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# MATERNAL & CHILD HEALTH HOUSEHOLD SURVEY

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# Maternal and Child Health Household Survey

## Section 1: Geographical Location

HH-Serial No		PSC Score of HH				
Longitude		Latitude				
District		Union Council				
Name of Village		Name of Settlement				
Complete Home Address						
Name of Head of Household		Phone Number: (Note: Provide phone number through which the respondent may be contacted.)				
Respondent's Relationship to Head of Household (Circle the appropriate box)	1	Self	2	Husband	3	Wife
	4	Son/Daughter/Ward	5	Father/Mother	6	Brother/Sister
	7	Grandson/Granddaughter	8	Son-in-law/Daughter-in-law	9	Brother-in-law/Sister-in-law
	10	Father-in-in-law/Mother-in-law	11	Uncle/Aunt	12	Grandfather/Grandmother
	13	Nephew/Niece	14	other relation		
Mother Tongue of Majority of Members of Household	1	Urdu	2	Seraiki	3	Pushto
	4	Sindhi	5	Punjabi	6	Others



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## Section 6: Treatment of Water

28	<p>which method is most often used to purify your drinking water?</p> <p><b>Note:</b> Pick the most frequent one.</p>	1. Boil water before using/drinking it	(Proceed to 35)
		2. Use chlorine or chlorine tablets	(Proceed to 31)
		3. Add sulphur to water	
		4. Use water filter (ceramic, sand, composite, etc.)	
		5. Use company-made water filtration systems	
		6. Strain through cloth/fabric	
		7. Use alum ( <i>phitkari</i> )	
		8. Solar disinfection	
		9. Let water stand and settle before using it	

## Section 7: Toilet/Latrine

37	Which type of toilet/latrine does your household have?	1. Latrine/toilet with flush, connected to open drainage	2. Latrine/toilet with flush, connected to sewerage system (via closed pipes)
		3. Latrine/toilet with flush, connected to septic tank	4. Eastern latrine/toilet without drainage
		5. Dry pit	6. Eastern latrine/toilet with open drainage

## Section 8: Cleanliness and Hygiene

50	Do household members regularly wash their hands?	1. Yes	2. No	3. Sometimes	
51	Do the children in your household regularly wash their hands?	1. Yes	2. No	3. Sometimes	
57	<p>What is the ideal means of cleaning your hands?</p> <p><b>Note:</b> Record no more than one response.</p>	1. Wipe on cloth/towel/paper towel			
		2. Wipe on leaves/other items			
		3. Wash with water			
		4. Wash with water and soap			
		5. Wash with ash/mud/ <i>matti</i>			
		6. It does not matter what you use, as long as they are cleaned			
64	At what time(s) do you clean the house?	1. Every day in the morning only	2. Every day in the afternoon only		
		3. Every day in the evening only	4. Once a day, no time is fixed		
		5. Two times a day	6. Three times a day		
		7. Once in alternate days	8. Once in two days		
		9. Once in three days	10. Once in a week for one time		
		11. Once seldomly			

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## Section 10: Diarrhea

68	What symptoms of diarrhea are observed in children?	1. Watery stools	2. Stomach pains
		3. Vomiting	4. Vomiting and watery stools
		5. Loss of appetite	6. Body weakness

## Section 11: Food Security

74	How many meals do members of your households have in a day?	Number _____
75	Have you or any member of your household stayed hungry, and went to sleep hungry, due to lack of funds in the past month?	1. Yes
		2. No (please proceed to 78)
85	In the previous 24 hours, which of the following food items have you consumed? (Note: Ask about all items one by one.)	
#	Food Item	Code: 1—Have eaten; 2—Have not eaten
A	Wheat, barley, corn, bread, rice, and other grains	
B	Lentils ( <i>chaana, moong, mash, masoor, etc.</i> )	
C	Beans, <i>sem, gowar, lobia, etc</i>	
D	Seeds and Nuts (like peanuts, almonds, pistachios, walnuts, etc.)	

## Section 12: Child's Diet

91	Before breastfeeding your child, is there anything you do first?	1. Wash my hands
		2. Wash my body
		3. Nothing; I immediately start breastfeeding
92	Before feeding your child, is there anything you do first?	1. Wash my hands
		2. Wash my body
		3. Nothing; I immediately start feeding the child



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## For Further Information Please Contact

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