

Confidential



QUESTIONNAIRE

**Tehsil Based
Multiple Indicator Cluster Survey (MICS)
Punjab: 2007-08**

Questionnaire No

House hold	

Cluster			

Area

Tehsil/ Town

District	

**Bureau of Statistics
Planning & Development Department
Government of Punjab, Lahore**

HOUSEHOLD (HH) MODULE	
District/Tehsil/Town.....Code <input type="text"/>	
Union Council	
Village/Mohalla and address.....	
HH1. Cluster number (as per listing):	HH2. Household number (as per listing) <input type="text"/>
HH1 (a). Cluster No. (as per survey) <input type="text"/>	HH2(a). Household No.(as per survey): <input type="text"/>
HH3. Interviewer (1) Name & Signature:.....	<input type="text"/>
Interviewer (2) Name & Signature:.....	<input type="text"/>
Interviewer (3) Name & Signature:.....	<input type="text"/>
HH4. Team Supervisor's Name & Signature:	<input type="text"/> Date:___/___/200
HH4a.Regional Supervisor's Name :.....	<input type="text"/> Date:___/___/200
HH4b.Editor's Name & Signature :.....	<input type="text"/> Date:___/___/200
HH4c.Data Entry Clerk's Name & Signature :.....	<input type="text"/> Date:___/___/200
HH4d.Data Checker's Name & Signature	<input type="text"/> Date:___/___/200
HH5. Date of interview: <input type="text"/> <input type="text"/> 200	HH6. Area: Urban.....1 Rural..... 2
Day Month Year	
HH8. Name of the head of household:.....	
HH8a. Male1 Female.....2	
HH8b. Is the name of the Head of H.H. same as given in the listing?	Yes.....1 <input type="checkbox"/> → HH9
	No2
HH8c. If No, What is the main reason for the difference? (circle Code)	
Head of the HH as given in listing is present but not the head of HH now.....1	
Head of the HH/ members has left after listing and the house is occupied by other HH/ members.....2	
Mistake in the Listing, e.g. a shop with no residents; no occupants for a long time.....3	
Other (specify).....6	
<i>After completion of the interview of Household, fill-in the following information:</i>	
HH9. Result of HH interview:	HH9a. No. of re-visits <input type="text"/>
Completed.....1 → HH10	HH 9b. Reason for re-visit
Refused.....2	HH members not available..... 1
Not at home.....3	women were not available.....2
HH not found/destroyed/vacant.....4	Male respondent was not available3
Incomplete Interview.....5	Children were not at home.....4
Other (specify).....6	Other (specify).....6
HH10. Name of the répondent.....	HH10a. Line No:
HH11. Total household members: <input type="text"/>	
HH12. No. of women eligible for interview: (aged 15-49, ever-married)	HH14. No. of eligible children under 5 years: <input type="text"/>
<input type="text"/>	
HH13. No. of eligible women interviewed: <input type="text"/>	HH15. No. of eligible children <5 interviewed: <input type="text"/>
<input type="text"/>	



HOUSEHOLD LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, (starting with the head of the household, ask the names of all hh members; first adults and then children. Add a continuation sheet if there are more than 15 household members and put a tick mark here)

Then ask: Are there any other who live here, even if He is not at home now? (These may include children in school/ any one at work). If yes, complete listing and ask all questions starting from HL3.

NAME AND AGE		RELATIONSHIP	SEX	MARITAL STATUS	ELIGIBLE FOR:			LITERACY FOR HH MEMBERS 10+		COUGH/ SUSPECTED TB/ / HEPATITIS				
					WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW							
HL1. Line no.	HL2 Write name & age of all members of the HH in completed years as per last birthday.	HL3. WHAT IS THE RELATIONSHIP OF (name) WITH THE HEAD OF THE HOUSEHOLD? Write codes of HL3 as given below	HL4. SEX OF THE (NAME) 1 MALE 2 FEM. Circle the code	HL5A MARITAL STATUS OF THE MEMBERS 10+ YEARS MARRIED.... 1 WIDOWED...2 DIVORCED...3 UN-MARRIED...4 DK.....8	HL6. Circle Line no. Of a married woman of 15-49 years	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no.	HL13 CAN (NAME) READ WITH UNDERSTANDING IN ANY LANGUAGE? URDU.....1 ENGLISH.....2 PUNJABI/ SERAIKI.....3 QURAN READING.....4 CAN'T READ...5 OTHER (SPE.) 6 DK.....8	HL 14 CAN (NAME) WRITE WITH UNDERSTANDING IN ANY LANGUAGE? URDU.....1 ENGLISH.....2 PUNJABI/ SERAIKI.....3 CAN NOT WRITE.....5 OTHER (SPE.) 6 DK.....8	HL15 HAS ANY MEMBER OF THE FAMILY HAD A COUGH OR FEVER FOR LAST THREE WEEKS OR MORE? YES 1 NO 2 DK 8	HL16 HAS ANY MEMBER OF THE FAMILY BEEN DIAGNOSED FOR TUBERCULOSIS IN THE PAST ONE YEAR? YES 1 NO 2 DK 8	HL17 HAS ANY MEMBER OF THE FAMILY BEEN DIAGNOSED FOR HEPATITIS/ HEPATITIS-C IN THE PAST ONE YEAR? YES 1 NO 2 DK 8		
LINE	NAME	AGE	RELA.	M	F	MARITAL STATUS	15-49	LINE No	LINE No	CIRCLE CODE	CIRCLE CODE	CIRCLE CODE	CIRCLE CODE	CIRCLE CODE
01		__ __	0 1	1	2		01	__ __	__ __	1 2 3 4 5 6 8	1 2 3 5 6 8	1 2 8	1 2 8	1 2 8
02				1	2		02							
03				1	2		03							
04				1	2		04							
05				1	2		05							
06				1	2		06							
07				1	2		07							
08				1	2		08							
09				1	2		09							
10				1	2		10							
11				1	2		11							
12				1	2		12							
13				1	2		13							
14				1	2		14							
15				1	2		15							
Totals							Women 15-49	Children 5-14	Children under 5					

* Codes for HL3: Relationship to head of household:

- | | | |
|-----------------------------|-------------------------------|----------------------------|
| 01 = Head | 06 = Parents | 11 = Niece/Nephew By Blood |
| 02 = Wife or Husband | 07 = Parents-In-Law | 12 = Niece/Nephew in-Law |
| 03 = Son or Daughter | 08 = Brother or Sister | 13 = Other Relative |
| 04 = Son or Daughter In-Law | 09 = Brother or Sister-In-Law | 14 = Adopted/ Stepchildren |
| 05 = Grandchildren | 10 = Uncle/Aunt | 15 = Not Related |
| | | 98 = Don't Know |

Now write the name and line number of every 15-49 year women in women's module. Write the name and line number of every child under 5 and his/her mother/caretaker in the child's module. For each women use a separate page.

EDUCATION MODULE

EDUCATION MODULE													
FOR HOUSEHOLD MEMBERS AGE 3 AND ABOVE						FOR HOUSEHOLD MEMBERS AGE 3-24 YEARS							
ED1	ED1A	IN COMPLETED YEARS	ED2	ED3		ED4	ED5	ED6		ED6a	ED7	ED8	
Line No	NAME AND AGE FOR EVERY (NAME), WRITE AGE IN COMPLETED YEARS AS PER LAST BIRTHDAY		HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	WHAT IS THE HIGHEST LEVEL OF SCHOOL/ COLLEGE (name) ATTENDED AND THE CLASS (name) COMPLETED AT THAT LEVEL? LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 MIDDLE 3 MATRIC 4 HIGHER THAN MATRIC 6 MADRASSA OR NON-FORMAL CURRICULUM 8 DK <i>Write appropriate code for level from above and grade from below</i>		DURING 2007-08 SCHOOL YEAR, DID (name) ATTEND SCHOOL/ PRE-SCHOOL?	SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? LEVEL: 0 PRESCHOOL 1 PRIMARY 2 MIDDLE 3 MATRIC 4 HIGHER THAN MATRIC 6 MADRASSA/ NON-FORMAL CURRICULUM 8 DK WRITE APPROPRIATE CODE FOR LEVEL FROM ABOVE AND GRADE FROM BELOW	TYPE OF SCHOOL (NAME) ATTENDED? 1 GOVT 2 PRIVATE 3 DENI 6 NON-FORMAL CURRICULUM 8 DK	DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2006-2007)? 1 YES 2 NO 8 DK	DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? LEVEL: 0 PRESCHOOL 1 PRIMARY 2 MIDDLE 3 MATRIC 4 HIGHER THAN MATRIC 6 MADRASSA/ NON-FORMAL CURRICULUM 8 DK WRITE APPROPRIATE CODE FOR LEVEL FROM ABOVE AND GRADE FROM BELOW		
LINE	NAME	AGE	CIRCLE CODE	LEVEL	CLASS	CIRCLE CODE	DAYS	LEVEL	CLASS	CIRCLE CODE	CIRCLE CODE	LEVEL	CLASS
01			1 2	_____	_____	1 2	_____	_____	_____	1 2 3 6 8	1 2 8	_____	_____
02			1 2	_____	_____	1 2	_____	_____	_____	1 2 3 6 8	1 2 8	_____	_____
03			1 2	_____	_____	1 2	_____	_____	_____	1 2 3 6 8	1 2 8	_____	_____
04			1 2	_____	_____	1 2	_____	_____	_____	1 2 3 6 8	1 2 8	_____	_____
05			1 2	_____	_____	1 2	_____	_____	_____	1 2 3 6 8	1 2 8	_____	_____
06			1 2	_____	_____	1 2	_____	_____	_____	1 2 3 6 8	1 2 8	_____	_____
07			1 2	_____	_____	1 2	_____	_____	_____	1 2 3 6 8	1 2 8	_____	_____
08			1 2	_____	_____	1 2	_____	_____	_____	1 2 3 6 8	1 2 8	_____	_____
09			1 2	_____	_____	1 2	_____	_____	_____	1 2 3 6 8	1 2 8	_____	_____
10			1 2	_____	_____	1 2	_____	_____	_____	1 2 3 6 8	1 2 8	_____	_____
11			1 2	_____	_____	1 2	_____	_____	_____	1 2 3 6 8	1 2 8	_____	_____
12			1 2	_____	_____	1 2	_____	_____	_____	1 2 3 6 8	1 2 8	_____	_____
13			1 2	_____	_____	1 2	_____	_____	_____	1 2 3 6 8	1 2 8	_____	_____
14			1 2	_____	_____	1 2	_____	_____	_____	1 2 3 6 8	1 2 8	_____	_____
15			1 2	_____	_____	1 2	_____	_____	_____	1 2 3 6 8	1 2 8	_____	_____

Codes for Class:

Pre-school 00
 Class 1 to Masters 1-16
 Engineering/Technical 17
 Medicine/health related 18

Law19
 Business studies.....20
 Educational.....21

Religious studies.....22
 Other specify.....23
 DK.....98

CHILD LABOUR (CL) MODULE

CL

To be administered to mother/caretaker of each child in the household age 5 - 14 years. For household members below age 5 or above age 14, leave rows blank.

Now I would like to ask about any working children in this household .

CL1. Line no.	CL2. NAME AND AGE FOR EVERY (NAME), WRITE AGE IN COMPLETED YEARS AS PER LAST BIRTHDAY	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5	CL4. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If more than one job, include all hours at all jobs.</i>	CL5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇒ TO CL8	CL7. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) <i>If no, then go to the next line</i>	CL9. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	CIRCLE APPROPRIATE CODE	NO. OF HOURS	CIRCLE APPROPRIATE CODE	CIRCLE APPROPRIATE CODE	NO. OF HOURS	YES NO	NO. OF HOURS
01		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
02		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
03		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
04		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
05		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
06		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
07		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
08		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
09		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
10		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
11		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
12		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
13		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
14		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
15		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___

MATERNAL MORTALITY (MM) MODULE MM

Administer to each adult household member. Copy name and line number of each adult (age 15 or over) in the household. If one of these adults is not at home, another adult may respond for him/her. Indicate this by placing '1' in MM3, and insert line number of proxy respondent in MM4. For household members below age 15, leave rows blank

MM1. Line no.	MM2. NAME AND AGE For every (name), write age in completed years as per last birthday	MM3. IS THIS A PROXY REPORT? 1 YES ⇒MM4 2 NO ⇒MM5	MM4. Line no. of proxy respondent	MM5. HOW MANY SISTERS (BORN TO THE SAME MOTHER) HAVE YOU EVER HAD? 98= DON'T KNOW	MM6. HOW MANY OF THESE SISTERS EVER REACHED AGE 15? 98= DON'T KNOW	MM7. HOW MANY OF THESE SISTERS (WHO ARE AT LEAST 15 YEARS OLD) ARE ALIVE NOW? 98= DON'T KNOW	MM8. HOW MANY OF THESE SISTERS WHO REACHED AGE 15 OR MORE HAVE DIED? 98= DON'T KNOW	MM9. HOW MANY OF THESE DEAD SISTERS DIED WHILE PREGNANT, OR DURING CHILDBIRTH, OR DURING THE SIX WEEKS AFTER THE END OF PREGNANCY? 98= DON'T KNOW
LINE	NAME	YES NO	LINE NO	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER
01		1 2	___	___	___	___	___	___
02		1 2	___	___	___	___	___	___
03		1 2	___	___	___	___	___	___
04		1 2	___	___	___	___	___	___
05		1 2	___	___	___	___	___	___
06		1 2	___	___	___	___	___	___
07		1 2	___	___	___	___	___	___
08		1 2	___	___	___	___	___	___
09		1 2	___	___	___	___	___	___
10		1 2	___	___	___	___	___	___
11		1 2	___	___	___	___	___	___
12		1 2	___	___	___	___	___	___
13		1 2	___	___	___	___	___	___
14		1 2	___	___	___	___	___	___
15		1 2	___	___	___	___	___	___

HOUSEHOLD CHARACTERISTICS (HC) MODULE

<p>HC1. Type of Dwelling:(circle relevant code)</p> <p>Independent House/Compound..... 1 Apartment/Flat 2 Part of a large unit..... 3 Part of a compound..... 4 Other (specify).....96</p>	<p>HC15a. Ownership (circle relevant code)</p> <p>Owned 1 Rented 2 Rent free/squatter/other 3 Govt./ Subsidized rent 4 Owned/mortgaged or pledged 5 Other (specify) 6</p>	
<p>HC1b. Mother Tongue of the Head of the Household Urdu...1,Punjabi...2, Seraiki....3,Other (specify)...6</p>		
<p>HC2. How many rooms in this household are used for sleeping? No. of rooms..... <input type="text"/> <input type="text"/></p>		
<p>HC3. Main material of the dwelling floor:</p> <p><i>Record observation.</i></p>	<p>1.Natural floor Earth/sand 11 2.Rudimentary floor (<i>katcha</i>)..... 21 3.Finished floor (<i>pucca</i>) Bricked 31 Cemented with marble chips 32 Tiles/marble floor 33 Cement 34 Other (<i>specify</i>) 96</p>	
<p>HC4. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>1.Natural roofing No Roof 11 Thatch/palm leaf..... 12 2.Rudimentary Roofing Rustic mat 21 Palm/bamboo beams 22 “<i>Kanne</i>”/ “<i>Pattal</i>” 23 3.Finished roofing Tin with iron girders 31 Wooden beams 32 Ceramic tiles 33 Cement/lintel concrete..... 34 Roofing shingles..... 35 Other (<i>specify</i>)..... 96</p>	
<p>HC 5. Main material of the walls</p> <p><i>RECORD OBSERVATION.</i></p>	<p>1.No walls No walls 11 Straw 12 2. <i>Kachaa</i> walls Bamboo with mud..... 21 Stone with mud..... 22 Unbaked bricks with mud 23 Plywood 24 Carton 25 Reused wood 26 3.<i>Pacca</i> walls Cement 31 Stone with lime/cement 32 Bricks 33 Cement blocks..... 34 4.Other (<i>specify</i>) 96</p>	

HOUSEHOLD CHARACTERISTICS (HC) MODULE

HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?

Circle any one.

- Electricity 01
- Liquid Propane Gas (LPG)..... 02
- Natural gas (Sui Gas)..... 03
- Biogas 04
- Kerosene 05
- Coal 06
- Charcoal 07
- Wood 08
- Straw/shrubs/grass 09
- Animal dung 10
- Agricultural crop residue 11
- Other (*specify*)..... 96

⇒ HC9

HC7. WHAT TYPE OF STOVE IS BEING USED IN YOUR HOUSEHOLD?

Probe for type.

- Open fire..... 1
- Open stove 2
- Closed stove..... 3
- Other (*specify*) 6

HOUSEHOLD UTILITIES & POSSESSIONS

HC9. DOES YOUR HOUSEHOLD HAVE THE FOLLOWINGS:

- | | Yes | No |
|--------------------------------|-----|----|
| Electricity..... | 1 | 2 |
| Gas..... | 1 | 2 |
| Radio/tape recorder..... | 1 | 2 |
| Television..... | 1 | 2 |
| Cable TV..... | 1 | 2 |
| Telephone..... | 1 | 2 |
| Mobile Telephone..... | 1 | 2 |
| Computer..... | 1 | 2 |
| Internet connection..... | 1 | 2 |
| Refrigerator/freezer..... | 1 | 2 |
| Air conditioner..... | 1 | 2 |
| Washing Machine/dryer..... | 1 | 2 |
| Air cooler or fan..... | 1 | 2 |
| Cooking range/microwave..... | 1 | 2 |
| Sewing/embroidery machine..... | 1 | 2 |
| Iron..... | 1 | 2 |
| Water filter..... | 1 | 2 |
| DONKEY PUMP OR TURBINE..... | 1 | 2 |

HC10. DOES ANY MEMBER OF YOUR HH OWN:

- | | Yes | No |
|---------------------------|-----|----|
| Watch..... | 1 | 2 |
| Bicycle..... | 1 | 2 |
| Motorcycle/Scooter..... | 1 | 2 |
| Car or other vehicle..... | 1 | 2 |
| Animal drawn-cart..... | 1 | 2 |

Household Characteristics (HC) Module

House Area and Value (if owned)

HC15j. Area of the HouseMarlasSq. Yard Sq. Ft.

HC15k. House Value (estimate of house value according to local market)Rupees
(In case of more than one owner, indicate the share for the household members)

HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY AGRICULTURAL LAND? Yes 1
No 2 ⇒HC13

HC12. IF YES! THEN WHAT IS TOTAL ESTIMATE IN RUPEES AND ACRES?

	Irrigated	Arid	Barren	Total	
Total Land (Acre)					Acre
Value (Rupees)					Rupees

HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS? Yes 1
No 2 ⇒HC14A

HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?

	Total
Cows/calf.....	-----
Buffaloes/ calf.....	-----
Bulls/oxen.....	-----
Camels, horses, donkeys or mules.....	-----
Goats/Sheep.....	-----
HENS.....	-----
OTHER (SPECIFY).....	-----

IF NONE, RECORD '0', IF MORE THAN 97, RECORD '97'. IF UNKNOWN, RECORD '98'.

Household Characteristics (HC) Module

Remittances		
HC14A) IS ANY FAMILY MEMBER WORKING OUTSIDE THE VILLAGE/TOWN? <i>If Yes, indicate how many</i>	Yes1 No.....2 Number	⇒HC17
HC14B) IF YES, WHERE? <i>Multiple responses are possible.</i>	Other village/town1 Other District2 Other Province3 Overseas4 DK.....8	
HC16) DID THE HOUSEHOLD RECEIVE ANY REMITTANCE (IN CASH) DURING THE LAST YEAR? (MONEY WHICH WILL NOT BE REPAID)		
HC16A) FROM WITHIN PAKISTAN	Yes1 No.....2	
HC16 B) IF YES, WHAT WAS THE TOTAL AMOUNT?	Rs.....	
HC16C) FROM OVERSEAS	Yes1 No.....2	
HC16 D) IF YEAS WHAT WAS THE TOTAL AMOUNT?	Rs.....	
HC17) DID THE HOUSEHOLD RECEIVE ANY CASH DONATIONS, SUCH AS ZAKAT OR OTHER MEANS DURING THE LAST YEAR?	Yes1 No.....2	⇒HC17B
HC17A) IF YEAS WHAT WAS THE TOTAL AMOUNT?	Rs.....	
HC17B) TOTAL REMITTANCES AND ZAKAT RECEIVED DURING LAST YEAR (HC16B+HC16D+HC17A)	Rs.....	
Pension Benefits		
HC17D. DID ANY MEMBER OF FAMILY RECEIVE ANY PENSION IN THE LAST YEAR?	Yes1 No.....2	⇒HC17G
HC17E. IF YES, WHAT WAS TOTAL AMOUNT	_____Rupees	
HC17F. WHAT WAS THE SOURCE OF PENSION?	Government.....1, EOBI.....2, Other (Specify).....6	
Safety Nets		
HC17G. DID ANY MEMBER OF FAMILY BENEFIT FROM GOVERNMENT SOCIAL PROTECTION SCHEMES LAST YEAR. IF YES, HOW MUCH AMOUNT RECEIVED _____RUPEES. INDICATE TYPE OF BENEFITS (CIRCLE CODE)	Yes.....1 No.....2 Zakat_____1, Subsistence Allowance__2, Health_____3, Education_____4, Marriage Grant_____5, Sasta Rshan_____6, Other (Specify)_____96	
HC17H. DOES YOUR FAMILY PURCHASE GOODS FROM GOVERNMENT UTILITY STORES?	Yes1 No.....2	⇒HC17J
HC17I. IF ANSWER "YES" HOW OFTEN?	Regularly.....1 Rarely.....2	
HC17J. DO YOU THINK THE GOVERNMENT SCHEMES ARE BENEFICIAL TO A COMMON MAN?	Yes.....1 No.....2 DK.....8	

Household Characteristics (HC) Module

Access to Basic Education Facility

HC 18 WHERE IS THE NEAREST SCHOOL (GOVT./PRIVATE) LOCATED? MULTIPLE RESPONSES POSSIBLE. CIRCLE THE CODE

DISTANCE/KILOMETER	GOVERNMENT SCHOOL		PRIVATE SCHOOL	
	Boys	Girls	Boys	Girls
Primary				
Less than 2 (kilometers)	1	2	1	2
2 – 5 (kilometers)	1	2	1	2
More than 5 (kilometers)	1	2	1	2
Middle/Elementary				
Less than 2 (kilometers)	1	2	1	2
2 – 5 (kilometers)	1	2	1	2
More than 5 (kilometers)	1	2	1	2
High/Higher Secondary				
Less than 2 (kilometers)	1	2	1	2
2 – 5 (kilometers)	1	2	1	2
More than 5 (kilometers)	1	2	1	2
Access To Basic Health Facility				
HC 18A. WHICH IS THE NEAREST (GOVERNMENT OR PRIVATE) HEALTH FACILITY AVAILABLE?			GOVERNMENT1 PRIVATE2	
HC18B. AT WHAT DISTANCE IS THIS FACILITY AVAILABLE? (CIRCLE CODE)			WITHIN 29 MINUTES DISTANCE1 30-59 MINUTES DISTANCE2 ONE HOUR OR MORE3	

WATER AND SANITATION (WS) MODULE

<p>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p> <p style="text-align: center;"><i>(Circle any one)</i></p>	<p><u>Piped water</u></p> <p style="padding-left: 20px;">Piped inside the dwelling 11</p> <p style="padding-left: 20px;">Piped inside the yard 12</p> <p style="padding-left: 20px;">Public tap/standpipe 13</p> <p>Hand Pump (Borehole)..... 14</p> <p>Donkey pump (Borehole)..... 15</p> <p><u>Dug well within the dwelling</u></p> <p style="padding-left: 20px;">Protected well 16</p> <p style="padding-left: 20px;">Unprotected well 17</p> <p>Tubewell/Turbine..... 21</p> <p>Dug well outside the dwelling</p> <p style="padding-left: 20px;">Protected well 31</p> <p style="padding-left: 20px;">Unprotected well 32</p> <p><u>Water from spring</u></p> <p style="padding-left: 20px;">Protected spring 41</p> <p style="padding-left: 20px;">Unprotected spring 42</p> <p>Rainwater collection 51</p> <p>Tanker-truck 61</p> <p>Cart with small tank/drum 71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81</p> <p>Bottled water 91</p> <p>Other (<i>specify</i>) 96</p>	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 100px; margin: 0 auto;"></div> <p style="margin-top: 10px;">⇒WS3</p>
<p>WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING?</p> <p style="text-align: center;"><i>(THIS QUESTION IS FOR THOSE PEOPLE WHO USE BOTTLED WATER)</i></p>	<p><u>Piped water</u></p> <p style="padding-left: 20px;">Piped inside the dwelling 11</p> <p style="padding-left: 20px;">Piped inside the yard or plot 12</p> <p style="padding-left: 20px;">Public tap/standpipe 13</p> <p>Hand Pump (Borehole)..... 14</p> <p>Donkey pump (Borehole)..... 15</p> <p><u>Dug well within the dwelling</u></p> <p style="padding-left: 20px;">Protected well 16</p> <p style="padding-left: 20px;">Unprotected well 17</p> <p>Tubewell/Turbine..... 21</p> <p>Dug well outside the dwelling</p> <p style="padding-left: 20px;">Protected well 31</p> <p style="padding-left: 20px;">Unprotected well 32</p> <p><u>Water from spring</u></p> <p style="padding-left: 20px;">Protected spring 41</p> <p style="padding-left: 20px;">Unprotected spring 42</p> <p>Rainwater collection 51</p> <p>Tanker-truck 61</p> <p>Cart with small tank/drum 71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81</p> <p>Bottled water 91</p> <p>Other (<i>specify</i>) 96</p>	
<p>WS3. HOW LONG DOES IT TAKE TO REACH THERE, GET WATER, AND COME BACK?</p>	<p>No. of minutes _ _ _</p> <p>Water on premises 995</p> <p>DK..... 998</p>	<p>⇒WS5</p>
<p>WS4. WHO USUALLY GOES TO FETCH WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i></p> <p style="background-color: #e0e0e0;">IS THIS PERSON UNDER AGE 15? WHAT IS THE SEX?</p> <p><i>Circle code that best describes this person.</i></p>	<p>Adult woman 1</p> <p>Adult man 2</p> <p>Female child (under 15) 3</p> <p>Male child (under 15)..... 4</p> <p>DK..... 8</p>	
<p>WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒WS7</p> <p>8⇒WS7</p>

Household Characteristics (HC) Module

<p>WS6. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil..... A Add bleach/chlorine B Strain it through a cloth C Water filter (ceramic,sand,composite, etc.) D Solar disinfection E Let it stand and settle F</p> <p>Other (<i>specify</i>) _____ X DK.....Z</p>	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>Circle only one that is frequently used.</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p><u>Flush / pour flush</u> Flush connected to public sewer system....11 Flush connected to septic tank.....12 Pit latrine.....13 Ventilated Improved Pit latrine.....21 Covered pit latrine.....22 Open pit.....23 Bucket.....41 Public/communal latrine.....51</p> <p>Open in the field.....95 ⇒ WS10</p> <p>Other (<i>specify</i>) _____ 96</p>	⇒ WS10
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes1 No2</p>	2⇒ WS10
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10)..... 0__</p> <p>Ten or more households 10 DK.....98</p>	
WS10 DO HOUSEHOLD MEMBERS WASH HANDS BEFORE MEAL AND AFTER USING LATRINE?		
<p>BEFORE MEAL? All with soap.....1 Some without soap.....4 All without soap.....2 No one work.....5 Some with soap.....3 No response...6 DK...8</p>	<p>AFTER USING LATRINE? All with soap.....1 Some without soap.....4 All without soap.....2 No one work.....5 Some with soap.....3 No response...6 DK...8</p>	
<p>WS10(A). HOW IS THE WASTE WATER DISPOSED OF?</p> <p>SEWERAGE CONNECTED WITH MAIN LINE 1 SEWERAGE CONNECTED WITH OPEN DRAIN 2 SEPTIC TANK 3 PIT IN OR OUTSIDE HOUSE 4 OPEN STREET OR OPEN FIELDS 5 NO RESPONSE 6 DON'T KNOW 8</p>	<p>WS10(B). HOW IS THE SOLID WASTE DISPOSED OF?</p> <p>COLLECTED BY ANY MUNICIPAL INSTITUTION 1 DISPOSED OF BY SOLID WASTE MANAGEMENT DEPTT. 2 PRIVATE COMPANY VEHICLE COLLECTS FROM HOME.. 3 IN OPEN STREETS 4 IN OPEN FIELDS 5 NO RESPONSE 6 DON'T KNOW 8</p>	

SALT IODIZATION (SI) MODULE

S11A. DO YOU KNOW ABOUT THE IODIZED SALT?

Yes 1
No..... 2

S11. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?

Not iodized 0 PPM (no color) 1
Less than 15 PPM (weak color) 2
15 PPM or more (strong color)..... 3*Once you have examined the salt, circle number that corresponds to test outcome.*No salt in home 6
Salt not tested 7**WATER TESTING MODULE**

WE WOULD LIKE TO CHECK THE QUALITY OF WATER IN YOUR HOUSEHOLD. COULD WE OBTAIN TWO SAMPLES OF THE WATER USED FOR DRINKING BY MEMBERS OF YOUR HOUSEHOLD ?

WAS A SAMPLE TAKEN FOR CHECKING FOR ARSENIC? YES1 NO.....2

WAS A SAMPLE TAKEN FOR CHECKING FOR BACTERIOLOGICAL CONTENTS? YES1 NO.....2

IF NO, INDICATE THE REASONS:

1 _____
2 _____*Once you have examined the result of the test, indicate (tick) the concentration on any one box::*0-10 ppb 11-50 ppb 51-100 ppb 101-200 ppb > 200 ppb *The results of the test for bacteria needs to be compiled for the entire cluster on a separate sheet**Check the sample for bacteria after 48 hours, complete the test and note the results by ticking the correct box for yes and no.*

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

FOR EVER-MARRIED WOMEN (WM) AGED 15-49 YEARS

*This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing).
Fill in one form for each eligible woman*

Repeat greeting if not already read to this woman

WM3. Woman's Name: _____	WM4. Woman's Line Number: ___ ___ WM4a. Age (Copy from household list) _____ years
WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month ___ ___ DK month 98 Year ___ ___ DK year 9998
WM8B COMPUTATION OF AGE IN YEARS	200_ - YEAR OF BIRTH = _____ REVISED AGE (If this differs from that given in the household members module then correct on page 3)
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)..... ___ ___
WM9A IF WOMEN ARE UNABLE TO GIVE AN ANSWER TO WM8 CALCULATE THE AGE OF THE WOMAN BY ASKING : HOW OLD WERE YOU WHEN YOU WERE MARRIED? FOR HOW MANY YEARS YOU ARE MARRIED? ADD A + B _____ REVISED AGE	_____ years _____ years
If The respondent did not give the answer of question # WM8, WM9 & WM9a then confirm if the age given in WM4a is correct	Yes.....1 No2 If No, then write the revised age _____ years

CHILD MORTALITY (CM) MODULE (INDIRECT METHOD)

This module is to be administered to ever married women age 15-49 who ever gave live birth.

<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p> <p><i>If "No" probe by asking:</i> I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	<p>Yes.....1 No2</p>	<p>⇒NEXT MODULE</p>						
<p>CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p><i>I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING</i></p> <p><i>Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.</i></p>	<p>Date of first birth Day..... __ __ DK day 98</p> <p>Month..... __ __ DK month..... 98</p> <p>Year __ __ __ __ DK year..... 9998</p>	<p>⇒CM3 ↓CM2B</p>						
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth __ __</p>							
<p>CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes.....1 No2</p>	<p>2⇒CM5</p>						
<p>CM4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home..... __ __</p> <p>Daughters at home __ __</p>							
<p>CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes.....1 No2</p>	<p>2⇒CM7</p>						
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere __ __</p> <p>Daughters elsewhere..... __ __</p>							
<p>CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes.....1 No2</p>	<p>2⇒CM9</p>						
<p>CM8. HOW MANY SONS HAVE DIED?</p> <p>HOW MANY DAUGHTERS HAVE DIED?</p>	<p>Boys (sons) dead..... __ __</p> <p>Girls (daughters) dead..... __ __</p>							
<p>CM9. Sum answers to CM4, CM6, and CM8.</p>	<p>Sum.....</p>							
<p>CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. ⇒ Go to CM11</p> <p><input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to CM11</p>								
<p>CM11. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p><i>If day is not known, enter '98' in space for day.</i></p>	<p>CHECK FOR INCLUSION IN NEXT MODULE</p> <p>Date of last birth</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Day</td> <td style="text-align: center; font-size: 8px;">Month</td> <td style="text-align: center; font-size: 8px;">Year</td> </tr> </table>				Day	Month	Year	
Day	Month	Year						

MATERNAL AND NEWBORN HEALTH (MN) MODULE

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.

MN1A. HAVE YOU GIVEN BIRTH TO A CHILD IN THE LAST TWO YEARS ?	Yes1 No2	⇒MN14															
MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY? If yes: WHOM DID YOU SEE? ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	<u>Health professional:</u> Doctor A Nurse/midwife B Lady Health Visitor C Lady Health Worker F <u>Other person</u> Traditional birth attendant G Relative/friend H Other (specify) X No one Y	⇒MN7															
MN3. DID DURING THE TREATMENT WERE THE FOLLOWING TESTS DONE.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Weight.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood pressure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine Test</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood Test</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Weight.....	1	2	Blood pressure	1	2	Urine Test	1	2	Blood Test	1	2	
	Yes	No															
Weight.....	1	2															
Blood pressure	1	2															
Urine Test	1	2															
Blood Test	1	2															
MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD? ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i>	<u>Health professional:</u> Doctor A Nurse/midwife B Lady Health Visitor C Lady Health Worker F <u>Other person</u> Traditional birth attendant G Relative/friend H Other (specify) X No one Y																
MN7A. WHO DID YOU SEE FOR POSTNATAL CARE AFTER THE BIRTH OF YOUR BABY?	<u>Health professional:</u> Doctor A Nurse/midwife B Lady Health Visitor C Lady Health Worker F <u>Other person</u> Traditional birth attendant G Relative/friend H Other (specify) X No one Y																
MN8. WHERE DID YOU GIVE BIRTH TO (name)? <i>Probe to identify the type of source and circle the appropriate code.</i> <i>If source is hospital, health center, or clinic, write the name of the place below</i> <div style="border-bottom: 1px solid black; width: 200px; margin: 0 auto; text-align: center;"> _____ (Name of place) </div>	<u>Home</u> Your home 11 Other home 12 <u>Public sector</u> Govt. hospital 21 Govt. clinic/health center 22 Other public (specify) 26 <u>Private Medical Sector</u> Private hospital 31 Private clinic 32 Private maternity home 33 Other private medical (specify) 36 Other (specify) 96																
MN14. HAVE YOU EVER GIVEN BIRTH TO A DEAD CHILD, IF YES THEN HOW MANY?																	
LADY HEALTH WORKER (LHW)																	
MN14A. DID ANY LADY HEALTH WORKER (LHW) VISITED YOUR HOUSE DURING THE LAST MONTH?	Yes1 No2 DK8	⇒NEXT MODULE															
MN14B. IF YES, WHAT WAS THE PURPOSE OF VISIT (ONE AND MORE RESPONSES POSSIBLE)	Gave the ORS, Vitamin & Medicine1 Weighed the child2 Provide useful information3 Other (specify)6 DK8																

CONTRACEPTIVE USE (CP) MODULE

This module is to be administered to currently married 15-49 yrs women. Check for inclusion from Page 3 for HL 5a

<p>CP1. ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant1 No2 Unsure or DK8</p>	<p>⇒CP16</p>
<p>CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT <u>THEN</u>, DID YOU WANT TO WAIT UNTIL <u>LATER</u>, OR DID YOU <u>NOT WANT</u> TO HAVE ANY MORE CHILDREN?</p>	<p>Then.....1 Later.....2 Did not want more children.....3</p>	
<p>CP1B HAVE YOU OR YOUR HUSBAND EVER USED ANY METHOD TO DELAY OR AVOID A PREGNANCY</p>	<p>Yes.....1 No2</p>	<p>⇒HA1</p>
<p>CP2. <i>(if not pregnant or not sure then ask)</i> ARE YOU OR YOUR HUSBAND CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes.....1 No2</p>	<p>⇒CP3A</p>
<p>CP3. WHICH METHOD ARE YOU USING?</p> <p><i>Do not prompt but probe for other methods after the first is specified. If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilizationA Male sterilizationB PillC IUDD Injections.....E CondomG Foam/jellyJ Lactational amenorrhoea method (LAM)K Periodic abstinenceL WithdrawalM Other (<i>specify</i>).....X</p>	
<p>CP3A. IF YOU WERE USING ANY METHOD BEFORE, THEN REASON FOR NOT USING IT NOW</p>	<p>Religious reasons1 Wish for another child2 Wish for a son.....3 Contraceptive products are expensive4 Other (<i>specify</i>)6</p>	

HIV/AIDS (HA) MODULE		
<i>This module is to be administered to all eligible women age 15-49 (ever-married).</i>		
HA 1. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes 1 No 2 DK..... 8	⇒ GO TO NEXT SECTION
HA 2. IS THERE ANYTHING A PERSON CAN DO TO AVOID GETTING HIV, THE VIRUS THAT CAUSES AIDS? (CIRCLE CODE)	Yes 1 No 2 DK 8	⇒ HA8
(IF YES TO Q2) HA 3A). WHAT CAN A PERSON DO TO AVOID GETTING HIV? (CIRCLE ALL THE RESPONSES)	Safe Sex 1 Safe Blood Transfusion 2 Disposable Syringe 3 Other (please specify) 6 No Response 7 Don't know 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE AIDS VIRUS ? (CIRCLE CODE)	Yes 1 No 2 DK..... 8	
HA10. IF A TEACHER HAS AIDS VIRUS BUT IS NOT SICK, SHOULD HE OR SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL? (CIRCLE CODE)	Yes 1 No 2 DK..... 8	
HA11. IF YOU KNEW THAT A SHOPKEEPER OR FOOD SELLER HAD AIDS OR THE VIRUS THAT CAUSES IT, WOULD YOU BUY FOOD FROM HIM OR HER?	Yes 1 No 2 DK..... 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS WOULD YOU WANT IT TO REMAIN A SECRET	Yes 1 No 2 DK..... 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes 1 No 2 DK/Not sure 8	

**CHILDREN UNDER FIVE YEARS AGE
REGISTRATION AND VITAMIN 'A'**

Line #	Name of the child	Age	Age and Birth Conformation			Birth Certificate (Registration) Section			Vitamin 'A' Section				
			UF10	UF11	BR1	BR2	BR3	VA1	VA2	VA3			
			Mother (Care-taker Woman) insert the line # (from Page3 of the household module)	In what month/ year was (name) born? What is his/her birthday?	How old was (name) at his/her last birthday? Record age in complete d years.	Does (name) have a birth certificate? May I see it? Yes, seen....1 Not seen.....2 No.....3 DK.....8	Has (name's) birth been registered with the civil authorities? Yes.....1 No.....2 DK.....8	Why is (name's) birth not registered? Costs too much.....1 Must travel too far ..2 Did not know it should be registered.3 Did not want to pay fine.....4 Does not know where to register.....5 Other (specify).....6 DK.....8	Has (name) ever received a vitamin A capsule (supplement) like this one? Yes...1 No....2 } ^{BF1} DK...8	How many months ago did (name) take the last dose? Months ...__ DK...98	Where did (name) get this last dose? On routine visit to health facility....1 Sick child visit to health facility2 National Immunization Day campaign...3 In school.....4 Other (specify)...6 DK.....8		
			Line#	D	M	Y	Year	Circle on Code	Circle on Code	Circle on Code	Circle on Code	Month	Circle on Code
								1 2 3 8	1 2 8	1 2 3 4 5 6 8	1 2 8		1 2 3 4 6 8
								1 2 3 8	1 2 8	1 2 3 4 5 6 8	1 2 8		1 2 3 4 6 8
								1 2 3 8	1 2 8	1 2 3 4 5 6 8	1 2 8		1 2 3 4 6 8
								1 2 3 8	1 2 8	1 2 3 4 5 6 8	1 2 8		1 2 3 4 6 8
								1 2 3 8	1 2 8	1 2 3 4 5 6 8	1 2 8		1 2 3 4 6 8
								1 2 3 8	1 2 8	1 2 3 4 5 6 8	1 2 8		1 2 3 4 6 8
								1 2 3 8	1 2 8	1 2 3 4 5 6 8	1 2 8		1 2 3 4 6 8
								1 2 3 8	1 2 8	1 2 3 4 5 6 8	1 2 8		1 2 3 4 6 8
								1 2 3 8	1 2 8	1 2 3 4 5 6 8	1 2 8		1 2 3 4 6 8
								1 2 3 8	1 2 8	1 2 3 4 5 6 8	1 2 8		1 2 3 4 6 8
								1 2 3 8	1 2 8	1 2 3 4 5 6 8	1 2 8		1 2 3 4 6 8
								1 2 3 8	1 2 8	1 2 3 4 5 6 8	1 2 8		1 2 3 4 6 8

Child and Mother Line #, Name, Age copy from House Hold Section Page 3
If the birth certificate is available then confirm age from it, if birth certificate is not available then ask about EPI card and if that is also not available then use the local calendar of important events.

