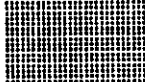


CONFIDENTIAL
For Research
Purposes Only

IDENTIFICATION				
NAME OF STATE				
PSU NUMBER.....				
NAME OF DISTRICT				
NAME OF TEHSIL/TALUK				
URBAN/RURAL (urban=1, rural=2).....				
NAME OF TOWN AND TOWN BLOCK OR VILLAGE				
LARGE CITY/SMALL CITY/TOWN/RURAL AREA..... (large city=1, small city=2, town=3, rural area=4)				
HOUSEHOLD NUMBER.....				
NAME OF HOUSEHOLD HEAD				
ADDRESS OF HOUSEHOLD				

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE				DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
INTERVIEWER'S NAME				MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
RESULT*				YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
				NAME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
				RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								
*RESULT CODES: 1 COMPLETED 2 HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME 3 HOUSEHOLD ABSENT 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								

NAME DATE	SPOT- CHECKED BY	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

HOUSEHOLD SCHEDULE

1		RECORD THE TIME.					HOUR.....		MINUTES.....		
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	IF AGED 6 YEARS OR OLD				
							MARITAL STATUS**	EDUCATION			IF ATTEND
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?	Does (NAME) usually live here?	Did (NAME) stay here last night?	Is (NAME) male or female?	How old is (NAME)?	What is the current marital status of (NAME)?	Can (NAME) read and write?	Has (NAME) ever been to school?	What is the highest grade (NAME) completed?***	
			YES NO	YES NO	M F	IN YEARS	CM S W D NM	YES NO	YES NO	GRADE	
01			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2		
02			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2		
03			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2		
04			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2		
05			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2		
06			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2		
07			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2		
08			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2		

Now I would like some information about the people who usually live in your household or who are staying with you now.

ER		AFTER COMPLETING COLUMNS 1-14 FOR ALL LISTED PERSONS, ASK:						ELIGI-BILITY
ED SCHOOL	OCCUPATION	Does anyone listed suffer from:				Did anyone listed suffer from malaria any time during the last THREE months? (19)	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (EVER MARRIED FEMALES AGED 13-49) (20)	
IF AGED LESS THAN 15 YEARS	What kind of work does (NAME) do most of the time? (14)	Blindness? RECORD FOR EACH PERSON (15)	Tuberculosis? RECORD FOR EACH PERSON (16)	Leprosy? RECORD FOR EACH PERSON (17)	Any physical impairment of limbs? RECORD FOR EACH PERSON (18)			
Is (NAME) still in school? (13)		YES NO 1 2	YES YES NO PART COMP IAL LETE 1 2 3	YES NO 1 2	YES NO 1 2	YES YES YES NO HAN LEGS BO DS TH 1 2 3 4	YES NO 1 2	01
		1 2	1 2 3	1 2	1 2	1 2 3 4	1 2	02
		1 2	1 2 3	1 2	1 2	1 2 3 4	1 2	03
		1 2	1 2 3	1 2	1 2	1 2 3 4	1 2	04
		1 2	1 2 3	1 2	1 2	1 2 3 4	1 2	05
		1 2	1 2 3	1 2	1 2	1 2 3 4	1 2	06
		1 2	1 2 3	1 2	1 2	1 2 3 4	1 2	07
		1 2	1 2 3	1 2	1 2	1 2 3 4	1 2	08

HOUSEHOLD SCHEDULE (CONTINUED)

(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
			YES NO	YES NO	M F	IN YEARS	CM S W D NM	YES NO	YES NO	GRADE
09			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2	
10			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2	
11			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2	
12			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2	
13			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2	
14			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2	
15			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2	
16			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2	
17			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2	
18			1 2	1 2	1 2		1 2 3 4 5	1 2	1 2	

TICK HERE IF CONTINUATION SHEET USED ☐

- 1) Are there any other persons such as small children or infants that we have not listed?
- 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?
- 3) Do you have any guests or temporary visitors staying here, or anyone else who stayed here last night?

* CODES FOR Q.4

RELATIONSHIP TO HEAD OF HOUSEHOLD:

- | | | |
|----------------------------|-----------------------|------------------------------|
| 01= HEAD | 05= GRANDCHILD | 09= BROTHER OR SISTER-IN-LAW |
| 02= WIFE OR HUSBAND | 06= PARENT | 10= OTHER RELATIVE |
| 03= SON OR DAUGHTER | 07= PARENT-IN-LAW | 11= ADOPTED/FOSTER CHILD |
| 04= SON OR DAUGHTER-IN-LAW | 08= BROTHER OR SISTER | 12= NOT RELATED |
| | | 98= DK |

(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
YES NO 1 2		YES YES NO PART COMP IAL LETE 1 2 3	YES NO 1 2	YES NO 1 2	YES YES YES NO HAN LEGS BO DS TH 1 2 3 4	YES NO 1 2	
	<input type="text"/>						09
	<input type="text"/>	1 2 3	1 2	1 2	1 2 3 4	1 2	10
	<input type="text"/>	1 2 3	1 2	1 2	1 2 3 4	1 2	11
	<input type="text"/>	1 2 3	1 2	1 2	1 2 3 4	1 2	12
	<input type="text"/>	1 2 3	1 2	1 2	1 2 3 4	1 2	13
	<input type="text"/>	1 2 3	1 2	1 2	1 2 3 4	1 2	14
	<input type="text"/>	1 2 3	1 2	1 2	1 2 3 4	1 2	15
	<input type="text"/>	1 2 3	1 2	1 2	1 2 3 4	1 2	16
	<input type="text"/>	1 2 3	1 2	1 2	1 2 3 4	1 2	17
	<input type="text"/>	1 2 3	1 2	1 2	1 2 3 4	1 2	18

TOTAL NUMBER OF ELIGIBLE WOMEN

YES ☐ ENTER EACH
IN TABLE NO ☐

YES ☐ ENTER EACH
IN TABLE NO ☐

YES ☐ ENTER EACH
IN TABLE NO ☐

** CODES FOR Q.9
MARITAL STATUS:
1= CURRENTLY MARRIED
2= SEPARATED
3= WIDOWED
4= DIVORCED
5= NEVER MARRIED

***CODES FOR Q.12
GRADE:
00=LESS THAN 1
YEAR COMPLETED
98=DK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
22	What is the main source of water your household uses for bathing and washing?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 GROUND WATER HANDPUMP IN YARD/PLOT.....21 PUBLIC HANDPUMP.....22 WELL WATER WELL IN RESIDENCE/YARD/PLOT...23 PUBLIC WELL.....24 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 TANKER TRUCK.....51 OTHER.....81 (SPECIFY)	24
23	How long does it take to go there, get water, and come back in one trip?	MINUTES.....	
24	Does your household get drinking water from this same source?	YES.....1 NO.....2	26
25	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 GROUND WATER HANDPUMP IN YARD/PLOT.....21 PUBLIC HANDPUMP.....22 WELL WATER WELL IN RESIDENCE/YARD/PLOT...23 PUBLIC WELL.....24 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 TANKER TRUCK.....51 BOTTLED WATER.....61 OTHER.....81 (SPECIFY)	
26	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PUBLIC FLUSH TOILET.....13 PIT TOILET/LATRINE OWN PIT TOILET/LATRINE.....21 SHARED PIT TOILET/LATRINE.....22 PUBLIC PIT TOILET/LATRINE.....23 NO FACILITY/BUSH/FIELD.....31 OTHER.....41 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
27	What is the main source of lighting for your household?	ELECTRICITY.....1 KEROSENE.....2 GAS.....3 OIL.....4 OTHER.....5 (SPECIFY)	
28	How many rooms are there in your household?	ROOMS.....	<input type="text"/> <input type="text"/>
29	Do you have a separate room which is used as a kitchen?	YES.....1 NO.....2	
30	What type of fuel does your household mainly use for cooking?	WOOD.....01 COW DUNG CAKES.....02 COAL/COKE/LIGNITE.....03 CHARCOAL.....04 KEROSENE.....05 ELECTRICITY.....06 LIQUID PETROLEUM GAS.....07 BIO-GAS.....08 OTHER.....09 (SPECIFY)	
31	TYPE OF HOUSE. ROOF _____ WALLS _____ RECORD OBSERVATION. FLOOR _____	PUCCA.....1 KACHHA.....2 SEMI-PUCCA.....3	
32	What is the religion of the head of the household?	HINDU.....01 SIKH.....02 BUDDHIST/NEO BUDDHIST.....03 CHRISTIAN.....04 JAIN.....05 JEWISH.....06 MUSLIM.....07 ZOROASTRIAN.....08 NO RELIGION.....09 OTHER.....10 (SPECIFY)	
33	Does the head of the household belong to a scheduled tribe?	YES.....1 NO.....2	→ 35
34	What is the name of the tribe?	TRIBE _____ (NAME)	→ 36
35	To which caste does the head of the household belong?	CASTE _____ (NAME) NO CASTE.....996	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
36	Does this household own any agricultural land?	YES.....1 NO.....2	39
37	What is the size of <u>non-irrigated</u> land under cultivation, in acres?	ACRES..... <input type="text"/> <input type="text"/> <input type="text"/> NONE.....000 LESS THAN ONE.....996	
38	What is the size of <u>irrigated</u> land under cultivation, in acres?	ACRES..... <input type="text"/> <input type="text"/> <input type="text"/> NONE.....000 LESS THAN ONE.....996	
39	Does this household own any livestock?	YES.....1 NO.....2	42
40	What type of livestock do you own? RECORD ALL MENTIONED.	BULLOCK.....A COW.....B BUFFALO.....C GOAT.....D SHEEP.....E CAMEL.....F OTHER.....G (SPECIFY)	
41	Where do you usually keep the animals at night?	IN THE HOUSE.....1 OUTSIDE THE HOUSE.....2	
42	Does the household own any of the following?	YES NO	
	A sewing machine?	SEWING MACHINE.....1 2	
	A clock or watch?	CLOCK/WATCH.....1 2	
	A sofa set?	SOFA SET.....1 2	
	A fan?	FAN.....1 2	
	A radio or transistor?	RADIO/TRANSISTOR.....1 2	
	A refrigerator?	REFRIGERATOR.....1 2	
	A television?	TELEVISION.....1 2	
	A VCR or VCP?	VCR/VCP.....1 2	
	A bicycle?	BICYCLE.....1 2	
	A motorcycle or scooter?	MOTORCYCLE/SCOOTER.....1 2	
	A car?	CAR.....1 2	
	A bullock cart?	BULLOCK CART.....1 2	
	A thresher?	THRESHER.....1 2	
	A tractor?	TRACTOR.....1 2	
	A water pump?	WATER PUMP.....1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
43	<p>Now I would like to ask you about the births that have taken place to any member of your household or visitor during the last two years.</p> <p>Did any usual resident of this household give birth to a child since (Pongal/Makar Sankranti/January) 1990 in this (city/town/village) or outside?</p>	<p>YES.....1</p> <p>NO.....2</p>	45
44	<p>How many births took place?</p>	<p>TOTAL BIRTHS..... <input type="text"/></p>	
45	<p>Did any visitor to this household give birth to a child since (Pongal/Makar Sankranti/January) 1990?</p>	<p>YES.....1</p> <p>NO.....2</p>	47
46	<p>How many births took place?</p>	<p>TOTAL BIRTHS..... <input type="text"/></p>	
47	<p>CHECK 44 AND 46:</p> <p>ONE OR MORE BIRTHS <input type="checkbox"/></p> <p>NO BIRTHS <input type="checkbox"/></p>		58

RECORD NAMES OF BIRTHS SINCE JANUARY 1990 IN 48. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

48	49	50	51	52	53	54	55	56
What name was given to the baby born (first/next)?	Was the mother a usual resident of the household or a visitor?	RECORD LINE NUMBER OF MOTHER IN THE HOUSEHOLD SCHEDULE.	How old was the mother at the time of birth of (NAME)? RECORD AGE IN COMPLETED YEARS.	RECORD SINGLE OR MULTIPLE BIRTH STATUS.	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	IF DEAD: How old was he/she when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN ONE MONTH

01	RESIDENT...1 VISITOR...2 (NAME)	LINE NUMBER <input type="text"/> MOTHER DIED.....95 LEFT HH..96	AGE OF MOTHER <input type="text"/>	SINGLE...1 MULT....2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/>	YES...1 (GO TO NEXT BIRTH) NO....2	DAYS....1 MONTHS..2 <input type="text"/>
02	RESIDENT...1 VISITOR...2 (NAME)	LINE NUMBER <input type="text"/> MOTHER DIED.....95 LEFT HH..96	AGE OF MOTHER <input type="text"/>	SINGLE...1 MULT....2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/>	YES...1 (GO TO NEXT BIRTH) NO....2	DAYS....1 MONTHS..2 <input type="text"/>
03	RESIDENT...1 VISITOR...2 (NAME)	LINE NUMBER <input type="text"/> MOTHER DIED.....95 LEFT HH..96	AGE OF MOTHER <input type="text"/>	SINGLE...1 MULT....2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/>	YES...1 (GO TO NEXT BIRTH) NO....2	DAYS....1 MONTHS..2 <input type="text"/>
04	RESIDENT...1 VISITOR...2 (NAME)	LINE NUMBER <input type="text"/> MOTHER DIED.....95 LEFT HH..96	AGE OF MOTHER <input type="text"/>	SINGLE...1 MULT....2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/>	YES...1 (GO TO NEXT BIRTH) NO....2	DAYS....1 MONTHS..2 <input type="text"/>
05	RESIDENT...1 VISITOR...2 (NAME)	LINE NUMBER <input type="text"/> MOTHER DIED.....95 LEFT HH..96	AGE OF MOTHER <input type="text"/>	SINGLE...1 MULT....2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/>	YES...1 (GO TO NEXT BIRTH) NO....2	DAYS....1 MONTHS..2 <input type="text"/>
06	RESIDENT...1 VISITOR...2 (NAME)	LINE NUMBER <input type="text"/> MOTHER DIED.....95 LEFT HH..96	AGE OF MOTHER <input type="text"/>	SINGLE...1 MULT....2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/>	YES...1 (GO TO NEXT BIRTH) NO....2	DAYS....1 MONTHS..2 <input type="text"/>

57 COMPARE SUM OF 44 AND 46 WITH NUMBER OF BIRTHS IN 48 AND MARK:

NUMBERS ARE
SAME ☐

NUMBERS ARE
DIFFERENT ☐

PROBE AND RECONCILE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO	
58	<p>Now I would like to ask you about the deaths of any member of your household or visitor during the last two years.</p> <p>Did any usual resident of this household die since (Pongal/Makar Sankranti/January) 1990 in this (city/town/village) or outside?</p>	<p>YES.....1</p> <p>NO.....2</p>	60	
59	<p>How many persons died?</p>	<p>TOTAL DEATHS..... <input type="text"/></p>		
60	<p>Did any visitor to this household die since (Pongal/Makar Sankranti/January) 1990?</p>	<p>YES.....1</p> <p>NO.....2</p>	62	
61	<p>How many deaths took place?</p>	<p>TOTAL DEATHS..... <input type="text"/></p>		
62	<p>CHECK 59 AND 61:</p> <p>ONE OR MORE DEATHS <input type="checkbox"/> NO DEATHS <input type="checkbox"/></p> <p style="text-align: center;">↓</p>			75

RECORD NAMES OF DEATHS SINCE JANUARY 1990 IN 63.

63	64	65	66	67	68	69	70	71	72	73
What (was/were) the name(s) of the person(s) who died?	Was (NAME) a usual resident of the household or a visitor?	Was (NAME) a male or a female?	How old was he/she when he/she died? RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS	In what month and year did (NAME) die?	CHECK 65 AND 66: DECEASED WAS FEMALE AGED 13-49 AT THE TIME OF DEATH	Was (NAME) pregnant when she died?	Did (NAME) die during childbirth?	Did (NAME) die within two months after the end of a pregnancy or childbirth?	Was the death of (NAME) due to a complication of the pregnancy or childbirth?	What were the major symptoms observed before the death of (NAME)?
01] _____ (NAME)	RESIDENT...1 VISITOR...2	MALE.....1 FEMALE...2	DAYS....1 MONTHS...2 YEARS...3	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES.....1 NO.....2 (GO TO 73)↙	YES.....1 (GO TO 72)↙ NO.....2	YES.....1 NO.....2 (GO TO 73)↙	YES.....1 (GO TO NEXT DEATH)↙ NO.....2	YES.....1 (GO TO NEXT DEATH)↙ NO.....2	<div><div></div><div></div></div> SYMPTOMS
02] _____ (NAME)	RESIDENT...1 VISITOR...2	MALE.....1 FEMALE...2	DAYS....1 MONTHS...2 YEARS...3	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES.....1 NO.....2 (GO TO 73)↙	YES.....1 (GO TO 72)↙ NO.....2	YES.....1 NO.....2 (GO TO 73)↙	YES.....1 (GO TO NEXT DEATH)↙ NO.....2	YES.....1 (GO TO NEXT DEATH)↙ NO.....2	<div><div></div><div></div></div> SYMPTOMS
03] _____ (NAME)	RESIDENT...1 VISITOR...2	MALE.....1 FEMALE...2	DAYS....1 MONTHS...2 YEARS...3	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES.....1 NO.....2 (GO TO 73)↙	YES.....1 (GO TO 72)↙ NO.....2	YES.....1 NO.....2 (GO TO 73)↙	YES.....1 (GO TO NEXT DEATH)↙ NO.....2	YES.....1 (GO TO NEXT DEATH)↙ NO.....2	<div><div></div><div></div></div> SYMPTOMS
74 COMPARE SUM OF 59 AND 61 WITH NUMBER OF DEATHS IN 63 AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → PROBE AND RECONCILE										
75 RECORD THE TIME. HOUR..... MINUTES..... <div><div></div><div></div><div></div><div></div></div>										