

FEDERAL BUREAU OF STATISTICS
GOVERNMENT OF PAKISTAN
PAKISTAN DEMOGRAPHIC SURVEY

DEATH ENUMERATION FORM

Serial No.
Round
Year

Regional / Field office.

Sample Area Code	Structure Number	Household Number	Name of Head Of Household	Relation Ship of deceased to the head of household (Code)	Name of Respondent	Respondent Relationship To the head Of Household (Code)	Household Enumeration Status <input type="checkbox"/>
1	2	3	4	5	6	7	
1. Name of the deceased..... 2. Name of the deceased's father/husband..... 3. Sex of the deceased Male - 1 Female - 2 4. Date of death Year.....Month.....day..... 5. Age of deceased (in completed period) Year.....Month.....day..... 6. Was the deceased usual member of this household Yes - 1 No - 2 7. Marital Status Never-Married - 1 Married - 2 Widowed - 3 Divorced - 4 8. If deceased's age 6 Years and more, was he/she able to read and write Yes - 1 No - 2				9. If code "1" in question 8 then write code of educational level 10. Place of Death (Address)..... 11. Did the death occur in Hospital / Dispensary / Clinic? Yes - 1 No - 2 12. Cause Of death Sickness - 1 Accident - 2 13. Write the nature of Sickness / Accident in detail..... 14. Write the code of cause of death.....			

<p style="text-align: center;">CODES FOR RELATIONSHIP WITH THE HEAD OF HOUSEHOLD (COL. 5 & 7)</p>	<p style="text-align: center;">EDUCATIONAL STATUS (COL. 9)</p>
<ol style="list-style-type: none"> 1. Head 2. Husband 3. Wife 4. Son 5. Daughter 6. Son-in-law 7. Daughter-in-law 8. Father/ Father-in-law 9. Mother/ Mother-in-law 10. Brother/Brother-in-law 11. Sister/Sister-in-law 12. Grand son 13. Grand daughter 14. Relative (Male) 15. Relative (Female) 16. Other 	<ol style="list-style-type: none"> 1. Literate without formal education and less than Primary 2. Primary 3. Middle 4. Matric 5. Intermediate 6. Degree (including Doctors & Engineers) 7. Higher education 8. Other (Specify)

<ol style="list-style-type: none"> 1. Time consumed to complete the schedules (Minutes)..... 2. Name of Interviewer..... 3. Signature..... 4. Date of interview..... 	<ol style="list-style-type: none"> 5. Observation of inspecting Officer..... 6. Name of inspecting Officer 7. Signature of inspecting Officer..... 8. Date of inspecting.....
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Name of checker/coder..... Signature.....
