A-1 Enumeration Block Code

GOVERNMENT OF PAKISTAN

PAKISTAN BUREAU OF STATISTICS

PAKISTAN SOCIAL AND LIVING STANDARDS MEASUREMENT SURVEY (2026)

DISTRICT LEVEL QUESTIONNAIRE

PROVINCE/ REGION	**STRATUM**	**URBAN/RURAL**			**PRIMARY SAMPLING UNIT**		**HOUSEHOLD**	

NAME OF THE HEAD OF THE HOUSEHOLD_____ ADDRESS_____

SECTION-A SURVEY INFORMATION

ENUMERATION

1. INTERVIEWER. ……..……**CODE** [ ] **DATE** D [ ] M [ ] Y [ ]

(Day, Moth & Year in two digits)

TIME INTERVIEW STARTED [ ][ ] [ ][ ]

ENDED [ ][ ] [ ][ ]

2. BEHAVIOUR OF THE RESPONDENT

Co-operative=1 Normal =2 Reluctant/ Hesitant=3 Non serious/ Talkative=4
Refusal = 5 Non-Contact = 6 [ ]

3. LANGUAGE OF INTERVIEW

Urdu=1 Punjabi=2 Sindhi =3 Pushto =4 Balochi =5 Kashmiri=6 Balti=7
Hindko=8 Siraki=9 Other=10 [ ]

4. DISTANCE OF PSU FROM OFFICE (Km) [ ]

VERIFICATION

5. SUPERVISOR. ……..……**CODE** [ ] **DATE** D [ ] M [ ] Y [ ]

(Day, Moth & Year in two digits)

SIGNATURE. ……

EDITING OF QUESTIONNAIRE

6. EDITOR. ……..……**CODE** [ ] **DATE** D [ ] M [ ] Y [ ]

(Name)

(Day, Moth & Year in two digits)

7. PROVINCE

……

8. DISTRICT

……

9. TEHSIL

……

10. MAUZA/DEH/VILLAGE

……

11. HADD BAST NO.

……

12. CITY

……

13. REGIONAL/FIELD OFFICE

……

14. NAME OF RESPONDENT

……

……

Remarks of Chief S.O/ Supervisor/ Enumerator /KPVO (If any) :-

……

……

……

……

……

SECTION B1

HOUSEHOLD ROSTER, LIST OF HOUSEHOLD MEMBERS

ID-CODE	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. Gender 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 **(If code=1, 3, 4, 5, 6 → Q8)** 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	Year					
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	Grand Father/G Mother	= 11
Brother/Sister	=06	Uncle/Aunt	=12
		Step Relation (Any)	=13
		Servant/their relatives	= 14
		Other	= 15

CODES FOR Q.6 (Marital Status)

Never Married =1
Currently Married =2
Widow / widower =3
Divorced =4
Separated =5
Nikkah solemnised but Rukhsati not taken place =6
If code=1, 3, 4,5, 6 →Q 8

Base year for whole survey is 2026.

*If months and days are known, calculate age from the date of enumeration.
**If the respondent has more than one wife, enter the code of the first wife in Q7.

SECTION B2 MIGRATION AND FUNCTIONAL LIMITATION

ID CODE	PART A: MIGRATION						PART B: FUNCTIONAL LIMITATION					
	1. Is this district your district of birth? Yes=1 No=2 **(If = 1 Go To Q3)**	2. In which district of Pakistan or country were you born? (Three-digit District codes from manual of Instructions) **Skip Q3**	3. Has ----- lived as a usual resident for six months or more in any other area of Pakistan, including another area of the district of birth (Urban to Rural or Rural to Urban), or in another country? Yes (other district) =1 Yes (Other Country) =2 Yes same district (Urban to Rural / Rural to Urban)=3 No=4 →(Q7)	4. From which district of Pakistan or country did you most recently move to this district? (Three-digit District code from manual of Instruction) **if more than one district/country enter last migrated district)**	5. How long has … been living in this district or this rural/urban area? Less than 1 year =1 1-year to 4-years=2 5-years to 9-years=3 10-years to 14-years=4 15-years to 19-years=5 20-years to 24-years=6 25- years and above=7	6. What was the main reason for migration to this district or rural/urban? **See footnotes for codes**	7. Do you have difficulty **seeing**, even if wearing glasses?	8. Do you have difficulty **hearing**, even if using a hearing aid?	9. Do you have difficulty **walking or climbing** steps?	10. Do you have difficulty **remembering or concentrating**?	11. Do you have difficulty (with **self-care**) such as **washing all over or dressing**?	12. Using your usual (customary) language, do you have difficulty **communicating**, for example, understanding or being understood?
		District		**District**								
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Codes for Q-6

Better Economic Opportunities	=1	Law and order Situation	=7
Marriage	=2	Natural Disaster	=8
Accompany Family	=3	Life style/cost of living	=9
Education	=4	Other	=10
Health	=5	Don't Know	=11
Job/ Transfer in Job	= 6		

Codes for Q-7 to Q12

No (no difficulty)	=1
Yes- some difficulty	=2
Yes- a lot of difficulty	=3
Cannot do at all	=4

SECTION C1 EDUCATION (ALL MALE & FEMALES AND CHILDREN 3 YEARS & OLDER)

PART- A				PART - B											
ALL MALE & FEMALE 10 YEARS & OLDER				EDUCATION (ALL MALE & FEMALE AND CHILDREN 3 YEARS & OLDER)											
LITERACY				ENROLLMENT STATUS											
ID CODE (from Roster)	1.Can… …read simple statement in any language with full under-standing? Yes =1 No =2 →**Q.3**	2. Can …… write simple statement in any language with full under-standing? Yes =1 No =2	3.Can ... solve simple Math. (plus, minus) sums? Yes =1 No =2	1. Ask each person about their educational background, and code as follows Never attended school/institution = 1 (If age >= 20➔**NP)** Attended school/ Institution in the past = 2 **(➔Q.3 to Q.6)** Currently attending school/institution = 3 **(➔Q.7 to Q-13)**	Ask if … is less than 20 years of age 2. Why didn't Ever attended School/ institution (See Footnote For codes) ➔**NP**	3. What type of School/ Institution ….last attended (See Footnote for codes) **If code=6 Go to Q5**	4. Why did enrol in this school/ institution (See Footnote for codes)	5. What was the highest grade, …., completed (See Footnote for codes)	Ask if … is less than 20 years of age 6. Why did …., leave school/ Institution? (See Footnote for codes) ➔**NP**	7. What type of school/ institution is ..., currently attending ? (See Footnote for codes) If code=6 → **Q10**	8. Why… enrolled in this school/ Institution ? (See Footnote for codes)	9. At what age did …...start school /institution?	10. Which grade is ….. currently attending? (See Footnote for codes)	11. How far (round trip) is the institution From home?	12: Are you satisfied with the quality of education being provided in the school/ institution? 1 = Yes ➔**NP** 2 = No	13: What is the Main reason for dissatisfaction? (See Footnote for codes)

CODES FOR Q.2 & 6

Too expensive	= 01	Child too young	= 10
Too far away	= 02	Child not willing	= 11
Poor teaching / behaviour	= 03	Lack of documents	= 12
Had to help at home	= 04	Education not useful	= 13
Had to help with work	= 05	Education completed	= 14 (only for Q.6)
Parents/elders did not allow	= 06	Marriage	= 15 (only for Q.6)
No female staff	= 07	Service (job)	= 16 (only for Q.6)
No male staff	= 08	Facilities not available	= 17
Child sick/handicapped	= 09	Other (specify …….)	= 18

CODES FOR Q.3 & 7

Government	= 1
Ex-Government/Out Sourced school	= 2
Private	= 3
Deeni Madaris	= 4
NGO, Foundation, Trust	= 5
Non Formal Basic Education School	= 6
Privately	= 7
Other (specify …….)	= 8

CODES FOR Q.4 & 8

Good teaching	= 1		
Cheaper	= 2	Good environment of School/institute (Building, Facilities, Sports etc.)	= 7
Near to home	= 3	No other school/institution available	= 8
Female teaching staff	= 4	Siblings study in this school	=9
Male teaching staff	= 5	Other (specify…….)	= 10
Teachers behave well	= 6		

CODES FOR Q.13

Poor quality of teaching	= 01
Teachers frequently absent	= 02
Not enough teachers	= 03
No female teacher	= 04
No male teacher	= 05
Overcrowded classrooms	= 06
Lack of basic facilities	= 07
Unsafe / insecure environment	= 08
No improvement in learning	= 09
School too far away	= 10
Education not useful	= 11
Too expensive	= 12
other (specify ____)	= 13

CODES FOR Q.5 & 10

Play Group	=25	Class 4	= 04	Class 10 /O-Level	= 10	B.Ed/M.Ed	= 14
Nursery	=26	Class 5	= 05	Polytechnic diploma*	= 11	(B.A/B.SC/BS/BE) ,etc	= 15
Prep	=27	Class 6	= 06	F.A/F.Sc/I.Com/		**(4 year program)**	
Class 1	= 01	Class 7	= 07	ICS/A-Level	= 12	M.A/M.S.C ,etc	= 16
Class 2	= 02	Class 8	= 08	B.A/B.Sc./B.Com/etc	=13	**(2 year program)**	
Class 3	= 03	**Class 9 =**	**09**	**(2 year program)**			

Degree in Medicine(MBBS/BDS/Pharm-D etc)	= 17	Degree in Law	= 19
Degree in Agriculture	=18	Degree in Engineering	=20
		Degree in Accountancy	=21
		M. Phil	= 22
		PhD	= 23
		MS	=24
		Other(specify ….)	= 28

CODES FOR Q.11 (kilometres)

0-2km = 1 2-5 km = 2
5-10km = 3 10-20km = 4
20+ km = 5 don't know= 6,
Hostel=7

SECTION C2: ICT INDICATORS (All INDIVIDUAL 5 YEARS AND ABOVE) - (Last Three Months)

IDC	1: Have you used_____ cell phone in the last three months? Analog Mobile =1 Smart Phone=2 Both =3 None=4 **(Skip to Q3)**	2: Do you own a cell phone? Analog Mobile =1 Smart Phone=2 Both=3 None=4	3: Have you used Desktop=1 Laptop=2 Tablet or Similar=3 No=4 From any location? **For No in Q1 & Q3 Go to Q.5**	4: During the past 3 months, which of the following activities has _____ performed using a computer, laptop, tablet, smartphone, mobile phone, or other devices?(independent of the device used)? Please tick all that apply. **Q4 must be filled if If Q1=2 or 3 & Q2= 2 or 3 & Q3=1,2 or 3**	5: Have you used the **Internet** including **WhatsApp, Youtube, Facebook, Tik-tok, Twitter, Insta , Video Call** from any location in the last three months? Yes=1 No=2 **(For code 2 Go to Q 14)**	6: Where did you use the Internet in the last three months? Please tick all that apply.	7: Have you used the Internet in the last three months using…? Please tick all that apply.	8: How often did you typically use the Internet during the last three months (from any location)? Please tick one.	9: For which of the following activities did you use the Internet for private purposes in the last three months (from any location)? Please tick all that apply. **For code 13 in Q 9 ask Question 10-12, otherwise go to Q13**

Codes for Q4

Information and Data Literacy

1. Verifying the truthfulness of information found online

Communication and Collaboration

2. Sending messages (SMS)/ Calls

Digital Content Creation

3. Duplicating/Copy-paste or moving data, information and content in digital environments (e.g. within a document, between devices, on the cloud)
4. Creating content combing different digital media (including text, images, sound, video or charts,)
5. Using spreadsheet software (e.g. using basic arithmetic formulae, functions, macros)
6. Programming or coding in digital environments
7. Transfering files between a computer and other devices

Safety

8. Setting up effective security measures (e.g. strong passwords) to protect devices
9. Taking measures to protect privacy on your device, account or app (e.g. name, contact information, photos)

Problem-Solving

10. Connecting and installing new devices (e.g., modem, camera, printer)
11. Installing software or aps
12. Others

Codes for Q6

1. Home
2. Work
3. Place of education
4. Another person home
5. Facility open to the public
6. At a Community Internet access facility
7. While commuting, in transport or walking
8. Other Location

Codes for Q7

1. mobile phone via the cellular network
2. mobile phone via other wire/wireless networks (e.g. WiFi)
3. tablet via the cellular network, using USB key or SIM card
4. tablet via other wire/ wireless networks (e.g. WiFi)
5. portable computer via the cellular network, using USB key or SIM card
6. portable computer via other wire/ wireless networks (e.g. WiFi)
7. Other portable devices (e.g. portable games consoles, *watches, e-book readers etc.)*

Codes for Q 8

1. At least once a day
2. At least once a week. (Not every day)
3. Less than once a week

Codes for Q9

Access to Information

1. Finding information about goods or services
2. Finding health information
3. Getting information from general government organizations
4. Using services related to travel or travel-related accommodation
5. Accessing news or books in a digital format (e.g. reading online news, watching news videos online, reading e-books on an e-reading device)

Communication, Civic Participation and Collaboration

6. Sending content (e.g. document, picture, video through attached files, embedded content, hyperlinks) in messages (e.g. email, messaging service, MMS)
7. Making calls (telephoning over the Internet/VoIP, using Skype, iTalk, etc.; includes video calls via webcam)
8. Participating on social networking platforms (e.g. creating user profile, reading or posting messages and other contributions to Facebook, X, Instagram, Snapchat, TikTok)
9. Making an appointment with a health practitioner via a website
10. Interacting with general government organizations
11. Taking part in consultations via the Internet to define civic or social issues (e.g. urban planning, signing a petition, voting)
12. Accessing or posting opinions on chat sites, blogs, newsgroups, or online discussions

Codes for Q9

Electronic Commerce, Trade and Transactions

13. Purchasing or ordering goods or services
14. Selling goods or services
15. Using Internet or mobile banking

Learning

16. Doing an online course or accessing online learning material (e.g. video tutorials, webinars, learning apps)
17. Consulting wikis (Wikipedia, online encyclopedias, or other websites) for formal learning purposes

Professional Life

18. Looking for a job or sending/submitting a job application
19. Participating in professional networks

Entertainment, Digital Content Consumption

20. Listening to web radio (either paid or free of charge)
21. Watching web television (either paid or free of charge)
22. Streaming or downloading images, movies, videos, or music; playing or downloading games

Digital Content Creation

23. Uploading self/user-created content to a website to be shared
24. Using storage space on the Internet to save documents, pictures, music, video, or other files
25. Editing text documents, spreadsheets or presentations using digital tools (e.g. Google Docs, SharePoint, Apple iCloud, etc.)

Others

26. Other Activities (Please Specify)

SECTION C2: ICT INDICATORS (All INDIVIDUAL 5 YEARS AND ABOVE) - (Last Three Months)

IDC	10: What types of goods or services did you buy or order over the Internet for private use in the last 3 months? Please tick all that apply.	11. How did you pay for the goods or services you bought over the Internet for private use in the last 3 months? Please tick all that apply.	12. How did you receive the goods or services you bought over the Internet for private use in the last 3 months? Please tick all that apply. **Go to question 15**	13. What are the reasons why you did not purchase goods or services the Internet for private use in the last 3 months? Please tick all that apply. **Go to question 15**	14. What are the reasons for not having used the Internet?	15. Do you currently have Active/Operational Physical/ Digital Account? 1. Yes, Bank Account 2. Yes, Easy paisa, jazz cash, omni etc. 3. Both (1 &2) 4. No

Codes for Q10

1. Books, magazines, or newspapers
2. Clothing, footwear, sporting goods, or accessories
3. Computer equipment or parts (including peripheral equipment)
4. Computer or video games
5. Computer software (includes upgrades and paid apps; not games)
6. Cosmetics
7. Financial products (including shares and insurance)
8. Food, groceries, alcohol or tobacco
9. Household goods (e.g. furniture, toys, etc.; excluding consumer electronics)
10. ICT services (excluding software)
11. Medicine
12. Movies, short films, or images
13. Music products
14. Photographic, telecommunications, or optical equipment
15. Tickets or bookings for entertainment events (sports, theatre, concerts, etc.)
16. Travel products (travel tickets, accommodation, vehicle hire, transport services, etc.)

Codes for Q11

1. Cash on delivery
2. Credit card online
3. Debit card or electronic bank transfer online
4. Mobile money account (account connected to the mobile number for example **easy paisa, Jazz cash, Omni etc.)**
5. Online payment service (e.g. PayPal, Google Checkout)
6. Prepaid gift card or online voucher
7. Points from rewards or redemption program
8. Other (e.g. bank check by post, etc.)

Codes for Q12

1. Delivery directly to the buyer using regular postal services or other forms of delivery
2. Picked up from point of sale or service point
3. Online / electronic delivery by downloading from a website or through an application, software or other device

Codes for Q13

1. Not interested
2. Prefer to shop in person
3. Security concerns
4. Privacy concerns
5. Technical concerns
6. Trust concerns
7. Lack of confidence, knowledge or skills

Codes for Q14

1. Do not need the Internet (not useful, not interesting)
2. Do not know how to use it
3. Cost of Internet use is too high (service charges, etc.)
4. Privacy or security concerns
5. Internet service is not available in the area
6. Cultural reasons (e.g. exposure to harmful content)
7. Don't know what Internet is
8. Not allowed to use the Internet
9. Lack of local content
10. Other reason, specify

SECTION C3:- DIGITAL PLATFORM AWARENESS, USE AND WORK

IDC	1-Have _____ ever heard* about digital platforms or mobile applications that are used to buy, sell, or provide services? Yes=1 No=2 ***(Skip Next Person)***	2-Did _____ use any digital platform or mobile application for any purpose? Yes=1 No=2 ***(Skip Next Person)***	3- For what purpose did _____ use digital platforms? For personal use only (as customer/user) =*1* ***(Skip Next Person)*** For earning money or providing services=2 For both personal use and earning=3	4-What type of work or service did you provide through digital platforms? ***(For Code see F/N)***	5- How often did _____ perform this activity? Almost daily=1 Weekly=2 Occasionally=3 Seasonal / irregular=4	6. Was this digital platform activity? Main source of work=1 Secondary/additional activity=2 Occasional or side activity=3	7-Main Reason for Working in Digital Platform?
1							
2							
3							
4							
5							
6							
7							

*** Enumerator may guide/ add "digital platforms include mobile apps, websites, or social media used for services or earnings".**

Codes for Q4

Ride-hailing or delivery services (Careem, Uber, InDrive, Yango Bykea, Foodpanda, Cheetay delivery rider/drivers etc)=1
Online freelancing (IT, Logo designing, Web designing, Content writing, data work, Digital marketing, Software development,) (Fiverr, Upwork, PeoplePerHour) etc. =2
Online selling / e-commerce (Selling on Daraz, via Facebook pages, Instagram shops, OLX etc)=3
Online selling homemade food products (HomeChef, Ghar say Ghar tak, Online tiffin service, cakes or bakery items online, online cooked or semi cooked or frozen food products)=4
Social media content creation (tiktok, vlog, tube etc.) =5
Online tutoring / teaching=6
Online Health Services=7
Home-based services arranged digitally (plumber, electrician, beautician, mechanic) =8
Other digital services (specify)=9

Codes for Q7

Lack of other job opportunities=1
Flexible working hours=2
Additional income=3
Work from home=4
Utilization of personal skills or professional expertise=5
Access to a wider customer or market base=6
Other (specify)=7

SECTION D: - HEALTH STATUS AND HEALTH CARE UTILIZATION (all Individuals)

ID C	Part -A: Acute Illness or Injury			Part B: Chronic / Long-Term Health Conditions		Part C: Unrelated to illness, Health Consultation	Part D: Health facility consulted, Financial Coping and Barriers				
	1. During the **last 30 days**, did [NAME] suffer from any illness or injury? **1 = Yes** **2 = No → Skip to Q.4**	2. **Type of illness or injury suffered** *(Maximum two responses allowed)* ***(Select code from FN)***	3. Severity of illness/injury 1 = Mild (no limitation in daily activities) 2 = Moderate (partial limitation) 3 = Severe (bedridden / hospitalization)	4. Has any doctor or health professional ever diagnosed/told you that you currently have any of the following long-term diseases? ***(Select code from FN)*** *(Maximum two responses allowed)* **If No acute illness (Q1=2) & No chronic condition (Q4=19) → go to Q6**	5. Duration of the condition 1 = Less than 6 months 2 = 6–12 months 3 = 1 to 5 years 4= More than 5 years	6. During the last 30 days, did _____ seek any consultation not related to an illness? ***(Select code from FN)*** **If Q1=2 &Q4=19 & Q6=15 →next person**	7. Did [NAME] seek any treatment or consultation for the illness or condition? **1 = Yes** **2 = No → Skip to Q.11** **(Q7 must be filled If Q1=1 or Q4=1 to 18 or Q6=1 to 14)**	**Q8 will be filled if Q4= 1 to18 & Q7=1** 8. If [NAME] is suffering from any chronic disease then 1= Are you currently taking medication for this condition? Yes=1, No=2 ☐ 2= Was your condition checked in the last 3 months? Yes=1, No=2 ☐ 3= Has a doctor said your condition is under control? Yes=1, No=2 ☐	9.Type of health facility or practitioner consulted ***(Select code from FN)***	10. Who mainly paid for the health expenditure ? ***(Select code from FN)*** ***(Multiple responses allowed)***	11.If treatment was not sought or was delayed, what was the main reason? ***(Select code from FN)***
1											
2											

Codes for Q2
1 = Fever /Malaria/ Typhoid /Dengue
2 = Diarrhoea / vomiting
3 = Respiratory illness/ flu (cough, chest infection)
4 = Injury / accident
5 = Skin disease
6=Measles/Chicken pox
7 = COVID / Viral infection
8 = Other (specify)

Codes for Q4
1 = Diabetes
2 = High blood pressure
3 = Heart disease
4 = Asthma / chronic respiratory disease
5= Chronic Obstructive Pulmonary Disease (COPD)
6 = Tuberculosis
7 = Hepatitis B or C /Liver Diseases
8 =Pre-Pregnancy/Prenatal/Post Natal/delivery
9 = Cancer
10 = Piles
11 = Kidney Disease/ Dialysis
12 = Mental health condition
13= Stroke/ Paralysis
14 = Physical disability
15= Eye / Dental / Ear Check-ups
16= Muscular Pains (Knee, Arms, Backbone etc)
17 = arthritis
18 = Other long-term illness (specify)
19 = None

Codes for Q6
1 = Looking for Advice on Health
2 = Looking for Advice on Family Planning
3 = Routine/General Health Check-up
4= Blood Screening test
5= Blood Pressure check
6= Cholesterol test
7= Blood Glucose test
8 = Breast Cancer Screening/Mammography **(For Females)**
9 = Cervical Check-up **(For Females)**
10 = Mental Health /Rehabilitation care
11 = Immunization/ Vaccination
12 = Prostate Screening **(For Males)**
13 = Nutrition/Body fats Treatments or Advice /Body Fats/Hair transplant/ Plastic Surgery/Skin Care etc.
14. Other
15.None

Codes for Q9
1 = Government hospital
2 = BHU / RHC / dispensary/Mobile Van
3 = Private hospital
4 = Private clinic
5 = NGO / trust hospital/NGO Mobile Van
6 = Homeopathic
7 = Hakeem / traditional healer
8 = Pharmacy / medical store
9 = Self-medication /Home remedy
10 = Online consultation

Codes for Q10
1 = Self / household income
2 = Sehat Card / health insurance
3 = Employer/Panel
4 = Relative / friend
5 = Charity / NGO
6 = Loan / borrowing
7 = Sale of assets
8=Free Govt Facility

Code for Q11
1 = Treatment too expensive
2 = Health facility too far
3 = No transport available
4 = Poor quality of services
5 = Long waiting time
6 = No doctor available
7 = Cultural / family restrictions
8 = Illness not considered serious
9 = Self-medication /Home remedy (Not Required)
10=No female staff available
11 = Other (specify)

SECTION E ALL PERSONS, 10 YEARS OF AGE AND OLDER - EMPLOYMENT AND INCOME

		Main occupation					EARNED CASH INCOME Note.1: Net income should be reported (excluding the taxes, 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.				2nd Occupation/ Other Work				Pension
I-D CODE (from Roster)	1.Do you have a Paid Job, Unpaid work for family gain, Business, establishment (Agri, Non-Agri) ? 1= Yes (Select code 1 to 10 in Q2) 2=No (select Code (11 to 18 in Q2)	2. What is the Employment Status of _____? If Code is 11 to 15, 17 and 18 go to Next Person & for Code 16, go to Q13.	3. What was the nature of work (Occupation) that … did? Four digit codes are required. For code's details, see the sheet of occupational codes.		4. What was the nature of work done by the enterprise, office, institution where…… worked? Description of sector of activity (Industry) and four digit (Industry) code is required. See Industry Codes sheet for codes.		5. Can ....report his/ her income on monthly or annual basis? Monthly= 1 Annually =2 → Q.8 Received only in kind=3 (If code 3 then income report in Q.12 & →Q-9)	6. How much…. earned in cash, during the last month?	7. How many Months …..worked during the last year?	8. How much……. Earned in cash, during the last year?	9a. Has… adopted 2nd occupation/ job/any other profession? 1= Yes 2= No	9. If _____ have 2nd Occupation select appropriate code from code 1 to 10 of Q2?	10. How much ……. earned in cash from this 2nd occupation, during the last year?? (If Q9 have code 1 to 10 enter income)	11. How much ……. earned in cash from other jobs/ works, during the last year? If Not Received Write 0.	12. How much earned or obtained by selling the "kind" received for wages & salaries during the last 1 year? If Not Received Write 0.	13. How much earned in cash, from Pension and other benefits during the Last year? If Not Received Write 0.
			Code	Description	Code	Description		Rs.	Months	Rs.						

Recall Period (Last one Year)	Code for Q2 & Q9:	AGRICULTURE (Self-employed)	If not employed (If not Code 1 to 10)
Include all jobs / business, agriculture and non-agriculture establishment with which he is currently engaged/ working/earning/getting income, for seasonal jobs/ business/ establishment with which he has earned in last season. For Daily wager Last week /Month. Leave with Pay means on Job.	**If code is 11 to 18 skip Q3 to Q12)** Employer, employing less than 10 persons = 1 Employer, employing 10 or more persons = 2 Self-employed non agri = 3 Paid employee (Monthly) = 4 Paid employee (Daily Wage) =5 Contributing family worker (unpaid Helper) = 6 (After Q4 Go to Q 9)	Owner Cultivator = 7 Share Cropper = 8 Contract Cultivator = 9 Live Stock (only) = 10	11. Student 12. House keeping 13. Old / Child 14. Land lord (Receive rental income) 15. Disable/ handicap 16. Pensioner/ Retired 17. Looking for job/ work 18. Other (specify)

SECTION E 10 YEARS OF AGE AND OLDER - EMPLOYMENT AND INCOME

Will be Filled only for Head of Household				
IDC	15. Do household members receive remittances (in cash) from within Pakistan? (Amount received that will not be returned) (If Not Received Write 0.)	16. Do household members receive remittances (in cash) from outside Pakistan? (Amount received that will not be returned) (If Not Received Write 0.)	17. Do household members receive Zakat/Fitrana/donations/charity/aid/gifts/BISP/other assistance from government or private sources? (If Not Received Write 0.)	18. Do household members earn profit/interest from savings/deposits (insurance/charitable/provident funds)? (If Not Received Write 0.)
1				
2				

SECTION F1: HOUSEHOLD CHARACTERISTICS: HOUSING

1. What is your present occupancy status?
Owner occupied (not self-hired) =1
Owner occupied (self-hired) =2
On rent =3
Subsidized rent =4
Rent free =5

2. **Gender of Owner**
Male =1
Female =2
Jointly =3
Don't Know =4

3. What is the dwelling type?
Independent house / compound =1
Apartment / flat =2
Part of the large unit =3
Part of a compound =4
Other(please specify) =5

4. **How many rooms are there in this residential building?**

5. Which main material is used for Floor?
Earth/Sand =1
Dung =2
Ceramic tiles/Marbles/Chips =3
Parquet or polished wood =4
Cement =5
Brick floor =6
Other(please **explain)** **=7**

6. Which main material is used for roof?
RCC/RBC =1
Wood/Bamboo =2
Iron/Cement sheets =3
Metal/Tin/Girders/T-Iron =4
Other(please explain) =5

7. Which main material is used for walls?
Burned bricks/blocks =1
Raw bricks/mud =2
Wood/bamboo =3
Plywood/Cardboard =4
Stone =5
Other (Please explain) =6

8. What is the main fuel used for cooking?
Fire-wood =1
Gas =2
LPG =3
Kerosene oil =4
Electricity\Solar = 5
Dung cake =6
Crop residue =7
Charcoal\Coal =8
Other(please explain) =9

9. What is the main fuel used for heating?
Solar energy =1
Electricity =2
LPG =3
Gas =4
Bio gas =5
Crop residue =6
Kerosene oil =7
Charcoal\Coal =8
Dung cake =9
No Facility =10
Other(please explain) =11

10. What is main fuel used for lighting?
Electricity (Main Grid) =1
Electricity (Green Meter) =2
Electricity(Main grid) & Solar(alternate/supplementary) both =3
Solar only =4
Gas =5
Kerosene oil\Diesel\Petro l=6
Fire-wood =7
Candle =8
Other(please explain) =9

11. Does this household have following facilities?
Note: In case of no Internet Access ask about Barriers in case of yes ask Q-11

	Facility	Yes=1 No=2	No.	Multichannel Television For Yes in Television only
a.	Internet			1.**Cable TV (CATV)**
b.	Mobile phone Simple			2.**Direct-to-home (DTH)** satellite services
c	Smart phone			3.**Internet-protocol TV** (IPTV)
d.	Landline/Wireless phone			4.**Digital terrestrial TV** (DTT)
e.	Computer Desktop			
f.	Laptop/Notebook			
g.	Tablet/I-pad			
h.	Radio			
i.	Television			

12. What types of Internet services are used for Internet access at home? **If it is yes for internet in Q.11**

	Type	Yes=1 No=2	Number
a.	Cable / Wired: By Company e.g.PTCL, NTC, Nayatel, any other internet service provider.		
b.	Wireless☹e.g. PTCL/EVO, Nayatel, any other internet service provider.		
c.	Mobilink, Telenor, U-fone,Zong etc.		

13.Barriers to household Internet access. (More than one option allowed)

Do not need the Internet (not useful, not interesting, lack of local content) =1
Have access to the Internet elsewhere =2
Cost of the equipment is too high =3
Cost of the service is too high =4
Privacy or security concerns =5
Internet service is not available in the area =6
Internet service is available but it does not correspond to household needs (e.g. quality, speed) =7
Cultural reasons (e.g. exposure to harmful content) =8
No electricity in the household =9
Other reason, specify =10

14. During the last 30 days has this household been visited by
Lady health visitor (LHV)/ Lady health worker (LHW)?

Yes =1 No = 2

15 a. Is there all-season road near your house?

1. Yes 2. No

15 b. if Yes in 15a then how far it is in Km?

0-0.5 km =1
0.5-1 km=2
1-2 km=3
2 -5 =4
5 + = 5

16. Do you have an access to public transport?

Facility	Yes =1 No =2	0-0.5 km =1 0.5-1 km=2 1-2 km=3 2 -5 km =4 5 +km = 5	Can you have access public transport by walk? **Yes=1** **No=2**
Bus/Van/ Suzuki etc			
Metro/ Orange Line			
Train (Inter City)			

SECTION F2: HOUSEHOLD CHARACTERISTICS: WATER SANITATION AND HYGIENE

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

Inside dwelling

Piped water =1
Hand pump =2
Bore Hole (Motor Pump) /Tube Well =3
Closed well =4
Open well =5
Protected Spring =6
Open /Un protected Spring =7

For codes 14,15, 16,17,19 Go to 3

Outside dwelling

Piped Water/Public Tap/ Standpipe =8
Hand pump =9
Motorized pumping / Tube well =10
Closed well =11
Open well =12
Protected Spring =13
Un Protected Spring =14
Pond/Canal / River / Stream =15
Bottled Water =16
Tanker /Truck/water bearer =17
Filtration Plant =18
Others (specify----------) =19

2. Who installed the water delivery system?

Government
(PHE, LG, District / Union/Village Council) =1
Community =2
Household itself =3
NGO, Private etc. =4
Don't know =5

IF codes are 1 to 7 in Q1 then after asking Q2 Go to Q4

3. On average how much time spent on a Round trip to fetch the drinking water?

1 – 15 Min =1
16 – 30 Min =2
31 – 45 Min =3
46 – 60 Min =4
60 + Min =5

4. Do you do something to make water safer to drink?

Yes =1
No =2
Don't Know =3

For code 2 & 3 go to Q6

5. What you actually do to make water safer to drink?

Boil =1
Add bleach/ chlorine/ tablet =2
Strain it through a cloth =3
Water filters (ceramic, sand, Composite etc.) =4
Solar Disinfection =5
Let it stand and settle =6
Don't Know =7
Others (specify----------) =8

6. Is sufficient water available for drinking when needed?

Yes =1
No =2
Don't Know =3

7. Do you normally pay for water used by your dwelling?

Yes =1
No =2 **Go to 9**

8. How much do you normally pay monthly for water (Rs.)?

9. Are you willing to pay for an improved water supply system?

Yes =1
No =2
Don't Know =3

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

No Toilet =1
Flush connected to open drain =2
Flush connected to public sewerage =3
Flush connected to septic tank =4
Flush connected to pit =5
Dry raised latrine =6
Dry pit latrine =7
Composting toilet =8
Other (specify_____) =9

For codes 4 to 8 → Q- 12 and for Codes 2 ,.3and 9 Go to 14

11. Where do the household members go for their defecation?

Fields / open places =1
Communal latrine =2
Others (specify ……) =3
Go to Q-15

SECTION F2: HOUSEHOLD CHARACTERISTICS: WATER SANITATION AND HYGIENE

12. Have your septic tank or Pit latrine ever been emptied?

Yes, emptied within the last 5 years =1
Yes, emptied more than 5 years =2
Yes, emptied don't Remember when =3
Replaced when full =4
Never required emptying =5
Don't Know =6

For Code 4 to 6 Go to Q14

13. The last time it was emptied, where were the Contents emptied?

To a treatment plant by service provider =1
Buried in a covered pit by service provider =2
Don't know where .by Service provider =3
Buried in a covered pit by household itself =4
To uncovered pit, open ground by household itself =5
In water body or elsewhere by household itself =6
Others (specify) =7

14. Do you share this toilet facility with others who are not members of your households?

Yes =1
No =2

15. Is your house connected with drainage / sewerage system?

Yes, underground drains =1
Yes, to covered drains =2
Yes, to open drain = 3
No, no system =4

16. What is the main source of water used for the cooking etc .by household?

Piped water =1
Hand pump =2
Bore Hole (Motor Pump) / Tube Well =3
Closed well =4
Open well =5
Spring (protected) =6
Spring (Un Protected) =7
Pond/Canal / River / Stream =8
Bottled Water =9
Tanker /Truck/water bearer =10
Filtration Plant =11
Others (specify----------) =12

17. Do you have following facilities in your Dwelling?

1. Yes 2. No

A)Specific Place for Hand Washing with Water

B) Soap/ liquid Soap etc.

18. Do you use soap or hand-wash for hand washing before meal and after using toilet at your household?

Yes =1
No =2

SECTION F3: HOUSEHOLD CHARACTERISTICS: SOLID WASTE MANAGEMENT

1. How your household waste been collected or disposed of?	2. On average how much time spent on a Round trip to the nearest public bin/ collection point?	3. If there are public bins or collection point how often are the nearest public bin emptied/cleared?
Collected by Municipality van from door step =1 Collected by Private van/cart from door step =2 Public Bin/ Collection point =3 Road/ street =4 Lake/River/Nullah =5 Open space =6 Other Specify…….. =7 [ ]	1 – 5 minutes =1 6– 10 minutes =2 11-15 minutes =**3** 16– 20 minutes =4 21- 25 minutes =5 26+ minutes =6 Bin is not available/accessible =7 [ ] **For code 7 skip Q.3**	Everyday =1 Once a week =2 Twice a week =3 Thrice a week =4 Don't Know =5 Other…… =6 [ ] **For codes 3-7 in Q.1 Skip Q.4**
4. How Much Do you Pay for waste collection and disposal Services? If nothing note 00 [ ]		

SECTION G: ASSETS IN POSSESSION

	C-1	C-2	C-3	C-4	C-5	C-6
Does this household possess.	1. Yes 2. No	Gender of Owner Male =1 Female=2 Jointly (Male Female Both) =3	If yes, how many acres. (Q. 1 to 3) If yes, how many arcs? (Q. 4 to 7) If yes ,how many (Numbers-------.)	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 no, 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. Cattle/Buffalo 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.)						
Do the family possess	1. Yes 2. No	Gender of Owner Male =1 Female=2 Both =3	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: (In Rupees)
8. 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						

11. How is the economic situation of the family as compared to one year before?		1. Much worse 4. A little better than before 2. Slightly worse 5. Far better than before 3. Like before 6. Don't know
12. How is the economic situation of this locality/area as compared to one year before?		

SECTION H: DOES YOUR HOUSEHOLD HAVE FOLLOWING ASSETS

Sr. No.	Assets	Yes/No (Yes=1, No=2)	Numbers	Sr. No.	Assets	Yes/No (Yes=1, No=2)	Numbers
1	LCD/LED			18	Chair		
2	Refrigerator			19	Table		
3	Freezer			20	UPS		
4	Washing Machine			21	Generator		
5	Dryer			22	Solar Panel		
6	Air Conditioner			23	Heater		
7	Air Cooler			24	Geyser		
8	Fan			25	Bicycle		
9	Stove			26	Motorcycle/Scooter		
10	Cooking Range			27	Rickshaw/Chingchi		
11	Microwave			28	Car		
12	Sewing Machine			29	Van/Truck/Bus		
13	Knitting Machine			30	Boat with a Motor		
14	Iron			31	Tractor/Trolley		
15	Water Filter			32	Watch (Wall/Wrist)		
16	Water motors /Pump(Donkey pump, missiles , etc)			33	An Animal Drawn Cart		
17	Turbine						

SECTION I: VACCINATION AND 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 '99'.			
Child ☐☐ ☐☐ Mother	Child ☐☐ ☐☐ Mother	Child ☐☐ ☐☐ Mother	Child ☐☐ ☐☐ Mother
2. Write the month and the year of child's birth.			
Month Year ☐☐☐☐	Month Year ☐☐☐☐	Month Year ☐☐☐☐	Month Year ☐☐☐☐
3. Has the child ever been immunized? (if no, skip to Q6)			
1. Yes 2. No ☐	1. Yes 2. No ☐	1. Yes 2. No ☐	1. Yes 2. No ☐
4. Do you have Immunization Card of your children with you?			
1. Yes 2. Yes Seen 3. No ☐	1. Yes 2. Yes Seen 3. No ☐	1. Yes 2. Yes Seen 3. No ☐	1. Yes 2. Yes Seen 3. No ☐
5. Did the child receive following vaccination? 1. Yes, on card, 2. Yes, according to memory, 3. No, 4. Yes, polio campaign.			

At Birth	POLIO-0 ☐	**At Birth**	POLIO-0 ☐	**At Birth**	POLIO-0 ☐	**At Birth**	POLIO-0 ☐
	Hep B ☐		Hep B ☐		Hep B ☐		Hep B ☐
	BCG ☐		BCG ☐		BCG ☐		BCG ☐
6 Weeks	POLIO-1 ☐	**6 Weeks**	POLIO-1 ☐	**6 Weeks**	POLIO-1 ☐	**6 Weeks**	POLIO-1 ☐
	ROTA-1 ☐		ROTA-1 ☐		ROTA-1 ☐		ROTA-1 ☐
	Pneumococcal-1 ☐		Pneumococcal-1 ☐		Pneumococcal-1 ☐		Pneumococcal-1 ☐
	Penta-1 ☐		Penta-1 ☐		Penta-1 ☐		Penta-1 ☐
10 Weeks	POLIO-2 ☐	**10 Weeks**	POLIO-2 ☐	**10 Weeks**	POLIO-2 ☐	**10 Weeks**	POLIO-2 ☐
	ROTA-2 ☐		ROTA-2 ☐		ROTA-2 ☐		ROTA-2 ☐
	Pneumococcal-2 ☐		Pneumococcal-2 ☐		Pneumococcal-2 ☐		Pneumococcal-2 ☐
	Penta-2 ☐		Penta-2 ☐		Penta-2 ☐		Penta-2 ☐
14 Weeks	POLIO-3 ☐	**14 Weeks**	POLIO-3 ☐	**14 Weeks**	POLIO-3 ☐	**14 Weeks**	POLIO-3 ☐
	IPV-1 ☐		IPV-1 ☐		IPV-1 ☐		IPV-1 ☐
	Pneumococcal-3 ☐		Pneumococcal-3 ☐		Pneumococcal-3 ☐		Pneumococcal-3 ☐
	Penta-3 ☐		Penta-3 ☐		Penta-3 ☐		Penta-3 ☐
9 Months	IPV-2 ☐	**9 Months**	IPV-2 ☐	**9 Months**	IPV-2 ☐	**9 Months**	IPV-2 ☐
	TYPHOID ☐		TYPHOID ☐		TYPHOID ☐		TYPHOID ☐
	MEASLES -1 ☐		MEASLES -1 ☐		MEASLES -1 ☐		MEASLES -1 ☐
15 Months	MEASLES -2 ☐	**15 Months**	MEASLES -2 ☐	**15 Months**	MEASLES -2 ☐	**15 Months**	MEASLES -2 ☐

Note: **PENTA** is combination of Diphtheria, Pertussis, Tetanus, Influenza B and Hepatitis B. **IPV** stands for inactivated polio vaccine.

SECTION I: VACCINATION AND DIARRHOEA (FOR UNDER 5 CHILDREN)

6. Did the child face diarrhoea during the last 15 days? (If no, then ask from the next child)			
1. Yes 2. No ☐	1. Yes 2. No ☐	1. Yes 2. No ☐	1. Yes 2. No ☐
7. Did you consult anyone for the treatment of diarrhoea? (If no, then ask Q. No. 9)			
1. Yes 2. No ☐	1. Yes 2. No ☐	1. Yes 2. No ☐	1. Yes 2. No ☐
8. Whom did you consult first?			
1. Private Dispensary/Hospital 2. Government Hospital 3. RHC/BHU 4. LHW ☐ 5. Nurse/LHV/MCHC 6. Chemist/Pharmacy 7. Hakeem, Homoeopathic, Waid 8. Other	1. Private Dispensary/Hospital 2. Government Hospital 3. RHC/BHU 4. LHW ☐ 5. Nurse/LHV/MCHC 6. Chemist/Pharmacy 7. Hakeem, Homoeopathic, Waid 8. Other	1. Private Dispensary/Hospital 2. Government Hospital 3. RHC/BHU 4. LHW ☐ 5. Nurse/LHV/MCHC 6. Chemist/Pharmacy 7. Hakeem, Homoeopathic, Waid 8. Other	1. Private Dispensary/Hospital 2. Government Hospital 3. RHC/BHU 4. LHW ☐ 5. Nurse/LHV/MCHC 6. Chemist/Pharmacy 7. Hakeem, Homoeopathic, Waid 8. Other
9. Did you give Nimkol (ORS/ORT) to him/her?			
1. Yes, Purchased, Provided 2. Yes, Prepared at home 3. No ☐	1. Yes, Purchased, Provided 2. Yes, Prepared at home 3. No ☐	1. Yes, Purchased, Provided 2. Yes, Prepared at home 3. No ☐	1. Yes, Purchased, Provided 2. Yes, Prepared at home 3. No ☐
10.Respondent code ☐☐ (Ask next Child)	Respondent code ☐☐ (Ask next Child)	Respondent code ☐☐ (Ask next Child)	Respondent code ☐☐ (Ask next Child)

SECTION J: PRE & POST-NATAL CARE (ALL EVER MARRIED WOMEN AGED 15 - 49)

PRE NATAL CARE (Last Live/ Still Birth)											POST-NATAL CARE (Last Live/ Still Birth)							Breast Feeding	
ID Code of woman (from Roster)	Is…… present at home Yes=1 No=2 ➔ (Next woman)	1. Have you given birth to a child during the past 3 years? Yes Live Birth = 1 Yes Still Birth =2 No = 3 ➔ (Next Woman)	2. While you were pregnant with your last child, did you have any prenatal consultations? Yes = 1 **If yes write number of visits below** No = 2 ➔ **Q-5**		3.Where did you normally receive this care? (See Footnote for codes)	4. At what month of pregnancy did you go for your first consultation? MONTH	5. During this pregnancy were you given tetanus toxoid (TT) injections? (Explain) Yes = 1 No = 2 ➔ **(Q-7)**	6. How many injections were given?	7. At any time before this pregnancy, did you receive any tetanus injections? Yes = 1 No = 2 DK = 3 If code is 2 or 3 ➔**Q-9**	8. How many?	9. Where did you give birth? (See Footnote for codes) **for code 1 skip Q10**	10. What was the mode of delivery? Normal Delivery= 1 C-Section =2	**Ask if delivery took place at Home i.e. Q9=1** 11. Did children receive neo - natal care within 2 days of delivery? Yes=1 No=2 (Skip if Q1=2)	12. Did Mother receive post natal care within 2 days of delivery? Yes=1 No=2	13. Who assisted you with this delivery? (See Footnote for codes)	14. After the birth, did you receive a Post-natal check up within 6 weeks of delivery from a health care facility or at home? Yes = 1 **If yes write number of visits below** No = 2 ➔ **Q.16**		15. Where did you receive this check-up? (See Footnote for codes)	16. Did you Breast Feed your last child during first 4 months? (See Footnote for codes) (Skip if Q1=2)	17. At what age did you start feeding your child semi-solid foods? (Ask if children are 3 – 12 months old) Not Yet = 0 D.K. = 99 (Skip if Q1=2)
			Code	No of Visits												Yes	No of Visits			Age (in months)

Note: if Q1=2, don't ask Q-16 & Q-17.

CODES FOR Q.3 & 15

Home TBA	= 01	Private Hosp. / Clinic	= 06
Home LHW	= 02	Other (specify……)	= 07
Home LHV	= 03		
Home Doctor	= 04		
Govt. Hosp/Clinic	= 05		

CODES FOR Q.9

Home	= 1
Govt. Hospital / Clinic	= 2
Private Hospital / Clinic	= 3
Other (specify……)	= 4

CODES FOR Q.13

Family member		Doctor	= 5
relative/Neighbour	= 1	LHV	= 6
Midwife	= 2	LHW	= 7
TBA	= 3	Nurse	= 8
Trained Dai	= 4	Other (specify….)	= 9

CODES FOR Q.16

Yes, BF only	= 1
Yes, BF with Milk	= 2
Yes, BF with liquid	= 3
No	= 4

(BF= Breast Feeding)

SECTION K:	GLOBAL FOOD INSECURITY EXPERIENCE SCALE (FIES) HOUSEHOLD REFRENCED

Now I would like to ask you some questions about food. During the last 12 MONTHS, was there a time when:	Yes=1 No =2 Don't Know=98 Refused= 99
Q1. You or others in yours household worried about not having enough food to eat because of a lack of money or other resources?	
Q2. Still thinking about the last 12 MONTHS, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?	
Q3. Was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?	
Q4. Was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?	
Q5. Still thinking about the last 12 MONTHS, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?	
Q6. Was there a time when your household ran out of food because of a lack of money or other resources?	
Q7. Was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?	
Q8. Was there a time when you or others in your household went without eating for a whole day because of lack of money or other resources?	

SECTION L: BENEFIT FROM SERVICES AND FACILITIES

Enter replies about everyone in the following, in the relevant box.							
		(If it is 1 or 2 in Q1 then ask Q2)	**If it is 2, 3 or 4 in Q1 then ask Q3&Q4**				
Services and Facilities	Q1 How many times do you use this service usually	Q2 Any particular reason for not using or using once in a while	Q3 To which extent you are satisfied of this service	Q4 What type of change you found in the service during the last 12 months	Q5 Distance in KM	Q6 Mode of transport	Q7 Time to reach
Basic Health Unit/ Out sourced Govt Health facility							
Family Planning Unit							
Hospital & Clinic							
Primary School							
Middle School							
High School							
Veterinary Clinic							
Agriculture (extension)							
Police Service							
Bank							
Road							
Public Transport							
Railway							
Post Office/Courier etc.							
General Store							

Codes for Q1
1. Not at all
2. Once in a while
3. Often
4. Always

Codes for Q2
1. Far Away 2. Very Costly
3. Does not Suit
4. Lack of tools/Staff
5. No enough facility
6. Other 7. N/A

Codes for Q3
1. Satisfied
2. Not Satisfied

Codes for Q4
1 Worst
2. Like before
3. Better than before
4. Don't know

Codes for Q5 (Kilometers)
1. 0-0.5
2. 0.5-1
3. 1-2
4. 2-5
5. 5+

Codes for Q6
1. on Foot
2. Mechanical
3. Non Mechanical

Codes for Q7 (minutes)
1. 0-14
2. 15-29
3. 30-44
4. 45-59
5. 60+