

PAKISTAN DEMOGRAPHIC SURVEY  
HOUSEHOLD ENUMERATOR FORM

SAMPLE AREA CODE NO.

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STRUCTURE NO

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HOUSEHOLD NO.

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(PART - 1 )

S. No.	NAME	SEX	RELATION-SHIP TO THE HEAD OF THE HOUSEHOLD	PRESENCE IN THE HOUSEHOLD						
				FOR PERSONS ABSENT TEMPORARILY						
Write the name of the household members, who usually live here (Do not forget to list children, old persons and those household members who are temporarily away from the city/town/ village on business vacation or visit (Do not list guests , visitors etc.)		Male 1	Head 01							
		Female 2	Husband 02	Was this person present in the household last night ?	Period of absence in complete months	Reason for absence				
			Wife 03							
			Son 04							
			Daughter 05							
			Son-In-Law 06							
			Daughter-In-Law 07							
			Father / Father in Law 08				Present - 1	Less than one month - 1	Visit - 1	
			Mother /Mother in Law 09					Two months - 2	Looking for Job - 2	
			Brother/ Brother In Law 10					Three months -3	Employment / Business - 3	
			Sister / Sister In Law 11					Four months -4	Education - 4	
			Grand Son 12					Five months -5	To attend the ceremonial function - 5	
			Grand Daughter 13					Six months or more - 6	Child birth (for married females) - 6	
			Relative (Male) 14					Absent - 2		Others (Explain) - 7
			Relative (Female) 15							
			Non-Relative 16							
1	2	3	4	5	6	7				

AGE (COMPLETED PERIOD)		MARITAL STATUS	LITERACY AND EDUCATION (FOR PERSONS 6 YEARS AND OVER)			PARENTS ALIVE OR DEAD
For persons aged one year and over (In completed years)	For children one month and over but less than one year (for children less than one month write "00")	Never Married 1			EDUCATIONAL LEVEL (FOR LITERATE PERSONS ONLY)	1. Father Alive 2. Mother Alive 3. Both Alive 4. Both Died 5. Don't Know
		Married 2				
		Widowed 3	Literate 1 Illiterate 2		1. No formal Education and Less than Primary 2. Primary 3. Middle 4. Matriculation 5. Intermediate 6. Degree 7. Higher Education 8. Other (specify)	
		Divorced 4 Separation 5				
8	9	10	11	12	13	14

PART – II ( FOR MARRIED FEMALES )

S. N O.	NAME	S. NO.	PARTICULARS OF FIRST MARRIAGE				NUMBER OF CHILDREN BORN ALIVE							
			Write Age of first marria -ge (if year and month are not remem -bered then write “00”	Dura -tion Sinc e First Marr -age (in com- plet- ed year	Age at First Marr iage Writ e In Com -ple- ted year	Total Number Of Children Born Alive From this Woman (if none write “00”)	How many are the usual members of this household?  (if none write “00”)		How many are living elsewhere?  (if none write “00”)		How many are died?  (if none write “00”)			
			M O N T H	Y E A R			sons	Daughters	sons	Daughters	sons	Daughters	sons	Daughters
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

BIRTHS/DEATHS DURING 12 MONTHS				PARTICULARS OF LAST BORN CHILD					
How many children have born to this woman during last 12 months i.e. 1 <sup>st</sup> . January to 31 <sup>st</sup> . December, 20..... ( if none write "00" )		How many children have born and dead to this woman during last 12 months i.e. 1 <sup>st</sup> . January to 31 <sup>st</sup> . December, 20..... ( if none write "00" )		Age		Sex	Is this child still alive?	For this child born since 1 <sup>st</sup> . January ..... and still alive	
				Age of child in completed Period		Male 1	Yes 1	Is this child still breast fed?	If code 1 is in column 24, whether this child is given supplementary food?
Sons	Daughters	Sons	Daughters	M	Y	Female 2	No 2	Yes 1	No 2
16	17	18	19	20	21	22	23	24	25

**PART – III**

The enumerator must ensure that he has entered all the members of this household and no one was left to be entered, moreover the death occurred during reference period has been entered in the column given below

Name of Deceased	Age	Relation-ship to the head of household

**PART – IV**

1. Name of the respondent.....
2. Respondent's relationship with head of household
3. Number of visits to complete the schedule
4. Time consumed in interview
5. Name of the enumerator and code .....
6. Signatre.....
7. Date of Interview
8. Observation of inspecting Officer...  
.....
9. Name of inspecting Officer.....
10. Signature of inspecting Officer.....
10. Date of Inspection

Name of checker/coder..... Signature.....