Region (1-7)	Stratum (District) (00-37)		PSU (Sampled Block ID) (000-GGG)			SSLN (HH Sr. No) (0-30)	

(this will be same as of actual PSLM survey)

PRIME MINISTER'S OFFICE
ISLAMIC REPUBLIC OF PAKISTAN

UNFPA The United Nations sexual and reproductive health agency

SDPI

YOUTH DEVELOPMENT INDEX (YDI) TOOL 2025

GOVERNMENT OF PAKISTAN

PRIME MINISTERS YOUTH PROGRAM

Prime Minister's Office, Islamabad, Pakistan

Area Type (Urban/Rural): _____

Province (KP/PB/SD/BL/ICT/AJK/GB): _____

District Name (Stratum): _____

Location Name (PSU): _____

Household Number: _____

CONSENT FOR INTERVIEW

Assalam-o-Alaikum. My name is _____and I am part of the team conducting the Youth Development Index (YDI) survey. This study is being led by the Prime Minister's Office, with the support of UNFPA and Sustainable Development Policy Institute (SDPI). We are speaking with young people between the ages of 15 and 29 from across all regions and provinces of Pakistan to better understand their experiences, needs, and challenges. The information you share will help the government and its partners design and improve policies and programmes for the youth of your province, your region, and the country as a whole.

Your participation is voluntary, and your responses will remain confidential. There are no right or wrong answers — we are only interested in your views. Your participation is very valuable for us, and we are thankful for your time and input.

IC1: May I Start the Interview?

Yes=1 (*Mark status of interview below after end of interview*)
No=2 (*End Interview and mark refusal in result of interview below*)

IC2: Result of Interview

1. Completed
2. Incomplete
3. Refusal

(Picked from Behavior of respondent Q2 section A)

Name of Interviewer: _____

Date of Interview: _____

(Respondent of this part will be selected 15 to 29 individual)


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	Question	Response	Reference (PSLM)
HH1	Since how long you are living here:	1. Less than 1 year 2. 1-year to 4-years 3. 5-years to 9-years 4. 10-years to 14-years 5. 15-years to 19-years 6. 20-years to 24-years 7. 25- years and above	=Q5 Section B2 of Selected member
HH2	Residential Status: (Select one)	1. Yes (other district) 2. Yes (Other Country) 3. Yes same district (Urban to Rural / Rural to Urban) 4. No	=Q3 Section B2 of Selected member
HH3a	Name of Household Head:		Roster name of that person who's Q02=1
HH3b	Gender of household (HH) head	1. Male 2. Female	Roster Q3 if Q2=1
HH3c	Age of household head (years)	Completed Years:	Roster Q5a if Q2=1
HH3d	Education Attainment of household head	Play Group =25 Nursery =26 Prep =27 Class 1 = 01 Class 2 = 02 Class 3 = 03 Class 4 = 04 Class 5 = 05 Class 6 = 06 Class 7 = 07 Class 8 = 08 **Class 9 = 09** Class 10 / O-Level = 10 Polytechnic diploma* = 11 F.A/F.Sc/I.Com/ ICS/A-Level = 12 B.A/B.Sc./B.Com/etc =13 **(2 year program)** B.Ed/M.Ed = 14 (B.A/B.SC/BS/BE) ,etc= 15 **(4 year program)** M.A/M.S.C ,etc = 16 **(2 year program)** Degree in Medicine(MBBS/BDS/Pharm-D etc) = 17 Degree in Agriculture =18 Degree in Law = 19 Degree in Engineering =20 Degree in Accountancy =21 M. Phil = 22 PhD = 23 MS =24 Other(specify ….) = 28	**= 0 if Section C1 part-b Q1=1 & Section B1 Q2=1** **=Q5 if Section C1 part-b Q1=2 & Section B1 Q2=1** **=Q10-1 if Section C1 Part-b Q1=3 and (Q10>3 & Q10<=24) & Section B1 Q2=1** **=Q10 if Section C1 Part-b Q1=3 and (Q10=28) & Section B1 Q2=1**
HH3e	Primary Occupation of Household Head:	1. Employer, employing < 10 persons 2. Employer, employing >= 10 persons 3. Self-employed non agri 4. Paid employee (Monthly) 5. Paid employee (Daily Wage) 6. Contributing family worker (unpaid Helper)	**=Q2 Section E If Section B1 Q2=1**
HH3f	Is HH engaged in secondary occupation?	1. Employer, employing < 10 persons 2. Employer, employing >= 10 persons 3. Self-employed non agri 4. Paid employee (Monthly) 5. Paid employee(Daily Wage) 6. Contributing family worker (unpaid Helper)	**=Q9 Section E If Section B1 Q2=1**

	Question	Enter the numbers here		
		Male	Female	Total
HH4	Total Household members permanently residing here using same kitchen	Count male from Roster if Q10=1	Count female from roster if Q10=1	Sum (Male + Female)
HH5	Total Members 15-29 years old	Count male from Roster if Q10=1 & age 15 to 29	Count female from roster if Q10=1 & age 15 to 29	Sum (Male + Female)
HH6	Members with special needs	Count male from Section B2 part b Q7 to Q12 any of the question having code 2,3,4	Count female from Section B2 part b Q7 to Q12 any of the question having code 2,3,4	Sum (Male + Female)
HH7a	Total Members died during last 10 years			
HH7b	Total Members (15-29 y) died during last 10 years			

Note: Select one household member age 15 to 29 and fill remaining part of YDI questionnaire from/about that member.

SECTION A: BACKGROUND CHARACTERISTICS

Q.N	QUESTION	RESPONSE	FILTER	Reference PSLM
A1	Language spoken in Family at home (Select one)	1. Urdu 2. Punjabi 3. Sindhi 4. Pushto 5. Balochi 6. Kashmiri 7. Siraiki 8. Hindko 9. Barahavi 10. Sheena 11. Balti 12. Mawati 13. Kohistani 14. Others (specify)		
A2	Current Age of Respondent (Completed Years)	Years:		=Q5a of Selected 1dc
A3	Sex (M/F) (enumerator marks without asking)	1. Male 2. Femle		=Q3 of Selected 1dc
A4a	Marital Status: (Select one)	1. Never Married 2. Currently Married 3. Widow\ widower 4. Divorced 5. Separated/Not Living Together 6. Nikkah Solemnized but Rukhsati not taken place	If other than 2-5 skip to A7	=Q6 of Selected 1dc
A4b	Age at First Marriage	Years:		
A5	Do you have children	1. Yes 2. No	If '2' Skip to Next Section A7	
A6	How many children you have:	1. Boys 2. Girls 3. Total (by formula in App)		

A7	Do you live in:	1. Nuclear 2. Joint	If '2' skip to Section B.	=1 If Section B1 have relationship combination (1,2,3,14) or (1,5,6) =2 else if
A8	Do any of following lives with your family in this household: (Multiple Choice)	Yes=1,No=2 1. Father ☐☐ 2. Mother 3. Grandparents 4. Uncle/Aunts 5. Siblings 6. None of above	.	For father =yes if Q8 is between 1 and 97) of selected IDC For Mother =yes if Q9 is between 1 and 97) of selected IDC Remaining questions will be filled by enumerators

SECTION B: EDUCATION

Q.N	QUESTION	RESPONSE	FILTER	Reference (PSLM)
B1	Can.....read simple statement in any anguage with Full understanding?	1. Yes 2. No	If 2 Skip to B3	= Q1 Section c1 (education Part A) of Selected member
B2	**Can .....**write simple statement in an anguage with Full understanding?	1. Yes 2.No		=Q2 Section c1 (education Part A) of Selected member
B3	**Can ...solve simple Math.(plus, minus) sums?**	1. Yes 2.No		=Q3 Section c1 (education Part A) of Selected member
B4	Ask each person about their educational background, and code as follows	1. Never attended School/institution 2. Attended school/ institution in the past 3. Currently attending school/institution	If '1' Skip B5, B6	=Q01 Section c1 (education Part B) of Selected member

B5	What is the highest class or degree completed by [NAME]?	Play Group =25 Nursery =26 Prep =27 Class 1 = 01 Class 2 = 02 Class 3 = 03 Class 4 = 04 Class 5 = 05 Class 6 = 06 Class 7 = 07 Class 8 = 08 **Class 9 = 09** Class 10 / O-Level = 10 Polytechnic diploma* = 11 F.A/F.Sc/I.Com/ ICS/A-Level = 12 B.A/B.Sc./B.Com/etc =13 **(2 year program)** B.Ed/M.Ed = 14 (B.A/B.SC/BS/BE) ,etc= 15 **(4 year program)** M.A/M.S.C ,etc = 16 **(2 year program)** Degree in Medicine(MBBS/BDS/Pharm-D etc) = 17 Degree in Agriculture =18 Degree in Law = 19 Degree in Engineering =20 Degree in Accountancy =21 M. Phil = 22 PhD = 23 MS =24 Other(specify ….) = 28	If 0 Skip B6	**= 0 if Section C1 part-b Q1=1 & selected idc** **=Q5 if Section C1 part-b Q1=2 & selected idc** **=Q10-1 if Section C1 Part-b Q1=3 and (Q10>3 & Q10<=24) & selected idc** **=Q10 if Section C1 Part-b Q1=3 and (Q10=28) & selected idc**
B6	What type of institution does/did [NAME] attend?	1. Government 2. Ex-Government/Outsourced School 3. Private 4. Madrassah 5. NGO/Foundation/Trust 6. Non Formal Basic Education school 7. Privately 8. Others (specify) _____		**=Q3 if Section C1 part-b Q1=2 & selected idc** **=Q7 if Section C1 Part-b Q1=3 & selected idc**

B7a	Have you participated in extracurricular STEM activities (science fairs, math quizzes, general knowledge etc)?	1. Yes 2. No	If '2' Skip to Section C	
B7b	Which subjects you learned: (STEM) (Multiple Choice)	1. Science 2. Technology 3. Engineering Yes=1,No=2 4. Mathematics ☐☐ 5. Computer 6. Arts 7. (Language/Religion/Social Studies/History etc.)		
B7c	Are you able to apply these knowledge skills to resolve real life problems?	1. Cannot apply at all 2. Difficult to do it 3. Do not know 4. To some Extent 5. Can confidently apply		

SECTION C: SKILLS DEVELOPMENT

Q.N	QUESTION	RESPONSE	FILTER
C1	Do you have knowledge about functional TVET, NAVTTC etc situated in your or catchment area?	1. Yes 2. No	
C2	Have you ever received/receiving any technical or vocational training during last 12 months?	1. Never 2. Incomplete and left 3. Completed 4. Currently enrolled	If other than '3' skip to Section D.
C3	Duration of training completed: (record in any one of these units)	Days: Weeks: Months:	

C4: Self-Perceived Skills (Likert Scale)

Enumerator Instruction:
Ask the following questions and record response on a 5-point scale.

Response Categories (same for all below):
1 = strongly Disagree
2 = Disagree
3 = Neutral
4 = Agree
5 = Strongly Agree

Q.N	QUESTION	RESPONSE
C4	I can evaluate different perspectives on a problem.	
C5	I analyze information before making decisions.	
C6	I can identify strengths and weaknesses in arguments.	
C7	I feel confident presenting ideas to a group.	
C8	I can clearly express my thoughts in writing or speaking.	
C9	I actively listen and understand others' viewpoints.	

SECTION D: DIGITAL LITERACY AND SKILLS

Q.N	QUESTION	RESPONSE	FILTER	Reference Section
D1	Have you used_____ cell phone in the last three months?	1. Analog Mobile 2. Smart Phone 3. Both 4. None		=Q1 Section C2 (ICT) of Selected Member
D2	Have you used ---- from any location?	1. Desktop 2. Laptop 3. Tablet or Similar 4. No	**For '4' in D1 & D2 Go to D4**	=Q3 Section C2 (ICT) of Selected Member
D3	**Digital Literacy (Computer)** Are you able to perform these tasks on a computer (desktop/Laptop) (Multiple Choice)	1. Secure Window Login 2. Line/Wifi internet connection issues identification 3. Identification of software troubleshoots 4. Fixing software troubleshoots 5. Identification of software 6. troubleshoots 7. File/Document/Data sharing 8. Malware identification 9. Malware fixing 10. Software virus identification 11. Software virus fixing 12. Firewall for safe surfing 13. System Restore Point for recovery 14. None of above Yes=1, No=2 ☐☐		
D4	Have you used the Internet, including WhatsApp, YouTube, Facebook, TikTok, Twitter, Instagram, and Video Call from any location in the last three months?	Yes=1 No=2	**If '2' skip to Section E**	=Q5 Section C2 (ICT) of Selected Member
D5	Which of the following activities have you carried out in the last three months (independent of the device used)? Please tick all that apply.	**Information and Data Literacy** 1. Verifying the truthfulness of information found online **Communication and Collaboration** 2. Sending messages (SMS) **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. Transferring 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)		=Q4 Section C2 (ICT) of Selected Member

		Problem-Solving 10. Connecting and installing new devices (e.g., modem, camera, printer) 11. Installing software or aps Yes=1, No=2 ☐☐		

Sub SECTION D: Cyber Safety

Q.N	QUESTION	RESPONSE	FILTER
D6	If you receive an email from an unknown sender with a suspicious link, what is the safest action to take?	1. Open the link immediately 2. Delete\ignore email 3. Reply and ask the sender about it 4. Verify the link with an IT expert before taking any action 5. Don't Know what to do	
D7	If you receive a WhatsApp message from a friend urgently asking for money, but the message style seems unusual, what would you do?	1. Send the money immediately 2. Call the friend to verify the request 3. Ignore the message 4. Block the number without checking	
D8	If a website shows a message saying "You have won a prize" and asks for personal information, what should you do?	1. Enter details immediately 2. Close the website and ignore it 3. Upload personal documents 4. Share the link with friends	

SECTION E: ECONOMIC ACTIVITY				
Q.N	**QUESTION**	**RESPONSE**	**FILTER**	
E1	Did you do any work for pay, profit, or family gain during last 1 weeks, at least for one hour on any day?	1. Yes 2. No	If '1' → E3	
E2	Even if you have not worked, Do you have a Paid Job, Unpaid work for family gain, Business, establishment (Agri, Non-Agri)?	1. Yes 2.No	If '2' go to → E4	
E3	How much……. earned in cash, during the last month?	Record amount in PKR		
E4	Was (name) seeking work during the last 4-week? (as employee, employer or own account worker to establish his/her own business)	1. Yes 2. No If No go to E7		
E5	If a job /business opportunity became available, could (you/he/ she) be Available to start working ….	1. Available to start work last week 2. Will Start work within next 2-weeks 3. Available after two weeks /Not available	If '3' go to → E6 else Skip this question	
E6	Why was not available for work in next two weeks?	1. Temporarily laid off 2. Apprentice & not willing to work (Surety of job after completion) 3. Illness 4. Long term Disability 5. Student 6. House keeping 7. Landlord 8. Not Allowed to work 9. handicap/Disable 10. Other		
E7	Do you personally own: (Multiple Choice)	1. Agriculture Land 2. House for rent earning 3. House for residence 4. Livestock for earning 5. None of the above Yes=1, No=2	.	

SUB-SECTION DW: DECENT WORK

Q.N	QUESTION	RESPONSE	FILTER
Ask only from respondents that are ever engaged in economic activity asked in preceding section (If E1 =1 or E2 =1 in previous section)			
DW1	If employed, number of hours worked in main job during the past week?	1. Less than 5 hours 2. 5-9 hours 3. 10-14 hours 4. 15-24 hours 5. 25-34 hours 6. 35 hours and above	
DW2	Was available /Looking for additional work?	1. Yes 2. No	If '2' skip to Section F.
DW3	Why was available /looking for additional work?	1. Low income 2. Not satisfied with job 3. Mismatch with educational level 4.No security of Job	

SECTION F: FINANCIAL INCLUSION

(To be asked from population 18 years and above)

Q.N	QUESTION	RESPONSE	FILTER	PSLM reference
F1	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		=Q15 of Section C2 for selected member
F2	What mode of financial transaction have you adopted during last 12 months ? (Multiple Choice)	1. Banking 2. GPO /PO 3. Internet Bank Transfers (IBT) 4. RAAST 5. Informal ways 6. Others (specify) 7. None Yes=1, No=2	.	
F3	Saving mode during last 12 months (Multiple Choice)	1. No savings plan 2. Committee 3. Bank Account 4. Jazz Cash/Easy Pesa/Ufone Pay/Nayapay account 5. Saving Certificates 6. Purchased Bonds 7. Life Insurance 8. Purchased liquid assets 9. Others (specify): _____ Yes=1, No=2		
F4	Do you have access to social safety nets: (Multiple Choice)	1. None 2. Monthly Stipend (EHSAAS, BISP, AKHUWAT, PSPA etc) 3. Education **Stipend/Scholarship** 4. Health Insurance (Health Cards EHSAAS/BISP etc) 5. Others (specify): Yes=1, No=2		

SECTION G: HEALTH AND WELLBEING

Q.N	QUESTION	RESPONSE	FILTER	Reference Section
G1	Type of Health Facility (HF) near your residence: (Ask each and enter minutes to reach to this activity) (mention the distance to these facilities from residence) (Enter '00' if none)	1. Government HF: Min_____ 2. Private HF: Min_____ 3. Dispensers: Min _____ 4. Pvt. Dr. Min _____ 5. LHW: Min _____ 6. Midwife: Min _____ 7. Nurse: Min _____ 8. Hakim: Min _____		
G1a	During the last 30 days, did [NAME] suffer from any illness or injury?	1. Yes 2. No	If '2' →G1c	=Q1 Section D (Health Part A) of Selected Member
G1b	Type of **health facility or practitioner consulted**	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		=Q9 Section D (HEALTH Part D) of Selected Member
G1c	Did [NAME] seek any treatment or consultation for unrelated to illness?	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**		=Q6 Section D (HEALTH Part C) of Selected Member

G2a	Do you know about following: - (Multiple Choice)	1. Sexually Transmitted Infection (STIs) 2. Reproductive/Maternal Health Issues 3. HIV/AIDs 4. Child Health Issues 5. Elderly Health Issue 6. Healthcare for members with special needs Yes=1, No=2	

Q.N	QUESTION	RESPONSE	Filter
G2b	In the last 12 months, have you experienced any reproductive or sexual health concern for which you sought advice or treatment?	1. Yes 2. No 3. Prefer not to say If '2 or 3' skip to G2f	
G2c	Where did you seek advice or treatment? *(Multiple responses allowed)*	1. Government health facility 2. Private clinic/hospital 3. Pharmacy/medical store 4. Traditional healer 5. NGO/Community health worker 6. Online/telehealth services 7. Did not seek care outside home 8. Other (specify: _____) Yes=1, No=2	
G2d	How comfortable did you feel accessing these services?	1. Very comfortable 2. Somewhat comfortable 3. Not comfortable 4. Very uncomfortable	
G2e	What challenges, if any, did you face in accessing care? *(Optional, multiple responses allowed)*	1. Cost of services 2. Distance/transport issues 3. Lack of privacy/confidentiality 4. Social or cultural concerns 5. Lack of female provider 6. Lack of information 7. Long waiting time 8. Other (specify: _____) 9. No challenges faced Yes=1, No=2	More than one option is allowed and response for corresponding option\code will be recorded as 1=Yes and 2=No.
G2f	Do you know, HIV/AIDs or STIs can be Transmitted from one person to another?	1. Yes 2. No	

G2g	Do you know a healthy looking person may carry HIV/AIDS infection?	1.Yes 2.No	

Ask the following questions and record response on a 5-point scale.only one respone will be selected

G3	Are your aware of preventive care from:	No Knowledge	Very Limited Knowledge	Limited Knowledge	Good Knowledge	Expert / Deep Knowledge
1	HIV/AIDs					
2	Chlamydia					
3	Gonorrhea					
4	Syphilis					
5	Genital herps					

Q.N	QUESTION	RESPONSE	FILTER
G4	Do you know, young peoples (15-29 y.o) can avail the SRH services as a basic human right?	1. Yes 2. No	
G5a	Are health counseling services available for young people in these facilities?	1. Yes 2. No	
G5b	What kind of counseling services are available for youth (Multiple Choice)	1. General Healthcare 2. Sexual Healthcare for males 3. Reproductive C Sexual Healthcare for female 4. Child healthcare 5. Mental healthcare 6. Gendered counselling 7. Case referrals 8. Other (Specify): _____ Yes=1, No=2	

From Female and Currently Married Women who ever had a pregnancy or childbirth in their maternity history Ask if A3=2 (Female); A4a=2, 3, 4, & 5 (Ever Married) & A5 (childbirth)=1. [Most recent pregnancy resulted in live birth and pregnancy care in 3 years preceding the survey]				
Q.N	**QUESTION**	**RESPONSE**	**FILTER**	**Reference Section**
G6	Have you given birth to a child during the past 3 years?	1. Yes Live Birth 2. Yes Still Birth 3. No = 3 ➔(next women)		=Q1 Section J (PRE NATAL CARE) of Selected Member
G7	When you were pregnant with your last child, where did you give birth? (select one)	1. Home 2. Government Health Facility 3. Private Health Facility 4. Private Maternity home(s) 5. Other Placed (specify)		=Q9 Section J (PRE NATAL CARE) of Selected Member
G8	Who assisted you with this delivery? (select one)	1.Family member relative/Neighbour 2.Midwife 3.TBA 4.Trained Dai 5.Doctor 6.LHV 7.LHW 8.Nurse 9.Other (specify….)		=Q13 Section J (POST NATAL CARE) of Selected Member

SECTION CPP: CIVICS, POLITICAL PARTICIPATION

Q.N	QUESTION	RESPONSE	FILTER
	Ask if age of respondent is at least '18 years old' in A.2		
CP1	Do you know about your Union Council?	1. Yes 2. No	
CP2	Do you have your CNIC registered from NADRA	1. Yes 2. No	If '2' Skip to CP5
CP3a	Did you register your vote during the last elections?? (Multiple Choice)	1. GE 2024 2. Local Government Elections 3. Neither of above Yes=1, No=2 ☐☐	
CP3b	Will you register your vote for the next elections?	1. Yes 2. No	
CP4	Did you cast your vote:	1. GE 2024 2. Local Government Elections 3. Neither of above	
CP5	Do you think it can improve government efficiency by exercising your right to vote?	1. Yes 2. No	
CP6a	Have you ever done active participation in political campaigns in your area during elections ever? (Multiple Choice)	1. GE 2024 2. Local Government Elections 3. Never participated Yes=1, No=2 ☐☐	If '3'skip to CP7a.
CP6b	Specify:	1. Voter Registration 2. Poling station information to voters of your UC 3. Supported Pollical Candidate to reach voters during campaign 4. Others (specify)	
CP7a	Have you ever participated in voluntary work (unpaid) during last 03 months?	1. Yes 2. No	If '2' skip to CP8
CP7b	Specify: (Multiple Choice)	1. Healthcare 2. Social Welfare 3. Educational drives 4. Youth/Community Mentorship 5. Disaster Relief 6. Emergency Response 7. Others (Specify). Yes=1, No=2 ☐☐	
CP8	Are your interested in political discussion?	1. Yes 2. No	If '2' skip to Next section

CP9	Which platform you use for political discussion: (Multiple Choice)	1. Social Media 2. WhatsApp/IMO etc. 3. SMS 4. On call 5. In local groups of community 6. Among close friends and relatives only 7. Other(specify) Yes=1, No=2	More than one option is allowed and response for corresponding option\code will be recorded as 1=Yes and 2=No.
CP10	How much average time is spent on such discussions in one session: (record information in one of the unit)	1. 15Minutes 2. Hours	

SECTION PS: PEACE & SECURITY

Q.N	QUESTION	RESPONSE	FILTER
PS1a	Do you feel safe walking alone in your local area during the day?	1. Yes 2. No	
PS1b	Do you feel safe walking alone in your local area during the night?	1. Yes 2. No	
PS2	What is the main reason you feel unsafe? (Single response)	1. Lack of street lighting 2. Presence of strangers / unknown people 3. Previous incidents of crime in the area 4. General cultural norms for my gender/age restrict movement 5. Poor road conditions / isolated pathways 6. Stray animals / environmental safety issues 7. law and order situation/security issues 8. Other (please specify)	
PS3	Do you feel safe from your neighbors or other nearby households:	1. Yes 2. No	If '1' skip to PS4
PS4	What is the main reason you feel unsafe from your neighbors or other nearby households?	1. Previous disputes/conflicts with neighbors 2. Trust issues / suspicious behavior 3. Threats or intimidation 4. Social/cultural tensions 5. Other (please specify)	
PS5	In the past 12 months, have you or a household member experienced theft, robbery, or assault?	1. Yes 3. No	If '2' skip to PS7
PS6	Type of incident	1. Theft 2. Robbery 3. Assault 4. Multiple incidents 5. Prefer not to say 6. Others	
PS7	Do you feel safe in crowded/public places (markets, institutions, etc.)?	1. Yes 2. No	If '2' must ask PS8
PS8	What is the main reason?	1. Risk of harassment 2. Overcrowding / chaos 3. Fear of pickpocketing/theft 4. Lack of security 5. Cultural/gender-related discomfort 6. Other (please specify) _____	