

Questionnaire Number:

Household Code:

| Gfk MODE | | PROJECT | | CLIENT | | HEALTH SURVEY | | | |
|-----------------------------------------|--------------------|----------------------------------------------------------------------------|--------------------|----------------------------------------|-------------------|---------------|---------|--|--|
| State | Tamil Nadu | District | Thanjavur | | | Centre | Chennai | | |
| Village | | Village 1 (Name).....1 Village 2 (Name).....2 Village 3 (Name).....3 | | | | | | | |
| SP NO | | | | RANDOM.....1 | | BOOSTER.....2 | | | |
| C NO | | | CSMQ NO | | | | | | |
| FIELD CONTROL INFORMATION | | DATE OF INTERVIEW | | | TIME OF INTERVIEW | | | | |
| FIELD OFFICER/ FIELD EXECUTIVE CODE | | | | TEAM CODE | | | | | |
| SUPV. CODE | | | INV.CODE | | | CHECKED CODE | | | |
| ACCOMPANIED CALL | YES.....1 NO.....2 | | BY: CODE | | | | SIGN | | |
| SPOT/BACK CHECK | YES.....1 NO.....2 | | BY: CODE | | | | SIGN | | |
| SCRUTINY: FIELD | YES.....1 NO.....2 | | BY: CODE | | | | SIGN | | |
| ANALYSIS OBSERVATION: EXTENT OF PROBLEM | | | | NO/MINOR.....1 MILD.....2 SEVERE.....3 | | | | | |
| SCRUTINY: ANALYSIS | | | YES.....1 NO.....2 | | BY: | | | | |

| | | | | | | | | | | | | | |
|--------------------------|--|--|---|--|----|--------------------|--|--|---|--|--|---|-------|
| NAME OF THE INTERVIEWER: | | | | | | DATE OF INTERVIEW: | | | | | | 0 | 8 |
| NAME OF THE SUPERVISOR | | | | | | | | | | | | | |
| NAME OF RESPONDENT: | | | | | | | | | | | | | |
| ADDRESS IN FULL: | | | | | | | | | | | | | |
| PHONE/CELL PHONE: | | | | | | | | | | | | | |
| LOCATION/LANDMARK: | | | | | | | | | | | | | |
| START TIME: | | | : | | AM | END TIME: | | | : | | | | AM/PM |

OBJECTIVES AND INDIVIDUAL CONSENT

Vanakkam. My name is _____. I am working for GfK MODE, an International Research Organisation in Chennai. We are doing a survey for IKP Centre for Technologies in Public Health about the health of women, men and children, including information on household membership, living conditions and use of health facilities.

Your house has been selected to be part of this survey and we would, therefore, like to interview you. This survey is conducted by the IKP Centre for Technologies in Public Health and will be carried out by professional interviewers from GfK MODE. This survey is currently taking place in other villages in Thanjavur.

The information you provide will only be used to understand the main things that affect peoples’ health and how people view their own health and access to health services.

The interview will take approximately 60 minutes. I will ask you questions about:
 Some personal details,
 Your health including activities that you generally carry out,
 Any health problems you have experienced and treatment you may have received,
 The health care centres you use and how well these have responded to your needs.

The information you provide is totally confidential and will not be disclosed to anyone. It will only be used for research purposes. Your name, address, and other personal information will be removed from the questionnaire, and only a code will be used to connect your name and your answers without identifying you. The Survey Team may contact you again only if it is necessary to complete the information on the survey.

We would like you to know the possible risks and benefits involved in this

Risks

- Revelation of personal information.
- Time consuming.
- Disruption of routine.
- Possibility of unforeseen discomforts.

Benefits

- No direct benefits.
- Benefits to the community as a whole.

Your participation is voluntary and you can withdraw from the survey after having agreed to participate. You are free to refuse to answer any question that is asked in the questionnaire.

If you have any questions about this survey you may ask me or contact (IKP Centre for Technologies in Public Health, Maki Ueyama, 1,Cenotaph Road, Teynampet, Chennai 600 018) or (Supervisor at site).

Signing this consent indicates that you understand what will be expected of you and are willing to participate in this survey.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

| | | |
|--------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 001 | Who read the individual consent form? | Read by investigator.....1 Read by respondent.....2 |
| 002 | Was the consent form agreed to and signed/thumb printed or refused? | Agreed and signed/thumb printed.....1 ◀ Begin interview Refused.....2 ▶ End |
| Respondent: | | Date: ____ / ____ / ____ |
| Interviewer: | | |

I. HOUSEHOLD ROSTER

In order to determine whom to interview, I need to know who lives at this address. Let me assure you that any information you provide is strictly confidential. Don't forget to include yourself in the appropriate order.

I would like the age, sex, education, marital status and relationship to you of each of the members of this household who live here.

All the males in the household should be entered first, from oldest to youngest. All the females should then be entered, from the oldest to the youngest female.

| Line Number | A Household member First and last name | B* Household member's relationship to Head of the household | C Does (NAME) usually live here? Y=1 / N=2 | D Did (Name) Stay here last night? Y=1 / N=2 | E Age | F [®] Education | G Currently attending school Y=1 / N=2 | H* (Only those between 3-18 yrs) Reasons for not attending school | I* Main occupation | J\$ Marital status | K Age of marriage | L Whether married within family Y=1/N=2 | M Members who are 15-49 years |
|-------------|-------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------|----------|-----------------------------|-------------------------------------------|----------------------------------------------------------------------|-----------------------|-----------------------|----------------------|--------------------------------------------|----------------------------------|
| M | | | | | | | | | | | | | |
| Q 101 | | | | | | | | | | | | | |
| Q 102 | | | | | | | | | | | | | |
| Q 103 | | | | | | | | | | | | | |
| Q 104 | | | | | | | | | | | | | |
| Q 105 | | | | | | | | | | | | | |
| Q 106 | | | | | | | | | | | | | |
| Q 107 | | | | | | | | | | | | | |
| Q 108 | | | | | | | | | | | | | |
| Q 109 | | | | | | | | | | | | | |
| Q 110 | | | | | | | | | | | | | |
| Q 111 | | | | | | | | | | | | | |
| Q 112 | | | | | | | | | | | | | |

*Codes for B 01 = Himself/ Herself 02 = Wife or husband 03 = Son or daughter 04 = Son or daughter 05 = Grand child 06 = Parent 07 = Parent in law
08 = Brother or sister 09 = Co wife 10 = Grandparent 11 = Other relative 12 = Not related 13 = Don't know

®Codes for F 01 = Illiterate 02 = Less than primary school 03 = Primary school completed 04 = Secondary school completed 05 = High school (or equivalent) completed 06 = College/ Pre-University/ University completed
07 = Post Graduate degree completed 08 = Diploma 09 = No formal schooling but can only read 10 = No formal schooling but can read and write

*Codes for H 01 = School too far away 02 = Transport not available 03 = Further education for siblings not considered necessary 04 = Required for household work 05 = Could not afford due to financial constraints 06 = No proper school facilities for girls in schools
07 = Not safe to send girls 08 = No female teacher 09 = Required to look after siblings interested 10 = Not interested 11 = Repeated failures 12 = Got married
13 = Did not get admission 14 = For health reasons (eg. physically or mentally handicapped) 98 = Others (Please specify) 99 = Don't know

#Codes for I 01 = Works for daily wages on other people's land 02 = Cultivation on own land 03 = Artisan 04 = Self-employed in non-farm work 05 = Salaried employee 06 = Other worker (please specify)
07 = Did not work 08 = Don't know

\$Codes for J 01 = Never married 02 = Currently married 03 = Separated 04 = Divorced 05 = Widowed 06 = Cohabiting

II. SELECTING THE HOUSEHOLD INFORMANT

| | | |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Q.201 | Who is the person who provides the main economic support for the household? | RECORD LINE NUMBER FROM HOUSEHOLD ROSTER <input type="text"/> <input type="text"/> <input type="text"/> |
| Q.202 | Note to the interviewer: Determine who is the household informant Record their line number from the household roster <i>1. Household informant should be</i> <ul style="list-style-type: none">● <i>18 years and above</i>● <i>key decision maker of the household, and</i>● <i>the person in the household who is most knowledgeable about the health, employment, financial condition, expenditures and health insurance of members of the household.</i> RECORD LINE NUMBER OF THE HOUSEHOLD INFORMANT FROM HOUSEHOLD ROSTER <input type="text"/> <input type="text"/> <input type="text"/> | |

THE QUESTIONNAIRE IS TO BE ADMINISTERED TO THE "HOUSEHOLD INFORMANT" IDENTIFIED IN Q.202

| III. Residence and Travel | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------|-----------------|--|
| S. No | QUESTIONS | | CODING CATEGORIES | | | | INSTRUCTIONS | |
| 301 | How long have you been living continuously in (NAME OF VILLAGE/TOWN/CITY)? (RECORD 00 IF LESS THAN 1 YEAR) | | Years <input type="text"/> <input type="text"/> | | | | | |
| 302 | Line No | A Does anyone in the household migrate out of the village for an extended period of time (more than a month in a year)? | | B* For how long does this person migrate out of the village? | C# What is the usual purpose of this person's migration? | D Where does this person migrate to? (Please record) | | |
| | | Yes | No | | | | | |
| | M A L E S | Q 101 | 1 | 2 | | | | |
| | | Q 102 | 1 | 2 | | | | |
| | | Q 103 | 1 | 2 | | | | |
| | | Q 104 | 1 | 2 | | | | |
| | | Q 105 | 1 | 2 | | | | |
| | | Q 106 | 1 | 2 | | | | |
| | F E M A L E S | Q 107 | 1 | 2 | | | | |
| | | Q 108 | 1 | 2 | | | | |
| | | Q 109 | 1 | 2 | | | | |
| | | Q 110 | 1 | 2 | | | | |
| | | Q 111 | 1 | 2 | | | | |
| | | Q 112 | 1 | 2 | | | | |
| *Codes for B 01 = 1-2 months 02 = 3-4 months 03 = 5-6 months 04 = more than 6 months | | | | | | | | |
| #Codes for C 01 = For business purpose 02 = For personal purpose 03 = For education 98 = Others, please specify | | | | | | | | |
| 303 | Do relatives or visitors from out of the village visit you for an extended period of time (more than a month in a year)? | | Yes 1 No 2 | | | | • Skip to Q.305 | |
| 304 | In the past year, how many people came to visit you for an extended period of time (more than a month in a year)? SINGLE CODING | | One..... 1 Two 2 Three 3 Four 4 Five 5 More than 5 6 | | | | | |
| 305 | What is your mother tongue? SINGLE CODING | | Language | Speak | Understand | Read | Write | |
| | | | a. Tamil | 1 | 2 | 3 | 4 | |
| | | | b. Telugu | 1 | 2 | 3 | 4 | |
| | | | c. Kannad | 1 | 2 | 3 | 4 | |
| | | | d. Malayalam | 1 | 2 | 3 | 4 | |

| | | e. Others (Please specify) | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|--------------------------------------|---------------|----------------------------|---|---|---|--|--|---|---|---|--|--|---|---|---|--|--|---|---|---|--|--|---|---|---|--|--|--|--|--|--|
| 306 | What is your religion? SINGLE CODING | Hindu 1 Muslim 2 Christian 3 Sikh 4 Buddhist/ Neo Buddhist 5 Jain 6 Jewish 7 Parsi/ Zorostrian 8 No religion 9 Others (Please specify) 98 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 307 | To which caste do you belong to? SINGLE CODING | Scheduled caste 1 Scheduled tribe 2 OBC 3 Others (Please specify) 98 _____ None of them 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 308 | In the past 2 years, have there been any births, in this household? | Yes 1 No 2 | | | | | ☛ Skip to Q.311 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 309 | If yes, can you please give me the details such as gender and the year of all the births in the household in the past 2 years? | <table border="1"> <thead> <tr> <th>Member</th> <th colspan="2">Gender M=1/F=2</th> <th>Year of birth</th> <th>Line number if still alive</th> </tr> </thead> <tbody> <tr><td>1</td><td>1</td><td>2</td><td></td><td></td></tr> <tr><td>2</td><td>1</td><td>2</td><td></td><td></td></tr> <tr><td>3</td><td>1</td><td>2</td><td></td><td></td></tr> <tr><td>4</td><td>1</td><td>2</td><td></td><td></td></tr> <tr><td>5</td><td>1</td><td>2</td><td></td><td></td></tr> </tbody> </table> | Member | Gender M=1/F=2 | | Year of birth | Line number if still alive | 1 | 1 | 2 | | | 2 | 1 | 2 | | | 3 | 1 | 2 | | | 4 | 1 | 2 | | | 5 | 1 | 2 | | | | | | |
| Member | Gender M=1/F=2 | | Year of birth | Line number if still alive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 310 | INSTRUCTION TO INVESTIGATOR: PLEASE RECORD Total number of births in the household in the past 2 years <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 311 | In the past 2 years, have there been any deaths, in this household, that is, someone who lived in this house? | Yes 1 No 2 | | | | | ☛ Skip to Q.401 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 312 | If yes, please can you give me the details, such as the persons gender, age and reason for their death | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Member | Gender M=1/F=2 | | Age (Please record) | Reasons for death (Please record) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 313 | INSTRUCTION TO INVESTIGATOR: PLEASE RECORD Total number of deaths in the household in the past 2 years: Men <input type="checkbox"/> Women <input type="checkbox"/> Children (below 18 years) <input type="checkbox"/> | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| IV. Household income and expenditure | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| S. No | QUESTIONS | CODING CATEGORIES | INSTRUCTIONS | | | | | | | | | | | | | | | | | | |
| 401 | What is your total monthly household income? | Rs. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| 402 | Were there any changes in this year's income compared to last year's income? | Yes..... 1 No..... 2 Don't know/ Can't say..... 99 | • Skip to Q.404 • Skip to Q.404 | | | | | | | | | | | | | | | | | | |
| 403 | If there has been a change, has it increased or decreased from the past year till today? SINGLE CODING | Increased..... 1 Decreased 2 Don't know/ Can't say..... 99 | | | | | | | | | | | | | | | | | | | |
| 404 | In the past one year, did your household earn any income (in cash or in kind) from the following sources? MULTIPLE CODING | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table> | Yes | No | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | |
| Yes | No | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | |
| | 1. Wages from working on other people's land | | | | | | | | | | | | | | | | | | | | |
| | 2. Income from own farm business | | | | | | | | | | | | | | | | | | | | |
| | 3. Income from own non farm business -including making/fixing goods (Please specify) ----- | | | | | | | | | | | | | | | | | | | | |
| | 4. Income from regular salary job (Please specify) ----- | | | | | | | | | | | | | | | | | | | | |
| | 5. Income from land, house (including rent) or other property, interest from bank account, savings | | | | | | | | | | | | | | | | | | | | |
| | 6. Old age pension / Social Security | | | | | | | | | | | | | | | | | | | | |
| | 7. Disability pension | | | | | | | | | | | | | | | | | | | | |
| | 8. Widower's pension | | | | | | | | | | | | | | | | | | | | |
| | 9. Any other welfare scheme | | | | | | | | | | | | | | | | | | | | |

| | | | | | | |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------|----------|------|------------------------|
| | 10. Remittances | 1 | 2 | | | |
| | 11. Any other source, please specify ----- | 1 | 2 | | | |
| 405 | Did your household cultivate any of the following crops last year? If yes, was it for own use or sale or both and what is the total value of products sold for one year? MULTIPLE CODING | No | Yes | | | Value of products sold |
| | | | Own use | For sale | Both | |
| | 1. Rice | 1 | 2 | 3 | 4 | |
| | 2. Wheat | 1 | 2 | 3 | 4 | |
| | 3. Maize | 1 | 2 | 3 | 4 | |
| | 4. Dal | 1 | 2 | 3 | 4 | |
| | 5. Vegetables | 1 | 2 | 3 | 4 | |
| | 6. Fodder | 1 | 2 | 3 | 4 | |
| | 7. Mustard | 1 | 2 | 3 | 4 | |
| 8. Others, please specify | 1 | 2 | 3 | 4 | | |
| 406 | Did your household do any of the following animal husbandry last year? If yes, was it for own use or sale or both and what is the total value of products sold for one year? MULTIPLE CODING | No | Yes | | | Value of products sold |
| | | | Own use | For sale | Both | |
| | 1. Milk | 1 | 2 | 3 | 4 | |
| | 2. Meat (include livestock sold live for meat) | 1 | 2 | 3 | 4 | |
| 3. Other animal products (wool, hide, dung cake, eggs, etc) | 1 | 2 | 3 | 4 | | |
| 407 | On an average in a month what is the total household grocery expenditure? | Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | |
| 408 | If you can increase expenditure on 3 items below, which ones would, you increase? Please rank the top 3 | Rank | | | | |
| | 1. Food | | | | | |
| | 2. Shelter | | | | | |
| | 3. Electricity | | | | | |
| | 4. Fuel | | | | | |
| | 5. Healthcare | | | | | |
| | 6. Education | | | | | |

| | | | | | |
|--------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------|----------------------------------------|--------------------------------------------|
| | 7. Transportation | | | | |
| | 8. Entertainment | | | | |
| | 9. Others, please specify | | | | |
| 409 | In the last one year, did your household experience any financial shock? | Yes..... 1 No..... 2 Don't know/ Can't say..... 99 | • Skip to Q.412 • Skip to Q.412 | | |
| 410 | If yes, what was the cause MULTIPLE CODING | Yes | No | | |
| | 1. Accident | 1 | 2 | | |
| | 2. Marriage in the household | 1 | 2 | | |
| | 3. Illness (Treatment, surgery, hospital stay) | 1 | 2 | | |
| | 4. Fire | 1 | 2 | | |
| | 5. Theft | 1 | 2 | | |
| | 6. Natural calamities | 1 | 2 | | |
| | 7. Death of a household member | 1 | 2 | | |
| 411 | How did your household manage/ finance the above? MULTIPLE CODING | Yes | No | | |
| | 1. From savings | 1 | 2 | | |
| | 2. Borrowed money from money lender | 1 | 2 | | |
| | 3. Borrowed money from relatives/friends/neighbours | 1 | 2 | | |
| | 4. Borrowed money from bank | 1 | 2 | | |
| | 5. Borrowed money from SHG/ other saving groups | 1 | 2 | | |
| | 6. Sold or pawned any cultivable land | 1 | 2 | | |
| | 7. Sold or pawned household goods including jewelery | 1 | 2 | | |
| | 8. Increased income or labour | 1 | 2 | | |
| | 9. Sold or pawned other property | 1 | 2 | | |
| 10. Any other source, please specify | 1 | 2 | | | |
| 412 | Has your household taken loans in the last one year? | Yes..... 1 No..... 2 | • Skip to Q.414 | | |
| 413. LOAN DETAILS - ASK FOR THE LAST FIVE LOANS TAKEN | | | | | |
| Loan | A* Where did you take the loan from? | B What is the amount? (Please enter amount) | C What was the interest rate? (Please enter) | D* What is the status of this loan? | E# For what purpose was the loan taken? |

| | | | | | | | |
|--------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------|-----------------------------|------------------------------------|-----------------------------|
| Loan 1 | | | | | | | |
| Loan 2 | | | | | | | |
| Loan 3 | | | | | | | |
| Loan 4 | | | | | | | |
| Loan 5 | | | | | | | |
| *Codes for A | | 01 = Commercial bank | 02 = Self Help Groups | 03 = Savings Groups | 04 = NGO | 05 = From moneylender | 98 = Others, please specify |
| *Codes for D | | 01 = Have repaid the loan | 02 = Outstanding loan | 03 = Still in the loan period | 98 = Others, please specify | | |
| #Codes for E | | 01 = For agricultural purpose | 02 = To pay off other loans | 03 = For children's education | 04 = For health reasons | 05 = For marriage | 98 = Others, please specify |
| 414 | Do you have any savings? | Yes..... 1 No..... 2 | | | | ☛ Skip to Q.417 | |
| 415 | If yes, where do you usually save? MULTIPLE CODING | Commercial banks 1 Self Help Group..... 2 Saving group 3 NGO 4 Gold, silver or other jewelry 5 Others (Please specify) 98 _____ | | | | | |
| 416 | What is the total value of the savings? | Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | |
| 417 | Is any one in your household a member of the SHG? | Yes..... 1 Enter line number <input type="text"/> <input type="text"/> <input type="text"/> No..... 2 Don't know/ Can't say..... 99 | | | | | |
| 418 | Is any usual member of this household covered by a health scheme or health insurance? | Yes..... 1 No..... 2 Don't know/ Can't say..... 99 | | | | ☛ Skip to Q.501 ☛ Skip to Q.501 | |

| 419. HEALTH SCHEME OR HEALTH INSURANCE | | | | | | | |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------|--------------------------------------------------------------------------------|-------------------------|
| Instruction to investigator: Ask for each of the household member and fill against the appropriate Line number | | | | | | | |
| Line Number | A | B* | C* | D | E | F | G |
| | Covered by a health scheme or health insurance? Y=1/N=2 If 2 coded, skip to C | What type of health scheme or health insurance? | What are the reasons for not being covered by a health scheme or health insurance? | Covered by life insurance? Y=1/N=2 | Covered by motor insurance? Y=1/N=2 | Covered by any other insurance (other than life, health and motor)? Y=1/N=2 | If yes, please specify. |
| M A L E S | Q 101 | | | | | | |
| | Q 102 | | | | | | |
| | Q 103 | | | | | | |
| | Q 104 | | | | | | |

| | | | | | | | | | |
|---------------------------------|-------|----------------------------------------------|----------------------------------------------|-------------------------------------------|----------------------------------------------|-----------------------------------------|-----------------------------------------------------------|----------------------------|---------------------------|
| | Q 105 | | | | | | | | |
| | Q 106 | | | | | | | | |
| F E M A L E S | Q 107 | | | | | | | | |
| | Q 108 | | | | | | | | |
| | Q 109 | | | | | | | | |
| | Q 110 | | | | | | | | |
| | Q 111 | | | | | | | | |
| | Q 112 | | | | | | | | |
| *Codes for B | | 01 = Employees State Insurance Scheme (ESIS) | 02 = Central Government Health Scheme (CGHS) | 03 = Community Health Insurance programme | 04 = Other health insurance through employer | 05= Medical reimbursement from employer | 06= Other privately purchased commercial Health insurance | 98= Others, please specify | 99= Don't know/ Can't say |
| *Codes for C | | 01 = Need not felt | 02 = Has not heard about it | 03 = No proper information | 04=Financial reasons | 98 = Others, please specify | | | |

| V. HEALTH CARE USE AND HEALTH EXPENDITURE | | | | | | | |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----|--|--|--------------|-----------------|
| S. No | QUESTIONS | CODING CATEGORIES | | | | INSTRUCTIONS | |
| 501 | In the past two months , have you or anyone in your household participated in a medical camp? | Yes..... | 1 | | | | |
| | | No..... | 2 | | | | |
| | | Don't know/ Can't say..... | 99 | | | | |
| 502 | In the past two months , did you or anyone in your household have any episode of illness that did not require hospitalization but required out patient treatment? | Yes..... | 1 | | | | ◀ Skip to Q.601 |
| | | No..... | 2 | | | | |
| 503 | Which member of your household was ill? | RECORD LINE NUMBER | | | | | |
| 504 | What Illness did s/he have? | Enter the code using the list (See Appendix Table 1) | | | | | |
| 505 | How serious was the illness? | Not serious | 1 | | | | |
| | | Quite serious | 2 | | | | |
| | | Very serious | 3 | | | | |
| | | Don't Know/Can't say | 99 | | | | |
| 506 | What type of doctor / facility was visited for treatment? | Did not seek care | 01 | | | | |
| | | Sub center | 02 | | | | |
| | | PHC | 03 | | | | |
| | | Taluk Hospital | 04 | | | | |
| | | Community Health Centre | 05 | | | | |
| | | District Hospital | 06 | | | | |
| | | Medical college hospital | 07 | | | | |
| | | Private nursing home | 08 | | | | |
| | | Private hospital | 09 | | | | |
| | | Charitable hospital | 10 | | | | |
| | | Pvt. doctor – MBBS | 11 | | | | |
| | | Pvt. doctor - Homeopathic | 12 | | | | |
| | | Pvt. doctor – Ayurvedic | 13 | | | | |
| | | Unani | 14 | | | | |
| | | Traditional healer | 15 | | | | |
| | | Unqualified doctor | 16 | | | | |
| | | Drug store / pharmacy | 17 | | | | |
| | | Other (specify) | 98 | | | | |
| 507 | Only if 1 coded in Q.506 ask: What was the reason for NOT seeking care? MULTIPLE CODING | Was not serious | 01 | | | | |
| | | Spontaneous recovery | 02 | | | | |
| | | Did not have money | 03 | | | | |
| | | No doctor/health facility nearby | 04 | | | | |
| | | No transport facility | 05 | | | | |

| | | | | | | | | |
|-----|------------------------------------------------------------------------------------------------|--------------------------------------------|----|----|---|--|--|--|
| | | Long waiting at the provider | 06 | | | | | |
| | | No good care available | 07 | | | | | |
| | | Could not get away from work | 08 | | | | | |
| | | No body to accompany | 09 | | | | | |
| | | Fear of hospitals | 10 | | | | | |
| | | Not customary/ religious belief | 11 | | | | | |
| | | Others (Specify) | 98 | | | | | |
| | | Don't Know/Can't say | 99 | | | | | |
| 508 | Any Self treatment taken for this illness? | Yes | 1 | No | 2 | | | |
| 509 | Would you have preferred to take treatment at other facility, but could not due to any reason? | Yes | 1 | No | 2 | | | |
| 510 | If Yes, which facility? | Not applicable | 98 | | | | | |
| | | Sub center | 02 | | | | | |
| | | PHC | 03 | | | | | |
| | | Taluk Hospital | 04 | | | | | |
| | | Community Health Centre | 05 | | | | | |
| | | District Hospital | 06 | | | | | |
| | | Medical college hospital | 07 | | | | | |
| | | <i>Private nursing home</i> | 08 | | | | | |
| | | Private hospital | 09 | | | | | |
| | | Charitable hospital | 10 | | | | | |
| | | Pvt. doctor - MBBS | 11 | | | | | |
| | | Pvt. doctor - Homeopathic | 12 | | | | | |
| | | Pvt. doctor – Ayurvedic | 13 | | | | | |
| | | Unani | 14 | | | | | |
| | | Traditional healer (<i>Natya Vaidya</i>) | 15 | | | | | |
| | | Unqualified doctor (<i>Nakali aidya</i>) | 16 | | | | | |
| | | Drug store / pharmacy | 17 | | | | | |
| | | Other (specify) | 98 | | | | | |

| | | | | | | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---|---|---|---|--|
| 511 | How much did your household have to spend for this last episode of illness? Enter the amount in Rupees | | 1 | 2 | 3 | 4 | 5 | |
| | | i. | Hospital / Health Center fee | | | | | |
| | | ii. | Consultation | | | | | |
| | | iii. | Investigation | | | | | |
| | | iv. | Medicines | | | | | |
| | | v. | Travel | | | | | |
| | | vi. | Other | | | | | |
| | | vii. | TOTAL | | | | | |
| 512 | How did your household pay for this treatment? Ask each of the options and code Yes- 1 or No 2 MULTIPLE CODING | i. | Did not have to pay | | | | | |
| | | ii. | Own money | | | | | |
| | | iii. | Worked over time | | | | | |
| | | iv. | Insurance | | | | | |
| | | v. | Sold jewelry, belongings or household goods | | | | | |
| | | vi. | Sold property (land, house) | | | | | |
| | | vii. | Support (contributions) from friends, relatives, employer | | | | | |
| | | viii. | Borrowed money from Money lender | | | | | |
| | | ix. | Borrowed money from Friends & relatives | | | | | |
| | | x. | Borrowed money from Employer | | | | | |
| | | xi. | Borrowed money from SHG | | | | | |
| | | xii. | Borrowed money from Bank/ Financial Institutions | | | | | |
| | | xiii. | Others(specify) | | | | | |
| 513 | How much did your household lose (because an earning member could not go to work) during this illness? Enter amount in Rs. | | | | | | | |

| VI. GENERAL HEALTH | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|---------|---|----------------------------|--------------|-----------------|
| S. No | QUESTIONS | CODING CATEGORIES | | | | | INSTRUCTIONS | |
| 601 | Do you or anyone in your household have any Chronic illness like diabetes, heart problems, BP, Cholestrol, TB, asthma, arthritis, cataract, etc. over the past 1 year? | Yes..... | 1 | No..... | 2 | Don't know/ Can't say..... | 99 | ☛ Skip to Q.701 |
| INSTRUCTION TO INVESTIGATORS: | | | | | | | | |
| IF YES, CONTINUE. NOTE: IF MULTIPLE MEMBERS IN HOUSEHOLD HAVE CHRONIC CONDITIONS, THEN USE ONE COLUMN FOR EACH CHRONIC CONDITIONS | | | | | | | | |
| 602 | Does any member of your household suffer from a chronic condition? Yes 1 No – 2 MULTIPLE CODING | RECORD LINE NUMBER | | | | | | |
| | | Response Code | | | | | | |
| | | i. | Diabetes | | | | | |
| | | ii. | Heart Disease | | | | | |
| | | iii. | Blood Pressure | | | | | |
| | | iv. | Cholesterol | | | | | |
| | | v. | Tuberculosis | | | | | |
| | | vi. | Chronic Asthma | | | | | |
| | | vii. | Chronic pain | | | | | |
| | | viii. | Arthritis | | | | | |
| | | ix. | Cataract | | | | | |
| | | x. | Liver disease | | | | | |
| | | xi. | Gastritis | | | | | |
| | | xii. | Piles | | | | | |
| | | xiii. | Ulcers | | | | | |
| | | xiv. | Epilepsy | | | | | |
| | | xv. | Mental disorder | | | | | |
| xvi. | Kidney disease | | | | | | | |
| 603 | Does he /she take treatment for this condition? | Yes = 1 | No = 2 | | | | | |
| 604 | If Yes , What is the average monthly cost of this treatment? | Enter the amount in Rupees | | | | | | |

| | | | | | | | | |
|------------------|------------------------------------------------------------------------------------------|---------------------------------|----|---|---|---|---|--|
| 605 | If No , why is no treatment taken for this illness? MULTIPLE CODING | | 1 | 2 | 3 | 4 | 5 | |
| | | Not serious | 01 | | | | | |
| | | Too inconvenient | 02 | | | | | |
| | | Cannot afford | 03 | | | | | |
| | | Old age | 04 | | | | | |
| | | Ignorance | 05 | | | | | |
| | | Lack of time | 06 | | | | | |
| | | Lack of transport | 07 | | | | | |
| | | Felt that there is no use | 08 | | | | | |
| | | No one to take to the facility | 09 | | | | | |
| | | Facility is not near by | 10 | | | | | |
| | | Fear of hospitals | 11 | | | | | |
| | | Treatment not available | 12 | | | | | |
| | | Poor quality of service | 13 | | | | | |
| | | Not customary/ religious belief | 14 | | | | | |
| Others (specify) | 98 | | | | | | | |

VII. HOSPITALIZATION AND HEALTH SHOCK

Let me now ask about the members of the household who were hospitalized due to some illness

| | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------|
| 701 | Was any member in your household admitted to the hospital in the past 1 year? Make sure to confirm it includes only members of the household who were hospitalized. This may include even maternity events and also the chronic ill persons. Should also include persons who died in the last 1 year if they were hospitalized. | Yes..... 1 No..... 2 | ☛ Skip to Q.801 |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------|

If yes give details (if a member of the household had more than one episode record it in next Column)

| | | | | | | | |
|-----|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 702 | Which member of your household was hospitalized? | RECORD LINE NUMBER (If still alive) | | | | | |
| 703 | What was s/he hospitalized for? | Fever 01 Malaria 02 Typhoid 03 Jaundice 04 Animal bite 05 Road accident 06 Fire accident 07 Child birth 08 Other 98 | | | | | |
| 704 | How serious was the illness? | Not serious 1 Quite serious 2 Very serious 3 Not sure / Don't Know 97 | | | | | |
| 705 | What type of facility was s/he admitted to? | PHC 01 Taluk Hospital 02 Community Health Centre 03 District Hospital 04 Medical college hospital 05 Private nursing home 06 Super specialty hospital 07 Charitable hospital 08 Private hospital -allopathy 09 Other hospital- Ayurvedic /Homeopathic 10 Other 98 | | | | | |
| 706 | In addition to the above, did s/he go anywhere else for treatment? If yes, where? | Nowhere else 01 Sub center 02 PHC 03 Taluk Hospital 04 Community Health Centre 05 District Hospital 06 Medical college hospital 07 Private nursing home 08 Private hospital 09 Charitable hospital 10 Pvt. doctor - MBBS 11 Pvt. doctor - Homeopathic 12 Pvt. doctor - Ayurvedic 13 Unani 14 Traditional healer 15 | | | | | |

| | | | | | | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------|--|--|--|--|--|
| | | Unqualified doctor | 16 | | | | | |
| | | Drug store / pharmacy | 17 | | | | | |
| | | Other | 98 | | | | | |
| 707 | Was there any other facility that s/he would have preferred to be admitted but could not due to any reason? | Yes 1 | No 2 | | | | | |
| 708 | If yes, which facility? | PHC | 01 | | | | | |
| | | Taluk Hospital | 02 | | | | | |
| | | Community Health Centre | 03 | | | | | |
| | | District Hospital | 04 | | | | | |
| | | Medical college hospital | 05 | | | | | |
| | | Private nursing home | 06 | | | | | |
| | | Super specialty hospital | 07 | | | | | |
| | | Charitable hospital | 08 | | | | | |
| | | Private hospital -allopathy | 09 | | | | | |
| | | Other hospital- Ayurvedic /Homeopathic | 10 | | | | | |
| | | Other | 98 | | | | | |
| 709 | How much did your household have to spend for this last episode of hospitalisation? | | | | | | | |
| | Enter the amount in Rupees | i. | Hospital charges | | | | | |
| | | ii. | Surgery charges | | | | | |
| | | iii. | Consultation | | | | | |
| | | iv. | Investigation | | | | | |
| | | v. | Medicines | | | | | |
| | | vi. | Travel | | | | | |
| | | vii. | Other | | | | | |
| | | viii. | TOTAL | | | | | |
| 710 | How did your household pay for this hospitalisation? MULTIPLE CODING | code Yes- 1 or No 2 | | | | | | |
| | i. | Did not have to pay | | | | | | |
| | ii. | Own money | | | | | | |
| | iii. | Worked over time | | | | | | |
| | iv. | Insurance | | | | | | |
| | v. | Sold jewelry, belongings or household goods | | | | | | |
| | vi. | Sold property (land, house) | | | | | | |
| | vii. | Support (contributions) from friends/ relatives/ employer | | | | | | |
| | viii. | Borrowed money from Money lender | | | | | | |
| | ix. | Borrowed money from Friends & relatives | | | | | | |
| | x. | Borrowed money from Employer | | | | | | |
| | xi. | Borrowed money from SHG | | | | | | |
| | xii. | Borrowed money from Bank/ Financial Institutions | | | | | | |
| | xiii. | Others(specify) | | | | | | |
| 711 | How much did your household lose (because an earning member could not go to work) during this hospitalisation? Enter amount in Rs. | | | | | | | |

| VIII. HOUSEHOLD ENVIRONMENT | | | | |
|-----------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------|
| S. No | QUESTIONS | CODING CATEGORIES | | INSTRUCTIONS |
| 801 | Does your household have: | Yes | No | |
| | a. Electricity | 1 | 2 | |
| | b. Radio or transistor | 1 | 2 | |
| | c. Television | 1 | 2 | |
| | d. Telephone – Mobile | 1 | 2 | |
| | e. Telephone - Land line | 1 | 2 | |
| | f. Water pump | 1 | 2 | |
| | g. Bicycle | 1 | 2 | |
| | h. Motorcycle | 1 | 2 | |
| | i. Animal drawn cart | 1 | 2 | |
| | j. Car | 1 | 2 | |
| | k. Tractor | 1 | 2 | |
| l. Running water | 1 | 2 | | |
| 802 | Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all? | Almost everyday 1 At least once a week 2 Less than once a week 3 Not at all..... 4 | | |
| 803 | Do you listen to the radio almost every day, at least once a week, less than once a week or not at all? | Almost everyday 1 At least once a week 2 Less than once a week 3 Not at all..... 4 | | |
| 804 | Do you watch television almost every day, at least once a week, less than once a week or not at all? | Almost everyday 1 At least once a week 2 Less than once a week 3 Not at all..... 4 | | |
| 805 | Do you usually go to the cinema hall to see a movie at least once a month less than once a month or not at all? | At least once a month 1 Less than once a month..... 2 Not at all..... 3 | | |
| 806 | What type of fuel does your household mainly use for cooking? SINGLE CODING | Electricity..... 1 LPG/Natural gas..... 2 Biogas 3 Kerosene 4 Coal/Lignite..... 5 Charcoal 6 Wood 7 Straw/Shrubs/Grass 8 Agricultural crop waste 9 Dung cakes 10 Others (Please specify) 98 _____ | | <ul style="list-style-type: none"> ☛ Skip to Q.808 ☛ Skip to Q.808 ☛ Skip to Q.808 |

| | | | |
|-----|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 807 | In this household, is food cooked on a stove, chullah or an open fire? SINGLE CODING | Stove 1 Chullah 2 Open fire 3 Others (Please specify) 98 _____ | |
| 808 | Is the cooking done under a chimney? | Yes 1 No 2 | |
| 809 | Is the cooking done in the house, in a separate building or outdoors? SINGLE CODING | In the house 1 In a separate building..... 2 Outdoors 3 Others (Please specify) 98 _____ | <ul style="list-style-type: none"> ☛ Skip to Q.811 ☛ Skip to Q. 811 ☛ Skip to Q. 811 |
| 810 | Do you have a separate room which is used as a kitchen? | Yes 1 No 2 | |
| 811 | What is the main source of drinking water for members of your household? SINGLE CODING | Piped into dwelling 1 Piped into yard/plot..... 2 Public tap/stand pipe..... 3 Tube well or bore well 4 Protected well 5 Unprotected well..... 6 Protected spring 7 Unprotected spring..... 8 Rainwater 9 Tanker truck..... 10 Cart with small tank 11 Surface water (River/dam/lake/pond/ stream/canal/irrigation channel) 12 Others (Please specify) 98 _____ | |
| 812 | Where is the water source located? SINGLE CODING | In own dwelling 1 In own yard/plot..... 2 Elsewhere 3 Don't know/Can't say 99 | <ul style="list-style-type: none"> ☛ Skip to Q.814 ☛ Skip to Q.814 |
| 813 | How long does it take to go there, get water, and come back in one trip? | <input type="text"/> <input type="text"/> <input type="text"/> minutes..... 1 On the premises 2 Don't know/Can't say 99 | |
| 814 | Who usually goes to this source to fetch water for your household? SINGLE CODING | Adult man 1 Adult woman..... 2 Female child under age 18 years..... 3 Male child under age 18 years 4 Others (Please specify) 98 | |

| | | | |
|-----|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| | | _____ | |
| 815 | Does your household treat your water in any way to make it safer to drink? | Yes 1 No 2 Don't know/Can't say 99 | • Skip to Q.817 • Skip to Q.817 |
| 816 | What does your household usually do to the water to make it safer to drink? SINGLE CODING | Boil 1 Use alum 2 Add bleach/chlorine tablets or powder 3 Strain through a cloth..... 4 Use water filter (ceramic/sand/composite, etc)..... 5 Use electric purifier 6 Let it stand and settle..... 7 Others (Please specify) 98 _____ | |
| 817 | What is the main source of water used by your household for other purposes such as cooking and washing? | Same as above 1 If different from above, please specify 98 _____ | |
| 818 | What is the main source of water during summer? | Same as above 1 If different from above, please specify 98 _____ | |
| 819 | What kind of toilet facilities do members of your household usually use? SINGLE CODING | Flush to piped sewer system 1 Flush to septic tank..... 2 Flush to pit latrine..... 3 Flush to somewhere else..... 4 Flush, don't know where 5 Unprotected well..... 6 Ventilated improved pit..... 7 Pit latrine with slab 8 Pit latrine without slab/ open pit 9 No facility/uses open space or field 10 Others (Please specify) 98 _____ | |
| 820 | Does your household share this toilet facility with other households/ | Yes 1 No 2 | • Skip to Q.822 |
| 821 | How many households use this toilet facility? | No. of HHs if less than 10 1 <input type="checkbox"/> <input type="checkbox"/> 10 or more HHs 2 Don't know/Can't say 99 | |

| | | | |
|-----|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 822 | Where does your household dispose household waste? SINGLE CODING | Open bins within compound 1 Open bins outside compound 2 In open yard within compound 3 In open yard outside compound 4 Burn the waste 5 Others (Please specify) 98 _____ | |
| 823 | Is there any stagnant water body near the house? RECORD OBSERVATION | Yes 1 No 2 | |
| 824 | Is there an open gutter near the house? RECORD OBSERVATION | Yes 1 No 2 | |
| 825 | Does the household use mosquito nets or any repellents? SINGLE CODING | Use mosquito nets 1 Use repellents 2 Use both mosquito nets and repellents 3 No 4 | |
| 826 | Type of house RECORD OBSERVATION | Pucca 1 Semi pucca 2 Kuccha 3 | |

| IX. HOUSEHOLD VALUE POSSESSIONS | | | | |
|---------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------|
| S. No | QUESTIONS | CODING CATEGORIES | | INSTRUCTIONS |
| 901 | Is this your own house or rented house? SINGLE CODING | Own..... 1 Rented 2 Others (Please specify) 98 _____ | | |
| 902 | Other than this house do you own any other house? | Yes 1 No 2 | | |
| 903 | Do you own any agricultural land? | Yes 1 No 2 | | ☛ Skip to Q.905 |
| 904 | How much agricultural land do you own? | <input type="text"/> <input type="text"/> <input type="text"/> acres | | |
| 905 | Does your household own any of the following animals: | Yes | No | Number of animals |
| | a. Cows, bulls or buffaloes | 1 | 2 | |
| | b. Donkeys or mules | 1 | 2 | |
| | c. Goats | 1 | 2 | |
| | d. Sheep | 1 | 2 | |
| | e. Chicken or ducks | 1 | 2 | |
| | f. Pigs | 1 | 2 | |
| | g. Total number of animals owned | | | |
| 906 | Does this household have a BPL card? | Yes 1 No 2 Don't know/Can't say 99 | | |
| 907 | Does this household have a ration card? | Yes 1 No 2 Don't know/Can't say 99 | | ☛ Skip to Q.1001 ☛ Skip to Q.1001 |
| 908 | If yes, can you mention the colour of your ration card? SINGLE CODING | Green..... 1 Yellow 2 White 3 | | |

X. HABITS

Instruction to investigator: Ask for each of the household member and fill against the appropriate Line number

| Line Number | A Does anyone in the household smoke? Yes = 1 No = 2 | | B# If yes, what does this person usually smoke? | C How many times does this person smoke on an average in a day? | D Does anyone in the household consume liquor? Yes = 1 No = 2 | | E+ If yes, what does this person usually drink? | F Number of units consumed on an average in a day? | G Is anyone in the household in the habit of chewing tobacco? Yes = 1 No = 2 | | H# If yes, what does this person chew? | I Has anyone in the household quit smoking, chewing tobacco or drinking? Yes = 1 No = 2 | | J* If yes, Reasons for quitting? |
|-------------|---------------------------------------------------------------|--------|----------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------|--------|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------|--------|-------------------------------------------|--------------------------------------------------------------------------------------------------|--------|-------------------------------------|
| | Yes = 1 | No = 2 | | | Yes = 1 | No = 2 | | | Yes = 1 | No = 2 | | Yes = 1 | No = 2 | |
| M | | | | | | | | | | | | | | |
| A | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | |
| Q 101 | | | | | | | | | | | | | | |
| Q 102 | | | | | | | | | | | | | | |
| Q 103 | | | | | | | | | | | | | | |
| Q 104 | | | | | | | | | | | | | | |
| Q 105 | | | | | | | | | | | | | | |
| Q 106 | | | | | | | | | | | | | | |
| Q 107 | | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | | |
| M | | | | | | | | | | | | | | |
| A | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | |
| Q 110 | | | | | | | | | | | | | | |
| Q 111 | | | | | | | | | | | | | | |
| Q 112 | | | | | | | | | | | | | | |

#Codes for B 01 = Cigarettes 02 = Beedi 98 = Others, please specify

+Codes for E 01 = Toddy 02 = Beer 98 = Others, please specify

Codes for H 01 = Paan 02 = Gutkha 03 = Khaini 04 = Betal nut 98 = Others, please specify

*Codes for J 01 = Yes, quit smoking 02 = Yes, quit chewing tobacco 03 = Yes, quit consuming liquor 98 = Others, please specify

XI. MENTAL HEALTH

| S. No | QUESTIONS | CODING CATEGORIES | | | | | INSTRUCTIONS |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------|------------------|----------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------|
| 1101 | How happy are you with your life as a whole? | Very unhappy 1 | Unhappy 2 | Ok 3 | Happy 4 | Very happy 5 | <ul style="list-style-type: none"> ☛ Skip to Q.1103 ☛ Skip to Q.1103 ☛ Skip to Q.1103 |
| 1102 | If coded 1 or 2, please give reasons | | | | | | |
| 1103 | How satisfied are you with your health? | Very satisfied 1 | Satisfied 2 | Ok 3 | Unsatisfied 4 | Very unsatisfied 5 | <ul style="list-style-type: none"> ☛ Skip to Q.1105 ☛ Skip to Q.1105 ☛ Skip to Q.1105 |
| 1104 | If coded 4 or 5, please give reasons | | | | | | |
| 1105 | The following questions ask about how you have been feeling during the past 30 days . For each question, please circle the number that best describes how often you had this feeling | | | | | | |
| | During that month, how often did you feel.... | All of the time | Most of the time | Some of the time | A little of the time | None of the time | |
| a |tired out for no good reason? | 1 | 2 | 3 | 4 | 5 | |
| b |nervous? | 1 | 2 | 3 | 4 | 5 | |
| c |so nervous that nothing could calm you down? | 1 | 2 | 3 | 4 | 5 | |
| d |hopeless? | 1 | 2 | 3 | 4 | 5 | |
| e |restless or fidgety? | 1 | 2 | 3 | 4 | 5 | |
| f |so restless that you could not sit still? | 1 | 2 | 3 | 4 | 5 | |
| g |depressed? | 1 | 2 | 3 | 4 | 5 | |
| h |so depressed that nothing could cheer you up? | 1 | 2 | 3 | 4 | 5 | |
| i |that everything was an effort? | 1 | 2 | 3 | 4 | 5 | |
| j |worthless? | 1 | 2 | 3 | 4 | 5 | |

| | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------|-----------------------|---------------------------|-----------------------|
| 1106 | The last ten questions asked about feelings that might have occurred during the past 30 days. Taking them altogether, did these feelings occur more often in the past 30 days than is usual for you, about the same as usual, or less often than usual? (If you never have any of these feelings, circle response option "4.") | | | | | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>More often than usual</p> <p>A lot Some A little</p> <p>1 2 3</p> </div> <div style="text-align: center;"> <p>About the same as usual</p> <p>4</p> </div> <div style="text-align: center;"> <p>Less often than usual</p> <p>A little Some A lot</p> <p>5 6 7</p> </div> </div> | | | | | | |
| 1107 | The next few questions are about how these feelings may have affected you in the past 30 days. You need not answer these questions if you answered "None of the time" to all of the ten questions about your feelings. | | | | | |
| a | During the past 30 days, how many days out of 30 were you totally unable to work or carry out your normal activities because of these feelings? | <input type="text"/> <input type="text"/> days | | | | |
| b | Not counting the days you reported in response to Q1107a, how many days in the past 30 were you able to do only half or less of what you would normally have been able to do, because of these feelings? | <input type="text"/> <input type="text"/> days | | | | |
| c | During the past 30 days, how many times did you see a doctor or other health professional about these feelings? | <input type="text"/> <input type="text"/> days | | | | |
| d | During the past 30 days, how often have physical health problems been the main cause of these feelings? | All of the time 1 | Most of the time 2 | Some of the time 3 | A little of the time 4 | None of the time 5 |

ASK FOR WATER SAMPLE AND BEGIN TEST

RECORD TEST RESULTS

| XII. DRINKING WATER TEST RESULTS | | |
|----------------------------------|-----------------------------------------------|--------------------------------------------------|
| 1201 | RECORD THIS ANSWER ONLY AFTER 36 HOURS | Contaminated 1 Not contaminated 2 |

Appendix Table 1. Illness Codes for Q504

| Code | DESCRIPTION | DISEASE |
|------|----------------------------|---------------------------------------|
| 1 | Respiratory System | Bronchial Asthama |
| | | COPD |
| | | Allergic Bronchitis |
| | | LRI including Pneumonia |
| | | URI |
| | | Tuberculosis |
| | | Other Respiratory Diseases |
| 2 | Cardiovascular System | Congenital Heart Disease |
| | | Rheumatic Heart Disease |
| | | Hypertension |
| | | Ischaemia including MI (Heart Attack) |
| | | Other diseases related to CVD |
| 3 | Pyrexia Related Diseases | PUO |
| | | Viral Fever |
| | | Typhoid Fever |
| | | Measles |
| | | Chicken Pox |
| | | Malaria |
| | | Others |
| 4 | Connective Tissue Disorder | Osteo Arthritis |
| | | Rheumatoid Arthritis |
| | | Other Connective Tissue Disorder |
| 5 | Pregnancy Related Disorder | Pregnancy Induced Hypertension |
| | | Gestational Diabetes Mellitus |
| | | Malnutrition |
| | | Anaemia |
| | | Other Related Disorder |
| 6 | Skin | Eczema |
| | | Tinea Infection |
| | | Scabies |
| | | Leprosy |
| | | Other related skin diseases |
| | | |
| | | Dog Bite |
| | | Scorpion Sting |
| | | Snake Bite |
| | | Other insect & animal bite |
| 7 | Gastrointestinal System | Acute Diarrhoeal Disease |
| | | Abdominal Colic |
| | | Jaundice |
| | | Worm Infestation |
| | | Amoebiasis |
| | | Acid Peptic Diseases (Heart Burns) |
| | | Food Poisoning |
| | | Aphthous Ulcer (Mouth Ulcers) |
| | | Other related GIT System |

| Code | DESCRIPTION | DISEASE |
|-------------|------------------------------|-------------------------------------------------|
| 8 | Genito Urinary System | Urinary Tract Infection |
| | | Menstrual Disorder |
| | | RTI (Renal Tract Infection) |
| | | Malignancy |
| | | Other related diseases incl. Nephrotic Syndrome |
| 9 | Neurological Disorder | Epilepsy |
| | | CVA (Cerebro Vascular Accident) |
| | | Meningitis |
| | | Other Neurological Diseases |
| 10 | ENT | Sinusitis |
| | | Tonsillitis / Pharyngitis |
| | | ASOM /CSOM Middle Ear Infection |
| | | Hearing Defect |
| | | Foreign Body Ear |
| | | Foreign Body Nose |
| | | Gingivitis |
| | | Others |
| 11 | Dental | Dental Carriers |
| | | Dental Fluorosis |
| | | Other Dental Problems |
| 12 | Ophthalmic | Refractive Errors |
| | | Conjunctivitis |
| | | Foreign Body Eye |
| | | Stye |
| | | Other Related Diseases |
| 13 | Nutritional Disorder | Anaemia |
| | | Vitamin A Deficiency |
| | | Vitamin B Deficiency |
| | | Malnutrition |
| | | Other Vitamin Deficiency |
| 14 | Endocrine System | Diabetes Mellitus |
| | | Goitre |
| | | Others |
| 15 | All Other Causes | Accidents and Injuries Including Burns |