INDIA HUMAN DEVELOPMENT SURVEY - II
2011-12

EDUCATION AND HEALTH QUESTIONNAIRE

I" Data Entry  Tick (✓)  
II" Data Entry  Tick (✓)  

NATIONAL COUNCIL OF APPLIED ECONOMIC RESEARCH
PARISILA BHAWAN, 11 I.P. ESTATE
NEW DELHI - 110 002.
INDIA HUMAN DEVELOPMENT SURVEY – II
2011-12

NATIONAL COUNCIL OF APPLIED ECONOMIC RESEARCH
&
UNIVERSITY OF MARYLAND, COLLEGE PARK

EDUCATION AND HEALTH QUESTIONNAIRE

1. STUDY CODE
   0 4 4  GE1

2. Book Number
   2  GE2

3. Interviewer ID
   Organization ID
   Interviewer ID
   GE3a
   GE3b

4. Interviewer Name
   

5. Interviewer Signature
   

6. Supervisor ID
   Organization ID
   Supervisor ID
   GE6a
   GE6b

7. Supervisor Name
   

8. Supervisor Signature
   

9. Is this a RE-INTERVIEW household?
   No=0
   Yes=1  GE9

10. Interview Completion Status
    Complete=1
    Incomplete=2

11. Number of Eligible Woman interviewed?
    Nos.  GE11

12. Anthropometry Completion Status
    Not Done=1
    Partially Done=2
    Fully Done=3

13. Learning Completion Status
    Not Done=1
    Partially Done=2
    Fully Done=3
    NA=9

14. Whether Additional Learning Sheet Attached
    No=0
    Yes=1  GE14
CONSENT STATEMENT

Approximately six years ago, we interviewed your household for a research study. We would like to update the information and interview you and some members of your household about your health and family life. This study is conducted by the National Council of Applied Economic Research (NCAER), New Delhi and the University of Maryland, College Park, USA. We will also ask for contact information from you and other family members so we can update this information again in a few years.
We are asking many people all over the country to participate in this same interview.

The interview is voluntary. During our visit, we would like to ask you about various aspects of your life including work, finances, education, health and family. In addition, we may ask to measure the height and weight of women and children in the household and administer a short reading, writing and arithmetic exercise to some children.
We may also ask to speak to young people in your household about similar issues.

If you choose not to reply to any of the questions in this questionnaire, you are free to do so.
If you decide to answer some or all of the questions, we will use the information you give us only for the purposes of research and publication.
People will be able to learn about the health and well-being of the people of India, but not what you personally said.

Your name and other personal information will be retained by NCAER and University of Maryland in a confidential manner.

For information about the study please contact Dr. Sonalde Desai
at NCAER, 11, Indraprastha Estate, New Delhi 110 002. Tel (011) 23379861. Email: ihdsinfo@gmail.com

1. Do you agree to be interviewed?
   No=0
   Yes=1

   Interviewers
   Initials

   CD1

2. Do you agree to let young people in your household be interviewed?
   No=0
   Yes=1

   Interviewers
   Initials

   CD2

3. First Interview Date
   Day
   Month
   Year

4. Interview Start Time
   Hours
   Minutes
   AM=1
   PM=2
1. Household Identification

ENTER 1.1 TO 1.5 BEFORE GOING TO HOUSEHOLD

1.1 Listing Sheet No.

1.2 Name of state / Union Territory - 2001

1.3 District Name - 2001

1.3a Current District Name (2011)

1.4 Name of tehsil/taluka (rural) / Town (urban)

1.5 Name of village/urban block

1.6 Name of post office

1.7 Name of Mohalla/Hamlet/Locality

1.8 Rural/Urban (current)

1.9 2004-2005 Household ID:

1.10 Name of Head of household

1.11 Language of Interview

1.12 Does this household have the eligible woman who was interviewed in 2004-05?

IF YES, THEN ASK 1.12a TO 1.12c ELSE GO TO 1.13

1.12a Name of the eligible woman from 2004-05

1.12b ID of eligible woman from 2004-05

1.12c ID of eligible woman from 2011-12 roster

1.13 Besides [NAME] how many ever married women aged between 15-49 are in the household?

<table>
<thead>
<tr>
<th>Name (2011-12)</th>
<th>ID</th>
<th>Interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No=0 / Yes=1</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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<tr>
<td>4</td>
<td></td>
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</tr>
</tbody>
</table>
I would like to ask you some questions about the children/youth in your household that are now in school or were in school during last 12 months or are/were doing some vocational program/college or diploma? [IF VACATION, ASK THE QUESTIONS WHEN [NAME] WAS STUDYING IN SCHOOL]

<table>
<thead>
<tr>
<th>HOUSEHOLD ID CODE (2011)</th>
<th>Still in school?</th>
<th>What type of school or college is/was [NAME] enrolled in?</th>
<th>How far is/was the school/college from home? (in KM)</th>
<th>What standard is/was [NAME] studying in?</th>
<th>Course of Study if above 10 standard.</th>
<th>What is the medium of instruction in this school?</th>
<th>From which standard English is taught as a subject?</th>
<th>In general, over the last one month how many hours does [NAME] spend per week in school?</th>
<th>...school? (in hours)</th>
<th>...doing homework? (in hours)</th>
<th>In private tuitions? (in hours)</th>
<th>How many days [NAME] was absent from school in the last 30 days?</th>
<th>Does/Did [NAME] receive mid-day meal in school?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS1NM</td>
<td></td>
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<td>CS7</td>
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<td>CS11</td>
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<td>CS12</td>
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<td>CS14</td>
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</tr>
</tbody>
</table>

Still in school/college?
- School=1
- College=2
- School + Vocational=3
- College + Vocational=4
- Vocational only=5
- No longer=6

Types:
- School: Arts=01, Commerce/Business=02, Other technology=08
- College: Management=02, Law/CA/Other=08
- Government=02, Postgraduate=10
- Private=04
- Technical: Engineering=04, Home sciences=04, Information Technology=05, Craft/Design=10
- Other: Open school=07, Private vocational=06

Course of Study if above 10 standard.
- Arts=01, Commerce/Business=02, Other technology=08
- Management=02, Law/CA/Other=08
- Government=02, Postgraduate=10
- Private=04
- Technical: Engineering=04, Home sciences=04, Information Technology=05, Craft/Design=10
- Other: Open school=07, Private vocational=06

Languages:
- Hindi=01, Telugu=10
- Assamese=02, English=11
- Bangla=03, Punjabi=12
- Gujarati=04, Urdu=13
- Marathi=05, Others=14
- Oriya=06
- Kannada=07
- Malayalam=08
- Tamil=09

Meals:
- No=0
- Yes, regular=1
- Yes, irregular=2
2. Education: Current Students (continued)

### ASK FOR ALL ENROLLED CHILDREN / YOUTH IN LAST YEAR

<table>
<thead>
<tr>
<th>2.21</th>
<th>2.22</th>
<th>2.23</th>
<th>2.24</th>
<th>2.25</th>
<th>2.26</th>
<th>2.27</th>
<th>2.28</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last year did [NAME] receive any of the following from the government?</td>
<td>How much did you pay as fees for [NAME] in last year?</td>
<td>How much did you spend on [NAME]'s books, uniform, and other materials last year?</td>
<td>How much did you spend on [NAME]'s transportation last year?</td>
<td>How much did you pay for private tuition last year?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>... free books?</td>
<td>...school or college fees?</td>
<td>... scholarship?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No = 0</td>
<td>Yes = 1</td>
<td>No = 0</td>
<td>Yes = 1</td>
<td>(in rupees)</td>
<td>(in rupees)</td>
<td>(in rupees)</td>
<td>(in rupees)</td>
</tr>
</tbody>
</table>

#### Course of study

- Vocational/Technical < 1 year = 1
- Vocational/Technical 1-2 years = 2
- Vocational/Technical 3 & more years = 3
- Others = 4

- Paramedical (Nursing/lab technician etc.) = 01
- Art/Craft/Design = 02
- Fashion Designing/Tailoring/Embroidery = 09
- Electrical/Electronic appliances related work = 03
- Hotel management = 10
- Computer (Hardware/software) assemble & maintenance = 04
- Business & commerce = 11
- Other Technology = 05
- Architects/Interior designing = 12
- Automobile mechanical/repair & maintenance = 06
- Cooking/Home science = 13
- Photography/Videography = 07
- Others (specify) = 14
3. Children 8 to 11

3.1 HOUSEHOLD ROSTER ID CODE CH1 NAME: CH1NM

3.2 Has [NAME] ever been enrolled in school?
IF YES, ASK THIS SECTION
IF NO, SKIP TO PAGE - No.: 7

3.3 At what age did [NAME] start school?

3.4 Why did you choose this school?

3.5 Is it difficult to get admission in this school?

3.6 How often is/was [NAME]'s class teacher absent?

3.7 Gender of the class teacher?

3.8 Does [Did] NAME's class teacher live in the same village/same urban area where the school is?

3.9 Does the class teacher treat child unfairly?

3.10 Do you think that the class teacher is [was] a good teacher?

3.11 Do you think the class teacher favours [favoured] student from certain communities/jatis over others?

3.12 Do you participate in any school committee like the Parent Teacher Association?

3.13 Over the past 12 months, has anyone from your household attended a PTA general meeting?

3.14 Over the past 12 months, how many times does [did] someone from the household discuss [NAME]'s school work with the teacher? (DK=88)

3.15 Is [Was] [NAME] an average student, better than average or below average?

3.16 Does [Did] [NAME] enjoy school?

3.17 Did [NAME] ever repeat a class?

3.18 ...praised? (such as received stars or good comments)

3.19 ...physically beaten/pinched by teachers?

3.20 ...verbally scolded (danta/phatkara) by teachers?

3.21 NAME AND ADDRESS OF SCHOOL:

3.22 EDITOR: School ID (Fill codes from school questionnaire)

Now, I would like to ask you a few questions about [NAME]'s school and his/her experiences in this class [or last class if interview in summer or student has dropped out]
### 3. Children 8 to 11 (second child)

#### 3.31 Household Roster ID Code: CH31

**NAME:** CH31NM

#### 3.32 Has [NAME] ever been enrolled in school?

- **No** = 0
- **Yes, in the past** = 1
- **Yes, currently** = 2

**IF YES, ASK THIS SECTION**

**IF NO, SKIP TO PAGE - No.: 8**

#### 3.33 At what age did [NAME] start school?

- **(in years)**: CH33

#### 3.34 Why did you choose this school?

- **Only school available** = 01
- **Affordable** = 06
- **Most important**: CH34a
  - **Affordable** = 06
- **Close to home** = 02
- **Better Education/Facilities** = 03
- **Single sex school** = 07
- **Unable to get admission anywhere else** = 08
- **Siblings already there** = 04
- **Others** = 09
- **English medium** = 05
- **Don’t know** = 88
- **Secondary**: CH34b

#### 3.35 Is it difficult to get admission in this school?

- **No** = 0
- **Yes** = 1

#### 3.36 How often is/was [NAME]’s class teacher absent?

- **Rarely/Never** = 1
- **Sometimes** = 2
- **Often** = 3

#### 3.37 Gender of the class teacher?

- **Male** = 1
- **Female** = 2

#### 3.38 Does [Did] NAME’s class teacher live in the same village/same urban area where the school is?

- **No** = 0
- **Yes** = 1

#### 3.39 Does the class teacher treat child unfairly?

- **Rarely/Never** = 1
- **Sometimes** = 2
- **Often** = 3

#### 3.40 Do you think that the class teacher is [was] a good teacher?

- **Excellent** = 1
- **Good** = 2
- **Fair** = 3
- **Poor** = 4

#### 3.41 Do you think the class teacher favours [favoured] student from certain communities/jatis over others?

- **Rarely/Never** = 1
- **Sometimes** = 2
- **Often** = 3

#### 3.42 Do you participate in any school committee like the Parent Teacher Association?

- **No** = 0
- **Yes** = 1

#### 3.43 Over the past 12 months, has anyone from your household attended a PTA general meeting?

- **No** = 0
- **Yes** = 1

#### 3.44 During the year, how many times does [did] someone from the household discuss [NAME]’s school work with the teacher? (DK=88)

- **(in number)**

#### 3.45 Is [Was] [NAME] an average student, better than average or below average?

- **Below average** = 1
- **Average** = 2
- **Better than average** = 3

#### 3.46 Does [Did] [NAME] enjoy school?

- **Rarely** = 1
- **Sometimes** = 2
- **Always** = 4

#### 3.47 Did [NAME] ever repeat a class?

- **IF YES, how many times?**
  - **(number of repeats)**
  - **If no, enter "0"**

#### 3.48 ...praised? (such as received stars or good comments)

- **No** = 0
- **Yes** = 1
- **DK** = 8

#### 3.49 ...physically beaten/pinched by teachers?

- **No** = 0
- **Yes** = 1

#### 3.50 ...verbally scolded (danta/phatkara) by teachers?

- **No** = 0
- **Yes** = 1

#### 3.51 NAME AND ADDRESS OF SCHOOL:

<table>
<thead>
<tr>
<th>[NAME and address]</th>
</tr>
</thead>
<tbody>
<tr>
<td>[For Space]</td>
</tr>
</tbody>
</table>

#### 3.52 EDITOR: School ID (Fill codes from school questionnaire)

- **If student attended one of the surveyed schools, insert code**
- **If didn’t attend one of the surveyed schools, code 9**

**ID** CH52
4. Marriage Practices

4.1 Now, I would like to ask you some questions about marriage customs in your community (jati) for a family like yours?

Is it permissible .... 

4.1a ... to marry a girl in her natal village?

4.1b ... to marry a girl to her cousin?

4.1c ... for a widow to remarry?

4.2 Do you know anyone in your community/jati who has

Yes=1  
No=0  
Don't know=8

4.2a ... had an intercaste marriage?

4.2b ... been divorced?

4.3 At the time of a boy's marriage, how much money is usually spent by the boy's family?

PROBE TO GET THE AMOUNT FOR A TYPICAL WEDDING.

TRY TO GET ONE NUMBER, BUT ACCEPT A RANGE IF THAT IS WHAT IS GIVEN.

BETWEEN RUPEES, TO RUPEES

IF ONLY ONE AMOUNT GIVEN, ENTER SAME NUMBER IN BOTH FIELDS.

4.4 At the time of girl's marriage, how much money is usually spent by the girl's family?

BETWEEN RUPEES, TO RUPEES

IF ONLY ONE AMOUNT GIVEN, ENTER SAME NUMBER IN BOTH FIELDS.

4.5 Typically at wedding (largest event of the wedding, say reception), how many people are invited for dinner or lunch by the bride's and groom's family?

Girl's side  
Boy's side

4.6 Generally in your community for a family like yours, what are the kind of things that are given as gift at the time of the daughter's marriage?

(Rarely/Never=1, Sometimes=2, Usually=3)

4.6a Gold  
4.6b Silver  
4.6c Land  
4.6d Car  
4.6e Scooter or motorcycle  
4.6f TV  
4.6g Fridge  
4.6h Mobile phone  
4.6i Pressure cooker  
4.6j Furniture  
4.6k Utensils

4.6l Mixer or Grinder  
4.6m Bedding / Mattress  
4.6n Watch  
4.6o Bicycle  
4.6p Sewing machine  
4.6q Livestock (such as cows, buffalo, etc.)  
4.6r Washing Machine  
4.6s LPG  
4.6t Flat/House  
4.6u Cash  
4.6v Computer/Laptop

4.7 [IF CASH] How much?

BETWEEN RUPEES, TO RUPEES

IF ONLY ONE AMOUNT GIVEN, ENTER SAME NUMBER IN BOTH FIELDS.
5. Water

5.1 What is the main source of water for drinking in your house?

- Normally
- Summer

- Piped (public supply)
- Pond
- Tube well
- Hand pump
- Open well
- Covered well
- River, canal, stream
- Tanker truck
- Rainwater
- Bottle
- Others

ASK 5.6 ONLY, IF WATER SOURCE IS OUTSIDE HOUSE OR COMPOUND:

5.6 In the current season, how much total time is spent daily in fetching and collecting water, including waiting in line by.....

(ADD ALL TRIPS FOR EACH CATEGORY)

DAILY

- 5.6a adult women?
- 5.6b adult men?
- 5.6c girls under 15?
- 5.6d boys under 15?

ASK EVERYBODY:

5.7 During a normal week, do you ever treat or purify your drinking water by boiling the water OR by filtering the water with a purchased filter OR by using Aquaguard OR by adding chemicals?

DO NOT COUNT A CLOTH OR STRAINER

- Never
- Rarely
- Usually
- Always

5.8 Do you store your drinking water in a vessel at home?

IF NO, THEN SKIP TO 6.1

- Never
- Rarely
- Usually
- Always

5.8a Does the vessel have a lid or cover?

- Vessel has a lid or cover
- Vessel does not have a lid or cover

5.8b How do you pour drinking water?

- Poured from vessel
- With a long ladle
- With a mug or other utensil
- Tap in the vessel
### 6. Sanitation and Hygiene

6.1 How many rooms are there in your house?  
**DO NOT COUNT BALCONIES, CORRIDORS, AND BATHROOMS BUT INCLUDE HALL**

<table>
<thead>
<tr>
<th>Rooms</th>
<th>SA1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.2 Where is the cooking, generally done for this household?  

<table>
<thead>
<tr>
<th>Cooking Area</th>
<th>SA2</th>
</tr>
</thead>
<tbody>
<tr>
<td>outdoors</td>
<td></td>
</tr>
<tr>
<td>Separate</td>
<td></td>
</tr>
<tr>
<td>living area</td>
<td></td>
</tr>
</tbody>
</table>

6.2a Is there a window or vent in the cooking area?  

<table>
<thead>
<tr>
<th>Vent</th>
<th>SA2a</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

6.3 Do you employ any household help or servants say for cleaning, cooking or childcare?  

<table>
<thead>
<tr>
<th>Help</th>
<th>SA3</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

6.4 Does the household have a toilet of its own?  
**Is there a Semi flush / septic tank toilet? A latrine? Or any other facility?**  

<table>
<thead>
<tr>
<th>Facility</th>
<th>SA4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi flush / septic tank latrine</td>
<td></td>
</tr>
<tr>
<td>Traditional pit latrine</td>
<td></td>
</tr>
<tr>
<td>Flush toilet</td>
<td></td>
</tr>
</tbody>
</table>

IF NOT OWN TOILET / LATRINE:  

6.5 Does the household have access to a public or shared toilet?  

<table>
<thead>
<tr>
<th>Access</th>
<th>SA5</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Shared toilet in building/Chawl</td>
<td></td>
</tr>
<tr>
<td>Shared toilet outside building</td>
<td></td>
</tr>
<tr>
<td>Public/Govt. toilet</td>
<td></td>
</tr>
</tbody>
</table>

6.6 Do you wash your hands after defecating?  

IF WASH HANDS:  

<table>
<thead>
<tr>
<th>Frequency</th>
<th>SA6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>Usually</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>Water alone</td>
<td></td>
</tr>
<tr>
<td>Mud, Ash etc.</td>
<td></td>
</tr>
<tr>
<td>Soap</td>
<td></td>
</tr>
</tbody>
</table>

6.6a What do you use to wash your hands?  

<table>
<thead>
<tr>
<th>Use</th>
<th>SA6a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water alone</td>
<td></td>
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<tr>
<td>Mud, Ash, etc.</td>
<td></td>
</tr>
<tr>
<td>Soap</td>
<td></td>
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</tbody>
</table>

### 7. Fuel and Energy Use

7.1 Does this house have electricity?  
**IF YES:**

7.1a How many hours per day do you generally have power? *(in a season like this)*  

<table>
<thead>
<tr>
<th>Hours</th>
<th>FU1a</th>
</tr>
</thead>
</table>

7.1b How do you pay for the electricity you use?  

<table>
<thead>
<tr>
<th>Payment</th>
<th>FU1b</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Bill / Govt. scheme</td>
<td></td>
</tr>
<tr>
<td>Bill from State Elec. Board / Company</td>
<td></td>
</tr>
<tr>
<td>Fee to neighbour</td>
<td></td>
</tr>
<tr>
<td>Part of rent</td>
<td></td>
</tr>
</tbody>
</table>

7.1c How much do you typically pay for electricity in a 30 day period?  

<table>
<thead>
<tr>
<th>Cost</th>
<th>FU1c</th>
</tr>
</thead>
</table>

7.2 How many meals, including breakfast do you usually take in your household per day?  

<table>
<thead>
<tr>
<th>Meals</th>
<th>FU2</th>
</tr>
</thead>
</table>

7.3 Approximately how many hours is the stove/chulha burning in your household, including cooking heating water, making tea, etc.? *(Less than 1 = 1)*  

<table>
<thead>
<tr>
<th>Hours</th>
<th>FU3</th>
</tr>
</thead>
</table>

7.4 Does anyone in your household eat non-vegetarian food?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>FU4</th>
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</thead>
</table>

7.4a IF YES, where?  

<table>
<thead>
<tr>
<th>Location</th>
<th>FU4a</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home</td>
<td></td>
</tr>
<tr>
<td>Outside</td>
<td></td>
</tr>
<tr>
<td>Both</td>
<td></td>
</tr>
</tbody>
</table>

7.5 Who does most of the cooking?  

<table>
<thead>
<tr>
<th>NAME</th>
<th>FU5NM</th>
</tr>
</thead>
</table>

IF PAID COOK, CODE=90  

7.6 What type of chulha does the household use?  

<table>
<thead>
<tr>
<th>Chulha Type</th>
<th>FU6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional chulha, without chimney</td>
<td></td>
</tr>
<tr>
<td>Improved chulha, with chimney</td>
<td></td>
</tr>
<tr>
<td>Other/Not biomass (Kerosene, LPG etc.)</td>
<td></td>
</tr>
</tbody>
</table>
### 7. Fuel and Energy Use (continued)

**NOTE ANSWERS ON USE, PROCUREMENT AND PRICE FOR ONE FUEL AT A TIME**

<table>
<thead>
<tr>
<th>Does your household use ...</th>
<th>Where do you get most of ...</th>
<th>IF PURCHASED – How much did you pay for what you used in the last 30 days?</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.7 Firewood/Twigs?</td>
<td>Fuel not used=1</td>
<td>Firewood/Twigs?</td>
</tr>
<tr>
<td>For what purpose is it mainly used?</td>
<td>Mainly cooking=2</td>
<td>Purchase=1</td>
</tr>
<tr>
<td></td>
<td>Mainly lighting=3</td>
<td>Collect from own land=2</td>
</tr>
<tr>
<td></td>
<td>Mainly heating=4</td>
<td>Collect from village/Other places=3</td>
</tr>
<tr>
<td></td>
<td>Combination=5</td>
<td>Both (Purchased &amp; collected)=4</td>
</tr>
<tr>
<td>7.8 Dung cake?</td>
<td>Purchase=1</td>
<td>Dung cake?</td>
</tr>
<tr>
<td>For what purpose is it mainly used?</td>
<td>SAME CODES AS ABOVE</td>
<td>Collect from own land=2</td>
</tr>
<tr>
<td></td>
<td>Collect from village/Other places=3</td>
<td>Both (Purchased &amp; collected)=4</td>
</tr>
<tr>
<td>7.9 Crop residue/by-product?</td>
<td>Purchase=1</td>
<td>Crop residue/by-product?</td>
</tr>
<tr>
<td>For what purpose is it mainly used?</td>
<td>SAME CODES AS ABOVE</td>
<td>Collect from own land=2</td>
</tr>
<tr>
<td></td>
<td>Collect from village/Other places=3</td>
<td>Both (Purchased &amp; collected)=4</td>
</tr>
<tr>
<td>7.10 Kerosene?</td>
<td>Purchase=1</td>
<td>Kerosene?</td>
</tr>
<tr>
<td>For what purpose is it mainly used?</td>
<td>SAME CODES AS ABOVE</td>
<td>Ration shop=1</td>
</tr>
<tr>
<td></td>
<td>Market=2</td>
<td>Both=3</td>
</tr>
<tr>
<td>7.11 LPG?</td>
<td>Purchase=1</td>
<td>LPG?</td>
</tr>
<tr>
<td>For what purpose is it mainly used?</td>
<td>SAME CODES AS ABOVE</td>
<td>Subsidized government program=1</td>
</tr>
<tr>
<td></td>
<td>Gas Company=2</td>
<td>Black Market/Others=3</td>
</tr>
<tr>
<td>7.12 Coal/Charcoal?</td>
<td>Purchase=1</td>
<td>Coal/Charcoal?</td>
</tr>
<tr>
<td>For what purpose is it mainly used?</td>
<td>SAME CODES AS ABOVE</td>
<td>Collect=2</td>
</tr>
<tr>
<td></td>
<td>Both=3</td>
<td></td>
</tr>
</tbody>
</table>

**IF COLLECTED FROM VILLAGE OR OTHER PLACES:**

<table>
<thead>
<tr>
<th>7.13 How many minutes does it typically take one way to the area where you collect fuel?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(in minutes)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>7.14 How often is dung/straw/firewood collected, and each time how long does it usually take?</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Frequency code</th>
<th>Frequency</th>
<th>Total time (WHEN DONE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily=1</td>
<td>FU14a1</td>
<td>FU14a1</td>
</tr>
<tr>
<td>Weekly=2</td>
<td>FU14b1</td>
<td>FU14b1</td>
</tr>
<tr>
<td>Monthly=3</td>
<td>FU14c1</td>
<td>FU14c1</td>
</tr>
<tr>
<td>Quarterly=4</td>
<td>FU14d1</td>
<td>FU14d1</td>
</tr>
<tr>
<td>Half yearly=5</td>
<td>FU14e1</td>
<td>FU14e1</td>
</tr>
<tr>
<td>Yearly=6</td>
<td>FU14f1</td>
<td>FU14f1</td>
</tr>
<tr>
<td>Not Applicable=9</td>
<td>FU14g1</td>
<td>FU14g1</td>
</tr>
</tbody>
</table>
8. Short Term Morbidity

We would like to learn about the health of the various family members in your household, including very young children over the 30 days. We are interested in three specific illnesses: fever, cough and diarrhea. Has anybody been ill with any of these illnesses in the last 30 days?

<table>
<thead>
<tr>
<th>HOUSEHOLD ROSTER ID CODE 2011</th>
<th>8.1 Can you tell me the names of all those that had any of these three illnesses? (in last 30 days)</th>
<th>8.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>In the 30 days for how many days was [NAME] ill? (in days)</td>
<td>8.3</td>
</tr>
<tr>
<td>SM1NM</td>
<td>Did [NAME] have a fever in last 30 days?</td>
<td>8.4</td>
</tr>
<tr>
<td>SM2</td>
<td>Did he/she breathe fast with short rapid breaths?</td>
<td>8.5</td>
</tr>
<tr>
<td>SM3</td>
<td>Was there any blood in the stool with diarrhea?</td>
<td>8.6</td>
</tr>
<tr>
<td>SM4</td>
<td>When he/she had diarrhea, was there any change in the amount of liquid he/she took?</td>
<td>8.7</td>
</tr>
<tr>
<td>SM5</td>
<td>Was [NAME] given ORS [local name] solution?</td>
<td>8.8</td>
</tr>
<tr>
<td>SM6</td>
<td>How long [NAME] was unable to do usual activities (incl. work, school, domestic work) in the last month?</td>
<td>8.9</td>
</tr>
<tr>
<td>SM7</td>
<td>In the last month, has [NAME] received any treatment or advice?</td>
<td>8.10</td>
</tr>
<tr>
<td>SM8</td>
<td>IF YES, Go To Q 8.13</td>
<td>8.11</td>
</tr>
<tr>
<td>SM9</td>
<td>IF ANY DIARRHEA:</td>
<td>8.12</td>
</tr>
<tr>
<td>SM10</td>
<td>How long [NAME] was unable to do usual activities (incl. work, school, domestic work) in the last month?</td>
<td>8.13</td>
</tr>
<tr>
<td>SM11</td>
<td>In the last month, has [NAME] received any treatment or advice?</td>
<td>8.14</td>
</tr>
<tr>
<td>SM12</td>
<td>IF YES, Go To Q 8.13</td>
<td>8.15</td>
</tr>
</tbody>
</table>
## Short Term Morbidity Costs

<table>
<thead>
<tr>
<th>HOUSEHOLD</th>
<th>8.13</th>
<th>8.14</th>
<th>8.15</th>
<th>8.16</th>
<th>8.17</th>
<th>8.18</th>
<th>8.19</th>
<th>8.20</th>
<th>8.21</th>
<th>8.22</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROSTER ID CODE</td>
<td>From whom did [NAME] get advice or treatment?</td>
<td>What type of main treatment did she/he received?</td>
<td>Was she/he hospitalized?</td>
<td>What was the total cost of this treatment for outpatient as well as in-patient services?</td>
<td>Ft doctor, hospital and surgery?</td>
<td>Were tests or medicines included in the fees?</td>
<td>For medicine and tests and expenses, not included in the doctors' and hospital fees?</td>
<td>For tips, bus/train/taxi fare, or lodging while getting treatment?</td>
<td>Were any of these expenditures covered by the insurance/such as mediclaim or RSBY?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1st source</th>
<th>2nd Source</th>
<th>TREATMENT TYPE</th>
<th>(in days)</th>
<th>(in rupees)</th>
<th>No=0</th>
<th>Yes=1</th>
<th>(in rupees)</th>
<th>(in rupees)</th>
<th>(in rupees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SM13</td>
<td>SM14</td>
<td>SM15a</td>
<td>SM15b</td>
<td>SM16</td>
<td>SM17</td>
<td>SM18</td>
<td>SM19</td>
<td>SM20</td>
<td>SM21</td>
</tr>
</tbody>
</table>

### Treatment Type:
- Government Doctor / Nurse=1
- Other Town=4
- District Town=5
- Ayurvedic=4
- Vaidya/Hakim=5
- Abroad/Others=7
- Others=8
- Government Doctor / Home=1
- This village or Town=2
- Ant. Antibiotic=2
- Nurse in Private=2
- Another Village=3
- Other Allopathic=3
- Private Doctor/Nurse=3
- Chemist Shop=4
- Metro City=6
- Home/Herbal remedy=6
IHDS-2 (EDUCATION & HEALTH)

9. Major Morbidity

Has a doctor ever diagnosed any member in the household as having ... Cataracts? Tuberculosis? Hypertension? Heart Disease? ...

IF ANY, ANSWER IS YES, ENTER THE PERSON'S HOUSEHOLD ROSTER ID, AND ASK 9.18 THROUGH 9.29 THEN GO TO NEXT DISEASE.

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<tbody>
<tr>
<td></td>
<td>(No=0, Cured=1, Yes=2)</td>
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<td>MB1NM</td>
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### 9. Long Term Morbidity Costs

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<tbody>
<tr>
<td>From whom did [NAME] get advice or treatment? Where was this?</td>
<td></td>
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<tr>
<td>What type of main treatment did she/he received?</td>
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<td>Was she/he hospitalized? IF YES, How many days? IF NO, Enter 0</td>
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<tr>
<td>What was the total cost of this treatment for outpatient as well as in-patient services?</td>
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<tr>
<td>For doctor, hospital and surgery?</td>
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<tr>
<td>Were tests or medicines included in the fees?</td>
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<tr>
<td>Expenditure on medicine and tests, not included in the doctors' and hospital fees?</td>
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</tr>
<tr>
<td>Expenditure on tips, bus/train/taxi fare, or lodging while getting treatment?</td>
<td></td>
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<tr>
<td>Were any of these expenditures covered by the insurance such as mediclaim or RSBY? IF YES, how much did the insurance pay (include everything)? IF NO, enter 0</td>
<td></td>
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<tr>
<td>[IF NOT YET RECEIVED, BUT EXPECTED, ENTER &quot;88888&quot;]</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>1st source</th>
<th>2nd Source</th>
<th>Treatment Type</th>
<th>(in days)</th>
<th>(in rupees)</th>
<th>No=0</th>
<th>YES=1</th>
<th>(in rupees)</th>
<th>(in rupees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MB20</td>
<td>MB21a</td>
<td>MB21b</td>
<td>MB22a</td>
<td>MB22b</td>
<td>MB23</td>
<td>MB24</td>
<td>MB25</td>
<td>MB26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who:</th>
<th>Where:</th>
<th>Treatment Type:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Doctor / Nurse=1</td>
<td>This village or Home=1</td>
<td>Pain killer / Cough syrup=1</td>
<td></td>
</tr>
<tr>
<td>Government Doctor / Nurse in Private=2</td>
<td>Neighbourhood=2</td>
<td>Antibiotic=2</td>
<td></td>
</tr>
<tr>
<td>Private Doctor/Nurse=3</td>
<td>Another Village=3</td>
<td>Other Allopathic=3</td>
<td></td>
</tr>
<tr>
<td>Chemist Shop=4</td>
<td>Other Town=4</td>
<td>Ayurvedic=4</td>
<td></td>
</tr>
<tr>
<td>Vaidhya/Hakim=5</td>
<td>District Town=5</td>
<td>Homeopathy=5</td>
<td></td>
</tr>
<tr>
<td>Witch craft=6</td>
<td>Metro City=6</td>
<td>Home/Herbal remedy=6</td>
<td></td>
</tr>
<tr>
<td>Abroad/Others=7</td>
<td>Surgery=7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others=7</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Expenditure on tips, bus/train/taxi fare, or lodging while getting treatment?
10. Activities of Daily Living

Now, I am going to ask you about any physical difficulty that people above the age of 7 in this household may have. Does anyone in the household have a problem......

[INCLUDE HANDICAPPED, DISABLED, AS WELL AS ELDERLY]

IF THE ANSWER IS YES, ENTER THE PERSON'S NAME AND HOUSEHOLD ID, AND ASK:
"Can [NAME] still do it with some trouble or is she/he unable to do it?"

PROMPT:  **Anybody else?**
IF NOBODY ELSE, ASK NEXT ACTIVITY

<table>
<thead>
<tr>
<th></th>
<th>10.1</th>
<th>10.2</th>
<th>10.3</th>
<th>10.4</th>
<th>10.5</th>
<th>10.6</th>
<th>10.7</th>
<th>10.8</th>
<th>10.9</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME</strong></td>
<td>HOUSEHOLD ROSTER ID CODE 2011</td>
<td>...Walking 1 km</td>
<td>...Going to toilet without help</td>
<td>...Dressing without help</td>
<td>...Hearing normal conversation</td>
<td>...Speaking normally</td>
<td>...Seeing distant things [with glasses, if any]</td>
<td>...Seeing near obj., such as reading/ sewing? [with glasses, if any]</td>
<td></td>
</tr>
<tr>
<td>AD1NM</td>
<td>AD2</td>
<td>AD3</td>
<td>AD4</td>
<td>AD5</td>
<td>AD6</td>
<td>AD7</td>
<td>AD8</td>
<td>AD9</td>
<td></td>
</tr>
</tbody>
</table>

No difficulty=0, Can do with difficulty=1, Unable to do it=2
11. Quality of Care:

FOR OUTPATIENT SERVICES ONLY

11.1 Over the last 5 years did you visit the clinic, a hospital, a healer for a minor illness?
IF NO GO TO NEXT SECTION - 12
IF YES, ASK 11.2 TO 11.11

11.2 The last time [THE RESPONDENT] had to visit a clinic, a hospital, a healer for a minor illness such as fever, cough/cold or diarrhea, for yourself or your children, who did you consult?

Government Doctor/Nurse=1
Chemist Shop=4
Others=7

Government Doctor/Nurse in Private=2
Vaidhya/Hakim=5
Witch craft=6

11.3 Where was it located?
Same Village/Town=1
Other Town=3
Another Village=2
District Town=4

11.4 Why did you go then?
Fever=1
Diarrhea=3
Cough/Cold=2
Others=4

11.5 When did you go?
MONTH QC5m
YEAR QC5y

11.6 Did you see a female or male health provider?
Female=1
Male=2
Both=3

11.7 Do doctors and other health workers treat you …
Nicely=1
Somewhat nicely=2
Not nicely=3

11.8 Usually when you go to this facility, how many minutes do you have to wait?
(in minutes) QC8

11.9 Did you go alone (with sick child) or were you accompanied by someone?
Alone=1
With husband=2
With Adolescent/Younger men=6
With older men=3
With other combination=7

11.10 NAME AND ADDRESS OF HEALTH FACILITY :

11.11 EDITOR: Health facility ID (Fill codes from medical questionnaire)
IF WOMAN VISITED ONE OF THE SURVEYED HEALTH FACILITY, INSERT CODE ID QC11
IF DIDN'T VISIT ONE OF THE SURVEYED HEALTH FACILITY, CODE 9

12. Tobacco and Alcohol Use:

Does anyone in this household …

12.1 … smoke cigarettes?
Never=1
Rarely=2
Sometimes=3
Daily=4

12.2 … bidis or hukkah?
Never=1
Rarely=2
Sometimes=3
Daily=4

12.3 … chew tobacco or gutkha?
Never=1
Rarely=2
Sometimes=3
Daily=4

12.4 … drink alcohol?
Never=1
Rarely=2
Sometimes=3
Daily=4

EDITOR: ID CODE OF CLINIC:
13. Observations-1

Interviewer must fill this out only if Respondent is NOT AN ELIGIBLE WOMAN

13.1 Who was the primary respondent who answered most of the questions?

NAME OF PRIMARY RESPONDENT

13.2 Who else from the household answered some questions or offered advice?

13.3 Were there non-household members present at the interview at any time?

[IF THERE IS NO ELIGIBLE WOMAN IN THIS HOUSEHOLD THEN GO TO PAGE - 35]
14. Eligible Woman Profile

PAGES 19 TO 34 TO BE ANSWERED BY:

1. ELIGIBLE WOMAN FROM 2004-05, WHATEVER HER CURRENT AGE.
2. ONE NEW ELIGIBLE WOMAN IF THE ORIGINAL ELIGIBLE WOMAN IS NO LONGER IN THIS HOUSEHOLD

CHOOSE (1) FIRST. IF (1) NOT IN HOUSEHOLD, SELECT (2).

IF THERE IS AN ADDITIONAL EVER MARRIED WOMAN AGED 15-49 IN THE HOUSEHOLD, COMPLETE AN ADDITIONAL QUESTIONNAIRE [BOOK No. 21]

I am now going to ask you some questions about your opinions, your life and your children.

But first, let me check, if I have some of your details correct. Who did you say was the head of this household?

14.1 Name of Head of household

14.2 Your full name?

14.3 Household Roster ID Code (2011) of Respondent

14.4a Is the respondent a 2004-2005 eligible woman respondent?  

14.4b EDITOR: Household Roster ID Code (2004-05) of Respondent

14.5 Relationship to Head of Household in 2011

14.6 Age of Eligible Woman in 2011

14.7 Date of Birth
14. **Years of education completed**

- Illiterate=0
- 5th class=55
- Bachelors=15
- Above bachelors=16

14.8 **Number of Children alive**

14.9 **In general, would you say your own health is….**

- Very good=1
- Poor=4
- Good=2
- Very poor=5
- OK=3

14.10 **What is your childhood place of residence?**

- Same Village/Town=1
- Another Village=2
- Metro City=4

14.11 **Are your parents still alive?**

- No=0
- Yes=1

14.12 **Are your husband’s parents still alive?**

- No=0
- Yes=1

14.13 **If alive, where do they live?**

- Same HH=1
- Another HH=2

14.14 **Have your parents ever attended school?**

- No=0
- Yes=1

14.15 **How many standards/class have your parents completed?**

- Illiterate=0
- <1 class=55
- 5th class=55
- 12th class=12
- Bachelors=15
- Above bachelors=16

14.16 **Can/ could your parents read and write a sentence?**

- No=0
- Yes=1

14.17 **How many brothers and sisters you have?**

- (EXCLUDING YOURSELVES)

14.18 **How many brothers and sisters your husband has?**

- (EXCLUDING YOURSELVES)

14.19 **What is the highest years of education among all brothers and all sisters?**

- (EXCLUDING YOURSELVES)
15. Health Beliefs

Now, I am going to ask you about several things that may or may not make a person healthy or sick. People disagree sometimes over whether these things really make people healthy or sick. I am interested in what your opinion is about whether they make people healthy or sick.

15.1 Is it harmful to drink 1-2 glasses of milk every day during pregnancy?

- No = 0
- Yes = 1
- Don't know/DK = 8

15.2 Do men become physically weak even months after sterilization?

- No = 0
- Yes = 1
- Don't know/DK = 8

15.3 Do you think that the first yellow milk that comes out after a baby is born is good for the baby, harmful for the baby, or it doesn't matter?

- Good = 1
- Harmful = 2
- Doesn't matter = 3
- Don't know/DK = 8

15.4 Is smoke from a wood/dung burning traditional chulha good for health, harmful for health or do you think it doesn't really matter?

- Good = 1
- Harmful = 2
- Doesn't matter = 3
- Don't know/DK = 8

15.5 When children have diarrhea, do you think that they should be given less to drink than usual, more drink than usual, about the same, or it doesn't matter?

- Less than usual = 1
- More than usual = 2
- About the same = 3
- It doesn't matter = 4
- Don't know/DK = 8

15.6 Of the following illnesses, which one is spread through drinking impure water? TB, Typhoid or Cancer?

- TB = 1
- Typhoid = 2
- Cancer = 3
- More than one = 4
- Don't know/DK = 8

15.7 Which of the following spreads Malaria? Contact with sick person, drinking impure water or mosquitoes?

- Contact = 1
- Water = 2
- Mosquitoes = 3
- More than one = 4
- Don't know/DK = 8

15.8 In which part of the menstrual cycle a woman is most likely to get pregnant?

- Just before her period begins = 1
- During her period = 2
- Half way between two periods = 4
- Timing makes no difference = 5
- Right after her period has ended = 3
- Don't know/No opinion = 8

15.9 Which of the following spreads Typhoid? Drink impure water or contact with sick person?

- Drink = 1
- Contact = 2
- More than one = 4
- Don't know/DK = 8

16. HIV/AIDS

16.1 Have you ever heard of an illness called HIV/AIDS?

- No = 0
- Yes = 1

IF NO, SKIP TO 17.1 NEXT PAGE

16.2 Where did you get most of your information about HIV/AIDS?

- Radio/TV = 1
- Doctor/Nurse/Health worker = 5
- Newspaper/Magazine = 2
- School = 3
- Friends/Relatives = 7
- Hoardings/Pamphlets = 4
- Others = 8

16.3 Do you know any one who has HIV/AIDS?

- No = 0
- Yes = 1

16.4 I don’t want to know the results, but have you ever been tested to see if you have HIV/AIDS, for example during pregnancy?
## Gender Relations

Please tell me who in your family decides the following things?  
**DO NOT PROMPT**

**CODE ALL RESPONSES THAT ARE GIVEN AS "1" (OK TO INCLUDE RELATIVES NOT IN THE HOUSEHOLD)**  
**IF MORE THAN ONE RESPONSE, ASK: Who has the most say in the decision?**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.1 What to cook on a daily basis?</td>
<td></td>
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<tr>
<td>17.2 Whether to buy an expensive item</td>
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<td></td>
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<tr>
<td>such as a TV or fridge?</td>
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<td></td>
</tr>
<tr>
<td>17.3 How many children you have?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.4 What to do if you fall sick?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.5 Whether to buy land or property?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.6 How much money to spend on a</td>
<td></td>
<td></td>
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<tr>
<td>social function such as marriage?</td>
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<td></td>
</tr>
<tr>
<td>IF RESPONDENT HAS ANY CHILDREN:</td>
<td></td>
<td></td>
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<tr>
<td>17.7 What to do if a child falls sick?</td>
<td></td>
<td></td>
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<tr>
<td>17.8 To whom your children should marry?</td>
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</tbody>
</table>
17. Gender Relations (continued)

Now, I would like to ask you about going to the following places, please tell us whether you have to ASK PERMISSION of your husband or a senior family member to go …

**CODE ALL RESPONSES THAT ARE GIVEN AS "1"**

<table>
<thead>
<tr>
<th>No = 0</th>
<th>Must Inform =1</th>
<th>Yes = 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YES:</td>
<td>HUSBAND</td>
<td>SENIOR</td>
</tr>
<tr>
<td>Can you go alone (WHETHER YOU NEED PERMISSION OR NOT)?</td>
<td></td>
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</tr>
</tbody>
</table>

**17.9 to the local health center?**

- Whom do you ask for permission?

**17.10 to the home of relatives or friends [in the village/neighborhood ]?**

- Whom do you ask for permission?

**17.11 to the kirana shop?**

- Whom do you ask for permission?

**17.12 to short distance by train or bus?**

- Whom do you ask for permission?

Beside your current residence and your native place, in the past five years, have you been to:

**Ask all that apply.**

- 17.13 …. a metro city [other than the metro city you live in] (Mumbai, Delhi, Kolkata, Chennai, Hyderabad, Bangalore)?
  - No = 0
  - Yes = 1

- 17.14 … a town/city (for rural)?
  - No = 0
  - Yes = 1

- 17.15 … a village (for urban)?
  - No = 0
  - Yes = 1

- 17.16 …. another state?
  - No = 0
  - Yes = 1

- 17.17 … abroad?
  - No = 0
  - Yes = 1

**17.18 Are you member of a:**

- 17.18a Mahila Mandal
  - No = 0
  - Yes = 1

- 17.18b Self-help group
  - No = 0
  - Yes = 1

- 17.18c Credit/savings group
  - No = 0
  - Yes = 1

- 17.18d Political organization
  - No = 0
  - Yes = 1

- 17.19 Have you attendend a public meeting/gram sabha called by the village panchayat / nagarpalika / ward committee in the last year?
  - No = 0
  - Yes = 1
17. Gender Relations (continued)

17.20 Do you practice ghungat / burkha / purdah / pallu?

   If YES:

17.21 Do you practice it in front of relatives only or other people too?

17.22 Do you and your husband sometimes go out by yourselves [or with your children] to cinema, mela, or restaurant?

17.23 Who does the food and vegetable shopping in your household? (No=0, Yes=1)

   CODE EACH SEPARATELY:

- You?
- Adult men?
- Adult women?
- Children?

17.24 Who supervises the children’s homework? (No=0, Yes=1, NA=9)

   CODE EACH SEPARATELY:

- You?
- Adult men?
- Adult women?
- Other children?

17.25 When your family takes the main meal, do women usually eat with the men? Do women eat first by themselves? Or do men eat first?

17.26 Do you yourself have any cash in hand to spend on household expenditures?

17.27a Does anybody in your family has a bank account?

17.27b If YES: Is your name there on any bank account?

17.28 Is your name on the ownership or rental papers for your home?

17.29 Do you and your husband talk about …

   17.29a things that happen [at work / on the farm] often, sometimes, or never?

   17.29b … about what to spend money on?

   17.29c … about things that happen in the community such as elections or politics?

17.30 How often do you visit your natal family?

17.31 How often members from natal family visit you?

17.32 How often do you speak to some member of your natal family by telephone / cell phone?

17.33 Do any members of your natal family live close enough for you to visit them and come back the same day?
17. Gender Relations (continued)

I would now like to ask you some questions about your community, NOT about your own family.

In your community is it usual for husbands to beat their wives in each of the following situations?

17.34 If she goes out without telling him? No=0, Yes=1

17.35 If he suspects her of having relations with other men? No=0, Yes=1

17.36 If her natal family does not give expected money, jewelry or other items? No=0, Yes=1

17.37 If she neglects the house or the children? No=0, Yes=1

17.38 If she does not respect elders of the family? No=0, Yes=1

17.39 If she doesn’t cook food properly? No=0, Yes=1

In your community, do widows get more help from their natal families [including brothers and uncles] or from their husbands’ families?

17.40 Natal families=1, Husbands families=2, Both=3, Neither=4

Who do you expect to live with when you get old?

17.41 Son=1, Daughter=2, Both=3, Others/No one=4, Can’t say/Don’t know=8

Who do you expect will support you financially when you get older?

17.42 If she goes out without telling him?

17.43 If he suspects her of having relations with other men?

17.44 Would you consider being financially supported by your daughter?

17.45 How frequently are unmarried girls harassed in your village / neighborhood?

No=0, Yes=1

IF DAUGHTER NOT MENTIONED ABOVE:

Has no daughters=9

Rarely=1, Sometimes=2, Often=3

Work

Now I would like to ask you some questions about working for pay in a salaried job or as a casual worker.

17.46 Have you ever worked for pay/wages?

No=0, Yes=1

If YES:

17.46a Ever worked in MGNREGA?

No=0, Yes=1

17.46b Are you currently working for pay/wages?

No=0, Yes=1

Who has the most say in decisions about your work? [ONE OPTION ALLOWED]

Self=1, Husband=2, Senior male=3, Senior female=4, Others=5

FOR WOMEN NOT CURRENTLY WORKING

17.48 If you found a suitable job, would you be willing to work?

No=0, Yes=1

17.49 If you found a suitable job, would you be allowed to work?

No=0, Yes=1
18. Marital History

Now, I would like to ask you some questions about marriage arrangements at the time of your [present] marriage...

18.1a How old were you when you got married?

18.1b Which month and year was this?

18.1c How old were you when you first started living with your husband (had gauna)?

18.1d Which month and year was this?

18.1e And how old were you when you first started having your periods?

18.1f Was this...

18.2 What is the status of your marriage?

18.3 How long had you known your husband before you married him?

18.4a Who chose your husband?

18.4b Did you have any say in choosing him?

18.5 Before the marriage was fixed, did you get a chance to?

CHECK ALL THAT APPLY

18.5a Meet him

18.5b Talk to him on the phone

18.5c See his photograph

18.5d Send e-mail/internet chat

18.6 Did you grow up in the same village/town as your husband?

18.7 Is your husband's family the same caste as your natal family?

18.8a When you and your husband usually started living together, did you...

18.8b How many years did you stay with parents-in-law before moving to a new place?

18.9 At that time, how long did it take you to go to your natal home? [ONE WAY]

18.10 Are any women from your natal family married into this family?

18.11 Are any women from your natal family married into this village/town?

18.12 Are you related to your husband by blood?

ASK ONLY IF RESPONDENT ANSWERED 3 or 4

18.5a

18.5b

18.5c

18.5d

18.6

18.7

18.8a

18.8b

18.9

18.10 None=0

18.10 Both=3

18.10 Sister=1

18.10 Others=4

18.11 None=0

18.11 Both=3

18.11 Sister=1

18.11 Others=4

18.12 No relation=0

18.12 Cousin=2

18.12 Uncle=1

18.12 Others=3

18.12 Not permitted=9
18. Marital History (continued)

18.13 At the time of your marriage, if you compared the economic status of your natal family with your husband's family, would you say your natal family was...

- Same=1
- Natal Better off=2
- Natal Worse off=3

18.14 Has your husband been married once or more than once?

- Once=1
- More than once=2

18.15 Have you been married once or more than once?

- Once=1
- More than once=2

18.16 How many times have you been married?

19. Fertility History

Now, I would like to ask you about all the births you have had during your life.

[COUNT ONLY RESPONDENT'S BIOLOGICAL CHILDREN ACROSS ALL MARRIAGES]

<table>
<thead>
<tr>
<th>Record No.</th>
<th>19.1</th>
<th>19.2</th>
<th>19.3</th>
<th>19.4</th>
<th>19.5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Live with respondent</td>
<td>Live outside</td>
<td>Died after birth</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>FH1</td>
<td>FH2</td>
<td>FH3</td>
<td>FH4</td>
<td>FH5</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Sons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Daughters</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td>Total</td>
<td></td>
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</tbody>
</table>

---

Have you ever had a still birth, miscarriage, wasted pregnancy or abortion?

[PROBE FOR SPONTANEOUS OR INDUCED ABORTIONS]

IF YES:

19.6 How many still births?

19.7 How many miscarriages or wasted pregnancies?

19.7a How many from 19.7 were spontaneous?

19.7b How many from 19.7 were induced abortions or DNC?

INTERVIEWER CHECKPOINT:

RESPONDENT HAD ONE OR MORE LIVE BIRTHS?
20. Fertility History (continued)

Now, I would like to talk to you about your live births, whether still alive or not, starting with the first birth you had.

RECORD TWINS ON SEPARATE LINES, BUT CONNECT WITH A BRACKET. WRITE 99 IN 20.2 IF NOT IN HOUSEHOLD ROSTER

<table>
<thead>
<tr>
<th>BIRTH ID</th>
<th>HOUSEHOLD ID</th>
<th>WHAT NAME WAS GIVEN TO YOUR (FIRST / NEXT) BABY? [START WITH FIRST BIRTH]</th>
<th>NA=99</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH1</td>
<td>BH2</td>
<td>BH3NM</td>
<td></td>
</tr>
<tr>
<td>01</td>
<td></td>
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<td>02</td>
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20.4 | 20.5 | 20.6 | 20.7 | 20.8

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>MONTH</td>
<td>YEAR</td>
<td>YEARS MONTHS</td>
<td>DEAD</td>
<td>YEARS MONTHS</td>
</tr>
<tr>
<td>BH1</td>
<td>BH2a</td>
<td>BH2b</td>
<td>BH2c</td>
<td>BH2d</td>
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</tr>
</tbody>
</table>

EDITOR CHECK: TOTAL BOYS & GIRLS

BHED
21. Fertility Preferences

21.1 Are you pregnant now?
- No=0
- Yes=1
- Unsure=8

Go to 21.3a

21.2a Are you and your husband currently using any methods to delay or prevent pregnancy?
- No=0
- Yes=1
- Unsure=8

[IF YES]:

Which method are you using?

[IF MORE THAN ONE, NOTE TWO MAIN METHODS]

- Oral pill=01
- Periodic abstinence=08
- Copper T / IUD=02
- Withdrawal=09
- Diaphragm/Jelly=03
- Hysterectomy=10
- Injectable Contraception=04
- Others=11
- Condom=05
- Method used
- Female sterilization=06
- But no answer=98
- Male sterilization=07
- Refused=99

GO TO 21.5 , IF STERILIZED / HYSTERECTOMY

21.3a Do you want to have any more children (in addition to the child you are now carrying)?
- No=0
- Yes, sterilized (or husband)=1
- Not fertile anymore=2
- Yes=3
- Unsure=8

[IF YES]:

How many more children do you want to have (in addition to the child you are now carrying)?

- Children
- Until a son=50
- Until a daughter=51
- Up to god=52

21.3b When would you want your next child to be born – within two years, after 2 years, or do you not have a preference?
- Within 2 years=1
- After 2 years=2
- Up to God / No preference=3

[IF CHOOSES AN EQUAL NUMBER OF BOYS AND GIRLS]:

And if you happened to have one more child, would you want that extra child to be a boy or a girl?

- Boy=1
- Girl=2
- No preference=3

21.4a Now, I would like to ask you about the number of children your husband wants to have (aside from the child you are now carrying). Does your husband want to have more children?

[IF YES]:

How many more children does your husband want?

- Children
- Until a son=50
- Until a daughter=51
- Up to God=52

21.4b How many more children does your husband want?

- Within 2 years=1
- After 2 years=2
- Up to God / No preference=3

21.5 If you could go back to the time you did not have any children and could choose the number of children to have in your life, how many would that be?

TOTAL

- SONS
- DAUGHTERS

[IF CHOOSES AN EQUAL NUMBER OF BOYS AND GIRLS]:

And if you happened to have one more child, would you want that extra child to be a boy or a girl?

- Boy=1
- Girl=2
- No preference=3

INTERVIEWER CODE OTHERS PRESENT:

- Nobody else=1
- Adults only=2
- Children only=3
- Adults and Children=4
22. Natal Care: Last Birth

Interviewer should check and enter number of births since January 2005

Check Question 20.5, page 28. Number of births since Jan. 2005

None=0

If no births, skip to Section 23: Interviewer Observations, page 35

From the Fertility History, Section 20, page 28, enter the ID code, name, and survival status of the last birth since January 2005 in the table below.

22.1 LAST BIRTH
Name from 20.3:

BIRTH ID from 20.1

Alive=1

Dead=2

SURVIVAL from 20.7:

22.2 Did you get a card made to register your last pregnancy?
IF NO GO TO 22.5

22.3 Where did you get a card made?

Government Doctor/Hospital=1
Private Doctor/Nursing home=2
ANM=3
Anganwadi worker=4
ASHA=5
Others=6

22.4 Did you get help from anyone for making a card/registration?

ANM=1

Anganwadi worker=2
ASHA=3
Others=4
No one=5

22.5 When you were pregnant with [NAME] did you have an antenatal checkup?

IF YES:

22.6 Did you get your checkups at a…
RECORD ALL

Government hospital or clinic?

Private hospital or clinic?

Government worker in private practice?

Home?

22.7 Whom did you see? Did you see …
RECORD ALL

A Doctor?

A Nurse/ANM?

A Traditional Midwife/Dai?

Other?

22.8 When you were pregnant with [NAME], did any public health worker visit you at home for an antenatal check up?

IF YES:

22.9 Who visited you when you were pregnant?

Government doctor=1
ANGANWADI=2
ANM=3
Anganwadi worker=4
ASHA=5
Private Doctor/Nurse=6
Others=7

22.10 How many months pregnant were you when you first received an antenatal check-up?

(in months)

22.11 How many times did you receive antenatal check-ups during this pregnancy?

(no. of checkups)
22. Natal Care: Last Birth (continued)

22.12 Did you have the following performed at least once during any of your antenatal check-ups for this pregnancy?

<table>
<thead>
<tr>
<th>RECORD ALL</th>
<th>LAST BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight check</td>
<td>Yes=1</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Yes=1</td>
</tr>
<tr>
<td>Blood Test</td>
<td>Yes=1</td>
</tr>
<tr>
<td>Urine Test</td>
<td>Yes=1</td>
</tr>
<tr>
<td>Abdomen Exam</td>
<td>Yes=1</td>
</tr>
<tr>
<td>Internal Exam</td>
<td>Yes=1</td>
</tr>
<tr>
<td>Sonogram/Ultrasound</td>
<td>Yes=1</td>
</tr>
<tr>
<td>Amniocentesis</td>
<td>Yes=1</td>
</tr>
</tbody>
</table>

22.13 When you were pregnant with [NAME], did you experience any of the following problems?

<table>
<thead>
<tr>
<th>RECORD ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Night Blindness</td>
</tr>
<tr>
<td>Blurred Vision</td>
</tr>
<tr>
<td>Convulsions not from fever</td>
</tr>
<tr>
<td>Excessive Swelling</td>
</tr>
<tr>
<td>Excessive Fatigue</td>
</tr>
<tr>
<td>Anaemia</td>
</tr>
<tr>
<td>Vaginal Bleeding</td>
</tr>
<tr>
<td>High BP</td>
</tr>
<tr>
<td>Giddiness</td>
</tr>
<tr>
<td>No foetal movement</td>
</tr>
</tbody>
</table>

22.14 When you were pregnant with [NAME] did you receive any iron folate tablets or syrup?

IF YES: Did you receive enough iron folate tablets to last you three months or more?

<table>
<thead>
<tr>
<th>NEXT PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>None=0</td>
</tr>
</tbody>
</table>

22.15 When you were pregnant with [NAME] were you given tetanus (tt injection)?

IF YES: How many times did you receive it during this pregnancy?

<table>
<thead>
<tr>
<th>NEXT PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(number of injections)</td>
</tr>
</tbody>
</table>

22.16 Where were you staying just prior to the delivery of [NAME]?

<table>
<thead>
<tr>
<th>YOUR HOME=1</th>
<th>NATA Home=2</th>
<th>OTHERS=3</th>
</tr>
</thead>
<tbody>
<tr>
<td>No=0</td>
<td>LB16</td>
<td></td>
</tr>
</tbody>
</table>

22.17 Did you have any problem at the time of delivery?

<table>
<thead>
<tr>
<th>RECORD ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bag burst early</td>
</tr>
<tr>
<td>Baby stuck</td>
</tr>
<tr>
<td>Long labor pain</td>
</tr>
<tr>
<td>Wrong baby position</td>
</tr>
<tr>
<td>Placenta delayed</td>
</tr>
<tr>
<td>Bleeding from vagina</td>
</tr>
<tr>
<td>Premature labor</td>
</tr>
<tr>
<td>Any other</td>
</tr>
</tbody>
</table>

22.18 When [NAME] was born, at what kind of place, did you deliver her/him?

GO TO Q.22.25

<table>
<thead>
<tr>
<th>GOVERNMENT HOSPITAL OR CLINIC=1</th>
<th>PRIVATE NURSING HOME=2</th>
<th>HOME=3</th>
<th>OTHERS=4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No=0</td>
<td>LB18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22.19 Who facilitated or motivated you to go to a health facility for delivery?

Mark all that apply.

<table>
<thead>
<tr>
<th>LAST BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Doctor</td>
</tr>
<tr>
<td>Husband</td>
</tr>
<tr>
<td>A Nurse/ANM</td>
</tr>
<tr>
<td>A Health Worker</td>
</tr>
<tr>
<td>An Anganwadi Worker</td>
</tr>
<tr>
<td>An ASHA Worker</td>
</tr>
<tr>
<td>A NGO/CBO worker</td>
</tr>
<tr>
<td>A Health worker</td>
</tr>
<tr>
<td>Friends</td>
</tr>
<tr>
<td>Family/Relatives</td>
</tr>
<tr>
<td>A NGO/CBO worker</td>
</tr>
<tr>
<td>Others</td>
</tr>
</tbody>
</table>
22. Natal Care: Last Birth (continued)

22.20 Were you accompanied by a government worker for delivery?  
No=0  Yes=1  

22.21 Did you receive any money from the government for hospital delivery?  
IF YES: How much?  
(in rupees)  
IF RECEIVED NO HELP FROM THE GOVERNMENT, ENTER 0.  
IF NOT RECEIVED BUT EXPECTED TO RECEIVE ENTER 8888.  

22.22 Did you get money for transportation for delivery?  
IF YES: How much?  
(in rupees)  
IF RECEIVED NO HELP FROM THE GOVERNMENT, ENTER 0.  
IF NOT RECEIVED BUT EXPECTED TO RECEIVE ENTER 8888.  

22.23 What was the main mode of transportation used?  
Walking=01  Jeep/Car=06  
Cycle=02  Ambulance=07  
Rickshaw/Cart/Tonga=03  Taxi=08  
Motorcycle/Scooter=04  Bus=09  
Auto/Tempo/Tractor=05  Others=10  

22.24 Who arranged the transportation to take you to the health facility for delivery?  
Doctor=01  Husband=07  
A Nurse/ANM=02  Family/Relatives=08  
A Health Worker=03  Friends=09  
An Anganwadi Worker=04  Sell=10  
An ASHA Worker=05  Others=11  
A NGO/CBO worker=06  

22.25 What is the main reason that you did not deliver in the hospital?  
Costs too much=01  Not customary=06  
Not open/ No provider available=02  Better care at home=07  
Poor quality service=03  Family did not allow=08  
Too far/No transport=04  Lack of knowledge=09  
Not necessary=05  Others=10  

22.26 Who assisted with the delivery of [NAME]?  
[ASK FOR HOME & HOSPITAL DELIVERIES]  
Was [NAME]'s delivery assisted by:  
RECORD ALL  
A Doctor  
A Friend/Relative  
A Nurse/ANM  
Others  
A Traditional Midwife/Dai  

22.27 When [NAME] was born, was he/she large, average, small or very small?  
Large=1  
Average=2  
Small=3  
Very small=4  

22.28 What kind of delivery was this?  Was it…..  
A normal delivery=1  
Forceps=2  
Cesarean=3  

22.29 Have you got a birth certificate?  
No=0  Yes=1  

Post Natal Care

22.30 Now, I would like to ask you about the 2-month period after the delivery of [NAME]. During that period, did a doctor or other health professional check your health or the health of your baby?  
None=0  Yes, only my baby's health=2  
Yes, only my health=1  Yes, both our healths=3  

IF ANY POSTNATAL CHECKUP:  
22.31 How soon after the birth of [NAME] did you first get a check up?  
(in days)  

22.32 At any time during the two months after the delivery of [NAME], did you have any of the following?  

Excessive Vaginal Bleeding?  
Pelvic inflammation?  
Persistent back pain?  
Foul smelling discharge?  
Very high fever?  
Any others?
22.33 Do you have a card where [NAME]'s vaccinations are written down?

IF NO CARD, OR CARD IS NOT SEEN, SKIP TO Q22.36

22.34 COPY DATES FROM IMMUNIZATION CARDS IN THE TABLE BELOW:

<table>
<thead>
<tr>
<th>DAY</th>
<th>MONTH</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LB34a</td>
<td>LB34b</td>
</tr>
<tr>
<td></td>
<td>LB34c</td>
<td>LB34d</td>
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<td>LB34e</td>
<td>LB34f</td>
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<tr>
<td></td>
<td>LB34g</td>
<td>LB34h</td>
</tr>
<tr>
<td></td>
<td>LB34i</td>
<td>LB34j</td>
</tr>
</tbody>
</table>

22.35 Has [NAME] received any vaccinations that are not recorded on this card?

RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 0-3, OR MEASLES VACCINE.

IF YES, PROBE FOR VACCINATIONS AND WRITE '99' IN THE DAY COLUMN IN 22.34
THEN SKIP TO QUESTION 22.41

IF NO, SKIP TO QUESTION 22.41

22.36 Did [NAME] receive any vaccinations to prevent him/her from getting diseases?

[IF YES]: Please tell me if [NAME] has received

22.37 A BCG vaccination against tuberculosis, that is an injection on the left shoulder that left a scar?

22.38 A DPT vaccination against diptheria whooping cough, tetanus, given as an injection?

IF NO, WRITE 0
IF YES: How many times?

22.39 Polio vaccine, that is, drops in the mouth?

IF NO, WRITE 0 AND GO TO 22.40
IF YES: How many times?

22.39a When was the first polio vaccine given...

Within a week of birth=1
or Later=2

22.40 An injection against measles?

ASK ALL RESPONDENTS, WHETHER CARD OR NOT:

22.41 Where did [NAME] receive most of his/her vaccinations?

Public hospital, clinic or health centre=1
Vaccination camp or pulse polio campaign=2
Private medical clinic=3
Nurse or health worker came home=4
Govt. worker in private=5

22.42 Was a dose of vitamin A liquid or capsule ever given to [NAME] to protect him / her from night blindness?

IF NO: WRITE 99
IF YES: How many months ago did [NAME] receive the last dose of vitamin A?
22.43 Did you ever breastfeed [NAME]?

Go to Q. 22.47

<table>
<thead>
<tr>
<th>LAST BIRTH</th>
<th>No=0</th>
<th>Yes=1</th>
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</thead>
</table>

22.44 How long after birth did you first put [NAME] to the breast?

<table>
<thead>
<tr>
<th>LB44</th>
<th>(in hours)</th>
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</thead>
</table>

LESS THAN 1 HOUR = 0 HOURS
FOUR DAYS OR MORE = 96 HOURS

22.45 Did you squeeze out the milk from the breast before you put [NAME] to the breast?

| LB45 | No=0 | Yes=1 |

22.46 [IF CHILD IS STILL ALIVE:] Are you still breastfeeding [NAME]?

IF YES: WRITE ’99’
IF NO: For how many months did you breastfeed [NAME]?

| LB46 | (in months) |

22.47 At what age did you start supplementing [NAME]’s diet with canned or other milk?

IF NOT YET STARTED SUPPLEMENT ENTER 90

| LB47a | (in months) |

22.48 When you were pregnant and lactating with [NAME], did you receive benefits from the Anganwadi center (ICDS program) such as immunization, supplementary food, etc?

| LB48 | No=0 | While pregnant=1 | While lactating=2 | While pregnant and lactating=3 |

22.49 Has [NAME] received any of these benefits from the Anganwadi Center (ICDS)?

| IF YES: How Often? |
|--------------------|-----------------|-----------------|-----------------|-----------------|
| a. Immunization    | Daily=1         | At least 1/month=4 |
|                    | At least 1/year=6 |
| b. Health Check-up | Daily=1         | At least 1/month=4 |
|                    | At least 1/year=6 |
| c. Growth monitoring | Daily=1 | At least 1/month=4 |
| (weighing the child)| At least 1/year=6 |
| d. Early childhood/ pre-school education | Daily=1 | At least 1/month=4 |
|                    | At least 1/year=6 |
| e. Food / Meals    | Daily=1         | At least 1/month=4 |
|                    | At least 1/year=6 |

Thank you so much for spending the time to answer these questions.
23. **Interviewer Observations - Housing Quality**

[TO BE FILLED IN BY INTERVIEWER]

**Eligible Woman No:** 1

23.1 **HOUSE / BUILDING TYPE:**

- House, no shared walls=1
- House with shared walls=2
- Flat=3
- Chawl=4
- Slum housing=5
- Others=6

23.2 **SURROUNDINGS OF THE HOUSE:**

23.2a **HUMAN AND ANIMAL EXCREMENT**

- No=0
- Yes=1

23.2b **STAGNANT WATER**

- No=0
- Yes=1

23.3 **ANIMALS ARE KEPT:**

(Except dog, cat)

- No animals=1
- Inside living area=2
- Attached room=3
- Outside=4

23.4 **PREDOMINANT WALL TYPE:**

- Grass, Thatch=1
- Mud, Unburnt Bricks=2
- Plastic=3
- Wood=4
- Burn Bricks=5
- GI Sheets, Other Metal=6
- Stone=7
- Cement, Concrete=8
- Others=9

23.5 **PREDOMINANT ROOF TYPE:**

- Grass, Thatch, Mud, Wood=01
- Tile=02
- Slate=03
- Plastic=04
- Concrete=09
- Others=10
- Cement=06
- Brick=07
- Stone=08
- Others=10

23.6 **PREDOMINANT FLOOR TYPE:**

- Mud=1
- Wood, Bamboo=2
- Brick=3
- Stone=4
- Cement=5
- Tiles, Mosaic=6
- Others=7

24. **Interviewer Observation – Respondent Behaviour**

[TO BE FILLED IN BY INTERVIEWER]

**Eligible Woman No:** 1

24.1 Did you have any difficulty in the beginning in conveying the purpose of this interview to the respondent?

- No difficulty=1
- Some difficulty=2
- A lot of difficulty=3

24.2 Did the respondent have any difficulty in understanding the questions?

- No difficulty=1
- Some difficulty=2
- A lot of difficulty=3

24.3 Did the respondent look at you while answering the questions?

- Rarely=1
- Sometimes=2
- Usually=3

24.4 Did the respondent clearly answer all the questions?

- Rarely=1
- Sometimes=2
- Usually=3

24.5 Was the respondent knowledgeable about health and education expenditure questions?

- Very little knowledge=1
- Somewhat=2
- Very knowledgeable=3

24.6 Was the respondent confident?

- Rarely=1
- Sometimes=2
- Usually=3

24.7 Your assessment of the reliability of response?

- Good=1
- Somewhat=2
- Poor=3

24.8 Interview Completion Date:

- Day
- Month
- Year

24.9 Interview End Time:

- AM=1
- PM=2

- Hours
- Minutes

24.10 Completion Status
25. Anthropometry

Now, we would like to take the weight and height of all eligible household members as an indicator of health.

HOWEVER, INTERVIEWER MUST TAKE ANTHROPOMETRIC MEASUREMENTS FOR THE FOLLOWING MEMBERS:

1. ALL ELIGIBLE WOMEN WHO ANSWERED HEALTH & EDUCATION QUESTIONNAIRES
2. ALL CHILDREN AGE 0 TO 18 YEARS OLD
3. PERSON WHO ANSWERED THE INCOME & SOCIAL CAPITAL QUESTIONNAIRE

<table>
<thead>
<tr>
<th>ID from HH roster</th>
<th>Eligible Women Quest.</th>
<th>Birth ID from Fertility History (Women's Quest.)</th>
<th>Name</th>
<th>Height first time in CM</th>
<th>Height second time in CM</th>
<th>Taken</th>
<th>Weight first time in Kg &amp; Grams</th>
<th>Weight second time in Kg &amp; Grams</th>
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26 Learning (First Child)

ADMINISTER TO ALL CHILDREN BETWEEN THE AGES OF 8 AND 11 YEARS OLD:

26.1 NAME OF CHILD

26.2 ID Code of child

ID

26.3 Have you ever attended school?

Never=0

Yes, currently=1

Yes, in the past=2

26.4 Upto which class/standard have you completed?

26.5 Do (did) you enjoy school?

No=0

Yes=1

26.6 Does (did) the teacher treat you….

Nicely=1

Somewhat nicely=2

Not nicely=3

26.7 How often has the teacher been absent in the past 30 days?

Never=1

1 day=2

2-6 days=3

7 or more=4

(If interview during vacation, last school month)

Don’t know=8

26.8 Reading

Language

Level

Can not read=0

Can not recognise Number=0

Hindi=01

Assamese=02

Oriya=06

English=11

Can not write=0

Can not write Number=0

Letter=1

Word=2

Number=1

Paragaph=3

Subtraction=2

Story=4

Divison=3

26.9 Math

Gujarati=04

Kannada=07

Malayalam=08

Telegu=10

Can not write 2 or less mistakes=1

English=11

Punjabi=12

Urdu=13

Can write with no mistake=2

26.10 Writing

Does (did) the teacher treat you….

TA6

TA7

TA8a

TA8b

TA9a

TA9b

TA10a

TA10b
26 Learning (2nd Child)

ADMINISTER TO ALL CHILDREN BETWEEN THE AGES OF 8 AND 11 YEARS OLD:

26.21 NAME OF CHILD

26.22 ID Code of child

26.23 Have you ever attended school?
- Never=0
- Yes, currently=1
- Yes, in the past=2

26.24 Upto which class/standard have you completed?

26.25 Do (did) you enjoy school?
- No=0
- Yes=1

26.26 Does (did) the teacher treat you….
- Nicely=1
- Somewhat nicely=2
- Not nicely=3

26.27 How often has the teacher been absent in the past 30 days?
(last school month if interview during vacation)
- Never=1
- 1 day=2
- 2-6 days=3
- 7 or more=4
- Don't know=8

26.28 Reading
- Hindi=01
- Assamese=02
- Bangla=03
- Gujarati=04
- Marathi=05

26.29 Math
- Oriya=06
- Kannada=07
- Malayalam=08
- Tamil=09
- Telegu=10

26.30 Writing
- English=11
- Punjabi=12
- Urdu=13

26.31 Please write your answer in full sentences.

Skills

Language

Level

Can not read=0
- Letters=1
- Word=2

Can not recognise Number=0
- Number=1
- Subtraction=2

Can not write=0
- Writes with 2 or less mistakes=1
- Writes with no mistake=2