

FEDERAL BUREAU OF STATISTICS  
GOVERNMENT OF PAKISTAN  
PAKISTAN DEMOGRAPHIC SURVEY

BIRTH ENUMERATION FORM

Serial No. ....

Round .....

Year .....

Regional / Field office. ....

Sample Area Code	Structure No.	Household No.	Name of Head of Household	Relationship of child to the head of household (write code)	Name of Respondent	Respondent Relationship to the head of household (write code)	Household Enumeration status
1	2	3	4	5	6	7	

PART-1 PARTICULARS OF CHILD

PART-11 PARTICULARS OF MOTHER

1. Name.....
2. Sex            1. Male            2. Female
3. Date of Birth    Day..... Month.... Year.....
4. Nature of Birth    1. Single    2. Multiple
5. If multiple, is child  
1 First    2 Second    3 Third
6. Birth ( Address ) .....

10. Name.....
11. Is this woman usual member of this Household    1 Yes            2 No
12. Date of birth...Yr..... Mon..... Day.....
13. Age (in completed years).....
14. Age at first marriage (in completed years) .....
15. Duration of first marriage (in completed year) .....

7. Did the birth occur in  
Hospital / Dispensary / Maternity  
Home or Clinic?    1 Yes    2 No
8. Attendant at delivery    1 Doctor  
2 Nurse/ LHV    3 Midwife/trained Dai  
4 Untrained Dai    5 Relative woman  
6 Other
9. Is the child still alive    1 Yes    2 No

If No fill death form ( PDS – 4 )

16. When the first child was born after the  
first marriage (In completed months) .....
17. Age at the time of first birth (In completed  
months).....
18. How many sons and daughter, including  
this child, have ever born to this woman  
Sons.....Daughter.....
- OF THESE CHILDREN
- A) How many are the usual member of this  
Household    (If none, write “ 00 “)  
Sons.....Daughter.....
- B) How many are living elsewhere  
(If none, write “ 00 “)  
Sons.....Daughter.....
- C) How many are died (If none, write “ 00 “)  
Sons.....Daughter.....
19. Interval between this and previous live birth  
(in completed years).....
20. Is the preceding child still alive?  
1 Yes    2 No
21. Can you (mother of the child) read and write?  
1 Yes    2 No
22. If code “ 1 “ in question – 21, write her  
educational level ( write the relevant code)  
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PART – III      PARTICULARS OF FATHER

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23. Name.....
24. Date of Birth      Day.....      Month.....      Year.....
25. Age ( in completed years ).....
26. Age at first marriage ( in completed years ).....
27. Can you ( father of the child ) read and write      1      Yes      2      No
28. If code “ 1 “ in question – 27, write his educational level (write the relevant code).....

## CODES FOR QUESTION NOS. 5, 7, 22 AND 28

RELATIONSHIP OF CHILD WITH THE HEAD OF HOUSEHOLD ( COL. 5 )	RELATIONSHIP OF RESPONDENT WITH THE HEAD OF HOUSEHOLD ( COL. 7 )	EDUCATIONAL STATUS ( COL. 22 AND 28 )
<ol style="list-style-type: none"> <li>1. Son/Daughter</li> <li>2. Brother/Sister</li> <li>3. Grand son/Grand daughter (paternal)</li> <li>4. Grand son/Grand daughter(maternal)</li> <li>5. Nephew/Niece (paternal)</li> <li>6. Nephew/Niece(maternal)</li> <li>7. Relative</li> <li>8. Non Relative</li> </ol>	<ol style="list-style-type: none"> <li>1. Head</li> <li>2. Husband</li> <li>3. Wife</li> <li>4. Son</li> <li>5. Daughter</li> <li>6. Son-in-law</li> <li>7. Daughter-in-law</li> <li>8. Father/ Father-in-law</li> <li>9. Mother/ Mother-in-law</li> <li>10. Brother/Brother-in-law</li> <li>11. Sister/Sister-in-law</li> <li>12. Grand son</li> <li>13. Grand daughter</li> <li>14. Relative (Male)</li> <li>15. Relative (Female)</li> <li>16. Other</li> </ol>	<ol style="list-style-type: none"> <li>1. Literate without formal education and less than Primary</li> <li>2. Primary</li> <li>3. Middle</li> <li>4. Matric</li> <li>5. Intermediate</li> <li>6. Degree (including Doctors &amp; Engineers)</li> <li>7. Higher education</li> <li>8. Other ( Specify )</li> </ol>

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