

Questionnaire
Number _____

NATIONAL FAMILY HEALTH SURVEY, INDIA 2005-2006 (NFHS- 3)
HOUSEHOLD QUESTIONNAIRE [STATE NAME]

CONFIDENTIAL
For research
purposes only

IDENTIFICATION				
STATE _____	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
DISTRICT _____				
TEHSIL/TALUK _____				
CITY/TOWN/VILLAGE _____				
MEGA CITY/LARGE CITY/SMALL CITY/LARGETOWN/SMALL TOWN/RURAL (MEGA CITY=1, LARGE CITY=2, SMALL CITY=3, LARGE TOWN=4, SMALL TOWN=5, RURAL=6)				
PSU NUMBER				
HOUSEHOLD NUMBER				
NAME OF HOUSEHOLD HEAD _____				
ADDRESS OF HOUSEHOLD _____				
HOUSEHOLD IS SELECTED FOR MAN'S INTERVIEW? (YES = 1, NO = 2)	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>			
HOUSEHOLD IS SELECTED FOR HIV TESTING? (YES = 1, NO = 2)	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>			

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> MONTH <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
RESULT*	_____	_____	_____	RESULT CODE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
TIME	_____	_____	_____	
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
				TOTAL ELIGIBLE WOMEN <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
				TOTAL ELIGIBLE MEN <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
DATE _____	DATE _____		

INTRODUCTION AND INFORMED CONSENT

Namaste. My name is _____ and I am working with (NAME OF ORGANIZATION). We are conducting a national survey about the health of women, men, and children, including information on household membership, living conditions, and use of health facilities. We would very much appreciate the participation of your household in this survey. I would like to ask you some questions about your household. The survey usually takes about 25 minutes to complete. Whatever information you provide will be kept strictly confidential.

Participation in this survey is voluntary and you can choose not to answer any question or all of the questions. However, we hope that you will participate in this survey since your participation is important.

At this time, do you want to ask me anything about the survey?
ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

In case you need more information about the survey, you may contact these persons.
GIVE CARD WITH CONTACT INFORMATION.

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED ... 1
↓
BEGIN INTERVIEW

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2→ END

HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			BIRTH REGIS-TRATION
				Does (NAME) usually live here?	Did (NAME) stay here last night?			IF AGE 10 OR OLDER What is the current marital status of (NAME)? (C)	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	
(1)	(2) 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.	(3) What is the relationship of (NAME) to the head of the household? (A)	(4) Is (NAME) male or female?	(5) Does (NAME) usually live here?	(6) Did (NAME) stay here last night?	(7) How old is (NAME)? (B)	(8)	(9)	(10)	(11)	(12) IF AGE 0-4 Does (NAME) have a birth certificate? IF NO: Has (NAME)'s birth ever been registered with the civil authority?(D)
01		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01	C R N DK 1 2 3 8
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	1 2 3 8
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	1 2 3 8
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	1 2 3 8
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	1 2 3 8
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	1 2 3 8
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	1 2 3 8
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	1 2 3 8
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	1 2 3 8
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10	1 2 3 8
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	11	11	11	1 2 3 8
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	1 2 3 8
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	1 2 3 8
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	1 2 3 8
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	1 2 3 8

LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS		EDUCATION							
	IF AGE 0-17 YEARS		IF AGE 5 YEARS OR OLDER			IF AGE 5-18 YEARS				
	Does (NAME)'s natural mother live in this household or did she stay here last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO: Is she alive? IF DEAD, RECORD '95'. IF ALIVE BUT NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	Does (NAME)'s natural father live in this household or did he stay here last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO: Is he alive? IF DEAD, RECORD '95'. IF ALIVE BUT NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	Can (NAME) read and write?	Has (NAME) ever attended school?	What is the highest standard (NAME) has completed? (E)	Did (NAME) attend school or college at any time during the 2005 - 2006 school year?	During this/that school year, what standard/ year is/was (NAME) attending? (E)	Did (NAME) attend school or college at any time during the previous school year, that is, 2004 - 2005?	During that school year, what standard/ year did (NAME) attend? (E)	IF NO ON Q.18 What is the main reason (NAME) is not attending school? (F)
(12A)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
01	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO 1 2	YES NO 1 2 ↓ GO TO 23	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 20	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 22	STANDARD <div><div></div><div></div></div>	REASON <div><div></div><div></div></div>
02	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO 1 2	YES NO 1 2 ↓ GO TO 23	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 20	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 22	STANDARD <div><div></div><div></div></div>	REASON <div><div></div><div></div></div>
03	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO 1 2	YES NO 1 2 ↓ GO TO 23	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 20	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 22	STANDARD <div><div></div><div></div></div>	REASON <div><div></div><div></div></div>
04	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO 1 2	YES NO 1 2 ↓ GO TO 23	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 20	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 22	STANDARD <div><div></div><div></div></div>	REASON <div><div></div><div></div></div>
05	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO 1 2	YES NO 1 2 ↓ GO TO 23	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 20	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 22	STANDARD <div><div></div><div></div></div>	REASON <div><div></div><div></div></div>
06	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO 1 2	YES NO 1 2 ↓ GO TO 23	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 20	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 22	STANDARD <div><div></div><div></div></div>	REASON <div><div></div><div></div></div>
07	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO 1 2	YES NO 1 2 ↓ GO TO 23	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 20	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 22	STANDARD <div><div></div><div></div></div>	REASON <div><div></div><div></div></div>
08	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO 1 2	YES NO 1 2 ↓ GO TO 23	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 20	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 22	STANDARD <div><div></div><div></div></div>	REASON <div><div></div><div></div></div>
09	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO 1 2	YES NO 1 2 ↓ GO TO 23	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 20	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 22	STANDARD <div><div></div><div></div></div>	REASON <div><div></div><div></div></div>
10	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO 1 2	YES NO 1 2 ↓ GO TO 23	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 20	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 22	STANDARD <div><div></div><div></div></div>	REASON <div><div></div><div></div></div>
11	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO 1 2	YES NO 1 2 ↓ GO TO 23	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 20	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 22	STANDARD <div><div></div><div></div></div>	REASON <div><div></div><div></div></div>
12	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO 1 2	YES NO 1 2 ↓ GO TO 23	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 20	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 22	STANDARD <div><div></div><div></div></div>	REASON <div><div></div><div></div></div>
13	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO 1 2	YES NO 1 2 ↓ GO TO 23	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 20	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 22	STANDARD <div><div></div><div></div></div>	REASON <div><div></div><div></div></div>
14	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO 1 2	YES NO 1 2 ↓ GO TO 23	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 20	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 22	STANDARD <div><div></div><div></div></div>	REASON <div><div></div><div></div></div>
15	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO 1 2	YES NO 1 2 ↓ GO TO 23	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 20	STANDARD <div><div></div><div></div></div>	YES NO 1 2 ↓ GO TO 22	STANDARD <div><div></div><div></div></div>	REASON <div><div></div><div></div></div>

LINE NO.	CHILD LABOUR						
IF AGE 5-14 YEARS							
	During the past week, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: For pay? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	Since last (DAY OF THE WEEK), about how many hours did he/she do this work for someone who is not a member of this household? (G) IF MORE THAN ONE JOB, INCLUDE ALL HOURS AT ALL JOBS	At any time during the past year, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: For pay? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	During the past week, did (NAME) help with household chores such as shopping, collecting firewood, cleaning, fetching water, or caring for children?	Since last (DAY OF THE WEEK), about how many hours did he/she spend doing these chores? (G)	During the past week, did (NAME) do any other family work, such as work on the farm, or in a business or selling goods in the street?	Since last (DAY OF THE WEEK), about how many hours did he/she do this work? (G)
(22A)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
01	YES PAID UNPAID NO 1 2 3 ↓ GO TO 25	HOURS ↓ GO TO 26	YES PAID UNPAID NO 1 2 3 ↓ GO TO 28	YES NO 1 2 ↓ GO TO 28	HOURS ↓ GO TO 28	YES NO 1 2 ↓ GO TO NEXT LINE	HOURS ↓ GO TO NEXT LINE
02	1 2 3 ↓ GO TO 25	↓ GO TO 26	1 2 3 ↓ GO TO 28	1 2 ↓ GO TO 28	↓ GO TO 28	1 2 ↓ GO TO NEXT LINE	↓ GO TO NEXT LINE
03	1 2 3 ↓ GO TO 25	↓ GO TO 26	1 2 3 ↓ GO TO 28	1 2 ↓ GO TO 28	↓ GO TO 28	1 2 ↓ GO TO NEXT LINE	↓ GO TO NEXT LINE
04	1 2 3 ↓ GO TO 25	↓ GO TO 26	1 2 3 ↓ GO TO 28	1 2 ↓ GO TO 28	↓ GO TO 28	1 2 ↓ GO TO NEXT LINE	↓ GO TO NEXT LINE
05	1 2 3 ↓ GO TO 25	↓ GO TO 26	1 2 3 ↓ GO TO 28	1 2 ↓ GO TO 28	↓ GO TO 28	1 2 ↓ GO TO NEXT LINE	↓ GO TO NEXT LINE
06	1 2 3 ↓ GO TO 25	↓ GO TO 26	1 2 3 ↓ GO TO 28	1 2 ↓ GO TO 28	↓ GO TO 28	1 2 ↓ GO TO NEXT LINE	↓ GO TO NEXT LINE
07	1 2 3 ↓ GO TO 25	↓ GO TO 26	1 2 3 ↓ GO TO 28	1 2 ↓ GO TO 28	↓ GO TO 28	1 2 ↓ GO TO NEXT LINE	↓ GO TO NEXT LINE
08	1 2 3 ↓ GO TO 25	↓ GO TO 26	1 2 3 ↓ GO TO 28	1 2 ↓ GO TO 28	↓ GO TO 28	1 2 ↓ GO TO NEXT LINE	↓ GO TO NEXT LINE
09	1 2 3 ↓ GO TO 25	↓ GO TO 26	1 2 3 ↓ GO TO 28	1 2 ↓ GO TO 28	↓ GO TO 28	1 2 ↓ GO TO NEXT LINE	↓ GO TO NEXT LINE
10	1 2 3 ↓ GO TO 25	↓ GO TO 26	1 2 3 ↓ GO TO 28	1 2 ↓ GO TO 28	↓ GO TO 28	1 2 ↓ GO TO NEXT LINE	↓ GO TO NEXT LINE
11	1 2 3 ↓ GO TO 25	↓ GO TO 26	1 2 3 ↓ GO TO 28	1 2 ↓ GO TO 28	↓ GO TO 28	1 2 ↓ GO TO NEXT LINE	↓ GO TO NEXT LINE
12	1 2 3 ↓ GO TO 25	↓ GO TO 26	1 2 3 ↓ GO TO 28	1 2 ↓ GO TO 28	↓ GO TO 28	1 2 ↓ GO TO NEXT LINE	↓ GO TO NEXT LINE
13	1 2 3 ↓ GO TO 25	↓ GO TO 26	1 2 3 ↓ GO TO 28	1 2 ↓ GO TO 28	↓ GO TO 28	1 2 ↓ GO TO NEXT LINE	↓ GO TO NEXT LINE
14	1 2 3 ↓ GO TO 25	↓ GO TO 26	1 2 3 ↓ GO TO 28	1 2 ↓ GO TO 28	↓ GO TO 28	1 2 ↓ GO TO NEXT LINE	↓ GO TO NEXT LINE
15	1 2 3 ↓ GO TO 25	↓ GO TO 26	1 2 3 ↓ GO TO 28	1 2 ↓ GO TO 28	↓ GO TO 28	1 2 ↓ GO TO NEXT LINE	↓ GO TO NEXT LINE

TICK HERE IF CONTINUATION QUESTIONNAIRE USED	<input style="width: 30px; height: 15px;" type="checkbox"/>
4A Just to make sure that I have a complete household listing:	
a) Are there any other persons such as small children or infants that we have not listed?	<div style="display: flex; justify-content: space-between; align-items: center;"> <div>YES <input style="width: 20px; height: 15px;" type="checkbox"/></div> <div>ENTER EACH IN TABLE</div> <div>NO <input style="width: 20px; height: 15px;" type="checkbox"/></div> </div>
b) Are there any other people who may not be members of your family such as domestic servants, lodgers or friends who usually live here?	<div style="display: flex; justify-content: space-between; align-items: center;"> <div>YES <input style="width: 20px; height: 15px;" type="checkbox"/></div> <div>ENTER EACH IN TABLE</div> <div>NO <input style="width: 20px; height: 15px;" type="checkbox"/></div> </div>
c) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	<div style="display: flex; justify-content: space-between; align-items: center;"> <div>YES <input style="width: 20px; height: 15px;" type="checkbox"/></div> <div>ENTER EACH IN TABLE</div> <div>NO <input style="width: 20px; height: 15px;" type="checkbox"/></div> </div>

- (A) CODES FOR Q. 3**
RELATIONSHIP TO HEAD OF HOUSEHOLD:
- 01 = HEAD
 - 02 = WIFE OR HUSBAND
 - 03 = SON OR DAUGHTER
 - 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 - 05 = GRANDCHILD
 - 06 = PARENT
 - 07 = PARENT-IN-LAW
 - 08 = BROTHER OR SISTER
 - 09 = BROTHER-IN-LAW OR SISTER-IN-LAW
 - 10 = NIECE/NEPHEW
 - 11 = OTHER RELATIVE
 - 12 = ADOPTED/FOSTER/STEP-CHILD
 - 13 = DOMESTIC SERVANT
 - 14 = OTHER NOT RELATED
 - 98 = DON'T KNOW

- (B) CODES FOR Q. 7**
AGE
- 00 = AGE LESS THAN ONE YEAR
 - 95 = AGE 95 YEARS OR MORE

- (C) CODES FOR Q. 8**
MARITAL STATUS
- 1 = CURRENTLY MARRIED
 - 2 = MARRIED, BUT GAUNA NOT PERFORMED
 - 3 = WIDOWED
 - 4 = DIVORCED
 - 5 = SEPARATED
 - 6 = DESERTED
 - 7 = NEVER MARRIED
 - 8 = DON'T KNOW

- (D) CODES FOR Q. 12**
BIRTH REGISTRATION
- C = CERTIFICATE
 - R = REGISTRATION
 - N = NEITHER
 - DK = DON'T KNOW

(E) CODES FOR Qs. 17, 19, AND 21

EDUCATION STANDARD:

- 00 = LESS THAN 1 YEAR COMPLETED
- (FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 19 AND 21)
- 98 = DON'T KNOW

(F) CODES FOR Q. 22

REASON FOR NOT ATTENDING SCHOOL

- | | |
|--|--|
| <ul style="list-style-type: none"> 01 = SCHOOL TOO FAR AWAY 02 = TRANSPORT NOT AVAILABLE 03 = FURTHER EDUCATION NOT CONSIDERED NECESSARY 04 = REQUIRED FOR HOUSEHOLD WORK 05 = REQUIRED FOR WORK ON FARM/FAMILY BUSINESS 06 = REQUIRED FOR OUTSIDE WORK FOR PAYMENT IN CASH OR KIND 07 = COSTS TOO MUCH 08 = NO PROPER SCHOOL FACILITIES FOR GIRLS | <ul style="list-style-type: none"> 09 = NOT SAFE TO SEND GIRLS 10 = NO FEMALE TEACHER 11 = REQUIRED FOR CARE OF SIBLINGS 12 = NOT INTERESTED IN STUDIES 13 = REPEATED FAILURES 14 = GOT MARRIED 15 = DID NOT GET ADMISSION 96 = OTHER 98 = DON'T KNOW |
|--|--|

(G) CODES FOR Qs. 24, 27, AND 29

HOURS WORKED:

- 00 = LESS THAN 1 HOUR
- 95 = 95 HOURS OR MORE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																							
30	Does any usual resident of your household suffer from tuberculosis?	YES 1 NO 2	→ 32																							
31	Who suffers from tuberculosis? Anyone else? RECORD LINE NUMBER(S). IF NO MORE TB CASES, RECORD '95'.	31A FOR EACH PERSON, ASK: Has (NAME) received medical treatment for the tuberculosis? <table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>LINE NO. <table border="1"><tr><td></td><td></td></tr></table></td><td>1</td><td>2</td></tr> <tr> <td>LINE NO. <table border="1"><tr><td></td><td></td></tr></table></td><td>1</td><td>2</td></tr> <tr> <td>LINE NO. <table border="1"><tr><td></td><td></td></tr></table></td><td>1</td><td>2</td></tr> <tr> <td>LINE NO. <table border="1"><tr><td></td><td></td></tr></table></td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	LINE NO. <table border="1"><tr><td></td><td></td></tr></table>			1	2	LINE NO. <table border="1"><tr><td></td><td></td></tr></table>			1	2	LINE NO. <table border="1"><tr><td></td><td></td></tr></table>			1	2	LINE NO. <table border="1"><tr><td></td><td></td></tr></table>			1	2	
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32	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	→ 37 → 34 → 37 → 34 → 34																							
33	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL) 81 OTHER 96 (SPECIFY)	→ 37 → 37																							
34	Where is the water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 37																							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
35	How long does it take to go there, get water, and come back in one trip?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> ON THE PREMISES 996 DON'T KNOW 998				→ 37
36	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER AGE 15 YEARS 3 MALE CHILD UNDER AGE 15 YEARS 4 OTHER 6 (SPECIFY)				
37	Do you treat your water in any way to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 39			
38	What do you usually do to the water to make it safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A USE ALUM B ADD BLEACH/CHLORINE TABLETS ... C STRAIN THROUGH A CLOTH D USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) E USE ELECTRONIC PURIFIER F LET IT STAND AND SETTLE G OTHER X (SPECIFY) DON'T KNOW Z				
39	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE ... 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT (VIP)/BIOGAS LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 TWIN PIT/COMPOSTING TOILET 31 DRY TOILET 41 NO FACILITY/USES OPEN SPACE OR FIELD 51 OTHER 96 (SPECIFY)	→ 42			
40	Do you share this toilet facility with other households?	YES 1 NO 2	→ 42			
41	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0			
0						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																								
47	Does your household have:	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>Electricity?</td><td>ELECTRICITY</td><td>1 2</td></tr><tr><td>A mattress?</td><td>MATTRESS</td><td>1 2</td></tr><tr><td>A pressure cooker?</td><td>PRESSURE COOKER</td><td>1 2</td></tr><tr><td>A chair?</td><td>CHAIR</td><td>1 2</td></tr><tr><td>A cot or bed?</td><td>COT/BED</td><td>1 2</td></tr><tr><td>A table?</td><td>TABLE</td><td>1 2</td></tr><tr><td>An electric fan?</td><td>ELECTRIC FAN</td><td>1 2</td></tr><tr><td>A radio or transistor?</td><td>RADIO/TRANSISTOR</td><td>1 2</td></tr><tr><td>A black and white television?</td><td>B & W TELEVISION</td><td>1 2</td></tr><tr><td>A colour television?</td><td>COLOUR TELEVISION</td><td>1 2</td></tr><tr><td>A sewing machine?</td><td>SEWING MACHINE</td><td>1 2</td></tr><tr><td>A mobile telephone?</td><td>MOBILE TELEPHONE</td><td>1 2</td></tr><tr><td>Any other type of telephone?</td><td>ANY OTHER TELEPHONE</td><td>1 2</td></tr><tr><td>A computer?</td><td>COMPUTER</td><td>1 2</td></tr><tr><td>A refrigerator?</td><td>REFRIGERATOR</td><td>1 2</td></tr><tr><td>A watch or clock?</td><td>WATCH/CLOCK</td><td>1 2</td></tr><tr><td>A bicycle?</td><td>BICYCLE</td><td>1 2</td></tr><tr><td>A motorcycle or scooter?</td><td>MOTORCYCLE/SCOOTER</td><td>1 2</td></tr><tr><td>An animal-drawn cart?</td><td>ANIMAL-DRAWN CART</td><td>1 2</td></tr><tr><td>A car?</td><td>CAR</td><td>1 2</td></tr><tr><td>A water pump?</td><td>WATER PUMP</td><td>1 2</td></tr><tr><td>A thresher?</td><td>THRESHER</td><td>1 2</td></tr><tr><td>A tractor?</td><td>TRACTOR</td><td>1 2</td></tr></tbody></table>		YES	NO	Electricity?	ELECTRICITY	1 2	A mattress?	MATTRESS	1 2	A pressure cooker?	PRESSURE COOKER	1 2	A chair?	CHAIR	1 2	A cot or bed?	COT/BED	1 2	A table?	TABLE	1 2	An electric fan?	ELECTRIC FAN	1 2	A radio or transistor?	RADIO/TRANSISTOR	1 2	A black and white television?	B & W TELEVISION	1 2	A colour television?	COLOUR TELEVISION	1 2	A sewing machine?	SEWING MACHINE	1 2	A mobile telephone?	MOBILE TELEPHONE	1 2	Any other type of telephone?	ANY OTHER TELEPHONE	1 2	A computer?	COMPUTER	1 2	A refrigerator?	REFRIGERATOR	1 2	A watch or clock?	WATCH/CLOCK	1 2	A bicycle?	BICYCLE	1 2	A motorcycle or scooter?	MOTORCYCLE/SCOOTER	1 2	An animal-drawn cart?	ANIMAL-DRAWN CART	1 2	A car?	CAR	1 2	A water pump?	WATER PUMP	1 2	A thresher?	THRESHER	1 2	A tractor?	TRACTOR	1 2	
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48	What type of fuel does your household mainly use for cooking?	<table><tbody><tr><td>ELECTRICITY</td><td>01</td></tr><tr><td>LPG/NATURAL GAS</td><td>02</td></tr><tr><td>BIOGAS</td><td>03</td></tr><tr><td>KEROSENE</td><td>04</td></tr><tr><td>COAL/LIGNITE</td><td>05</td></tr><tr><td>CHARCOAL</td><td>06</td></tr><tr><td>WOOD</td><td>07</td></tr><tr><td>STRAW/SHRUBS/GRASS</td><td>08</td></tr><tr><td>AGRICULTURAL CROP WASTE</td><td>09</td></tr><tr><td>DUNG CAKES</td><td>10</td></tr><tr><td>OTHER</td><td>96</td></tr><tr><td colspan="2">(SPECIFY)</td></tr></tbody></table>	ELECTRICITY	01	LPG/NATURAL GAS	02	BIOGAS	03	KEROSENE	04	COAL/LIGNITE	05	CHARCOAL	06	WOOD	07	STRAW/SHRUBS/GRASS	08	AGRICULTURAL CROP WASTE	09	DUNG CAKES	10	OTHER	96	(SPECIFY)		<div>→ 51</div>																																																
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49	In this household, is food cooked on a stove, a chullah or an open fire?	<table><tbody><tr><td>STOVE</td><td>1</td></tr><tr><td>CHULLAH</td><td>2</td></tr><tr><td>OPEN FIRE</td><td>3</td></tr><tr><td>OTHER</td><td>6</td></tr><tr><td colspan="2">(SPECIFY)</td></tr></tbody></table>	STOVE	1	CHULLAH	2	OPEN FIRE	3	OTHER	6	(SPECIFY)																																																																
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50	Is the cooking done under a chimney?	<table><tbody><tr><td>YES</td><td>1</td></tr><tr><td>NO</td><td>2</td></tr></tbody></table>	YES	1	NO	2																																																																					
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51	Is the cooking usually done in the house, in a separate building, or outdoors?	<table><tbody><tr><td>IN THE HOUSE</td><td>1</td></tr><tr><td>IN A SEPARATE BUILDING</td><td>2</td></tr><tr><td>OUTDOORS</td><td>3</td></tr><tr><td>OTHER</td><td>6</td></tr><tr><td colspan="2">(SPECIFY)</td></tr></tbody></table>	IN THE HOUSE	1	IN A SEPARATE BUILDING	2	OUTDOORS	3	OTHER	6	(SPECIFY)		<div>→ 53</div>																																																														
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52	Do you have a separate room which is used as a kitchen?	<table><tbody><tr><td>YES</td><td>1</td></tr><tr><td>NO</td><td>2</td></tr></tbody></table>	YES	1	NO	2																																																																					
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
53	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>MUD/CLAY/EARTH 11</p> <p>SAND 12</p> <p>DUNG 13</p> <p>RUDIMENTARY FLOOR</p> <p>RAW WOOD PLANKS 21</p> <p>PALM/BAMBOO 22</p> <p>BRICK 23</p> <p>STONE 24</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD ... 31</p> <p>VINYL OR ASPHALT 32</p> <p>CERAMIC TILES 33</p> <p>CEMENT 34</p> <p>CARPET 35</p> <p>POLISHED STONE/MARBLE/ GRANITE 36</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
54	<p>MAIN MATERIAL OF THE ROOF.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL ROOFING</p> <p>NO ROOF 11</p> <p>THATCH/PALM LEAF/ REED/GRASS 12</p> <p>MUD 13</p> <p>SOD/MUD AND GRASS MIXTURE ... 14</p> <p>PLASTIC/POLYTHENE SHEETING ... 15</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT 21</p> <p>PALM/BAMBOO 22</p> <p>RAW WOOD PLANKS/TIMBER 23</p> <p>UNBURNT BRICK 24</p> <p>LOOSELY PACKED STONE 25</p> <p>FINISHED ROOFING</p> <p>METAL/GI 31</p> <p>WOOD 32</p> <p>CALAMINE/CEMENT FIBER 33</p> <p>ASBESTOS SHEETS 34</p> <p>RCC/RBC/CEMENT/CONCRETE 35</p> <p>ROOFING SHINGLES 36</p> <p>TILES 37</p> <p>SLATE 38</p> <p>BURNT BRICK 39</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
55	<p>MAIN MATERIAL OF THE EXTERIOR WALLS.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS/BAMBOO 12</p> <p>MUD 13</p> <p>GRASS/REEDS/THATCH 14</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>PLYWOOD 23</p> <p>CARDBOARD 24</p> <p>UNBURNT BRICK 25</p> <p>RAW WOOD/REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT/CONCRETE 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BURNT BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>WOOD PLANKS/SHINGLES 35</p> <p>GI/METAL/ASBESTOS SHEETS 36</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
56	TYPE OF WINDOWS. RECORD OBSERVATION.	<div> <div>YES</div> <div>NO</div> </div> <div> <div>ANY WINDOWS</div> <div>1</div> <div>2</div> </div> <div> <div>WINDOWS WITH GLASS</div> <div>1</div> <div>2</div> </div> <div> <div>WINDOWS WITH SCREENS</div> <div>1</div> <div>2</div> </div> <div> <div>WINDOWS WITH CURTAINS</div> <div>1</div> <div>2</div> </div> <div> <div>OR SHUTTERS</div> <div>1</div> <div>2</div> </div>	
57	How many rooms in this household are used for sleeping?	<div>ROOMS</div> <div> <div></div> <div></div> </div>	
58	Does this household own this house or any other house?	<div>YES</div> <div>1</div> <div>NO</div> <div>2</div>	
59	Does this household own any agricultural land?	<div>YES</div> <div>1</div> <div>NO</div> <div>2</div>	→ 62
60	How much agricultural land does this household own? <u>(IF NOT IN ACRES, SPECIFY SIZE AND UNIT)</u>	<div>ACRES</div> <div> <div></div> <div></div> <div></div> </div> <div>.</div> <div> <div></div> </div>	
61	Out of this land, how much is irrigated? <u>(IF NOT IN ACRES, SPECIFY SIZE AND UNIT)</u>	<div>ACRES</div> <div> <div></div> <div></div> <div></div> </div> <div>.</div> <div> <div></div> </div> <div>NONE</div> <div>9995</div>	
62	Does your household own any of the following animals: Cows, bulls, or buffaloes? Camels? Horses, donkeys, or mules? Goats? Sheep? Chickens or ducks?	<div>YES</div> <div>NO</div> <div>COWS/BULLS/BUFFALOES</div> <div>1</div> <div>2</div> <div>CAMELS</div> <div>1</div> <div>2</div> <div>HORSES/DONKEYS/MULES</div> <div>1</div> <div>2</div> <div>GOATS</div> <div>1</div> <div>2</div> <div>SHEEP</div> <div>1</div> <div>2</div> <div>CHICKENS/DUCKS</div> <div>1</div> <div>2</div>	
63	Does any usual member of this household have a bank account or a post office account?	<div>YES</div> <div>1</div> <div>NO</div> <div>2</div> <div>DON'T KNOW</div> <div>8</div>	
64	Is any usual member of this household covered by a health scheme or health insurance?	<div>YES</div> <div>1</div> <div>NO</div> <div>2</div> <div>DON'T KNOW</div> <div>8</div>	→ 66
65	What type of health scheme or health insurance? Any other type? RECORD ALL MENTIONED.	<div>EMPLOYEES STATE</div> <div>INSURANCE SCHEME (ESIS)</div> <div>A</div> <div>CENTRAL GOVERNMENT HEALTH</div> <div>SCHEME (CGHS)</div> <div>B</div> <div>COMMUNITY HEALTH INSURANCE</div> <div>PROGRAMME</div> <div>C</div> <div>OTHER HEALTH INSURANCE</div> <div>THROUGH EMPLOYER</div> <div>D</div> <div>MEDICAL REIMBURSEMENT FROM</div> <div>EMPLOYER</div> <div>E</div> <div>OTHER PRIVATELY PURCHASED</div> <div>COMMERCIAL HEALTH INSURANCE</div> <div>F</div> <div>OTHER</div> <div>(SPECIFY)</div> <div>X</div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
66	Does this household have a BPL card?	YES 1 NO 2 DON'T KNOW 8	
67	Does this household have any mosquito nets that can be used for sleeping?	YES 1 NO 2	
68	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) 1 LESS THAN 15 PPM 2 MORE THAN 15 PPM 3 NO SALT IN HOUSEHOLD 4 SALT NOT TESTED 6 (SPECIFY REASON)	

QUESTIONS ON SECURITY OF TENURE ASKED ONLY IN MUMBAI AND KOLKATA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
58*	Does this household own this house or any other house?	THIS HOUSE ONLY 1 OTHER HOUSE(S) ONLY 2 BOTH THIS AND OTHER HOUSE(S) 3 NEITHER 4	→ 58B → 58B
58A	Do you or someone else in this household have a document for the ownership of this dwelling?	YES 1 NO 2 DON'T KNOW 8	→ 58D
58B	Do you or someone else in this household pay rent for this dwelling, live here as part of your employment terms, or have some other arrangement?	RENT 1 PART OF EMPLOYMENT AGREEMENT 2 OTHER ARRANGEMENT 3	→ 58D
58C	Do you have a written rental contract for this dwelling?	YES 1 NO 2 DON'T KNOW 8	
58D	Do you feel secure from eviction from this dwelling?	YES 1 NO 2 DON'T KNOW 8	
58E	DWELLING LOCATED IN OR NEAR: RECORD OBSERVATION	<div>YES</div> <div>NO</div> <div>a. LANDSLIDE AREA 1 2</div> <div>b. FLOOD PRONE AREA 1 2</div> <div>c. RIVER BANK 1 2</div> <div>d. STEEP HILL 1 2</div> <div>e. GARBAGE DUMPING</div> <div>GROUND 1 2</div> <div>f. INDUSTRIAL POLLUTION</div> <div>AREA 1 2</div> <div>g. RAILROAD 1 2</div> <div>h. POWER PLANT 1 2</div> <div>i. FLYOVER 1 2</div>	

* In Mumbai and Kolkata, this version of Q. 58 was used.

TABLE FOR SELECTION OF WOMEN FOR THE HOUSEHOLD RELATIONS QUESTIONS

INSTRUCTIONS

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE ELIGIBLE WOMAN WHO WILL BE ASKED THE HOUSEHOLD RELATIONS QUESTIONS. THEN, GO TO COLUMN (9) IN THE HOUSEHOLD SCHEDULE AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED ELIGIBLE WOMAN AND RECORD THIS HOUSEHOLD LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

FOR EXAMPLE, IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '3716', GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('2'). THIS MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE WOMAN. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE WOMEN ARE '02', '03', AND '07'; THEN THE ELIGIBLE WOMAN FOR THE HOUSEHOLD RELATIONS QUESTIONS IS THE SECOND ELIGIBLE WOMAN, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER '03'. PUT A * NEXT TO THIS WOMAN'S LINE NUMBER IN COLUMN (9) OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

HOUSEHOLD LINE NUMBER OF WOMAN SELECTED
FOR HOUSEHOLD RELATIONS SECTION

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WEIGHT, HEIGHT AND BIOMARKER MEASUREMENT

CHECK COLUMNS (9), (10), AND (11): RECORD THE LINE NUMBER, NAME, AND AGE OF ALL WOMEN AGE 15-49 AND CHILDREN UNDER AGE 6. IF THE HOUSEHOLD IS SELECTED FOR MEN'S INTERVIEWS, ALSO RECORD THE LINE NUMBER, NAME, AND AGE OF ALL MEN AGE 15-54.

WOMEN 15-49					WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL. (9)	NAME FROM COL. (2)	AGE FROM COL. (7)	NEVER MARRIED CHECK COL.(8): IS COL. (8) =7?	CURRENTLY PREGNANT CHECK Q.227 IN WOMAN'S QUESTIONNAIRE	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(69)	(70)	(71)	(72A)	(72B)	(73)	(74)	(75)	(76)
<input type="text"/>		YEARS <input type="text"/>	YES NO 1 2	YES NO/DK 1 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>		<input type="text"/>

MEN 15-54				WEIGHT AND HEIGHT MEASUREMENT OF MEN 15-54				
LINE NO. FROM COL. (10)	NAME FROM COL. (2)	AGE FROM COL. (7)	NEVER MARRIED CHECK COL. (8): IS COL.(8) =7?		WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(69)	(70)	(71)	(72A)		(73)	(74)		(76)
<input type="text"/>		YEARS <input type="text"/>	YES NO 1 2		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 2001 OR LATER			
LINE NO. FROM COL. (11)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(69)	(70)	(71)	(72C)	(73)	(74)	(75)	(76)
<input type="text"/>		<input type="text"/>	DAY MONTH YEAR <input type="text"/>	<input type="text"/>	<input type="text"/>	LYING STAND. 1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION QUESTIONNAIRE USED

☐

* COPY MONTH AND YEAR FROM 215 IN THE MOTHER'S BIRTH HISTORY AND ASK DAY. FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH, AND YEAR.

HAEMOGLOBIN AND HIV FOR WOMEN 15-49				
CHECK COLUMN (71) AND (72A): IS RESPONDENT AGE 15-17 AND NEVER MARRIED?	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE.	READ CONSENT STATEMENT FOR ANAEMIA TESTING TO WOMAN/PARENT/RESPONSIBLE ADULT. CIRCLE CODE (AND SIGN)	READ CONSENT STATEMENT FOR HIV TESTING TO WOMAN/PARENT/ RESPONSIBLE ADULT. CIRCLE CODE (AND SIGN)	HAEMOGLOBIN LEVEL (G/DL)
(77)	(78)	(79)	(80)	(81)
YES NO 1 GO TO 79 2		GRANTED REFUSED 1 SIGN 2	GRANTED REFUSED 1 SIGN 2	
1 GO TO 79 2		1 SIGN 2	1 SIGN 2	
1 GO TO 79 2		1 SIGN 2	1 SIGN 2	

HAEMOGLOBIN AND HIV FOR MEN 15-54				
CHECK COLUMN (71) AND (72A): IS RESPONDENT AGE 15-17 AND NEVER MARRIED?	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE.	READ CONSENT STATEMENT FOR ANAEMIA TESTING TO MAN/PARENT/RESPONSIBLE ADULT. CIRCLE CODE (AND SIGN)	READ CONSENT STATEMENT FOR HIV TESTING TO MAN/PARENT/RESPONSIBLE ADULT. CIRCLE CODE (AND SIGN)	HAEMOGLOBIN LEVEL (G/DL)
(77)	(78)	(79)	(80)	(81)
YES NO 1 GO TO 79 2		GRANTED REFUSED 1 SIGN 2	GRANTED REFUSED 1 SIGN 2	
1 GO TO 79 2		1 SIGN 2	1 SIGN 2	
1 GO TO 79 2		1 SIGN 2	1 SIGN 2	

HAEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 2001 OR LATER					
CHECK COLUMN (72C): CHILD BORN IN MONTH OF INTERVIEW OR PREVIOUS 5 MONTHS?	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE.	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT. CIRCLE CODE (AND SIGN)		HAEMOGLOBIN LEVEL (G/DL)	
(77)	(78)	(79)		(81)	
YES NO 1 2 NEXT CHILD		GRANTED REFUSED 1 SIGN 2 NEXT LINE			
1 2 NEXT CHILD		1 SIGN 2 NEXT LINE			
1 2 NEXT CHILD		1 SIGN 2 NEXT LINE			
1 2 NEXT CHILD		1 SIGN 2 NEXT LINE			

HAEMOGLOBIN RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER	HIV RESULT 1 COLLECTED 2 NOT PRESENT 3 REFUSED 6 OTHER	PLACE BAR CODE BELOW
(82)	(83)	(84)
<input type="checkbox"/>	<input type="checkbox"/>	PUT 1st BAR CODE HERE PUT 2nd BAR CODE ON RESPONDENT'S FILTER PAPER AND THIRD BAR CODE ON THE BLOOD TRANSMITTAL SHEET.
<input type="checkbox"/>	<input type="checkbox"/>	PUT 1st BAR CODE HERE PUT 2nd BAR CODE ON RESPONDENT'S FILTER PAPER AND THIRD BAR CODE ON THE BLOOD TRANSMITTAL SHEET.
<input type="checkbox"/>	<input type="checkbox"/>	PUT 1st BAR CODE HERE PUT 2nd BAR CODE ON RESPONDENT'S FILTER PAPER AND THIRD BAR CODE ON THE BLOOD TRANSMITTAL SHEET.

HAEMOGLOBIN RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER	HIV RESULT 1 COLLECTED 2 NOT PRESENT 3 REFUSED 6 OTHER	PLACE BAR CODE BELOW
(82)	(83)	(84)
<input type="checkbox"/>	<input type="checkbox"/>	PUT 1st BAR CODE HERE PUT 2nd BAR CODE ON RESPONDENT'S FILTER PAPER AND THIRD BAR CODE ON THE BLOOD TRANSMITTAL SHEET.
<input type="checkbox"/>	<input type="checkbox"/>	PUT 1st BAR CODE HERE PUT 2nd BAR CODE ON RESPONDENT'S FILTER PAPER AND THIRD BAR CODE ON THE BLOOD TRANSMITTAL SHEET.
<input type="checkbox"/>	<input type="checkbox"/>	PUT 1st BAR CODE HERE PUT 2nd BAR CODE ON RESPONDENT'S FILTER PAPER AND THIRD BAR CODE ON THE BLOOD TRANSMITTAL SHEET.

HAEMOGLOBIN RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(82)
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

INFORMED CONSENT FOR ANAEMIA TESTING

As part of this survey, we are studying anaemia among women, men, and children under age 6 years. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This information will assist the government to develop programmes to prevent and treat anaemia.

We request that (you/you and (NAME OF RESPONDENT'S CHILD(REN)/CHILD(REN) IN RESPONDENT'S CARE) born in 2001 or later participate in the anaemia testing part of this survey by giving a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be tested with new equipment and the results of the test will be given to you immediately. The results will be kept confidential.

Do you have any questions?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S/GUARDIAN'S CONCERNS.

May I now ask that (you/you and NAME OF RESPONDENT'S CHILD(REN)/CHILD(REN) IN RESPONDENT'S CARE) participate in the anaemia testing. However, if you decide not to have the test(s) done, it is your right and we will respect your decision. Now please tell me if you agree to have the test(s) done.

GO TO COLUMN 79, CIRCLE THE APPROPRIATE CODE, AND SIGN.

IF RESPONDENT IS AGE 15-17 AND NEVER MARRIED, ASK PARENT/GUARDIAN:

Now, will you tell me if you accept that (NAME OF YOUTH(S)) participate in the anaemia testing? GO TO COLUMN 78 AND WRITE THE LINE NUMBER OF THE PARENT/GUARDIAN. ASK FOR THEIR CONSENT. IF THE PARENT/GUARDIAN DOES NOT AGREE, CIRCLE CODE '2' IN COLUMN 79 AND SIGN. IF THE PARENT/GUARDIAN AGREES, READ THE PRECEDING PARAGRAPHS TO THE YOUTH FOR HIS/HER CONSENT, RECORD THE APPROPRIATE CODE IN COLUMN 79, AND SIGN. CIRCLE CODE '1' FOR 'GRANTED' ONLY IF BOTH THE PARENT/GUARDIAN AND THE YOUTH AGREE TO THE TESTING.

INFORMED CONSENT FOR HIV TEST FOR MEN AND WOMEN

In addition to studying anaemia, we are also studying HIV. HIV is the virus that causes AIDS.

In order to determine how prevalent HIV is in India, we are asking women and men throughout India to give a few drops of blood. The drops of blood will be collected from your finger (at the same time as we do your anaemia test) and sent to a laboratory for testing. To ensure complete confidentiality of the collected blood, no individual names will be attached to the blood sample. This means that no one, including me, will be able to trace the blood sample or the test result back to you. Since we are only collecting blood on a filter paper with no other identifying information, we cannot give you the result of the HIV test.

However, whether or not you choose to participate in this effort to estimate the prevalence of HIV in India, you will be given a voucher for a free HIV test at a health clinic where you can get your blood tested for HIV if you want and receive your results.

Do you have any questions?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

I hope you will agree to give a few drops of blood from your finger for this very important country-wide effort, as it will help the government to develop programmes to prevent the spread of HIV and AIDS. However, if you decide not to participate, it is your right and we will respect your decision.

Do you agree to give a few drops of blood for anonymous HIV testing?

GO TO COLUMN 80 AND CIRCLE THE APPROPRIATE CODE AND SIGN.

IF RESPONDENT IS AGE 15-17 AND NEVER MARRIED, ASK THE PARENT/GUARDIAN:

Now, will you tell me if you accept that (NAME OF YOUTH(S)) participate in the HIV testing? IF THE PARENT/GUARDIAN DOES NOT AGREE, CIRCLE CODE '2' IN COLUMN 80 AND SIGN. IF THE PARENT/GUARDIAN AGREES, READ THE PRECEDING PARAGRAPHS TO THE YOUTH FOR HIS/HER CONSENT, RECORD THE APPROPRIATE CODE IN COLUMN 80, AND SIGN. CIRCLE CODE '1' FOR 'GRANTED' ONLY IF BOTH THE PARENT/GUARDIAN AND THE YOUTH AGREE TO THE TESTING.

85	<p>CHECK 81:</p> <p>NUMBER OF PERSONS WITH HAEMOGLOBIN LEVEL BELOW THE CUTOFF POINT OF 7 G/DL.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE <input type="checkbox"/></p> <p>↓</p> <p>GIVE EACH WOMAN/MAN/PARENT/RESPONSIBLE ADULT ANAEMIA PAMPHLET WITH RESULT OF HAEMOGLOBIN MEASUREMENT AND CONTINUE WITH 86.*</p> </div> <div style="text-align: center;"> <p>NONE <input type="checkbox"/></p> <p>↓</p> <p>GIVE EACH WOMAN/MAN/PARENT/RESPONSIBLE ADULT ANAEMIA PAMPHLET WITH RESULT OF HAEMOGLOBIN MEASUREMENT AND END INTERVIEW.</p> </div> </div>																																																							
86	<p>We detected a low level of haemoglobin in (your blood/the blood of NAME OF CHILD(REN)). This indicates that (you/NAME OF CHILD(REN)) have severe anaemia, which is a serious health problem. We would like to inform the doctor at _____ about (your condition/the condition of NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of haemoglobin in (your blood/the blood of NAME OF CHILD(REN)) may be given to the doctor?</p>																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME OF PERSON WITH HAEMOGLOBIN BELOW 7 G/DL</th> <th style="width: 33%;">NAME OF PARENT/RESPONSIBLE ADULT</th> <th style="width: 33%;">AGREES TO REFERRAL?</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center;">WOMEN AGE 18-49 AND MEN AGE 18-54</td> </tr> <tr> <td rowspan="4"></td> <td rowspan="4" style="background-color: #cccccc;"></td> <td>YES 1</td> </tr> <tr> <td>NO 2</td> </tr> <tr> <td>YES 1</td> </tr> <tr> <td>NO 2</td> </tr> <tr> <td rowspan="4"></td> <td rowspan="4" style="background-color: #cccccc;"></td> <td>YES 1</td> </tr> <tr> <td>NO 2</td> </tr> <tr> <td>YES 1</td> </tr> <tr> <td>NO 2</td> </tr> <tr> <td rowspan="4"></td> <td rowspan="4" style="background-color: #cccccc;"></td> <td>YES 1</td> </tr> <tr> <td>NO 2</td> </tr> <tr> <td>YES 1</td> </tr> <tr> <td>NO 2</td> </tr> <tr> <td colspan="3" style="text-align: center;">WOMEN AND MEN AGE 15-17 AND CHILDREN</td> </tr> <tr> <td></td> <td></td> <td>YES 1 NO 2</td> </tr> <tr> <td></td> <td></td> <td>YES 1 NO 2</td> </tr> <tr> <td></td> <td></td> <td>YES 1 NO 2</td> </tr> <tr> <td></td> <td></td> <td>YES 1 NO 2</td> </tr> <tr> <td></td> <td></td> <td>YES 1 NO 2</td> </tr> <tr> <td></td> <td></td> <td>YES 1 NO 2</td> </tr> <tr> <td></td> <td></td> <td>YES 1 NO 2</td> </tr> <tr> <td></td> <td></td> <td>YES 1 NO 2</td> </tr> <tr> <td></td> <td></td> <td>YES 1 NO 2</td> </tr> </tbody> </table>			NAME OF PERSON WITH HAEMOGLOBIN BELOW 7 G/DL	NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?	WOMEN AGE 18-49 AND MEN AGE 18-54					YES 1	NO 2	YES 1	NO 2			YES 1	NO 2	YES 1	NO 2			YES 1	NO 2	YES 1	NO 2	WOMEN AND MEN AGE 15-17 AND CHILDREN					YES 1 NO 2			YES 1 NO 2			YES 1 NO 2			YES 1 NO 2			YES 1 NO 2			YES 1 NO 2			YES 1 NO 2			YES 1 NO 2			YES 1 NO 2
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* If more than one woman, man, or child is below the cutoff point, read the statement in Q. 86 to each adult who is below the cutoff point and to each parent/responsible adult of a child who is below the cutoff point. For persons age 15-17, circle code '1' only if both the person and the parent/guardian agree that the information may be provided to the doctor.