

Section 5.1: Health Status and Utilization

RESPONDENT: Mother or primary caregiver of child household member < 5 years old

Sl.No.	Questions	Answers (write codes)			Skip		
		Mother/Primary care giver of <5yr	Woman 15-49yrs				
5.01	Record ID code of Mother or Primary care giver	ID: <input type="text"/>	ID: <input type="text"/>				
5.02	12 months ago, how was ...'s health on a normal day? <u>ONLY IF CHILD IS 2 OR ABOVE, IF CHILD < 2 THEN ► 5.03</u> EXCELLENT – 1 GOOD - 2 FAIR - 3 POOR - 4						
5.03	How is's health today? BETTER -1 WORSE-2 THE SAME-3						
5.04	Given's health, how is currently able to do daily activities, such as working, going to school or playing? EASILY - 1 WITH SOME DIFFICULTY - 2 WITH MUCH DIFFICULTY - 3 UNABLE TO DO - 4						
5.05	In the last 4 weeks, has been sick at any time? YES-1 NO-2						
5.06	How long ago did the last episode of the illness start? (write number of days)	Number	Number				
5.07	How long ago did the illness stop? (write number of days)						
5.08	What were ... mainly suffering from? <u>IN CASE OF MORE EPISODES DURING THE LAST 4 WEEKS, RECORD UP TO 3 ILLNESSES</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> FEVER / MALARIA -1 COUGH/CHEST INFECTION – 2 TUBERCULOSIS/TB – 3 ASTHMA – 4 BRONCHITIS – 5 PNEUMONIA– 6 DIARRHEA WITHOUT BLOOD – 7 DIARRHEA WITH BLOOD – 8 DIARRHEA AND VOMITING – 9 VOMITING – 10 ABDOMINAL PAIN – 11 ANEMIA – 12 </td> <td style="width: 50%; vertical-align: top;"> SKIN RASH/INFECTION – 13 EYE / EAR INFECTION – 14 MEASLES – 15 JAUNDICE/Yellow Fever - 16 HEADACHE – 17 TOOTHACHE – 18 STROKE – 19 HYPERTENSION/BP – 20 DIABETE/SUGAR Disease – 21 HIV/AIDS – 22 PARALYSIS – 23 OTHER, SPECIFY _____ </td> </tr> </table>	FEVER / MALARIA -1 COUGH/CHEST INFECTION – 2 TUBERCULOSIS/TB – 3 ASTHMA – 4 BRONCHITIS – 5 PNEUMONIA– 6 DIARRHEA WITHOUT BLOOD – 7 DIARRHEA WITH BLOOD – 8 DIARRHEA AND VOMITING – 9 VOMITING – 10 ABDOMINAL PAIN – 11 ANEMIA – 12	SKIN RASH/INFECTION – 13 EYE / EAR INFECTION – 14 MEASLES – 15 JAUNDICE/Yellow Fever - 16 HEADACHE – 17 TOOTHACHE – 18 STROKE – 19 HYPERTENSION/BP – 20 DIABETE/SUGAR Disease – 21 HIV/AIDS – 22 PARALYSIS – 23 OTHER, SPECIFY _____				
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5.09	Did you (the respondent) consult any health institution/personnel for this illness of ...? <u>If yes, skip to 5.11 INSTITUTION/PERSONNEL INCLUDES TRADITIONAL HEALER</u> YES-1 NO-2						
5.10	Why didn't you (the respondent) consult a health institution or personnel for care? <u>MAXIMUM UP TO THREE RESPONSES</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> TOO EXPENSIVE-1 TOO FAR-2 </td> <td style="width: 50%; vertical-align: top;"> POOR STAFF ATTITUDE-7 POOR STAFF KNOWLEDGE-8 </td> </tr> </table>	TOO EXPENSIVE-1 TOO FAR-2	POOR STAFF ATTITUDE-7 POOR STAFF KNOWLEDGE-8				
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	TOO BUSY (WORK, CHILDREN)-3 WASN'T SICK ENOUGH-4 FACILITY HAS POOR STRUCTURE-5 FACILITY POORLY STOCKED-6	DON'T TRUST THE STAFF-9 SELF-TREATED-10 OTHER, SPECIFY-							
5.11	Who decided should go there for the illness? <u>IN RELATION TO SICK PERSON</u>								
	SELF-1 PARTNER-2 PARENT-3 PARENT-IN-LAW-4	OTHER RELATIVE-5 FRIENDS/NEIGHBORS-6 OTHER (SPECIFY)-							
5.12	How long after the illness started did you (the respondent) seek care for ...'s illness?								
	WITHIN 24 HOURS-1 SAME WEEK-3 WITHIN 3 WEEKS-5	AFTER 24 HOURS, NEXT DAY-2 WITHIN 2 WEEKS-4 OTHER (SPECIFY)-							
5.13	Where did you (the respondent) seek care for ...'s illness?								
	GOVERNMENT HOSPITAL-1 GOVERNMENT CHC-2 GOVERNMENT PHC-3 PRIVATE HOSPITAL-4 PRIVATE CLINIC -5 TRADITIONAL HEALER-6 FAITH/CHURCH HEALER-7 ASHA-8	ANM-9 DRUG SHOP-10 FRIENDS/NEIGHBOUR-11 QUACK-12 TREATMENT IN OWN HOUSE-13 OTHER, SPECIFY-							
5.14	Why did you seek care from such provider?								
	CHEAP-1 CLOSER TO HOME-2 GOOD INFRASTRUCTURE-3 GOOD MEDICINES-4	GOOD STAFF ATTITUDE-5 TRUST-6 OTHER, SPECIFY-7							
5.15	How far is your household to this point of service? (One Way)		KM		KM				
5.16	For the last visit, how much time did take to visit the institution?		Hour	Min	Hour	Min			
5.17	For the last visit, how much time did wait to be seen in the institution?		Hour	Min	Hour	Min			
5.18	For the last visit, who attended to during the consultation?								
	DOCTOR / CLINICAL OFFICER-1 NURSE / MIDWIFE-2 ANM-3 LAB TECHNICIAN-4 PHARMACIST-5	TRADITIONAL HEALER-6 SPIRITUAL HEALER-7 DRUG SELLER-8 ASHA-9 QUACK-10 OTHER, SPECIFY-							
5.19	How was ...'s illness diagnosed?								

	SYMPTOMATIC DIAGNOSIS (BY PROVIDER)-1 MICROSCOPY/BLOOD SLIDE-2 X RAY-3	CLINICAL DIAGNOSIS (BY PROVIDER WITH PHYSICAL EXAM)-4 RAPID DIAGNOSTIC TEST(RDT)-5 OTHER, SPECIFY-			
5.20	If was tested for malaria, what was the result of the lab / RDT test? <u>THE TEST IS POSITIVE (+) IF THE RESPONDENT HAS/HAD MALARIA</u> POSITIVE-1 NEGATIVE-2 NOT VALID-3 DON'T KNOW-98				
5.21	In the last 4 weeks, how much did you spend for treatment of ... at this institution on the following....? FOR OUTPATIENT TREATMENT READ ALOUD EACH OPTION		RUPEES	RUPEES	
		Registration Fees			
		Consultation Fees			
		Lab Fees			
		Medicines			
		Transportation			
		Food			
	Total				
5.22	IF THE PAYMENT WAS FORGONE / POSTPONED BECAUSE THE RESPONDENT COULD NOT AFFORD IT, RECORD THE TOTAL AMOUNT HERE.		Total Amount Forgone RUPEES	Total Amount Forgone RUPEES	
5.23	In the last 4 weeks, was hospitalized to treat this illness? YES-1 NO-2				
5.24	PROBE FOR NAME OF PUBLIC HOSPITAL/CLINIC AND RECORD CODE GOVERNMENT HOSPITAL-1 GOVERNMENT CHC-2 GOVERNMENT PHC-3 Other		Name	Code	Name
5.25	For how long was hospitalized? HOURS-1 DAYS-2 WEEK-3 STILL HOSPITALISED-4		Number	Unit	Number
5.26	In the last 4 weeks, how much did you spend on ...'s hospitalization to treat this illness? <u>EXCLUDE COSTS RECORDED IN (14.21) WRITE "0" IF NOTHING</u>		RUPEES	RUPEES	
		Registration Fees			
		Hospitalisation			
		Consultation Fees			
		Lab Fees			
		Medicines			
		Transportation			
	Food				
	Total				
5.27	In the last 4 weeks, did take any medication to treat this illness? YES-1 NO-2				
5.28	How long after the illness started did start taking medication?				
	WITHIN 24 HOURS -1	WITHIN 2 WEEKS-4			

	NEXT DAY, AFTER 24 Hs -2 SAME WEEK-3	WITHIN 3 WEEKS-5 OTHER (SPECIFY)-6			
5.29	Where did you obtain the medication?				
	GOVERNMENT HOSPITAL-1 GOVERNMENT CHC-2 GOVERNMENT PHC-3 PRIVATE HOSPITAL-4 PRIVATE CLINIC -5 TRADITIONAL HEALER-6 FAITH/CHURCH HEALER-7	ASHA-8 ANM-9 DRUG SHOP-10 FRIENDS/NEIGHBOURS-11 QUACK-12 OTHER, SPECIFY-			
5.30	Why didn't take medication for the illness?				
	TOO EXPENSIVE-1 TOO FAR-2 TOO BUSY (WORK, CHILDREN)-3 OUT OF STOCK-4	WASN'T SICK ENOUGH-5 DOESN'T HELP-6 AFRAID OF SIDE EFFECTS-7 OTHER (SPECIFY)-			
5.31	How many episodes of fever/malaria has had in the last 1 month?		EPISODES	EPISODES	
5.32	How many days of regular activity did miss during these episodes of fever/malaria?		DAYS	DAYS	

Section 5.2: Savings and Credit Activity

RESPONDENT: Same woman between 15 to 49 years old who responded in section 5.1

- 5.33 Are you a member of any savings and credit group/institutions? YES-1 NO-2
- 5.34 If yes, mention the type of savings and credit group/institutions that you are part of:
- MFI-1 SHG-2 OTHER (SPECIFY)
- 5.35 Mention about various activities undertaken by the group:
- Savings-1 Credit-2 Insurance-3 Individual Enterprise-4 Group Enterprise-5
- Community awareness generation on health & hygiene-6 Child education-7
- Community mobilization for availing health & nutrition services-8 Other (specify)-
- 5.36 Have you taken loan from the savings and credit group/institutions? YES-1 NO-2
- 5.37 If yes, amount of loan taken (mention the last loan taken by her)
- 5.38 Apart from the savings and credit group/institutions, have you borrowed from any other formal/informal financial institutions (during last 1 year)? YES-1 NO-2
- 5.39 If yes, mention the sources of loan/credit taken by you from other institutions
- Bank-1 Cooperative-2 Moneylender-3 Friends/Relatives-4 Other (Specify)
- 5.40 Loan amount outstanding on her at the time of interview

5.41 During last one year, how many times have you taken loan from the savings and credit group/institutions?

5.42 Mention the purpose/s for which the loan was availed / utilized by you (during last 1 year)
Marriage-1 Health/Illness-2 Child education-3 Agriculture-4 House construction-5
Purchase of productive/domestic assets-6 Other (specify)

5.43 If the loan was taken for health purpose, mention specific health problems for which the loan was availed/utilized
FEVER / MALARIA -1 DIARRHEA WITHOUT BLOOD -7 SKIN RASH/INFECTION-13 STROKE-19
COUGH/CHEST INFECTION -2 DIARRHEA WITH BLOOD-8 EYE / EAR INFECTION-14 HYPERTENSION / BP-20
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ASTHMA -4 VOMITING -10 JAUNDICE / YELLOW FEVER-16 HIV/AIDS-22
BRONCHITIS -5 ABDOMINAL PAIN -11 HEADACHE-17 PARALYSIS-23
PNEUMONIA -6 ANEMIA-12 TOOTHACHE-18 OTHER, SPECIFY-

5.44 During health problems/emergencies, did you get the loan from the savings and credit group/institutions in time
YES-1 NO-2

5.45 Are you covered by any health insurance introduced by the savings and credit group/institutions/any other health insurance companies

5.46 If yes, mention the name of the insurance company

5.47 Do you hold any positions in the savings and credit group/institutions? **YES-1 NO-2**

5.48 If yes, mention the position that you hold in the savings and credit group/institutions:
President-1 Secretary-2 Treasurere-3 Other (specify)