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C W I Q

Core Welfare Indicators Questionnaire

Government of Pakistan
 Statistics Division
 Federal Bureau of Statistics

2004-05
A - INTERVIEW INFORMATION

Pakistan Social & Living
 Standards Measurement
 (PSLM) Survey, Round-1

| | |
|------------------------------|--|
| 1. Province | |
| 2. District | |
| 3. Tehsil/Taluka | |
| 4. Mouza/Deh/Village | |
| 5. Hadbast No. | |
| 6. City/Town | |
| 7. Regional/Field office | |
| 8. Name of Head of Household | |
| 9. Name of Respondent | |
| 10. Name of Interviewer | |
| 11. Checked by (Supervisor) | |

| | | | | | | |
|-------------------------------|-----------------------|-------------------------|----------------------|--|-----------------------|----------------------|
| A.1: PSU | A.2: Household | A.3: Interviewer | A.4: Date | A.5 Start time | A.6 Respondent | A.7 Q No |
| | | | Day Month Year | Hour Min. | Member No. | Quest. No. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | | <input type="radio"/> AM <input type="radio"/> PM | <input type="text"/> | <input type="text"/> |
| Enumeration Block Code | | | | | | |
| <input type="text"/> | | | | | | |

IMPORTANT

Create a reference number by combining the PSU (A.1), household (A.2) and questionnaire number (A.7).
 Write this number **NOW** on the top of all pages.

| | | | | |
|--|-------------------------|----------------------|--|------------------------|
| If the interview is split then record details of the second part in this row. | A.11 Interviewer | A.12 Date | A.13 Start time | A.14 Respondent |
| | | Day Month Year | Hour Min. | Member No. |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | <input type="radio"/> AM <input type="radio"/> PM | <input type="text"/> |

Comments



B - LIST OF HOUSEHOLD MEMBERS

Reference Number (A1 : A2 : A7)

| | | | | | | | | | |
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| | | | | | | | | | |
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| MEMBER NUMBER | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Head | | | | | | | | | | WRITE DOWN THE NAMES OF ALL PERSONS WHO NORMALLY LIVE AND EAT TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD. |
| | B.1 Is [NAME] male or female? | | | | | | | | | | |
| Male = 1 Female = 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"/> | <input type="checkbox"/> | |
| | B.2 Residential status of [NAME] ? | | | | | | | | | | |
| Present = 1 Temporarily absent = 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"/> | <input type="checkbox"/> | |
| | B.3 What is [NAME]'s relationship to the head of household? | | | | | | | | | | |
| Head = 1 Spouse = 2 Child = 3 Grandchild = 4 Parent = 5 Brother/Sister = 6 Son/Daughter-in-law = 7 Father/Mother-in-law = 8 Other relative = 9 Not related = 0 | <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"/> | <input type="checkbox"/> | |
| | B.4 How old is [NAME] (in completed years) ? | | | | | | | | | | |
| | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | RECORD AGE IN COMPLETED YEARS. |
| | B.5 What is [NAME]'s marital status? | | | | | | | | | | |
| Never married = 1 Married = 2 Divorced = 3 Widowed = 4 Only Nikah solemnised = 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"/> | <input type="checkbox"/> | |



C - EDUCATION

Reference Number (A1 : A2 : A7)

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| MEMBER NUMBER | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|---|--|
| Yes = 1 No = 2 | C.1 Can [NAME] read and write with understanding in any language? | | | | | | | | | | ASK IF AGE IS 10 YEARS OR ABOVE. | |
| | <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"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Yes = 1 No = 2 | C.2 Can [NAME] do simple arithmetic? | | | | | | | | | | IF PERSON IS UNDER AGE 10, GO TO C.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"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Yes = 1 No = 2 | C.3 Has [NAME] ever attended school? | | | | | | | | | | ASK IF AGE IS 4 YEARS OR ABOVE. IF NO, GO TO C.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"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| CODES FOR C.4 & C.6 Less than class 1 =00 Class 1 = 01 Class 2 = 02 Class 3 = 03 Class 4 =04 Class 5 =05 Class 6 =06 Class 7 =07 Class 8 =08 Class 9 =09 Class 10 =10 F.A./F.Sc/C.Com/Diploma =11 BA/BSc (except engineer, medical, compsci, agric) =12 Degree in Engineering =13 Degree in Medicine =14 Degree in Computer =15 Degree in Agriculture =16 M.A. / M.Sc =17 M.Phil / Ph.D =18 Other =19 Government = 1 Masjid school = 2 Private school = 3 Deeni Madrasa = 4 NGO, trust etc. = 5 NFBE school = 6 Privately = 7 Other = 8 No problem (satisfied) = 1 Lack of teachers = 2 Lack of books etc. = 3 Poor teaching = 4 Too far away = 5 Too expensive = 6 No toilet/ water/ etc. = 7 Too young/Too old = 01 Education completed = 02 Too expensive = 03 Too far away = 04 Had to help home = 05 Had to help work = 06 Not useful = 07 Sick/handicapped = 08 Marriage/Pregnancy = 09 Due to Job/Work = 10 Poor Quality of Sch./Staff =11 Lack of fem:/male teacher =12 Parents do not approve = 13 Child not willing = 14 Other = 15 | C.4 What is the highest class/level of education that [NAME] completed? | | | | | | | | | | IF NO, GO TO C.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"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| | C.5 Is [NAME] currently attending an educational institution? Yes = 1 No = 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"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| | C.6 What is the current class/level of education [NAME] is attending? | | | | | | | | | | | |
| | <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"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| | C.7 What type of educational institution is [NAME] attending? | | | | | | | | | | | |
| | <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"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| | C.8 Did [NAME] have any problems with the educational institution? | | | | | | | | | | | YOU MAY WRITE UP TO TWO ANSWERS. GO TO NEXT PERSON. |
| | <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"/> | <input type="checkbox"/> | | |
| C.9 Why is [NAME] not currently attending/ never attended an educational institution? | | | | | | | | | | ASK IF AGE <=30 YOU MAY WRITE UP TO TWO ANSWERS. | | |
| <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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |



D - HEALTH

Reference Number (A1 : A2 : A7)

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| MEMBER NUMBER | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|---|
| Yes = 1 No = 2 | D.1 Was [NAME] sick or injured during last 2 weeks | | | | | | | | | | IF NO, GO TO NEXT PERSON | |
| | <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"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Yes = 1 No = 2 | D.2 Did [NAME] consult anyone for this illness? | | | | | | | | | | IF NO, GO TO D.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"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Private Disp/ Hospital = 1 Public Disp/ Hospital = 2 RHC/BHU = 3 LHV/LHW = 4 Hakeem/ Herbalist = 5 Homeopath = 6 Chemist/Pharmacy = 7 Saina /Saini = 8 Other = 9 | D.3 What kind of health provider did [NAME] visit ? | | | | | | | | | | | |
| | <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"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| | D.4 How many times did [NAME] use the service during last 2 weeks | | | | | | | | | | | |
| <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| No problem (satisfied) = 01 No Doctor = 02 Staff not helpful = 03 No female staff = 04 Not clean = 05 Long waiting = 06 No trained staff = 07 Too expensive = 08 No medicine available = 09 Treatment unsuccessful = 10 Other = 11 | D.5 Did [NAME] have any problem at the time of the visit? | | | | | | | | | | YOU MAY WRITE UP TO TWO ANSWERS GO TO NEXT PERSON | |
| | <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"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| No need = 01 Too expensive = 02 Too far away = 03 No confidence in service = 04 No doctor available = 05 Staff not helpful previously = 06 No female staff available = 07 Not clean = 08 Long waiting = 09 No trained staff = 10 No medicine available = 11 Other = 12 | D.6 Why did [NAME] not use medical care during last 2 weeks? | | | | | | | | | | YOU MAY WRITE UP TO TWO ANSWERS | |
| | <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"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Yes=1 No=2 | D.7 Has any LH W visited the household during last thirty days? | | | | | <input type="checkbox"/> | | | | | | ASK D. 7 AND D. 8 FROM ANY HOUSEHOLD MEMBER . |
| | D.8 Has any member of the household visited the Health House during last thirty days? | | | | | <input type="checkbox"/> | | | | | | |



E(1) - EMPLOYMENT

Reference Number (A1 : A2 : A7)

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| MEMBER NUMBER | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Yes = 1 No = 2 | E.1 Did [NAME] do any work for pay, profit or family gain during last week, for minimum 1 hour on any day? | | | | | | | | | | IF PERSON IS UNDER 10 GO TO NEXT PERSON. IF YES, GO TO E.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"/> | <input type="checkbox"/> | |
| Yes = 1 No = 2 | E.2 Did [NAME] have a business (shop, farm, service etc.) even if [NAME] did not work last week? | | | | | | | | | | IF YES, GO TO E.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"/> | <input type="checkbox"/> | |
| Yes = 1 No = 2 | E.3 Did [NAME] help to work in the family business or farm during the last week? | | | | | | | | | | IF YES, GO TO E.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"/> | <input type="checkbox"/> | |
| Yes = 1 No = 2 | E.4 Was [NAME] available/looking for work in the last week (but did not actually work)? | | | | | | | | | | IF YES, GO TO E.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"/> | <input type="checkbox"/> | |
| Illness/ Handicapped = 1 Other constraints (pregnancy etc) = 2 Temporary laid off = 3 Apprentice = 4 Student = 5 Housekeeping = 6 Retired = 7 Landlord/Property = 8 Too Young / Old = 9 Other = 0 | E.5 What was the main reason [NAME] was not available/looking for work during the last week? | | | | | | | | | | GO TO E.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"/> | <input type="checkbox"/> | |
| Illness or Injury = 1 Strike or Lockout = 2 Holiday, Leave etc. = 3 Off Season = 4 Bad Weather = 5 Mech. Breakdown = 6 Shortage of raw Material = 7 Educational Leave = 8 Maternity, Parental leave = 9 Other = 0 | E.6 Why did [NAME] not work last week? | | | | | | | | | | GO TO E.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"/> | <input type="checkbox"/> | |
| Paid Employee = 1 Self employed (Non agri) = 2 Owner cultivator = 3 Contract Cultivator = 4 Share Cropper = 5 Unpaid Family Helper = 6 Employer = 7 Livestock (Only) = 8 | E.7 What is [NAME'S] employment status in the main job? | | | | | | | | | | |
| | <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"/> | <input type="checkbox"/> | |
| Government = 1 Private business = 2 Private person / household = 3 NGO = 4 Other = 5 | E.8 What type of business / organisation did [NAME] work during main job? | | | | | | | | | | |
| | <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"/> | <input type="checkbox"/> | |
| Senior Officials & Mangers =1 Professionals =2 Technicians & Assoc. Profnl =3 Clerks =4 Service, Shop, Sale. Worker =5 Skilled Agriculture, Fishery =6 Craft & Trade Workers =7 Plant, Machinery Operators =8 Elementary Occupations =9 | E.9 What is the nature of work done by [NAME] during his/her main employment? | | | | | | | | | | |
| | <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"/> | <input type="checkbox"/> | |
| Agriculture, Forestry, Fishing =1 Mining & Quarrying =2 Manufacturing =3 Electricity, Gas & Water =4 Construction =5 Wholesale & Retail trade =6 Transport & Storage =7 Real State, Insurance =8 Social & Personal Services =9 Other =0 | E.10 What is the nature of work done by the enterprise/institution/office where [NAME] worked? | | | | | | | | | | GO TO E.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"/> | <input type="checkbox"/> | |

➡
Continue



E(2) - EMPLOYMENT

Reference Number (A1 : A2 : A7)

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| MEMBER NUMBER | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|-------------------|--|---|---|---|---|---|---|---|---|----|---|
| Yes = 1 No = 2 | E.11: Did [NAME] do any work last month? <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | IF PERSON IS UNDER 10, GO TO NEXT PERSON. IF NO, GO TO E.15. RECORD NUMBER OF DAYS |
| | E.12: If so, for how many days was [NAME] employed last month? <input type="text"/> <input type="text"/> | | | | | | | | | | |
| | E.13: How much did [NAME] earn last month? (record amount in Rs.) <input type="text"/> <input type="text"/> | | | | | | | | | | |
| Yes = 1 No = 2 | E.14: How many months did [NAME] work last year? <input type="text"/> <input type="text"/> | | | | | | | | | | RECORD NUMBER OF MONTHS. NEXT PERSON |
| | E.15: Did [NAME] do any work last year? <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | |
| | E.16: How much did [NAME] earn last year? (record amount in Rs.) <input type="text"/> <input type="text"/> | | | | | | | | | | |
| | | | | | | | | | | | |



F - OWNERSHIP OF ASSETS

Reference Number (A1 : A2 : A7)

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| F. Does the household | | | | | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|--|--|---|
| F.1: OWN agricultural land? IF NO, GO TO F.3 | Yes=1 No=2 <input type="checkbox"/> | If yes, what is the area (in acres)? | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | Is this land mainly irrigated? Yes=1 No=2 <input type="checkbox"/> |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| F.2: Lease out (rent out) agricultural land? | Yes=1 No=2 <input type="checkbox"/> | If yes, what is the area (in acres)? | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | Yes=1 No=2 <input type="checkbox"/> |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Some or all let on a FIXED RENT basis? | Yes=1 No=2 <input type="checkbox"/> | Some or all let on a SHARECROPPING basis? | Yes=1 No=2 <input type="checkbox"/> | | | | | | | | | | |
| F.3: Take on Lease (rent) agricultural land? | Yes=1 No=2 <input type="checkbox"/> | If yes, what is the area (in acres)? | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | Yes=1 No=2 <input type="checkbox"/> |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Some or all let on a FIXED RENT basis? | Yes=1 No=2 <input type="checkbox"/> | Some or all let on a SHARECROPPING basis? | Yes=1 No=2 <input type="checkbox"/> | | | | | | | | | | |
| F.4: Own CATTLE? | Yes=1 No=2 <input type="checkbox"/> | If yes, how many? | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| F.5: Own SHEEP and/or GOATS? | Yes=1 No=2 <input type="checkbox"/> | If yes, how many? | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| F.6: Own LADEN animals? | Yes=1 No=2 <input type="checkbox"/> | If yes, how many? | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| F.7: Own POULTRY? | Yes=1 No=2 <input type="checkbox"/> | If yes, how many? | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| F.8: OWN Non-agricultural land / plot? | Yes=1 No=2 <input type="checkbox"/> | If yes, what is the area (sq.yards)? | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | Is this land? Urban = 1 <input type="checkbox"/> Semi-Urban = 2 <input type="checkbox"/> Rural = 3 <input type="checkbox"/> |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| If you were to sell it, how much would you expect to get for it (amount in Rs.)? | | | <input style="width: 100px;" type="text"/> | | | | | | | | | | |
| F.9: OWN Residential Building(s)? | Yes=1 No=2 <input type="checkbox"/> | If yes, what is the area (sq.ft.)? | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | Urban = 1 <input type="checkbox"/> Semi-Urban = 2 <input type="checkbox"/> Rural = 3 <input type="checkbox"/> |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| If you were to sell it, how much would you expect to get for it (amount in Rs.)? | | | <input style="width: 100px;" type="text"/> | | | | | | | | | | |
| F.10: OWN Shop/ Commercial Building(s)? | Yes=1 No=2 <input type="checkbox"/> | If yes, what is the area (sq.ft.)? | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | Urban = 1 <input type="checkbox"/> Semi-Urban = 2 <input type="checkbox"/> Rural = 3 <input type="checkbox"/> |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| If you were to sell it, how much would you expect to get for it (amount in Rs.)? | | | <input style="width: 100px;" type="text"/> | | | | | | | | | | |
| F.11: Does the household currently own any of the following? Include items only if they are in working condition. | Yes=1 No=2 | Yes=1 No=2 | | | | | | | | | | | |
| Electric iron | <input type="checkbox"/> | Refridgerator | <input type="checkbox"/> | | | | | | | | | | |
| Electric fan | <input type="checkbox"/> | Air cooler | <input type="checkbox"/> | | | | | | | | | | |
| Sewing machine | <input type="checkbox"/> | Air conditioner | <input type="checkbox"/> | | | | | | | | | | |
| Radio or Cassette player | <input type="checkbox"/> | Computer | <input type="checkbox"/> | | | | | | | | | | |
| Chair/Table | <input type="checkbox"/> | Bicycle | <input type="checkbox"/> | | | | | | | | | | |
| Watch/Clock | <input type="checkbox"/> | Motorcycle | <input type="checkbox"/> | | | | | | | | | | |
| Television | <input type="checkbox"/> | Car or Truck | <input type="checkbox"/> | | | | | | | | | | |
| VCP/VCR/CD player | <input type="checkbox"/> | Tractor | <input type="checkbox"/> | | | | | | | | | | |
| | | | F.12: How do you compare the overall economic situation of the HOUSEHOLD with one year ago? | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Much worse now = 1 A little worse now = 2 Same = 3 A little better now = 4 Much better now = 5 Don't know = 6 | | | | | | | | | | |
| | | | F.13: How do you compare the overall economic situation of the COMMUNITY with one year ago? | <table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Much worse now = 1 A little worse now = 2 Same = 3 A little better now = 4 Much better now = 5 Don't know = 6 | | | | | | | | | | |



G - HOUSEHOLD DETAILS

Reference Number (A1 : A2 : A7)

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| | | |
|--|---|---|
| <p>G.1 What is your present occupancy status?</p> <p>Owner-occupied = 1 Rented = 2 Subsidised rented = 3 Rent-free = 4</p> <div style="text-align: right;"><input style="width: 30px; height: 20px;" type="text"/></div> | <p>G.2 How many separate rooms are there in your dwelling?</p> <div style="text-align: center;"><input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></div> | <p>G.3 What is the material of the roof of the house?</p> <p>RCC/RBC = 1 Wood/Bamboo = 2 Sheet/iron/cement = 3 Other (specify here) = 4</p> <div style="text-align: right;"><input style="width: 30px; height: 20px;" type="text"/></div> |
|--|---|---|

| | | |
|--|--|---|
| <p>G.4 What is the material of the walls of the house?</p> <p>Burnt Bricks/Blocks = 1 Mud Bricks/Mud = 2 Wood/Bamboo = 3 Stones = 4 Other (specify here) = 5</p> <div style="text-align: right;"><input style="width: 30px; height: 20px;" type="text"/></div> | <p>G.5 What is the main source of drinking water?</p> <p>Piped into house/compound = 1 Outdoor tap = 2 Hand Pump = 3 Motorised Pumping = 4 Protected well = 5 Unprotected well = 6 River Lake Pond Stream = 7 Tanker/ Truck or Vendor = 8 Other (specify here) = 9</p> <div style="text-align: right;"><input style="width: 30px; height: 20px;" type="text"/></div> | <p>G.6 What kind of toilet facility does your household use?</p> <p>None = 1 Flush to sewerage = 2 Flush to septic tank = 3 Flush connected with open drain = 4 Raised latrine = 5 Pit latrine = 6 Other (specify here) = 7</p> <div style="text-align: right;"><input style="width: 30px; height: 20px;" type="text"/></div> |
|--|--|---|

| | | |
|---|---|--|
| <p>G.7 What is the main fuel used for cooking?</p> <p>Firewood = 1 Gas = 2 Kerosene oil = 3 Dung Cake = 4 Electricity = 5 Crop residue = 6 Charcoal/Coal = 7 Other (specify here) = 8</p> <div style="text-align: right;"><input style="width: 30px; height: 20px;" type="text"/></div> | <p>G.8 What is the main fuel used for lighting?</p> <p>Electricity = 1 Gas = 2 Kerosene oil = 3 Firewood = 4 Candles = 5 Other (specify here) = 6</p> <div style="text-align: right;"><input style="width: 30px; height: 20px;" type="text"/></div> | <p>G.9 Does the household (or any member) have a working telephone connection?</p> <p>No = 1 Land line only = 2 Mobile only = 3 Both land and mobile = 4</p> <div style="text-align: right;"><input style="width: 30px; height: 20px;" type="text"/></div> |
|---|---|--|

G.10 How far is it from here to reach the nearest ...?

| | Time (in minutes) | | | | | usual means of transport | | |
|---------------------------|-------------------|-------|---|-------|-----|--------------------------|---|------------|
| | 0-14 | 15-29 | 30-44 | 45-59 | 60+ | On foot | Non-mechanised | Mechanised |
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 |
| Supply of drinking water | | | <input style="width: 20px; height: 20px;" type="text"/> | | | | <input style="width: 20px; height: 20px;" type="text"/> | |
| Groceries shop | | | <input style="width: 20px; height: 20px;" type="text"/> | | | | <input style="width: 20px; height: 20px;" type="text"/> | |
| Public transport | | | <input style="width: 20px; height: 20px;" type="text"/> | | | | <input style="width: 20px; height: 20px;" type="text"/> | |
| Primary school | | | <input style="width: 20px; height: 20px;" type="text"/> | | | | <input style="width: 20px; height: 20px;" type="text"/> | |
| Middle school | | | <input style="width: 20px; height: 20px;" type="text"/> | | | | <input style="width: 20px; height: 20px;" type="text"/> | |
| High school | | | <input style="width: 20px; height: 20px;" type="text"/> | | | | <input style="width: 20px; height: 20px;" type="text"/> | |
| Health clinic or hospital | | | <input style="width: 20px; height: 20px;" type="text"/> | | | | <input style="width: 20px; height: 20px;" type="text"/> | |
| Family planning centre | | | <input style="width: 20px; height: 20px;" type="text"/> | | | | <input style="width: 20px; height: 20px;" type="text"/> | |



H(1) - HOUSEHOLD INCOMES / EXPENDITURE

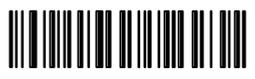
Reference Number (A1 : A2 : A7)

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| | | | | | | | | | | | |
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| H.1: What were the sources of Household Income during last year? | H.2: Where did the Household spend the Income during last year? |
|--|---|
| Amount (Rs.) | Amount (Rs.) |
| 1.Crops <table border="1" style="width: 100%; height: 20px;"></table> | 1. Food & Beverages <table border="1" style="width: 100%; height: 20px;"></table> |
| 2.Livestock <table border="1" style="width: 100%; height: 20px;"></table> | 2.Clothing <table border="1" style="width: 100%; height: 20px;"></table> |
| 3. Shop <table border="1" style="width: 100%; height: 20px;"></table> | 3. Housing <table border="1" style="width: 100%; height: 20px;"></table> |
| 4. Other business <table border="1" style="width: 100%; height: 20px;"></table> | 4. Fuel & Lighting & other utilities <table border="1" style="width: 100%; height: 20px;"></table> |
| 5. Employment in govt./public sector <table border="1" style="width: 100%; height: 20px;"></table> | 5. Transportation / Communications (including travel) <table border="1" style="width: 100%; height: 20px;"></table> |
| 6. Private sector employment <table border="1" style="width: 100%; height: 20px;"></table> | 6. Health Care & Medicines <table border="1" style="width: 100%; height: 20px;"></table> |
| 7. Property (Non-agricultural) <table border="1" style="width: 100%; height: 20px;"></table> | 7. Education <table border="1" style="width: 100%; height: 20px;"></table> |
| 8.Gifts / Cash / Remittances <table border="1" style="width: 100%; height: 20px;"></table> | 8. Social Functions <table border="1" style="width: 100%; height: 20px;"></table> |
| 9.Sale of Assets <table border="1" style="width: 100%; height: 20px;"></table> | 9. Personal care, Hygine, upkeep, miscellaneous (inc luding tobacco, daily use items) <table border="1" style="width: 100%; height: 20px;"></table> |
| 10.Other (Specify here) <table border="1" style="width: 100%; height: 20px;"></table> | 10.Purchase of Assets / Investments / Savings. <table border="1" style="width: 100%; height: 20px;"></table> |

H.3 Has the household received **domestic** remittances during last 12 months? Yes=1 No=2

H.4 Has the household received **foreign** remittances during last 12 months? Yes=1 No=2



H(2) - HOUSEHOLD BORROWING

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

H.5: Did the Household borrow capital during last year? Yes=1 No=2

H.6: Where did the Household borrow capital from during last one year?

| | Amount (Rs.) |
|--|---|
| 1.Friends & Relatives | <input style="width: 100%; height: 20px;" type="text"/> |
| 2.Shopkeepers | <input style="width: 100%; height: 20px;" type="text"/> |
| 3.Landlord | <input style="width: 100%; height: 20px;" type="text"/> |
| 4.Profit money lenders | <input style="width: 100%; height: 20px;" type="text"/> |
| 5.Input Suppliers or middlemen & commission agents | <input style="width: 100%; height: 20px;" type="text"/> |
| 6. Cooperatives & Banks | <input style="width: 100%; height: 20px;" type="text"/> |
| 7. Government Offices / Organizations | <input style="width: 100%; height: 20px;" type="text"/> |
| 8. ROSCA (Committee) | <input style="width: 100%; height: 20px;" type="text"/> |
| 9. Zakat & Usher | <input style="width: 100%; height: 20px;" type="text"/> |
| 10.Other (specify) _____ | <input style="width: 100%; height: 20px;" type="text"/> |

H.7: Where did the Household use the borrowed capital during last one year?

| | Amount (Rs.) |
|--|---|
| 1.Food & Beverages | <input style="width: 100%; height: 20px;" type="text"/> |
| 2.Clothing | <input style="width: 100%; height: 20px;" type="text"/> |
| 3. Housing | <input style="width: 100%; height: 20px;" type="text"/> |
| 4.Paying utility bills (incl.fuel & lighting) | <input style="width: 100%; height: 20px;" type="text"/> |
| 5.Transportation / Communications (including travel) | <input style="width: 100%; height: 20px;" type="text"/> |
| 6. Health Care & Medicines | <input style="width: 100%; height: 20px;" type="text"/> |
| 7. Education | <input style="width: 100%; height: 20px;" type="text"/> |
| 8. Social Functions | <input style="width: 100%; height: 20px;" type="text"/> |
| 9. Personal care, Hygiene ,upkeep, miscellaneous (including tobacco, daily use items) | <input style="width: 100%; height: 20px;" type="text"/> |
| 10.Purchase of Assets / Investment in : | <input style="width: 100%; height: 20px;" type="text"/> |
| | Enter here Total (10a to 10f) |
| 10a. Personal Assets | <input style="width: 100%; height: 20px;" type="text"/> |
| 10b. Agricultural Land | <input style="width: 100%; height: 20px;" type="text"/> |
| 10c. Livestock | <input style="width: 100%; height: 20px;" type="text"/> |
| 10d. Property | <input style="width: 100%; height: 20px;" type="text"/> |
| 10e. Business | <input style="width: 100%; height: 20px;" type="text"/> |
| 10f. Other (specify) _____ | <input style="width: 100%; height: 20px;" type="text"/> |



J - EVER MARRIED WOMEN
(aged 15 to 49 years)

Reference Number (A1 : A2 : A7)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| MEMBER NUMBER | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| Yes = 1 No = 2 | J.1 Has [NAME] given birth to a child in the last three years? | | | | | | | | | | IF NO, GO TO NEXT WOMAN |
| | <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"/> | <input type="checkbox"/> | |
| Yes = 1 No = 2 | J.2 During [NAME]'s last pregnancy, did she receive any pre-natal care? | | | | | | | | | | IF NO, GO TO J.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"/> | <input type="checkbox"/> | |
| Home - TBA = 1 Home - LHW = 2 Home - LHV = 3 Home - doctor = 4 Govt. Hosp./ RHC/ BHU = 5 Private hospital clinic = 6 other = 7 | J.3 Who provided pre-natal care during [NAME]'s last pregnancy? | | | | | | | | | | |
| | <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"/> | <input type="checkbox"/> | |
| Yes = 1 No = 2 | J.4 During [NAME]'s last pregnancy, was she given Tetanus Toxoid injection(s)? | | | | | | | | | | IF NO, GO TO J.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"/> | <input type="checkbox"/> | |
| | J.5 How many Tetanus Toxoid injections were [NAME] given during this pregnancy? | | | | | | | | | | RECORD NUMBERS OF INJECTIONS |
| <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Home = 1 Govt. hosp./ RHC/ BHU = 2 Private hospital clinic = 3 other = 4 | J.6 Where did [NAME] give birth (last pregnancy)? | | | | | | | | | | |
| | <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"/> | <input type="checkbox"/> | |
| Doctor(s) = 1 Nurse(s) = 2 LHV/qualified midwife = 3 TBA/ Dai = 4 Family/ neighb./ friends = 5 Other = 6 | J.7 Who assisted [NAME] during this birth? | | | | | | | | | | |
| | <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"/> | <input type="checkbox"/> | |
| Yes = 1 No = 2 | J.8 Did [NAME] receive any post-natal care after this delivery? | | | | | | | | | | IF NO GO TO NEXT WOMAN |
| | <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"/> | <input type="checkbox"/> | |
| Home - TBA = 1 Home - LHW = 2 Home - LHV = 3 Home - doctor = 4 Govt. hosp./ RHC/ BHU = 5 Private hospital clinic = 6 other = 7 | J.9 Where was this care normally received? | | | | | | | | | | NEXT WOMAN |
| | <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"/> | <input type="checkbox"/> | |



