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# P S L M

## Pakistan Social & Living Standards Measurement Survey

Government of Pakistan  
 Statistics Division  
 Federal Bureau of Statistics

**2004-05**  
**A - INTERVIEW INFORMATION**

Core Welfare Indicators  
 Questionnaire (CWIQ)  
 (PSLM) Survey, Round-1

1. Province	
2. District	
3. Tehsil/Taluka	
4. Mouza/Deh/Village	
5. Hadbast No.	
6. City/Town	
7. Regional/Field office	
8. Name of Head of Household	
9. Name of Respondent	
10. Name of Interviewer	
11. Checked by (Supervisor)	

A.1: PSU	A.2: Household	A.3: Interviewer	A.4: Date	A.5 Start time	A.6 Respondent	A.7 Q No								
			Day    Month    Year	Hour    Min.	Member No.	Quest. No.								
					<input type="radio"/> AM <input type="radio"/> PM									
<b>Enumeration Block Code</b>														
<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>														

**IMPORTANT**

Create a reference number by combining the PSU (A.1), household (A.2) and questionnaire number (A.7).  
 Write this number **NOW** on the top of all pages.

If the interview is split then record details of the <b>second part</b> in this row.	A.11 Interviewer	A.12 Date	A.13 Start time	A.14 Respondent
		Day    Month    Year	Hour    Min.	Member No.
				<input type="radio"/> AM <input type="radio"/> PM

**Comments**



# B - LIST OF HOUSEHOLD MEMBERS

Reference Number ( A1 : A2 : A7 )

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	
	Head										WRITE DOWN THE NAMES OF ALL PERSONS WHO NORMALLY LIVE AND EAT TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD.
	B.1 Is [NAME] male or female?										
Male = 1 Female = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B.2 Residential status of [NAME] ?										
Present = 1 Temporarily absent = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B.3 What is [NAME]'s relationship to the head of household?										
Head = 1 Spouse = 2 Child = 3 Grandchild = 4 Parent = 5 Brother/Sister = 6 Son/Daughter-in-law = 7 Father/Mother-in-law = 8 Other relative = 9 Not related = 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B.4 How old is [NAME] (in completed years) ?										
	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	RECORD AGE IN COMPLETED YEARS.
	B.5 What is [NAME]'s marital status?										
Never married = 1 Married = 2 Divorced = 3 Widowed = 4 Only Nikah solemnised = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





**D - HEALTH**

Reference Number ( A1 : A2 : A7 )

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	
Yes = 1 No = 2	D.1 Was [NAME] sick or injured during last 2 weeks										IF NO, GO TO NEXT PERSON
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yes = 1 No = 2	D.2 Did [NAME] consult anyone for this illness?										IF NO, GO TO D.6
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private Disp/ Hospital = 1 Public Disp/ Hospital = 2 RHC/BHU = 3 LHV/LHW = 4 Hakeem/ Herbalist = 5 Homeopath = 6 Chemist/Pharmacy = 7 Saina /Saini = 8 Other = 9	D.3 What kind of health provider did [NAME] visit ?										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D.4 How many times did [NAME] use the service during last 2 weeks										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No problem (satisfied) = 01 No Doctor = 02 Staff not helpful = 03 No female staff = 04 Not clean = 05 Long waiting = 06 No trained staff = 07 Too expensive = 08 No medicine available = 09 Treatment unsuccessful = 10 Other = 11	D.5 Did [NAME] have any problem at the time of the visit?										YOU MAY WRITE UP TO TWO ANSWERS  GO TO NEXT PERSON
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No need = 01 Too expensive = 02 Too far away = 03 No confidence in service = 04 No doctor available = 05 Staff not helpful previously = 06 No female staff available = 07 Not clean = 08 Long waiting = 09 No trained staff = 10 No medicine available = 11 Other = 12	D.6 Why did [NAME] not use medical care during last 2 weeks?										YOU MAY WRITE UP TO TWO ANSWERS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yes=1 No=2	D.7 Has any LH W visited the household during last thirty days?					<input type="checkbox"/>					ASK D. 7 AND D. 8 FROM ANY HOUSEHOLD MEMBER .
Yes=1 No=2	D.8 Has any member of the household visited the Health House during last thirty days?					<input type="checkbox"/>					





**E(2) - EMPLOYMENT**

Reference Number ( A1 : A2 : A7 )

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	
Yes = 1 No = 2	E.11: Did [NAME] do any work last month? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										IF PERSON IS UNDER 10, GO TO NEXT PERSON. IF NO, GO TO E.15.  RECORD NUMBER OF DAYS
	E.12: If so, for how many days was [NAME] employed last month? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										
	E.13: How much did [NAME] earn last month? (record amount in Rs.) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										
Yes = 1 No = 2	E.14: How many months did [NAME] work last year? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										RECORD NUMBER OF MONTHS.  NEXT PERSON
	E.15: Did [NAME] do any work last year? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
	E.16: How much did [NAME] earn last year? ( record amount in Rs.) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										





**G - HOUSEHOLD DETAILS**

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<p>G.1 What is your present occupancy status?</p> <p>Owner-occupied = 1 Rented = 2 Subsidised rented = 3 Rent-free = 4</p> <input type="checkbox"/>	<p>G.2 How many separate rooms are there in your dwelling?</p> <table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			<p>G.3 What is the material of the roof of the house?</p> <p>RCC/RBC = 1 Wood/Bamboo = 2 Sheet/iron/cement = 3 Other (specify here) = 4</p> <input type="checkbox"/>

<p>G.4 What is the material of the walls of the house?</p> <p>Burnt Bricks/Blocks = 1 Mud Bricks/Mud = 2 Wood/Bamboo = 3 Stones = 4 Other (specify here) = 5</p> <input type="checkbox"/>	<p>G.5 What is the main source of drinking water?</p> <p>Piped into house/compound = 1 Outdoor tap = 2 Hand Pump = 3 Motorised Pumping = 4 Protected well = 5 Unprotected well = 6 River Lake Pond Stream = 7 Tanker/ Truck or Vendor = 8 Other (specify here) = 9</p> <input type="checkbox"/>	<p>G.6 What kind of toilet facility does your household use?</p> <p>None = 1 Flush to sewerage = 2 Flush to septic tank = 3 Flush connected with open drain = 4 Raised latrine = 5 Pit latrine = 6 Other (specify here) = 7</p> <input type="checkbox"/>
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<p>G.7 What is the main fuel used for cooking?</p> <p>Firewood = 1 Gas = 2 Kerosene oil = 3 Dung Cake = 4 Electricity = 5 Crop residue = 6 Charcoal/Coal = 7 Other (specify here) = 8</p> <input type="checkbox"/>	<p>G.8 What is the main fuel used for lighting?</p> <p>Electricity = 1 Gas = 2 Kerosene oil = 3 Firewood = 4 Candles = 5 Other (specify here) = 6</p> <input type="checkbox"/>	<p>G.9 Does the household (or any member) have a working telephone connection?</p> <p>No = 1 Land line only = 2 Mobile only = 3 Both land and mobile = 4</p> <input type="checkbox"/>
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G.10 How far is it from here to reach the nearest ...?

	Time (in minutes)					usual means of transport		
	0-14 1	15-29 2	30-44 3	45-59 4	60+ 5	On foot 1	Non-mechanised 2	Mechanised 3
Supply of drinking water			<input type="checkbox"/>				<input type="checkbox"/>	
Groceries shop			<input type="checkbox"/>				<input type="checkbox"/>	
Public transport			<input type="checkbox"/>				<input type="checkbox"/>	
Primary school			<input type="checkbox"/>				<input type="checkbox"/>	
Middle school			<input type="checkbox"/>				<input type="checkbox"/>	
High school			<input type="checkbox"/>				<input type="checkbox"/>	
Health clinic or hospital			<input type="checkbox"/>				<input type="checkbox"/>	
Family planning centre			<input type="checkbox"/>				<input type="checkbox"/>	





**H.1 - HOUSEHOLD INCOMES / EXPENDITURE**

Reference Number ( A1 : A2 : A7 )

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**H.1: What were the sources of Household Income during last year?**

Amount (Rs.)

1.Crops							
2.Livestock							
3. Shop							
4. Other business							
5. Employment in govt./public sector							
6. Private sector employment							
7. Property (Non-agricultural)							
8.Gifts / Cash / Remittances							
9.Sale of Assets							
10. Has the household received <b>domestic</b> remittances during last 12 months?							
11. Has the household received <b>foreign</b> remittances during last 12 months?							
12.Other (Specify here) _____							

**H.2: Where did the Household spend the Income during last year?**

Amount (Rs.)

1. Food & Beverages							
2.Clothing							
3. Housing							
4. Fuel & Lighting & other utilities							
5.Transportation / Communications (including travel)							
6. Health Care & Medicines							
7. Education							
8. Social Functions							
9.Personal care, Hygine, upkeep, miscellaneous (inc luding tobacco, daily use items)							
10.Purchase of Assets / Investments / Savings.							



**H.2 - HOUSEHOLD BORROWING**

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**H.5: Did the Household borrow capital during last year?** Yes=1 No=2

**H.6: Where did the Household borrow capital from during last one year?**

	Amount (Rs.)
1.Friends & Relatives	<input type="text"/>
2.Shopkeepers	<input type="text"/>
3.Landlord	<input type="text"/>
4.Profit money lenders	<input type="text"/>
5.Input Suppliers or middlemen & commission agents	<input type="text"/>
6. Cooperatives & Banks	<input type="text"/>
7. Government Offices / Organizations	<input type="text"/>
8. ROSCA (Committee)	<input type="text"/>
9. Zakat & Usher	<input type="text"/>
10.Other (specify) _____	<input type="text"/>

**H.7: Where did the Household use the borrowed capital during last one year?**

	Amount (Rs.)
1.Food & Beverages	<input type="text"/>
2.Clothing	<input type="text"/>
3. Housing	<input type="text"/>
4.Paying utility bills (incl.fuel & lighting)	<input type="text"/>
5.Transportation / Communications (including travel)	<input type="text"/>
6. Health Care & Medicines	<input type="text"/>
7. Education	<input type="text"/>
8. Social Functions	<input type="text"/>
9. Personal care, Hygiene ,upkeep, miscellaneous ( including tobacco, daily use items)	<input type="text"/>
10.Purchase of Assets / Investment in :	<input type="text"/>
Enter here Total (10a to 10f)	
10a. Personal Assets	<input type="text"/>
10b. Agricultural Land	<input type="text"/>
10c. Livestock	<input type="text"/>
10d. Property	<input type="text"/>
10e. Business	<input type="text"/>
10f. Other (specify) _____	<input type="text"/>



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I.1 For each child under 5 enter the child and mother's number from the list of household members.  
 Enter 00 if the child's mother is deceased or is not a member of the household.

Child	Mother	Child	Mother	Child	Mother	Child	Mother
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I.2 Enter the child's date of birth ( month and year)

M	M	Y	Y	M	M	Y	Y	M	M	Y	Y	M	M	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I.3 Has the child ever been immunized? (If 'NO' go to I.6)

Yes= 1 <input type="text"/>	Yes= 1 <input type="text"/>	Yes= 1 <input type="text"/>	Yes= 1 <input type="text"/>
No = 2 <input type="text"/>	No = 2 <input type="text"/>	No = 2 <input type="text"/>	No = 2 <input type="text"/>

I.4 Do you have an immunization card for the child?

Yes= 1 <input type="text"/>	Yes= 1 <input type="text"/>	Yes= 1 <input type="text"/>	Yes= 1 <input type="text"/>
No = 2 <input type="text"/>	No = 2 <input type="text"/>	No = 2 <input type="text"/>	No = 2 <input type="text"/>

I.5 Has the child received the following vaccinations ...? ( 1 = Yes on card, 2 = Yes on recall, 3 = No, 4 = Don't know)

	Yc	Yr	N	?		Yc	Yr	N	?		Yc	Yr	N	?		Yc	Yr	N	?
BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I.6 Has the child had diarrhea during last 30 days? (If NO, go to next child)

Yes= 1 <input type="text"/>	Yes= 1 <input type="text"/>	Yes= 1 <input type="text"/>	Yes= 1 <input type="text"/>
No = 2 <input type="text"/>	No = 2 <input type="text"/>	No = 2 <input type="text"/>	No = 2 <input type="text"/>

I.7 Was anyone consulted for treatment of the diarrhea ? (If NO, go to I.9)

Yes= 1 <input type="text"/>	Yes= 1 <input type="text"/>	Yes= 1 <input type="text"/>	Yes= 1 <input type="text"/>
No = 2 <input type="text"/>	No = 2 <input type="text"/>	No = 2 <input type="text"/>	No = 2 <input type="text"/>

I.8 Whom did you consult first?

Private Dispensary/ Hospital =1 Government Hospital =2 RHC/BHU =3 LHW =4 <input type="text"/> LHV/Nurse =5 <input type="text"/> Chemist/ Pharmacy =6 Hakeem/ Herbalist/Homeopath =7 Other = 8	Private Dispensary / Hospital =1 Government Hospital =2 RHC/BHU =3 LHW =4 <input type="text"/> LHV/Nurse =5 <input type="text"/> Chemist/ Pharmacy =6 Hakeem/ Herbalist/Homeopath =7 Other = 8	Private Dispensary / Hospital =1 Government Hospital =2 RHC/BHU =3 LHW =4 <input type="text"/> LHV/Nurse =5 <input type="text"/> Chemist/ Pharmacy =6 Hakeem/ Herbalist/Homeopath =7 Other = 8	Private Dispensary / Hospital =1 Government Hospital =2 RHC/BHU =3 LHW =4 <input type="text"/> LHV/Nurse =5 <input type="text"/> Chemist / Pharmacy =6 Hakeem/ Herbalist/Homeopath =7 Other = 8
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I.9 Did you give the child ORS?

Yes - purchased or provided =1 Yes - home made =2 <input type="text"/> No =3	Yes - purchased or provided =1 Yes - home made =2 <input type="text"/> No =3	Yes - purchased or provided =1 Yes - home made =2 <input type="text"/> No =3	Yes - purchased or provided =1 Yes - home made =2 <input type="text"/> No =3
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**K - USE & SATISFACTION WITH FACILITIES & SERVICES**

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Work across the form taking each service in turn and answering all questions as appropriate, before moving to the next service.

SERVICES	A. How often do you use this service?				Ask B if "A" is 1 or 2							Ask C & D if "A" is 2, 3 or 4					
	A.				B. Main reason for occasional or non-use							C. How satisfied are you with the quality of service?		D. How has the quality of service changed in the last 12 months?			
	Not at all	Occasionally	Often	All the time	Too far away	Too expensive	Poor service	No staff/equipment	Inadequate facilities	Other	Not applicable	Dissatisfied	Satisfied	Worse now	Same as before	Better now	Don't know
	1	2	3	4	1	2	3	4	5	6	7	1	2	1	2	3	4
Basic Health Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools ( Primary, Middle, High)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculture Extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of water course →	Canal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tube Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Open Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karez	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Railways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telecommunication (e.g. PCO / Telephone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section A (continued) - Complete this section as soon as the interview is finished.

A.8 Result  
 1 Completed with selected household  
 2 Completed with replacement - refusal  
 3 Completed with replacement - not found

Only use these fields if the form has been completed using two interviews.

A.9 Interview time  
 Hour:      
 AM  
 PM

A.15 Interview time  
 Hour:      
 AM  
 PM

A.10 Respondent  
 1 Co-operative  
 2 Normal  
 3 Hesitant  
 4 Talkative  
 5 Refusal  
 6 Non-Contact

A.16 Respondent  
 1 Co-operative  
 2 Normal  
 3 Hesitant  
 4 Talkative  
 5 Refusal  
 6 Non-Contact

