

HH18.
Record the time.

Hour.....

Minutes

HOUSEHOLD LISTING FORM

HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. Start names of other household members from line 02, their relationship to the household head (HL3), and their sex (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? If yes, complete listing. Then, ask questions starting with HL5 for each person at a time.
If members are more than 15 then use additional set of sheets and tick here

Relation ship	Sex	Age	For all members age 10+ years	For women age 15-49	For children age 5-14	For children under 5	Literacy for members age 10+ years	For all household members Cough / TB /Hepatitis
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HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD? WRITE RELEVANT CODES FROM THE LIST GIVEN BELOW	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (NAME)'S DATE OF BIRTH? 98 DK 9998 DK	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL6A. WHAT IS MARITAL STATUS OF (name)? Married1 Widowed.....2 Divorced3 Separated.....4 Never married.....5 DK8	HL7. Circle line number of woman age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF CHILDREN UNDER 5? Record line number	HL10A. CAN (NAME) READ IN ANY LANGUAGE WITH UNDERSTANDING? Urdu.....A English.....B Punjabi / SaraikiC Cannot ReadD Quran NazraE Other Specify..... X DK.....Z	HL10B. CAN (NAME) WRITE IN ANY LANGUAGE WITH UNDERSTANDING? Urdu.....A English.....B Punjabi/ Saraiki.....C Cannot write.....D Other Specify.....X DK.....Z	HL11A. HAD (NAME) BEEN HAVING COUGH AND FEVER FOR LAST 3 WEEKS? 1 Yes 2 No 8 DK	HL11B. HAD (NAME) BEEN DIAGNOSE D AS HAVING TB IN THE PAST YEAR? 1 Yes 2 No 8 DK	HL11C. HAD (NAME) BEEN DIAGNOSE D AS HAVING HEPATITIS IN THE PAST YEAR? 1 Yes 2 No 8 DK	
Line	Name	Relation*	M F	Month Year	Age	Marital Status	Line No.	Line No.	Line No.	Code	Code	Code	Code	Code	
01		0 1	1 2	___	___	___	1 2 3 4 5 8	01	___	___	A B C D E X Z	A B C D X Z	1 2 8	1 2 8	1 2 8
02		___	1 2	___	___	___	1 2 3 4 5 8	02	___	___	A B C D E X Z	A B C D X Z	1 2 8	1 2 8	1 2 8
03		___	1 2	___	___	___	1 2 3 4 5 8	03	___	___	A B C D E X Z	A B C D X Z	1 2 8	1 2 8	1 2 8
04		___	1 2	___	___	___	1 2 3 4 5 8	04	___	___	A B C D E X Z	A B C D X Z	1 2 8	1 2 8	1 2 8
05		___	1 2	___	___	___	1 2 3 4 5 8	05	___	___	A B C D E X Z	A B C D X Z	1 2 8	1 2 8	1 2 8
06		___	1 2	___	___	___	1 2 3 4 5 8	06	___	___	A B C D E X Z	A B C D X Z	1 2 8	1 2 8	1 2 8
07		___	1 2	___	___	___	1 2 3 4 5 8	07	___	___	A B C D E X Z	A B C D X Z	1 2 8	1 2 8	1 2 8
08		___	1 2	___	___	___	1 2 3 4 5 8	08	___	___	A B C D E X Z	A B C D X Z	1 2 8	1 2 8	1 2 8
09		___	1 2	___	___	___	1 2 3 4 5 8	09	___	___	A B C D E X Z	A B C D X Z	1 2 8	1 2 8	1 2 8
10		___	1 2	___	___	___	1 2 3 4 5 8	10	___	___	A B C D E X Z	A B C D X Z	1 2 8	1 2 8	1 2 8

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD? WRITE RELEVANT CODES FROM THE LIST GIVEN BELOW	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (NAME)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL6A. WHAT IS MARITAL STATUS OF (name)? Married1 Widowed.....2 Divorced3 Separated.....4 Never married.....5 DK8	HL7. Circle line number of woman age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKE R OF THIS CHILD? Record line number	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF CHILDREN UNDER 5? Record line number	HL10A. CAN (NAME) READ IN ANY LANGUAGE WITH UNDER- STANDING? Urdu.....A English.....B Punjabi / SaraikiC Cannot ReadD Quran NazraE Other Specify..... X DK.....Z	HL10B. CAN (NAME) WRITE IN ANY LANGUAGE WITH UNDER- STANDING? Urdu.....A English.....B Punjabi/ Saraiki.....C Cannot write.....D Other Specify.....X DK.....Z	HL11A. HAD (NAME) BEEN HAVING COUGH AND FEVER FOR LAST 3 WEEKS? 1 Yes 2 No 8 DK	HL11B. HAD (NAME) BEEN DIAGNOSE D AS HAVING TB IN THE PAST YEAR? 1 Yes 2 No 8 DK	HL11C. HAD (NAME) BEEN DIAGNOSE D AS HAVING HEPATITIS IN THE PAST YEAR? 1 Yes 2 No 8 DK	
Line	Name	Relation*	M	F	Month	Year	Age	Marital Status	Line No.	Line No.	Line No.	Code	Code	Code	Code	Code
11		___ ___	1	2	___	_____	___	1 2 3 4 5 8	11	___ ___	___	A B C D E X Z	A B C D X Z	1 2 8	1 2 8	1 2 8
12		___ ___	1	2	___	_____	___	1 2 3 4 5 8	12	___ ___	___	A B C D E X Z	A B C D X Z	1 2 8	1 2 8	1 2 8
13		___ ___	1	2	___	_____	___	1 2 3 4 5 8	13	___ ___	___	A B C D E X Z	A B C D X Z	1 2 8	1 2 8	1 2 8
14		___ ___	1	2	___	_____	___	1 2 3 4 5 8	14	___ ___	___	A B C D E X Z	A B C D X Z	1 2 8	1 2 8	1 2 8
15		___ ___	1	2	___	_____	___	1 2 3 4 5 8	15	___ ___	___	A B C D E X Z	A B C D X Z	1 2 8	1 2 8	1 2 8

* Codes for HL3: Relationship to head of household:

01 Head
02 Wife / Husband
03 Son / Daughter
04 Son-In-Law / Daughter-In-Law
05 Grandchild

06 Parent
07 Parent-In-Law
08 Brother / Sister
09 Brother-In-Law / Sister-In-Law
10 Uncle / Aunt

11 Niece / Nephew
12 Other relative
13 Adopted / Foster/ Stepchild
14 Not related
98 Don't know

EDUCATION

ED

For household members age 3 years and above						For household members age 3-24 years							
ED1. Line number	ED2. Name and age in completed years Copy from Household Listing Form, HL2 and HL6		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 No ↘ Next Line	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL ATTENDED? Level: 0 Preschool 1 Primary 2 Middle 3 Matric 4 Above Matric 8 DK If level=0, skip to ED5	ED4B. WHAT IS THE HIGHEST CLASS COMPLETED AT THIS LEVEL? If no class complete enter '00' 98 DK	ED5. DURING THE (2011-12) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ ED7	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND CLASS (name) ATTENDING? Level: 0 Preschool 1 Primary 2 Middle 3 Matric 4 Above Matric 8 DK 98 DK If level=0, skip to ED7		ED6C What type of school is (name) attending? 1 Govt. 2 Private 3 Deeni Madrassa 4 Non-formal basic Education 8 DK	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2010-11), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ Next Line 8 DK ↘ Next Line	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND CLASS DID (name) ATTEND? Level: 0 Preschool 1 Primary 2 Middle 3 Matric 4 Above Matric 8 DK If level=0, go to next line		ED8C What type of school was (name) attending that previous year? 1 Govt. 2 Private 3 Deeni Madrassa 4 Non-formal basic education 8 DK
Line	Name	Age	Code	Level	Class*	Code	Level	Class*	Code	Code	Level	Class*	Code
01		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 3 4 8	1 2 8	0 1 2 3 4 8	___	1 2 3 4 8
02		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 3 4 8	1 2 8	0 1 2 3 4 8	___	1 2 3 4 8
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04		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 3 4 8	1 2 8	0 1 2 3 4 8	___	1 2 3 4 8
05		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 3 4 8	1 2 8	0 1 2 3 4 8	___	1 2 3 4 8
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13		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 3 4 8	1 2 8	0 1 2 3 4 8	___	1 2 3 4 8
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15		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 3 4 8	1 2 8	0 1 2 3 4 8	___	1 2 3 4 8

* Class codes for ED4B, ED6, ED8: Primary 01-05

Middle 06-08

Matric 09-10

Above Matric above 10

WATER AND SANITATION

WS

<p>WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD? (CIRCLE MOST USED ANY ONE SOURCE)</p>	<p>Piped Water Piped into dwelling.....11 Piped into compound, yard or plot.....12 Piped to neighbour13 Public tap / standpipe14 Underground Water Tube Well,21 Hand pump22 Motorized Pump(Dunky/turbine)23 Well Protected well31 Unprotected well.....32 Water from spring Protected spring41 Unprotected spring42 Other Sources Pond51 Water Tanker-truck.....61 Drum/cane (on the cart) Cart with small....71 Tank River, stream, dam, lake, pond, canal water,81 Mineral water(Mineral).....91 Other (<i>specify</i>)96</p>	<p>14⇒WS3 21⇒WS3 22⇒WS3 23⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 91⇒WS2 96⇒WS3</p>
<p>WS1A. DO YOU KNOW THAT WATER IN YOUR CONNECTION COMES FROM UNDERGROUND OR FROM RIVER / CANAL?</p>	<p>Underground (tube well).....1 River / Canal.....2 DK.....8</p>	<p>1⇒WS6 2⇒WS6 8⇒WS6</p>
<p>WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING? (ASK THIS QUESTION FROM THOSE WHO USE MINERAL WATER FOR DRINKING) (CIRCLE ANY ONE IMPORTANT SOURCE)</p>	<p>Piped water Piped into dwelling.....11 Piped into compound, yard or plot.....12 Piped to neighbour13 Public tap / standpipe14 Underground Water Tube Well,21 Hand pump22 Motorized Pump(Dunky/turbine)23 Well Protected well31 Unprotected well.....32 Water from spring Protected spring41 Unprotected spring42 Other Sources Pond51 Water Tanker-truck.....61 Drum/cane (on the cart) Cart with small....71 tank River, stream, dam, lake, pond, canal water81 Other (<i>specify</i>)96</p>	<p>11⇒WS6 12⇒WS6 13⇒WS6</p>
<p>WS3. WHERE IS THAT WATER SOURCE LOCATED?</p>	<p>In own dwelling1 In own yard2 Other (Specify).....6</p>	<p>1⇒WS6 2⇒WS6</p>
<p>WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>Number of minutes DK.....998</p>	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15) 4 DK 8</p>	
<p>WS6. DO YOU USE SOME METHOD TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHICH METHOD YOU USUALLY USE TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A Add bleach / chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F Other (<i>specify</i>) X DK Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If "flush probe":</i> WHERE DOES IT FLUSH TO? CIRCLE ONLY ONE WHICH IS OFTEN USE</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to somewhere else 14 Flush to unknown place / Not sure / DK where 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23 Composting toilet 31 Bucket 41 No facility, Bush, Field 95 Other (<i>specify</i>) 96</p>	<p>95⇒Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes 1 No 2</p>	<p>2⇒Next Module</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public) 1 Public facility 2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) . ____ Ten or more households 10 DK 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1B. WHAT IS THE MOTHER TONGUE OF THE HEAD OF THIS HOUSEHOLD?	<i>Urdu</i> 1 <i>Punjabi</i> 2 <i>Saraiki</i> 3 Other language (<i>specify</i>) _____ 6	
HC1D. WHAT IS THE STATUS OF YOUR RESIDENCE? (CIRCLE AN APPROPRIATE CODE)	<i>Separate house/compound</i> 1 <i>Apartment/Flat</i> 2 <i>Part of House</i> 3 <i>Part of compound</i> 4 Other (<i>specify</i>) _____ 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms.....__ __	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation and circle any one.</i>	Natural floor Earth / Sand..... 11 Dung plastered 12 Finished floor Ceramic tiles/Marble 33 Cement 34 Carpets 35 Brick paved..... 36 Chips..... 37 Other (<i>specify</i>) _____ 96	
HC4. <i>Main material of the roof.</i> <i>Record observation and circle any one</i>	Simple roofing No Roof 11 Thatch / Palm leaf..... 12 Sod 13 Rudimentary Roofing Rustic mat..... 21 Palm / Bamboo 22 Wood planks..... 23 Finished roofing Metal(Girder & Steel plates) 31 Wooden roof 32 Ceramic tiles 34 Cement / Lintel 35 Other (<i>specify</i>) 96	
HC5. <i>Main material of the exterior walls.</i> <i>Record observation and circle any one</i>	Simple walls No walls 11 Cane / Palm / Trunks..... 12 Dirt 13 Rudimentary walls Bamboo with mud..... 21 Stone with mud..... 22 Uncovered adobe 23 Plywood 24 Cardboard / Crate 25 Reused wood..... 26 Finished walls Cement 31 Stone with lime / cement 32 Bricks..... 33 Cement blocks..... 34 Covered adobe 35 Other (<i>specify</i>) 96	

<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p> <p>(CIRCLE ANY ONE ONLY)</p>	<p>Electricity01</p> <p>Liquefied Petroleum Gas (LPG)02</p> <p>Natural gas03</p> <p>Biogas.....04</p> <p>Kerosene05</p> <p>Coal / Lignite.....06</p> <p>Charcoal07</p> <p>Wood08</p> <p>Straw / Shrubs / Grass09</p> <p>Animal dung.....10</p> <p>Agricultural crop residue.....11</p> <p>No food cooked in household.....95</p> <p>Other (<i>specify</i>)96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>																																																
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p> In a separate room used as kitchen1</p> <p> Elsewhere in the house2</p> <p>In a separate building3</p> <p>Outdoors/in the open.....4</p> <p>Other (<i>specify</i>)6</p>																																																	
<p>HC8. DOES YOUR HOUSEHOLD HAVE?</p> <p>[A] Electricity</p> <p>[B] Radio</p> <p>[C] Television</p> <p>[D] Phone</p> <p>[E] Refrigerator / Freezer</p> <p>[F] Gas</p> <p>[G] Computer</p> <p>[H] AIR CONDITIONER</p> <p>[I] WASHING MACHINE/Dryer</p> <p>[J] AIR COOLER/ FAN</p> <p>[K] COOKING RANGE/ MICRO WAVE</p> <p>[L] SEWING/KNITTING MACHINE</p> <p>[M] AN IRON</p> <p>[N] WATER FILTER</p> <p>[O] Dunky pump/Turbine</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Telephone.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refrigerator/Freezer.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Gas</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Computer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Air conditioner.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Washing machine/Dryer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Air cooler/ Fan</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Cooking Range/Micro wave</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sewing/knitting machine..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Iron</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Water Filter</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Dunky pump/Turbine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television	1	2	Telephone.....	1	2	Refrigerator/Freezer.....	1	2	Gas	1	2	Computer	1	2	Air conditioner.....	1	2	Washing machine/Dryer	1	2	Air cooler/ Fan	1	2	Cooking Range/Micro wave	1	2	Sewing/knitting machine..	1	2	Iron	1	2	Water Filter	1	2	Dunky pump/Turbine	1	2	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] Watch</p> <p>[B] Mobile telephone</p> <p>[C] Bicycle</p> <p>[D] MOTORCYCLE OR SCOOTER</p> <p>[E] Animal – drawn cart</p> <p>[G] Boat with a motor</p> <p>[H] Bus / Truck</p> <p>[I] Car / Van</p> <p>[J] Tractor / Trolley</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Watch</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mobile telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle / Scooter</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal – drawn cart</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat with a motor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bus / Truck</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car / Van</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Tractor/Trolley</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Watch	1	2	Mobile telephone	1	2	Bicycle	1	2	Motorcycle / Scooter	1	2	Animal – drawn cart	1	2	Boat with a motor	1	2	Bus / Truck	1	2	Car / Van	1	2	Tractor/Trolley	1	2																			
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Car / Van	1	2																																																
Tractor/Trolley	1	2																																																
<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? (IF YES THEN CIRCLE "1")</p>	<p>Own1</p> <p>Rent2</p> <p>Other (<i>specify</i>)6</p>	<p>2⇒HC11</p> <p>6⇒HC11</p>																																																

<p><i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></p>		
<p>HC10A. IF OWNED, WHAT IS AREA OF THE HOUSE?</p>	<p>Area of the house ____ ____ Marlas</p>	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes 1 No 2</p>	<p>2⇒HC13</p>
<p>HC12. HOW MANY ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than one acre record "00". If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Acres ____ ____</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes 1 No 2</p>	<p>2⇒HC15</p>
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] MILK COWS/BUFFALOES / OX/BULLS?</p> <p>[B] HORSES/ DONKEYS/ MULES /CAMELS?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[G] OTHER (SPECIFY) <i>IF NONE, RECORD '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Milk cows / Buffaloes / Ox / Bulls ____ ____</p> <p>Horses/ donkeys/ mules / camels ____ ____</p> <p>Goats..... ____ ____</p> <p>Sheep ____ ____</p> <p>Chickens..... ____ ____</p> <p>Other (Specify) ____ ____</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE AN ACCOUNT IN BANK, POST OFFICE OR NATIONAL SAVING CENTRE?</p>	<p>Yes 1 No 2</p>	

REMITTANCES AND ZAKAT		RZ
REMITTANCES		
RZ1. IS ANY FAMILY MEMBER OF THIS HOUSEHOLD WORKING OUTSIDE THIS VILLAGE, CITY OR COUNTRY?	Yes 1 No 2	⇒ RZ6
RZ2. IF YES WHAT IS THE NUMBER OF THESE MEMBERS?	Number of Persons: _____	
RZ3. IF YES WHERE ARE THEY WORKING? (More than one answer are possible)	Other Village/ City A Other District B Other province C Overseas D DK Z	⇒ RZ6
RZ4. DID THE HOUSEHOLD RECEIVE (FROM WITHIN THE COUNTRY AND / OR OVERSEAS) ANY REMITTANCE (IN CASH) DURING THE LAST YEAR? (MONEY WHICH WILL NOT BE PAID BACK)	Yes 1 No 2 DK 8	2 ⇒ RZ6 8 ⇒ RZ6
RZ5. HOW MUCH AMOUNT WAS RECEIVED FROM INSIDE THE COUNTRY?	Rs: _____	
RZ5A. HOW MUCH AMOUNT WAS RECEIVED FROM OVERSEAS?	Rs: _____	
ZAKAT		
RZ6. DID THE HOUSEHOLD RECEIVE ANY CASH DONATIONS FROM ZAKAT OR OTHER MEANS DURING THE PAST YEAR?	Yes 1 No 2	2 ⇒ PB1
RZ7. IF YES HOW MUCH AMOUNT WAS RECEIVED?	Rs: _____	
PENSION BENEFITS		PB
PB1. DID ANY MEMBER (S) OF THE HOUSEHOLD RECEIVE ANY PENSION BENEFITS DURING LAST YEAR?	Yes 1 No 2 DK 8	2 ⇒ SN1 8 ⇒ SN1
PB2. IF YES HOW MUCH AMOUNT WAS RECEIVED?	Rs: _____	
PB3. WHAT WAS THE SOURCE OF PENSION? (More than one answer are possible)	Government A EOBI B Other (Specify) X Do not Know Z	

SAFETY NETS		SN
SN1. DID THE HOUSEHOLD RECEIVE ANY BENEFIT FROM THE GOVERNMENT INITIATIVES DURING LAST YEAR?	Yes.....1 No.....2	2⇒ SN3
SN2. WHAT WAS THE SOURCE? (MORE THAN ONE ANSWER ARE POSSIBLE)	<i>Zakat (Guzara Allowance, Health Care, Marriage Grant, Training from VTI).....A</i> <i>Bait-ul-Maal..... B</i> <i>Sasta Ration.....C</i> <i>Benazir Income Support Program (BISP) D</i> <i>Watan Card.....E</i> <i>Other Specify..... X</i> <i>DK.....Z</i>	
SN3 DID THE HOUSEHOLD PURCHASE THE CONSUMABLE ITEMS FROM A UTILITY STORE DURING LAST YEAR?	Yes.....1 No.....2	2⇒ SN5
SN4. IF YES WHAT WAS ROUTINE?	Regular.....1 Casual2	
SN5. DO YOU FEEL THAT GOVERNMENT INITIATIVES ARE BENEFITING THE LOW INCOME GROUPS?	Yes.....1 No.....2 <i>DK.....8</i>	

CHILD LABOUR

CL

To be administered for children in the household age 5-14 years. For household members below age 5 or above age 14, leave rows blank.

CL1. LINE NUMBER	CL2. NAME AND AGE		CL3. DURING THE PAST WEEK, DID (<i>name</i>) DO ANY KIND OF WORK WHICH WAS NOT FOR THE MEMBERS 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 ⇒ CL5			CL4. SINCE LAST (<i>day of the week</i>), 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. DURING THE PAST WEEK, DID (<i>name</i>) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE? 1 Yes 2 No ⇒ CL7		CL6. SINCE LAST (<i>day of the week</i>), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL7. DURING THE PAST WEEK, DID (<i>name</i>) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET? <i>It Includes work for a business run by the child, alone or with one or more partners.</i> 1 Yes 2 No ⇒ CL9		CL8. SINCE LAST (<i>day of the week</i>), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK.		CL9. DURING THE PAST WEEK, DID (<i>name</i>) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE? 1 Yes 2 No ⇒ Next Line		CL10. SINCE LAST (<i>day of the week</i>), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	
Line	Name	Age	Yes		No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours		
			Paid	Unpaid																
01		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
02		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
03		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
04		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
05		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
06		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
07		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
08		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
09		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
10		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
11		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
12		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
13		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
14		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
15		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		

HANDWASHING		HW
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD WASH THEIR HANDS MOSTLY.	Observed 1 Not observed Not in dwelling / plot / yard..... 2 No permission to see 3 Other reason 6	2 ⇨HW4 3 ⇨HW4 6 ⇨HW4
HW2. <i>Observe presence of water at the specific place for hand washing.</i> <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available 1 Water is not available 2	
HW3. <i>Observed if soap or detergent is present at the specified place for hand washing.</i> <i>Skip to HH19 if soap or other items are available (codes A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i> <i>(More than one answer are possible)</i>	Bar soap..... A Detergent (Powder / Liquid / Paste) B Liquid soap..... C Ash / Mud / Sand D None Y	A⇨HH19 B⇨HH19 C⇨HH19 D⇨HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes..... 1 No 2	2⇨HH19
HW5. CAN YOU PLEASE SHOW IT TO ME? <i>Circle after observation.</i> <i>(More than one answer are possible)</i>	Bar soap..... A Detergent (Powder / Liquid / Paste) B Liquid soap..... C Ash / Mud / Sand D Not able / Does not want to show Y	

HH19 Record here the time for completing interview	Hours__: __ Minutes__: ..	
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SALT IODIZATION		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY WE HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD? <i>Once you have tested the salt, circle number that corresponds to test outcome.</i> <i>Test the salt by using kit provided by UNICEF</i>	Not iodized 0 PPM (No Colour) 1 Less than 15 PPM (Weak Colour) 2 15 PPM or more (Strong Colour)..... 3 No salt in the house 6 Salt not tested..... 7	

EMPLOYMENT **EM**

For all family members aged 5 years or older who have worked at least one hour during any day of the last week for pay / gain or got income from profits or other sources

EM1 LINE NO.	EM 2 NAME AND AGE (COPY FROM HH LISTING FORM HL2 & HL6)		PRIMARY INCOME SOURCE				ADDITIONAL INCOME SOURCE			
			EM3 DID (<i>name</i>) WORK AT LEAST ONE HOUR DURING ANY DAY OF THE LAST WEEK FOR PAY OR FAMILY GAIN OR GET INCOME FROM PROFITS OR OTHER SOURCES? 1 Yes ⇨ EM5 2 No 8 DK	EM4 IF NO IN EM3 RECORD RELEVANT NO INCOME CODES AND GO TO NEXT LINE	EM5 WHAT IS THE MAJOR TYPE OF INCOME SOURCE OF (<i>name</i>). Select appropriate code from the list below	EM6 MONTHLY ON THE AVERAGE, HOW MANY MONTHS LAST YEAR DID (NAME) WORK FOR PAY?	EM7 DAILY LAST YEAR ON THE AVERAGE HOW MANY DAYS A MONTH DID (NAME) WORK FOR PAY?	EM8 WHAT IS ANY OTHER TYPE OF INCOME SOURCE OF [NAME]?. Write appropriate code from the list given below	EM9 MONTHLY APPROXIMATELY, HOW MANY MONTHS LAST YEAR DID YOU WORK FOR PAY?	EM10 DAILY LAST YEAR ON THE AVERAGE HOW MANY DAYS A MONTH DID YOU WORK FOR PAY?
Line	Name	Age	Code	No Income Code	Income Codes	No. of working months	No. of working days	Income Code	No. of working months	No. of working days
01					-- --			-- --		
02					-- --			-- --		
03					-- --			-- --		
04					-- --			-- --		
05					-- --			-- --		
06					-- --			-- --		
07					-- --			-- --		
08					-- --			-- --		
09					-- --			-- --		
10					-- --			-- --		
11					-- --			-- --		
12					-- --			-- --		
13					-- --			-- --		

* Income Codes						No income codes	
01	Government / Semi Govt. Employee	07	Interest or profit from any source	12	Child (5-14) works outside HH – in workshop (e.g. Carpet weaving, Soccer balls, Surgical goods, tannery)) or collects garbage	21	Unemployed - looking for work
02	Private Employee	08	Agriculture	13	Child (5-14) works outside HH – any work other than in 12	22	Unemployed - not looking for work
03	Self-Employed	09	Livestock, Poultry, Fishery, Forestry:	96	Other (specify)	23	Unpaid Family Worker (4+ Hrs/day)
04	Employer	10	Retired with Pension	97	No response/Not present	24	Housewife
05	Labourer	11	Student (any income, e.g., tutor)	98	Don't Know.	25	Aged / Very Weak
06	Rent from shop/house/ Farm/tractor/tube well					26	Student (no income)
						27	Disabled
						28	No source of Income

HOUSEHOLD EXPENDITURE (HE)

HE1 FOOD

HE1A					HE1B				
How much quantity of food items was consumed by the household during the last two weeks (14 days). Here all those items will be recorded which were actually consumed / used by the household. It does not mean actual purchases of the household during the last two weeks					How much quantity of food items was consumed by the household during the last one month? Here all those items will be recorded which were actually consumed / used by the household. It does not mean actual purchases of the household during the month				
Sr. No.	Food Consumption Items	Unit	Quantity consumed	Total (Rs.)	Sr. No.	Food Consumption Items	Unit	Quantity consumed	Total (Rs.)
A	Butter / Margarine / Cheese/ Cream	Gram *			A	Wheat/Wheat Flour	Kg.		
B	Mutton	Kg.			B	Maize / Millat/Bajra / (Whole/Flour), Barley	Kg.		
C	Beef	Kg.			C	Rice/Rice Flour	Kg.		
D	Chicken / other birds meat	Kg.			D	Semolina /fine flour/gram flour	Kg.		
E	Fish / Jhinga	Kg.			E	Vermicelli / Cornflakes/ Noodles / Macaroni etc.	Gram*		
F	Eggs	Dozen			F	Butter Oil	Kg.		
G	Fresh Milk	Litre			G	Vegetable Oil	Kg.		
H	Packed Milk	Litre			H	Cooking Oil / Other Oil	Litre		
I	Powdered Milk	Gram *			I	Honey/Jam / Jelly / Mayuni	Gram*		
J	Curd / Yogurt / Lassi	Kg.			J	Gram (Black & White)	Kg.		
K	Ice Cream / Ice Lolly				K	Gram Dal	Kg.		
L	Refined Sugar	Kg.			L	Mash Dal	Kg.		
M	Gur / Shakkar / Raw Sugar	Kg.			M	Moong Dal	Kg.		
N	Sweets /Halva	Kg.			N	Masoor Dal	Kg.		
O	Potatoes	Kg.			O	Other Pluses	Kg.		
P	Tomato	Kg.			P	Pickles	Kg.		
Q	Squash/ Gourd/ Zucchini	Kg.			Q	Tea / Coffee/Green Tea	Gram*		
R	Bitter Gourd / Okra / Brinjal / Cucumber	Kg.			R	Bread / Bun etc.	Nos.		
S	Other Vegetables	Kg.			S	Biscuit	Gram		
T	Onion	Kg.			T	Nimko / Samosa / Pastry/ Cake, Pakoray etc.			
U	Garlic / Ginger	Gram *			U	Dahi Bhalley / Golgappey/ Chat etc			
V	Turmeric Powder / Coriander	Gram *			V	Eating out / Hotel / Restaurant			
W	Salt (Ground)	Gram *			W	Tandori Roti /Nan / Puri/ Pratha	Nos.		
AA	Chillies (Powder)	Gram *			X	Other food related expenses			
AB	Mixed Spices	Gram *							
AC	Banana	Dozen							
AD	Apple	Kg.							
AE	Dates	Kg.							
AF	Grapes	Kg.							
AG	Mango	Kg.							
AH	Other Fruits	Kg.							
AI	Dry Fruits	Gram *							
AJ	Drinks (Carbonated)	Litre							
AK	Squash / other soft drink	Litre							
AL	Fruit Juices	Litre							
AM	Sugarcane Juice	Litre							
AN	Mineral Water	Litre							
AO	Chocolate / Toffee etc	Nos.							
AP	Prepared food (Tea/ Coffee / Drinks etc.								

* If traditional weights are reported then 250 gram = 1/4 seer (Pao)

HE2	HEALTH - 1. How much has the HH spent monthly for all HH members who had medical care? Include fees for doctors, hakeem, homeopaths, midwives, dental, etc., plus tests/medicines; other Medicines bought and transport.	Rs.	
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	2. If any family member had a serious illness during the past year, what was the total cost? (Include hospital admissions)	Rs.	
HE3	EDUCATION - 1. What was the total yearly expenditure on education for all household members (including fees for school, exams, added tuition; hostel, books and other supplies).	Rs.	
	2. What was the total expenditure on education for all household members on a monthly average for transport; and other costs such as pocket money	Rs.	

HE4	OTHER HOUSEHOLD EXPENDITURES (MONTHLY AVERAGE) (Rs.)	HE5. OTHER HH EXPENDITURES ON ANNUAL BASIS (Rs.)
A	Gas Bill	A Clothing & Footwear
B	Electricity Bill	B Maintenance of house
C	Telephone Bill / Internet / Cable TV	C Payments of personal loans
D	Water & Sewerage Bill	D Payments of taxes
E	House / Hostel Rent	E Major expenses (eg marriage, Litigation)
F	Firewood, charcoal, kerosene for cooking/heating, Gas cylinder Dung	F Sacrificial
G	Soap, Shampoo, Cream, Powder, Tooth paste, Cosmetics, etc)	G Pilgrimage / Umra / visit to shrines Expenses
H	Petrol/Diesel/Gas and other vehicle expenses, (e.g. car maintenance)	H Ornaments / watches etc.
I	Travelling Expenses/Transportation	I Utensils, other articles of household use
J	Cigarette/Biri/Hukka/ Pan/Tobacco	J Camera / Tape recorder, Mobile / computer CD player etc.
K	Wages for servants	K Furniture
L	Pocket money to children	L Fan / Air Conditioner / Air Cooler Refrigerator / Iron / heater / Gezer UPS etc
M	Newspapers, Magazines	M Car / Motor Cycle / Cycle etc.
N	CD / Cassette etc. Expenditure	X Any other (specify)
O	Hair cutting, Shave ,Beauty parlour expenditure)	
P	Washing of clothes (washer man/drycleaner	
X	Others (details)	

HH : 19B Ending Time:- Hours ___ : ___ Minutes ___ :

HH20. Thank the respondent for his/her cooperation and check the Household Listing Form:

A separate Questionnaire for Individual Women has been issued for each woman age 15-49 years in the household list (HL7)

A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL9)

Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12) and under-5s (HH14)

Make arrangements for the administration of the remaining questionnaire(s) in this household.

