Enumeration Block Code





Government of Pakistan Ministry of Planning, Development & Special Initiatives Pakistan Bureau of Statistics

QUESTIONNAIRE OF PAKISTAN DEMOGRAPHIC SURVEY 2020

	PROVINCE/RE	PROVINCE/REGION UR		PRIM	ARY SAMPLING U	JNIT HOUSEHOLD				
Name o	of Head of Househo	old			Address					

SURVEY INFORMATION

Enumeration Block Code	Processing Code
ENUMERATION	11. Remarks of Chief SO/ Supervisor/ Enumerator (If any):-
1. INTERVIEWER NAME CODE	
2. DATE OF ENUMERATION	
3. NAME OF RESPONDENT	
4. BEHAVIOUR OF THE RESPONDENT	
1=Co-operative 2= Normal 3= Reluctant/ Hesitant 4= Non serious/ Talkative	
5. STATUS OF INTERVIEW	
1=Completed 2= Partially Refused 3= Refused 4= Non-Contact	
6. Respondent's Relation to Head of Household 01= Head, 02= Spouse, 03= Son/Daughter, 04= Grandchild, 05= Father/Mother, 06= Brother/Sister, 07= Nephew/Niece, 08= Son/Daughter-in-law, 09= Brother/Sister-in-law, 10= Father/Mother-in-law, 11=Grand Father / Mother, 12= Real Uncle/Aunt, 13=Servant/their relatives, 14= Other	
7. LANGUAGE OF INTERVIEW	
01=Urdu 02=Punjabi 03=Sindhi 04=Pashtu 05=Balochi 06=Kashmiri 07= Balti 08=Hindko 09= Saraeki 10=Brahivi 11= Other	
8. TYPE OF FAMILY	
1=Nuclear 2= Joint /Extended 3=Other	
VERIFICATION 9. SUPERVISOR	
EDITING OF QUESTIONNAIRE AT H/Q 10. EDITOR CODE DATE d m m y y (Name) Image: Code Image: Code	SIGNATURE OF SUPERVISOR

SECTION- 1: HOUSEHOLD ROSTER

ID Code	1.Name of household members who "usually	2.Relation to head of	3.Sex	4. Residential Status	 Age (E which is u 				6. Marital Status	7.ID Code of			10 .Is a		racy and above)		Education and above)
Coue		household		Status	with the h	elp of e	vent cal	lendar.			Father			11. Can Read		13. Attended	14. Education
	list guests, visitors etc.	01= Head 02= Spouse		1=Present	whichever	r is not	known	write	1= Never Married	(Write 99 If not a	(Write 99	(Write 99	member	simple	Write simple	any educational	level completed
		03= Son/Daughter	2=	2=Temporari		col. of d	lay, moi	nth,	Married	member of	If not a member of	If not a member of	of the	statement in any	statement in any		1=less than primary.
		04= Grand child 05= Father/Mother	Female	ly Absent	year). Noto: Wr	ito voor	in 1 di	aita la	3=Widow/Widow er	household)	household	household	househo ld?		language with	1=Yes	2=Primary
		06= Brother/Sister			Note: Wr write 99 f				4=Divorced		and 98 if not alive)	and 98 if not alive)	1=Yes	full understanding?	full understanding?	2=No→ Next Section	3=Middle 4=Matric
		07= Nephew/Niece 08=Son/Daughter-in-			greater	or uge .		10 01	5= Separated 6=Nikkah		not anve)	not anve)	2=No	1=Yes	1=Yes		5= Intermediate
		law 09= Brother/Sister-in-			Age in				solemnized but						2=No		6= Graduate/Equivalent
		law			complete	Da	te of Bi	rth	Rukhsati not taken place								7=Higher Education 8=
		10= Father/Mother-in- law			Years	Year	Month	Day									Diploma/certificate 9= Other (specify)
		11=Grand Father/Mother						-)= Ouler (speeny)
		12=Real Uncle/Aunt							(If code 1,3,4,5,6 \rightarrow Q8)								
		13=Servants//their relatives							20)								
		14= Other															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		1															

SECTION- 2: FERTILITY

(All Ever Married Women Aged 15-49 years)

ID CODE from roster for all ever married women aged 15-49 year	1.Age at first Marriage (In complete years)	2.Duration Marriage	since first	 3. Have you ever given live birth? 1=Yes 2=No → Q 10 	4 .Age at the time of first birth (In complete years)	5.When first child born after first marriage (In complete	6. How n ever born (if none w	alive		presentl (if none wi			ny are Where	8. Have you ever given birth to any child who born alive but later died, even if they lived for few minutes or hours?	9. How mar	How many died? 10. Ha ever l birth 1=Yo 2=No		ever birth 1=Y	
		Year	Month			months)	В	G	Т	В	G	В	G	1=Yes 2=No→ Q10	В	G	-		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		

SECTION- 3: BIRTH ENUMERATION FORM Particulars of Child Born during Last Three Years (1st January 2018 to 31st December 2020) If No then skip this section

1. Sr. No of babies born during last three years.	2. Is Mother usual member of this Household 1=Yes, 2=No→Q4	3.ID Code of Mother from roster	4. Baby's Name	5. Sex 1=Male 2=Female	6.Dat	e of Birt	h Day	7.Nature of Birth 1=Single→Q 9 2=Multiple	8.If multiple 1=Boys 2=Girls 3=Both	9. Place of Birth 1=Home 2=Govt. Hospital/facility 3= Private Hospital/facility 4=Other	10. Person assisted in delivery 1=Doctor 2=LHV 3=Nurse 4=Midwife	11. Is this Child still Alive 1 = Yes $2 = No \rightarrow Q13$ & (also fill Death Enumeration Form)	12 .ID Code of this baby → Q14	13. How	v long th ved	e	14. Inte betwee and pre birth 98=First l 99=Don't	n this evious ^{birth}
											5= Trained Dai//Traditional birth attendant 6=LHW 7=Family Member/ Relative / Neighbor 8=Other(Plz Specify)			Year	Month	Day	Year	Month
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

SECTION- 4: DEATH ENUMERATION Q1. Any death occurred during last three years (1st January 2018 to 31st December 2020) 1=Yes (fill Q2 and give details of each death.), 2=No (End of interview).

2.Sr. No.	3.Name of Deceased	4.Relationship of deceased to the head of household 02= Spouse 03= Son/Daughter 04= Grand child 05= Father/Mother 06= Brother/Sister 07= Nephew/Niece 08= Son/Daughter-in-law 09= Brother/Sister-in-law 10= Father/Mother-in-law 11=Grand Father/Mother 12=Real Uncle/Aunt 13=Servants//their relatives 14= Other	5. Sex of deceased 1=Male 2=Female	6.Age at death in completed years (If less than 1 year write 00)	7.Nature of Death (mention the Cause) 1=Sickness 2=Not Clear→Q9 3=Others	8.Code for cause of Death (consult coding list of causes of death)	9. Place of Death 1=Home 2=Hospital/ Clinic/Dispensary 3=On Road 4=other(specify)	10. Year of Death
1	2	3	4	5	6	7	8	9

Codes for causes of death

List of I	Diseases	Codes
1.	Measles	01
2.	Chicken Pox	02
3.	Tuberculosis	03
4.	Rabies	04
5.	HIV Aids	05
6.	Malaria	06
7.	Gastroenteritis with severe Diarrhea and Vomiting	07
8.	Dengue	08
9.	Viral Hepatitis	09
10.	Jaundice	10
11.	Fever	11
12.	Cancers	12
13.	Leukemia	13
14.	Anemia	14
15.	Paralysis (stroke)	15
16.	Diabetes	16
17.	Cardiovascular disease	17
18.	Hypertensive diseases	18
19.	Respiratory diseases	19
20.	Asthma	20
21.	Piles	21
22.	Ulcer	22
23.	Hernia	23
24.	Appendicitis	24
	Liver diseases	25
26.	Diseases of Gallbladder	26
27.	Disorders of kidneys	27
28.	Diseases of intestine	28
29.	Complications During Pregnancy	29
30.	Complications during Delivery	30
	Post-Natal Complications	31
32.	COVID-19	32
33.	Other diseases (Specify)	33

Other R	easons of death	
34.	Injuries	34
35.	Poisoning (by drug, biological & other solid & liquid substances)	35
36.	Burns	36
37.	Suicide	37
38.	Snake Bite	38
39.	Murder (Homicide)	39
40.	Traffic Accident	40
41.	Accidental Falls/ Drowning	41
42.	Sun Stroke	42
43.	Surgical Complications	43
44.	Death Penality	44
45.	Martyred	45
46.	Death in Bomb Blast	46
47.	Other (Specify)	47