

A-1 Enumeration Block Code

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GOVERNMENT OF PAKISTAN

PAKISTAN BUREAU OF STATISTICS

**PAKISTAN SOCIAL AND LIVING STANDARDS
MEASUREMENT SURVEY (ROUND – VIII)**

DISTRICT LEVEL

2012-13

QUESTIONNAIRE

Province	Stratum	Region	Substratum	Primary Sampling Unit			

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A-2 Processing Code

A-3 HH No A-4 No of Questionnaire

NAME OF THE HEAD OF THE HOUSEHOLD _____ ADDRESS _____

SURVEY INFORMATION

<p>ENUMERATION</p> <p>1. INTERVIEWER.CODE <input style="width: 40px;" type="text"/> DATE <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 30px; text-align: center;">D</td><td style="border: 1px solid black; width: 30px; text-align: center;">M</td><td style="border: 1px solid black; width: 30px; text-align: center;">Y</td></tr><tr><td style="border: 1px solid black; width: 30px;"></td><td style="border: 1px solid black; width: 30px;"></td><td style="border: 1px solid black; width: 30px;"></td></tr></table></p> <p style="text-align: center; margin-left: 100px;">(Name) (Date, Moth & Year in two digits)</p> <p>TIME INTERVIEW STARTED <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 30px;"></td><td style="border: 1px solid black; width: 30px;"></td><td style="border: 1px solid black; width: 30px;"></td><td style="border: 1px solid black; width: 30px;"></td></tr></table></p> <p>ENDED <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 30px;"></td><td style="border: 1px solid black; width: 30px;"></td><td style="border: 1px solid black; width: 30px;"></td><td style="border: 1px solid black; width: 30px;"></td></tr></table></p>	D	M	Y												<p>7. PROVINCE</p> <p>8. DISTRICT</p> <p>9. TEHSIL</p> <p>10. MAUZA/DEH/VILLAGE</p> <p>11. HADD BAST NO.</p> <p>12. CITY</p> <p>13. REGIONAL/FIELD OFFICE</p> <p>14. NAME OF RESPONDENT</p> <p>Remarks of Chief S.O/ Supervisor/ Enumerator /KPVO (If any) :-</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
D	M	Y													
<p>2. BEHAVIOUR OF THE RESPONDENT</p> <p>Co-operative=1 Normal =2 Reluctant/ Hesitant=3 Non serious/ Talkative=4 Refusal = 5 Non-Contact = 6</p> <p style="text-align: right;"><input style="width: 40px;" type="text"/></p>															
<p>3. LANGUAGE OF INTERVIEW</p> <p>Urdu=1 Punjabi=2 Sindhi =3 Pushto =4 Balochi =5 Kashmiri=6 Other=7</p> <p style="text-align: right;"><input style="width: 40px;" type="text"/></p>															
<p>4. DISTANCE OF PSU FROM OFFICE (Km) <input style="width: 40px;" type="text"/></p>															
<p>VERIFICATION</p> <p>5. SUPERVISOR.CODE <input style="width: 40px;" type="text"/> DATE <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 30px; text-align: center;">D</td><td style="border: 1px solid black; width: 30px; text-align: center;">M</td><td style="border: 1px solid black; width: 30px; text-align: center;">Y</td></tr><tr><td style="border: 1px solid black; width: 30px;"></td><td style="border: 1px solid black; width: 30px;"></td><td style="border: 1px solid black; width: 30px;"></td></tr></table></p> <p style="text-align: center; margin-left: 100px;">(Name) (Date, Moth & Year in two digits)</p>	D	M	Y												
D	M	Y													
<p>SIGNATURE.</p>															
<p>EDITING OF QUESTIONNAIRE</p> <p>6. EDITOR.CODE <input style="width: 40px;" type="text"/> DATE <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 30px; text-align: center;">D</td><td style="border: 1px solid black; width: 30px; text-align: center;">M</td><td style="border: 1px solid black; width: 30px; text-align: center;">Y</td></tr><tr><td style="border: 1px solid black; width: 30px;"></td><td style="border: 1px solid black; width: 30px;"></td><td style="border: 1px solid black; width: 30px;"></td></tr></table></p> <p style="text-align: center; margin-left: 100px;">(Name) (Date, Moth & Year in two digits)</p>	D	M	Y												
D	M	Y													

SECTION B	HOUSEHOLD ROSTER
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ID	1. Name of household members who "Usually live and eat here". Do not list guests, Visitors etc.	2. Relation to head See Foot note For Codes	3. Sex Male =1 Female=2	4. Resident Status Present =1 Temporarily Absent at the time of enumeration =2	5. Age (Day, Month, Year which is unknown, try to probe with the help of event calendar, write 00 in the col. Of day, month, year, whichever is not known Write year in 4 digits & write 99 for age 100 or greater)			6. Marital Status See foot note for codes	7. ID code of spouse. (If not in the roster write code "99")	*8. ID code of Father (If not alive code "98" and if not in the roster Write code "99"	*9. ID code of Mother (If not alive code "98" and if not in the roster Write code "99"	10. Is ... a HH Member? Yes = 1 No = 2
					Age (in completed years)	Date of Birth						
						Day	Month					
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

CODES FOR Q. 2

Head =01	Nephew/Niece = 07
Spouse =02	Son/Daughter-in-law = 08
Son/Daughter =03	Brother/Sister-in-law = 09
Grandchild =04	Father/Mother-in-law = 10
Father/Mother =05	Servant/their relatives = 11
Brother/Sister =06	Other = 12

***If Father/mother are not alive write "98"**

If spouse/ father/ mother is not in the household roster, write "99"

CODES FOR Q.6 (Marital Status)

Never Married =1
 Currently Married =2
 Widow / widower =3
 Divorced =4
 Nikkah solemnised but Rukhsati not taken place =5
 If code=1, 3, 4, 5 →Q 8

*In Survey 2012-13, if months and days are not stated then 2012 will be the base year during entire survey.

**If months and days are not known then age will be calculated from date of enumeration.

***If more than one wives then enter code of first wife in Q-7.

C. Educational Status

	If age is 10 years or more then ask		If age is 4 years or more then ask								
IDC	1. Can this person read & write 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 currently studying in any institution?	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											

Codes for Q-1

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

Codes for Q-2

1= Yes
2= No

Codes for Q-3 & Q-5

1= Yes
2= No
(If no and Age is <=30 then go to Q#9)

Codes for Q-4 & Q-6

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
11= Poly-Technic Diploma.
12=F.A/F.Sc/ I.com
13=B.A/B.Sc./B.Ed./BCS
14=M.A/M.Sc./M.Ed./MCS
15= Degree in Engineering
16= Degree in Medicine
17= Degree in Agriculture
18= Degree in Law
19=MPhil/Ph.D.
20=Others.

Codes for Q-7

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

(If code is 7, don't ask Q8)

Codes for Q-8

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
8=Others

Note: if satisfied in 1st column don't ask 2nd column.

Codes for Q-9

1.Education is Costly	11.Child not Willing
2. Far away	12.Lack of Documents
3. Substandard School	13. Not Useful
4. Helping in Domestic Work	14. Education Completed
5. Helping in Work	
6. Parents do not permit	
7. Shortage of Female Teachers	15.Marriage
8. Shortage of Male Teachers	16.Employment/Work
9.Ill/Incapacitated	17. others.
10. Minor/aged	

D. Health

IDC	1. Had he/she been sick or injured during the last two weeks?	2. Did anyone consulted for this illness?	3. What kind of health provider did he/she visit?	4. How many times he/she received such facilities during the last two weeks?	5. Did he/she faced any problem at time of visit____? (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 visit this household during the last 30 days?
2								
3								
4								1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
5								
6								
7								8. Did any member of the household visited health unit during the last 30 days? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
8								
9								
10								
11								
12								

Codes for Q-1

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

Codes for Q-2

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

Codes for Q-3

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

Codes for Q-5

1= Satisfied
2= Doctor not present Codes
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
Note: If code=1 (satisfied) in
column 1 then don't ask 2nd
column.

Codes for Q-6

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= Others

Section E. Employment Part A (All males and females 10 year of age and older)

ID C O D E	1. Did ..., do any work for pay, profit or family gain during the last Month at least for one hour on any day? Yes =1 No =2→ Q-3	2. How many days did work during the last month? → Q-4	3. Even if did not work last month, did, have a job or enterprise such as shop, business, farm or service establishment (fixed/mobile) during the last month? See Foot note for codes.	4. What was the nature of work (Occupation) that ... did? Two digit codes are required. For code's details, see the sheet of occupational codes.		5. What was the nature of work done by the enterprise, office, institution where . Worked? Description of sector of activity (Industry) and two digit(Industry) code is required. See Industry Codes sheet for codes.		6. What was the employment Status? See FN for codes. If code = 5 → Q-11	7. Can ...report his/her income on monthly or annual basis? Monthly=1 Annually =2 → Q.10 received in kind =3 If code 3 report income in Q-18 and →11	EARNED CASH INCOME <small>Note.1: Net income should be reported excluding taxes and employer's employee's contribution to social security, benevolent funds, etc. Note.2: Cash bonuses, gratuities and other cash allowances should be included. Note.3: Income from rent, interest and dividends should be excluded when received separately from net pay.</small>		
				Code	Description	Code	Description			8. How much money in cash, did ... earn During the <u>last month</u> ? Rs.	9. How many months, did ...Work during the <u>last year</u> ? → Q.11 Months	10. How much money in cash, did, earn during the <u>last year</u> ? Rs.
1												
2												
3												
4												
5												
6												
7												
8												
9												

CODES FOR Q.3 Yes = 1 No, but seeking Work = 2 → Q-16 No, not seeking Work = 3 → Q-16	CODES FOR QUESTION-6 NON AGRICULTURE Employer, employing less than 10 persons = 1 Employer, employing 10 or more employees = 2 Self employed = 3 Paid employee = 4	Unpaid family worker = 5 (→ Q-11)	AGRICULTURE (SELF EMPLOYED) Owner cultivator = 6 Share cropper = 7 Contract cultivator = 8 Live Stock (only) = 9
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Section E. Employment Part B (All males and females 10 year of age and older)

SECTION 1-M PART-B		ALL MALES AND FEMALES, 10 YEARS OF AGE AND OLDER - EMPLOYMENT AND INCOME																					
ID C O D E	SECOND OCCUPATION						OTHER WORK		INCOME IN KIND		PENSION etc.		22. Was all or a large part of ...income used to pay expenses of this HH? Yes =1 No =2 No Income Reported=3										
	11. In addition, did, do any other work or hold other jobs for pay, profit or family gain during the <u>last year</u> ? Yes=1 No=2 → Q-16		12. What was the nature of work (Occupation) that ... did? Two digit codes are required. For code's details, see the sheet of occupational codes.		13. What was the nature of work done by the enterprise, office, institution where .., worked? Description of sector of activity (Industry) and two digit(Industry) code is required. See Industry Codes sheet for codes.		14. What was the employment Status? See FN for codes. If code = 5 → Q-16		15. How much money in cash, did ... earn from this second occupation during the <u>last year</u> ?		16. In addition did. ...Do any other work or jobs for pay, profit or family gain during the last year? Yes=1 No=2→Q-18			17. How much money in cash, did ...earn from these other activities during the last year?		18. Have sold income received in kind for wages and salaries during the last one year? Yes=1 No=2→Q-20		19. How much money was obtained by selling the "kind" received in wages & salaries during the last 1 year?		20. Did receive any Pension or other benefits during the <u>last year</u> ? Yes =1 No =2 → Q - 22		21. How much money in cash, did ...receive from Pension and other benefits during the <u>Last year</u> ?	
	Description	Code	Description	Code	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.													

Q-23. Remittance received (in cash) from within Pakistan? (Money received which will not be repaid) <div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>	Q-24. Remittance received (in cash) from outside Pakistan? (Money received which will not be repaid): <div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>	Q-25. If any of the household property (land\building) was rented out, give net amount of the rent, received during the last 1 year against respective property. <div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>	Q-26. Any other kind of income received by the household during last 1 year (which is not mentioned anywhere else) <div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>
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CODES FOR QUESTION-14 NON AGRICULTURE Employer, employing less than 10 persons = 1 Employer, employing 10 or more persons = 2 Self-employed = 3 Paid employee = 4	Unpaid family worker = 5 (→ Q-16)	AGRICULTURE (SELF EMPLOYED) Owner cultivator = 6 Share cropper = 7 Contract cultivator = 8 Live Stock (only) = 9
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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 acres (Q. 4 to 7) If yes ,how many	Current status compared to one year ago 1. Less than before 2. Same as before 3. Better than before 4. Don't know	Is most of the land irrigated 1. Yes 2. No	If wish to sell now, expected price(in rupees)
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	Current status compared to one year ago 1. Worse than before 2. Like before 3. Better than before 4. Don't know	Is this land 1 Urban 2. Semi urban 3. Rural	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/Freezer	Bicycle	Mobile, Land line	
Fans (electric)	Watches, clock	Air Cooler	Motor Cycle	Cooking Range	
Sewing machine	Television	Air-conditioner	Car	Stove/Burner	
Radio or cassette player	VCR, VCP, VCD	Computer/Laptop	Tractor, Truck	Washing Machine	
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

1. What is the residential status at present: 1. Personal residence (Not Self Hired) 2. Personal residence (Self Hired) 3. On Rent <input type="checkbox"/> 4. On subsidized rent 5. Without rent	2. How many rooms are there in this residential building <input type="checkbox"/>	3. Which material is used for roof? 1. RCC/RBC 2. Wood/Bamboo <input type="checkbox"/> 3. Iron/Cement sheets 4. Garder\T-Iron 5. Other(please explain)
4. Which material is used for walls? 1. Burned bricks/blocks 2. Raw bricks/mud 3. Wood/Bamboo 4. Stone 5. Other (Please explain) <input type="checkbox"/>	5. What is main source for drinking water 1. Piped water 2. Hand pump <input type="checkbox"/> 3. Water motor\Tube well 4. Covered well 5. Open well 6. River, stream, pond etc. 7. Tanker truck, water bearer 8. Mineral Water 9. Filtration plant 10. Other	6. What kind of toilet facility does your household use? 1. Facility not available 5. Dry raised latrine 2. Flush system (linked to sewerage) 6. Pit latrine 3. Flush (linked to Septic tank) 7. Other 4. Flush (connected to open drain) <input type="checkbox"/>
7. What is the main fuel used for cooking 1. Fire-wood 5. Electricity 2. Gas 6. Crop residue <input type="checkbox"/> 3. Kerosene oil 7. Charcoal\Coal 4. Dung cake 8. Other	8. What is main fuel used for lighting 1. Electricity 5. Candle 2. Gas 6. Other <input type="checkbox"/> 3. Kerosene oil\Diesel\Petrol 4. Fire-wood	9. Does the household (or any member) have a working telephone connection? 1. None <input type="checkbox"/> 2. Land Line only 3. Mobile 4. Both (landline and mobile)

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	4	5			
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 children under 5)

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 '99'.			
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 ever been immunized? (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 Immunization Card of your children with you?			
1. Yes 2. Yes Seen 3. No <input type="checkbox"/>	1. Yes 2. Yes Seen 3. No <input type="checkbox"/>	1. Yes 2. Yes Seen 3. No <input type="checkbox"/>	1. Yes 2. Yes Seen 3. No <input type="checkbox"/>
5. Did the child receive following vaccination?. (1.Yes, according to Card, 2. Yes, according to memory, 3. No, 4.yes, polio campaign.			
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 children under 5)

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"/>	1. Yes 2. No <input type="checkbox"/>	1. Yes 2. No <input type="checkbox"/>	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"/>	1. Yes 2. No <input type="checkbox"/>	1. Yes 2. No <input type="checkbox"/>	1. Yes 2. No <input type="checkbox"/>
8. Whom did you consult first?			
1. Private Dispensary/Hospital 2. Government Hospital 3. RHC/BHU 4. LHW <input type="checkbox"/> 5. Nurse/LHV/MCHC 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/MCHC 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/MCHC 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/MCHC 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"/>
Respondent code <input type="checkbox"/>	Respondent code <input type="checkbox"/>	Respondent code <input type="checkbox"/>	Respondent code <input type="checkbox"/>

I. Ever Married women (age 15 to 49 years)

IDC	1. Did she given birth to a child during last 3 years?	2. Did she receive any pre-natal care during this pregnancy?	3. Who provided pre-natal care during her last pregnancy?	4. Were you vaccinated against tetanus during this pregnancy?	5. How many injections you were given for immunization against tetanus?	6. Were you given tetanus toxoid injections during previous pregnancy? Yes=1,no=2, no previous pregnancy=3	7. How many ?	8. Where did she give birth (Last Pregnancy)?	9. Who assisted with delivery?	10. Did she receive post-natal care within 6 weeks after this delivery?	11. From where did she receive post-natal care?
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Note for Q # 06 If code 2 or 3 in Q# 06 then go to Q # 08

Codes for Q-1

1. Yes
2. No
- (If no, then ask About the next Woman)

Codes for Q-2

1. Yes
2. No
- (If no, then ask Q. No. 4)

Codes for Q-3

1. TBA-home
2. LHW home
3. LHV-home
4. Doctor-home
5. RHC/BHU/ Govt. hospital
6. Private hos/ clinic
7. Other

Codes for Q-4

1. Yes
2. No
- (If no, then ask Q. No. 6)

Codes for Q-8

1. Home
2. RHC/BHU/ Govt. hospital
3. Private hospital/ Clinic
4. Other

Codes for Q-9

- 1 Family member
- Neighbour, Friend
2. Midwife
3. TBA
4. Trained Dai
5. Doctor
6. LHV
7. LHW
8. Nurse
9. Others

Codes for Q-10

1. Yes
2. No
- (If no, then ask about the next woman)

Codes for Q-11

1. TBA-home
2. LHW-home
3. LHV-home
4. Doctor-home
5. RHC/BHU/ Govt. hospital
6. Private hospital/ Clinic
7. Other

J. Use of Services and Facilities

[illegible]