

Government of Pakistan
Statistics Division
Federal Bureau of Statistics

PAKISTAN SOCIAL AND LIVING STANDARDS
MEASUREMENT SURVEY (ROUND-V)

(District Level)

2008-09

QUESTIONNAIRE

A-1 Enumeration Block Code

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Reference No.

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A-2 Processing Code

A-3 Household

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A-4 Q.No.

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PAKISTAN SOCIAL AND LIVING STANDARDS MEASUREMENT SURVEY (ROUND-V)

Government of
Pakistan
Statistics Division
Federal Bureau of
Statistics

2008-09

QUESTIONNAIRE-A

1	Province	
2	District	
3	Tehsil/Taluka	
4	Mauza/Deh/Village	
5	Hadd Bast No.	
6	City	
7	Regional/Field Office	
8	Name of the Family Head	
9	Name of the Respondent	
10	Name of the Interviewer	
11	Name of the Supervisor	

- AM
 PM

A-5 Start Time

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A-6 Date

D D M M Y Y

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A-7 Interviewer

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A-8 RESULT	A-9 BEHAVIOUR OF THE RESPONDE
Completed with selected household=1	Co-operative=1 normal=2
Non contact=2	reluctant/hesitant=3
Completed with replacement=3	nonserious/talkative=4 refusal=5

A-10 INTERVIEW TIME

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- AM
 PM

A-11 Editor Code

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B. List of Family Members

IDC	Names of those family members who usually reside together and eat together (Write Family head's name first)	1.Family Member's Gender Male or Female	2.Residential Status	3.Relationship with the Family head	4.Age(days, months or year whichever is unknown should be reported according to calendar if still unknown then write "00" in the respective block. write year in four digits . if age is greater than 100 then write "99" Date of birth				5. Marital Status
					Year	Month	Day	Age in complete years	
1	Head								
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

1= Male
2= Female

1= Present
2= Not present (temporarily)

1= Head
2= Wife/husband
3= Son/daughter
4= Grandson/granddaughter
5= Father/mother

6= Brother/Sister
7= Daughter-in-law
Son-in-law
8= Mother-in-law
Father-in-law
9= Other relative
10= Not related

1= Unmarried
2= Married
3= Divorced
4= Widow
5= Nikah only

C. Educational Status

IDC	If age is 10 years or more then ask		If age is 4 years or more then ask						
	1. Can this person write & read in any language with understanding?	2. Can solve simple Mathematics Questions?	3. Was ever admitted in any school or educational institution?	4. What maximum education achieved?	5. Is he/she studying in any institution at present? 1= yes 2= no If no then go to Q. No. 9	6. In which class he/she is studying these days?	7. In which type of educational institution, he/she is going?	8. Is he/she facing any problems in that institution?	9. What are the reasons for not going to school at present? (Ask if age < 30) (Can give maximum two reasons)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

1= Yes
2= No
If age is less than 10 years, then go to Q. No. 3

1= Yes
2= No

1= Yes
2= No
(If no then go to Q#9)

00= Below Class-I
01= Class-I
02= Class-II
03= Class-III
04= Class-IV
05= Class-V
06= Class-VI
07= Class-VII
08= Class-VIII
09= Class-IX
10= Class-x

(For 4 and 6)

11= FA/F.Sc.
12= BA/B.Sc.
13= Degree in Engeering
14= MBBS
15= Degree in Computer
16= Degree in Agri
17= MA/MSC
18= M.Phil/Ph..D
19= Other

1= Govt.
2= Masjid school
3= Private School
4= Religious Institution
5= NGO/Trust
6= NFBE School
7= Private exam
8= Other

1= Satisfied
2= Shortage of teachers
3= Shortage of books
4= Substandard education
5= Far away
6= Education is costly
7= Latrine/water not available

1= Minor/aged
2= Education completed
3= Education is costly
4= Far away
5= Household chores
6= Helping in work
7= Not useful
8= Ill/incapacitated

9= Marriage/pregnancy
10= Employment/Work
11= Substandard school teachers
12= Shortage of male/female teachers
13= Parents do not permit
14= Child is not ready
15= Other

D. Health

IDC	1. Had he/she been ill or injured during the last two weeks?	2. Was any one consulted during the illness?	3. Did he/she saw any type of doctor for treatment?	4. How many times he/she received such facilities during the last two weeks?	5. Has he/she faced any problem in seeing_____? (Give maximum two answers) (ask from next person)	6. Why he/she did not seek medicines/medical facilities during the last two weeks? (Give maximum two answers)	Questions regarding the Family
1							7. Did any LHW come to this family during the last 30 days? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Did any male/female of the family visit a health unit during the last 30 days? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

1= Yes
2= No
(If no then ask from next person)

1= Yes
2= No (Ask Q. No. 6)

1= Private Dispensary/
Hospital
2= Govt. Dispensary/
Hospital
3= BHU/RHC
4= LHV/LHW
5= Hakeem
6= Homocopath
7= Chemist
8= One who performs
'Dum' (spiritualism)
9= Other

1= Satisfied
2= Doctor not present
3= Staff non-cooperative
4= Lady staff not present
5= Lack of cleanliness
6= Long wait
7= Costly treatment
8= Staff untrained
9= Medicines not available
10= Unsuccessful treatment
11= Other

1= Not required
2= Costly treatment
3= Far away
4= Unsatisfactory
5= Doctor not present
6= Staff non-cooperative
7= Lady staff not present
8= No cleanliness
9= Long wait
10= Staff untrained
11= Medicines not available
12= Other

E. Employment

IDC	If age is below 10 years then ask the next person 1. Did he/she work at least for an hour on any day during the last week for monetary return?	2. If he/she did not work during the last week then does he have any business, shop, trade, farm or any service institution?	3. Has he/she worked for home farm, business, trade etc. as a helper (without any payment) during the last week?	4. Did he/she look for a job during the last week but found none?	5. What was the reason that he/she did not work last week? (Ask No. 11)	6. Why he/she did not work during the last week? (Ask No. 11)	7. What was the employment status of his/her work?	8. What was the nature of the business/institution in which he/she worked in the main capacity?
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

1= Yes
2= No
If yes, ask Q. No. 7

1= Yes
2= No
If yes, ask Q. No. 7

1= Yes
2= No
If yes, ask Q. No. 7

1= Yes
2= No
If yes, ask Q. No. 6

1= Illness/Incapability
2= Any other cause (Pregnancy etc.)
3= Temporary unemployment
4= Learning to work
5= Student
6= Household
7= Retired
8= Landlord/property
9= Child/old
10= Other

1= Illness/injury
2= Strike
3= Leave etc.
4= Off season
5= Inclement weather
6= Machine out of order
7= Shortage of raw material
8= Study leave
9= Maternity leave
10= Other

1= Daily wages
2= Personal business (non-agriculture)
3= Self-cultivator
4= Cultivation on contract
5= Cultivation on partnership
6= Family helper without charges
7= Employer
8= Livestock (only)

1= Government
2= Personal business
3= Personal/Family
4= NGO
5= Other

E. Employment

IDC	9. What was the nature of the work (profession) that was performed by him/her?	10. What was the nature of work at the firm, office, institution where he/she worked?	11. Did he/she perform any work for salary, profit or monetary benefit during the last month?	12. If he/she worked, then how many days in the last month it was done?	13. How much money he/she earned during the last month? (in Rs.)	14. How many months he/she worked during the last year? (in months)	15. Did he/she perform any work during the last year for monetary benefit?	16. How much money he/she earned in total during the last year? (In Rs.)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

1= Senior Officials & Managers
 2= Professionals
 3= Technicians & Assoc. Professionals
 4= Clerks
 5= Service, Shop, Sale, Workers
 6= Skilled Agriculture, Fishery
 7= Craft & Trade workers
 8= Plant, Machinery Operators
 9= Elementary Occupations

1= Agriculture, Forestry, Fishing
 2= Mining & Quarrying
 3= Manufacturing
 4= Electricity
 5= Construction
 6= Wholesale & Retail Trade
 7= Transport & Storage
 8= Real Estate, insurance
 9= Social & Personal Services
 10= Other

1= Yes
 2= No
 (If no, ask Q. No. 15)

End of Interview, next person

1= Yes
 2= No
 (If yes, ask Q.No.16)

F. Assets in possession

Does this family possess . . .	1. Yes 2. No	If yes, how many acres. (Q. 1 to 3) If yes, how many (Q. 4 to 7)	Current status compared to one year ago 1. Worse than before 2. Like before 3. Better than before 4. Don't know	Is most of the land under irrigation 1. Yes 2. No	If wish to sell now, expected price:
1. Personal agriculture land (If not, ask Q. No. 3)					
2. Is all or a part of land been given on rent					
3. Has any land been taken on rent					
4. Livestock in personal possession (No.)					
5. Sheep, goat in personal possession (No.)					
6. Animals in personal possession for transportation (No.)					
7. Chickens and poultry in personal possession (No.)					
	1. Yes 2. No	If yes, how much		Is this land 1 Urban 3. Rural 2. Semi urban	If wish to sell now, expected price:
8. Does the family have non-agriculture land, property or plot in personal possession		Sq. yards □□□□			In Rs. _____ _____
9. Residential building in personal possession		Sq. feet □□□□			In Rs. _____ _____
10. Shop, commercial building in personal possession		Sq. feet □□□□			In Rs. _____ _____
11. Is any of the following articles is in your possession at present					
	1. Yes	2. No			
Iron (electric)	Chair, table	Refrigerator	Bicycle		
Fans (electric)	Watches, clock	Air Cooler	Motor Cycle		
Sewing machine	Television	Air-conditioner	Car, truck		
Video or cassette player	VCR, VCP, VCD	Computer	Tractor		
12. How is the economic situation of the family as compared to one year before?				1. Much worse 2. Slightly worse 3. Like before	4. A little better than before 5. Far better than before 6. Don't know
13. How is the economic situation of this locality/area as compared to one year before?					

G. Detail of the Family

<p>1. What is the residential status at present:</p> <p>1. Personal residence</p> <p>2. On rent <input type="checkbox"/></p> <p>3. On subsidized rent</p> <p>4. Without rent</p>	<p>2. How many rooms are there in this residential building <input type="checkbox"/><input type="checkbox"/></p>	<p>3. Which material is used to lay roof of this building:</p> <p>1. RCC/RBC</p> <p>2. Wood/Bamboo <input type="checkbox"/></p> <p>3. Iron/Cement sheets</p> <p>4. Other</p>
<p>4. Walls of this building are made of which material:</p> <p>1. Burned bricks/blocks 2. Raw bricks/mud</p> <p>3. Wood/Bamboo 4. Stone <input type="checkbox"/></p> <p>5. Other (Please explain)</p>	<p>5. What is main source for drinking water</p> <p>1. Tap (in home, courtyard) 2. Tap (outside the home)</p> <p>3. Hand pump 4. Water motor <input type="checkbox"/></p> <p>5. Covered well 6. Open well</p> <p>7. River, stream, pond etc. 8. Tanker truck, water fetcher</p> <p>9. Other</p>	<p>6. What type of facility the family uses to ease out</p> <p>1. Facility not available 5. Privy seat</p> <p>2. Flush system (linked to sewerage) 6. Dugged ditch</p> <p>3. Flush (linked to Septic tank) 7. Other <input type="checkbox"/></p> <p>4. Flush (connected with open drain)</p>
<p>7. What is the main source of fuel to cook food</p> <p>1. Fire-wood 5. Electricity</p> <p>2. Gas 6. Sticks, etc. <input type="checkbox"/></p> <p>3. Kerosene oil 7. Coal, wooden coal</p> <p>4. Cow-dung cakes 8. Other</p>	<p>8. What is main source of fuel for lighting</p> <p>1. Electricity 5. Candle</p> <p>2. Gas 6. Other <input type="checkbox"/></p> <p>3. Kerosene oil</p> <p>4. Fire-wood</p>	<p>9. What type of phone is with the family in running condition</p> <p>1. None</p> <p>2. Landline only <input type="checkbox"/></p> <p>3. Mobile</p> <p>4. Both (landline and mobile)</p>

10. How much time is spent in reaching to the most near place of facility

	Time in minutes					Normal mode of transport				Time in minutes					Normal mode of transport		
	0-14	15-29	30-44	45-59	60+	On foot	Non-mechanical	Mechanical		0-14	15-29	30-44	45-59	60+	On foot	Non-Mechanical	Mechanical
	1	2	3	4	5	1	2	3		1	2	3	4	5	1	2	3
Drinking water					<input type="checkbox"/>			<input type="checkbox"/>	Middle school					<input type="checkbox"/>			<input type="checkbox"/>
Retail (Kiryana) store					<input type="checkbox"/>			<input type="checkbox"/>	High school					<input type="checkbox"/>			<input type="checkbox"/>
Public transport					<input type="checkbox"/>			<input type="checkbox"/>	Health clinic/Hospital					<input type="checkbox"/>			<input type="checkbox"/>
Primary school					<input type="checkbox"/>			<input type="checkbox"/>	Population Welfare Unit					<input type="checkbox"/>			<input type="checkbox"/>

H. Vaccination & Diarrhoea (for Under 5 children)

1. Write serial numbers of the child and his/her mother from the list of family members. If his/mother is not alive or is not a member of the family, then write Code '00'.			
Child <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mother	Child <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mother	Child <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mother	Child <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mother
2. Write the month and the year of child's birth.			
Year Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Has the child been vaccinated? (if no, skip to Q6)			
1. Yes 2. No <input type="checkbox"/>	1. Yes 2. No <input type="checkbox"/>	1. Yes 2. No <input type="checkbox"/>	1. Yes 2. No <input type="checkbox"/>
4. Do you have Vaccination Card of your children with you?			
1. Yes 2. No <input type="checkbox"/>	1. Yes 2. No <input type="checkbox"/>	1. Yes 2. No <input type="checkbox"/>	1. Yes 2. No <input type="checkbox"/>
5. Did the child vaccinated/administered the following drops. (1.Yes, according to Card, 2. Yes, according to memory, 3. No, 4.yes ,polio comaign			
BCG <input type="checkbox"/>	BCG <input type="checkbox"/>	BCG <input type="checkbox"/>	BCG <input type="checkbox"/>
DPT1 <input type="checkbox"/>	DPT1 <input type="checkbox"/>	DPT1 <input type="checkbox"/>	DPT1 <input type="checkbox"/>
DPT2 <input type="checkbox"/>	DPT2 <input type="checkbox"/>	DPT2 <input type="checkbox"/>	DPT2 <input type="checkbox"/>
DPT3 <input type="checkbox"/>	DPT3 <input type="checkbox"/>	DPT3 <input type="checkbox"/>	DPT3 <input type="checkbox"/>
POLIO1 <input type="checkbox"/>	POLIO1 <input type="checkbox"/>	POLIO1 <input type="checkbox"/>	POLIO1 <input type="checkbox"/>
POLIO2 <input type="checkbox"/>	POLIO2 <input type="checkbox"/>	POLIO2 <input type="checkbox"/>	POLIO2 <input type="checkbox"/>
POLIO3 <input type="checkbox"/>	POLIO3 <input type="checkbox"/>	POLIO3 <input type="checkbox"/>	POLIO3 <input type="checkbox"/>
HB1 <input type="checkbox"/>	HB1 <input type="checkbox"/>	HB1 <input type="checkbox"/>	HB1 <input type="checkbox"/>
HB2 <input type="checkbox"/>	HB2 <input type="checkbox"/>	HB2 <input type="checkbox"/>	HB2 <input type="checkbox"/>
HB3 <input type="checkbox"/>	HB3 <input type="checkbox"/>	HB3 <input type="checkbox"/>	HB3 <input type="checkbox"/>
MEASLES <input type="checkbox"/>	MEASLES <input type="checkbox"/>	MEASLES <input type="checkbox"/>	MEASLES <input type="checkbox"/>

H. Vaccination & Diarrhoea (for Under 5 children)

6. Did the child face diarrhoea during the last 30 days? (If no, then ask from the next child)			
1. Yes 2. No <input type="checkbox"/>			
7. Did you consult anyone for the treatment of diarrhoea? (If no, then ask Q. No. 9)			
1. Yes 2. No <input type="checkbox"/>			
8. Who was the person you consulted first of all.			
1. Private Dispensary/Hospital 2. Government Hospital 3. RHC/BHU 4. LHW <input type="checkbox"/> 5. Nurse/LHV 6. Chemist/Pharmacy 7. Hakeem, Homoeopath, Waid 8. Other	1. Private Dispensary/Hospital 2. Government Hospital 3. RHC/BHU 4. LHW <input type="checkbox"/> 5. Nurse/LHV 6. Chemist/Pharmacy 7. Hakeem, Homoeopath, Waid 8. Other	1. Private Dispensary/Hospital 2. Government Hospital 3. RHC/BHU 4. LHW <input type="checkbox"/> 5. Nurse/LHV 6. Chemist/Pharmacy 7. Hakeem, Homoeopath, Waid 8. Other	1. Private Dispensary/Hospital 2. Government Hospital 3. RHC/BHU 4. LHW <input type="checkbox"/> 5. Nurse/LHV 6. Chemist/Pharmacy 7. Hakeem, Homoeopath, Waid 8. Other
9. Did you give Nimkol (ORS) to him/her?			
1. Yes, Purchased, Provided 2. Yes, Prepared at home 3. No <input type="checkbox"/>	1. Yes, Purchased, Provided 2. Yes, Prepared at home 3. No <input type="checkbox"/>	1. Yes, Purchased, Provided 2. Yes, Prepared at home 3. No <input type="checkbox"/>	1. Yes, Purchased, Provided 2. Yes, Prepared at home 3. No <input type="checkbox"/>

I. Married women (age 15 to 49 years)

IDC	1. Did any delivery take place from your womb during the last 3 years	2. Did you consult anyone before child birth during last pregnancy	3. From where do you usually take advice/ consultancy ?	4. Were you vaccinated against tetanus during this pregnancy	5. How many injections you were given for immunization against tetanus	6. Were you given these injections during previous pregnancy? Yes=1,no=2, no previous pregnancy= 3	7. How many ?	8. Where was the child born	9. Who helped deliver the child	10. Were you medically examined during the 6 weeks after childbirth	11. Where did this check-up of yours take place
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

1. Yes 2. No (If no, then ask about the next woman)	1. Yes 2. No (If no, then ask Q. No. 4)	1. TBA-home 2. LHW-home 3. LHV-home 4. Doctor-home 5. RHC/BHU/ Govt. hospital 6.Private hos/ clinic 7.other	1. Yes 2. No (If no, then ask Q. No. 6)		(for code 2 or 3 then go to Q# 8)		1. Home 2. RHC/BHU/ Govt. hospital 3.Private hospital/ clinic 4. Other	1. Doctor 2. Nurse 3. Midwife 4. TBA/Dai 5.Familymember neighbour, friend 6. Other	1. Yes 2. No (If no, then ask about the next woman)	1. TBA-home 2. LHW-home 3. LHV-home 4. Doctor-home 5. RHC/BHU/ Govt. hospital 6. Private hospital/ clinic 7. Other
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