

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

## Adolescent Girl Component

The respondent of this component must be:

1. a girl between ages 10 and 18
2. had menarche but has not given birth to a child
3. a usual resident of the Household

### INFORMED CONSENT: INTRODUCTORY

Hello. My name is \_\_\_\_\_. I am working for GfK MODE, an International Research Organisation in Chennai. From your household, you have been randomly selected to be asked the questions in this survey. We would very much appreciate your participation in this survey. I would like to ask you a few questions on your health.

The survey usually takes about 10 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

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

#### Risks

- Embarrassment from filling out a sensitive questionnaire.
- Revelation of personal information.
- Time consuming.
- Disruption of routine.
- Possibility of unforeseen discomforts.

#### Benefits

- No direct benefits.
- Benefit the community as a whole.

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?

IF RESPONDENT IS UNDER AGE 18 AND UNMARRIED, ASK BOTH PARENT/GUARDIAN AND RESPONDENT:  
FOR RESPONDENTS AGE 18, ASK ONLY THE RESPONDENT:

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?	Parent/guardian and/or respondent agreed and signed/thumb printed.....1 ◀ Begin interview Refused.....2 ▶ End
PARENT/GUARDIAN:		Date: ____ / ____ / ____
RESPONDENT:		
INTERVIEWER:		

RECORD RESPONDENT LINE NUMBER

<b>I. MENSTRUATION</b>			
<b>S. No</b>	<b>QUESTIONS</b>	<b>CODING CATEGORIES</b>	<b>INSTRUCTIONS</b>
101	How old were you when you first got your period (reached menarche)?	<input type="text"/> <input type="text"/> years.....1 Don't know/ Can't say..... 99 Refused to answer..... 97	
102	What special care do you take during menstruation?  <b>MULTIPLE CODING</b>	Nothing.....1 Take rest.....2 Maintain hygiene.....3 Use clean clothes .....4 Others (Please specify) ..... 98 <hr/> Don't know/ Can't say..... 99 Refused to answer..... 97	
103	Do you go to school during menstruation?	Yes..... 1 No.....2	
104	What problems do you have during menstruation?  <b>Ask each option and circle which respondent mentioned</b>  <b>MULTIPLE CODING</b>	No problems ..... 1 Irregular menstruation ..... 2 Painful menstruation..... 3 Scanty menstruation..... 4 Excessive bleeding ..... 5 Irritability ..... 6 Become very weak ..... 7 Infection ..... 8 Back ache/body ache..... 9 Others (Please specify) ..... 98 <hr/>	☛ Skip to Q.106
105	What did you do about menstrual problems?  (Multiple answers possible, circle all the responses)	Nothing ..... 1 Ate balanced, Iron rich food ..... 2 Took rest ..... 3 Took treatment ..... 4 Took IFA tablets (iron) ..... 5 Others (Please specify) ..... 98 <hr/> Don't know/ Can't say..... 99 Not applicable..... 96	
106	What do you use during your monthly cycle?	None ..... 1 Cloth ..... 2 Napkin ..... 3 Both ..... 4 Others (Please specify) ..... 98 <hr/>	

II. MENTAL HEALTH							
S. No	QUESTIONS	CODING CATEGORIES				INSTRUCTIONS	
107	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"> <li>☛ Skip to Q.109</li> <li>☛ Skip to Q.109</li> <li>☛ Skip to Q.109</li> </ul>
108	If coded 1 or 2, please give reasons						
109	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"> <li>☛ Skip to Q.111</li> <li>☛ Skip to Q.111</li> <li>☛ Skip to Q.111</li> </ul>
110	If coded 4 or 5, please give reasons						
111	The following questions ask about how you have been feeling during the <b>past 30 days</b> . 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	
112	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.")						
	More often than usual		About the same as usual	Less often than usual			
	A lot	Some	A little	A little	Some	A lot	

	1	2	3	4	5	6	7	
113	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 Q113a, 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	Most of the time	Some of the time	A little of the time	None of the time
				1	2	3	4	5

## Reproductive Age Woman Component

The respondent of this component must be:

1. a woman between ages 18 and 40
2. has given birth in past 2 years
3. a usual resident of the Household

### INFORMED CONSENT: INTRODUCTORY

Hello. My name is \_\_\_\_\_ I am working for GfK MODE, an International Research Organisation in Chennai. From your household, you have been randomly selected to be asked the questions in this survey. We would very much appreciate your participation in this survey. I would like to ask you a few questions on your health and healthcare use.

The survey usually takes about 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

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

#### Risks

- Embarrassment from filling out a sensitive questionnaire.
- Revelation of personal information.
- Time consuming.
- Disruption of routine.
- Possibility of unforeseen discomforts.

#### Benefits

- No direct benefits.
- Benefit the community as a whole.

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:		

RECORD RESPONDENT LINE NUMBER

<b>I. MENSTRUAL DETAILS</b>			
<b>S. No</b>	<b>QUESTIONS</b>	<b>CODING CATEGORIES</b>	<b>INSTRUCTIONS</b>
101	How old were you when you first got your period (reached menarche)?	<input type="text"/> <input type="text"/> years.....1 Don't know/ Can't say..... 99 Refused to answer..... 97	
102	What special care do you take during menstruation?  <b>MULTIPLE CODING</b>	Nothing.....1 Take rest.....2 Maintain hygiene.....3 Use clean clothes .....3 Others (Please specify) ..... 98 _____ Don't know/ Can't say..... 99 Refused to answer..... 97	
103	What problems do you have during menstruation?  <b>Ask each option and circle which respondent mentioned</b>  <b>MULTIPLE CODING</b>	No problems ..... 1 Irregular menstruation ..... 2 Painful menstruation..... 3 Scanty menstruation..... 4 Excessive bleeding ..... 5 Irritability ..... 6 Become very weak ..... 7 Infection ..... 8 Back ache/body ache..... 9 Others (Please specify) ..... 98	☛ Skip to Q.105
104	What did you do about menstrual problems?  <b>MULTIPLE CODING</b>	Nothing ..... 1 Ate balanced, Iron rich food ..... 2 Took rest ..... 3 Took treatment ..... 4 Took IFA tablets (iron) ..... 5 Others (Please specify) ..... 98 _____ Don't know/ Can't say..... 99 Not applicable..... 96	
105	Have you had at least one menstrual period in the past 12 months?	Yes.....1 No.....2 Don't know/ Can't say..... 99 Refused to answer..... 97	☛ Skip to 107  ☛ Skip to 107 ☛ Skip to 107
106	What is the reason that you have not had a period in the past 12 months?	Pregnancy .....1 Breast feeding .....2 Others (Please specify) ..... 98	

		Don't know/Can't say.....99 Refused to answer.....97	
107	What type of sanitary napkin do you use?	None ..... 1 Cloth ..... 2 Napkin ..... 3 Both ..... 4 Others (Please specify) ..... 98	

**II. REPRODUCTION**

S. No	QUESTIONS	CODING CATEGORIES	INSTRUCTIONS
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**Now I would like to ask about all the births you have had during your life.**

108	What was your age at the birth of your first child?	<input type="text"/> <input type="text"/> years	
109	How many sons and daughters do you have? IF NONE, RECORD '00'.	Sons <input type="text"/> <input type="text"/> Daughters <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/>	
110	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	Yes..... 1 No..... 2	
111	Are you pregnant now?	Yes..... 1 No.....2 Not sure.....3	☛ Skip to 113 ☛ Skip to 113
112	How many months pregnant are you?	First trimester(1-3) ..... 1 Second trimester (4-6) ..... 2 Third trimester (7-9) ..... 3	

**III. CONTRACEPTION**

113	Do you currently use any contraceptive method?	Yes..... 1 No..... 2	☛ Skip to 115
114	If yes, which one?	Female sterilization..... 1 Male sterilization ..... 2 Pill..... 3 IUD ..... 4 Injectables ..... 5 Male condom ..... 6 Female condom ..... 7 Rhythm or periodic abstinence ..... 8	



	Withdrawal..... 9 Emergency contraception ..... 10 Others (Please specify) ..... 98	
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**IV. ANTENATAL, POSTNATAL AND NEWBORN CARE**

S. No	QUESTIONS	CODING CATEGORIES	INSTRUCTIONS
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**ANTENATAL CARE**

**Now I would like to you ask you some questions on your pregnancy in the last 24 months. If you had more than one pregnancies, please tell me about your last pregnancy.**

115	Did you see anyone for antenatal care for this pregnancy?	Yes..... 1 No..... 2	☛ Skip to 119
116	If yes: Whom did you see? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN <b>MULTIPLE CODING</b>	Health professional/doctor ..... 1 Nurse/ midwife .....2 Traditional birth attendant.....3 Others (Please specify) ..... 98 _____	
117	IF yes: Where did you receive antenatal care for this pregnancy? <b>MULTIPLE CODING</b>	At home ..... 1 Govt. hospital ..... 2 Govt. health centre ..... 3 Govt. mobile clinic ..... 4 Private hospital/clinic ..... 5 Private mobile clinic ..... 6 Mission hospital/health centre..... 7 Traditional birth attendant.....8 Others (Please specify) ..... 98 _____	☛ Skip to 119          ☛ Skip to 119
118	If at a hospital, clinic or health care centre, what is the name of this centre? Probe for the area/taluk/block/District	_____ (a. Name) _____ (b. Area)	
119	During this pregnancy, were you given or did you buy any iron tablets?	Yes ..... 1 No ..... 2 Don't know/ Can't say..... 99	

**DELIVERY/CHILD BIRTH**

120	Did you give birth in the same place as the place you received your antenatal care?	Yes ..... 1 No ..... 2 Don't know/ Can't say..... 99	☛ Skip to 123   ☛ Skip to 123
121	If not, where did you give birth?	At home ..... 1 Govt. hospital ..... 2 Govt. health centre ..... 3 Govt. mobile clinic ..... 4 Private hospital/clinic ..... 5	☛ Skip to 123

		Private mobile clinic ..... 6 Mission hospital/health centre..... 7 Traditional birth attendant .....8 Others (Please specify) .....98 _____	<ul style="list-style-type: none"> <li>☛ Skip to 123</li> <li>☛ Skip to 123</li> </ul>
122	If you gave birth at hospital, health centre or clinic, can you please mention the name of the hospital, health center, or clinic? Probe for the area/taluk/block/District	_____(a. Name) _____(b. Area)	
123	If gave birth at home, who assisted you in child birth?	Health professional/doctor ..... 1 Nurse/ midwife .....2 Traditional birth attendant.....3 Others (Please specify) .....98 _____	
124	How much did (NAME) weigh?	KILO GRAMS FROM CARD <input type="text"/> <input type="text"/> <input type="text"/> ..... 1 KILO GRAMS FROM RECALL <input type="text"/> <input type="text"/> <input type="text"/> ..... 2 Still birth ..... 3 Did not weigh ..... 4 Don't know/ Can't say ..... 99	
125	Was (NAME) delivered by caesarean section?	Yes ..... 1 No ..... 2	

<b>BREASTFEEDING</b>			
126	Did you breastfeed within ½ hour after child birth?	Yes ..... 1 No ..... 2	☛ Skip to 129
127	If you did not breastfeed, why didn't you breast feed (NAME)?		
128	If you did not breastfeed, what did you give to the baby?  RECORD ALL LIQUIDS GIVEN	Milk (other than breast milk) ..... 1 Plain water ..... 2 Sugar or glucose water ..... 3 Gripe water ..... 4 Sugar-salt-water solution..... 5 Fruit juice..... 6 Instant formula ..... 7 Tea/infusions ..... 8 Honey.....9	

		Others (Please specify) ..... 98 _____	
129	For how long did you continue to breastfeed?	Up to 3 months ..... 1 3 – 6 months ..... 2 Up to 1 year ..... 3 1 to 2 years ..... 4	
<b>POST NATAL CARE</b>			
130	Did you go for post natal care after child birth?	Yes ..... 1 No ..... 2	☛ Skip to 134
131	Did you go for post natal in the same place as the place you received your antenatal care?	Yes ..... 1 No ..... 2 Don't know/ Can't say ..... 99	☛ Skip to 134 ☛ Skip to 134
132	If no, where did you go for your post natal care?	At home ..... 1 Govt. hospital ..... 2 Govt. health centre ..... 3 Govt. mobile clinic ..... 4 Private hospital/clinic ..... 5 Private mobile clinic ..... 6 Mission hospital/health centre ..... 7 Traditional birth attendant ..... 8 Others (Please specify) ..... 98 _____	☛ Skip to 134         ☛ Skip to 134 ☛ Skip to 134
133	Can you please mention the name of the hospital, health center, or clinic? Probe for the area/taluk/block/District	_____ (a. Name) _____ (b. Area)	
134	Have you heard of illness called RTI/ gynecological?	Yes ..... 1 No ..... 2 Don't know/ Can't say ..... 99	
<b>IMMUNIZATION: For all respondent's children aged 0-3. Verify against written proof of immunization if possible.</b>			
135	Did the children in your household ever receive any vaccinations to prevent him/her from getting diseases?	Yes ..... 1 No ..... 2 Don't know/ Can't say ..... 99	☛ Skip to 137 ☛ Skip to 137
136	Please tell me if children in your household received any of the following vaccinations:	Child 1 Y=1/N=2	Child 2 Y=1/N=2
		Child 3 Y=1/N=2	Child 4 Y=1/N=2
a	A BCG vaccination against tuberculosis that is, an injection in the arm or shoulders that usually causes a scar?		
b	Polio vaccine, that is drops in the mouth?		
e	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?		
			Proof, if any Y=1/N=2

f	An injection to prevent measles?					
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<b>V. MENTAL HEALTH</b>			
<b>S. No</b>	<b>QUESTIONS</b>	<b>CODING CATEGORIES</b>	<b>INSTRUCTIONS</b>
137	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"> <li>☛ Skip to Q.139</li> <li>☛ Skip to Q.139</li> <li>☛ Skip to Q.139</li> </ul>
138	If coded 1 or 2, please give reasons		
139	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"> <li>☛ Skip to Q.141</li> <li>☛ Skip to Q.141</li> <li>☛ Skip to Q.141</li> </ul>
140	If coded 4 or 5, please give reasons		

141	The following questions ask about how you have been feeling during the <b>past 30 days</b> . 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
142	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.")					
	<p style="text-align: center;">More often than usual</p> <p style="text-align: center;">A lot                  Some                  A little</p> <p style="text-align: center;">1                                  2                                  3</p>		<p>About the same as usual</p> <p style="text-align: center;">4</p>	<p style="text-align: center;">Less often than usual</p> <p style="text-align: center;">A little                  Some                  A lot</p> <p style="text-align: center;">5                                  6                                  7</p>		
143	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 Q143a, 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	Most of the time	Some of the time	A little of the time	None of the time
		1	2	3	4	5

## Post Menopausal Woman Component

The respondent of this component must be:

1. a woman age 40 or above
2. has reached menopause
3. a usual resident of the Household

### INFORMED CONSENT: INTRODUCTORY

Hello. My name is \_\_\_\_\_ I am working for GfK MODE, an International Research Organisation in Chennai. From your household, you have been randomly selected to be asked the questions in this survey. We would very much appreciate your participation in this survey. I would like to ask you a few questions on your health.

The survey usually takes about 10 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

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#### Risks

- Embarrassment from filling out a sensitive questionnaire.
- Revelation of personal information.
- Time consuming.
- Disruption of routine.
- Possibility of unforeseen discomforts.

#### Benefits

- No direct benefits
- Benefit the community as a whole.

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:		

RECORD RESPONDENT LINE NUMBER

II. MENOPAUSE			
S. No	QUESTIONS	CODING CATEGORIES	INSTRUCTIONS
101	At what age did you reach menopause?	<input type="text"/> <input type="text"/> years	
102	What problems did you have after reaching menopause? <b>MULTIPLE CODING</b>	None ..... 1 Gained weight..... 2 Bleeding..... 3 Back ache ..... 4 White discharge ..... 5 General weakness ..... 6 Psychological (Getting angry, depression, etc) 7 Stomach pain..... 8 Blurring of vision ..... 9 Others (Please specify) ..... 98	☛ Skip to Q.105
103	Did you take treatment for it?	Yes..... 1 No..... 2 Don't know/ Can't say..... 99	☛ Skip to Q.105 ☛ Skip to Q.105
104	If yes, where/whom? <b>MULTIPLE CODING</b>	Nurse ..... 1 Government hospital.....2 Private hospital .....3 Others (Please specify) ..... 98	
105	Have you heard of illness called RTI/ gynecological?	Yes ..... 1 No ..... 2 Don't know/ Can't say..... 99	

II. MENTAL HEALTH			
S. No	QUESTIONS	CODING CATEGORIES	INSTRUCTIONS
106	How happy are you with your life as a whole?	Very unhappy .....1 Unhappy .....2 Ok .....3 Happy.....4 Very happy.....5	☛ Skip to Q.108 ☛ Skip to Q.108 ☛ Skip to Q.108
107	If coded 1 or 2, please give reasons		
108	How satisfied are you with your health?	Very satisfied.....1 Satisfied.....2 Ok .....3 Unsatisfied .....4	☛ Skip to Q.110 ☛ Skip to Q.110 ☛ Skip to Q.110

		Very unsatisfied .....5					
109	If coded 4 or 5, please give reasons						
110	The following questions ask about how you have been feeling during the <b>past 30 days</b> . 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	
111	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>						
112	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 Q112a, 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	Most of the time	Some of the time	A little of the time	None of the time	
		1	2	3	4	5	





## Nutrition and Diet Component

**The respondent of this component must be:**

- 1. a woman who is in charge of cooking in the household**
- 2. a usual resident of the Household**

### INFORMED CONSENT: INTRODUCTORY

Hello. My name is \_\_\_\_\_ I am working for GfK MODE, an International Research Organisation in Chennai. From your household, you have been randomly selected to be asked the questions in this survey. We would very much appreciate your participation in this survey. I would like to ask you a few questions on your nutrition and dietary behavior.

The survey usually takes about 10 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

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
- Benefit the community as a whole.

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:		

RECORD RESPONDENT LINE NUMBER

**ASK FOR A TEASPOON OF COOKING SALT AND BEGIN TEST**  
**RECORD TEST RESULTS IN Q105**

I. Nutrition						
S. No	QUESTIONS	CODING CATEGORIES			INSTRUCTIONS	
101	In general, how healthy is your household's overall diet?	Poor.....1	Fair.....2	Good.....3	Very good.....4	Excellent.....5
102	On a day, what are the type of food your household consumes for breakfast, lunch and dinner? <b>MULTIPLE CODING</b>	a. Breakfast	b. Lunch	c. Dinner		
	1. Idly	1	2	3		
	2. Dosai	1	2	3		
	3. Chappathi	1	2	3		
	4. Upamma	1	2	3		
	5. Rice	1	2	3		
	6. Rice/barley kanji	1	2	3		
	7. Vegetable and greens	1	2	3		
	8. Meat including poultry	1	2	3		
	9. Eggs	1	2	3		
	10. Fruits	1	2	3		
	11. Coffee/ Tea	1	2	3		
	12. Others, please specify	1	2	3		
	13. Does not have breakfast/lunch/dinner	1	2	3		
103	<u>For all children between 2 to 13 years</u> <u>Check Household roster and ask for children who currently attend school</u> Do they participate in mid day meals programme?	Yes	No			
	a. (Enter line number)	1	2			
	b. (Enter line number)	1	2			
	c. (Enter line number)	1	2			
	d. (Enter line number)	1	2			
	e. (Enter line number)	1	2			
	f. (Enter line number)	1	2			
104	What type of salt do you use for cooking?	Iodized salt.....1	Non iodized salt.....2	Don't know/ Can't say .....99		

105	<b>Test for iodized salt</b> <b>ENTER TEST RESULTS HERE</b>	Iodized salt.....1 Non iodized salt.....2	
106	Are any of the household members including you under any kind of diet?	Yes .....1 No .....2 Don't know/ Can't say .....99	← Skip to Q.108
107	What health condition is this diet for?	What health condition is this diet for?	
	a. (Enter line number)		
	b. (Enter line number)		
	c. (Enter line number)		
	d. (Enter line number)		
	e. (Enter line number)		
	f. (Enter line number)		
108	In the <b>past 30 days</b> , was the size of your household's meals cut because your household did not have enough money for food?	Never.....1 Sometimes.....2 A lot.....3	
109	In the <b>past 1 year</b> , was the size of your household's meals cut because your household did not have enough money for food?	Never.....1 Sometimes.....2 A lot.....3	