agriculture)	<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. 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Residence</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>4. Fuel for lightening and other purposes</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>5. Transportation/communication/travel expenses</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>6. Healthcare and medicines</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>7. Education</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>8. Social functions/occasions</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>9. *Personal care</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>10. Purchase of assets/investment/savings</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table> <p>* (For example tobacco, articles of daily use)</p>	1. Eatables	<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. Dress/clothes	<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. Residence	<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. Fuel for lightening and other purposes	<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. Transportation/communication/travel expenses	<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. Healthcare and medicines	<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. Education	<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. Social functions/occasions	<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. *Personal care	<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. Purchase of assets/investment/savings	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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9. *Personal care	<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. Purchase of assets/investment/savings	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																												

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> <table style="width: 100%;"> <tr><td>1. Friends/Relations</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>2. Shopkeeper</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>3. Landlord</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>4. Money lender</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>5. Brokerage/Commission Agent</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>6. Bank/Cooperative Institution</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>7. Government Institution</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>8. Committee</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>9. Local Zakat, Ushr Committees</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>10. Other (Write details)</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> </table>	1. Friends/Relations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2. Shopkeeper	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3. Landlord	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. Money lender	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5. Brokerage/Commission Agent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6. Bank/Cooperative Institution	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. Government Institution	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8. Committee	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9. Local Zakat, Ushr Committees	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10. Other (Write details)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>On what items did the household spend the borrowed money? (Write in Rs.)</p> <table style="width: 100%;"> <tr><td>1. Eatables</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>2. Dress</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>3. Residence</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>4. 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Social functions/occasions</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>9. Personal care (tobacco, articles of daily use)</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>10. Purchase of assets/investment (write the total of 10a to 10f)</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>10a. Personal assets</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>10b. Agricultural land</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>10c. Livestock</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>10d. Property</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>10e. Business</td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>10f. Other (write detail)</td><td></td></tr> </table>	1. Eatables	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2. Dress	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3. Residence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. Fuel for lightening and other purposes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5. Transportation/communication/travel expenses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6. Healthcare and medicines	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. Education	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8. Social functions/occasions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9. Personal care (tobacco, articles of daily use)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10. Purchase of assets/investment (write the total of 10a to 10f)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10a. Personal assets	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10b. 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4. Fuel for lightening and other purposes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																				
5. Transportation/communication/travel expenses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																				
6. Healthcare and medicines	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																				
7. Education	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																				
8. Social functions/occasions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																				
9. Personal care (tobacco, articles of daily use)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																				
10. Purchase of assets/investment (write the total of 10a to 10f)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																				
10a. Personal assets	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																				
10b. Agricultural land	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																				
10c. Livestock	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																				
10d. Property	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																				
10e. Business	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																				
10f. Other (write detail)																																																					

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="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.			
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

