

CONFIDENTIAL
For research
purposes only

Questionnaire
Number _____

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

IDENTIFICATION	
STATE _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
PSU NUMBER	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
HOUSEHOLD NUMBER	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
NAME OF HOUSEHOLD HEAD _____	
ADDRESS OF HOUSEHOLD _____	
HOUSEHOLD IS SELECTED FOR MAN'S INTERVIEW? (YES = 1, NO = 2)	<input style="width: 20px; height: 20px;" type="text"/>
HOUSEHOLD IS SELECTED FOR HIV TESTING? (YES = 1, NO = 2)	<input style="width: 20px; height: 20px;" type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT*	_____	_____	_____	RESULT CODE
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS
TIME	_____	_____	_____	<input style="width: 20px; height: 20px;" type="text"/>
*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 TOTAL ELIGIBLE WOMEN TOTAL ELIGIBLE MEN LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE
	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
DATE _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	DATE _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

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 REGISTRATION
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? (B)	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	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	IF AGE 0-4 Does (NAME) have a birth certificate? IF NO: Has (NAME)'s birth ever been registered with the civil authority?(D)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
			M F	YES NO	YES NO	IN YEARS						C R N DK
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	01	01	01	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					IF NO ON Q.18 What is the main reason (NAME) is not attending school? (F)
	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)		
(12A)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	
			YES NO	YES NO	STANDARD	YES NO	STANDARD	YES NO	STANDARD	REASON	
01	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>	
02	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>	
03	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>	
04	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>	
05	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>	
06	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>	
07	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>	
08	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>	
09	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>	
10	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>	
11	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>	
12	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>	
13	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>	
14	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>	
15	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>	

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)
	YES PAID UNPAID NO 1 2 3 ↓ GO TO 25	HOURS [] [] ↓ GO TO 26	YES PAID UNPAID NO 1 2 3	YES NO 1 2 ↓ GO TO 28	HOURS [] []	YES NO 1 2 ↓ GO TO NEXT LINE	HOURS [] []
01	1 2 3 ↓ GO TO 25	[] [] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[] []	1 2 ↓ GO TO NEXT LINE	[] []
02	1 2 3 ↓ GO TO 25	[] [] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[] []	1 2 ↓ GO TO NEXT LINE	[] []
03	1 2 3 ↓ GO TO 25	[] [] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[] []	1 2 ↓ GO TO NEXT LINE	[] []
04	1 2 3 ↓ GO TO 25	[] [] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[] []	1 2 ↓ GO TO NEXT LINE	[] []
05	1 2 3 ↓ GO TO 25	[] [] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[] []	1 2 ↓ GO TO NEXT LINE	[] []
06	1 2 3 ↓ GO TO 25	[] [] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[] []	1 2 ↓ GO TO NEXT LINE	[] []
07	1 2 3 ↓ GO TO 25	[] [] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[] []	1 2 ↓ GO TO NEXT LINE	[] []
08	1 2 3 ↓ GO TO 25	[] [] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[] []	1 2 ↓ GO TO NEXT LINE	[] []
09	1 2 3 ↓ GO TO 25	[] [] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[] []	1 2 ↓ GO TO NEXT LINE	[] []
10	1 2 3 ↓ GO TO 25	[] [] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[] []	1 2 ↓ GO TO NEXT LINE	[] []
11	1 2 3 ↓ GO TO 25	[] [] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[] []	1 2 ↓ GO TO NEXT LINE	[] []
12	1 2 3 ↓ GO TO 25	[] [] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[] []	1 2 ↓ GO TO NEXT LINE	[] []
13	1 2 3 ↓ GO TO 25	[] [] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[] []	1 2 ↓ GO TO NEXT LINE	[] []
14	1 2 3 ↓ GO TO 25	[] [] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[] []	1 2 ↓ GO TO NEXT LINE	[] []
15	1 2 3 ↓ GO TO 25	[] [] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[] []	1 2 ↓ GO TO NEXT LINE	[] []

TICK HERE IF CONTINUATION QUESTIONNAIRE USED

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? YES ENTER EACH IN TABLE NO

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? YES ENTER EACH IN TABLE NO

c) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ENTER EACH IN TABLE NO

**(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**

- 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
- 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="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="border: 1px solid black;">LINE NO.</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black;">LINE NO.</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black;">LINE NO.</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black;">LINE NO.</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> </table>		YES	NO	LINE NO.	1	2	LINE NO.	1	2	LINE NO.	1	2	LINE NO.	1	2	
	YES	NO																
LINE NO.	1	2																
LINE NO.	1	2																
LINE NO.	1	2																
LINE NO.	1	2																
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 → 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 <input type="text"/> <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
42	When members of your household get sick, where do they generally go for treatment?	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL 11 GOVT. DISPENSARY 12 UHC/UHP/UFWC 13 CHC/RURAL HOSPITAL/PHC 14 SUB-CENTRE 15 ANGANWADI/ICDS CENTRE 16 GOVT. MOBILE CLINIC 17 OTHER PUBLIC SECTOR HEALTH FACILITY 18 NGO OR TRUST HOSPITAL/CLINIC ... 21 PRIVATE MEDICAL SECTOR PVT. HOSPITAL 31 PVT. DOCTOR/CLINIC 32 PVT. PARAMEDIC 33 VAIDYA/HAKIM/HOMEOPATH 34 TRADITIONAL HEALER 35 PHARMACY/DRUGSTORE 36 DAI (TBA) 37 OTHER PRIVATE SECTOR HEALTH FACILITY 38 OTHER SHOP 41 HOME TREATMENT 42 OTHER _____ 96 (SPECIFY)	→ 44
43	Why don't members of your household generally go to a government facility when they are sick? Any other reason? RECORD ALL MENTIONED.	NO NEARBY FACILITY A FACILITY TIMING NOT CONVENIENT ... B HEALTH PERSONNEL OFTEN ABSENT . C WAITING TIME TOO LONG D POOR QUALITY OF CARE E OTHER _____ X (SPECIFY)	
44	What is the religion of the head of the household?	HINDU 01 MUSLIM 02 CHRISTIAN 03 SIKH 04 BUDDHIST/NEO-BUDDHIST 05 JAIN 06 JEWISH 07 PARSII/ZOROASTRIAN 08 NO RELIGION 09 OTHER _____ 96 (SPECIFY)	
45	What is the caste or tribe of the head of the household?	CASTE _____ 1 (SPECIFY) TRIBE _____ 2 (SPECIFY) NO CASTE/TRIBE 3 DON'T KNOW 8	→ 47
46	Is this a scheduled caste, a scheduled tribe, other backward class, or none of them?	SCHEDULED CASTE 1 SCHEDULED TRIBE 2 OBC 3 NONE OF THEM 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																								
47	Does your household have:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">YES</th> <th style="text-align: right;">NO</th> </tr> </thead> <tbody> <tr><td>ELECTRICITY</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>MATTRESS</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>PRESSURE COOKER</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>CHAIR</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>COT/BED</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>TABLE</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>ELECTRIC FAN</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>RADIO/TRANSISTOR</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>B & W TELEVISION</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>COLOUR TELEVISION</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>SEWING MACHINE</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>MOBILE TELEPHONE</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>ANY OTHER TELEPHONE</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>COMPUTER</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>REFRIGERATOR</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>WATCH/CLOCK</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>BICYCLE</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>MOTORCYCLE/SCOOTER</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>ANIMAL-DRAWN CART</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>CAR</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>WATER PUMP</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>THRESHER</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>TRACTOR</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	MATTRESS	1	2	PRESSURE COOKER	1	2	CHAIR	1	2	COT/BED	1	2	TABLE	1	2	ELECTRIC FAN	1	2	RADIO/TRANSISTOR	1	2	B & W TELEVISION	1	2	COLOUR TELEVISION	1	2	SEWING MACHINE	1	2	MOBILE TELEPHONE	1	2	ANY OTHER TELEPHONE	1	2	COMPUTER	1	2	REFRIGERATOR	1	2	WATCH/CLOCK	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	ANIMAL-DRAWN CART	1	2	CAR	1	2	WATER PUMP	1	2	THRESHER	1	2	TRACTOR	1	2	
	YES	NO																																																																									
ELECTRICITY	1	2																																																																									
MATTRESS	1	2																																																																									
PRESSURE COOKER	1	2																																																																									
CHAIR	1	2																																																																									
COT/BED	1	2																																																																									
TABLE	1	2																																																																									
ELECTRIC FAN	1	2																																																																									
RADIO/TRANSISTOR	1	2																																																																									
B & W TELEVISION	1	2																																																																									
COLOUR TELEVISION	1	2																																																																									
SEWING MACHINE	1	2																																																																									
MOBILE TELEPHONE	1	2																																																																									
ANY OTHER TELEPHONE	1	2																																																																									
COMPUTER	1	2																																																																									
REFRIGERATOR	1	2																																																																									
WATCH/CLOCK	1	2																																																																									
BICYCLE	1	2																																																																									
MOTORCYCLE/SCOOTER	1	2																																																																									
ANIMAL-DRAWN CART	1	2																																																																									
CAR	1	2																																																																									
WATER PUMP	1	2																																																																									
THRESHER	1	2																																																																									
TRACTOR	1	2																																																																									
48	What type of fuel does your household mainly use for cooking?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>ELECTRICITY</td><td style="text-align: right;">01</td></tr> <tr><td>LPG/NATURAL GAS</td><td style="text-align: right;">02</td></tr> <tr><td>BIOGAS</td><td style="text-align: right;">03</td></tr> <tr><td>KEROSENE</td><td style="text-align: right;">04</td></tr> <tr><td>COAL/LIGNITE</td><td style="text-align: right;">05</td></tr> <tr><td>CHARCOAL</td><td style="text-align: right;">06</td></tr> <tr><td>WOOD</td><td style="text-align: right;">07</td></tr> <tr><td>STRAW/SHRUBS/GRASS</td><td style="text-align: right;">08</td></tr> <tr><td>AGRICULTURAL CROP WASTE</td><td style="text-align: right;">09</td></tr> <tr><td>DUNG CAKES</td><td style="text-align: right;">10</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">96</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></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)		→ 51																																																
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)																																																																											
49	In this household, is food cooked on a stove, a chullah or an open fire?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>STOVE</td><td style="text-align: right;">1</td></tr> <tr><td>CHULLAH</td><td style="text-align: right;">2</td></tr> <tr><td>OPEN FIRE</td><td style="text-align: right;">3</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">6</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td></tr> </tbody> </table>	STOVE	1	CHULLAH	2	OPEN FIRE	3	OTHER _____	6	(SPECIFY)																																																																
STOVE	1																																																																										
CHULLAH	2																																																																										
OPEN FIRE	3																																																																										
OTHER _____	6																																																																										
(SPECIFY)																																																																											
50	Is the cooking done under a chimney?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>YES</td><td style="text-align: right;">1</td></tr> <tr><td>NO</td><td style="text-align: right;">2</td></tr> </tbody> </table>	YES	1	NO	2																																																																					
YES	1																																																																										
NO	2																																																																										
51	Is the cooking usually done in the house, in a separate building, or outdoors?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>IN THE HOUSE</td><td style="text-align: right;">1</td></tr> <tr><td>IN A SEPARATE BUILDING</td><td style="text-align: right;">2</td></tr> <tr><td>OUTDOORS</td><td style="text-align: right;">3</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">6</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td></tr> </tbody> </table>	IN THE HOUSE	1	IN A SEPARATE BUILDING	2	OUTDOORS	3	OTHER _____	6	(SPECIFY)		→ 53																																																														
IN THE HOUSE	1																																																																										
IN A SEPARATE BUILDING	2																																																																										
OUTDOORS	3																																																																										
OTHER _____	6																																																																										
(SPECIFY)																																																																											
52	Do you have a separate room which is used as a kitchen?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>YES</td><td style="text-align: right;">1</td></tr> <tr><td>NO</td><td style="text-align: right;">2</td></tr> </tbody> </table>	YES	1	NO	2																																																																					
YES	1																																																																										
NO	2																																																																										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
53	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR MUD/CLAY/EARTH 11 SAND 12 DUNG 13 RUDIMENTARY FLOOR RAW WOOD PLANKS 21 PALM/BAMBOO 22 BRICK 23 STONE 24 FINISHED FLOOR PARQUET OR POLISHED WOOD ... 31 VINYL OR ASPHALT 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 POLISHED STONE/MARBLE/ GRANITE 36 OTHER _____ 96 (SPECIFY)	
54	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF/ REED/GRASS 12 MUD 13 SOD/MUD AND GRASS MIXTURE ... 14 PLASTIC/POLYTHENE SHEETING ... 15 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 RAW WOOD PLANKS/TIMBER 23 UNBURNT BRICK 24 LOOSELY PACKED STONE 25 FINISHED ROOFING METAL/GI 31 WOOD 32 CALAMINE/CEMENT FIBER 33 ASBESTOS SHEETS 34 RCC/RBC/CEMENT/CONCRETE 35 ROOFING SHINGLES 36 TILES 37 SLATE 38 BURNT BRICK 39 OTHER _____ 96 (SPECIFY)	
55	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS/BAMBOO 12 MUD 13 GRASS/REEDS/THATCH 14 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 PLYWOOD 23 CARDBOARD 24 UNBURNT BRICK 25 RAW WOOD/REUSED WOOD 26 FINISHED WALLS CEMENT/CONCRETE 31 STONE WITH LIME/CEMENT 32 BURNT BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS/SHINGLES 35 GI/METAL/ASBESTOS SHEETS 36 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
56	TYPE OF WINDOWS. RECORD OBSERVATION.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">YES</th> <th style="text-align: right;">NO</th> </tr> </thead> <tbody> <tr> <td>ANY WINDOWS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>WINDOWS WITH GLASS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>WINDOWS WITH SCREENS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>WINDOWS WITH CURTAINS OR SHUTTERS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>		YES	NO	ANY WINDOWS	1	2	WINDOWS WITH GLASS	1	2	WINDOWS WITH SCREENS	1	2	WINDOWS WITH CURTAINS OR SHUTTERS	1	2	
	YES	NO																
ANY WINDOWS	1	2																
WINDOWS WITH GLASS	1	2																
WINDOWS WITH SCREENS	1	2																
WINDOWS WITH CURTAINS OR SHUTTERS	1	2																
57	How many rooms in this household are used for sleeping?	ROOMS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																
58	Does this household own this house or any other house?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>	YES	1	NO	2												
YES	1																	
NO	2																	
59	Does this household own any agricultural land?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>	YES	1	NO	2	→ 62											
YES	1																	
NO	2																	
60	How much agricultural land does this household own? _____ (IF NOT IN ACRES, SPECIFY SIZE AND UNIT)	ACRES <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/>																
61	Out of this land, how much is irrigated? _____ (IF NOT IN ACRES, SPECIFY SIZE AND UNIT)	ACRES <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> NONE 9995																
62	Does your household own any of the following animals:	YES NO																
	Cows, bulls, or buffaloes?	COWS/BULLS/BUFFALOES ... 1 2																
	Camels?	CAMELS 1 2																
	Horses, donkeys, or mules?	HORSES/DONKEYS/MULES ... 1 2																
	Goats?	GOATS 1 2																
	Sheep?	SHEEP 1 2																
	Chickens or ducks?	CHICKENS/DUCKS 1 2																
63	Does any usual member of this household have a bank account or a post office account?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8										
YES	1																	
NO	2																	
DON'T KNOW	8																	
64	Is any usual member of this household covered by a health scheme or health insurance?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8	→ 66									
YES	1																	
NO	2																	
DON'T KNOW	8																	
65	What type of health scheme or health insurance? Any other type? RECORD ALL MENTIONED.	EMPLOYEES STATE INSURANCE SCHEME (ESIS) A CENTRAL GOVERNMENT HEALTH SCHEME (CGHS) B COMMUNITY HEALTH INSURANCE PROGRAMME C OTHER HEALTH INSURANCE THROUGH EMPLOYER D MEDICAL REIMBURSEMENT FROM EMPLOYER E OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . F OTHER _____ X (SPECIFY)																

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	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a. LANDSLIDE AREA</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. FLOOD PRONE AREA</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. RIVER BANK</td> <td>1</td> <td>2</td> </tr> <tr> <td>d. STEEP HILL</td> <td>1</td> <td>2</td> </tr> <tr> <td>e. GARBAGE DUMPING</td> <td></td> <td></td> </tr> <tr> <td> GROUND</td> <td>1</td> <td>2</td> </tr> <tr> <td>f. INDUSTRIAL POLLUTION</td> <td></td> <td></td> </tr> <tr> <td> AREA</td> <td>1</td> <td>2</td> </tr> <tr> <td>g. RAILROAD</td> <td>1</td> <td>2</td> </tr> <tr> <td>h. POWER PLANT</td> <td>1</td> <td>2</td> </tr> <tr> <td>i. FLYOVER</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a. LANDSLIDE AREA	1	2	b. FLOOD PRONE AREA	1	2	c. RIVER BANK	1	2	d. STEEP HILL	1	2	e. GARBAGE DUMPING			GROUND	1	2	f. INDUSTRIAL POLLUTION			AREA	1	2	g. RAILROAD	1	2	h. POWER PLANT	1	2	i. FLYOVER	1	2	
	YES	NO																																					
a. LANDSLIDE AREA	1	2																																					
b. FLOOD PRONE AREA	1	2																																					
c. RIVER BANK	1	2																																					
d. STEEP HILL	1	2																																					
e. GARBAGE DUMPING																																							
GROUND	1	2																																					
f. INDUSTRIAL POLLUTION																																							
AREA	1	2																																					
g. RAILROAD	1	2																																					
h. POWER PLANT	1	2																																					
i. FLYOVER	1	2																																					

* 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

--	--

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)
		YEARS	YES NO	YES NO/DK				
<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"/>
<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)	
		YEARS	YES NO				
<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"/>	
<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)
			DAY MONTH YEAR			LYING STAND.	
<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"/>
<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	<input type="text"/>	GRANTED REFUSED 1 SIGN _____ 2	GRANTED REFUSED 1 SIGN _____ 2	<input type="text"/>
1 GO TO 79 ← 2	<input type="text"/>	1 SIGN _____ 2	1 SIGN _____ 2	<input type="text"/>
1 GO TO 79 ← 2	<input type="text"/>	1 SIGN _____ 2	1 SIGN _____ 2	<input type="text"/>

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	<input type="text"/>	GRANTED REFUSED 1 SIGN _____ 2	GRANTED REFUSED 1 SIGN _____ 2	<input type="text"/>
1 GO TO 79 ← 2	<input type="text"/>	1 SIGN _____ 2	1 SIGN _____ 2	<input type="text"/>
1 GO TO 79 ← 2	<input type="text"/>	1 SIGN _____ 2	1 SIGN _____ 2	<input type="text"/>

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 → NEXT CHILD 2	<input type="text"/>	GRANTED REFUSED 1 SIGN _____ NEXT LINE ← 2		<input type="text"/>
1 → NEXT CHILD 2	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2		<input type="text"/>
1 → NEXT CHILD 2	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2		<input type="text"/>
1 → NEXT CHILD 2	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2		<input type="text"/>

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> <p style="text-align: center;">ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p style="text-align: center;">↓ ↓</p> <p>GIVE EACH WOMAN/MAN/PARENT/RESPONSIBLE ADULT ANAEMIA PAMPHLET WITH RESULT OF HAEMOGLOBIN MEASUREMENT AND CONTINUE WITH 86.* GIVE EACH WOMAN/MAN/PARENT/RESPONSIBLE ADULT ANAEMIA PAMPHLET WITH RESULT OF HAEMOGLOBIN MEASUREMENT AND END INTERVIEW.</p>	
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>	
	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
	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

* 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.