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State Zone District						t Rural -1, Stratum													Sample House House Unit No.* No.*																	
Со	lumns 1-3 are to b	e filled	for all	usual r	eside	nts# c	of ho	useho	old as	son	date	of su	rvey	/. Col	lumn	5 O	nwa	ards	to l	oe fi	lled	only	y in re	espe	ct of	usu	al re	side	nts a	s or	n 01.	01.2010 ((i.e. Co	ode 1 in	Col. 4)	
Serial No.	Name (Start with Head of the Household)			Sex (Male-1, Female-2) Whether usual resident as on 01.01.2010? (Yes-1, No-2)		Identification code of members of the Household			bers	Serial No. of Father	oied om	Date of birth							Age as on 01.01.2010 (in completed years)		Religion (Code)	Social Group (Code)	Marital Status as on 01.01.2010 (code)	Date of fire				st marriage				Whether currenty attending 9 1 school (Yes-1, No: attended 1-9 0 before-2, Never attended-3) 4 6	If code 2 or 3 in Col. 14, main store reason thereof (code) and of	Highest educational qualification attained (for age 7 years and above) (code)	Occupation/Activity Status during last 365 days (for age 5 yrs. and above) (Code)	
				-	Relationship							D	D	MM	_	Y	Y	Υ	•		10			D	D	М	М	Y	Υ	Y	Y	-	—			
1	2		3	4	5		6				7				8			<u> </u>	9		10	11	12				13	; 				14	15	16	17	
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	Code for Col. (5)			for Col	<u> </u>			ode for	r Col.	<u> </u>				de for	Col.	<u>` </u>						Code	e for C	ol. (1	6)							Code for	Col. (17	7)		
1100	Item	Code	Ite	m	Code	N.	Item Never married				de	Item					Cod					Item				-	ode	Cultivator				n	Code 01			
Head Wife	or Husband	01 02	Hindu Muslim		1 2			arried out, Ga	una			Scho		o tar Iucatio	n not		1		Illite		lithou	It Formal adjustion					0	Agricultural Wage Labou								
	or Daughter	02	Christia	ın	3	no	t perfo	ormed						d nece		,	2		<u> </u>	terate without Formal education iterate with Formal education					1					age Labour) :	03			
	Son-in-law or Daughter- 04		Sikh	_	4			and, Ga	auna		3	Requ	ired	for wo	rk in		3		<u> </u>		/ Prin		.ar cu				2	Self Employed (e: Own Acc				unt Worker			04	
	In-law		Buddhis Jain	St	5 6	perform Remarri					1			d activ					Primary						3			Emp					05			
	Grandchild 05		Others		7			Widow	er					mily b		SS	4			Middle					4	Unpaid Family Labourer Regular Salaried / Wage Employee					06					
Pare		06	No relig	ion	8	Di	Divorced			(6	work	meu		Side		4		Secondary / Matric Class-X						5	Die	d not v	work I	but w	as seeking		r	08			
	Parent-in-law 07 Brother or Sister 08		Code	for Col	. (11)		Separated					Not interested in studies				es	5		Hr. Secondary / Sr. Secondary/Pre- University / Class XII					re-	6		ailable			nal institutio	on		09			
Brother or Sister 08 Brother-in-law or Sister- 09		Code for Col. (11) Item Code			Not stated				1	3	Cost too much					6						/ BBA	/ MRP	S/		7					lomestic ch		10			
in-lav	in-law		SC	SC 1			"*"= To be copied fro				ise	Repeated failures					7			valer		10011	, DDA		57		'	Be	ggar	<u> </u>					11	
	e or Nephew	10	ST		2	-	Listing Schedule					Got married Others					8 9						Tech /	MBA	/ MD				ostitut ntier r			orker other remitta	ince reci	nient	12 13	
<u> </u>	r relatives	11	Others		3	"#	"= Als	o inclu	ude th	ose w	'no	Othe	15				9		<u> </u>			highe					8					ue to disab		SIGHT	14	
	oted / foster child	12 13						e out-n			ied							l					hnical (/alent t				9		o old t	io wor	rk				15	
Not related 13						ane	er 01.01	1.2010).									loale	, 1101	equiv		. uey	100			1 Ot	hers						16			

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ANNUAL HEALTH SURVEY

HOUSEHOLD SCHEDULE

		orm of survey?	Injury		ite illnes			Morb		Chroni				(For a	ersonal H ge 15 yrs es the me	& above mber of)					
Serial No.	Name (Start with Hea the Househo	Whether having any form of Disability as on date of survey? (code)	Type of Treatment for injury during last 1 year (code)	of illness (code)	Type of illness (code) Source of Treatment (code)		Symptom(s) pertaining to illness persisting for more than 1 month (code)		Sought medical care (code) (Applicable for code 01 to 10 in col. 22)	Has diagnosed for		Not to code '		Getting regular treatment (code) u .00, f code 1 or 2 in Col. 26 source of		Chew (code)	househo (epoo) ayows	Consume alcohol (code)				
	2		18	19	20			22		23			25		26	27	28	29	30			
																				Name and signature of the Enumerator with date	Name and s impression o with Date	
Mult No Trea care Trea with Trea with Trea trea heal Trea	al 2 ring 3 ech 4 pomotor 5 iple 6 Disability 0 Code for Col. (19) Item Code ated in intensive 1 ated as in-patient 2 stay 2 weeks 3 ated as in-patient 3 stay 1 to 2 weeks 4 stay 2 week 4 stay 4 week 4 stay 4 week 5 ated as out-patient 5 ated as out-patient 5 ated as out-patient 5 ated as out-patient 5	Item	Illnesses ory fever I / etc.) ashes f fever interference interference	ode Gi 1 - 2 - 3 - 4 - 5 - 6 PF 7 - 8 - 9 NH 0 HI 0 O	Item OVERNME Sub Cent PHC CHC UHC/UH Dispensa Hospital (USH Hosp RIVATE	ter P/UFWC ary/Clinic oital/Clinic ary/Clinic oital/Clinic st inic I. 27)	5, 27) Code 01 02 03 04 05 06 07 06 07 07 08 09 10 11 11 12 13 99 00	Dise resp Dise card Dise nerv Dise skele Dise gast Skin Skin Goitt Elep Othe	Item Ironic II ases of iratory s ases of iovascul ases of ous sys ases of rointesti ases of tourinary disease re hantiasis	system central stem musculo- tem nal system y system es	Code ptoms 01 02 03 04 05	Hy Ch fai My He Str acc Ep As res Go Tu Le	Ite Details treatm s availa Details treatm s availa Details treatm o Co Iter abetes ypertens rronic he lure yocardia eart atta roke / C cident cident / C cident spiratory bitre / Tr berculos pprosy	m s of diag ent not ible s of diag ent ava de for m ion eart dise l infarct ck erebrov Chronic r failure pyriod d sis	nosis/ ilable Col. (24) ease / ion / ascular	Code 1 2 3 Code 01 02 03 04 05 06 07 08 09 10 11	Item Cancer-Gas system Cancer-Ger System Cancer-Bre Renal Stone/ Chronic Rei Gall Stone/ Chronic Liv Rheumatoid osteoarthrit Chronic skin psoriasis Others (Her peptic ulcer Not diagnos	ast hal failure Cholecystitis arthritis / s a diseases / hia, Hydrocele etc.) ed e for Col. (2 am egularly	Code 12 13 14 15 16 17 18 19 20 e, 21 00	It Pan with o Pan with o Pan with o Gutka/Par With toba Gutka/Par Without tt Tobacco o Ex-chewe Never che Not knowi Occasiona Ex-smoke Never sm Not knowi Cod	ut tobacco n masala cco n masala bbacco bbacco nly r r c for Col. (cm b for Col. (cm c for Col. (cm c for Col. (cm c for Col. (c m c for Col. (c for Col. (Code 1 2 3 4 5 6 7 0 29) Code 1 2 3 4 0