

PAKISTAN INSTITUTE OF DEVELOPMENT ECONOMICS  
QUAID-I-AZAM UNIVERSITY CAMPUS, P.O. BOX 1091, ISLAMABAD



# PAKISTAN RURAL HOUSEHOLD SURVEY FEMALE QUESTIONNAIRE 2001

PROVINCE	DISTRICT		TEHSIL		VILLAGE			NEWHHNUM	

DAY	MONTH	YEAR

# PAKISTAN RURAL HOUSEHOLD SURVEY FEMALE QUESTIONNAIRE

PROVINCE	DISTRICT	TEHSIL	VILLAGE	NEWHHNUM
1	1	1	1	

DAY	MONTH	YEAR

**SURVEY NUMBER:**

21

**NATIVE LANGUAGE**

**ZAAT/BIRADERI / CASTE**

**NAME OF HEAD OF HOUSEHOLD**

**INTERVIEWER'S NAME**

**SUPERVISOR'S NAME**

**DATA ENTRY OPERATOR'S NAME**

**CID**

P	D	D	T	T	V	V	V	H	H	H	H

**RESULT OF VISIT**

**FIELD EDIT:** \_\_\_\_\_

**EDITOR:** \_\_\_\_\_

**OFFICE EDIT:** \_\_\_\_\_

**EDITOR:** \_\_\_\_\_

**CODES FOR RESULT OF VISIT:**

COMPLETE.....1  
 PARTIALLY COMPLETE.....2  
 NO RESPONDENT AVAILABLE.....3  
 REFUSED.....4  
 OTHER (SPECIFY \_\_\_\_\_).....5

**IMPORTANT: THESE DATA ARE FOR RESEARCH ONLY. HOUSEHOLD IDENTITIES WILL NOT BE DISCLOSED TO ANY GOVERNMENT AGENCY**

**FOR PANEL AND SPLIT HOUSEHOLDS ONLY**

**OLDHHNUM**




**SPLITNUM**

# PAKISTAN RURAL HOUSEHOLD SURVEY FEMALE QUESTIONNAIRE

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**INSTRUCTIONS FOR LISTING NAMES AND IDENTIFYING  
HOUSEHOLD MEMBERS IN ROSTER**

**PERSON INTERVIEWED: KNOWLEDGEABLE AND RESPONSIBLE FEMALE OF THIS HOUSEHOLDE WHO IS ABLE TO GIVE INFORMATION ON THE OTHER HOUSEHOLD MEMBERS.**

**PASS THE COMPLETED ROSTER TO THE MALE INTERVIEWER FOR CROSS-CHECK OF INFORMATION**

**REVIEW SUPPLEMENTARY INSTRUCTION SHEET IF PANEL OR SPLIT HOUSEHOLD**

RESPONDENT: \_\_\_\_\_ PID01: \_\_\_\_\_

**COLUMNS 1-3.**

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 DOWN THE NAMES OF ALL FAMILY MEMBERS. ALWAYS WRITE DOWN THE HEAD OF THE HOUSEHOLD FIRST, FOLLOWED BY 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 OF EACH PERSON IN CAPITAL LETTERS, FOLLOWED BY THEIR SEX AND THEIR RELATIONSHIP TO THE HOUSEHOLD HEAD.

\* Please give me the names of any other PERSONS (MALE AND FEMALE) related to the head of the household or to his wife, as well as all their children (MALE AND FEMALE) who normally live and eat their meals here.

WRITE DOWN THE NAME OF EACH PERSON IN CAPITAL LETTERS, FOLLOWED BY THEIR SEX AND THEIR RELATIONSHIP TO THE HOUSEHOLD HEAD.

\* Are there any other persons related to the head or to his wife who are not now present but who normally live and eat their meals here? For example, any person studying somewhere else or who is on vacation or who is visiting other people.

WRITE DOWN THE NAME OF EACH PERSON IN CAPITAL LETTERS, FOLLOWED BY THEIR SEX AND THEIR RELATIONSHIP TO THE HOUSEHOLD HEAD.

\* Are there any other persons (MALE or FEMALE) who are not no present but who sometimes live and eat their meals here. This might include any person currently working/studying abroad or elsewhere in the country who has either a spouse or children living in the household, or who is normally a member of the household, or someone who is on vacation or visiting other relatives/friends.

WRITE DOWN THE NAME OF EACH PERSON IN CAPITAL LETTERS, FOLLOWED BY THEIR SEX AND THEIR RELATIONSHIP TO THE HOUSEHOLD HEAD.

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

WRITE DOWN THE NAME OF EACH PERSON IN CAPITAL LETTERS, FOLLOWED BY THEIR SEX AND THEIR RELATIONSHIP TO THE HOUSEHOLD HEAD.

**INSTRUCTIONS FOR LISTING NAMES AND IDENTIFYING  
HOUSEHOLD MEMBERS IN ROSTER**

FOR EACH PERSON LISTED IN QUESTION 1, ASK QUESTIONS 3-12 AND CLASSIFY THE PERSON ACCORDINGLY IN Q.11. COMPLETE THE ENTIRE LINE BEFORE GOING ON TO THE NEXT PERSON LISTED.

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

IF THE RESPONDENT HAS ANY DIFFICULTY WITH HIS AGE (QUESTION 3), USE THE CALENDAR OF EVENTS TO MAKE AN ESTIMATE.

11. CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA:

LOOK AT THE ANSWER TO QUESTION 10.

\* ALL PERSONS ALIVE FOR WHOM THE ANSWER IS 9 MONTHS OR LESS ARE CLASSIFIED AS HOUSEHOLD MEMBERS. DECEASED INDIVIDUALS ARE NEVER CLASSIFIED AS HOUSEHOLD MEMBERS. LODGERS ARE NOT CLASSIFIED AS HOUSEHOLD MEMBERS. HIRED WORKERS AND SERVANTS ARE ALSO NOT CLASSIFIED AS HOUSEHOLD MEMBERS. GUESTS ARE ALSO NOT CLASSIFIED AS MEMBERS OF HOUSEHOLD.

\* IF THE ANSWER IS MORE THAN 9 MONTHS IN QUESTION 10, ONLY THE FOLLOWING ARE HOUSEHOLD MEMBERS IN QUESTION 11:

-- THE HEAD OF HOUSEHOLD

-- INFANTS LESS THAN 3 MONTHS OLD

-- INDIVIDUALS WORKING ABROAD OR ELSEWHERE IN THE COUNTRY WHOSE SPOUSE AND CHILDREN LIVE IN THE DWELLING OR WHO ARE **UNMARRIED** AND INTEND TO RETURN TO THE HOUSEHOLD.

-- STUDENTS SUPPORTED PRIMARILY BY THE HOUSEHOLD BUT WHO ARE CURRENTLY LIVING ELSEWHERE WHILE ATTENDING SCHOOL/COLLEGE/UNIVERSITY.

\* APART FROM THE CASES LISTED ABOVE, 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.

## SUPPLEMENTARY INSTRUCTIONS FOR PANEL HOUSHOLDS

### For Panel Households Who Are Intact (i.e., from which no splits households have been formed):

Write three digit household number in the box "OLDHNUM" for panel households. Write 00 in the box "SPLITNUM" since no new household has been formed from the original panel household (i.e. there are no split households associated with the panel household). Copy the names of all round 14 individuals who were listed as household members in the listing exercise (i.e., everyone for whom the answer to question 11 in part 1 of the listing roster was '1' should be on the new roster). For such households PID01=PID91. So use their original member id codes in the column PID01. Reserve id codes 1- 50 for those who are current household members and were registered as members in previous rounds. Start at id code 51 for all new persons present in the household.

Ask all the remaining questions as per instructions on the following sheet. In question 4 record the individual's relationship to the current household head.

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### For Panel Households With Split of Households:

Write the old household number on the cover page in front of OLDHNUM. Since the original panel household is one from which new "split" households have been formed, SPLITNUM=11 for the original panel household, 12 for the first split household interviewed, 13 for the second split household etc. When interviewing the original panel household, proceed exactly as above. When interviewing split off households, make sure that there PID91 is recorded in the roster, and assign PID01 starting with one, after listing all the members of this new household.





**SECTION 1: HOUSEHOLD INFORMATION**

1. Does any member of your household have children not living here in this household?

YES.....1

NO.....2 >>Next Section

E I D O 1	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	
	What are their names?  List all the children of household members regardless of age who do not live in this household and are not listed as household members of this household in the ROSTER, Part 1.  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">COMPLETE THE LIST BEFORE GOING TO Q3</div>	SEX  MALE...1 FEMALE.2	How old is (Name) now?  YEARS	Does the natural father of (Name) live in this household?  YES..1 NO...2 (≥7)	Copy the PID01 of father from the Roster  PID01	Does the natural mother of (Name) live in this household?  YES..1 NO...2 (≥9)	Copy the PID01 of mother from the Roster  ID CODE	Has (Name) ever attended school?  YES..1 NO...2 (≥12)	Is (Name) attending school now?  YES..1 NO...2	What was/is the highest class completed by (Name)?  CLASS CODES	Where does (NAME) live?  IF ABROAD, WRITE NAME OF COUNTRY.  IF URBAN REGION IN PAKISTAN, WRITE NAME OF CITY.  IF RURAL REGION IN PAKISTAN, WRITE NAME OF DISTRICT	What kind of work did/does (Name) do?  DESCRIPTION OF OCCUPATION CODE	

201													
202													
203													
204													
205													
206													
207													
208													
209													
210													
211													
212													

**SECTION 2: EDUCATION**

1.  P I D O 1	2. Copy the name of household members from Roster	3. Age of the household member (from roster)	4. Has (Name) ever attended school?	5. What are the main reasons for (Name) <u>never</u> going to school? ALLOW UPTO 3 RESPONSES			6. What is the (Name's) highest class completed?	7. Did (Name) attend school/college/university during the last 12 months?	8. Which class is (Name) enrolled in currently, or was last enrolled in during the past 12 months?	9. What kind of school/college/university is (Name) attending now, or (Name) last attended during the past 12 months?
	NAME	YEAR	YES...1 (»6) NO...2	(»NP)			CLASS	YES...1 NO...2 (»26)	CLASS	CODE

**SECTION 2: EDUCATION**

1. P I D 0 1	10. What type of school (Name) is attending now, or (Name) last attended during the past 12 months?  Government...1 Private.....2 NGO.....3 Hifz-e- Quran.....4 Deeni Madrisa.....5 Other (Specify_).....6	11. From where did (Name) typically go to school last attended during the last 12 months?  Own house.....1 Relative's house.....2 Friend's house...3 Boarding school.....4 Other (Specify_).....5	12. What was the typical mode of transportation for (Name) to go to school (last attended) during the last 12 months?  Walking.....1 Tonga.....2 Bicycle.....3 Motorcycle...4 Bus/Suzuki/ Datsun.....5 Taxi.....6 Own Car.....7 Other (Specify_).....8	13. On a typical day, how long does it take for (Name) to go to school (last attended) from the place mentioned in response to Q. 11?  Record time in minutes taken one way	14. How much did your household pay for the trip per month during schooling months?  If answer in Q12 is 1 or 3, write 00	15. Where is the school located ?  This village...1 Nearby town/village...2 Other district.....3 Other province.....4 Other country.....5	16. What is the medium of instruction at the school?  Urdu.....1 English.....2 Sindhi.....3  Try to know the language in which books are taught and exams are taken.	17. What is the language of instruction at the school?  English.....1 Urdu.....2 Punjabi.....3 Pushto.....4 Sindhi.....5 Balochi.....6 Saraiki.....7 Brahvi.....8 Other (Specify_).....9  Try to know the language in which generally teachers give instructions, irrespective of the language of books and exams.	18. In the last 12 months, how much did your household pay for (Name's) school fees (tuition and other required fees)?  RUPEES	19. In the last 12 months, how much did your household pay for (Name's) school uniforms and other clothing?  RUPEES	20. In the last 12 months, how much did your household pay for (Name's) school textbooks, notebooks, pens, writing boards, and other stationary?  RUPEES	
	CODE	CODE	CODE	MINUTES	RUPEES	CODE	CODE	CODE	CODE	RUPEES	RUPEES	RUPEES

1.  P I D O 1	21. In the last 12 months, how much did your household pay per day for (Name's) school daily allowances?	22. Have your household ever had difficulty in financing (Name's) education costs?	23. Has (Name) received any scholarship or subsidy to support his/her education during the past 12 months? (include free lunches, medical check-ups/care, immunizations, etc. and cash incentives)	24. What is the value of the scholarship or subsidy received during the past 12 months?	25. Is (Name) currently attending school?	26. In what year did (Name) leave education?	27. What were the main reasons why (Name) left education?  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Allow up to 3 responses</div> <ul style="list-style-type: none"> <li>Accomplished the level desired.....1</li> <li>School too expensive.....2</li> <li>School too far/schooling not common in community.....3</li> <li>Poor quality of school/teachers.....4</li> <li>Lack of female teachers.....5</li> <li>Physical punishment by teacher.....6</li> <li>Teachers did not show up.....7</li> <li>Teacher unwilling to teach my children...8</li> <li>Failed in exam/had very low marks.....9</li> <li>Needed to work at a job to support self/family.....10</li> <li>Needed to work on farm.....11</li> <li>Needed to work at home.....12</li> <li>Needed to get training in some skilled work.....13</li> <li>Marriage.....14</li> <li>Own illness/disability.....15</li> <li>Illness in the family.....16</li> <li>Schooling not approved by local leader.....17</li> <li>Other (specify __).....18</li> </ul>			28. In the year when (Name) quit formal education, what was the total income of your household as compared to the typical (average) year?  <p style="text-align: center;"><b>Better than average.....1</b> <b>About average.....2</b> <b>Worse than average.....3</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                 (&gt;&gt;NP) If last person (&gt;&gt;next section)             </div>
	<b>RUPEES</b>	YES..1 NO....2	YES...1 NO....2 (>>25)	<b>RUPEES</b>	YES....1 (»NP) NO...2	<b>YEAR</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>CODE</b>

1. Does your household cultivate either your own land or rented in/sharecropped land?

Yes.....1

No.....2 (>> 13)

2

P I D O I	2 Name	Kharif-2000					Rabi-2001					Livestock				
		3 Did you spend any time working on the household's own farm during Kharif 2000?	4 How many days did you spend on harvesting & threshing? (Probe by Kharif Crops)	5 How many hours did you work per day on harvesting & threshing?	6 How many days did you spend on other agricultural activities? (Probe by Kharif crop & activity lists)	7 How many hours did you work on average per day on other agricultural activities?	8 Did you spend any time working on the household's own farm during Rabi 2001?	9 How many days did you spend on harvesting & threshing? (Probe by Rabi Crops)	10 How many hours did you work per day on harvesting & threshing?	11 How many days did you spend on other agricultural activities? (Probe by Rabi crops and activity lists)	12 How many hours did you work on average per day on other agricultural activities?	13 Do you or any member of the household own livestock now (or did you own livestock in the past year)?	14 During the last week did you spend time tending animals/poultry ?	15 How many days did you do this during the last week? (Probe by livestock activity list)	16 How many hours did you work on average per day?	17 How many weeks did you spend during the last year on livestock related work?
		YES...1 NO....2 (>> 8)	DAYS	HRS/DAY	DAYS	HRS/DAY	YES...1 NO....2 (>>13)	DAYS	HRS/DAY	DAYS	HRS/DAY	YES...1 NO....2 (>> 18)	YES...1 NO....2 (>> 17)	DAYS/WEEK	HRS/DAY	WEEK

<b>Kharif Crops:</b> cotton, rice, maize, mash daal, mung daal, fodder, soyabean, sunflower, chillies, other vegetables.	<b>Rabi Crops:</b> wheat, barley, chana daal, masoor daal, fodder, mustard, rapeseed, potatoes, onions, tobacco, peanuts.	<b>Other Agricultural Activities:</b> seed preparation, tilling, sowing/transplanting, collecting/spreading farmyard manure, weeding.	<b>Livestock/Poultry Related Activities:</b> bringing fodder, cleaning, watering, milking, care of birthing/sick animals.
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P I D O I	Fetching Water				Gathering Firewood			
	18 Did you spend any time fetching water for your household last week?	19 How many times last week did you do this?	20 How much time do you normally spend doing this task each time?	21 Did you spend any time gathering firewood for your household last week?	22 How many times last week did you do this?	23 How much time do you normally spend doing this task each time?		
	YES...1 NO....2			YES...1 NO....2				
(>> 21)	NUMBER	HRS	MINS	(>> NP)	NUMBER	HRS	MINS	

1. Did you do any work for wages on a farm, or any livestock related work for other households during Kharif 2000 or Rabi 2001?

Yes...1 No....2 (>> Part 3)

2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
P I D O 1	Activity Type:	Season in which activity was done	How many days did you do this activity?	How many hours per day did you typically do this activity?	Did you do this work in this village?	What mode of transport did you normally use to get to your place of work?	By the usual means of travel how long did it take to reach your place of work?	Did other members of your family also work with you in this activity?	How were you paid?	How much were you paid in cash per day for this work?	Did you receive cash directly?	If directly, did you keep it or give it to someone else?	What was the value of in-kind payments per day for this work?	While doing the work how many meals were you provided by your employer per day?
	Description	Code	Season	Days	Hrs/Days	No...1 No...2	Code	Hours Min	No...1 No...2	Code	Rupees	Yes..1 No...2 (>>14)	Code	Rupees
	List each activity done by a respondent on a separate line. Write the respondent's PID01 in column 1 for each activity. Once all activities for a respondent are listed choose an appropriate code from the activity list for Q. 2. If the activity is not listed, code it as 'other agricultural activities'. Record all activities for one respondent and complete questions 3-15 for each listed activity before moving to the next respondent.	Kharif 2000...1 Rabi 2001 .....2 Both...3			Yes..1 No...2	Walking..1 Bicycle....2 Bus/Wagon... .....3 Tonga.....4 Bullock Cart.....5 Others.....6	Record time taken one way		Cash time rate.....1 Cash piece rate.....2 In Kind only.....3 (>> 14) Cash & Kind.....4 Unpaid exchange labour.....5 (>> next activity or NP)	If piece rate, estimate cash wage per day	Yes..1 No...2 (>>14)	Kept all.....1 Gave all to husband/ family....2 Gave some to husband/ family...3	Leave blank if no in-kind payment received	

**Activity Code for Q.2**

- Seed preparation.....1
- Tilling/ Land preparation.....2
- Weeding.....3
- Collecting/ spreading farmyard manure.....4
- Livestock care.....5
- Sowing/ transplanting rice.....6
- Harvesting rice.....7
- Sowing cotton
- Picking cotton.....8
- Sowing wheat.....9
- Harvesting wheat.....10
- Planting sugarcane.....11
- Harvesting sugarcane.....12
- Planting vegetables.....13
- Harvesting vegetables.....14
- Tree planting.....15
- Care of Orchards..16
- Harvesting Fruits.....17
- Other agricultural activities.....18

1. Did you do any work for wages on a farm, or any livestock related work for other households during Kharif 2000 or Rabi 2001?

Yes...1 No...2 (>> Part 3)

2

1		2	3	4	5	6	7	8		9	10	11	12	13	14	15	Activity Code for Q.2	
P I D O 1	Activity Type:		Season in which activity was done	How many days did you do this activity?	How many hours per day did you typically do this activity?	Did you do this work in this village?	What mode of transport did you normally use to get to your place of work?  Walking...1 Bicycle....2 Bus/Wagon... .....3 Tonga.....4 Bullock Cart.....5 Others....6	By the usual means of travel how long did it take to reach your place of work?		Did other members of your family also work with you in this activity?	How were you paid?  Cash time rate.....1 Cash piece rate.....2 In Kind only.....3 (>> 14) Cash & Kind.....4 Unpaid exchange labour.....5 (>> next activity or NP)	How much were you paid in cash per day for this work?  If piece rate, estimate cash wage per day	Did you receive cash directly?	If directly, did you keep it or give it to someone else?  Kept all.....1 Gave all to husband/ family.....2 Gave some to husband/ family.....3	What was the value of in-kind payments per day for this work?  Leave blank if no in-kind payment received	While doing the work how many meals were you provided by your employer per day?  None..0 One...1 Two...2		Seeed preparation.....1 Tilling/ Land preparation.....2 Weeding.....3 Collecting/ spreading farmyard manure.....4 Livestock care.....5 Sowing/ transplanting rice.....6 Harvesting rice.....7 Sowing cotton Picking cotton.....8 Sowing wheat.....9 Harvesting wheat.....10 Planting sugarcane.....11 Harvesting sugarcane.....12 Planting vegetables.....13 Harvesting vegetables.....14 Tree planting.....15 Care of Orchards.....16 Harvesting fruits.....17 Other agricultural activities.....18
	Description	Code						Season	Days									













**SECTION 4: LIVESTOCK OWNERSHIP**

TO BE ASKED OF KNOWLEDGEABLE FEMALE MEMBER  
OF THE HOUSEHOLD

A N I M A L  N U M B E R		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
		Current total number of animals owned by the household. (Write 0 for no animal and >> 7)	Number of lactating animals currently owned by the household	number of other adult females (non-lactating) currently owned by the households	Number of adult male animals currently owned by the household	Number of young female animals currently owned by the household	Number of young male animals currently owned by the household	Number of animals stolen	Number of animals sold during the last 12 months (If 0, >> 10)	Value of sales of animals during the last 12 months	Number of animals purchased during the last 12 months (If 0, >> 12)	Amount spent on purchasing animals during the last 12 months	Number of animals born in last 12 months	Number of animals that died in the last 12 months	Number of animals slaughtered for own-use in the last 12 months	Number of animals loaned-in during the last 12 months	Number of animals received as gifts during last 12 months	Number of animals given out as gift during last 12 months
	ANIMAL	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	RUPEES	NUMBER	RUPEES	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER

1	Sahiwal Cows																	
2	Imported Cow Breed																	
3	Local Cow Breed																	
4	Buffaloes																	
5	Goats																	
6	Sheep																	
7	Donkeys																	
8	Horse																	
9	Camel																	
10	Bullock																	

ANIMAL		1. Milk produced last week	2. Quantity of milk sold last week	3. Price per kilo	4. Buyer's code for milk sold  Neighbor.....1 Middleman.....2 Village Shopkeeper....3 Other (Village)...4 Other (Town)..5  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">Allow up to three responses.</div>		
	ANIMAL	KILOS	KILOS	RUPEES	I	II	III
1	Sahiwal Cows						
2	Imported Cow breed						
3	Other cow breed						
4	Buffaloes						
5	Goats/Sheep						

**NOTE: Fractions (e.g., 2.5, .25, ..) are allowed for the reporting of quantities**

5. What proportion of milk sales were made by female members of the household?

**Percentage**   
If 0>>7

6. Did you keep income from the sale of milk or hand it to someone else?

**Kept all.....1**  
**Gave all to husband/other male hhold members.....2**  
**Gave some to husband.other male hhold members.....3**  
**Other (specify).....4**

7. Quantity of fresh milk consumed from own-production in last week

**KILOS**

8. Quantity of milk converted into ghee or butter in last week

**KILOS**

9. Quantity of Ghee or butter Obtained in last week

**KILOS**

10. Quantity of Ghee or butter sold in last week

**KILOS**

11. Price per kilo of Ghee or butter sold in last week

**RUPEES**

12. Quantity of milk converted into cheese/yoghurt in last week

**KILOS**

13. Quantity of cheese/yoghurt obtained in last week

**KILOS**

14. Quantity of cheese/yoghurt sold in last week

**KILOS**

15. Price per kilo of cheese or yoghurt sold in last week

**RUPEES**

16. What proportion of ghee/butter/cheese/yoghurt sales were made by female members of the household?

**Percentage**   
If 0>> Part 2

17. Did you keep income from the sale of these products or hand it to someone else?

**Kept all.....1**  
**Gave all to husband/other male hhold members.....2**  
**Gave some to husband/other male hhold members.....3**  
**Other (specify).....4**

**SECTION 5: CONSUMPTION**

FEMALE RESPONDENT

**PART 2: LIVESTOCK GRAZING AND FEEDS UTILIZATION**

ANIMAL NUMBER	1.	
	ANIMAL	Average Hours in pasture grazing per day
1	Lactating Cows	
2	Lactating Buffaloes	
3	Lactating Goats/Sheep	
4	Other cows buffaloes	
5	Goats and Sheep	

FEED NUMBER	2.		3.	
	FEED TYPE	Purchased concentrates used per day	Price per kilo	Annual expenditure (Report only, if information in 2 and 3 is not available)
1	Cotton seed			
2	Cotton seed cake			
3	Rape seed cake			
4	Grains			
5	Wheat flour			
6	Gram			
7	Ghee			
8	Commercial feed			
9	Medicine			
10	Other (specify)			

4. Total green fodder used per day  
 KILOS

5. Total dry fodder used per day  
 KILOS

6. Total home produced concentrate used per day  
 KILOS

**PART 3: POULTRY AND EGG PRODUCTION AND FEEDS USED PER DAY**

1. Current number of heads of chicken owned  
 NUMBER

2. Number of chickens sold last month  
 NUMBER

3. Price per head on chicken sold last month  
 RUPEES

4. Number of eggs sold last month  
 NUMBER

5. Price per egg sold last month  
 RUPEES

FEED NUMBER	1.		2.		3.		4.	
	FEED	Home produced feed used per day	Purchased feed concentrates used per day	Price per kilo of purchased feed concentrate used per day	Annual expenditure (Report only, if information in 2 and 3 is not available)			
1	Wheat Grain							
2	Maize Grain							
3	Gram							
4	Bone Meal							
5	Fish Meal							
6	Commercial Mixed Feed							
7	Medicines							
8	Other (Specify _____)							

1	Wheat Grain				
2	Maize Grain				
3	Gram				
4	Bone Meal				
5	Fish Meal				
6	Commercial Mixed Feed				
7	Medicines				
8	Other (Specify _____)				

**NOTE: Fractions (e.g., 2.5, .25, ..) are allowed for the reporting of quantities**



(Only those foods used for human consumption should be reflected in this section)

F O O D  I D	FOOD ITEM	PAID AND CONSUMED					UNPAID AND CONSUMED					
		1. How often does your household purchase ...?  Daily.....1 Twice a week.....2 Three times a week.....3 Weekly.....4 Every two weeks.....5 Monthly.....6 Every two months.....7 Quarterly.....8 Twice a year.....9 Annually.....10	2. In the last period, how many units did you purchase?  UNIT CODES:  Kilogram...1 Gram .....2 Liter.....3 Bottle.....4 Packet.....5 Number.....6	3. Price per unit	4. In the last period, how many rupees did you pay for the purchase?	5. Did you obtain this item on udhar?	6. Other than purchases, how much did you consume any of these goods LAST WEEK which you received IN KIND as WAGES or SALARY? (For e.g., as meals or crops)  UNIT CODES:  Kilogram....1 Gram .....2 Liter.....3 Bottle.....4 Packet.....5 Number.....6	7. How much did you consume any of these goods LAST WEEK which you PRODUCED ON YOUR OWN?  UNIT CODES:  Kilogram...1 Gram .....2 Liter.....3 Bottle.....4 Packet.....5 Number.....6	8. How much did you consume any of these goods LAST WEEK which you received as GIFTS or ASSISTANCE from individuals or from the government or a private institution?  UNIT CODES:  Kilogram...1 Gram .....2 Liter.....3 Bottle.....4 Packet.....5 Number.....6			
		NO. OF UNITS	UNIT CODE	RUPEES	RUPEES	YES...1 NO...2	NO. OF UNITS	UNIT CODE	NO. OF UNITS	UNIT CODE	NO. OF UNITS	UNIT CODE

1	Atta											
2	Wheat grain (not used as Atta)											
3	Maida											
4	Maize flour											
5	Basmati Rice											
6	Other Rice											
7	Other Grains											
8	Chick peas Dal											
9	Masoor Dal											
10	Mung dal											
11	Mash dal											
12	Other dal											
13	Vegetable Oil											
14	Dalda											
15	Ghee											
16	Fresh Milk											
17	Yoghurt											
18	Lassi											
19	Cheese											

F O O D  I T E M	FOOD ITEM	PAID AND CONSUMED						UNPAID AND CONSUMED									
		1. How often does your household purchase ...?		2. In the last period, how many units did you purchase?		3. Price per unit		4. In the last period, how many rupees did you pay for the purchase?		5. Did you obtain this item on udhar?		6. Other than purchases, how much did you consume any of these goods LAST WEEK which you received IN KIND as WAGES or SALARY? (For e.g., as meals or crops)		7. How much did you consume any of these goods LAST WEEK which you PRODUCED ON YOUR OWN?		8. How much did you consume any of these goods LAST WEEK which you received as GIFTS or ASSISTANCE from individuals or from the government or a private institution?	
		Daily.....1 Twice a week.....2 Three times a week.....3 Weekly.....4 Every two weeks.....5 Monthly.....6 Every two months.....7 Quarterly.....8 Twice a year.....9 Annually.....10		UNIT CODES:  Kilogram...1 Gram .....2 Liter.....3 Bottle.....4 Packet.....5 Number.....6		RUPEES  RUPEES		YES...1 NO...2		UNIT CODES:  Kilogram....1 Gram .....2 Liter.....3 Bottle.....4 Packet.....5 Number.....6		UNIT CODES:  Kilogram...1 Gram .....2 Liter.....3 Bottle.....4 Packet.....5 Number.....6		UNIT CODES:  Kilogram...1 Gram .....2 Liter.....3 Bottle.....4 Packet.....5 Number.....6			
	CODE	NO. OF UNITS	UNIT CODE	RUPEES	RUPEES	YES...1 NO...2	NO. OF UNITS	UNIT CODE	NO. OF UNITS	UNIT CODE	NO. OF UNITS	UNIT CODE					

20	Butter											
21	Milk Powder											
22	Other Milk Products											
23	Baby Formula											
24	Sugar											
25	Gur											
26	Mutton											
27	Beef/Buffalo											
28	Chicken											
29	Eggs											
30	Other poultry birds (ducks, quail,											
31	Fish											
32	Onion											
33	Potatoes											
34	Sag											
35	Other Vegetables (Expend. Only)											
36	Bananas (Expend. Only)											
37	Other Fruits (Expend. Only)											
38	Bottled & Canned Prod. (Expend.											
39	Biscuits & Cakes (Expend. Only)											
40	Spices (Expend. Only)											
41	Tea (Expend. Only)											
42	Bread, buns											

		PAID AND CONSUMED						UNPAID AND CONSUMED					
F O O D  I T E M	FOOD ITEM	1. How often does your household purchase ...?	2. In the last period, how many units did you purchase?	3. Price per unit	4. In the last period, how many rupees did you pay for the purchase?	5. Did you obtain this item on udhar?	6. Other than purchases, how much did you consume any of these goods LAST WEEK which you received IN KIND as WAGES or SALARY? (For e.g., as meals or crops)	7. How much did you consume any of these goods LAST WEEK which you PRODUCED ON YOUR OWN?	8. How much did you consume any of these goods LAST WEEK which you received as GIFTS or ASSISTANCE from individuals or from the government or a private institution?				
		CODE	NO. OF UNITS	UNIT CODE	RUPEES	RUPEES	YES...1 NO...2	NO. OF UNITS	UNIT CODE	NO. OF UNITS	UNIT CODE	NO. OF UNITS	UNIT CODE
		Daily.....1 Twice a week.....2 Three times a week.....3 Weekly.....4 Every two weeks.....5 Monthly.....6 Every two months.....7 Quarterly.....8 Twice a year.....9 Annually.....10	<b>UNIT CODES:</b>  Kilogram...1 Gram .....2 Liter.....3 Bottle.....4 Packet.....5 Number.....6				<b>UNIT CODES:</b>  Kilogram....1 Gram .....2 Liter.....3 Bottle.....4 Packet.....5 Number.....6	<b>UNIT CODES:</b>  Kilogram...1 Gram .....2 Liter.....3 Bottle.....4 Packet.....5 Number.....6					
43	Other baked products												
44	Soft Drinks												
45	Kerosene												
46	Charcoal												
47	Firewood												
48	Dung Cakes												
49	Match box, candle												
50	Others												

9. In the last week, how many meals have your family members eaten outside the house ? (Person x days x meals)  <b>Total Meals</b>	10. How much did your family spend on food away from home last week ? (code 777 if entirely gifts/wages)  <b>Rupees</b>	11. How many visitors ate with you last week ?  <b>Number</b>	12. Total number of meals eaten by visitors last week (Visitors x days x meals)  <b>Total Meals</b>

Note:  
Meals should be computed on the basis of family members who were present in the last week

13. In the last 12 months how much has your family spent on ceremonies/weddings, circumcisions, funerals? (PROBE USING SPECIFIC TYPES OF OCCASIONS)  
(Include ceremonies held in this household only)

**RUPEES**

A S S E T  N U M B E R	1 2		3			4
	How many does your family own?	Type of ownership  Single.....1 Joint with other households.....2	How acquired?  Purchase.....1 Gift.....2 Remittance from abroad....3 Dowry.....4 Inherited.....5 Combination of 2 and 3.....6			Current value
	ASSET	NUMBER	I	II	III	RUPEES
1	TV					
2	VCR					
3	Cell phone					
4	Computer					
5	Radio					
6	Cassette Player/Phonograph					
7	Bicycle					
8	Motorcycle					
9	Scooter					
10	Car					
11	Pickup					
12	Jeep					
13	Bus					
14	Truck					
15	Sewing Machine					
16	Washing Machine					
17	Refrigerator					
18	Cooler					
19	Air Conditioner					
20	Gold or Silver Jewelry/Ornaments					
21	Watches					
22	Camera					
23	Guns					
24	House in village					
25	House /building in other areas					
26	Other (specify)					

1. What type of house does your family live in?  
**Katcha.....1**  
**Pacca.....2**  
**Katcha/Pacca...3**

2. How many rooms do you have in the house where you live?  
 (Do not count storage rooms, bathrooms,  
 kitchen or room for business) **Number**

3. What is your present occupancy status?  
**Owner.....1**  
 (>>5)  
**Rented.....2**

4. How much rent do you pay per month?  
**RUPEES**

5. Does your house have.....?  
**Yes.....1**  
**No.....2**

Electricity connection

Gas connection

Telephone connection

6. What is the source of drinking water for your household?  
**Tap.....1**  
**Hand pump/Motorized**  
**Pump/Tubewell.....2**  
**Open well.....3**  
**Closed well.....4**  
**Pond.....5**  
**Canal/River.....6**  
**Spring.....7**  
**Purchased.....8**  
 (>> 8)  
**Other (Specify).....9**

7. How far (round rip) is the source of drinking water from your house?  
**Inside the House...0**  
**0 to 1 KM.....1**  
**More than 1 to 2 KM...2**  
**More than 2 to 3 KM....3**

8. How much do you pay as water charges per month?  
**RUPEES**

9. Does your house have toilet(s)?  
**Yes.....1**  
**No.....2**

10. Is your house connected with a drainage/sewage system?  
**Yes, Underground Drains....1**  
**Yes, Covered Drains.....2**  
**Yes, Open Drains.....3**  
**No, No system.....4**

S E R V I C E  C O D E	HEALTH SERVICE	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	
		Do you know of/ use a (FACILITY/ PROVIDER)?	Do you use the (FACILITY/ PROVIDER) nearest to your home?	Name of (FACILITY/ PROVIDER)?	What mode of transportation do you use to travel to the (FACILITY/ PROVIDER) from your home? Walking.....1 Bicycle.....2 Bus.....3 Wagon.....4 Tonga.....5 Bullock Cart.....6 Car.....7 Taxi.....8 Motorcycle.....9 Other.....10	By the usual means of travel, how long does it take to reach (Facility/ Provider) from your home?  Record time taken one way	For how long on average do you usually wait for a consultation at this service provider including time spent with doctor?  Record time taken one way	Is a male doctor usually present at this facility?	Is a lady doctor/ paramedic usually present at this facility?	Are medicines usually available at this facility?	Are modern family planning services usually available at this facility?	For how many hours in a typical working day is this facility provider usually open?	Can you go alone to this facility/service provider?	Whose permission do you need to visit this facility provider?  No one.....1 Husband's...2 Elders .....3 Other specify.....4	
		YES...1 NO...2	YES...1 NO...2	If known	Code	Hours	Minutes	Hours	Minutes	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	Hours	YES...1 NO...2

Government																
1.	Hospital	1	1	DR NIGAR	4	1	00	1	00	1	1	2	2	12	2	3
2.	Rural Health Centre	2														
3.	Basic Health Unit	2														
4.	Dispensary	2														
5.	Other Govt.	2														
Private																
6.	Hospital/clinic (in patient facilities)	2														
7.	Doctor	1	1	DR KARIM bars	4	00	45	00	25	1	2	2	2	7	2	3
8.	Hakim	2														
9.	Homeopath	2														
10.	Chemist/store which sells medicine	2														
11.	Other Hospitals <i>Compounder</i>	1	1	ALI	1	00	02	00	5	1	2	2	2	1	1	3

(Village Islay Samoo)

14.	Have you been visited at home by a health or family planning worker in the last 3 months?	Yes.....1 No.....2 >> NEXT SECTION
15.	Who visited you? <i>(probe by asking name of worker)</i> a) LHW b) FP Worker c) VBFPW (Village basic family planning worker) d) Other (Specify)	Yes....1 No....2  [ ] [ ] [ ] [ ]
16.	Did she provide advice on ways to improve health to anyone in the household? Please describe. a) Advice on family planning b) Immunization of children c) Encouraged pregnant women to seek antenatal care d) Advice on treatment of diarrhea (including use of e) ORS and preparation of home fluids f) Advice on ways to improve cleanliness of water	Yes....1 No....2 NA....7  [ ] [ ] [ ] [ ] [ ] [ ]

LHWs are recognizable because they carry a bag with Benazir Bhutto's picture on it and have gray colored writing pads with black writing. VBFPWs are recognizable because they carry green colored writing pads with white colored writing. They also carry bags which have a monogram with a single adult and two small figures.





P I D O 1	1.	2.	3.	4.	5.	6.	7.	8.				9.	10.
	NAME	Over the past 12 months did (Name) find it difficult to perform their normal activities for a week or more due to illness or accident or disability? YES.....1 NO.....2 ( > 13)	What was the illness/disability? Injury.....1 Respiratory problem.....2 TB.....3 Intestinal problems.....4 Fever.....5 Heart problem.....6 Mental illness.....7 Cataract/Other sight problems.....8 Reproductive health problems.....9 Permanent disability....10 Jaundice/hepatitis.....11 Measles.....12 Renal/kidney problems.....13 Others.....14 For 1-9 >> 5 & 11-14 >> 5	What was the disability? Blind.....1 Deaf.....2 Mute.....3 Loss of limb.....4 Lame.....5 Paralysis..6 Other.....7 Code	For how long did (Name) have this illness/disability? 1 month or less.....1 1-3 months.....2 3-6 months.....3 >6 months but <1 year.....4 Between 1-5 years...5 Since birth.....6 Code	Are you currently suffering from this illness YES.....1 NO.....2	During the past 12 months did (Name) name consult anyone for this illness/disability? YES.....1 NO.....2 >> NP	Which of the following were consulted for this illness/disability? LHW/VBFPW.....1 RHC/BHU.....2 Govt. Hospital.....3 Gov. Dispensary.....4 Govt. doctor/paramedic in private capacity.....5 Private Doctor.....6 Private clinic/hospital.....7 Chemist.....8 Hakim/homeopath.....9 Faith healer/pir.....10 Other (specify).....11 report in order consulted				Rupees	Rupees
								1	2	3	4		
2	HASAN	2											
6	SHAFI MOHD	2											
7	PUNHAL	2											
8	RAMZAN	1	7		4	2	1	6				250	1500
9	SAKINA	2											
11	MIAN WASTO	2											
12	JAN MOHD	1	10	7 (MAD)	6	1	2						
13	LARHI	2											

P I D O I	11. During the past 12 months how much did you spend altogether on travel costs associated with the treatment	12. How did you finance the treatment?  Household income.....1 Savings.....2 Sale of Assets.....3 Unsecured Loans.....4 Mortgage of assets .....5 Mortgage of land....6 Assistance.....7 Insurance.....8 Other.....9  Report in order of importance	13 Weight	14 Height
	Rupees	1 2 3 4	Kgs Fraction	CM Fraction

All household members of age greater than 6 years

2					999	0	999	0
6					50	2	170	00
7					50	8	169	5
8		4			50	8	163	
9					38	8	158	5
11					43	00	167	00
12					999	0	999	0
13					999	0	999	0

P I D O 1	1.	2.	3.	4.	5.	6.	7.	8.				9.	10.
	NAME	Over the past 12 months did (Name) find it difficult to perform their normal activities for a week or more due to illness or accident or disability?  YES.....1 NO.....2 (>> 13)	What was the illness/disability? <b>Injury.....1</b> <b>Respiratory problem.....2</b> <b>TB.....3</b> <b>Intestinal problems.....4</b> <b>Fever.....5</b> <b>Heart problem.....6</b> <b>Mental illness.....7</b> <b>Cataract/Other sight problems.....8</b> <b>Reproductive health problems.....9</b> <b>Permanent disability.....10</b> <b>Jaundice/hepatitis.....11</b> <b>Measles.....12</b> <b>Renal/kidney problems.....13</b> <b>Others.....14</b>  For 1-9 >> 5	What was the disability?  <b>Blind.....1</b> <b>Deaf.....2</b> <b>Mute.....3</b> <b>Loss of limb.....4</b> <b>Lame.....5</b> <b>Paralysis.....6</b> <b>Other.....7</b>	For how long did (Name) have this illness/disability?  <b>1 month or less.....1</b> <b>1-3 months.....2</b> <b>3-6 months.....3</b> <b>&gt;6 months but &lt;1 year.....4</b> <b>Between 1-5 years.....5</b> <b>Since birth.....6</b>	Ae you currently suffering from this illness  YES.....1 NO.....2	During the past 12 months did (Name) name consult anyone for this illness/disability?  YES.....1 NO.....2 >> NP	Which of the following were consulted for this illness/disability?  <b>LHW/VBFPW.....1</b> <b>RHC/BHU.....2</b> <b>Govt. Hospital.....3</b> <b>Gov. Dispensary.....4</b> <b>Govt. doctor/paramedic in private capacity.....5</b> <b>Private Doctor.....6</b> <b>Private clinic/hospital.....7</b> <b>Chemist.....8</b> <b>Hakim/homeopath.....9</b> <b>Faith healer/pir.....10</b> <b>Other (specify).....11</b>  <input type="text" value="report in order consulted"/>				During the past 12 months how much did you spend altogether on consultation fees associated with the treatment  Rupees	During the past 12 months How much did you spend altogether on medicines/ supplies associated with the treatment  Rupees

P I D O 1	11. During the past 12 months how much did you spend altogether on travel costs associated with the treatment	12. How did you finance the treatment?  <b>Household income.....1</b> <b>Savings.....2</b> <b>Sale of Assets.....3</b> <b>Unsecured Loans.....4</b> <b>Mortgage of assets.....5</b> <b>Mortgage of land.....6</b> <b>Assistance.....7</b> <b>Insurance.....8</b> <b>Other.....9</b>  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Report in order of importance</div>	13. Weight	14. Height
	<b>Rupees</b>	1    2    3    4	<b>Kgs</b> <b>Fraction</b>	<b>CM</b> <b>Fraction</b>

All household members of age greater than 6 years


LIST CHILDREN EVER BORN IN THE LAST 6 YEARS (Start with the most recent birth and record each in turn)													
P I D 0 1	1.	2.	3.		4.	5.	6.			7.		8.	
	Mother's PID01  Use Code 98 if living and not on household list and if dead 99	Whats the Child's Name?	In what month and year was (NAME) born?		What is the sex of (NAME)	Is (NAME's) still alive?	How long did the child live?  >>>Next Child			Weight  Record weight of child after administering this module. If the child is not available, and therefore, anthropometrics not done, write 999 in weight column and leave fraction column blank		Height  Record height of child after administering this module. If the child is not available, and therefore, anthropometrics not done, write 999 in height column and leave fraction column blank	
			MONTH	YEAR	MALE.....1 FEMALE.....2	YES..1 >>7 NO.....2	Days	Months	Years	KGS	FRACTION	CM	FRACTION

P I D O I	1.	2.	3.	4.	5.	6.	7.																													
	Has (NAME) ever been vaccinated?	Why did not (NAME) ever receive any immunization.  <b>No mobile team has visited.....1</b> <b>hospital/health centre too far .....2</b> <b>Dont know about immunization .....3</b> <b>Don't want children to be immunized.....4</b> <b>Cant afford it.....5</b> <b>Other.....6</b>	Do you have a card that shows which vaccinations (NAME) have been received?	Copy from the card whether each of the vaccinations given below have been given.  <b>Given...1</b> <b>Not given..2</b>	Did (NAME) receive any vaccinations not on the card?	Were any of the following vaccinations ever given to the child? How many times?  <div style="border: 1px solid black; padding: 5px;">                     BCG-- An injection that leaves a scar on the shoulder, usually given at birth.                      DPT-- An injection given 3 times to prevent whooping cough, diptheria, and tetnus, usually given at the thigh or buttock.                      Polio- Drops given to the child by mouth to prevent paralysis.                      Measles-- An injection given at nine months to prevent measles, usually given in the upper arm or shoulder.                 </div> <b>Given...1</b> <b>Not given..2</b>	Where do you usually get your children vaccinated?  <b>Mobile vac/campaign ...1</b> <b>BHU/RHC.....2</b> <b>Govt. hospital.....3</b> <b>Private doctor/clinic.....4</b> <b>Other .....5</b> <b>Don't know.....6</b>																													
	YES..1 (> 3) NO...2	>> NP	YES.....1 NO.....2 (> 6)	<table border="1"> <tr> <td><b>BCG</b></td> <td colspan="3"><b>DPT</b></td> <td colspan="4"><b>Polio</b></td> <td><b>Measles</b></td> </tr> <tr> <td>CODE</td> <td>1</td> <td>2</td> <td>3</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>CODE</td> </tr> </table>	<b>BCG</b>	<b>DPT</b>			<b>Polio</b>				<b>Measles</b>	CODE	1	2	3	1	2	3	4	CODE	YES....1 NO.....2 (>> 4)	<table border="1"> <tr> <td><b>BCG</b></td> <td colspan="2"><b>DPT</b></td> <td colspan="2"><b>Polio</b></td> <td><b>Measles</b></td> </tr> <tr> <td>CODE</td> <td>CODE</td> <td>No. of times</td> <td>CODE</td> <td>No. of times</td> <td>CODE</td> </tr> </table>	<b>BCG</b>	<b>DPT</b>		<b>Polio</b>		<b>Measles</b>	CODE	CODE	No. of times	CODE	No. of times	CODE
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CODE	CODE	No. of times	CODE	No. of times	CODE																															

**SECTION 8: HEALTH**

P I D O I	1. Was (NAME) sick during the last 30 days?	2. Illness Code	3. During the diarrhea did you give (NAME) ---			4. Was anyone consulted for treatment of (NAME)'s illness?	5. Who was consulted first?	6. Why was treatment not sought from government facility/ provider?	7. How much did you spend on consultation fees	8. Did the fee include medicines	9. How much did you spend on medicines?	10. Who was consulted next for treatment of the illness? <b>Instruction: Write codes in order consulted</b>			11. How much did you spend altogether on the treatment including consultation fees, drugs, transport?			
	YES....1 NO....2 (>>NP)	( If 2-5>> 4) Code	ORS.....1 Home made Fluids.....2 Medicines.....3 Traditional Medicines.....4 None of the above.....5	I	II	III	YES....1 NO....2 (>> NP)	LHW/VBFPW.....1 RHC/BHU.....2 Govt.Hospital.....3 Govt. Dispensary.....4 Govt. doctor/paramedic in private capacity.....5 Private Doctor.....6 Private clinic/ hospital.....7 Chemist.....8 Hakeem/homeopath....9 Faith healer/pir.....10 Other (specify).....11  If 1-4 >>7 Code	Too far.....1 Doctor not present...2 No female staff.....3 Staff rude.....4 Staff does not attend properly.....5 No medicines.....6 Long waiting time..7 Short opening hours.....8 Too expensive.....9 Other (specify)...10 Code	Rupees	YES.....1 (>>10) NO.....2	Rupees	I	II	III	Rupees		

**SECTION 8: HEALTH**

P I D 0 1	1.	2.	3.	4.	5.	6.	7.	8.
	PID01 OF RESPONDENT	During your last pregnancy did you receive prenatal care	Who provided this care	During this pregnancy did you have any vaccinations against tetanus?	How many did you have?	Did you get any vaccination during your preceding pregnancy	Where was the child delivered?	Who attended the Birth?
		YES.....1 NO.....2 (>> NP)	BHU/RHC/.....1 Govt. Hospital.....2 Private doctor.....3 Private HV/Nurse..4 Trained TBA .....5 Untrained TBA.....6 Other(specify).....7	YES....1 NO.....2 ( >>6)	NUMBER	YES....1 NO.....2	Home.....1 BHU.....2 RHC.....3 Govt. Hospitl.....4 PrivateHospital/ Clinic.....5 Other (specify).....6	Doctor.....1 Nurse.....2 Lady Health Visitor.....3 TBA.....4 Untrained TBA....5 LHW.....6 Family/friend.....7 No one.....8
		CODE				CODE	CODE	



		Repondent 1    PID01 <input type="text"/>	Repondent 2    PID01 <input type="text"/>	Repondent 3    PID01 <input type="text"/>
1.	How many births (Still or Live) have you ever had in your lifetimes? Please include those that were born still or who cried or showed any signs of life when born	<b>Number of live births:</b> Total..... Son(s)....._I_ Daughter(s)....._I_  <b>Number of still births:</b> Total..... Son(s)....._I_ Daughter(s)....._I_	Number of live births: Total..... Son(s)....._I_ Daughter(s)....._I_  Number of still births: Total..... Son(s)....._I_ Daughter(s)....._I_	Number of live births: Total..... Son(s)....._I_ Daughter(s)....._I_  Number of still births: Total..... Son(s)....._I_ Daughter(s)....._I_
2.	How many of your children are alive now?	Total..... Son(s)....._I_ Daughter(s)....._I_	Total..... Son(s)....._I_ Daughter(s)....._I_	Total..... Son(s)....._I_ Daughter(s)....._I_
3.	How many of your children are living with and away from your home?	<b>Living with:</b> Son(s)....._I_ Daughter(s)....._I_  <b>Living away:</b> Son(s)....._I_ Daughter(s)....._I_	<b>Living with:</b> Son(s)....._I_ Daughter(s)....._I_  <b>Living away:</b> Son(s)....._I_ Daughter(s)....._I_	<b>Living with:</b> Son(s)....._I_ Daughter(s)....._I_  <b>Living away:</b> Son(s)....._I_ Daughter(s)....._I_
4.	Would you like to have another child?	Yes.....1 No.....2 >>6 <input type="text"/> Upto God...3 >>6 DK.....4 >>6 Cannot have children..5 >> 7	Yes.....1 No.....2 >>6 <input type="text"/> Upto God...3 >>6 DK.....4 >>6 Cannot have children..5 >> 7	Yes.....1 No.....2 >>6 <input type="text"/> Upto God...3 >>6 DK.....4 >>6 Cannot have children..5 >> 7
5.	How many more children would you like to have in future?	Total..... Son(s)....._I_ Daughter(s)....._I_ DK.....99	Total..... Son(s)....._I_ Daughter(s)....._I_ DK.....99	Total..... Son(s)....._I_ Daughter(s)....._I_ DK.....99
6.	Would your husband like to have another child?	Yes.....1 No.....2 >>NP <input type="text"/> Upto God..3 >>NP DK.....4 >>NP	Yes.....1 No.....2 >>NP Upto God..3 >>NP DK.....4 >>NP	Yes.....1 No.....2 >>NP Upto God..3 >>NP DK.....4 >>NP
7.	How many more children would your husband like to have in the future?	Total..... Son(s)....._I_ Daughter(s)....._I_ DK.....99	Total..... Son(s)....._I_ <input type="text"/> Daughter(s)....._I_ DK.....99	Total..... Son(s)....._I_ <input type="text"/> Daughter(s)....._I_ DK.....99

**SECTION 8: HEALTH**

ID CODE	Respondent 1 PID01 <input type="text"/>			Respondent 2 PID01 <input type="text"/>			Respondent 3 PID01 <input type="text"/>			
	LIST AND DESCRIBE METHODS (READ DESCRIPTION OF EACH METHOD)	1. Have you ever heard of [METHOD]?	2. Have you ever used [METHOD]?	3. Are you currently using [METHOD]?	1. Have you ever heard of [METHOD]?	2. Have you ever used [METHOD]?	3. Are you currently using [METHOD]?	1. Have you ever heard of [METHOD]?	2. Have you ever used [METHOD]?	3. Are you currently using [METHOD]?
1. <b>PILL:</b> A woman can take a pill every day.	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2
2. <b>IUD:</b> A woman can have a loop or coil placed inside her by a doctor or nurse.	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2
3. <b>INJECTABLES:</b> A woman can have an injection by a doctor or nurse which stops her from becoming pregnant for several months.	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2
4. <b>CONDOM:</b> A man can use a rubber covering during sexual intercourse.	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2
5. <b>FEMALE STERILIZATION:</b> A woman can have an operation to avoid having any more children.	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2
6. <b>MALE STERILIZATION:</b> A man can have an operation to avoid having any more children.	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2
7. <b>NORPLANT:</b> A woman can have an implant in the arm to avoid having children for 5 years.	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2
8. <b>RHYTHM:</b> A couple can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2
9. <b>WITHDRAWAL:</b> A man can be careful and pull out before ejaculation.	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2
10. <b>OTHERS:</b> Have you heard of any other ways or methods that a woman or a man can use to avoid pregnancy? [SPECIFY]	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes/spont...1 Yes/probed...2 No.....3	Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2

**INSTRUCTIONS:**

\* If answer is YES for any of the methods in col.2 and NO for all methods in col.3 then classify respondent as *Past User* .

\* If answer is NO in all methods in col.3 then classify the respondent as *Not Currently Using* .

Past user ..... [Go to 11 ]

Not Currently Using..... [Go to 12 ]

**SECTION 8: HEALTH**

	Respondent 1 PID01	Respondent 2 PID01	Respondent 3 PID01
<p>11. <b>PAST USER</b>                      What were the reasons that you and your husband stopped using [methods]?</p> <p style="text-align: center;"><b>[Multiple responses are allowed]</b></p>	<p><b>Fertility related reasons:</b>                      Infrequent sex/ Husband away.....01                      Wanted another child.....04                      Natural spacing.....05</p> <p><b>Opposition to use:</b>                      Husband oppose.....06                      In laws oppose.....07                      Against religion.....08                      Children are God's will.....09                      Fear of punishment.....10</p> <p><b>Method related reasons:</b>                      Fear of side effects.....11                      Side effects experienced.....12                      Rest from method.....17                      Others [<b>Specify</b>].....77</p>	<p><b>Fertility related reasons:</b>                      Infrequent sex/ Husband away.....01                      Wanted another child.....04                      Natural spacing.....05</p> <p><b>Opposition to use:</b>                      Husband oppose.....06                      In laws oppose.....07                      Against religion.....08                      Children are God's will.....09                      Fear of punishment.....10</p> <p><b>Method related reasons:</b>                      Fear of side effects.....11                      Side effects experienced.....12                      Rest from method.....17                      Others [<b>Specify</b>].....77</p>	<p><b>Fertility related reasons:</b>                      Infrequent sex/ Husband away.....01                      Wanted another child.....04                      Natural spacing.....05</p> <p><b>Opposition to use:</b>                      Husband oppose.....06                      In laws oppose.....07                      Against religion.....08                      Children are God's will.....09                      Fear of punishment.....10</p> <p><b>Method related reasons:</b>                      Fear of side effects.....11                      Side effects experienced.....12                      Rest from method.....17                      Others [<b>Specify</b>].....77</p>
<p>12. <b>NOT CURRENTLY USING</b>                      What are the reasons that you and your husband are not currently using (methods)?</p> <p style="text-align: center;"><b>[If currently pregnant]</b>                      What are the main reasons, that you/your husband have/ had not been using any method before this pregnancy?</p> <p style="text-align: center;"><b>[Multiple responses are allowed]</b></p>	<p><b>Fertility related reasons:</b>                      Infrequent sex/ Husband away.....01                      Difficult/Unable to conceive.....02                      Husband infertile.....03                      Wanted another child.....04                      Natural spacing.....05</p> <p><b>Opposition to use:</b>                      Husband oppose.....06                      In laws oppose.....07                      Against religion.....08                      Children are God's will.....09                      Fear of punishment.....10</p> <p><b>Method related reasons:</b>                      Fear of side effects.....11                      Side effects experienced.....12                      Accidental pregnancy.....13                      Lack of access/Unavailability.....14                      Cost too much.....15                      Inconvenient to use method.....16                      Rest from method.....17                      Others [<b>Specify</b>].....77</p>	<p><b>Fertility related reasons:</b>                      Infrequent sex/ Husband away.....01                      Difficult/Unable to conceive.....02                      Husband infertile.....03                      Wanted another child.....04                      Natural spacing.....05</p> <p><b>Opposition to use:</b>                      Husband oppose.....06                      In laws oppose.....07                      Against religion.....08                      Children are God's will.....09                      Fear of punishment.....10</p> <p><b>Method related reasons:</b>                      Fear of side effects.....11                      Side effects experienced.....12                      Accidental pregnancy.....13                      Lack of access/Unavailability.....14                      Cost too much.....15                      Inconvenient to use method.....16                      Rest from method.....17                      Others [<b>Specify</b>].....77</p>	<p><b>Fertility related reasons:</b>                      Infrequent sex/ Husband away.....01                      Difficult/Unable to conceive.....02                      Husband infertile.....03                      Wanted another child.....04                      Natural spacing.....05</p> <p><b>Opposition to use:</b>                      Husband oppose.....06                      In laws oppose.....07                      Against religion.....08                      Children are God's will.....09                      Fear of punishment.....10</p> <p><b>Method related reasons:</b>                      Fear of side effects.....11                      Side effects experienced.....12                      Accidental pregnancy.....13                      Lack of access/Unavailability.....14                      Cost too much.....15                      Inconvenient to use method.....16                      Rest from method.....17                      Others [<b>Specify</b>].....77</p>

**PART 1: MARITAL HISTORY AND DOWRY**

**SECTION 9: DOWRY AND INHERITANCE**

**TO BE ASKED OF ALL EVER MARRIED WOMEN**

**RESPONDENT'S PID01**

1. In which year did you get married

2. Is/was your husband ....

- Your 1<sup>st</sup> cousin.....1
- Your 2<sup>nd</sup> cousin....2
- Other relative.....3
- Member of your Zaat/biradari.....4
- Unrelated & unknown before marriage.....5
- Unrelated but known before marriage....6

3. Is your natal family .....

- Resident in this village.....1
- Rural area outside village but within district.....2
- Rural area outside district.....3
- Urban area.....4

4. Did your marriage involve a Watta Satta arrangement? Yes.....1  
No.....2

5. Did you bring any dowry with you when you got married or was a bride price paid at the time of your marriage?

- Dowry.....1
- Bride price....2 (>> 15 )
- None.....3 (>> 15 )

6. Did you get any land or property as a part of your dowry? Yes.....1  
No.....2 (>> 8)

7. Land in Kanals

8. Did you get any jewelry as a part of your dowry? Yes.....1  
No.....2 (>> 10)

9. Gold Tolas  Silver Tolas

10. Did you get any cash as a part of your dowry? Yes.....1  
No.....2 (>> 12)

11. Cash in Rupees

12. Did you get any livestock as a part of your dowry? Yes.....1  
No.....2 (>> 14)

13. Livestock: No. of Buffaloes  No. of Goats

No. of Cows  No. of Sheep

14. Did you get anything else such as

- Car/Scooter/Motorcycle
- TV/VCR
- Refrigerator
- Iron
- Furniture
- Utensils
- Radio
- Bicycle
- Clothing
- Sewing machine
- Washing machine
- Deep Freezer
- Air Conditioner

Yes=1

No=2

  
  
  
  
  
  
  
  
  
  
  
  

  
  
  
  
  
  
  
  
  
  
  
  


15. How many brothers and sisters do you have? Brothers

Sisters

**PART 1: MARITAL HISTORY AND DOWRY**

**SECTION 9: DOWRY AND INHERITANCE**

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No.....2

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- None.....3 (>> 15 )

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No.....2 (>> 8)

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8. Did you get any jewelry as a part of your dowry? Yes.....1  
No.....2 (>> 10)

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- Iron
- Furniture
- Utensils
- Radio
- Bicycle
- Clothing
- Sewing machine
- Washing machine
- Deep Freezer
- Air Conditioner

Yes=1

No=2

  
  
  
  
  
  
  
  
  
  
  
  

  
  
  
  
  
  
  
  
  
  
  
  


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- Washing machine
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- Air Conditioner

Yes=1

  
  
  
  
  
  
  
  
  
  
  
  


No=2

  
  
  
  
  
  
  
  
  
  
  
  


15. How many brothers and sisters do you have?

Brothers

Sisters

**SECTION 9: DOWRY AND INHERITANCE**

16. Did your natal family own any land at the time of your marriage? Yes.....1  
 No.....2  
 (>> Part 2)
17. How much land did your natal family own? Kanals
18. Was/has any of this land been given to you or your brothers and sisters as gift (other than dowry) or inheritance?  
 (a) Yes.....1  
 No.....2 (>> Part 2)   
 (b) Gift.....1  
 Inheritance...2  
 Both.....3
19. How much land was given to you Kanals
20. Is the land you received in your name now? Yes.....1 (>> 22)  
 No.....2
21. How did you lose this land?  
 Returned to natal family... ..1  
 Given to husband/husband's family.....2  
 Sold.....3  
 Other (specify.....).....4   
 (>> Part 2)
22. Could you sell this land if you wanted to? Yes.....1  
 No.....2

**PART 2 INHERITANCE (ASK WIDOWS ONLY)**

1. At the time of your husband's death, did your husband own any land or property or have any other assets? Yes.....1  
 No.....2 (>> Next Section)
2. How much land did he have? Kanals
3. Did you inherit any of your husband property? Yes.....1  
 No.....2  
 Land not yet distributed.....3 (>> next woman)
4. Did your sons inherit their share? Yes.....1  
 No.....2
5. Did your daughters inherit their share? Yes.....1  
 No.....2
6. Is the land you received in your name now? Yes.....1 (>> 8)  
 No.....2
7. How did you lose this land?  
 Returned to natal family.....1  
 Given to husband/husband's family.....2  
 Sold.....3  
 Other (specify.....).....4 (>> Next section)
8. Could you sell this land if you wanted to? Yes.....1  
 No.....2

**PART 1: MARITAL HISTORY AND DOWRY**

**SECTION 9: DOWRY AND INHERITANCE**

**TO BE ASKED OF ALL EVER MARRIED WOMEN**

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- Rural area outside district.....3
- Urban area.....4

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5. Did you bring any dowry with you when you got married or was a bride price paid at the time of your marriage?

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6. Did you get any land or property as a part of your dowry? Yes.....1  
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10. Did you get any cash as a part of your dowry? Yes.....1  
No.....2 (>> 12)

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- Air Conditioner

Yes=1

No=2

  
  
  
  
  
  
  
  
  
  
  
  

  
  
  
  
  
  
  
  
  
  
  
  


15. How many brothers and sisters do you have? Brothers

Sisters



**SECTION 9: DOWRY AND INHERITANCE**

16. Did your natal family own any land at the time of your marriage? Yes.....1  
 No.....2  
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17. How much land did your natal family own? Kanals
18. Was/has any of this land been given to you or your brothers and sisters as gift (other than dowry) or inheritance?
- (a) Yes.....1  
 No.....2 (>> Part 2)
- (b) Gift.....1  
 Inheritance...2  
 Both.....3
19. How much land was given to you Kanals
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 No.....2
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- Returned to natal family... ..1  
 Given to husband/husband's family.....2  
 Sold.....3  
 Other (specify.....).....4
- (>> Part 2)
22. Could you sell this land if you wanted to? Yes.....1  
 No.....2

**PART 2 INHERITANCE (ASK WIDOWS ONLY)**

1. At the time of your husband's death, did your husband own any land or property or have any other assets? Yes.....1  
 No.....2 (>> Next Section)
2. How much land did he have? Kanals
3. Did you inherit any of your husband property? Yes.....1  
 No.....2  
 Land not yet distributed.....3 (>> next woman)
4. Did your sons inherit their share? Yes.....1  
 No.....2
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 No.....2
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 No.....2
7. How did you lose this land?
- Returned to natal family.....1  
 Given to husband/husband's family.....2  
 Sold.....3  
 Other (specify.....).....4 (>> Next section)
8. Could you sell this land if you wanted to? Yes.....1  
 No.....2

**PART 1: MARITAL HISTORY AND DOWRY**

**SECTION 9: DOWRY AND INHERITANCE**

**TO BE ASKED OF ALL EVER MARRIED WOMEN**

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Yes=1

  
  
  
  
  
  
  
  
  
  
  
  


No=2

  
  
  
  
  
  
  
  
  
  
  
  


15. How many brothers and sisters do you have?

Brothers

Sisters

**SECTION 9: DOWRY AND INHERITANCE**

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 No.....2  
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17. How much land did your natal family own? Kanals
18. Was/has any of this land been given to you or your brothers and sisters as gift (other than dowry) or inheritance?  
 (a) Yes.....1  
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 Sold.....3  
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22. Could you sell this land if you wanted to? Yes.....1  
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 Land not yet distributed.....3 (>> next woman)
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5. Did your daughters inherit their share? Yes.....1  
 No.....2
6. Is the land you received in your name now? Yes.....1 (>> 8)  
 No.....2
7. How did you lose this land?  
 Returned to natal family.....1  
 Given to husband/husband's family.....2  
 Sold.....3  
 Other (specify.....).....4 (>> Next section)
8. Could you sell this land if you wanted to? Yes.....1  
 No.....2

**SECTION 10: VOTING PATTERNS**

	Respondent ID		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.	Did you vote in the recent Union Council Elections?	Yes.....1 No.....2 (>> 4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	Did you and your husband vote for the same candidate?	Yes.....1 No.....2 (>> 4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	Did your husband tell you who to vote for?	Yes.....1 No.....2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	Did you vote in any previous national elections, such as:					
	1997	Yes.....1 No.....2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1993	Yes.....1 No.....2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

