

1. SECT00.DAT**SURVEY INFORMATION (MALE & FEMALE QUESTIONNAIRES)**

Name of data file: SECT00.DAT

Level of observation: HOUSEHOLD

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
1	hhcode	9	Household code	
1	province	1	Province	
2	urbrural	1	Region	
1	psu	7	Primary Sampling Unit	
1	stratum	4	Stratum	
8	hh	2	HH number	
10	form	1	Form	
11	mintcode	2	M Interviewer code	
13	mintdate	6	M ddmmyy Interview	
19	mdwfound	1	M Dwelling found	
20	mrelign	1	M Religion of head	
21	mlanguag	1	M Language of interview	
22	msupcode	2	M Supervisor code	
24	msupdate	6	M ddmmyy Verification	
30	mrnfound	2	M Reason not found	
32	mdeocode	2	M Data entry code	
34	mdeodate	6	M ddmmyy Data entry	
40	samepsu	1	Same PSU as last yr	1
41	samehh	1	Same HH as last yr	2
42	whynot	1	Why not same HH	3
43	fintcode	2	F Interviewer code	
45	fintdate	6	F ddmmyy Interview	
51	fdwfound	1	F Dwelling found	
52	frelign	1	F Religion of head	
53	flanguag	1	F Language of interview	
54	fsupcode	2	F Supervisor code	
56	fsupdate	6	F ddmmyy Verification	
62	frnfound	2	F Reason not found	
64	fdeocode	2	F Data entry code	
66	fdeodate	6	F ddmmyy Data entry	

SURVEY INFORMATION - MALE

INTERVIEWER..... CODE

DATE:

DWELLING FOUND?

1st day..... 1

2nd day..... 2

3rd day..... 3

Not found..... 4 (→SUPERVISOR)

RELIGION OF HEAD:

MUSLIM..... 1

CHRISTIAN..... 2

OTHERS..... 3

IN WHICH LANGUAGE WAS THE INTERVIEW CONDUCTED:

ENGLISH..... 1

URDU..... 2

PUNJABI..... 3

SINDHI..... 4

PUSHTU..... 5

BALUCHI..... 6

OTHER..... 7

REMARKS.....

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VERIFICATION OF THE QUESTIONNAIRE

SUPERVISOR..... CODE

DATE:

REMARKS.....

REASON FOR NOT FOUND:

DWELLING NOT FOUND/VACANT..... 1

OCCUPANT NOT AT HOME..... 2

REFUSAL..... 3

DATA ENTRY

OPERATOR..... CODE:

DATE:

REMARKS.....

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1. Was this PSU visited in the 1995-96 PIHS
round (i.e. Round 1)?

YES..... 1

NO..... 2 (→NEXT SECTION)

2. Was this household interviewed in the 1995-96 PIHS
round (i.e. Round 1)?

YES 1 (→NEXT SECTION)
NO 2

3. Why was the same household not interviewed?

MOVED AWAY 1
NOT AT HOME DURING
INTERVIEW WEEK 2
NOT FOUND 3
REFUSAL 4
OTHER 5
(SPECIFY: _____)

SURVEY INFORMATION - FEMALE

INTERVIEWER..... CODE

DATE:

DWELLING FOUND?

- 1st day..... 1
 2nd day..... 2
 3rd day..... 3
 Not found..... 4 (→SUPERVISOR)

RELIGION OF HEAD:

- MUSLIM..... 1
 CHRISTIAN..... 2
 OTHERS..... 3

IN WHICH LANGUAGE WAS THE INTERVIEW CONDUCTED:

- ENGLISH..... 1
 URDU..... 2
 PUNJABI..... 3
 SINDHI..... 4
 PUSHTU..... 5
 BALUCHI..... 6
 OTHER..... 7

REMARKS.....

.....

VERIFICATION OF THE QUESTIONNAIRE

SUPERVISOR..... CODE

DATE:

REMARKS.....

.....

REASON FOR NOT FOUND:

- DWELLING NOT FOUND/VACANT..... 1
 OCCUPANT NOT AT HOME..... 2
 REFUSAL..... 3

DATA ENTRY

OPERATOR..... CODE:

DATE:

REMARKS.....

.....

2. SECT01A.DAT

HOUSEHOLD ROSTER

Name of data file: SECT01A.DAT

Level of observation: INDIVIDUAL

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
1	hhcode	9	Household code	
1	province	1	Province	
2	urbrural	1	Region	
1	psu	7	Primary Sampling Unit	
1	stratum	4	Stratum	
8	hh	2	HH number	
10	form	1	Form	
11	idcode	2	ID code of person	
13	sex	1	Sex of person	2
14	relation	2	Relationship to head	3
16	age	2	Age of person	4
18	mstatus	1	Marital status	5
19	idspouse	2	ID code of spouse	6
21	idfather	2	ID code of father	7
23	idmother	2	ID code of mother	8
25	mnthaway	2	Months spent away	9
27	member	1	Member or not	10

SECTION 1. HOUSEHOLD INFORMATION PART A

HOUSEHOLD ROSTER

IDENTIFICATION	2.	3.	4.	5.	6.	7.	8.	9.	10.
I D E N T I F I C A T I O N	What is the sex of .. [NAME]..? MALE.... 1 FEMALE.. 2	What is the relationship of .. [NAME].. to the head of household?	How old is .. [NAME]..?	What is the marital status of .. [NAME]..?	COPY THE ID CODE OF THE PERSON' S SPOUSE	COPY THE ID CODE OF .. [NAME]' S . FATHER	COPY THE ID CODE OF THE .. [NAME]' S . MOTHER	During the past 12 months, how many months was .. [NAME].. away in total?	ACCORDING TO CRITERIA, IS .. [NAME].. A MEMBER OF THE HOUSEHOLD?
		HEAD 01 SPOUSE 02 SON/DAUGHTER 03 GRANDCHILD 04 FATHER OR MOTHER 05 SISTER OR BROTHER 06 NIECE OR NEPHEW 07 SON/DAUGHTER-IN-LAW 08 BROTHER/SISTER-IN-LAW 09 FATHER/MOTHER-IN-LAW 10 OTHER FAMILY RELATIVE 11 SERVANT/SERVANT' S RELATIVE 12 TENANT/TENANT' S RELATIVE .. 13 OTHER PERSON NOT RELATED ... 14	NEVER MARRIED . 1 (→7) CURRENTLY MARRIED . 2 WIDOW/ WIDOWER . 3 (→7) DIVORCED . 4 (→7)	IF MORE THAN ONE WIFE, USE THE ID CODE OF THE FIRST WIFE IN THE HOUSEHOLD	WRITE 0 IF ALWAYS PRESENT, OR IF AWAY LESS THAN A MONTH	YES..... 1 NO..... 2			
CHARACTERISTICS			YEARS		WRITE "99" IF NOT PRESENT IN THE ROSTER			MONTHS	

[illegible][illegible][illegible]

[illegible]

3. SECT01B.DAT

SOURCES OF INCOME

Name of data file: SECT01B.DAT

Level of observation: HOUSEHOLD

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
1	hhcode	9	Household code	
1	province	1	Province	
2	urbrural	1	Region	
1	psu	7	Primary Sampling Unit	
1	stratum	4	Stratum	
8	hh	2	HH number	
10	form	1	Form	
11	v1b01a	2	Main income source - 1	1
13	v1b01b	2	Main income source - 2	1
15	v1b01c	2	Main income source - 3	1
17	v1b02	2	Main earner - ID	2
19	v1b03	1	Main occupation	3
20	v1b04	1	Main industry	4

SECTION 1. HOUSEHOLD INFORMATION PART B

SOURCES OF INCOME

1. What are the main sources of income for your household?:

SALARIED JOB..... 01
 WAGE – AGRICULTURE..... 02
 WAGE – NON-AGRICULTURE..... 03
 INCOME FROM LIVESTOCK..... 04
 INCOME FROM CROPS..... 05
 PROPERTY / LAND RENTAL,
 INTEREST PAYMENTS, ETC..... 06
 BUSINESS / ENTERPRISE..... 07
 PENSION..... 08
 OTHER PUBLIC TRANSFERS
 (ZAKAT, USHR, ETC.)..... 09
 REMITTANCES..... 10
 PRIVATE TRANSFERS (CHARITY, ETC.)..... 11

SOURCE 1:

SOURCE 2:

SOURCE 3:

2. Who is the main income earner in the household?

IF NO EARNER IN THE HOUSEHOLD ROSTER
 WRITE "99" AND ➔NEXT SECTION

ID CODE:

3. What is his/her main occupation?

OCCUPATION CODE:

4. What sector does he/she work in?

INDUSTRY CODE:

OCCUPATION CODES

PROFESSIONAL, TECHNICAL,
 AND RELATED WORKERS..... 1
 ADMINISTRATIVE AND MANAGERIAL
 WORKERS..... 2
 CLERICAL AND RELATED WORKERS..... 3
 SALES WORKERS..... 4
 SERVICE WORKERS..... 5
 AGRICULTURAL, ANIMAL HUSBANDRY,
 AND FORESTRY WORKERS, FISHERMAN
 AND HUNTERS..... 6
 PRODUCTION AND RELATED WORKERS,
 TRANSPORT EQUIPMENT OPERATORS
 AND LABOURERS..... 7
 WORKERS NOT CLASSIFIABLE
 BY OCCUPATION..... 0

INDUSTRY CODES

AGRICULTURE, FORESTRY, HUNTING
 AND FISHING..... 1
 MINING AND QUARRYING..... 2
 MANUFACTURING..... 3
 ELECTRICITY, WATER, AND GAS..... 4
 CONSTRUCTION..... 5
 WHOLESALE AND RETAIL TRADE, HOTELS
 AND RESTAURANTS..... 6
 TRANSPORT, STORAGE & COMMUNICATIONS..... 7
 FINANCE, INSURANCE, REAL ESTATE
 AND BUSINESS SERVICES..... 8
 COMMUNITY, SOCIAL, AND PERSONAL
 SERVICES..... 9
 OTHER NOT DEFINED..... 0

4. SECT02.DAT

EDUCATION

Name of data file: SECT02.DAT

Level of observation: INDIVIDUAL

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
1	hhcode	9	Household code	
1	province	1	Province	
2	urbrural	1	Region	
1	psu	7	Primary Sampling Unit	
1	stratum	4	Stratum	
8	hh	2	HH number	
10	form	1	Form	
11	idcode	2	ID code of person	
13	v2a01	2	ID code of respondent	1
15	v2a02	1	Count and perform sums	2
16	v2a03	1	Read a newspaper	3
17	v2a04	1	Read in language	4
18	v2a05	1	Write a letter	5
19	v2ba06	1	Write in language	6
20	v2b01	1	Educational background	1
21	v2b02a	2	Why never attended - 1	2
23	v2b02b	2	Why never attended - 2	2
25	v2b03	2	Age started school	3
27	v2b04	1	Type of school attended	4
28	vbb05	2	Highest class completed	5
30	v2b06	1	Language of instruction	6
31	v2b07	2	Yrs to complete primary	7
33	v2b08a	2	Reason not in school - 1	8
35	v2b08b	2	Reason not in school - 2	8

EDUCATION (continued)

Name of data file: SECT02.DAT

Level of observation: INDIVIDUAL

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
37	v2b09	1	School curr. attending	9
38	v2b10	2	Age started school	10
40	v2b11	2	Class enrolled in	11
42	v2b12	2	Yrs to complete primary	12
44	v2b13	1	Language of instruction	13
45	v2b14	1	Distance to school	14
46	v2b15a	5	Admission	15
51	v2b15b	5	Uniforms	15
56	v2b15c	5	Books, supplies	15
61	v2b15d	5	Exam fees	15
66	v2b15e	5	Tutoring	15
71	v2b15f	5	Transport	15
76	v2b15g	5	Other educ expns	15
81	v2b15h	6	Total: educ expns	15

SECTION 2. EDUCATION PART A

LITERACY (ALL PERSONS 10 YEARS AND OLDER)

I D E N T I F I C A T I O N C O D E	1. WRITE ID CODE FROM HOUSEHOLD ROSTER OF THE PERSON PROVIDING THIS INFORMATION	2. Can you count and perform simple sums?	3. Can you read a newspaper in any language?	4. In which language can you read best?	5. Can you write a simple letter?	6. In which language can you write best?
	ID CODE	YES 1 NO 2	YES..... 1 NO..... 2 (→PART B)	ENGLISH..... 1 URDU..... 2 PUNJABI..... 3 SINDHI..... 4 PUSHTU..... 5 BALUCHI..... 6 OTHERS..... 7	YES 1 NO 2 (→PART B)	ENGLISH 1 URDU 2 PUNJABI 3 SINDHI 4 PUSHTU 5 BALUCHI 6 OTHERS 7

SECTION 2. EDUCATION PART B

FORMAL EDUCATION (ALL PERSONS 5 YEARS AND OLDER)

PRESENT ENROLLMENT														
I D E N T I F I C A T I O N C O D E	9. What type of school are you currently attending?	10. At what age did you start school?	11. What class are you currently attending?	12. How many years did it take you to complete primary school (i.e. Class 5)?	13. What is the language of instruction?	14. How far (round trip) is the institution from your home?	15. How much has your household spent during the past 12 months for each household member presently enrolled in school?							
	GOVT..... 1 PRIVATE..... 2 DEENI MADRISSA.... 3 NGO/FOUNDATION TRUST..... 4 OTHER..... 5		EDUCATION CODES ON LAST PAGE	IF PRIMARY SCHOOL NOT COMPLETED WRITE NUMBER OF YEARS SCHOOL ATTENDED DO NOT	ENGLISH .. 1 URDU 2 PUNJABI .. 3 SINDHI ... 4 PUSHTU ... 5 BALUCHI .. 6 OTHER 7	0- 2 KM. 1 2- 5 KM. 2 5-10 KM. 3 10-20 KM. 4 20+ KM.. 5 DONT KNOW 6	<p>IF NOTHING WAS SPENT WRITE ZERO.</p> <p>IF THE RESPONDENT CAN ONLY GIVE A TOTAL AMOUNT OF ALL EXPENSES AND NOT THE BREAKDOWN PER TYPE, WRITE 'DK' IN COLUMNS A-G AND THE TOTAL AMOUNT IN COLUMN H</p>							
							A. ADMISSION REGIST AND TUITION	B. UNIFORM	C. BOOKS AND SCHOOL SUPPLIES	D. EXAM FEES	E. TUTORING	F. TRANS- PORT	G. OTHER	H. TOTAL

[illegible]

5. SECT03.DAT

HEALTH

Name of data file: SECT03.DAT

Level of observation: INDIVIDUAL

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
1	hhcode	9	Household code	
1	province	1	Province	
2	urbrural	1	Region	
1	psu	7	Primary Sampling Unit	
1	stratum	4	Stratum	
8	hh	2	HH number	
10	form	1	Form	
11	idcode	2	ID code of person	
13	idresp	2	ID code of respondent	
15	v3a01	1	Diarrhea in past 30 days	1
16	v3a02	2	Diarrhea - no. of days	2
18	v3a03	1	Still sick	3
19	v3a04	1	Anyone consulted	4
20	v3a05	2	Person first consulted	5
22	v3a06	1	Reason govt f not used	6
23	v3a07	4	Cost of consultation	7
27	v3a08	1	Distance to consultation	8
28	v3a09	1	Child given ORS	9
29	v3a10	2	Place ORS obtained	10
31	v3a11	1	Distance to ORS	11
32	v3a12	4	Cost of ORS	12
36	v3a13a	2	No. of containers	13
38	v3a13b	1	Type of container	13
39	v3a14	1	Other medicine purchased	14
40	v3a15	4	Amount spent- o medicine	15

HEALTH (continued)

Name of data file: SECT03.DAT

Level of observation: INDIVIDUAL

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
44	idcode2	2	ID code of person - Part B	
46	v3b01d	2	Age - Days	1
48	v3b01m	2	Age - Month	1
50	v3b02p	2	Weight lbs	2
52	v3b02o	2	Weight ounce	2
54	v3b03	1	Ever immunized	3
55	v3b04	1	Immun. card available	4
56	v3b05a	1	BCG	5
57	v3b05b	1	DPT 1	5
58	v3b05c	1	DPT 2	5
59	v3b05d	1	DPT 3	5
60	v3b05e	1	Polio 1	5
61	v3b05f	1	Polio 2	5
62	v3b05g	1	Polio 3	5
63	v3b05h	1	Measles	5
64	v3b06	2	Most recent immuniz.	6
66	v3b07	1	Distance to immuniz.	7
67	v3b08	4	Amount paid immuniz.	8
71	v3b09	1	Reason not immunized	9

SECTION 3. HEALTH PART A

DIARRHEA (ALL CHILDREN AGED 5 YEARS AND UNDER)

[illegible]

59									
60									
61									
62									

SECTION 3. HEALTH PART A

DIARRHEA (ALL CHILDREN AGED 5 YEARS AND UNDER) CONT.

		USE OF ORS TREATMENT					
	9.	10.	11.	12.	13.	14.	15.
I D E N T I F I C A T I O N C O D E	Did you give the child ORS?	Where did you obtain the ORS?	How far (round trip) did you have to travel to obtain the ORS?	What was the cost of the ORS?	How many containers of water did you use to prepare one packet of ORS?	Did you purchase any other medicines for diarrhea (i.e. in addition to the medicines you purchased in the first consultation)?	How much altogether have you spent on additional medicines over the past 30 days?
	YES..... 1 NO..... 2 (→14)	MADE IT MYSELF 01 (→14) MEDICAL STORE 02 NGO HEALTH WORKER 03 FRIEND/RELATIVE 04 SIANI/SIANA 05 HAKIM/HERBALIST 06 COMPOUNDER/CHEMIST 07 GOVT. DISPENSARY 08 GOVT. HOSPITAL 09 PRIV. DISPENSARY 10 PRIV. HOSPITAL 11 GROCERY STORE 12 BASIC HEALTH UNIT 13 RURAL HEALTH CENTER ... 14 MAT. CHILD H. CENTER... 15 FAMILY WELFARE CENTER.. 16 OTHER 17	0- 2 KM.... 1 2- 5 KM.... 2 5-10 KM.... 3 10-20 KM.... 4 20+ KM.... 5 DONT KNOW... 6	IF NOTHING WRITE ZERO	TYPE OF CONTAINER: GLASS..... 1 PAO..... 2 MUG..... 3 OTHER..... 4	YES 1 NO 2 (→NEXT CHILD)	DO NOT INCLUDE EXPENDITURE ON ORS
				RUPEES	NO. OF CONTAINERS	TYPE	RUPEES

51								
52								
53								

54								
55								
56								
57								
58								
59								
60								
61								
62								

SECTION 3. HEALTH PART B

IMMUNIZATION (CHILDREN 5 YEARS AND UNDER)

IDENTIFICATION	1.	2.	3.	4.	5.	6.	7.	8.	9.
	AGE OF THE CHILD	Weight of the child	Has . [NAME]. ever been immunized?	Do you have an immunization card for .. [NAME]..?	RECORD THE IMMUNIZATION EVENTS FROM THE HEALTH CARD OR THE RESPONDENT	Where/who gave the most recent immunization?	How far did you travel (round trip) to this place?	How much did you pay for it (including transport)?	Why was the child not immunized?
	IF AGE ONE MONTH OR LESS RECORD AGE IN DAYS, ELSE IN COMPLETED MONTHS IF AGE GREATER THAN ONE MONTH →3	FOR CHILDREN AGED ONE MONTH OR LESS	YES..... 1 NO..... 2 (→9) DON' T KNOW.... 3 (→9)	ASK TO SEE CARDS FOR ALL CHILDREN FOR WHOM CARDS ARE AVAILABLE YES..... 1 NO..... 2	YES 1 NO 2	GOVT. HOSPITAL /DISPENSARY..... 01 GOVT. DOCTOR..... 02 BASIC HEALTH UNIT.. 03 RURAL HEALTH CENTER 04 MCHC..... 05 NGO HEALTH WORKER.. 06 LADY HEALTH WORKER. 07 VACCINATION TEAM / CAMPAIGN..... 08 PRIV. HOSPITAL /CLINIC..... 09 PRIVATE DOCTOR..... 10 OTHER..... 11	0- 2 KM.. 1 2- 5 KM.. 2 5-10 KM.. 3 10-20 KM.. 4 20+ KM.... 5 DONT KNOW 6 IF RECEIVED AT HOME USE CODE 1	IF NOTHING WRITE ZERO <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px 0;"></div> →NEXT CHILD RUPEES	CANNOT AFFORD IT.. 1 NO TEAM HAS VISITED..... 2 FACILITY TOO FAR AWAY..... 3 DON' T KNOW ABOUT IMMUNIZATION.... 4 CHILD WILL GET SICK..... 5 NO FEMALE STAFF... 6 NO ANSWER..... 7 OTHER..... 8
DAYS MNTH	LBS OZ			BCG	DPT 1 2 3	POLIO 1 2 3	MEA-SLES		

6. SECT04A.DAT**MATERNAL MORTALITY**

Name of data file: SECT04A.DAT

Level of observation: INDIVIDUAL

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
1	hhcode	9	Household code	
1	province	1	Province	
2	urbrural	1	Region	
1	psu	7	Primary Sampling Unit	
1	stratum	4	Stratum	
8	hh	2	HH number	
10	form	1	Form	
14	lnumber	1	Line number	
11	idresp	2	ID code of respondent	
13	v4a01	1	Died within 30 days	1
15	v4a03	2	Age at death	3
17	v4a04	1	Place of birth	4
18	v4a05	1	Assisted delivery	5
19	v4a06	1	Rec prenatal consultation	6
20	v4a07	1	Person / place consulted	7
21	v4a08	1	Order of birth	8
22	v4a09	1	Child survived	9

SECTION 4. MARRIAGE AND MATERNITY HISTORY PART A

MATERNAL MORTALITY

ID CODE OF THE RESPONDENT:

1. During the past 12 months, did any usual member of your household die within 30 days of delivery?

YES 1
 NO 2 (→NEXT PART)

RECORD THE NAME OF THE WOMEN WHO DIED WITHIN 30 DAYS OF DELIVERY DURING THE LAST YEAR, AND ASK QUESTIONS 3 – 9:

S. NO	2. What was the name of the woman?	3. How old was the woman when she died?	4. Where did the birth take place?	5. Who assisted with the delivery?	6. Did the woman go for a prenatal consultation to a health facility?	7. Where did she receive this care?	8. Which order of delivery was this birth (i.e. 1st, 2nd, 3rd, etc.)?	9. Did the child survive the delivery?
			HOME 1 GOVT. HOSPITAL 2 GOVT. CLINIC 3 PRIVATE HOSPITAL 4 PRIVATE CLINIC 5 OTHER 6	FAMILY MEMBER OR RELATIVE.... 1 NEIGHBORS..... 2 TBA..... 3 TRAINED DAI..... 4 DOCTOR..... 5 LHV..... 6 OTHER..... 7	YES .. 1 NO ... 2(→8)	HOME TBA 1 HOME LHW 2 HOME LHV 3 HOME DOCTER 4 GOVT. HOSPITAL ... 5 GOVT. CLINIC 6 PRIVATE HOSPITAL ... 7 PRIVATE CLINIC 8 OTHER 9	INCLUDE ALL DELIVERIES NUMBER OF DELIVERY	YES 1 NO 2

1.								
2.								
3.								

7. SECT04B.DAT**PREGNANCY HISTORY**

Name of data file: SECT04B.DAT

Level of observation: INDIVIDUAL

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
1	hhcode	9	Household code	
1	province	1	Province	
2	urbrural	1	Region	
1	psu	7	Primary Sampling Unit	
1	stratum	4	Stratum	
8	hh	2	HH number	
10	form	1	Form	
11	idcode	2	ID code of woman	
13	idresp	2	ID code of respondent	
15	v4b01	1	Ever been married	1
16	v4b02	2	Age at marriage	2
18	v4b03	1	Ever given live birth	3
19	v4b04a	2	Living with you - boys	4
21	v4b04b	2	Living with you - girls	4
23	v4b05a	2	Living elsewhere - boys	5
25	v4b05b	2	Living elsewhere - girls	5
27	v4b06a	2	Children died - boys	6
29	v4b06b	2	Children died - girls	6
31	v4b07	2	Miscarriage / stillbirth	7
33	v4b08	1	Pregnant now	8
34	v4b09a	2	Want more children boys	9
36	v4b09b	2	Want more children girls	9

PREGNANCY HISTORY (ALL WOMEN AGED 15-49 YEARS)	
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PREGNANCY HISTORY (ALL WOMEN AGED 15-49 YEARS)	
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I D E N T I F I C A T I O N C O D E	WRITE THE ID CODE OF THE RESPONDENT FROM THE HOUSEHOLD ROSTER.	1. Have you ever been married?	2. At what age did you first marry?	3. Have you ever given birth to a live child?	4. Do you have any children you have given birth to who are presently living with you?		5. Do you have any children you have given birth to who are presently living elsewhere?		6. Have you given birth to any children who were born alive but later died, even if they lived for a few minutes or hours?		7. Have you had any miscarriages or stillbirths?	8. Are you pregnant now?	9. Do you want more children?	
		YES 1 NO 2 (→NEXT PERSON)		YES 1 NO 2 (→7)	How many sons? How many daughters?	How many sons? How many daughters?	How many sons? How many daughters?	How many in total?	YES 1 NO 2	How many more boys? How many more girls? IF ANSWER NOT EXPLICIT, WRITE “99”	BOYS	GIRLS		
	ID CODE		YEARS		SONS	DAUGHTERS	SONS	DAUGHTERS	SONS	DAUGHTERS	NUMBER OF STILLBIRTHS / MISCARRIAGES			

[illegible][illegible][illegible]

[illegible]

8. SECT04C.DAT**FAMILY PLANNING**

Name of data file: SECT04C.DAT

Level of observation: INDIVIDUAL

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
1	hhcode	9	Household code	
1	province	1	Province	
2	urbrural	1	Region	
1	psu	7	Primary Sampling Unit	
1	stratum	4	Stratum	
8	hh	2	HH number	
10	form	1	Form	
11	idcode	2	ID code	
13	v4ca01	1	Know about - Pill	1
14	v4ca02	1	Ever used - Pill	2
15	v4cb01	1	Know about - IUD	1
16	v4cb02	1	Ever used - IUD	2
17	v4cc01	1	Know about - Injection	
18	v4cc02	1	Ever used - Injection	
19	v4cd01	1	Know about - Condom	
20	v4cd02	1	Ever used - Condom	
21	v4ce01	1	Know about - Jelly etc	
22	v4ce02	1	Ever used - Jelly etc	
23	v4cf01	1	Know about - Norplant	
24	v4cf02	1	Ever used - Norplant	
25	v4cg01	1	Know about - T ligation	
26	v4cg02	1	Ever used - T ligation	
27	v4ch01	1	Know about - Vasectomy	
28	v4ch02	1	Ever used - Vasectomy	
29	v4ci01	1	Know about - Rhythm	
30	v4ci02	1	Ever used - Rhythm	

FAMILY PLANNING (continued)

Name of data file: SECT04C.DAT

Level of observation: INDIVIDUAL

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
31	v4cj01	1	Know about - Withdrawal	1
32	v4cj02	1	Ever used - Withdrawal	2
33	v4ck01	1	Know about - Other	1
34	v4ck02	1	Ever used - Other	2
35	v4c03	2	Reason never used	3
37	v4c04	1	Currently using	4
38	v4c05	2	Reason not curr. using	5
40	v4c06	2	Method currently using	6
42	v4c07	2	Place method obtained	7
44	v4c08	1	Distance travelled	8
45	v4c09a	5	Amount paid - f-plan	9
50	v4c09b	4	Amount paid - transport	9
54	v4c10	1	Available regularly	10
55	v4c11	1	Satisfied	11
56	v4c12	1	Why not satisfied	12
57	v4c13	1	Visit health personnel	13
58	v4c14	1	Satisfied govt services	14
59	v4c15	1	Why not satisfied	15

SECTION 4. MARRIAGE AND MATERNITY HISTORY PART C

FAMILY PLANNING (ALL CURRENTLY MARRIED WOMEN AGED 15-49 YRS)

ASK OF ALL CURRENTLY MARRIED WOMEN AGED 15 - 49 YEARS:

1

Now I would like to ask you about family planning, the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?

ENTER CODE 1 IN QUESTION 1 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. ENTER CODE 2 IF THE METHOD IS MENTIONED AFTER PROBING AND 3 IF NOT MENTIONED EVEN AFTER PROBING. THEN FOR EACH METHOD WITH CODE 1 OR 2 IN Q. 1, ASK Q. 2.

ID CODE OF THE WOMAN:

METHOD OF BIRTH CONTROL	1.	2.
	Have you ever heard of .. [METHOD]..?	Have you ever used method?
	YES, SPONTANEOUSLY... 1	YES..... 1
	YES, PROBED..... 2	NO 2
	NO..... 3	
	(→NEXT METHOD)	

NOT AVAILABLE..... 03
 IRREGULAR SUPPLY..... 04
 ADVERSE SIDE EFFECTS... 05
 NOT EFFECTIVE..... 06
 RELIGIOUS REASONS..... 07
 SELF OPPOSED..... 08
 HUSBAND OPPOSED..... 09

LACTATING..... 12
 LACK OF KNOWLEDGE..... 13
 INFERTILITY..... 14
 HYSTERECTOMY..... 15
 MENOPAUSAL..... 16
 OTHER..... 17
 DON' T KNOW..... 18

→ NEXT WOMAN

ID CODE OF THE WOMAN:

METHOD OF BIRTH CONTROL	1.	2.
	Have you ever heard of .. [METHOD]..?	Have you ever used method?
	YES, SPONTANEOUSLY... 1	YES..... 1
	YES, PROBED..... 2	NO 2
	NO..... 3	
	(→NEXT METHOD)	

1. PILL		
2. IUD		
3. INJECTION		
4. CONDOM		
5. FOAM/DIAPHRAGM/JELLY		
6. NORPLANT/IMPLANT		
7. TUBAL LIGATION		
8. VASECTOMY		
9. P. ABSTINENCE/RHYTHM		
10. WITHDRAWAL		
11. OTHER		

1. PILL		
2. IUD		
3. INJECTION		
4. CONDOM		
5. FOAM/DIAPHRAGM/JELLY		
6. NORPLANT/IMPLANT		
7. TUBAL LIGATION		
8. VASECTOMY		

IF CODE 3 FOR ALL IN Q. 1 →NEXT WOMAN, IF ANY CODE 1 IN QUESTION 2, →Q. 4

3. Why have you never used any method?

WANT MORE CHILDREN..... 01
 COSTS TOO MUCH..... 02

OTHER RELATIVES OPPOSED.... 10
 HUSBAND AWAY..... 11

9. P. ABSTINENCE/RHYTHM		
10. WITHDRAWAL		
11. OTHER		

IF CODE 3 FOR ALL IN Q.1 →NEXT WOMAN, IF ANY CODE 1 IN QUESTION 2, →Q. 4

3. Why have you never used any method ?

- | | |
|----------------------------|--------------------------------|
| WANT MORE CHILDREN..... 01 | OTHER RELATIVES OPPOSED.... 10 |
| COSTS TOO MUCH..... 02 | HUSBAND AWAY..... 11 |
| NOT AVAILABLE..... 03 | LACTATING..... 12 |
| IRREGULAR SUPPLY..... 04 | LACK OF KNOWLEDGE..... 13 |
| ADVERSE SIDE EFFECTS... 05 | INFERTILITY..... 14 |
| NOT EFFECTIVE..... 06 | HYSTERECTOMY..... 15 |
| RELIGIOUS REASONS..... 07 | MENOPAUSAL..... 16 |
| SELF OPPOSED..... 08 | OTHER..... 17 |
| HUSBAND OPPOSED..... 09 | DON' T KNOW..... 18 |

→ NEXT WOMAN

COPY THE ID CODE OF THE WOMAN FROM THE PREVIOUS PAGE

4. Are you currently using any method?

YES..... 1 (→6)

NO..... 2

5. Why are you not currently using any method?

WANT MORE CHILDREN..... 01	OTHER RELATIVES OPPOSED.... 10
COSTS TOO MUCH..... 02	HUSBAND AWAY..... 11
NOT AVAILABLE..... 03	LACTATING..... 12
IRREGULAR SUPPLY..... 04	LACK OF KNOWLEDGE..... 13
ADVERSE SIDE EFFECTS... 05	INFERTILITY..... 14
NOT EFFECTIVE..... 06	HYSTERECTOMY..... 15
RELIGIOUS REASONS..... 07	MENOPAUSAL..... 16
SELF OPPOSED..... 08	OTHER..... 17
HUSBAND OPPOSED..... 09	DON' T KNOW..... 18

→ NEXT WOMAN

6. Which method are you currently using?

PILL..... 01	FEMALE STERILIZATION..... 07
IUD..... 02	MALE STERILIZATION..... 08
INJECTION..... 03	PERIODIC ABSTINENCE/RHYTHM. 09
CONDOM..... 04	WITHDRAWAL..... 10
FOAM/DIAPHRAGM/JELLY... 05	OTHER..... 11
NORPLANT/IMPLANT..... 06	

IF ANSWER 09 OR 10 → 11

7. From where do you normally obtain this method?

SPOUSE..... 01	LADY HEALTH WORKER..... 08
FRIEND / RELATIVE..... 02	HAKIM..... 09
GOVT. F. PLAN. CLINIC.. 03	HOMEOPATH..... 10
NGO F. PLAN. CLINIC.... 04	CHEMIST..... 11
PRIV. HOSPITAL/DOCTOR.. 05	GROCERY STORE..... 12
GOVT. HOSPITAL/DOCTOR.. 06	DAI..... 13
VIL. F. PLAN. WORKER... 07	OTHER..... 14

8. How far did you travel in total (both ways) to this

family planning source?

0 - 2 KM.....	1
2 - 5 KM.....	2
5 -10 KM.....	3
10-20 KM.....	4
20+ KM.....	5
DON' T KNOW.....	6

COPY THE ID CODE OF THE WOMAN FROM THE PREVIOUS PAGE

4. Are you currently using any method?

YES..... 1 (→6)

NO..... 2

5. Why are you not currently using any method?

WANT MORE CHILDREN..... 01	OTHER RELATIVES OPPOSED.... 10
COSTS TOO MUCH..... 02	HUSBAND AWAY..... 11
NOT AVAILABLE..... 03	LACTATING..... 12
IRREGULAR SUPPLY..... 04	LACK OF KNOWLEDGE..... 13
ADVERSE SIDE EFFECTS... 05	INFERTILITY..... 14
NOT EFFECTIVE..... 06	HYSTERECTOMY..... 15
RELIGIOUS REASONS..... 07	MENOPAUSAL..... 16
SELF OPPOSED..... 08	OTHER..... 17
HUSBAND OPPOSED..... 09	DON' T KNOW..... 18

→ NEXT WOMAN

6. Which method are you currently using?

PILL..... 01	FEMALE STERILIZATION..... 07
IUD..... 02	MALE STERILIZATION..... 08
INJECTION..... 03	PERIODIC ABSTINENCE/RHYTHM. 09
CONDOM..... 04	WITHDRAWAL..... 10
FOAM/DIAPHRAGM/JELLY... 05	OTHER..... 11
NORPLANT/IMPLANT..... 06	

IF ANSWER 09 OR 10 → 11

7. From where do you normally obtain this method?

SPOUSE..... 01	LADY HEALTH WORKER..... 08
----------------	----------------------------

FRIEND / RELATIVE.....	02	HAKIM.....	09
GOVT. F. PLAN. CLINIC..	03	HOMEOPATH.....	10
NGO F. PLAN. CLINIC....	04	CHEMIST.....	11
PRIV. HOSPITAL/DOCTOR..	05	GROCERY STORE.....	12
GOVT. HOSPITAL/DOCTOR..	06	DAI.....	13
VIL. F. PLAN. WORKER...	07	OTHER.....	14

8. How far did you travel in total (both ways) to this family planning source?

0 - 2 KM.....	1
2 - 5 KM.....	2
5 -10 KM.....	3
10-20 KM.....	4
20+ KM.....	5
DON' T KNOW.....	6

SECTION 4. MARRIAGE AND MATERNITY HISTORY PART C

FAMILY PLANNING (ALL CURRENTLY MARRIED WOMEN AGED 15-49 YRS)

1

COPY THE ID CODE OF THE WOMAN FROM THE PREVIOUS PAGE

9. How much do you normally pay for it each month?

MONTHLY COST

IN CASES OF MALE/FEMALE STERILIZATION OR IUD
ASK FOR THE COST OF THE PROCEDURETRANSPORTATION
CHARGES (MONTHLY)

10. Is this method available on a regular basis?

YES..... 1

NO..... 2

MALE /FEMALE
STERILIZATION. 3

11. Are you satisfied with this method?

YES..... 1 (→14)

NO..... 2

12. Why are you not satisfied with this method?

COSTS TOO MUCH..... 1 NOT EFFECTIVE..... 5
NOT AVAILABLE..... 2 OTHER..... 6
IRREGULAR SUPPLY..... 3 DON' T KNOW..... 7
ADVERSE SIDE EFFECTS... 413. Did you visit any medical or health personnel for complaints
regarding this method?

YES..... 1

NO..... 2

14. Are the family planning services provided by the government
facility in your area satisfactory?

YES..... 1 (→NEXT WOMAN)

NO..... 2

DON' T KNOW..... 3 (→NEXT WOMAN)

15. Why not?

STAFF NOT AVAILABLE.... 1 CHARGES TOO HIGH..... 5
STAFF NOT COOPERATIVE.. 2 UNSUITABLE ATMOSPHERE.. 6
NO FEMALE STAFF..... 3 OTHER..... 7
FACILITY TOO FAR AWAY.. 4

COPY THE ID CODE OF THE WOMAN FROM THE PREVIOUS PAGE

9. How much do you normally pay for it each month?

MONTHLY COST

IN CASES OF MALE/FEMALE STERILIZATION OR IUD
ASK FOR THE COST OF THE PROCEDURETRANSPORTATION
CHARGES (MONTHLY)

10. Is this method available on a regular basis?

YES..... 1

NO..... 2

MALE /FEMALE
STERILIZATION. 3

11. Are you satisfied with this method?

YES..... 1 (→14)

NO..... 2

12. Why are you not satisfied with this method?

COSTS TOO MUCH..... 1 NOT EFFECTIVE..... 5
NOT AVAILABLE..... 2 OTHER..... 6
IRREGULAR SUPPLY..... 3 DON' T KNOW..... 7
ADVERSE SIDE EFFECTS... 413. Did you visit any medical or health personnel for complaints
regarding this method?

YES..... 1
NO..... 2

14. Are the family planning services provided by the government facility in your area satisfactory?

YES..... 1 (→NEXT WOMAN)
NO..... 2
DON' T KNOW..... 3 (→NEXT WOMAN)

15. Why not?

STAFF NOT AVAILABLE.... 1 CHARGES TOO HIGH..... 5
STAFF NOT COOPERATIVE.. 2 UNSUITABLE ATMOSPHERE.. 6
NO FEMALE STAFF..... 3 OTHER..... 7
FACILITY TOO FAR AWAY.. 4

9. SECT04D.DAT**PRE AND POST-NATAL CARE**

Name of data file: SECT04D.DAT

Level of observation: INDIVIDUAL

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
1	hhcode	9	Household code	
1	province	1	Province	
2	urbrural	1	Region	
1	psu	7	Primary Sampling Unit	
1	stratum	4	Stratum	
8	hh	2	HH number	
10	form	1	Form	
11	idcode	2	ID code of woman	
13	v4d01	1	Given birth past 3 yrs	1
14	v4d02	1	P natal consultation	2
15	v4d03	1	Place 1st care received	3
16	v4d04	1	First visit - month	4
17	v4d05	1	TT injection given	5
18	v4d06	1	TT received previously	6
19	v4d07	1	Place of birth	7
20	v4d08	1	Person assisted delivery	8
21	v4d09	1	Visited after birth	9
22	v4d10	1	Place visited after birth	10
23	v4d11	1	Breast fed last child	11
24	v4d12	1	Semi solids - month	12

SECTION 4. MARRIAGE AND MATERNITY HISTORY PART D

PRE AND POST-NATAL CARE (ALL EVER MARRIED WOMEN)

I D E N T I F I C A T I O N	PRE-NATAL CARE					
	1. Have you given birth to a child during the past 3 years?	2. While you were pregnant with your last child, did you go for prenatal consultations to a health care facility?	3. Where did you first receive this care? HOME TBA...1 HOME LHW...2 HOME LHV...3 HOME DOCTER...4 GOVT. HOSPITAL...5 GOVT. CLINIC...6 PRIVATE HOSPITAL...7 PRIVATE CLINIC...8 OTHER...9	4. At what month of pregnancy did you go for your first visit?	5. During this pregnancy, were you given a tetanus toxoide (TT) injection?	6. Were you given this injection during a previous pregnancy?
	YES... 1 NO... 2 (→NEXT WOMAN)	YES... 1 NO... 2 (→7)			YES... 1 (→7) NO... 2	YES... 1 NO... 2
				MONTH		

POST-NATAL CARE					
7. Where did you give birth?	8. Who assisted you with this delivery?	9. After the birth, did you visit a health care facility within six weeks of delivery for a post-natal checkup?	10. Where did you go for this visit? HOME TBA...1 HOME LHW...2 HOME LHV...3 HOME DOCTER...4 GOVT. HOSPITAL...5 GOVT. CLINIC...6 PRIVATE HOSPITAL...7 PRIVATE CLINIC...8 OTHER...9	11. Did you breast-feed your last child? IF CHILD DIED WITHIN 3 DAYS OF BIRTH, DO NOT ASK THIS QUESTION YES... 1 NO... 2	12. At what age did you start feeding your child semi-solid foods? ASK OF CHILDREN 3 MONTHS OR OLDER AGE IN MONTHS
HOME... 1 GOVT. HOSPITAL... 2 GOVT. CLINIC... 3 PRIVATE HOSPITAL... 4 PRIVATE CLINIC... 5 OTHER... 6	FAMILY MEMBER OR RELATIVE. 1 NEIGHBORS... 2 TBA... 3 TRAINED DAI. 4 DOCTOR... 5 LHV... 6 OTHER... 7	YES... 1 NO... 2 (→11)			

51						
52						
53						

54						
55						
56						

57						
----	--	--	--	--	--	--

--	--	--	--	--	--

58															
59															
60															
61															
62															

10. SECT04E.DAT

PRE AND POST-NATAL CARE

Name of data file: SECT04E.DAT

Level of observation: BIRTH ORDER AND WOMAN

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
1	hhcode	9	Household code	
1	province	1	Province	
2	urbrural	1	Region	
1	psu	7	Primary Sampling Unit	
1	stratum	4	Stratum	
8	hh	2	HH number	
10	form	1	Form	
11	idcode	2	ID code of woman	
13	birthno	2	Birth order of child	
15	v4e02	4	Year of birth	2
19	v4e03	1	Sex of child	3
20	v4e04	1	Still alive	4
21	v4e05	1	Child with mother	5
22	v4e06	2	ID code of child	6
24	v4e07d	2	Time lived - Days	7
26	v4e07m	2	Time lived - Mnths	7
28	v4e07y	2	Time lived - Years	7
30	v4e08	2	Highest schooling	8

SECTION 4. MARRIAGE AND MATERNITY HISTORY PART E

MATERNITY HISTORY (ALL EVER MARRIED WOMEN AGED 15-49 YRS)

[illegible][illegible]

[illegible]

11. SECT04F.DAT**MEN'S MARRIAGE HISTORY**

Name of data file: SECT04F.DAT

Level of observation: INDIVIDUAL

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
1	hhcode	9	Household code	
1	province	1	Province	
2	urbrural	1	Region	
1	psu	7	Primary Sampling Unit	
1	stratum	4	Stratum	
8	hh	2	HH number	
10	form	1	Form	
11	idcode	2	ID code of woman	
13	idresp	2	ID code of respondent	
15	v4f01	1	Ever been married	1
16	v4f02	2	Age at marriage	2
18	v4f03a	2	Total children - boys	3
20	v4f03b	2	Total children - girls	3
22	v4f04a	2	Living at home - boys	4
24	v4f04b	2	Living at home - girls	4
26	v4f05a	2	Living elsewhere - boys	5
28	v4f05b	2	Living elsewhere - girls	5
30	v4f06a	2	Children died - boys	6
32	v4f06b	2	Children died - girls	6
34	v4f07a	2	Want more children boys	7
36	v4f07b	2	Want more children girls	7

[illegible]

12. SECT05.DAT**HOUSING**

Name of data file: SECT05.DAT

Level of observation: HOUSEHOLD

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
1	hhcode	9	Household code	
1	province	1	Province	
2	urbrural	1	Region	
1	psu	7	Primary Sampling Unit	
1	stratum	4	Stratum	
8	hh	2	HH number	
10	form	1	Form	
11	v501	1	Occupancy status	1
12	v502	2	Rooms occupied	2
14	v503a	1	Water source - Inside	3
15	v503b	1	Water source - Outside	3
16	v504	1	Distance to water source	4
17	v505	1	Do you pay for water	5
18	v506	5	Amount paid - water	6
23	v507a	1	Electricity connection	7
24	v507b	1	Gas connection	7
25	v507c	1	Telephone	7
26	v508	1	Sanitation system	8
27	v509	1	Type of toilet used	9
28	v510	1	Garbage disposal	10
29	v511	1	Want committee system	11
30	v512	5	Amount willing to pay	12
35	v513	5	Amount presently spent	13

SECTION 5.

HOUSING

1. What is your present occupancy status?

SINGLE FAMILY/COMPOUND.... 1
 APARTMENT/FLAT..... 2
 ROOM IN LARGER UNIT..... 3
 PART OF A COMPOUND..... 4
 OTHER..... 5

YES 1
 NO 2 (→7)

2. How many rooms does your household occupy, including bed rooms and living rooms?

(DO NOT COUNT STORAGE ROOMS, BATHROOMS,
 TOILETS, KITCHENS, OR ROOMS FOR BUSINESS))

NO. OF ROOMS:

3. What is the main source of drinking water for your household?

TAP (PIPED WATER)..... 1
 OPEN WELL..... 2
 CLOSED WELL..... 3
 HANDPUMP..... 4
 TUBEWELL – DIESEL..... 5
 TUBEWELL – ELECTRIC..... 6
 CANAL/RIVER/STREAM..... 7
 SPRING..... 8
 OTHER..... 9

INSIDE THE HOUSE:

OUTSIDE THE HOUSE:

PLEASE ENTER A CODE IN ONE BOX ONLY

4. How far (round trip) is this source from your house?

INSIDE THE HOUSE..... 1
 0 – 1 KM..... 2
 1 – 2 KM..... 3
 2 – 5 KM..... 4
 5+ KM..... 5

5. Do you pay for water used by your household?

6. How much do you normally pay for one month's water supply?

RUPEES:

7. Does your household have...

YES 1
 NO 2

A. ELECTRICITY CONNECTION:

B. GAS CONNECTION:

C. TELEPHONE CONNECTION:

8. Is your household connected to a sanitation system for liquid waste?

YES, UNDERGROUND SEWERS ... 1
 YES, OPEN DRAINS 2
 NO 3

9. What type of toilet is used by your household?

FLUSH CONNECTED TO PUBLIC SEWER .. 1
 FLUSH CONNECTED TO SEPTIC TANK
 / SOAK PIT 2
 FLUSH CONNECTED TO OPEN DRAINS ... 3
 DRY SYSTEM 4
 PIT LATRINE 5
 NO TOILET IN THE HOUSE 6

10. How is garbage collected from your household?

MUNICIPAL 1 (→13)

LOCAL COLLECTIVE SYSTEM... 2
PRIVATE SYSTEM..... 3
NO FORMAL SYSTEM..... 4

11. Would you like to have a municipal garbage collection system in your community?

YES..... 1
NO..... 2 (→13)

12. How much would you be willing to pay each month for a municipal garbage collection system?

IF NOTHING WRITE ZERO

RUPEES:

13. How much do you currently pay each month for garbage disposal?

IF NOTHING WRITE ZERO

RUPEES:

12. SECT06A.DAT**FOOD EXPENSES AND HOME PRODUCTION**

Name of data file: SECT06A.DAT

Level of observation: FOOD ITEM AND HOUSEHOLD

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
1	hhcode	9	Household code	
1	province	1	Province	
2	urbrural	1	Region	
1	psu	7	Primary Sampling Unit	
1	stratum	4	Stratum	
8	hh	2	HH number	
10	form	1	Form	
11	foodcd	2	Food item	
13	v6a01	5	Quantity purchased	1
18	v6a02	5	Value purchases	2
23	v6a03	5	Quantity home produced	3
28	v6a04	5	Value home produced	4
33	v6a05	5	Value in-kind	5

Note: Variables v6a01 and v6a03 have two implicit decimal places (i.e. of the 5 digits allocated to these variables, the first three correspond to the integer value, and the last two to the decimal portion of these variables).

SECTION 6 HOUSEHOLD CONSUMPTION PART A

FOOD EXPENSES AND HOME PRODUCTION

		FOOD PURCHASES – LAST MONTH			HOME-PRODUCTION – LAST MONTH			IN-KIND
		1. How much . [FOOD]. did you purchase in the past 30 days? IF NONE WRITE ZERO AND →3	2. Value of food		3. How much . [FOOD]. did you consume in the past 30 days that you produced yourself?	4. Value of food		5. On average, what is the total value of the .. [FOOD].. consumed that you receive in-kind each month (wages for work, etc.) RUPEES
CODE AND FOOD ITEM		QUANTITY	UNIT	RUPEES	QUANTITY	UNIT	RUPEES	
01	Wheat (grain)		KG			KG		
02	Wheat flour (maida / sooji)		KG			KG		
03	Rice / rice flour		KG			KG		
04	Fresh milk		LTR			LTR		
05	Pulses							
06	Yoghurt, butter, desi ghee, etc							
07	Vegetable ghee or oil		KG			KG		
08	Beef		KG			KG		
09	Mutton		KG			KG		
10	Chicken / fish							
11	Eggs							
12	Fruits							
13	Potatoes		KG			KG		
14	Tomatoes		KG			KG		
15	Onions		KG			KG		
16	Other vegetables							
17	Salt / spices							
18	Sugar, gur, sugar products, etc							
19	Tea							

20	Prepared food from outside the home
21	Meals outside the home
22	Other

13. SECT06B.DAT

NON-FOOD EXPENDITURES

Name of data file: SECT06B.DAT

Level of observation: HOUSEHOLD

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
1	hhcode	9	Household code	
1	province	1	Province	
2	urbrural	1	Region	
1	psu	7	Primary Sampling Unit	
1	stratum	4	Stratum	
8	hh	2	HH number	
10	form	1	Form	
11	v6b01	5	Firewood	1
16	v6a02	5	Kerosene oil	1
21	v6a03	5	Dry dung cake	1
26	v6a04	5	Piped/cylinder gas	1
31	v6a05	5	Electricity	1
36	v6b06	5	Toilet soap/shampoo	1
41	v6a07	5	Toothpaste etc	1
46	v6a08	5	Cosmetics/talcum powder	1
51	v6a09	5	Personal services	1
56	v6a10	5	Dry cleaning / washing	1
61	v6b11	5	Recreation / travel	1
66	v6a12	5	Petrol / diesel	1
71	v6a13	5	Soap bleach	1
76	v6a14	5	Servant's wages/salaries	1
81	v6a15	5	Communication charges	1
86	v6b16	5	Pocket money children	1
91	v6a17	5	Cigarettes, tobacco etc	1

96

v6a18

5

Other frequent expns

1

NON-FOOD EXPENDITURES (continued)

Name of data file: SECT06B.DAT

Level of observation: HOUSEHOLD

Number of cases:

Start position	Variable	Length	Label	Q. No: (if applicable)
101	v6b21	6	Clothes	2
107	v6a22	6	Footwear	2
113	v6a23	6	Pillows / sheets etc	2
119	v6a24	6	Crockery etc	2
125	v6a25	6	Bulb / tubelights etc	2
131	v6b26	6	Medicines, fees etc	2
137	v6a33	1	Residential status	3
138	v6a34	5	Monthly rent paid	4
143	v6a35	5	Imputed monthly rent	5

SECTION 6 HOUSEHOLD CONSUMPTION PART B

NON-FOOD EXPENDITURES

L A S T M O N T H		
1.		
What was the money value of the amount purchased, received in-kind, or produced by your household during the past 30 days:		
IF NOTHING WRITE ZERO		
	CODE	AMOUNT IN RUPEES
Firewood	01	
Kerosene Oil	02	
Dry dung cakes	03	
Natural gas – piped and cylinder	04	
Electricity	05	
Toilet soap and shampoo	06	
Toothpaste, toothbrush, miswak, toothpowder etc.	07	
Cosmetics, facial cream, talcum powder, etc.	08	
Haircut, hair care products, etc.	09	
Dry cleaning, washing, personal care services	10	
Recreational and travel expenses	11	
Petrol / diesel charges, lubricant expns	12	

Soap, bleach, household cleaning supplies, etc.	13	
Servant' s wages and salaries	14	
Telephone, telegraph, postal charges	15	
Pocket money to children	16	
Cigarettes, pan, tobacco, etc.	17	
Other	18	

L A S T 12 M O N T H S		
2.		
What was the money value of the amount purchased or received in-kind by your household during the past 12 months:		
IF NOTHING WRITE ZERO		
	CODE	AMOUNT IN RUPEES
Winter and summer clothing (incl. tailoring)	21	
Footwear	22	
Pillows, sheets, other such household	23	

supplies		
Crockery, earthenware, glasses, etc.	24	
Bulbs, tubelights, etc.	25	
Health related expenses	26	

3. What is your present tenorial status?

RENTER 1
 OWNER 2 (→5)
 PROVIDED FREE OF CHARGE
 BY RELATIVES, EMPLOYER
 OR LANDLORD 3 (→5)

OTHER 4 (→5)

4. How much do you pay in rent per month?

RUPEES:

→ END OF INTERVIEW

5. If you had to rent a dwelling like this, how much would you have to pay per month?

RUPEES: