

PAKISTAN INTEGRATED HOUSEHOLD SURVEY

FEMALE QUESTIONNAIRE

					/
PROVINCE	SUB-UNIVERSE	STRATUM	PRIMARY SAMPLING UNIT	HOUSEHOLD	ROSTER

HEAD OF HOUSEHOLD ----- ADDRESS (OR DESCRIPTION) -----

+-----+
| SURVEY INFORMATION |
+-----+

+ FIRST ROUND OF SURVEY -----			
INTERVIEWER: -----		DATE:	
DWELLING YES...1			
FOUND? NO...2 (SUPERVISOR)			
RELIGION OF HEAD:	MUSLIM.....1	CHRISTIAN.....2	OTHER.....3
IN WHAT LANGUAGE WAS THE INTERVIEW CONDUCTED?	URDU.....1 PUNJABI.....2 SINDHI.....3 PUSHIU.....4	BALUCHI.....5 OTHER.....6 (SPECIFY: _____)	INTERPRETER? YES.....1 NO.....2
REMARKS: -----			

+ VERIFICATION OF THE QUESTIONNAIRE, ROUND ONE -----			
SUPERVISOR: -----		DATE:	
REMARKS: -----			

THIS HOUSEHOLD REPLACES HOUSEHOLD NO:		THIS HOUSEHOLD WILL BE REPLACED BY NO:	REASON: DWELLING NOT FOUND/VACANT. 1 OCCUPANT NOT AT HOME. . . .2 REFUSAL. 3

+ DATA ENTRY, ROUND ONE: -----			
OPERATOR: -----		DATE:	
REMARKS: -----			

+ SUPERVISION OF PRINTOUTS, ROUND ONE: -----			
SUPERVISOR: -----		DATE:	
REMARKS: -----			

+ SECOND ROUND OF SURVEY -----			
		PROPOSED DATE:	
INTERVIEWER: -----		DATE:	
REMARKS: -----			

SUMMARY OF SURVEY RESULTS

		INTERVIEWER				SUPERVISOR			
SECTION		FIRST VISIT		CHECK-UP VISIT		INTERVIEWER	OPERATOR	CORRECTED IN OFFICE...1 CORRECTED DURING SECOND ROUND. 2 CORRECTED DURING CHECK-UP VISIT. . . . 3 NOT CORRECTED. . . . 4	
		DATE	RESULT	DATE	RESULT	SATISFACTORY...1 TO BE COMPLETED.2 TO BE REDONE....3	SATISFACTORY...1 CORRECTIONS....2		
		DAY MONTH YEAR	COMPLETE.....1 PARTIAL.....2 NOT APPLICABLE..3	DAY MONTH YEAR	COMPLETE.....1 PARTIAL.....2				
ROUND 1	1								
	3								
	4								
	5								
	6								
	7								
	8								
	ROUND 2	11							
12									
13									
14									

RESPONDENTS FOR ROUND 2

Who in the household is best informed about the household's consumption patterns?.

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OBSERVATION AND COMMENTS

REMARKS BY THE INTERVIEWER ON THE FIRST ROUND

REMARKS BY THE INTERVIEWER ON THE SECOND ROUND

REMARKS BY THE SUPERVISOR ON THE FIRST ROUND

REMARKS BY THE SUPERVISOR ON THE SECOND ROUND

SECTION 1. HOUSEHOLD INFORMATION PART B.

INFORMATION ON PARENTS OF HOUSEHOLD MEMBERS

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
IDENTIFICATION CODE	Is the father of ..[NAME].. still alive?	Is the father of ..[NAME].. living in this household?	COPY THE IDENTIFICATION CODE FOR THE FATHER	Is/was the father of ..[NAME].. literate?	What was the highest level of schooling that he completed?	What kind of work is/was he primarily engaged in?	Where was ..(NAME'S).. father born? Was it in an urban or a rural area?	Is the natural mother of ..[NAME].. still alive?	Is the natural mother of ..[NAME].. living in this household?	COPY THE IDENTIFICATION CODE FOR THE MOTHER	Is/was the mother of ..[NAME].. literate?	What was the highest level of schooling that she completed?	What kind of work is/was she primarily engaged in?	Where was ..(NAME'S).. mother born? Was it in an urban or a rural area?
	YES...1 NO.....2 (4)	YES...1 NO.....2 (4)	+-----+ 8 +-----+	YES....1 NO.....2 (6)	NONE.....1 LESS THAN PRIMARY.....2 PRIMARY.....3 MIDDLE.....4 SECONDARY OR MORE.....5	AGRICULTURE...1 BUSINESS.....2 OTHER.....3		YES...1 NO.....2 (11)	YES...1 NO.....2 (11)	+-----+ NEXT PERSON +-----+	YES....1 NO.....2 (13)	NONE.....1 LESS THAN PRIMARY.....2 PRIMARY.....3 MIDDLE.....4 SECONDARY OR MORE.....5	AGRICULTURE...1 BUSINESS.....2 OTHER.....3	
							GEOGRAPHICAL CODE URBAN...1 RURAL...2							GEOGRAPHICAL CODE URBAN...1 RURAL...2

SECTION 3. EDUCATION PART A.

LITERACY AND TRAINING (FOR ALL PERSONS 5 YEARS AND OLDER)

ASK THESE QUESTIONS OF ALL PERSONS 5 YEARS AND OLDER. WRITE ID OF PERSON PROVIDING INFORMATION FOR EACH PERSON IN QUESTION 1.

	1	2	3	4	5
I D E N T I F I C A T I O N C O D E	WRITE ID FROM HOUSE- HOLD ROSTER OF PERSON PROVIDING THIS INFOR- MATION.	Can you count and perform simple sums?	Can you read a newspaper?	Can you write a letter?	Where did you learn to read and write?
		YES.....1 NO.....2	YES.....1 NO.....2 (PART B)	YES.....1 NO.....2 (PART B)	FORMAL SCHOOLING...1 TAUGHT BY FAMILY...2 RELIGIOUS INSTITUTION.....3 ARMY SERVICE.....4 GOVT. LITERACY COURSE.....5 OTHER.....6 (SPECIFY:_____)
	PERSON ID				

SECTION 3. EDUCATION PART B.

FORMAL EDUCATION (FOR ALL PERSONS 5 YEARS AND OLDER)

				PRESENT ENROLLMENT						
6	7	8	9	10	11	12	13	14	15	16
Have you ever attended school?	Why didn't you ever attend school?	Are you currently in school?	Why did you drop out of school?	What type of school do you attend?	What class or level are you currently enrolled in?	What is the primary language(s) in which you are taught?	How many hours per week do you typically spend in school?	How much time do you spend each week commuting?	How many kms. away from your home is your school located?	Do you live away from home in order to attend this school?
YES...1 (8) NO...2	TOO EXPENSIVE.....1 TOO FAR AWAY.....2 HAS TO HELP AT HOME.....3 HAS TO HELP WITH FARM WORK.....4 HAS TO HELP WITH FAMILY BUSINESS.....5 SCHOOL OR TEACHER NOT GOOD.....6 TEACHER ABSENT TOO OFTEN.....7 CHILD TOO ILL.....8 EDUCATION NOT USEFUL.....9 CHILD WILL MOVE AWAY.....10 POOR ACAD. PROGRESS.....11 PARENTS DIDN'T WANT.....12 CHILD NOT WILLING TO ATTEND.....13 OTHER REASONS.....14	YES...1 (10) NO...2	TOO EXPENSIVE.....1 TOO FAR AWAY.....2 HAS TO HELP AT HOME.....3 HAS TO HELP WITH FARM WORK.....4 HAS TO HELP WITH FAMILY BUSINESS.....5 SCHOOL OR TEACHER NOT GOOD.....6 TEACHER ABSENT TOO OFTEN.....7 CHILD TOO ILL.....8 EDUCATION NOT USEFUL.....9 CHILD WILL MOVE AWAY.....10 POOR ACAD. PROGRESS.....11 PARENTS DIDN'T WANT.....12 CHILD NOT WILLING TO ATTEND.....13 OTHER REASONS.....14	GOVERNMENT...1 PRIVATE....2 ISLAMIC/ RELIGIOUS...3 NON-ISLAMIC/ RELIGIOUS...4 OTHER.....5 (SPECIFY: _____)		ENGLISH.....1 ENGLISH AND URDU.....2 URDU.....3 OTHER.....4 (SPECIFY: _____)	INCLUDE BREAK TIME AND SPORTS CLASSES IN ESTIMATE			YES...1 NO....2
	<div style="border: 1px solid black; padding: 2px; width: 50px; margin: 0 auto;">32</div>		<div style="border: 1px solid black; padding: 2px; width: 50px; margin: 0 auto;">22</div>							
	SECONDARY REASON PRIMARY REASON		SECONDARY REASON PRIMARY REASON		EDUCATION CODE		HOURS	HRS MINS	KMS.	

SECTION 3. EDUCATION PART B.

FORMAL EDUCATION (FOR ALL PERSONS 5 YEARS AND OLDER)

PRESENT ENROLLMENT								PAST ENROLLMENT									
17								18	19	20	21	22	23	24	25	26	27
How much has your household spent during the past 12 months for each household member presently enrolled in school? IF NOTHING WAS SPENT, WRITE ZERO. IF THE RESPONDENT CAN ONLY GIVE A TOTAL AMOUNT OF ALL EXPENSES AND NOT THE BREAKDOWN PER TYPE, WRITE DK (DON'T KNOW) IN COLUMNS A TO G, AND THE TOTAL AMOUNT IN COLUMN H.								Did you have a scholarship during the past 12 months?	What was the value of the scholarship for the past 12 months?	Did any person living outside the household help you pay your school expenses?	How much in total did they pay over the past 12 months?	What type of school did you last attend?	What was the highest level of education completed?	What was the primary language(s) in which you were taught?	Did you leave school within the last 3 years?	What month and year did you last attend school?	Do you plan to return to school at some point for more education?
A.	B.	C.	D.	E.	F.	G.	H.										
Admission, Registration and Tuition	Uniforms	Books and school supplies	Transportation	Private tutoring	Examination Fees	Other expenses (i.e. meals, room,...)	Total	YES...1 NO....2 (20)		YES...1 NO....2 (28)		GOVT.....1 PRIVATE....2 ISLAMIC/ RELIGIOUS.3 NON-ISLAMIC RELIGIOUS.4 OTHER.....5	ENGLISH..1 ENGLISH AND URDU....2 URDU.....3 OTHER....4 (SPECIFY: _____)	YES..1 NO...2 (28)	DATE	YES....1 NO.....2	
RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES	RUPEES		RUPEES		RUPEES	EDUCATION CODE			MM YEAR	28	

SECTION 3. EDUCATION PART C.

INTERRUPTION OF EDUCATION (FOR ALL PERSONS 5 TO 16 YEARS OLD)

I D E N T I F I C A T I O N C O D E	28	29	30	31
	What is the highest class or year in primary school completed?	What type of primary school did you last attend?	Did you interrupt your primary school studies for 3 months or more?	How many times altogether did you repeat primary classes?
	NO LEVEL COMPLETED....0 (32)	GOVT.....1 PRIVATE.....2		WRITE ZERO IF NEVER
	CLASS 1.....1	ISLAMIC/ RELIGIOUS..3		
	CLASS 2.....2	NON-ISLAMIC RELIGIOUS..4	YES....1	
	CLASS 3.....3	OTHER.....5	NO.....2	
	CLASS 4.....4			+-----+ 32 +-----+
	CLASS 5.....5			
				No.

SECTION 3. EDUCATION PART D.

VOCATIONAL/TECHNICAL TRAINING AND APPRENTICESHIP (FOR ALL PERSONS 5 YEARS AND OLDER)

I D E N T I F I C A T I O N C O D E	32 Have you ever received technical or vocational training, or worked as an apprentice? INCLUDE BOTH FORMAL AND INFORMAL TRAINING YES, TRAINING ONGOING.....1 YES, TRAINING COMPLETED.....2 DROPPED OUT OF TRAINING...3 NO.....4 (NEXT PERSON)	33 How many months of such training did you receive? MONTHS	34 Who offered the training? GOVERNMENT PROGRAM...1 PRIVATE INS-TITUTION...2 FAMILY BUSINESS...3 OTHER EMPLOYER...4	35 Are you presently working in a job where you use the training you received? YES.....1 NO, WORKING IN OTHER OCCUPATION.....2 (NEXT PERSON) NO, BUT PLAN IN THE FUTURE TO WORK IN OCCUPATION WHERE TRAINING COULD BE USED.....3 (NEXT PERSON)	36 How long did you have to search for this job? <div>NEXT PERSON</div> MONTHS
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DIARRHEA (FOR CHILDREN 5 YEARS OR UNDER)

	1	2	3	4	5	6	7	8	9	10	11	12
WRITE ID CODE FOR PERSON PROVIDING INFORMATION	Has ..[NAME].. had diarrhea in the past 30 days?	How many days did he/she have diarrhea?	Is the child still sick?	Was anyone consulted (for example, a doctor nurse, siani, or other healer) for the diarrhea?	Who did you consult?	What was the cost of this consultation, including any medicines?	Did you give the child ORS (oral rehydration salt)?	Where did you obtain it?	How much did you pay for the O.R.S.?	How many containers of water did you use to dilute the ORS and what measuring container was used?	Did you purchase any other medicines, for diarrhea in addition to the medicines and ORS you purchased in previous consultations?	How much altogether have you spent for additional medicines over the past 30 days?
	EXPLAIN WHAT CONSTITUTES DIARRHEA EPISODE				SIANI.....1 HERBALIST/HAKIM/ HOMEOPATH.....2 COMPOUNDER/MEDICAL STORE.....3 GOVT DISPENSARY.....4 GOVT HOSPITAL.....5 PRIVATE DOCTOR.....6 PRIVATE HOSPITAL.....7 FAITH HEALER.....8 GOVT BASIC HEALTH UNIT (BHU).....9 GOVT RURAL HEALTH CENTRE (RHC).....10 OTHER.....11 (SPECIFY:_____)		USE LOCAL NAME FOR O.R.S.	MADE MYSELF....1 (10) GOVT DIS- PENSARY.....2 RURAL HEALTH UNIT.....3 PRIVATE DOCTOR.....4 MEDICAL STORE.....5 COMM. HEALTH WORKER.....6 FRIEND/ RELATIVE.....7 BASIC HEALTH UNIT (BHU)....8 RURAL HEALTH CENTRE (RHC)..9 OTHER.....10 (SPECIFY:_____)	(IF FREE =0)	GLASS....1 PAO.....2 MUG.....3 OTHER....4	YES.....1 NO.....2 (PART B)	YES.....1 NO.....2 (PART B)
	YES.....1 NO.....2 (PART B)		YES...1 NO...2	YES...1 NO...2 (7)			YES.....1 NO.....2 (11)					
ID CODE		DAYS				RUPEES			RUPEES	No. OF CONTAIN- ERS	TYPE OF CONTAIN- ERS	RUPEES

SECTION 4. HEALTH PART B:

IMUNIZATIONS (FOR CHILDREN 5 YEARS OR UNDER)

	13	14	15	16	17	18
I D E N T I F I C A T I O N	Has ..[NAME].. ever been immunized?	Do you have an immunization card for ..[NAME].. ASK TO SEE CARDS FOR ALL CHILDREN FOR WHOM CARDS ARE AVAILABLE.	RECORD DATES OF IMMUNIZATIONS FROM HEALTH CARD:	Who gave the most recent immunization?	How much did you pay for ..(NAME'S).. last immuni- zation?	Why didn't ..[NAME].. ever receive immuni- zations?
C O D E	YES.....1 NO.....2 (18) DO NOT KNOW...3 (NEXT CHILD)	YES, CARD AVAILABLE...1 NO, OR CARD NOT AVAILABLE...2+ (16)		HOSPITAL.....1 RHU/MCH UNIT...2 PRIV. DOCTOR/ CLINIC.....3 COMM. HEALTH WORKER.....4 CAMPAIGN/ VACCIN.TEAM...5 OTHER/ DON'T KNOW...6	(IF FREE, CODE 0)	CANNOT AFFORD IT.....1 NO TEAM HAS VISITED....2 HOSPITAL/CLINIC TOO FAR AWAY...3 DON'T KNOW ABOUT IMMUNI- ZATIONS.....4 DON'T WANT CHILD TO BE IMMUNIZED.....5 DON'T KNOW/ NO ANSWER.....6
			BCG DPT1 DPT2 DPT3 POLIO 1 POLIO 2 POLIO 3 MEASLES			
			DAY MTH YR DAY MTH YR DAY MTH YR DAY MTH YR DAY MTH YR DAY MTH YR DAY MTH YR		RUPEES	NEXT CHILD

SECTION 4. HEALTH PART C:

OTHER ILLNESSES OR INJURIES (For all household members)

	1	2	3	4	5	6	7	8	9	10
WRITE ID OF RES-PONDANT FROM HOUSEHOLD ROSTER	Other than children's diarrhea has ..[NAME].. had any illness or injury during the past 30 days?	What type of illness or injury? COUGH/FLU/FEVER.....1 DIARRHEA.....2 FITIS.....3 STOMACH PROBLEMS...4 MEASLES.....5 MALARIA.....6 TB/RESPIRATORY.....7 OTHER ILLNESS.....8 INJURY.....9	How many days has ..[NAME].. been/were ill or injured?	Is ..[NAME].. still suffering from this illness or injury?	Did you consult anybody (for example, a doctor, nurse, siani or other healer) for the illness or injury?	Who did you consult? SIANI.....1 HERBALIST/HAKIM/HOMEOPATH.....2 COMPOUNDER/MEDICAL STORE.....3 GOVT DISPENSARY....4 GOVT HOSPITAL.....5 PRIVATE DOCTOR.....6 PRIVATE HOSPITAL...7 FAITH HEALER.....8 GOVT BASIC HEALTH UNIT (BHU).....9 GOVT RURAL HEALTH CENTRE (RHC).....10 MATERNAL CHILD HEALTH CENTRE (MCH).....11 OTHER.....12 (SPECIFY: _____)	What was the cost of the consultation, including any medicines provided?	How much money did you spend on travel to the consultation?	How long did it take you to travel to the consultation?	How far did you travel in total coming and going (e.g. round trip)?
ID CODE	YES.....1 NO.....2 (NEXT INDIVIDUAL)		DAYS	YES...1 NO....2	YES....1 NO....2 (11)	RUPEES	RUPEES	HRS MINS	KM	

SECTION 4. HEALTH PART C:

OTHER ILLNESSES OR INJURIES (For all household members) (cont.)

I D E N T I F I C A T I O N C O D E	11	12	13	14	15	16
	Did ..[NAME].. have to stop doing his/her usual activities because of his/her illness or injury?	How many days did ..[NAME].. have to stop doing his/her usual activities?	For how much time in total has ..[NAME].. had this illness or injury?	Other than medicines received at consultations, did ..[NAME].. purchase any additional medicines, or spend money on additional consultations?	How much in total did ..[NAME].. spend on these additional medicines or consultations in the past 30 days?	Was it difficult to get the medicines..[NAME].. needed? i.e Were they not available?
	YES.....1 NO.....2 (13)			YES.....1 NO.....2 (NEXT INDIVIDUAL)		YES...1 NO....2
	NOT APPLICABLE (LESS THAN 10 YRS)....3 (NEXT INDIVIDUAL)					(NEXT INDIVIDUAL)
	DAYS	MONTHS YEARS		RUPEES		

SECTION 5. WAGE EMPLOYMENT PART A.

EMPLOYMENT IN AGRICULTURE (All persons 10 years and older)

EACH MEMBER OF THE HOUSEHOLD SHOULD ANSWER FOR HIMSELF/HERSELF. IF NOT, WRITE ID CODE OF RESPONDANT BELOW.

		PERMANENT HIRED LABOR														
ID CODE OF RESPONDANT FROM HOUSEHOLD ROSTER	1 Over the past 12 months, that is, during the past rabi and Kharif season, did you work for payment in cash or kind on some other person's farm? YES.....1 NO.....2 (PART B)	2 Did you work as: Permanent labor?...1 Seasonal labor?...2 (14) Casual labor?...3 (14)	3 During the past 7 days, how many days did you spend working on someone else's farm?	4 How many hours did you normally work per day?	5 How many days were spent working on someone else's farm over the past 12 months? (PROBE IF NECESSARY)	6 When you began working for the present employer/landlord, did you receive a (nonrefundable) bonding payment? YES....1 NO.....2 (9)	7 How much did you receive?	8 How many years ago did you receive it? IF THIS YEAR, WRITE ZERO	9 How much in total have you received in advance payments over the past 12 months? CASH AND IN-KIND VALUE	10 How much have you received in regular cash payments over the past 12 months?	11 Did you receive additional payment in-kind? YES....1 NO.....2 (13)	12 How much additional payment in-kind did you receive over the past 12 months? WRITE COMMODITY CODE, NUMBER OF UNITS AND UNIT CODE FOR UP TO THREE CATEGORIES. COMMODITIES: WHEAT.....1 COTTON.....4 FODDER.....7 RICE.....2 TOBACCO.....5 MEALS.....8 MAIZE.....3 GUR.....6 CLOTHES.....9 OTHER.....10 UNITS: KILOS.....1 MAUNDS.....2 RUPEES.....3	13 Did you also work as a seasonal or casual laborer over the past 12 months? YES....1 NO.....2 (PART B)			
				TOTAL DAYS	NORMAL HOURS	DAYS	RUPEES		YRS	RUPEES		RUPEES	TIME UNIT	FIRST PAYMENT SECOND PAYMENT THIRD PAYMENT		
				COMMOD.	Nº	UNIT	COMMOD.	Nº	UNIT	COMMOD.	Nº	UNIT				

EMPLOYMENT IN AGRICULTURE (cont.)

SEASONAL OR CASUAL HIRED LABOR										UNPAID OR EXCHANGE LABOR					
14		15	16	17					18		19		20		
In the past 7 days, how many days did you spend working on someone else's farm?		How much cash payment did you receive per day worked?	Did you receive additional payment in-kind?	How much additional payment in-kind did you receive over the past 12 months?					In the past 12 months, that is, in the past rabi and Kharif seasons, how many total days have you spent working on someone else's farm?		Did you perform any unpaid or exchange labor in the past 12 months (for example, for a landlord or on another farm to assist during planting or harvest?)		How many total days of unpaid or exchange labor have you worked?		
		IF NO FARM WORK PERFORMED IN LAST 7 DAYS, REPORT TYPICAL DAILY WAGE RECEIVED DURING LAST SEASON WORKED (OVER PAST 12 MONTHS)		WRITE COMMODITY CODE, NUMBER OF UNITS AND UNIT CODE FOR UP TO THREE CATEGORIES.									(IF DAYS BY SEASON NOT KNOWN, GIVE ONLY TOTAL DAYS PER YEAR)		
				COMMODITIES:											
				WHEAT.....1 COTTON.....4 FODDER.....7											
				RICE.....2 TOBACCO.....5 MEALS.....8											
				MAIZE.....3 GUR.....6 CLOTHES.....9											
				UNITS:											
				KILOS.....1											
				MAUNDS.....2											
				RUPEES.....3											
			YES.....1 NO.....2 (18)						(IF DAYS BY SEASON NOT KNOWN, GIVE ONLY TOTAL DAYS PER YEAR)		YES.....1 NO.....2 (PART B)		PART B		
(IF NONE, WRITE 0)									TOTAL DAYS				TOTAL DAYS		
		HOURS PER DAY		FIRST PAYMENT		SECOND PAYMENT		THIRD PAYMENT							
DAYS		DAY	RUPEES	COMMOD. N° UNIT		COMMOD. N° UNIT		COMMOD. N° UNIT		RABI KHARIF YEAR				RABI KHARIF YEAR	

SECTION 5. WAGE EMPLOYMENT PART B.

EMPLOYMENT OUTSIDE AGRICULTURE (All persons 10 years and older)

PRIMARY OFF-FARM EMPLOYMENT

	1	2	3	4	5	6	7	8	9	10	11	12	
I D E N T I F I C A T I O N C O D E	Other than work abroad, did you perform off-farm work for a firm or an individual for which you received payment in cash or kind over the past 12 months?	Are you currently so employed?	What is your primary off-farm occupation? (IF RESPONDENT HAS MORE THAN 1 JOB, BEGIN WITH THE PRIMARY JOB I.E. WHERE HE/SHE SPENT THE MOST TIME DURING THE PAST 7 DAYS)	In which industry are you employed?	Do you work for the government or in a state-owned enterprise, or are you working in the private sector?	During the past 7 days, how many hours did spend doing this work?	How many hours do you normally spend each week doing this work?	How many days do you normally spend each week doing this work?	During the past 12 months, how many weeks did spend doing this work?	How long have you been doing this kind of job over your entire lifetime?	For how many months did you search for this particular job?	Have you received or will you receive payment for this work?	
	YES...1 NO...2 (PART C)	YES....1 NO.....2 (35)	WRITE DESCRIPTION IN FULL	WRITE DESCRIPTION IN FULL	PUBLIC SECTOR.....1 PRIVATE SECTOR.....2	INCLUDE BREAK TIME FOR MEALS AT WORK	INCLUDE BREAK TIME FOR MEALS AT WORK	NORMAL HOURS	NORMAL DAYS	WEEKS	YRS MOS	MONTHS	YES.....1 NO.....2 (33)
			DESCRIPTION	OFFICE CODE	DESCRIPTION	OFFICE CODE	HOURS						

I D E N T I F I C A T I O N C O D E	PRIMARY OFF-FARM EMPLOYMENT									
	13	14	15	16	17	18	19	20	21	
	How much is your take-home pay, including bonuses or cash allowances?	Is your pay subject to the legal minimum wage rate?	Are taxes already deducted from your pay?	Over the past 12 months, have you received any tips, bonuses or allowances that are not included in the (AMOUNT REPORTED IN Q.13) take-home pay?	How much do these tips, bonuses, allowances amount do?	Over the past 12 months, have you received any payment for this work in the form of food or clothing (for example, meals provided by your employer) that are not included in the (AMOUNT REPORTED IN Q.13), take-home pay?	What is the value of the food or clothing?	Over the past 12 months, have you received any payment for this work in the form of free or subsidized housing that are not included in the (AMOUNT REPORTED IN Q.13), take-home pay?	What is the value of this subsidy?	
		YES...1 NO...2	YES...1 NO...2	YES...1 NO....2 (18)		YES....1 NO.....2 (20)		YES....1 NO.....2 (22)		
	RUPEES	TIME UNIT			RUPEES	TIME UNIT	RUPEES	TIME UNIT	RUPEES	TIME UNIT

SECTION 5. WAGE EMPLOYMENT PART B.

EMPLOYMENT OUTSIDE AGRICULTURE (cont.)

PRIMARY OFF-FARM EMPLOYMENT											
22	23	24	25	26	27	28	29	30	31	32	
Over the past 12 months, have you received any subsidy for transport to work that is not included in the (AMOUNT REPORTED IN Q.13), take-home pay?	What is the value of this subsidy?	Over the past 12 months, have you received any payment for this work in any other form that are not included in the (AMOUNT REPORTED IN Q.13), take-home pay?	What is the value of this other form of payment?	In total, how many other regular employees are there in your place of work?	Do you work for your employer directly or through a contractor?	Is there a union at the place where you work?	Do you contribute to the Employees Provident Fund (EPF)?	How much do you contribute?	Will you receive a pension when you retire?	Do you receive health insurance or subsidised medical care in this job?	
INCLUDE FREE TRANSPORT TO WORK											33 NEXT PAGE
YES....1 NO.....2 (24)		YES.....1 NO.....2 (26)			DIRECT HIRE.....1 CONTRACTOR.....2	YES...1 NO....2	YES.....1 NO.....2 (31)		YES...1 NO....2	YES...1 NO....2	
	RUPEES TIME UNIT		RUPEES TIME UNIT	NO. OF EMPLOYEES				RUPEES TIME UNIT			

SECTION 5. WAGE EMPLOYMENT PART B.

EMPLOYMENT OUTSIDE AGRICULTURE (cont.)

SECONDARY OFF-FARM EMPLOYMENT													
I D E N T I F I C A T I O N C O D E	33	34	35	36	37	38	39	40	41	42	43	44	45
	Other than your primary job, did you perform any other off-farm work for an outside individual/firm for which you were paid in cash or kind, during the past 12 months?	Are you doing this work right now?	IF PERFORMING THE WORK IN ADDITION TO PRIMARY JOB, ASK: What is your secondary occupation? IF NO PREVIOUS JOB DESCRIBED, ASK: What was your occupation?	In which industry are/ were you employed?	Did you work for the Government or in a state-owned enterprise, or do you/did you work in the private sector?	During the past 7 days, how many hours did you spend doing this work?	How many hours did you normally spend each week doing this work?	How many days did you normally spend each week doing this work?	During the past 12 months, how many weeks did spend doing this work?	How long have you been doing this kind of job over your entire lifetime?	Have you received or will you receive payment for this work?	How much is your take-home pay, including bonuses or other cash allowances?	Are taxes already deducted from your pay?
	YES.....1 NO.....2 (PART C)	YES..1 NO...2	WRITE DESCRIPTION IN FULL DESCRIPTION OFFICE CODE	WRITE DESCRIPTION IN FULL DESCRIPTION OFFICE CODE	PUBLIC SECTOR.....1 PRIVATE SECTOR.....2	HOURS	NORMAL HOURS	NORMAL DAYS	WEEKS	YRS MOS	YES.....1 NO.....2 (PART C)	RUPEES TIME UNIT	YES...1 NO....2

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SECONDARY OFF-FARM EMPLOYMENT			OTHER EMPLOYMENT	
46	47	48	49	50
Have you received or will you receive additional payment for this work not included in the take-home pay in Q 44? (for example, meals provided by your employer, transport or housing subsidies).	What is the value of all additional payments?	Do/did you contribute to the Employees Provident Fund (EPF)?	During the past 12 months did you perform any other off-farm work for an outside individual or firm for which you were paid in cash or kind?	How much payment in total did you receive for this work over the past 12 months?
YES...1 NO....2 (48)		YES....1 NO.....2	YES..1 NO...2 (PART C)	<div>PART C</div> RUPEES
	RUPEES TIME UNIT			CASH IN-KIND

PENSION, SOCIAL SECURITY AND UNEMPLOYMENT

	1	2	3	4	5	6
IDENTIFICATION	Did you receive any pension or social security payment during the last 12 months?	How much money did you receive?	Did you work for pay, profit, or family gain (cash or in-kind) during the past 7 days?	Were you available for work during regular work hours during the past 7 days?	Were you looking for work during the past 7 days?	Why didn't you look for work?
CODE	YES...1 (3) NO....2		YES.....1 (NEXT PERSON) NO.....2	YES...1 NO....2	YES.....1 (NEXT PERSON) NO.....2	SICK.....1 HANDICAPPED.....2 TOO OLD/RETIRED.....3 DO NOT WANT TO WORK.....4 STUDENT.....5 HOUSEWORK.....6 TOO YOUNG.....7 ON VACATION.....8 AWAITING REPLY OF EMPLOYER.....9 WAITING TO START A NEW JOB.....10 NO WORK EXISTS.....11 DON'T KNOW HOW TO LOOK.....12 OTHER REASONS.....13
DATE		RUPEES				NEXT PERSON
	PENSION	SOCIAL SECURITY				

PART A.

FAMILY LABOR INPUTS ON OWN-FARM OR LAND RENTED IN/SHARECROPPED
(All persons aged 10 years and older)

2. Who knows most about the household's farming and livestock activities?

(WRITE ID CODE)

(WRITE ID CODE)

ASK EACH INDIVIDUAL IN THE HOUSEHOLD ABOUT HIS/HER CONTRIBUTION TO FAMILY FARMING AND LIVESTOCK. IF YOU ARE UNABLE TO SPEAK WITH THE RELEVANT INDIVIDUAL, OBTAIN INFORMATION FROM SOME OTHER HOUSEHOLD MEMBER. WRITE ID CODE OF PERSON WHO SUPPLIES INFORMATION IN COLUMN BELOW.

[illegible]

SECTION 6. FAMILY LABOR PART B.

NON-FARM SELF-EMPLOYMENT

1. Other than the processing of your own farm output for sale (for example, husking rice you grow, making gur, selling eggs from you own chickens) does your household operate one or more non-agricultural enterprises which produce goods or services (for example, artisan, metalworking, tailoring, repair of farm implements) or is your household involved in the retail or trade sector (for example, do you own a shop or operate a trading business)? (ALSO INCLUDE LARGE-SCALE AGRO-PROCESSING SUCH AS OPERATING A HATCHERY OR POULTRY FARM.)

YES.....1
NO.....2
(PART C)

--

LIST EACH SEPARATE ENTERPRISE, DENOTING (A) TYPE OF ENTERPRISE (BASED ON INDUSTRY CLASSIFICATION AND (B) THE ID OF THE INDIVIDUAL IN THE HOUSEHOLD WHO IS BEST INFORMED AND/OR IN-CHARGE OF DAY TO DAY OPERATIONS OF THE ENTERPRISE. THEN OBTAIN INFORMATION ON EACH MEMBER'S LABOR CONTRIBUTION TO EACH ENTERPRISE, INCLUDING THE PERSON IN-CHARGE AS WELL AS OTHER MEMBERS, FROM THE BEST-INFORMED PERSON.

FIRST ENTERPRISE				
1 What type of enterprise is it? WRITE DESCRIPTION IN FULL				
			OFFICE CODE	
2 Which household member is best-informed or in-charge				
			ID CODE	
3	4	5		
Which household members contributed labor to the enterprise?	How much has each member contributed over the past 7 days?	How much has each member contributed over the past 12 months?		
	NO.OF HOURS PER DAY	NO.OF DAYS PER WEEK	TOTAL WEEKS IN PAST 12 MONTHS	
ID CODE				

SECOND ENTERPRISE				
1 What type of enterprise is it? WRITE DESCRIPTION IN FULL				
			OFFICE CODE	
2 Which household member is best-informed or in-charge				
			ID CODE	
3	4	5		
Which household members contributed labor to the enterprise?	How much has each member contributed over the past 7 days?	How much has each member contributed over the past 12 months?		
	NO.OF HOURS PER DAY	NO.OF DAYS PER WEEK	TOTAL WEEKS IN PAST 12 MONTHS	
ID CODE				

THIRD ENTERPRISE				
1 What type of enterprise is it? WRITE DESCRIPTION IN FULL				
			OFFICE CODE	
2 Which household member is best-informed or in-charge				
			ID CODE	
3	4	5		
Which household members contributed labor to the enterprise?	How much has each member contributed over the past 7 days?	How much has each member contributed over the past 12 months?		
	NO.OF HOURS PER DAY	NO.OF DAYS PER WEEK	TOTAL WEEKS IN PAST 12 MONTHS	
ID CODE				

WRITE LABOR INPUTS OF ADULT MALES (I.E. 10 YEARS AND OLDER) IN SECTION 6B OF THE MALE QUESTIONNAIRE AND LABOR INPUTS OF ADULT FEMALES AND CHILDREN IN SECTION 6B OF THE FEMALE QUESTIONNAIRE.

SECTION 6. FAMILY LABOR

PART C.

FEMALE TIME USE (For Female Members age 10 years and above)

Now I would like to ask you some questions about the household chores done by each female member of the household age 10 years and above over the past 7 days. Specifically, we need to know the number of times each member did the particular activity and the average time spent doing the activity.

I D E N T I F I C A T I O N C O D E	ID CODE OF RESPONDANT FROM HOUSEHOLD ROSTER	1. FETCHING WATER		2. GATHERING FIREWOOD		3. ANIMAL CARE/GRAZING/ HERDING COLLECTING FODDER		4. PREPARING DUNG CAKES		5. MILKING ANIMALS/ MAKING GHEE		6. TAKING MEALS TO FIELD WORKERS	
		How many times in the past 7 days did you do this?	How much time do you nor- mally spend doing this each time?	How many times in the past 7 days did you do this?	How much time do you nor- mally spend doing this each time?	How many times in the past 7 days did you do this?	How much time do you nor- mally spend doing this each time?	How many times in the past 7 days did you do this?	How much time do you nor- mally spend doing this each time?	How many times in the past 7 days did you do this?	How much time do you nor- mally spend doing this each time?	How many times in the past 7 days did you do this?	How much time do you nor- mally spend doing this each time?
		No.	HOURS MINS.	No.	HOURS MINS.	No.	HOURS MINS.	No.	HOURS MINS.	No.	HOURS MINS.	No.	HOURS MINS.

FEMALE TIME USE (For Female Members age 10 years and above) (Cont.)

[illegible]

SECTION 6. FAMILY LABOR PART C.

FEMALE TIME USE (For Female Members age 10 years and above) (Cont.)

I D E N T I F I C A T I O N C O D E	13	14	15	16
	Other than the activities listed in 6 B, do you do any work at home for sales or profit?	What type of activity do you do? STITCHING/EMEROIDERY...1 RUG OR OTHER WEAVING...2 FOOD PREPARATION.....3 OTHER.....4 (SPECIFY:_____)	How much time did you spend on these during the past 30 days?	How much did you receive from the sales?
	YES...1 NO...2 (NEXT PERSON)			
		PRIMARY SECONDARY	HOURS	RUPEES

SECTION 7 : ENERGY (FEMALE QUESTIONNAIRE)
 PART A : ELECTRICITY USAGE AND APPLIANCE OWNERSHIP

1. Do you use electricity?
 YES...1
 NO....2 (PART B)

INTERNAL LIGHTING

2	3	4	5																					
Does your household use incandescent bulbs for lighting? (INSIDE THE HOUSE) YES...1 NO....2 (4)	How many incandescent bulbs do you use in the household for lighting? What is the total length of use? (BY CLASS OF WATTAGE)	Does your household use fluorescent tubes for lighting? (INSIDE THE HOUSE) YES...1 NO....2 (6)	How many fluorescent tubes do you use in the household for lighting? What is the total length of use? (BY CLASS OF WATTAGE)																					
	<table border="1"> <thead> <tr> <th colspan="2">NUMBER OF HOURS PER 24 HOURS PER CLASS OF WATTAGE</th> </tr> <tr> <th>WATTAGE CLASS</th> <th>No OF BULBS</th> </tr> </thead> <tbody> <tr> <td><= 40 Watt</td> <td></td> </tr> <tr> <td>60- 75 Watt</td> <td></td> </tr> <tr> <td>100 Watt</td> <td></td> </tr> <tr> <td>Over 100 Watt</td> <td></td> </tr> </tbody> </table>	NUMBER OF HOURS PER 24 HOURS PER CLASS OF WATTAGE		WATTAGE CLASS	No OF BULBS	<= 40 Watt		60- 75 Watt		100 Watt		Over 100 Watt		<table border="1"> <thead> <tr> <th colspan="2">NUMBER OF HOURS PER 24 HOURS PER CLASS OF WATTAGE</th> </tr> <tr> <th>WATTAGE CLASS</th> <th>No OF TUBES</th> </tr> </thead> <tbody> <tr> <td><= 20 Watt</td> <td></td> </tr> <tr> <td>36 - 40 Watt</td> <td></td> </tr> <tr> <td>Over 40 Watt</td> <td></td> </tr> </tbody> </table>	NUMBER OF HOURS PER 24 HOURS PER CLASS OF WATTAGE		WATTAGE CLASS	No OF TUBES	<= 20 Watt		36 - 40 Watt		Over 40 Watt	
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NUMBER OF HOURS PER 24 HOURS PER CLASS OF WATTAGE																								
WATTAGE CLASS	No OF TUBES																							
<= 20 Watt																								
36 - 40 Watt																								
Over 40 Watt																								

6. Is lighting also used for home based business activity?

YES...1
 NO....2

SECTION 7: ENERGY (FEMALE QUESTIONNAIRE)
PART A: ELECTRICITY USAGE AND APPLIANCE OWNERSHIP
(CONTINUED)

7. How many electric stoves do you have?

NUMBER OF ELECTRIC STOVES:

IF NO ELECTRIC STOVES, WRITE ZERO AND 17

	8. BRAND	9. NUMBER OF BURNERS	10. How often did you use it during the last 30 days?		11. How long it takes every time you use it?		12. How many months per year do you typically use it?	13. How long have you had this appliance?	14. What is the age of this appliance?	15. How much did you pay for it?	16. Is it used for ...
	USE CODES AT RIGHT		TIMES	TIME UNIT	HOURS	MINUTES	MONTHS PER YEAR	YEARS	YEARS	RUPEES	..household only.....1 ..business only.....2 ..both.....3
1	STOVE 1										
2	STOVE 2										

BRAND CODES

EJAZ.....01
DIAMOND.....02
DEMESTO.....03
NICE GAS.....04
NATIONAL.....05
SINGER.....06
ADMIRAL.....07
OTHER.....08

17. How many electric ovens do you have?

NUMBER OF ELECTRIC OVENS:

IF NO ELECTRIC OVENS, WRITE ZERO AND 25

	18. How often did you use it during the last 30 days?	19. How long it takes every time you use it?	20. How many months per year do you typically use it?	21. How long have you had this appliance?	22. What is the age of this appliance?	23. How much did you pay for it?	24. Is it used for ...	
	TIMES	TIME UNIT	HOURS	MINUTES	MONTHS PER YEAR	YEARS	YEARS	RUPEES
1	OVEN 1							..household only.....1 ..business only.....2 ..both.....3
2	OVEN 2							

CONVERSION
FACTOR

1 CU. METER = 10.6 CU. FEET

25. How many refrigerators do you have?

26. How many deep-freezers do you have?

NUMBER OF REFRIGERATORS:

NUMBER OF DEEP-FREEZERS:

IF NO REFRIGERATORS OR DEEP-FREEZERS, WRITE ZERO AND 37 NEXT PAGE

	27. BRAND	28. ORIGIN	29. CAPACITY	30. NUMBER OF DOORS	31. How many days did you use during the past 30 days?	32. How many months per year do you typically use it?	33. How long have you had this appliance?	34. What is the age of this appliance?	35. How much did you pay for it?	36. Is it used for ...
	USE CODES AT RIGHT	IMPORTED...1 LOCAL.....2	CU. FEET			MONTHS PER YEAR	YEARS	YEARS	RUPEES	..household only.....1 ..business only.....2 ..both.....3
1	FRIDGE 1									
2	FRIDGE 2									
3	FRIDGE 3									
4	FRIDGE 4									
5	DEEP-FR 1									
6	DEEP-FR 2									

BRAND CODES

NATIONAL.....01
TOSHIBA.....02
DAWLANCE.....03
MURPHY RICHARDS.....04
PHILLIPS.....05
SAMSUNG.....06
SINGER.....07
NEC.....08
GOLD STAR.....09
ZOPPAS.....10
SANYO.....11
ARISTON.....12
IGNIS.....13
ELECTRA.....14
WESTINGHOUSE.....15
GENERAL.....16
PEL.....17
INDESIT.....18
MECO.....19
RUSSIAN.....20
OTHER.....21

SECTION 7: ENERGY (FEMALE QUESTIONNAIRE)
PART A: ELECTRICITY USAGE AND APPLIANCE OWNERSHIP
(CONTINUED)

37. How many air conditioners do you have?

NUMBER OF AIR CONDITIONERS:

IF NO AIR CONDITIONERS, WRITE ZERO AND 48

[illegible]

48. How many electric heaters (ROOM HEATERS) do you have?

NUMBER OF ELECTRIC HEATERS:

IF NO ELECTRIC HEATERS, WRITE ZERO AND 59

[illegible]

59. How many electric water heaters do you have?

NUMBER OF ELECTRIC WATER HEATERS:

IF NO ELECTRIC WATER HEATERS, WRITE ZERO AND 67 NEXT PAGE

[illegible]

SECTION 7: ENERGY (FEMALE QUESTIONNAIRE)
PART A: ELECTRICITY USAGE AND APPLIANCE OWNERSHIP
(CONTINUED)

67. How many electric water coolers do you have?

NUMBER OF ELECTRIC WATER COOLERS:

IF NO ELECTRIC WATER COOLERS, WRITE ZERO AND 74

	68. CAPACITY	69. How many months per year do you typically use it?	70. How long have you had this appliance?	71. What is the age of this appliance?	72. How much did you pay for it?	73. Is it used for ...
	GALLONS	MONTHS	YEARS	YEARS	RUPEES	..household only.....1 ..business only.....2 ..both.....3
1 WATER COOLER 1						
2 WATER COOLER 2						

CONVERSION FACTORS
1 litre = 0.22 Gallons
1 inch = 2.54 Cms.

74. How many air coolers (DESERT COOLERS) do you have?

NUMBER OF AIR COOLERS:

IF NO AIR COOLERS, WRITE ZERO AND 82

	75. How many days did you use it during the last 30 days?	76. How many hours per day did you use it during the last 30 days?	77. How many months per year do you typically use it?	78. How long have you had this appliance	79. What is the age of this appliance?	80. How much did you pay for it?	81. Is it used for ...
	DAYS	HOURS PER DAY	MONTHS	YEARS	YEARS	RUPEES	..household only.....1 ..business only.....2 ..both.....3
AIR COOLER 1							
AIR COOLER 2							

82. How many television sets do you have?

NUMBER OF TV SETS:

IF NO TV SETS, WRITE ZERO AND 94 NEXT PAGE

	83. TYPE	84. BRAND	85. ORIGIN	86. SIZE	87. How many days did you use during the past 30 days?	88. How many hours per day did you use it during the last 30 days?	89. How many months per year do you typically use it?	90. How long have you had this appliance?	91. What is the age of this appliance?	92. How much did you pay for it?	93. Is it used for ...
	B & W..1 COLOR..2	USE CODES AT RIGHT	IMPORTED..1 LOCAL.....2	INCHES	HOURS PER DAY	HOURS PER DAY	MONTHS PER YEAR	YEARS	YEARS	RUPEES	..household only.....1 ..business only.....2 ..both.....3
1 TV 1											
2 TV 2											
3 TV 3											
4 VIDEO											

BRAND CODES

PHILLIPS.....	01
HITACHI.....	02
NATIONAL.....	03
CROWN.....	04
ORION.....	05
NEC.....	06
GOLD STAR.....	07
SANYO.....	08
SAMSUNG.....	09
NOBEL.....	10
SONY.....	11
MECO.....	12
TEMP.....	13
ELECTRA.....	14
OTHER (LOCAL).....	15
GENERAL (IMPORTED).....	16
RUSSIAN.....	17
OTHER (IMPORTED).....	18

SECTION 7: ENERGY (FEMALE QUESTIONNAIRE)
PART A: ELECTRICITY USAGE AND APPLIANCE OWNERSHIP
(CONTINUED)

94. How many fans do you have?

NUMBER OF FANS:

IF NO FANS, WRITE ZERO AND 103

	95. TYPE CEILING...1 PEDESTAL...2 TABLE.....3 EXHAUST...4	96. How many days did you use it during the last 30 days? DAYS	97. How many hours per day did you use it during the last 30 days? HOURS PER DAY	98. How many months per year do you typically use it? MONTHS	99. How long have you had this appliance YEARS	100. What is the age of this appliance? YEARS	101. How much did you pay for it? RUPEES	102. Is it used forhousehold only.....1 ..business only.....2 ..both.....3
1 FAN 1								
2 FAN 2								
3 FAN 3								
4 FAN 4								
5 FAN 5								
6 FAN 6								
7 FAN 7								
8 FAN 8								
9 FAN 9								

103. How many electric water pumps do you have?

NUMBER OF ELECTRIC WATER PUMPS:

IF NO ELECTRIC WATER PUMPS, WRITE ZERO AND 112

	104. TYPE AUTOMATIC...1 NON-AUTO- MATIC....2	105. How many times per day did you use it during the past 30 days? TIMES PER DAY	106. How long does it take each time when you operate it? HOURS MINUTES	107. How many months per year do you typically use it? MONTHS PER YEAR	108. How long have you had this appliance? YEARS	109. What is the age of this appliance? YEARS	110. How much did you pay for it? RUPEES	111. Is it used forhousehold only.....1 ..business only.....2 ..both.....3
1 WATER PUMP 1								
2 WATER PUMP 2								

112. How many electric irons do you have?

NUMBER OF ELECTRIC IRONS:

IF NO ELECTRIC IRONS, WRITE ZERO AND 120 NEXT PAGE

	113. How many times did you use it during the past 30 days? TIMES	114. How long does it take each time you use it? HOURS MINUTES	115. How many months per year do you typically use it? MONTHS PER YEAR	116. How long have you had this appliance YEARS	117. What is the age of this appliance? YEARS	118. How much did you pay for it? RUPEES	119. Is it used forhousehold only.....1 ..business only.....2 ..both.....3
1 IRON							

SECTION 7: ENERGY (FEMALE QUESTIONNAIRE)
PART A: ELECTRICITY USAGE AND APPLIANCE OWNERSHIP
(END)

120. How many electric washing machines do you have?

NUMBER OF ELECTRIC WASHING MACHINES:

IF NO ELECTRIC WASHING MACHINES, WRITE ZERO AND 129

	121. TYPE AUTOMATIC...1 NON-AUTO- MATIC....2	122. How many times per day did you use it during the past 30 days? TIMES PER DAY	123. How long does it take each time when you operate it? HOURS MINUTES	124. How many months per year do you typically use it? MONTHS PER YEAR	125. How long have you had this appliance? YEARS	126. What is the age of this appliance? YEARS	127. How much did you pay for it? RUPEES	128. Is it used for ... household only.....1 business only.....2 both.....3
1 WASHING MACHINE 1								
2 WASHING MACHINE 2								
3 DRYER								

129. How many electric sewing machines do you have?

NUMBER OF ELECTRIC SEWING MACHINES:

IF NO ELECTRIC SEWING MACHINES, WRITE ZERO AND 137

	130. How many times did you use it during the past 30 days? TIMES	131. How long does it take each time you use it? HOURS MINUTES	132. How many months per year do you typically use it? MONTHS PER YEAR	133. How long have you had this appliance YEARS	134. What is the age of this appliance? YEARS	135. How much did you pay for it? RUPEES	136. Is it used forhousehold only.....1 ..business only.....2 ..both.....3
1 SEWING MACHINE							

137. Do you have a liquid battery charger?

YES...1
NO....2 (139)

138. Is it used for ...

household only.....1
business only.....2
both.....3

139. Do you have a separate electricity meter to
which home-based business equipment are connected?

YES.....1
NO, OR NO HOME-BASED BUSINESS...2

PART B

SECTION 7: ENERGY (FEMALE QUESTIONNAIRE)
PART B: NATURAL GAS AND APPLIANCE OWNERSHIP

1. Do you use natural gas?

YES...1

NO...2 (PART C)

2. How many natural gas stoves do you have?

NUMBER OF STOVES:

IF NO GAS STOVES, WRITE ZERO AND 12

	3. BRAND USE CODES AT RIGHT	4. TYPE COUNTER TOP.....1 RANGE (WITH OVEN)..2	5. NUMBER OF BURNERS	6. How many days did you use it during the past 30 days? DAYS	7. How many hours per day did you use it during the past 30 days? HOURS MINUTES	8. How many months per year do you typically use it? MONIHS PER YEAR	9. How long have you had this appliance? YEARS	10. What is the age of this appliance? YEARS	11. How much did you pay for it? RUPEES	BRAND CODES Ejaj.....1 Diamond...2 Demesto...3 Nice Gas..4 National..5 Singer....6 Admiral...7 Other.....8
1 STOVE 1										
2 STOVE 2										

17. How many gas ovens do you have?

NUMBER OF GAS OVENS:

IF NO GAS OVENS, WRITE ZERO AND 19

	13. How often did you use it during the last 30 days? TIMES TIME UNIT	14. How long it takes every time you use it? HOURS MINUTES	15. How many months per year do you typically use it? MONIHS PER YEAR	16. How long have you had this appliance? YEARS	17. What is the age of this appliance? YEARS	18. How much did you pay for it? RUPEES
1 OVEN 1						
2 OVEN 2						

19. How many water heaters do you have?

NUMBER OF WATER HEATERS:

IF NO WATER HEATERS, WRITE ZERO AND 28 NEXT PAGE

	20. CAPACITY GALLONS	21. For which end uses and how often hot water was used last month? DISH WASHING BATHING OTHER EVERY...DAYS EVERY...DAYS EVERY...DAYS	22. How many hours per day (24H) is the pilot light on? HOURS PER DAY	23. How long it takes every time you use it? HOURS MINUTES	24. How many months per year do you typically use it? MONIHS	25. How long have you had this appliance? YEARS	26. What is the age of this appliance? YEARS	27. How much did you pay for it? RUPEES
1 WATER HEATER 1								
2 WATER HEATER 2								

CONVERSION FACTORS
1 litre = 0.22 gallons

SECTION 7: ENERGY (FEMALE QUESTIONNAIRE)
PART B: NATURAL GAS AND APPLIANCE OWNERSHIP
(END)

28. How many gas heaters (ROOM HEATERS) do you have?

IF NO GAS HEATERS, WRITE ZERO AND 36

	29. CAPACITY	30. How many days did you use it during the last 30 days?	31. How many hours per day did you use it during the last 30 days?	32. How many months per year do you typically use it?	33. How long have you had this appliance?	34. What is the age of this appliance?	35. How much did you pay for it?
	NUMBER OF BURNERS	DAYS	HOURS PER DAY	MONTHS PER YEAR	YEARS	YEARS	RUPEES
1 HEATER 1							
2 HEATER 2							
3 HEATER 3							
4 HEATER 4							
5 HEATER 5							
6 HEATER 6							

END USES

Do you use natural gas for any of the following end-uses?

NO.....	1
YES... Do you use it ... only for your household?	2
only for business?.....	3
for both household and business? ...	4

36. Cooking	37. Space heating	38. Water heating for bathing & washing	39. Water boiling for drinking	40. Bread making	41. Lighting	42. Other SPECIFY

43. Do you have a separate gas meter to which home-based business equipment are connected?

PART C

SECTION 7 : ENERGY (FEMALE QUESTIONNAIRE)
PART C : LPG AND APPLIANCE OWNERSHIP

1. Do you use LPG (CYLINDER GAS)?

YES...1

NO....2 (PART D)

2. How many LPG stoves do you have?

NUMBER OF LPG STOVES:

IF NO LPG STOVES, WRITE ZERO AND 12

	3. BRAND USE CODES AT RIGHT	4. TYPE COUNTER TOP.....1 RANGE (WITH OVEN)..2	5. NUMBER OF BURNERS	6. How many days did you use it during the past 30 days? DAYS	7. How many hours per day did you use it during the past 30 days? HOURS MINUTES	8. How many months per year do you typically use it? MONTHS PER YEAR	9. How long have you had this appliance? YEARS	10. What is the age of this appliance? YEARS	11. How much did you pay for it? RUPEES	BRAND CODES Ejaj.....1 Diamond...2 Demesto...3 Nice Gas..4 National..5 Singer....6 Admiral...7 Other.....8
1 STOVE 1										
2 STOVE 2										

17. How many LPG ovens do you have?

NUMBER OF LPG OVENS:

IF NO LPG OVENS, WRITE ZERO AND 19

	13. How often did you use it during the last 30 days? TIMES TIME UNIT	14. How long it takes every time you use it? HOURS MINUTES	15. How many months per year do you typically use it? MONTHS PER YEAR	16. How long have you had this appliance? YEARS	17. What is the age of this appliance? YEARS	18. How much did you pay for it? RUPEES	19. How many times did you take for repair/ maintenance during the last two years?
1 OVEN 1							
2 OVEN 2							

20. How many LPG heaters (ROOM HEATERS) do you have?

NUMBER OF LPG HEATERS:

IF NO LPG HEATERS, WRITE ZERO AND 28 NEXT PAGE

	21. CAPACITY NUMBER OF BURNERS	22. How many days did you use during the last 30 days? DAYS	23. How many hours per day did you use it during the last 30 days? HOURS PER DAY	24. How many months per year do you typically use it? MONTHS	25. How long have you had this appliance? YEARS	26. What is the age of this appliance? YEARS	27. How much did you pay for it? RUPEES
1 HEATER 1							
2 HEATER 2							

PART D

SECTION 7 : ENERGY (FEMALE QUESTIONNAIRE)
PART C : LPG AND APPLIANCE OWNERSHIP
(END)

28. How many LPG lamps do you have?

NUMBER OF LPG LAMPS:

IF NO LPG LAMPS, WRITE ZERO AND 35

	29. How many days did you use it the past 30 days? DAYS	30. How many hours per day did you use it during the last 30 days? HOURS PER DAY	31. How many months per year do you typically use it MONTHS PER YEAR	32. How long have you had this appliance? YEARS	33. What is the age of this appliance? YEARS	34. How much did you pay for it? RUPEES
1 LAMP 1						
2 LAMP 2						

END USES

Do you use LPG gas for any of the following end-uses?

NO.....1

YES... Do you use it ... only for your household? 2

only for business?.....3

for both household and business? ...4

35. Cooking	36. Space heating	37. Water heating for bathing & washing	38. Water boiling for drinking	39. Bread making	40. Lighting	41. Other SPECIFY

PART D

SECTION 7: ENERGY (FEMALE QUESTIONNAIRE)
PART D: KEROSINE OIL AND APPLIANCE OWNERSHIP

1. Do you use kerosine oil?

YES...1	+	-----	+
NO...2 (PART E)			
	+	-----	+

YES...1

NO....2 (PART E)

2. How many kerosine oil stoves do you have? +-----

NUMBER OF KEROSINE OIL STOVES: |-----

+-----

NUMBER OF KEROSENE OIL STOVES:

IF NO KEROSENE OIL STOVES, WRITE ZERO AND 14

[illegible]

14. How many kerosine oil heaters do you have?

NUMBER OF KEROSINE OIL HEATERS:

NUMBER OF KEROSENE OIL HEATERS:

IF NO KEROSENE OIL HEATERS, WRITE ZERO AND 21

	15. How many days did you use it during the last 30 days?	16. How many hours per day did you use it during the last 30 days?	17. How many months per year do you typically use it?	18. How long have you had this appliance?	19. What is the age of this appliance?	20. How much did you pay for it?
	DAYS	HOURS PER DAY	MONTHS PER YEAR	YEARS	YEARS	RUPEES
1 HEATER 1						
2 HEATER 2						

21. How many kerosine lamps you have?

NUMBER OF KEROSINE LAMPS:

--

NUMBER OF KEROSENE LAMPS:

IF NO KEROSENE LAMPS, WRITE ZERO AND 32 NEXT PAGE

[illegible]

SECTION 7 : ENERGY (FEMALE QUESTIONNAIRE)
PART D : KEROSENE OIL AND APPLIANCE OWNERSHIP
(END)

END USES

Do you use kerosine for any of the following end-uses?

NO.....	1
YES... Do you use it ... only for your household?	2
only for business?.....	3
for both household and business? ...	4

[illegible]

42. INTERVIEWER: CHECK WITH Q 32. ABOVE
DOES THIS HOUSEHOLD USE KEROSENE FOR COOKING?

YES.....1 (44)
NO.....2

43. Why don't you use kerosine for cooking? MAIN REASON

EXPENSIVE FUEL.....1
NOT SUFFICIENTLY AVAILABLE.....2
APPLIANCES ARE EXPENSIVE.....3
OTHER FUELS ARE MORE CONVENIENT...4
OTHER REASON (SPECIFY:.....)5

44. Do you use a funnel to fill your kerosene stove or lamp?

YES.....1
NO.....2

PART E

SECTION 7 : ENERGY (FEMALE QUESTIONNAIRE)
PART E : FIREWOOD USAGE

1. Did your household use firewood during the past 12 months?

YES.....1
NO.....2 (PART F)

2. How many days did you use firewood during the past 30 days?

NUMBER OF DAYS:

IF FIREWOOD WAS NOT USED DURING THE PAST 30 DAYS, WRITE ZERO AND 12

3. How many times did you use firewood in a typical day during the past 30 days?

4. How much firewood did you use in a typical day during the past 30 days?
(HAVE RESPONDENT PUT TYPICAL DAILY QUANTITY ASIDE AND WEIGH THIS)

KG:

END USES

Do you use firewood for any of the following end-uses?

NO...1
YES... Do you use it ... only for your household? 2
only for business?.....3
for both household and business? ...4

5. Cooking	6. Space heating	7. Water heating for bathing	8. Water boiling for drinking	9. Bread making	10. Cattle warming	11. Other SPECIFY

12. Does any member of this household collect firewood for this household consumption?

YES.....1
NO.....2 (PART F)

13. Where do you collect the firewood from?

OWN LAND.....1
OTHER PRIVATE LAND.....2
STATE/FOREST LAND.....3
WASTE FROM SAW MILL/INDUSTRY/BUILDING PROJECT....4
COMMON LAND/VILLAGE LAND.....5
OTHER (SPECIFY).....6

14. What was the distance to the place of collection?

LAST TRIP
INTERVIEWER: CONFIRM THE
DISTANCE FROM OTHER PEOPLE)

KM:

15. How long did the last trip last?

TWO-WAY TRIP

HOURS:

MINUTES:

SECTION 7 : ENERGY (FEMALE QUESTIONNAIRE)
PART E: FIREWOOD USAGE
(END)

16. How did you transport the collected firewood to your home?

HEAD LOAD (TRANSPORTED BY HUMANS)...1
ANIMAL LOAD.....2
VEHICLE LOAD.....3
OTHER (SPECIFY).....4

17. How many persons participated to the last trip and helped collecting? (NUMBER OF PERSONS)

ADULT MALES

ADULT FEMALES

CHILDREN

SERVANTS

OTHERS (SPECIFY:.....)

18. Was the trip exclusively for firewood collection?

YES.....1 (20)
NO.....2

19. What else did you do during that trip?

AGRICULTURAL ACTIVITIES.....1
WATER COLLECTION.....2
COMING BACK FROM WORK (NON-FARMING)...3
OTHER (SPECIFY:.....)4

	20. During that last trip, did you collect ...[TYPE OF WOOD]...? YES...1 NO....2 (NEXT TYPE)	21. What was the proportion of ...[TYPE]... in the total wood collected? PERCENT	22. Was that ...[TYPE]... ...dead/collected off the ground...1 ...green/from felled trees....2 ...both.....3	23. In general, how long it takes to collect that ...[TYPE]...? TWO-WAY TRIP HOURS MINUTES	24. In general, how far from this house do you travel to collect that ...[TYPE]...? ONE-WAY TRIP KM
1 TREE STEMS, LARGE BRANCHES					
2 TWIGS, BUSHES AND LEAVES					
3 ROOTS					
4 INDUSTRIAL WASTE WOOD					
5 OTHER (SPECIFY:.....)					

SECTION 7 : ENERGY (FEMALE QUESTIONNAIRE)
PART E : FIREWOOD USAGE
(END)

25. How much firewood did you collect last trip?

KG:

HAVE RESPONDENT PUT ASIDE THE QUANTITY HE/SHE
COLLECTED DURING LAST TRIP AND WEIGH THIS.

(IF PART OF IT WAS ALREADY CONSUMED ASK THE RESPONDENT
TO SHOW YOU A SIMILAR QUANTITY AND WEIGH THIS).

26. How long does this supply last?
(AS COLLECTED IN Q. 25)

DAYS:

27. How many days did you collect firewood
during the last month?

DAYS:

28. Do you always collect the same quantity of
firewood throughout the year, or does the
quantity vary from month to month?

SAME THROUGHOUT THE YEAR.....1 (30)
QUANTITY VARIES FROM MONTH TO MONTH...2

29. Cross the months during which generally you collect more firewood.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

30. Do you always consume the same quantity of
firewood throughout the year, or does the
quantity vary from month to month?

SAME THROUGHOUT THE YEAR.....1 (32)
QUANTITY VARIES FROM MONTH TO MONTH...2

31. Cross the months during which generally you consume more firewood.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

32. Have you planted any trees during the past 12 months?

YES...1 (PART F)
NO....2

33. Would you like to plant trees?

YES...1 (PART F)
NO....2

34. Why don't you want to plant trees? (MAIN REASON)

NOT INTERESTED/NO NEED.....1
NO PLACE TO PLANT TREES.....2
NOT ENOUGH WATER.....3
NO SEEDS.....4
OTHER REASON (SPECIFY:.....)....5

SECTION 7 : ENERGY (FEMALE QUESTIONNAIRE)
PART F : DUNG CAKE
(END)

25. Do you always use the same quantity of dung cake throughout the year, or does the quantity vary from month to month?

SAME THROUGHOUT THE YEAR.....1 (27)
QUANTITY VARIES FROM MONTH TO MONTH...2

26. Cross the months where generally you consume more dung cake.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

27. Do you mix dung with crop residues to make dung cake?

YES.....1
NO.....2 (29)

28. Why do you mix dung with crop residues to make cake? Is it because ...?

Not enough dung is available/
to conserve dung.....

Not enough crop residues is available/
to conserve crop residues.....

YES...1
NO....2

To conserve fuelwood.....

To improve combustion.....

So it can also be used as building material..

OTHER REASON (SPECIFY.....)....

29. Do you burn dung and other fuels at the same time?

YES.....1
NO.....2 (31)

30. Why do you burn dung along with other fuels? Is it because ...?

Not enough dung is available/
to conserve dung.....

Not enough crop residues is available/
to conserve crop residues.....

YES...1
NO....2

To conserve fuelwood.....

To improve combustion.....

OTHER REASON (SPECIFY.....)....

31. Do you also use dung as fertiliser (in general)?

YES.....1
NO.....2 (PART G)

32. Do you use the same quantity of dung as fertilizer throughout the year, or does the quantity vary from month to month?

SAME THROUGHOUT THE YEAR.....1 (34)
QUANTITY VARIES FROM MONTH TO MONTH...2

33. Cross the months during which generally you use more dung as fertilizer.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

34. In those months where you use dung as fertilizer, do you still use dung as fuel?

NO, STOPS USING DUNG CAKE 1
YES, BUT REDUCES USE OF DUNG CAKE ... 2
YES, USE SAME AMOUNT OF DUNG CAKE ... 3 (PART G)
YES, USES MORE DUNG CAKE 4 (PART G)

35. Do you then use another fuel instead?

YES...1
NO....2 (PART G)

36. Which fuel?

ELECTRICITY....

NATURAL GAS....

L P G

KEROSENE OIL...

COAL.....

CHARCOAL.....

FIREWOOD.....

BIOGAS.....

YES...1
NO....2

SECTION 7 : ENERGY (FEMALE QUESTIONNAIRE)
PART G : CHARCOAL USAGE

1. Does your household generally use charcoal?

YES...1
NO....2

2. Did your household use charcoal during the past 30 days?

YES...1
NO....2 (PART H)

3. How many days did you use charcoal during the past 30 days?

DAYS:

END USES

Do you use charcoal for any of the following end-uses?

NO.....1
YES... Do you use it ... only for your household? 2
only for business?.....3
for both household and business? ...4

4. Cooking/ Grilling	5. Ironing	6. Water pipe	7. Space heating	8. Water boiling for drinking	9. Water heating for bathing	10. Bread making	11. Other SPECIFY

16. Do you always use the same quantity of charcoal throughout the year, or does the quantity varies from month to month?

SAME THROUGHOUT THE YEAR.....1 (PART H)
QUANTITY VARIES FROM MONTH TO MONTH...2

17. Cross the months when generally you use more charcoal.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

12. Where do you get charcoal from? Is it ...?

YES...1
NO....2

Produced by the household.....

Purchased from the market.....

Purchased from the local store.....

Purchased from the charcoal maker...

Other (SPECIFY:.....)...

13. How often did you buy/produce charcoal last month?

EVERY .. DAYS:

14. How much charcoal did you buy/produce each time?

KG:

15. What was the average price per kg over the past month?

RUPEES:

SECTION 7 : ENERGY (FEMALE QUESTIONNAIRE)
PART H : COAL USAGE

1. Does your household generally use coal?

YES...1
NO....2

2. Did your household use coal during the past month?

YES...1
NO....2 (PART I)

3. How many days did you use coal during the past 30 days?

DAYS:

END USES

Do you use coal for any of the following end-uses?

NO.....1
YES... Do you use it ... only for your household? 2
only for business?.....3
for both household and business? ...4

16. Do you always use the same quantity of coal throughout the year, or does the quantity varies from month to month?

SAME THROUGHOUT THE YEAR.....1 (PART I)
QUANTITY VARIES FROM MONTH TO MONTH...2

17. Cross the months when generally you use more coal.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

4. Cooking/ Grilling	5. Ironing	6. Water pipe	7. Space heating	8. Water boiling for drinking	9. Water heating for bathing	10. Bread making	11. Other SPECIFY _____

12. Where do you get coal from? Is it ...?

YES...1 Purchased from the market.....
NO....2 Purchased from the local store.....
Purchased from the producer.....
Other (SPECIFY:.....)...

13. How often did you buy/produce coal last month?

EVERY .. DAYS:

14. How much coal did you buy/produce each time?

KG:

15. What was the average price per kg over the past month?

RUPEES:

SECTION 7 : ENERGY (FEMALE QUESTIONNAIRE)
PART I : OTHER FUELS USAGE

1. Does your household use sawdust, biomass or any kind of crop residue as fuel?

YES...1
NO....2 (PART J)

[illegible]

SECTION 7 : ENERGY (FEMALE QUESTIONNAIRE)
PART J : STOVES

1. INTERVIEWER: CHECK WITH PARTS E, F, G, H AND I.
DOES THIS HOUSEHOLD USE FIREWOOD, DUNG, CHARCOAL, COAL
OR ANY OTHER BIOMASS FUEL?

YES...1

NO....2 (PART K)

2. Where do you cook?	In the house/living area	
	In the open air/courtyard	
YES...1	In a separate room of the house/kitchen..	
NO....2	In an area separate from the house	
	Other (SPECIFY:_____)	

3. Do you change your cooking area depending on the weather conditions?

YES.....1	<div></div>
NO.....2 (5)	<div></div>

4. Why do you change your cooking area?

TOO MUCH SMOKE INSIDE	1	+-----+
TOO HOT TO COOK INSIDE	2	-----
IT IS CONVENIENT TO CHANGE THE COOKING PLACE	3	+-----+
WEATHER CONDITIONS	4	
OTHER (SPECIFY: _____)	5	

5. Do you have a chimney to get rid of the smoke?

YES.....1

NO.....2

6. Do you use a separate stove for space heating?


YES.....1	+-----+
NO.....2	-----

7. Does the smoke bother you when you cook?

YES.....1	<input type="checkbox"/>
NO.....2	<input type="checkbox"/>

8. Do you use a wind screen when you cook?
(If cooking is done in open)

YES.....1
NO.....2



9. Which of the following types of biofuel stoves does your household use?		FOR ALL TYPES OF BIOFUEL STOVES:				11. How did you get this stove?		12. What is this stove made of?	
PUT A CROSS IN THE APPROPRIATE BOX		10. Do you use ...[FUEL]... in this stove?							
		FIREWOOD	DUNG	CHARCOAL COAL	BIOMASS CROPS	MADE BY HOUSEHOLD.....1 BUILT BY PAID WORKERS.....2 PURCHASED.....3 SUPPLIED BY GOVERNMENT OTHER AID AGENCIES.....4		METAL.....1 CLAY.....2 CEMENT.....3 STONE ASH.....4 OTHER (SPECIFY:_____).5	
		USE							
		YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2				
		NO	YES						
Open fire	1								
Fireplace	2								
Tripod	3								
Tandur/Baking place	4								
Other (SPECIFY:___)	5								

SECTION 7 : ENERGY (FEMALE QUESTIONNAIRE)
PART K : COOKING HABITS AND IMPLEMENTS

1. How many times does your household cook meals per day?
(Curry or Salun)

NUMBER OF TIMES:

2. How long does it take to cook daily meals?

HOURS:

MINUTES:

3. How often times does your household cook roti per day?

NUMBER OF TIMES:

4. How long does it take each time when you cook roti?

HOURS:

MINUTES:

5. How many roties do you cook each time?

NUMBER:

6. Where do you cook roti?

TANDUR ONLY....1
COOKING STOVE...2
BOTH.....3

7. How many times does your household prepare tea per day?

TIMES:

8. How long does it take to make tea?

HOURS:

MINUTES:

9. Who is the household main cook?

HOUSEHOLD HEAD...1
WIFE/HUSBAND....2
OTHER HOUSEHOLD
MEMBER.....3
SERVANT.....4

10. How many members of your household eat
outside on a regular basis?
(EXCLUDING THOSE WHO TAKE THEIR MEALS
FROM HOME TO WORK/SCHOOL)

(IF ZERO, 12)

NUMBER:

11. How many meals per week did these members normally
take outside for the past 30 days?

MEALS PER WEEK:

12. Do you boil water for drinking?

YES.....1

NO.....2 (PART L)

13. How much water did you boil during the past 30 days?

LITERS:

PER TIME UNIT:

14. What is your main boiling appliance?

REGULAR KETTLE.....1
ELECTRIC KETTLE.....2
COOKING DEVICE.....3
OTHER (SPECIFY:.....)....4

15. What is the main fuel used for boiling water?

ELECTRICITY.....1
GAS.....2
LPG.....3
KEROSENE.....4
FUELWOOD.....5
FUELWOOD/DUNG...6
DUNG.....7
CHARCOAL.....8
COAL.....9
OTHER BIOMASS..10

SECTION 7 : ENERGY (FEMALE QUESTIONNAIRE)
PART L: FUEL SWITCHING

1. Which of the following fuels did your household use three years ago? (1987)	2. Do you now use more or less ...[FUEL]... than three years ago? (1987)
	LESS THAN IN 1987....1 MORE THAN IN 1987....2 THE SAME.....3 DON'T KNOW.....4 STOPPED USING.....5 NEVER USED BEFORE....6
PUT A CROSS IN THE APPROPRIATE BOX.	
YES	NO

FUELS:			
Electricity	11		
Natural gas	12		
Cylinder gas (LPG)	13		
Kerosene	14		
Fire wood	15		
Charcoal	16		
Coal	17		
Dung	18		

BIOMASS FUELS:			
Sawdust	21		
Wheat Straw	22		
Coconut Shell	23		
Cotton sticks	24		
Rice Straw	25		
Rice Hull	26		
corn Husk	27		
Bagasse	28		
Tobacco husk	29		
Other (Specify:_____)	30		

3. What is your main cooking fuel?
(THE MOST FREQUENTLY USED FUEL)

ELECTRICITY.....1 KEROSENE.....6
NATURAL GAS.....2 FIREWOOD.....7
CYLINDER GAS....3 DUNG.....8
CHARCOAL.....4 OTHER BIOMASS...9
COAL.....5

4. Has your household changed main cooking fuel
during the past three years?

YES.....1
NO2 (7)

5. Indicate the former main cooking fuel.

ELECTRICITY.....1 KEROSENE.....6
NATURAL GAS.....2 FIREWOOD.....7
CYLINDER GAS....3 DUNG.....8
CHARCOAL.....4 OTHER BIOMASS...9
COAL.....5

6. Why did you change your main cooking fuel?

THE FUEL BECAME SCARCE IN MY AREA.....1
CHANGED TO A BETTER FUEL2
MOVED TO ANOTHER AREA WHERE FUEL IS NOT AVAILABLE...3
MOVED TO ANOTHER AREA WHERE FUEL IS MORE EXPENSIVE..4
OTHER.....5

7. Would you like to switch to an other fuel?
(for cooking)

YES.....1
NO2 (NEXT PART)

8. Which fuel would you like to switch to?

ELECTRICITY.....1 KEROSENE.....6
NATURAL GAS.....2 FIREWOOD.....7
CYLINDER GAS....3 DUNG.....8
CHARCOAL.....4 OTHER BIOMASS...9
COAL.....5

9. Indicate why would you like to change your current fuel.

PRESENT FUEL IS EXPENSIVE1
PRESENT FUEL IS GETTING SCARCE.....2
PRESENT FUEL IS DIRTY3
PRESENT FUEL IS DANGEROUS4
PRESENT FUEL IS NOT CONVENIENT.....5
OTHER FUELS GIVE BETTER SERVICE.....6
OTHER FUEL HAS HIGHER STATUS.....7
OTHER REASON (SPECIFY:_____)..8

SECTION 7 : ENERGY (FEMALE QUESTIONNAIRE)
PART M : ATTITUDES / BEHAVIOR

1. FUEL SAVING PRACTICES

Do you ...

NO, NEVER.....1
YES, SOMETIMES...2
YES, OFTEN.....3

... prepare all ingredients prior to cooking?

... turn off the stove/extinguish fire immediately after cooking?

... cover the pot with lid while cooking?

... place a container of water next to the stove/fire to warm it?

... use fire consecutively instead of re-lighting?

... cook larger amount initially and re-heat when needed?

... turn off lights when leaving the rooms?

2. Do you like the fuel you are using currently for cooking?

YES...1
NO....2

3. Do you think there will be plenty of trees in the future?

YES...1
NO....2

4. For how many hours do you operate your radio in a typical day?

HOURS:

5. INTERVIEWER: ASK ONLY IF ELECTRICITY IS NOT AVAILABLE IN THIS HOUSEHOLD AT PRESENT:

If electricity was available, which would be the first three appliances that you would buy? IN ORDER OF PREFERENCE

REFRIGERATOR.....1	DESERT COOLER...9	1ST APPLIANCE
DEEP FREEZER.....2	IRON.....10	
RADIO/TAPE.....3	WATER PUMPS.....11	2ND APPLIANCE
TV.....4	FODDER CUTTER...12	
ROOM HEATERS.....5	VACUUM CLEANER..13	3RD APPLIANCE
HEATER.....6	GEYSER.....14	
FANS.....7	WASHING MACHINE.15	
AIR CONDITIONER..8	OTHER(SPECIFY)..16	

6. INTERVIEWER: ASK ONLY IF NATURAL GAS IS NOT AVAILABLE IN THIS HOUSEHOLD AT PRESENT:

If natural gas was available, which would be the first three appliances that you would buy? IN ORDER OF PREFERENCE

STOVE.....1	1ST APPLIANCE
COOKING RANGE..2	
ROOM HEATER...3	2ND APPLIANCE
OVEN.....4	
GEYSER.....5	3RD APPLIANCE
OTHER(SPECIFY).6	

7. INTERVIEWER: ASK ONLY IF CYLINDER GAS (LPG) AND NATURAL GAS BOTH ARE NOT AVAILABLE IN THIS HOUSEHOLD AT PRESENT:

If cylinder gas (LPG) was available, which would be the first three appliances that you would buy? IN ORDER OF PREFERENCE

STOVE.....1	1ST APPLIANCE
HEATER.....2	
LAMP.....3	2ND APPLIANCE

8. Please sort the fuels by the following criteria. USE FUEL CARDS

	CHEAP/EXPENSIVE	CLEAN/DIRTY	SAFE/DANGEROUS	AVAILABLE/SCARCE
	The cheapest...1	The cleanest...1	The safest....1	The easier to find.....1

	The most expensive...7	The dirtiest..7	The most dangerous...7	The harder to find.....7
1 ELECTRICITY				
2 NATURAL GAS				
3 CYLINDER GAS				
4 KEROSENE				
5 FIREWOOD				
6 DUNG				
7 CROP RESIDUES				

9. What are the most important criteria that you take into account when you decide to purchase household appliances? Please sort the following criteria by order of importance to you (1 is the first choice)

RANK (1-6)

PRICE.....	
QUALITY OF APPLIANCE.....	
BETTER VENDOR SERVICE.....	
AFTER/SALE FACILITIES/AVAILABILITY OF SPARE PARTS..	
COST OF FUEL.....	
AVAILABILITY OF FUEL.....	

10. Would you be interested in knowing the energy consumption of the appliances you have/purchase?

YES...1
NO....2

SECTION 8.

M I G R A T I O N

ASK EACH HOUSEHOLD MEMBER AGE 15 YEARS AND ABOVE							ASK ONLY THE HOUSEHOLD HEAD			
I D E N T I F I C A T I O N C O D E	1	2	3	4	5	6	7	8	9	10
	Have you always lived here? (i.e. IN THE CITY OR VILLAGE WHERE NOW RESIDING)	Where were you born? Was it an urban or a rural area?	How old were you when you left the place (for the first time) where you were born?	Why did you leave? WORK.....1 SCHOOL.....2 LAND AVAILABILITY...3 MARRIAGE....4 OTHER FAMILY REASONS....5 WAR/POLITICAL PROBLEMS...6 OTHER.....7	Have you ever worked abroad? YES.....1 NO.....2 (9)	When did you initially leave to work abroad?	When did you return from abroad? LEAVE BLANK IF INDIVIDUAL STILL ABROAD	How long have you lived in your current place of residence? (INDICATE TIME IN YEARS. IF LESS THAN A YEAR, USE MONTHS.)	Where did you most recently move from? Was it an urban or a rural area?	What was the main reason for moving to your current place of residence? WORK.....1 SCHOOL.....2 LAND AVAILABILITY..3 MARRIAGE.....4 OTHER FAMILY REASONS.....5 WAR/POLITICAL PROBLEMS.....6 OTHER.....7
	YES.....1 (NEXT PERSON) NO.....2									
	GEOGRAPHICAL CODE URBAN...1 RURAL...2		AGE IN YEARS			MONTH YEAR	MONTH YEAR	YEARS MONTHS	GEOGRAPHICAL CODE URBAN...1 RURAL...2	

+-----+
| R E S P O N D E N T S F O R T H E S E C O N D V I S I T |
+-----+

COPY THE ID CODE OF THE PERSON BEST-INFORMED ABOUT THE HOUSEHOLD'S FARMING
AND LIVESTOCK ACTIVITIES FROM SECTION 6, PART A, Q.3

+-----+
|
|
|
|
+-----+

1st

+-----+
|
|
|
|
+-----+

2nd

+-----+
|
|
|
|
+-----+

3rd

+-----+
|
|
|
|
+-----+

COPY THE ID CODES OF THE PERSON(S) BEST INFORMED ABOUT FAMILY ENTERPRISES
FROM SECTION 6, PART B.

WHO IS BEST-INFORMED ABOUT THE HOUSEHOLD'S CONSUMPTION PATTERNS?

+-----+
|
|
|
|
+-----+

SECTION 11. NON-FOOD EXPENDITURES AND INVENTORY OF DURABLE GOODS

PART A.

DAILY EXPENSES

+ SUPERVISOR:-----+ RESPONDENT:----- ID CODE: +-----+ +-----+ + INTERVIEWER-----+ WHO IS ACTUALLY INTERVIEWED? ID CODE: +-----+ +-----+	
--	--

1	2	3
During the past 30 days, has your household purchased (in cash or in-kind) any of the following items? PUT A CROSS IN THE APPROPRIATE BOX. ASK Q.1 FOR ALL ITEMS BEFORE GOING TO Q.2.	How much in total has your household spent (cash and in-kind) during the past 30 days? RUPEES	What is the value of ..[ITEM].. that you received as a gift, over the past 30 days? RUPEES
Commercial or handmade soap	101	
Other personal care items (cosmetics, laundry soaps, combs and brushes)	102	
Gasoline and motor oil for transport (personal use only)	103	
Tobacco, cigarettes, naswar and pan	104	
Newspapers, books and other entertainment	105	
Kerosene, matches and candles	106	
Meals eaten outside the house	107	
Wages paid to servants, gardeners, sweepers or chowkidars	108	

FOR CALCULATIONS

SECTION 11. NON-FOOD EXPENDITURES AND INVENTORY OF DURABLE GOODS PART B.

ANNUAL EXPENSES

INCLUDE ONLY PERSONAL EXPENDITURES. DO NOT INCLUDE ANY EXPENSES ASSOCIATED WITH BUSINESS ACTIVITIES.

1	2	3	4	5
Has your household purchased (in cash or in-kind) any of the following items during the past 12 months? PUT A CROSS IN THE APPROPRIATE BOX. ASK Q.1 FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q.2-4.	During the past two weeks, i.e. since my last visit, have you purchased ...[ITEM]...? YES.....1 NO.....2 (4)	How much did you spend (cash and in-kind)? RUPEES	How much did your household spend in total (cash and in-kind) on ...[ITEM]... over the past 12 months? RUPEES	What is the value of any ...[ITEM]... that you have received as a gift, dowry, or inheritance over the past 12 months? RUPEES
	NO YES			
Children's clothing and material		120		
Adult's clothing and material		121		
Children's footwear		122		
Adult's footwear		123		
Other personal effects		124		
Stitching or repair of wearing apparel		125		
Kitchen equipment, including crockery		126		
Household textiles		127		
Furniture and fittings		128		
Other household effects (batteries, light globes, shades)		129		
Repair and servicing of household effects		130		
Repair and servicing of vehicles (excluding gas and oil)		131		
Public transport (including rickshaws and taxis)		132		
Repair and maintenance of the house		133		
Home improvements and additions		134		
Housing and property taxes		135		

1	2	3	4	5
Has your household purchased (cash or in-kind) any of the following items during the past 12 months? PUT A CROSS IN THE APPROPRIATE BOX. ASK Q.1 FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q.2-4.	During the past two weeks, i.e. since my last visit, have you purchased ...[ITEM]...? YES.....1 NO.....2 (4)	How much did you spend and (cash and in-kind)? RUPEES	How much did your household spend in total (cash and in-kind) on ...[ITEM]... over the past 12 months? RUPEES	What is the value of any ...[ITEM]... that you have received as a gift, dowry, or inheritance over the past 12 months? RUPEES
	NO YES			
Modern and traditional medicines		136		
Modern and traditional medical services, including births		137		
Recreation, personal travel, lodging		138		
Personal services (for example haircut, shoeshine)		139		
Education and professional services		140		
Stationary, books, supplies (other than education-related)		141		
Postal articles, telegram, telephone		142		
Purchase of land or buildings, for residence or investment		143		
Funerals and related death expenses		144		
Marriages, births and other ceremonies		145		
Dowry		146		
Legal expenses		147		
Cash losses		148		

SECTION 11. NON-FOOD EXPENDITURES AND INVENTORY OF DURABLE GOODS PART C.

INVENTORY OF DURABLE GOODS

INSTRUCTIONS:

DETERMINE WHICH DURABLES THE HOUSEHOLD OWNS BY ASKING Q.1. FOR EACH DURABLE OWNED, WRITE THE DESCRIPTION AND CODE IN THE SPACE PROVIDED UNDER Q.2, AND PROCEED TO ASK Q.3-7 FOR EACH ITEM.

1. Does your household own any of the following items?

ITEM	CODE	YES	NO
Radio	201		
Gramophone/phonograph/tape player	202		
Camera	203		
Jewelry	204		
Guns	205		
Bicycle	206		
Motorcycle/Scooter	207		
Motor Rickshaw	208		
Automobile or Truck	209		
Other Durable	210		

I T E M	2	3	4	5	6	7
	PLEASE WRITE A LIST OF ALL THE ITEMS OWNED BY THE HOUSEHOLD. THEN PROCEED TO ASK Q.3-Q.7	How many years ago did you acquire this ...[ITEM]..?	Did you purchase it or receive it as a gift or payment for services? PURCHASE....1 GIFT/ PAYMENT....2 (6)	How much did you pay for it? 7	How much was it worth when you received it?	If you wanted to purchase this ...[ITEM]..today, how much would you have to pay?
	DESCRIPTION	CODE	YEARS	RUPEES	RUPEES	RUPEES
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

FOOD EXPENSES

FOOD EXPENSES

1	2	3	4	5	6	7	8	9
During the past 12 months, has your household purchased (in cash or in kind) any ...[FOOD]... or have you received ...[FOOD]... as a gift or payment in-kind?	Since my last visit, have you purchased any ..[FOOD]..? YES....1 NO.....2 (6)	How much in total did you purchase?	How much did you pay per ..[UNIT]..?	Did you purchase the ..[FOOD].. on credit or "udhar"? YES....1 NO....2	How many months each year do you normally purchase ..[FOOD]..?	How much do you normally spend on ..[FOOD].. during one of the months that you purchase ...[FOOD]...?	Did you receive any ..[FOOD].. as a gift or payment in-kind over the past 12 months? EXCLUDE MEALS PROVIDED BY AN EMPLOYER YES,GIFT.....1 YES, PAYMENT.....2 YES, BOTH.....3 NO.....4 (NEXT ITEM)	How much in total have you received?
PUR A CROSS IN THE APPROPRIATE BOX FOR EACH FOOD ITEM. IF THE ANSWER TO Q.1 IS YES, ASK Q.2-9.	+ NO YES	+ QUAN-TITY UNIT OF PURCHASE	+ RUPEES PAISA		No. OF MONTHS	+ RUPEES PER MONTH		+ QUANTITY UNIT
Wheat (grain)	301							
Wheat (flour or maida)	302							
Maize (flour or grain)	303							
Jawar/Bajra	304							
Fine rice (Basmati)	305							
Coarse rice	306							
Other grains/cereals	307							
Gram	308							
Dal	309							
Groundnuts	310							
Liquid Vegetable oils (Dalda)	311							
Ghee, Desi ghee	312							
Fresh Milk	313							
Yoghurt	314							
Milk Powder	315							
Baby Formula	316							
Sugar (refined)	317							
Gur/ Desi sugar	318							

SECTION 12. FOOD EXPENSES AND HOME PRODUCTION PART A.

FOOD EXPENSES (Cont)

1 During the past 12 months, has your household purchased (in cash or in kind) any ..[FOOD].. or have you received ...[FOOD].. as a gift or payment in-kind? PUT A CROSS IN THE APPROPRIATE BOX FOR EACH FOOD ITEM. IF THE ANSWER TO Q.1 IS YES, ASK Q.2-9.	2 Since my last visit, have you purchased any ..[FOOD]..? YES....1 NO.....2 (6)	3 How much in total did you purchase? QUAN- TITY UNIT OF PURCHASE	4 How much did you pay per (UNIT)? RUPEES PAISA	5 Did you purchase the ..[FOOD].. on credit or "udhar"? YES...1 NO....2	6 How many months each year do you normally purchase ..[FOOD]..? No. OF MONTHS	7 How much do you normally spend on ..[FOOD].. during one of these months that you purchase ...[FOOD]...? RUPEES PER MONTH	8 Did you receive any ..[FOOD].. as a gift or payment in-kind over the past 12 months? EXCLUDE MEALS PROVIDED BY AN EMPLOYER YES, GIFT.....1 YES, PAYMENT....2 YES, BOTH.....3 NO.....4 (NEXT ITEM)	9 How much in total have you received? QUANTITY UNIT
Mutton/Lamb/Goat	319							
Beef/Buffalo	320							
Chicken and Other Poultry	321							
Eggs	322							
Fish	323							
Vegetables	324							
Melon	325							
Bananas	326							
Citrus Fruits	327							
Mango	328							
Other Fruits	329							
Canned Foods	330							
Bottled Beverages (Coca cola, roohafza, squash, etc)	331							
Chapatti, Nan, Other Breads	332							
Fried items such as samosas, pakoras	333							
Biscuits and Cakes	334							
Spices and Condiments	335							
Tea	336							
Coffee	337							
Miscellaneous Other Food Expenses	338							

SECTION 12. FOOD EXPENSES AND HOME PRODUCTION PART B.

HOME PRODUCTION

1. During the past 12 months, has your household eaten anything which was grown or otherwise produced by your household (for example, meat and milk from goats or sheep, eggs from chickens)? (DO NOT INCLUDE PAYMENTS IN KIND FOR WORK ON SOMEONE ELSE'S FARM)

YES....1
NO.....2 (PART C)

2	3	4	5	6	7
Have you consumed any ..[FOOD].. at any time over the past 12 months that you grew or produced yourself?? PUT A CROSS IN THE APPROPRIATE BOX FOR EACH FOOD ITEM. THEN ASK Q.3-7 IF THE ANSWER IS YES.	Did you eat ..[FOOD].. in every month over the past 12 months that you grew or produced yourself? YES...1 (5) NO....2	During how many months did you eat ..[FOOD].. that you grew or produced yourself? MONTHS	During one of the months ..[FOOD].. was eaten, how many days did you normally eat ..[FOOD]..? No. OF DAYS	How much did your household normally consume each day that ...[FOOD]... was eaten? QUANTITY UNIT	How much would it cost to purchase this amount of ...[FOOD]... in the market (the amount eaten each day)? RUPEES
Wheat	301				
Maize (flour or grain)	303				
Jawar/Bajra	304				
Basmati Rice	305				
Coarse rice	306				
Other Grains/Cereals	307				
Gram	308				
Dal	309				
Groundnuts	310				
Liquid Vegetable Oils (Dalda)	311				
Ghee, Desi ghee	312				
Fresh Milk	313				
Yoghurt and Lassi	314				

SECTION 12. FOOD EXPENSES AND HOME PRODUCTION PART B.

HOME PRODUCTION (Cont.)

2 Have you consumed any ..[FOOD].. at any time over the past 12 months that you grew or produced yourself? PUT A CROSS IN THE APPROPRIATE BOX FOR EACH FOOD ITEM. THEN ASK Q.3-9 IF THE ANSWER IS YES.	3 Did you eat ..[FOOD].. in every month over the past 12 months that you grew or produced yourself? YES...1 (5) NO....2	4 During how many months did you eat ..[FOOD].. that you grew or produced yourself? MONTHS	5 During one of the months ..[FOOD].. was eaten, how many days did you normally eat ..[FOOD]..? No. OF DAYS	6 How much did your household normally consume each day that ..[FOOD].. was eaten? QUANTITY UNIT	7 How much would it cost to purchase this amount of ..[FOOD].. in the market? (the amount eaten each day) RUPEES
Gur, Desi sugar		318			
Mutton/Lamb/Goat		319			
Beef/Buffalo		320			
Chicken and Other Poultry		321			
Eggs		322			
Fish		323			
Vegetables		324			
Melon		325			
Bananas		326			
Citrus Fruits		327			
Mango		328			
Other Fruits		329			
Spices and Condiments		335			
Miscellaneous Other Food Expenses		338			

SECTION 13. MARRIAGE AND MATERNITY HISTORY PART A.

MATERNITY HISTORY (For all women 14 years and older)

OBTAIN INFORMATION ON EACH WOMAN WHO IS 14 YEARS OR OLDER PRESENTLY LIVING IN THE HOUSEHOLD. IF WOMAN NOT ABLE TO ANSWER FOR HERSELF, ASK BEST-INFORMED PERSON.

I D E N T I F I C A T I O N C O D E	WRITE ID CODE OF RESPON- DANT FROM HOUSEHOLD ROSTER	1	2	3	4	5	6	7	8	9	10	11	12	13	NOW SUM UP THE TOTAL NUMBER OF PREGNAN- CIES AND BIRTHS AND PROMPT RESPONDANT FOR VERIFICATION: According to what you have told me, you have been pregnant __times, and had __live births, __sons and __daughters. __of your sons and __of your daughters are still alive. Is this correct?
		Have you ever been married?	At what age did you first marry?	Since your marriage, have you and your husband ever lived apart?	How long in total did you live apart?	If you were starting your fa- mily today, how many children in total would you like to have? How many boys? How many girls?	Have you ever been pregnant, regardless of the outcome of the preg- nancy?	Have you ever given birth to a child?	Do you have any sons or daughters you have gi- ven birth to who are now living with you? How many sons? How many daughters?	Have you gi- ven birth to any other children who are living somewhere else? How many sons? How many daughters?	Have you given birth to a boy or girl who was born alive but later died, even if he or she only lived for a few minutes or hours? How many boys have died? How many girls have died?	Have you had any misca- rriages or stillbirths, that is, gi- ven birth to a child who was born too early to live? How many in total?	Are you pregnant now? ASK ONLY FOR CURRENTLY MARRIED WOMEN AGED 50 YEARS AND YOUNGER	How many months pregnant are you? YES.....1 NO.....2 (PART C)	
	ID CODE	YES...1 NO....2 (NEXT WOMAN)		YES..1 NO...2 (5)	YRS MOS	No. OF BOYS No. OF GIRLS	YES.....1 NO.....2 (NEXT WOMAN)	YES....1 NO.....2 (11)	No. OF SONS No. OF DAUGHT.	No. OF SONS No. OF DAUGHT.	No. OF SONS No. OF DAUGHTERS	No. OF STILLBIRTHS/ MISCARRIAGES			

FAMILY PLANNING (For all currently married women aged 14 to 50 years)

about these.

	1	2	3	4	5	6	7	8	9	10	11
I D E N T I F I C A T I O N C O D E	Do you know about any method to prevent pregnancy or space births?	Where did you hear about the method?	Have you ever used any of these methods?	Why have you never used any of these methods? CHOOSE UP TO THREE IN ORDER OF IMPORTANCE	Are you currently using any of these methods?	Which method do you use currently?	Where do you obtain it?	How much did you pay for it normally each month?	Have you decided to stop using family planning?	Which method did you stop using?	Why did you stop using it? CHOOSE UP TO THREE IN ORDER OF IMPORTANCE
	YES....1 NO.....2 (NEXT WOMAN)	SPOUSE/RELATIVE...1 FRIEND.....2 FAMILY PLANNING CLINIC...3 PRIVATE HOSPITAL OR DOCTOR.....4 GOVT HOSPITAL OR DOCTOR.....5 DAI.....6 SCHOOL.....7 RADIO/TV.....8 MAGAZINE/PRINT.....9 OTHER.....10 (SPECIFY:_____)	YES....1 (5) NO.....2	WANTED CHILDREN.....1 HUSBAND PREFERS NOT.....2 BAD SIDE EFFECTS.....3 EXPENSIVE.....4 NOT AVAILABLE.....5 DID NOT KNOW ENOUGH.....6 ABOUT IT.....7 INEFFECTIVE METHOD.....8 RELIGIOUS REASONS.....9 HUSBAND ILL OR AWAY.....10 OTHER.....11 (SPECIFY:_____) <div style="text-align:center;">+-----+ NEXT WOMAN +-----+</div>	YES....1 NO.....2 (9)	RHYTHM.....1 CONDOM.....2 SPERMICIDE/ FOAM.....3 DIAPHRAGM.....4 PILL.....5 IUD.....6 INJECTION.....7 TUBAL LIGATION.....8 VASECTOMY.....9 WITHDRAWAL.....10 (10) OTHER.....11 (SPECIFY:_____)	FAMILY PLANNING CLINIC.....1 GOVT HOSPITAL.....2 PRIVATE DOCTOR OR HOSPITAL.....3 RELATIVE/FRIEND.....4 CHEMIST.....5 BASIC HEALTH UNIT (BHU).....6 RURAL HEALTH CENTRE (RHC).....7 MATERNAL CHILD HEALTH CENTRES (MCH).....8 OTHER.....9 (SPECIFY:_____)	YES....1 NO.....2 (NEXT WOMAN)	RHYTHM.....1 CONDOM.....2 SPERMICIDE/ FOAM.....3 DIAPHRAGM.....4 PILL.....5 IUD.....6 INJECTION.....7 TUBAL LIGATION.....8 OTHER.....9 (SPECIFY:_____)	WANTED CHILDREN.....1 HUSBAND PREFERS NOT.....2 BAD SIDE EFFECTS.....3 EXPENSIVE.....4 NOT AVAILABLE.....5 DID NOT KNOW ENOUGH.....6 ABOUT IT.....7 INEFFECTIVE METHOD.....8 RELIGIOUS REASONS.....9 HUSBAND ILL OR AWAY.....10 OTHER.....11 (SPECIFY:_____)	
				1 2 3				RUPEES			1 2 3

SECTION 13. MARRIAGE AND MATERNITY HISTORY PART C.

MATERNITY HISTORY (For all ever-married woman 14 to 50 years old who have given birth to at least one child)

ADMINISTER TO ALL EVER-MARRIED AGED 14 TO 50 YEARS WHO HAVE GIVEN BIRTH TO AT LEAST ONE CHILD.

I would like to ask you about all the births you have had, including those where the child was stillborn or born too early to live. Please start with the first birth and describe each one in turn.

WRITE WOMAN'S ID CODE FROM ROSTER

WRITE ID CODE OF PERSON
ACTUALLY INTERVIEWED

BIRTH ORDER OF CHILD	1	2	3	4	5	6	7	8	
	When was your (ORDER) child born?	What was the child's name?	What was the sex of the child?	Is he/she still alive?	How long did the child live?	Does ..(NAME)..currently live with you?	What is the highest level of schooling that ..(NAME).. has completed?	Write ..(NAME'S).. ID CODE from household roster	
	IF NOT KNOWN, ESTIMATE USING SUPPLEMENTARY CALENDAR		MALE...1 FEMALE...2	YES...1 (6) NO....2	NEXT BIRTH	YES...1 (8) NO....2	NEXT BIRTH	NEXT BIRTH	
	MONIH	YEAR			DAYS	MONIHS	YEARS	EDUC. CODE	ID CODE OF CHILD
	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								
11									
12									
13									
14									

COPY WOMAN'S ID CODE FROM PREVIOUS PAGE:

9. While you were pregnant with your last child, did you go for pre- natal consultations at a hospital or clinic?

YES.....1
NO.....2 (11)

10. From whom did you receive this care?

PRIVATE DOCTOR OR CLINIC.....1
PRIVATE HOSPITAL OR DISPENSARY..2
GOVT HOSPITAL OR DISPENSARY.....3
MATERNAL AND CHILD HEALTH
CARE CENTER.....4
GOVT BASIC HEALTH UNIT (BHU)...5
GOVT RURAL HEALTH CENTRE (RHC)..6
OTHER.....7

11. Who assisted you at birth?

DOCTOR.....1
NURSE/LHV.....2
MIDWIFE OR TRAINED DAI.....3
UNTRAINED DAI.....4
FEMALE RELATIVE.....5
OTHER.....6

12. Where did you give birth?

PRIVATE HOSPITAL OR CLINIC.....1
GOVT HOSPITAL OR CLINIC.....2
MATERNITY HOME.....3
MATERNAL AND CHILD HEALTH
CARE CENTER.....4
OWN HOME.....5
NATAL OR OTHER FAMILY'S HOME...6
OTHER.....7

SECTION 13. MARRIAGE AND MATERNITY HISTORY PART D.

INFANT FEEDING PRACTICES (For all ever-married women with a child currently 3 years (36 months) and younger)

WRITE WOMAN'S ID CODE FROM PREVIOUS PAGE:

HAS THE WOMAN A CHILD CURRENTLY 3 YEARS OR YOUNGER?
(SEE QUESTION 1, PART C)YES....1
NO.....2 (NEXT WOMAN)

13. Did you breastfeed your most recently born child?

YES.....1
NO.....2 (15)14. During the first four months he/she was alive, did you
regularly give your most recently born child additional
fluids (for example, water, tea, ghutti or animal milk)?YES.....1
NO.....2 (16)

15. Which fluids did you normally give him/her?

Water?

Tea?

Ghutti?

Animal milk?

Infant formula?

Milk powder?

Other?
(SPECIFY:_____)16. At what age did you start feeding your most recent child
solid foods?

MONTHS

17. Did you receive foods for your child from the zatche batche
or primary health center?YES.....1
NO.....2 (19)

18. Which foods did you receive?

MILK POWDER

INFANT FORMULA

WHEAT

OIL

OTHER
(SPECIFY:_____)

19. Are you breastfeeding your most recently born child now?

YES.....1
NO.....2 (21)20. How many times, in the past 24 hours,
day and night, did you breast feed?

TIMES:

22

21. How old was your most recently born child when you
stopped breastfeeding?IF NEVER BREASTFED,
WRITE 99

MONTHS

22. During the past 24 hours, have you fed your child ..[FOOD]..
How frequently did you give him/her ..[FOOD].. in the past
24 hours?Have you
fed?
(YES.....1
NO.....2)

FREQUENCY

Water?

Tea?

Ghutti?

Animal milk?

Infant formula?

Milk powder?

Solid foods?

Other?
(SPECIFY:_____)

SECTION 14.

ANTHROPOMETRICS: FOR ALL CHILDREN UNDER 5 AND THEIR MOTHERS

PLEASE OBTAIN THE AGE, WEIGHT AND HEIGHT FOR ALL CHILDREN UNDER 5 AND THEIR MOTHERS. IF AN INDIVIDUAL IS NOT AVAILABLE FOR MEASUREMENT, PLEASE SCHEDULE A FOLLOW-UP VISIT WITH THE HOUSEHOLD HEAD OR SOME OTHER SENIOR MEMBER.

	1	2	3	4	5	6	7	8	9	10
I D E N T I F I C A T I O N C O D E	When was ..[NAME].. born?	IS INFORMATION PROVIDED FROM BIRTH CERTIFICATE OR OTHER OFFICIAL PAPER?	This means that ..[NAME].. is _____ years and/or _____ months old (calculate age from reported date of birth in Q.1.)	Was ..[NAME].. measured?	Why was he/she not measured?	Height	Weight	PLEASE ASK FOR ALL CHILDREN 2 YEARS AND UNDER		
	ASK TO SEE A BIRTH REGISTRATION OR OTHER CERTIFICATE OF BIRTH. IF NOT AVAILABLE, ASK TO SEE IMMUNIZATION CARD OR ANY OTHER PAPER WITH BIRTH DATE	YES.....1 NO.....2	Is this correct? YES.....1 (WRITE AGE IN MONTHS IF UNDER 5 YEARS) NO.....2 (PROBE AND CORRECT. WRITE AGE IN YEARS AND/OR MONTHS)	YES, FIRST VISIT...1 (6) YES, SECOND VISIT...2 (6) NO.....3	NOT HOME DURING ENTIRE SURVEY PERIOD.....1 INDIVIDUAL TOO ILL.....2 INDIVIDUAL DEFORMED OR HANDICAPPED.....3 NOT WILLING/REFUSED.....4 OTHER.....5 (SPECIFY: _____)			Is ..[NAME].. currently being breastfed?	Do you normally give ..[NAME].. water, ghutti, tea or animal milk?	Do you normally give ..[NAME].. any solid food, for example, cereal, roti or fruit?
	DAY MONTH YEAR		YEARS MONTHS			CMS. FRACTION	KILOS FRACTION	YES....1 NO.....2 (NEXT CHILD)	YES...1 NO....2	YES....1 NO.....2

SECTION 15. CREDIT AND SAVINGS PART D2.

↓ DOWRIES ↓

OBTAIN INFORMATION FOR ALL WOMEN WHO HAVE MARRIED INTO THE HOUSEHOLD IN THE PAST 5 YEARS. THAT IS, ALL WOMEN WHO ARE ONLY RELATED TO THE HOUSEHOLD HEAD BY MARRIAGE.

WRITE ID CODE OF RES- PONDANT	WRITE ID CODE OF WOMAN	1	2	3			
		Did her family provide a dowry?	During what year was she married?	What did her dowry consists of?			
		YES....1 NO.....2 (NEXT WOMAN)	WRITE LAST TWO DIGITS ONLY				
			YEAR	a. Agriculture land	b. Jewelry/currency	c. Household effects	d. Other goods and Property
				VALUE (RUPEES)	VALUE (RUPEES)	VALUE (RUPEES)	VALUE (RUPEES)
1							
2							
3							

SECTION 15. CREDIT AND SAVINGS PART D 5.

BISI OR SAVING COMMITTEES

1. Has any member of your household participated in a bisi or saving committees over the past 12 months?

YES.....1
NO.....2 (SECTION 16)

2. How many people in total belong to the bisi committee? (IF MORE THAN ONE COMMITTEE, CHOOSE THE LARGEST)

No. OF PEOPLE

3. How much has your household contributed to the committee over the past 12 months?

RUPEES

4. How much has your household received from the bisi committee over the past 12 months?

RUPEES

ANNEX A: OCCUPATION AND INDUSTRY CODES

OCCUPATION

PROFESSIONAL/TECHNICIAN:	MAID ETC.....54
	CARETAKER ETC.....55
PHYSICAL SCIENTIST.....01	LAUNDERER ETC.....56
ARCHITECT/ENGINEER.....02	BEAUTY/HAIRDRESSER ETC..57
AIR/SHIP OFFICER.....04	PROTECTION.....58
LIFE SCIENTIST.....05	OTHER.....59
MEDICAL/DENTIST ETC.....06	
STAT/MATH/PROGRAMMER.....08	FARMER ETC:
ECONOMIST.....09	
ACCOUNTANT.....11	MANAGER (FARM).....60
JURIST.....12	WORKING OWNER (FARM)....61
TEACHER.....13	FARM WORKER.....62
RELIGIOUS.....14	FORESTRY WORKER.....63
JOURNALIST/WRITER.....15	FISHERMAN/HUNTER ETC....64
CREATIVE ARTIST.....16	
PERFORMING ARTIST.....17	PRODUCTION/TRANSPORT ETC:
SPORTSMAN ETC.....18	
OTHER.....19	
MANAGER/ADMINISTRATOR:	
GOV'MT ADMINISTRATOR.....20	
MANAGER/BOSS.....21	
CLERICAL:	
CLERICAL SUPERVISOR.....30	FOREMAN/SUPERVISOR.....70
GOV'MT EXECUTIVE OFF.....31	MINER ETC.....71
STENO/TYPEST/DATE ENTRY.32	METAL PROCESSOR.....72
BOOKKEEPER/CASHIER.....33	WOOD/PAPER WORKER.....73
COMPUTER OPERATOR.....34	CHEMICAL PROCESSOR.....74
TRANSPORT/COMM SUPERV.....35	WEAVER/KNITTER ETC.....75
DRIVER.....36	TANNER ETC.....76
POSTMAN/MAIL WORKER.....37	FOOD/BEVERAGE PROCESSOR..77
TELECOMM OPERATOR.....38	TOBACCO WORKER.....78
OTHER.....39	TAILOR ETC.....79
SALESMAN:	LEATHER WORKER.....80
	CABINET MAKER ETC.....81
	STONE WORKER.....82
MANAGER (TRADE).....40	TOOL OPERATOR ETC.....83
WORKING OWNER (TRADE)...41	NON-ELEC MACHINE REPAIR.84
SALES SUPERV/BUYER.....42	ELECTRICAL WORKER.....85
TRAVELLER/TECH SALESMAN.43	SOUND/CINEMA OPERATOR..86
INSURANCE SALESMAN ETC..44	PLUMBER/WELDER ETC.....87
SHOP ASSISTANT/SALESMAN.45	JEWELLER ETC.....88
OTHER.....46	POTTER ETC.....89
	RUBBER/PLASTIC WORKER...90
	PAPER WORKER.....91
	PRINTER ETC.....92
	PAINTER.....93
	OTHER PRODUCTION WORKER.94
	CONSTRUCTION WORKER....95
	MACHINE OPERATOR.....96
	FREIGHT HANDLER ETC.....97
	DRIVER ETC.....98
	OTHER LABOURER.....99
SERVICE WORKER:	
	OTHER:
MANAGER (CATERING ETC)..50	
WORKING OWNER (CAT'NG)..51	LOOKING FOR 1ST JOB.....X1
HOUSEKEEPING SUPERVISOR.52	OTHER OCCUPATION.....X2
COOK/WAITER ETC.....53	OCCUPATION NOT REPORTED.X3

INDUSTRY

AGRICULTURE ETC:	CONSTRUCTION:
AGRICULTURE/LIVESTOCK/HUNTING...11	BUILDING.....51
FORESTRY/LOGGING.....12	STREETS/HIGHWAYS/BRIDGES...52
FISHING.....13	IRRIGATION/HYDROELECTRIC ETC...53
	SPORTS PROJECTS.....54
	DOCKS/COMMUNICATIONS.....55
	SEWERS/WATER MAINS/DRAINS.....56
	PIPELINES.....57
	OTHER.....58
MINING ETC:	TRADE/RESTAURANTS/HOTELS:
COAL.....21	
PETROLEUM/NATURAL GAS.....22	WHOLESALE.....61
METAL ORE.....23	RETAIL.....62
OTHER.....29	RESTAURANTS/HOTELS.....63
MANUFACTURING:	
FOOD/BEVERAGE/TOBACCO.....31	TRANSPORT/STORAGE/COMMUNICATIONS:
TEXTILE/WEAVING/LEATHER.....32	
WOOD/FURNITURE.....33	TRANSPORT/STORAGE.....71
PAPER/PRINTING/PUBLISHING.....34	COMMUNICATIONS.....72
CHEMICAL/PETROLEUM/PLASTICS ETC..35	
OTHER NON-METALLIC.....36	FINANCE AND BUSINESS:
BASIC METALLIC.....37	
FABRICATED METALLIC/MACHINERY....38	FINANCE.....81
HANDICRAFT AND OTHER.....39	INSURANCE.....82
	REAL ESTATE/BUSINESS.....83
ELECTRICITY/GAS/WATER:	
	COMMUNITY/SOCIAL/PERSONAL SERVICES:
ELECTRICITY/GAS/WATER.....41	
WATER WORK AND SUPPLIES.....42	PUBLIC ADMINISTRATION/DEFENCE...91
	SANITARY ETC.....92
	SOCIAL ETC.....93
	RECREATION/CULTURE.....94
	PERSONAL/HOUSEHOLD.....95
	INTERNATIONAL AND OTHER.....96
	OTHER NON DEFINED.....00

ANNEX B: GEOGRAPHIC, CROP AND OTHER CODES AND CONVERSION TABLES

GEOGRAPHIC

PUNJAB:	SIND:	BALUCHISTAN:
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JHELUM.....03	KHANPUR.....30	KALAT.....53
ISLAMABAD.....04	SHAKAPUR.....31	MAKRAN.....54
SARGODHA.....05	SUKKUR.....32	ELSEWHERE IN
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LAHORE.....09	HYDERABAD.....36	INDIA.....56
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SHEIKHUPURA.....11	SANGHAR.....38	AFGANISTAN.....58
OKARA.....12	THARPARKAR.....39	OTHER COUNTRY.....59
GUJRANWALA.....13	THATTA.....40	
GUJRAT.....14		
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MULTAN.....19	ABBOTTABAD.....44	
VEHARI.....20	MARKAN.....45	
SAHIWAL.....21	PESHAWAR.....46	
D.G. KHAN.....22	KOHAT.....47	
LELAH.....23	KARAK.....48	
MUZAFFARGARH.....24	D. I. KHAN.....49	
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BAHAWALNAGAR.....26		
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PRIMARY, CLASS 2.....2	DEGREE COLLEGE, CLASS 14.....14
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PRIMARY, CLASS 4.....4	TECHNICAL/VOCATIONAL
PRIMARY, CLASS 5.....5	SCHOOL, ETC.....16
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MIDDLE, CLASS 7.....7	AGRI COLLEGE/UNIVERSITY.....18
MIDDLE, CLASS 8.....8	MEDICAL COLLEGE/UNIVERSITY.....19
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MATRIC, CLASS 10.....10	OTHER.....21

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COTTON AMERICAN.....02	CAULIFLOWER.....66
OTHER FIBRE CROPS.....03	LADYFINGER (OKRA).....67
WHEAT.....11	GOURDS, SQUASH,
RICE, FINE (BASMATI).....12	ZUCCHINI.....68
RICE, COARSE.....13	PEAS.....69
BARLEY.....14	OTHER VEGETABLE
OTHER SMALL GRAINS.....15	CROPS.....70
CORN (MAIZE).....21	MANGO.....71
SORGHUM.....22	GUAVA.....72
MILLET.....23	BANANAS.....73
OTHER FEED GRAINS.....24	DATES.....74
GRAM.....31	KINO.....75
MASH.....32	OTHER CITRUS.....76
MONG.....33	ALMONDS/WALNUTS.....77
RAWAN.....34	APPLE.....78
MASOOR.....35	APRICOT.....79
OTHER PULSES AND	PEARS/PLUMS/PEACHES.....80
LEGUMES.....36	MELON.....81
CORN.....41	POMEGRANATE.....82
SORGHUM.....42	GRAPES.....83
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MUSTARD-RAPESEED.....45	OTHER FRUITS, NUTS,
TURNIP.....46	BERRIES.....87
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TARAMIRA.....58	DRUGS AND DYES.....98
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BUYERS

BEOPARI.....1
COMMISSION AGENT.....2
COOPERATIVE.....3
PROCUREMENT CENTER.....4
RELATIVE.....5
VILLAGE SHOPKEEPER.....6
MILL.....7
OTHER (VILLAGE).....8
OTHER (TOWN).....9

TOOLS AND IMPLEMENTS

JANDRA.....01
SPADE.....02
AXE.....03
BAGO.....04
CHOHA/RAMBA.....05
SICKLE.....06
TRIANGLE.....08
HAND TOKA.....09
PORE.....10
DESI PLOUGH.....11
TARPHALI.....12
FURROW TURNING
PLOW.....13
KARAH.....14
YOKE.....15
LEVELLER.....16
BAR HARROW.....17
ROLLER SPRAYER.....18
HAND/POWER
SPRAYER.....19
FODDER CUTTER.....20
WOODEN MANGER.....21
MACHINE TOOLS
(DRILL, SAW,
LATHE).....22
OTHER.....23

AREA CONVERSIONS

8 KANALS = 1 ACRE
7 KANALS = .87 ACRES
6 KANALS = .75 ACRES
5 KANALS = .62 ACRES
4 KANALS = .50 ACRES
3 KANALS = .37 ACRES
2 KANALS = .25 ACRES
1 KANAL = .12 ACRES
1 SQUARE = 25 ACRES
2 JAREEBS= 1 ACRES
20 MARLAS = 1 KANAL

TIME UNITS

MINUTE.....1
HOUR.....2
DAY.....3
WEEK.....4
MONTH.....5
QUARTER.....6
HALF YEAR.....7
YEAR.....8

MEASUREMENT UNITS

KILOS.....1
MAUNDS.....2
PIECES.....3
BOTTLES.....4
LITER.....5
ACRES.....6
KANALS.....7
GRAMS.....8
RUPEES.....9
TOTAL AMOUNT.....10
DOZEN.....11

WEIGHT CONVERSIONS

1 CHATANK = 0.06 KILO
1 SEER = 1 KILO
1 PAU = 0.25 KILO
1 LITER (MILK) = 1 KILO
1 KILO = 1000 GRAMS
1 MAUND = 40 KILOS

SECTION 1. HOUSEHOLD INFORMATION PART A.

HOUSEHOLD ROSTER

1	2	3	4	5	6	7	8	9
<div> <div>MAKE A COMPLETE LIST OF ALL CONCERNED BEFORE GOING TO 4-9</div> <div>NAME</div> </div>	<div> <div>What is the sex of ..(NAME)..?</div> <div> <div>MALE..</div> <div>...1</div> <div>FEMALE</div> <div>....2</div> </div> </div>	<div> <div>What is the relationship of ..(NAME).. to the head of the household?</div> <div> <div>HEAD.....1</div> <div>WIFE OR HUSBAND.....2</div> <div>SON/DAUGHTER.....3</div> <div>GRANDCHILD.....4</div> <div>FATHER OR MOTHER.....5</div> <div>SISTER OR BROTHER.....6</div> <div>NIECE OR NEPHEW.....7</div> <div>SON/DAUGHTER-IN-LAW....8</div> <div>BROTHER/SISTER-IN-LAW..9</div> <div>FATHER/MOTHER-IN-LAW..10</div> <div>OTHER RELATIVE OF HEAD OR OF HIS/HER SPOUSE..11</div> <div>SERVANT/TENANT.....12</div> <div>OTHER PERSONS NOT RELATED TO THE HEAD..13</div> </div> </div>	<div> <div>How old is ..(NAME)..?</div> <div> <div>IF LESS THAN 1 YEAR, WRITE ZERO</div> <div>IF <10 YEARS, 8.</div> </div> </div>	<div> <div>What is the marital status of ..(NAME)..?</div> <div> <div>MARRIED.....1</div> <div>DIVORCED.....2</div> <div>SEPARATED.....3</div> <div>WIDOW/ WIDOWER.....4</div> <div>NEVER MARRIED..5</div> <div>IF NOT MARRIED, 8</div> </div> </div>	<div> <div>Does the spouse of..(NAME).. live in this household?</div> <div> <div>YES.....1</div> <div>NO.....2 (8)</div> </div> </div>	<div> <div>COPY THE ID CODE OF SPOUSE</div> <div>(IF MORE THAN 1 WIFE, USE THE ID CODE OF THE FIRST WIFE)</div> </div>	<div> <div>During the past 12 months, how many months did..(NAME).. live elsewhere?</div> <div>CODE 0 IF ALWAYS PRESENT</div> </div>	<div> <div>ACCORDING TO CRITERIA, IS PERSON A MEMBER OF THE HOUSEHOLD?</div> <div>YES.....1</div> <div>NO.....2</div> </div>
				YEARS				No. OF MONTHS

A B

SECTION 1. HOUSEHOLD INFORMATION
PART A: FAMILY ROSTER

PERSON INTERVIEWED: PREFERABLY THE MALE HEAD OF HOUSEHOLD. IF HE IS NOT AVAILABLE, FIND A "PRINCIPAL RESPONDENT" TO ANSWER THE QUESTIONS IN HIS PLACE. THE PERSON SELECTED MUST BE A MEMBER OF THE HOUSEHOLD WHO IS ABLE TO GIVE INFORMATION ON THE OTHER HOUSEHOLD MEMBERS.

PASS THE COMPLETED ROSTER FORM TO THE FEMALE INTERVIEWER FOR CROSS-CHECK OF INFORMATION.

INTERVIEWER: _____	
RESPONDENT: _____	ID CODE: _____

COLUMNS 1 TO 3

I would like to make a complete list of all the people who normally live and eat their meals together in this dwelling.

- * First, I would like to have the names of all the members of your immediate family, who normally live and eat their meals together in this dwelling. Include the head of the household, his wife or wives and their children in order of age.

WRITE THE NAMES OF ALL MALE ADULTS (10 YEARS AND OLDER) IN ONE PAGE (ID CODES 1 TO 12), AND THE NAMES OF ALL WOMEN AND CHILDREN IN THE OTHER PAGE (ID CODES 51 TO 62). ALWAYS WRITE DOWN THE HEAD OF THE HOUSEHOLD FIRST, THEN HIS SPOUSE AND HER CHILDREN IN ORDER OF AGE. IF THERE IS MORE THAN ONE WIFE, START WITH THE FIRST WIFE, FOLLOWED BY HER CHILDREN IN ORDER OF AGE, THEN THE SECOND WIFE AND HER CHILDREN IN ORDER OF AGE, AND SO ON.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

- * Please give me the names of any other persons related to the head of the household or to his wife but who normally live and eat their meals here. For instance, tenants, lodgers, servants, employees, or other persons who are not relatives.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

- * Please give me the names of any other persons not related to the head of household or to his wife but who normally live and eat their meals here. For instance, tenants, lodgers, servants, employees, or other persons who are not relatives.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

- * Are there any other persons not now present but who sometimes live and eat their meals here? For example, are there other persons who may live here only occasionally but provide a large share of the income used by this household? These might include any person studying/working somewhere else, on vacation or visiting other relatives/friends.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

- * Are there any other persons who slept here last night but who do not normally live here?

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

FOR EACH PERSON LISTED IN QUESTION 1, ASK QUESTIONS 4 TO 8 AND CLASSIFY THE PERSON ACCORDINGLY IN Q.9. COMPLETE THE ENTIRE LINE BEFORE GOING ON TO THE NEXT PERSON LISTED.

COLUMNS 4 TO 8

Now I would like to have some information about each of the persons you mentioned.

IF THE RESPONDENT HAS ANY DIFFICULTY WITH THE AGE OR DATE OF BIRTH (QUESTION 4), USE THE CALENDAR OF EVENTS TO MAKE AN ESTIMATE.

COLUMN 9

CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA:

LOOK AT THE ANSWER TO QUESTION 8.

- * ALL PERSONS ALIVE FOR WHOM THE ANSWER IS 9 MONTHS OR LESS ARE CLASSED AS HOUSEHOLD MEMBERS.
- * IF THE ANSWER IS MORE THAN 9 MONTHS, ONLY THE FOLLOWING ARE HOUSEHOLD MEMBERS:
 - THE HEAD OF HOUSEHOLD
 - ANYONE WHO IS A MAJOR PROVIDER
 - INFANTS LESS THAN 3 MONTHS OLD
 - PERSONS WORKING ABROAD WHO ARE NORMALLY MEMBERS OF THE HOUSEHOLD
 - STUDENTS SUPPORTED PRIMARILY BY THE HOUSEHOLD BUT WHO ARE CURRENTLY LIVING ELSEWHERE WHILE ATTENDING SCHOOL/COLLEGE/ UNIVERSITY
- * ALL OTHER PERSONS FOR WHOM THE ANSWER IS MORE THAN 9 MONTHS ARE NOT HOUSEHOLD MEMBERS.

ENTER CODE 1 FOR EACH HOUSEHOLD MEMBER AND CODE 2 FOR ALL OTHER PERSONS. GO ON TO THE NEXT PERSON LISTED.

COLUMNS A AND B

COLUMN A: ON THE LEFT SIDE OF THE FORM, PUT A CROSS IN COLUMN A NEXT TO THE NAMES OF ALL PERSONS WITH CODE 1 IN QUESTION 9.

COLUMN B: ENTER THE AGE IN COMPLETED YEARS (SEE QUESTION 4) OF ALL PERSONS WITH CODE 1 IN QUESTION 9 (I.E. THOSE WITH A CROSS IN COLUMN A). (FOR INSTANCE: FOR AGE 4 YEARS 8 MONTHS, ENTER 4. FOR AGE 9 MONTHS, ENTER 0).

PART B