



## 1. INTRODUCTION AND INFORMED CONSENT

नमस्ते, मेरा नाम ----- है और मैं (संस्थान का नाम) में काम करता/करती हूँ। हम इस परिवार के सदस्य, उनके रहन-सहन एवं स्वास्थ्य सुविधाओं के उपयोग की जानकारी के साथ-साथ महिलाओं, पुरुषों तथा बच्चों के स्वास्थ्य के बारे में जिलास्तरीय परिवार सर्वेक्षण कर रहे हैं। इस सर्वेक्षण में आपके परिवार के भाग लेने से हम आपके बहुत आभारी होंगे। मैं आपसे आपके परिवार के बारे में कुछ प्रश्न पूछना चाहूंगा/चाहूंगी। सर्वेक्षण को पूरा करने में सामान्यतः 20 मिनट लगते हैं। आपके द्वारा दी गयी सूचना पूरी तरह से गोपनीय रखी जाएगी। इस सर्वेक्षण में भाग लेना स्वैच्छिक है लेकिन साक्षात्कार के दौरान आप कुछ प्रश्न या सभी प्रश्न के लिए मना कर सकती हैं। परंतु हम आशा करते हैं कि आप इस सर्वेक्षण में भाग लेंगे / लेंगी क्योंकि आपका भाग लेना महत्वपूर्ण है।

इस समय, क्या सर्वेक्षण के बारे में आप मुझसे कुछ पूछना चाहते/चाहती हैं ?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

अगर आपको सर्वेक्षण के बारे में और जानकारी चाहिए तो आप इन व्यक्तियों से सम्पर्क कर सकते हैं।

GIVE CARD WITH CONTACT INFORMATION.

क्या अब मैं साक्षात्कार करना प्रारंभ कर सकता/सकती हूँ?

Namaste, My name is ----- and I am working with (NAME OF ORGANISATION) We are conducting a District Level Household Survey about the health of women, men and children including information on household membership, living condition and use of health facilities. We would very much appreciate the participation of your household in this survey. I would like to ask you some questions about your household. The survey usually takes about 20 minutes to complete.

Whatever information you provide will be kept strictly confidential.

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

At this time, do you want to ask me anything about the survey?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

In case you need more information about the survey, you may contact these persons.

GIVE CARD WITH CONTACT INFORMATION.

May I begin the interview now?

RESPONDENT AGREES TO BE INTERVIEWED ....1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED .....2 → END

BEGIN INTERVIEW

Q01: RECORD THE TIME: HOUR

--	--

MINUTES

--	--

**HOUSEHOLD SCHEDULE** (Respondent may consult to other family member of the household to give correct information about each member)

अब हम उन लोगों के बारे में पढ़ना चाहेंगे जो सामान्यतः आपके घर में रहते हैं और वे अतिथि जो पिछली रात इसी घर में ठहरे हैं।

**Now I would like to have some information about the people who usually live in your household and the visitors who stayed last night in your household**

[illegible]

**USE SEPARATE SHEET IN CASE THE HOUSEHOLD IS HAVING MORE THAN 14 MEMBERS IN THE HOUSEHOLD.**

CODE FOR Q4	
Item	Code
Head	1
Wife or Husband	2
Son or Daughter	3
Son-in-law or Daughter-in-law	4
Grandchild	5
Parent	6
Parent-in-law	7
Brother or Sister	8
Brother-in-law or Sister-in-law	9
Niece or Nephew	10
Other relatives	11
Adopted/foster child	12
Not related	13

CODE FOR Q9	
Item	Code
Never married	1
Married but, gauna not performed	2
Married and gauna performed	3
Remarried	4
Widow / widower	5
Divorced	6
Seprated	7
Not Stated	8

CODE FOR Q11	
Item	Code
School too far	01
Further education not considered necessary	02
Required for work in Household Activities/ Farm/ Family Business	03
Required for outside work	04
Not interested in studies	05
Cost too much	06
Repeated failures	07
Got married	08
Other	96

CODE FOR Q12	
Item	Code
Literate without formal education	01
<b>Literate with formal education</b>	
Below Primary	02
Primary	03
Middle	04
Secondary / Matric (class-x)	05
Hr. Secondary/ Sr. Secondary/ pre University (class xii)	06
Graduate / B.B.A / B.Tech / MBBS / equivalent	07
Post graduate / M.B.A / MCA/ equivalent or higher	08
Technical Diploma	09
Non-technical diploma or certificate not equivalent to degree	10
Other	96
Illiterate	00

**MORBIDITY DETAILS:** (Respondent may consult with other family member of the household to give correct information about each member)

Line No.	(Start with Head of the HH)	AGE IF (<5 YEARS)		Whether having any form of Disability as on date of survey?  (Code)	IF ANY INJURY (During last 1 Year)	ACUTE ILLNESS (DURING LAST 15 DAYS)		CHRONIC ILLNESS (DURING LAST 1 YEAR)					
		YES=1 NO= 2 → Q17			YES=1 NO=2 →	YES=1 NO=2 → Q21		YES=1 NO=2 → Q30					
		Has (NAME),s Birth ever been registered with the civil authority? Y=1 N=2, DK=8	IF YES Does (NAME) Have a birth certificate?  Yes =1 No = 2		What type of treatment has (Name) taken for injury during last 1 year?  (Code)	What was the type of illness?  (Code)	What was the main source of treatment?  (Code)	What was the main symptom(s) pertaining to illness persisting for more than 1 month?  (Code)	Whether sought medical care? (Applicable for codes 01 to 09 & 96 in Q.21)  (Code)	What was diagnosed?  (code)	What was the main source of diagnosis?  (code)	Not to be asked if code '00' in Q 24	
Q02	Q03	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
01													

CODE FOR Q17	
Item	Code
Mental	1
Visual	2
Hearing	3
Speech	4
Locomotor	5
Multiple	6
Other	7
No disability	0

CODE FOR Q18	
Item	Code
Treated in intensive care unit for any time	1
Treated as in-patient with stay >2 weeks	2
Treated as in patient with stay 1 to 2 weeks	3
Treated as in patient with stay <1 week	4
Treated as out patient	5
Treated by traditional healers	6
Treated at home	7

CODE FOR Q19	
Item	code
Diarrhoea	01
Dysentery	02
Acute Respiratory Tract Infection	03
Jaundice with fever	04
Fever with chills/rigors malaria etc	05
Fever of short duration with rashes	06
Other types of fever	07
Reproductive tract infection ( RTI)	08
Other	96

CODE FOR Q20,Q24,Q26	
Item	code
<b>GOVERNMENT</b>	
Sub Centre	01
PHC	02
CHC	03
UHC/UHP/ UFWC	04
Dispensary/ clinic	05
Hospital	06
AYUSH Hospital/clinic	07
<b>PRIVATE</b>	
Dispensary/ clinic	08
Hospital	09
AYUSH Hospital/ clinic	10
NGO at trust hospital /clinic	11
DOTS Centre	12
At home	13
Other	96
No treatment	00

CODE FOR Q21	
Item	code
Disease of Respiratory system	01
Disease of Cardiovascular system	02
Disease of Central nervous system	03
Disease of musculoskeletal System	04
Disease of gastrointestinal system	05
Disease of genitourinary system	06
Skin diseases	07
Goitre	08
Elephantiasis	09
Eye problems/ Diseases	10
ENT problems/ Diseases	11
Mouth & dental problem	12
Asymptomatic	13
Other	96

CODE FOR Q22		
	Item	Code
YES	Details of Diagnosis/ treatment not available	1
	Details of Diagnosis/ Treatment available	2
NO		3

CODE FOR Q23			
Item	Code	Item	Code
Diabetes	1	Chronic Renal Diseases	16
Hypertension	2	Gall Stone/ Cholecystitis	17
Chronic Heart Disease	3	Chronic Liver Diseases	18
Myocardial infection/ heart attack	4	Rheumatoid Arthritis	19
Stroke cerebro vascular accident	5	Chronic skin Disease/ Psoriasis	20
Epilepsy	6	Cataract	21
Asthma/ Chronic respiratory Failure	7	Glaucoma	22
Goitre / Thyroid disorder	8	Sinusitis, Tonsillitis	23
Tuberculosis	9	Flourosis	24
Leprosy	10	Pyorrhoea	25
Cancer – Respiratory System	11	Rheumatic fever/heart diseses	26
Cancer- Gastrointestinal system	12	Tumor (any type)	27
Cancer- Genitourinary System	13	Blood cancer/ Leukemia	28
Cancer –Breast	14	Skin cancer	29
Renal Stone	15	Piles,anal fisure,anal fistula	30
Others (hernia, Hydrocele, peptic ulcer, etc)	99	Anaemia	31
Not Diagnosed	00		

CODE FOR Q25	
Item	Code
Yes-Not regularly	1
Yes-Regularly	2

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q30	परिवार के मुखिया का धर्म क्या है ? 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 PARSI/ZOROASTRIAN..... 08 NO RELIGION ..... 09 OTHER ..... 96 (SPECIFY)	
Q31A	परिवार के मुखिया की जाति या जनजाति क्या है? 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	→ Q32
Q31B	क्या यह अनुसूचित जाति, अनुसूचित जनजाति, अन्य पिछड़े वर्ग में से है या इनमें से कोई नहीं है? Is this a scheduled caste, a scheduled tribe, other backward class, or none of them? (IF RESPONDENT NOT REPLIED, CHECK THE LIST OF CASTES/TRIBES AND CODE)	SCHEDULED CASTE ..... 1 SCHEDULED TRIBE ..... 2 OTHER BACKWARD CLASS..... 3 NONE OF THEM / OTHER ..... 6	
Q32	आपके घर के सदस्यों के लिए पीने के पानी का मुख्य स्रोत क्या है ? What is the main source of drinking water for members of your household?	pipd water into dwelling / yard / plot ..... 01 public tap / stand pipe..... 02 hand pump ..... 03 tube well or borehole ..... 04 protected dug well..... 05 unprotected dug well ..... 06 protected spring ..... 07 unprotected spring ..... 08 rainwater collection ..... 09 tanker / truck ..... 10 cart with small tank / drum..... 11 surface water (river, dam, lake, pond, stream, canal, irrigation canal) ..... 12 packaged / bottled water ..... 13 other source ..... 96 (SPECIFY)	
Q33	क्या आप पीने के पानी को सुरक्षित बनाने हेतु कुछ करते हैं? Do you treat your water in any way to make it safer to drink?	YES..... 1 NO ..... 2 DO NOT KNOW ..... 8	→ Q35
Q34	पीने के पानी को सुरक्षित बनाने हेतु सामान्यतः आप क्या करते हैं? What do you usually do to the water to make it safer to drink? अन्य कुछ? Anything else?  (RECORD ALL MENTIONED)	YES NO A. boil..... 1 2 b. use alum ..... 1 2 c. add bleach/chlorine tablets..... 1 2 d. strain through a cloth ..... 1 2 e. use water filter (ceramic/sand/composite) etc..... 1 2 f. use electronic purifier..... 1 2 g. let it stand and settle ..... 1 2 h. other ..... 1 2 (specify) i. don't know ..... 1 2	





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Q 41	इस घर के कितने कमरे सिर्फ रहने के लिये उपयोग किये जाते है How many dwelling rooms are exclusively in possession of the household	ROOMS..... <table><tr><td></td><td></td></tr></table>																																																													
Q 42	इस घर में सोने के लिए कितने कमरों का उपयोग किया जाता है ? How many rooms in this household are used for sleeping?	NUMBER OF ROOMS ..... <table><tr><td></td><td></td></tr></table>																																																													
Q 43	क्या आपके घर में खाना पकाने के लिए अलग कमरा है ? Do you have a separate room, which is used, as kitchen?	<b>COOKING INSIDE HOUSE</b> HAS KITCHEN ..... 1 DOES NOT HAVE KITCHEN ..... 2 <b>COOKING OUTSIDE HOUSE</b> HAS KITCHEN ..... 3 DOES NOT HAVE KITCHEN ..... 4 NO COOKING ..... 5																																																													
Q 44	प्रकाश का मुख्य साधन क्या है ? What is the main source of lighting?	ELECTRICITY ..... 1 KEROSENE ..... 2 SOLAR ..... 3 OTHER OILS..... 4 OTHER ..... 6 (SPECIFY) NO LIGHTING ..... 0																																																													
Q 45	जिस घर में आप रह रहे हैं वो घर अपना है किराये का है या अन्य । Ownership status of the house where the Household is living.	OWNED..... 1 RENTED..... 2 OTHER ..... 6 (SPECIFY)																																																													
Q 46	क्या आपके घर में (नाम) वस्तुएं हैं ? Does your household have: A. रेडियो या ट्रांजिस्टर / radio or transistor B. टेलीविजन /television C. कम्प्यूटर computer / laptop without internet D. कम्प्यूटर computer / laptop with internet E. फोन /telephone only F. मोबाइल फोन / mobile phone only G. वाशिंग मशीन / washing machine H. रेफ्रिजरेटर / refrigerator I. सिलाई मशीन / sewing machine J. दीवार घड़ी / watch or clock K. साईकिल / bicycle L. मोटर साईकिल या स्कूटर / motorcycle or scooter or moped M. कार / car / jeep / van N. ट्रैक्टर / tractor O. वाटर पंप / water pump / tube well P. जानवर द्वारा खींची जाने वाली गाड़ी / cart driven by animal Q. मशीन द्वारा खींची जाने वाली गाड़ी / cart driven by machine R. अन्य गाड़ी /Other cart S. Cooler /A/C	<table><tr><th></th><th>YES</th><th>NO</th></tr><tr><td>A. A RADIO OR TRANSISTOR.....</td><td>1</td><td>2</td></tr><tr><td>B. TELEVISION.....</td><td>1</td><td>2</td></tr><tr><td>C.COMPUTER/LAPTOP WITHOUT INTERNET..</td><td>1</td><td>2</td></tr><tr><td>D. COMPUTER / LAPTOP WITH INTERNET .....</td><td>1</td><td>2</td></tr><tr><td>E. TELEPHONE ONLY.....</td><td>1</td><td>2</td></tr><tr><td>F. MOBILE PHONE ONLY .....</td><td>1</td><td>2</td></tr><tr><td>G. WASHING MACHINE .....</td><td>1</td><td>2</td></tr><tr><td>H. REFRIGERATOR .....</td><td>1</td><td>2</td></tr><tr><td>I. SEWING MACHINE .....</td><td>1</td><td>2</td></tr><tr><td>J. WATCH OR CLOCK.....</td><td>1</td><td>2</td></tr><tr><td>K. BICYCLE.....</td><td>1</td><td>2</td></tr><tr><td>L. MOTORCYCLE OR SCOOTER OR MOPED...</td><td>1</td><td>2</td></tr><tr><td>M. CAR / JEEP / VAN.....</td><td>1</td><td>2</td></tr><tr><td>N. TRACTOR .....</td><td>1</td><td>2</td></tr><tr><td>O. WATER PUMP / TUBE WELL .....</td><td>1</td><td>2</td></tr><tr><td>P. CART DRIVEN BY ANIMAL.....</td><td>1</td><td>2</td></tr><tr><td>Q. CART DRIVEN BY MACHINE .....</td><td>1</td><td>2</td></tr><tr><td>R. OTHER CART .....</td><td>1</td><td>2</td></tr><tr><td>S. COOLER/A/C.....</td><td>1</td><td>2</td></tr></table>		YES	NO	A. A RADIO OR TRANSISTOR.....	1	2	B. TELEVISION.....	1	2	C.COMPUTER/LAPTOP WITHOUT INTERNET..	1	2	D. COMPUTER / LAPTOP WITH INTERNET .....	1	2	E. TELEPHONE ONLY.....	1	2	F. MOBILE PHONE ONLY .....	1	2	G. WASHING MACHINE .....	1	2	H. REFRIGERATOR .....	1	2	I. SEWING MACHINE .....	1	2	J. WATCH OR CLOCK.....	1	2	K. BICYCLE.....	1	2	L. MOTORCYCLE OR SCOOTER OR MOPED...	1	2	M. CAR / JEEP / VAN.....	1	2	N. TRACTOR .....	1	2	O. WATER PUMP / TUBE WELL .....	1	2	P. CART DRIVEN BY ANIMAL.....	1	2	Q. CART DRIVEN BY MACHINE .....	1	2	R. OTHER CART .....	1	2	S. COOLER/A/C.....	1	2	
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Q 47	<p>क्या इस परिवार के पास कोई जमीन है? Does this household own any land?</p> <p>इस परिवार के पास कितनी जमीन है। A: How much land does this household have?</p> <p>इस परिवार के पास कितनी खेती की जमीन है। B: How much agriculture land does this household own?</p> <p>ईस खेती की जमीन में से कितनी खेती सिचाई युक्त है C: Out of this Agriculture land how much is irrigated?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <table border="1"> <thead> <tr> <th>ITEM</th><th>LOCAL UNIT (BIGHAS/ GUNTAS)</th><th>ACRES</th></tr> </thead> <tbody> <tr> <td>A. TOTAL LAND</td><td></td><td></td></tr> <tr> <td>B. TOTAL AGRICULTURAL LAND</td><td></td><td></td></tr> <tr> <td>C. TOTAL IRRIGATED LAND</td><td></td><td></td></tr> </tbody> </table>	ITEM	LOCAL UNIT (BIGHAS/ GUNTAS)	ACRES	A. TOTAL LAND			B. TOTAL AGRICULTURAL LAND			C. TOTAL IRRIGATED LAND			→ Q48															
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Q 48	<p>क्या इस परिवार के पास गरीबी रेखा कार्ड (बी पी एल) है? Does this household have a Below Poverty Line (BPL) card?</p> <p><b>(CARD COLOUR STATE-SPECIFIC)</b></p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																												
Q 49	<p>क्या इस परिवार का कोई सामान्य सदस्य स्वास्थ्य योजना या स्वास्थ्य बीमा के अंतर्गत आता है ? Is any usual member of this household covered by a health scheme or health insurance?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ Q51																											
Q 50	<p>स्वास्थ्य सुरक्षा (कवर)/स्वास्थ्य योजना/स्वास्थ्य बीमा किस प्रकार का है ? What type of health cover/ health scheme/ health insurance?</p> <p>अन्य किसी प्रकार का? Any other type?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>A. EMPLOYEES STATE INSURANCE SCHEME (ESIS) .....</td><td>1</td><td>2</td></tr> <tr> <td>B. RASHTRIYA SWASTHYA BEEMA YOJANA(RSBY) .....</td><td>1</td><td>2</td></tr> <tr> <td>C. CENTRAL/STATE GOVERNMENT HEALTH SCHEME OTHER THAN RSBY ...</td><td>1</td><td>2</td></tr> <tr> <td>D. MEDICAL REIMBURSEMENT FROM EMPLOYER .....</td><td>1</td><td>2</td></tr> <tr> <td>E. COMMUNITY HEALTH INSURANCE PROGRAMME .....</td><td>1</td><td>2</td></tr> <tr> <td>F. MEDICLAIM.....</td><td>1</td><td>2</td></tr> <tr> <td>G. OTHER PRIVATELY PURCHASED .....</td><td>1</td><td>2</td></tr> <tr> <td>H. OTHER.....</td><td>1</td><td>2</td></tr> </tbody> </table> <p><b>(SPECIFY)</b></p>		YES	NO	A. EMPLOYEES STATE INSURANCE SCHEME (ESIS) .....	1	2	B. RASHTRIYA SWASTHYA BEEMA YOJANA(RSBY) .....	1	2	C. CENTRAL/STATE GOVERNMENT HEALTH SCHEME OTHER THAN RSBY ...	1	2	D. MEDICAL REIMBURSEMENT FROM EMPLOYER .....	1	2	E. COMMUNITY HEALTH INSURANCE PROGRAMME .....	1	2	F. MEDICLAIM.....	1	2	G. OTHER PRIVATELY PURCHASED .....	1	2	H. OTHER.....	1	2	
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G. OTHER PRIVATELY PURCHASED .....	1	2																												
H. OTHER.....	1	2																												
Q 51.	<p>जब आपके परिवार के सदस्य बीमार पड़ते हैं तो वे मुख्यतः इलाज के लिए कहाँ जाते हैं ?</p> <p>When members of your household get sick, where do they mainly go for treatment?</p>	<p><b>GOVERNMENT</b></p> <p>SUB-CENTRE ..... 01</p> <p>PHC..... 02</p> <p>CHC..... 03</p> <p>UHC/UHP/UFWC ..... 04</p> <p>DISPENSARY/CLINIC..... 05</p> <p>HOSPITAL..... 06</p> <p>AYUSH HOSPITAL/CLINIC..... 07</p> <p><b>PRIVATE</b></p> <p>DISPENSARY/CLINIC..... 08</p> <p>HOSPITAL..... 09</p> <p>AYUSH HOSPITAL/CLINIC..... 10</p> <p>NGO OR TRUST HOSP./CLINIC ..... 11</p> <p>AT HOME ..... 12</p> <p>CHEMIST / PHARMACY ..... 13</p> <p><b>OTHER</b></p> <p>NON MEDICAL SHOP ..... 14</p> <p>HOME TREATMENT..... 15</p> <p>OTHER ..... 96</p> <p><b>(SPECIFY)</b></p> <p>NO MEDICAL ATTENTION..... 00</p>	→ Q53																											

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																																																				
Q 52.	<p>जब आपके परिवार के सदस्य बीमार होते हैं तो सामान्यतः सरकारी सुविधा में क्यों नहीं जाते हैं ?</p> <p>Why don't members of your household generally go to a government facility when they are sick?</p> <p>अन्य कोई कारण</p> <p>Any other reason?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<table border="0"> <tr> <th></th><th>YES</th><th>NO</th></tr> <tr> <td>A. NO ADEQUATE INFRASTRUCTURE .....</td><td>1</td><td>2</td></tr> <tr> <td>B. NO FACILITY .....</td><td>1</td><td>2</td></tr> <tr> <td>C. NOT AWARE ABOUT ANY FACILITY .....</td><td>1</td><td>2</td></tr> <tr> <td>D. DOCTOR NOT AVAILABLE.....</td><td>1</td><td>2</td></tr> <tr> <td>E. FACILITY TIMING NOT CONVENIENT .....</td><td>1</td><td>2</td></tr> <tr> <td>F. HEALTH PERSONNEL OFTEN ABSENT....</td><td>1</td><td>2</td></tr> <tr> <td>G. WAITING TIME TOO LONG .....</td><td>1</td><td>2</td></tr> <tr> <td>H. POOR QUALITY OF CARE .....</td><td>1</td><td>2</td></tr> <tr> <td>I. DRUG NOT AVAILABLE .....</td><td>1</td><td>2</td></tr> <tr> <td>J. NO TRUST ON GOVT. FACILITY .....</td><td>1</td><td>2</td></tr> <tr> <td>K. TOO FAR AWAY.....</td><td>1</td><td>2</td></tr> <tr> <td>L. OTHER .....</td><td>1</td><td>2</td></tr> </table> <p align="center"><b>(SPECIFY)</b></p>		YES	NO	A. NO ADEQUATE INFRASTRUCTURE .....	1	2	B. NO FACILITY .....	1	2	C. NOT AWARE ABOUT ANY FACILITY .....	1	2	D. DOCTOR NOT AVAILABLE.....	1	2	E. FACILITY TIMING NOT CONVENIENT .....	1	2	F. HEALTH PERSONNEL OFTEN ABSENT....	1	2	G. WAITING TIME TOO LONG .....	1	2	H. POOR QUALITY OF CARE .....	1	2	I. DRUG NOT AVAILABLE .....	1	2	J. NO TRUST ON GOVT. FACILITY .....	1	2	K. TOO FAR AWAY.....	1	2	L. OTHER .....	1	2																																														
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Q 53.	<p>जनवरी 1, 2008 से अब तक क्या इस घर के सामान्य निवासियों में से किसी का विवाह हुआ है?</p> <p>Was there any marriage performed for usual residents of this household since January 1, 2008?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	<p>→ Q55</p>																																																																																				
Q 54.	<p>(क) कितनी शादियां हुई थीं?</p> <p>(A) How many marriages were there?</p> <p><b>(SPECIFY FOR BOYS AND GIRLS)</b></p> <p>(ख) व्यक्ति की शादी के वक्त कितनी आयु थी?</p> <p>(B) What was the age of that person at the time of his/her marriage?</p> <p>(क) शादी की तारीख?</p> <p>(C) Date of marriage?</p>	<table border="0"> <tr> <td>A. BOYS</td><td><input type="text"/></td> <td>GIRLS</td><td><input type="text"/></td> <td>TOTAL</td><td><input type="text"/></td> </tr> <tr> <td><b>Q54B</b></td><td></td> <td><b>Q54C</b></td><td></td> <td><b>Q54B</b></td><td><b>Q54C</b></td> </tr> <tr> <td colspan="2">BOY 1</td> <td colspan="2">BOY 2</td> <td colspan="2"></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td colspan="2">BOY 3</td> <td colspan="2">BOY 4</td> <td colspan="2"></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td colspan="2">GIRL 1</td> <td colspan="2">GIRL 2</td> <td colspan="2"></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td colspan="2">GIRL 3</td> <td colspan="2">GIRL 4</td> <td colspan="2"></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	A. BOYS	<input type="text"/>	GIRLS	<input type="text"/>	TOTAL	<input type="text"/>	<b>Q54B</b>		<b>Q54C</b>		<b>Q54B</b>	<b>Q54C</b>	BOY 1		BOY 2				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	BOY 3		BOY 4				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GIRL 1		GIRL 2				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GIRL 3		GIRL 4				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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# MORTALITY DETAILS:

(Respondent may consult to other family members of the household to give correct information of each deceased in the household)

Q.55 Did any usual resident of this household including children died since January 1, 2008? Yes.....1 Q55a. Number of death

No.....2 → Q77 ( hand over to Health Investigator for CAB)

Serial No.	Name of the deceased	Sex of deceased Male = 1 Female = 2	Date of death DD/MM= DK = 98 YYYY=DK= 9998	Age at death			What was main source of medical attention before death? (code)	Where did the death take place? (code)	Registration of death		For Infant death (<1 year)		For female deceased aged 15-49 If Yes in Q.70 ask the following										
				Below 1 month (in days) How many days old when (Name) was deceased?	1 to 11 months (In months) How many months old when (Name) was deceased?	One year and above (In year) How many years old when (Name) was deceased?			Is the death registered? Yes=1 No=2 DK=8	Whether Death certificate received? Yes=1 No=2	Line number of mother as in Household schedule (If not in HH roster record "00")	Order of birth	What was the main symptom leading to Death? (code)	Was the death associated with pregnancy? Yes=1 No=2	What was period/ stage when the death occurred? (code)	If code 1,2,3 in Q.71 How many months was she pregnant at the time of death?	What were the top two factors contributing to the death in order of priority? (code)		What was the main symptom leading to death? (code)	What was the time between onset of complications and death? (code)	What was the distance from place of (where the deceased was staying) to nearest medical facility? (in km)		
																						P1	P2
																	D	D					
Q56	Q57	Q58	Q59	Q60	Q61	Q62	Q63	Q64	Q65	Q66	Q67	Q68	Q69	Q70	Q71	Q72	Q73	Q74	Q75	Q76			

CODE FOR Q63	
Item	Code
<b>GOVERNMENT</b>	
Sub Centre	01
PHC	02
CHC	03
UHC/UHP/UFWC	04
Dispensary/clinic	05
Hospital	06
AYUSH Hospital/ clinic	07
<b>PRIVATE</b>	
Dispensary/clinic	08
Hospital	09
AYUSH Hospital/ clinic	10
NGO or Trust Hosp/ clinic	11
At Home	12
Others	96
No Medical Attention	00

CODE FOR Q64	
Item	Code
At Home	1
In- transit	2
In health facility	3
Other places	6

CODE FOR Q69	
Item	Code
Asphyxia	01
Hypothermia	02
infections	03
Birth injuries	04
Convulsions soon after birth	05
Jaundice	06
Bleeding from umbilicus & elsewhere	07
Congenital/birth defects	08
Preterm/ low birth weight baby not thriving	09
Respiratory infection	10
Diarrhoea/dysentery	11
Fever with rash	12
Fever with convulsions	13
Fever with jaundice	14
Others	96
Neonatal mortality (0-28 days) : Codes 1-9 & 14	
Post neonatal mortality (29-365 days). Codes 8-14	

CODE FOR Q71	
Item	code
During Ante Natal period	1
During Delivery	2
During Abortion	3
<b>POST DELIVERY</b>	
Within 42 days of delivery	4
After 42 days of delivery	5
<b>POST ABORTION</b>	
Within 42 days of abortion	6
After 42 days of abortion	7

CODE FOR Q73	
Item	code
Delay in receiving health care at facility	01
Inadequate care at health facility	02
Lack of transport in shifting to facility	03
Lack of funds	04
Seriousness of the condition not realized	05
Seriousness of the condition realized but decision not made by family members	06
Others	96

CODE FOR Q75	
Item	Code
<2 Hours	1
2Hours to<24 hours	2
24 Hours to < 2 days	3
2 days to <7 days	4
7 days to <14 days	5
14 days or more	6

CODE FOR Q74	
Item	code
PV Excess bleeding	01
Sepsis	02
Pregnancy induced hypertension (PIH)	03
Prolonged labour/ obstructed labour	04
Injury to uterus & other organs	05
Anemia	06
Jaundice	07
Malaria	08
Other medical conditions in pregnancy	96
Other conditions not related to pregnancy	00

CODE FOR Q76	
Item	Code
*if distance is less than 1 KM record	0

NOTE: SOMETIMES OUR SENIORS/SUPERVISOR MAY COME TO YOU FOR CLARIFICATION OF SOME QUESTION, SO PLEASE COOPERATE WITH THEM.

THANK YOU FOR GIVING YOUR PRECIOUS TIME

RECORD THE END TIME: HOUR

 

MINUTES

### **INFORMED CONSENT (CAB-TEST)**

इस सर्वेक्षण के अन्तर्गत हम महिलाओं, पुरुषों एवं 6 महीने से अधिक आयु वाले बच्चों में खून की कमी का अध्ययन कर रहे हैं। खून की कमी एक गंभीर स्वास्थ्य समस्या है जो सामान्यतः कुपोषण, संक्रमण या ज्यादा समय से रहने वाली बीमारी के कारण होता है। यह सूचना सरकार को खून की कमी की रोकथाम एवं इस के इलाज के कार्यक्रम बनाने में योगदान करेगी।

हम अनुरोध करते हैं की (आप/आप और NAME OF THE RESPONDENT'S CHILD(REN) / CHILD(REN) IN RESPONDENT'S CARE) जिनकी आयु 6 महीने से ऊपर है इस सर्वेक्षण के अंतर्गत अपनी उंगली से खून की कुछ बूंदें देकर इस खून की कमी की जांच में शामिल हो। ये जांच एक बार प्रयोग किये जाने वाले जीवाणु रहित [sterilized] साफ और पुर्णतः सुरक्षित और नये उपकरणों द्वारा की जाएगी। जांच के परिणाम गोपनीय रखे जायेंगे।

क्या अब मैं यह अनुरोध कर सकता/सकती हूँ की (आप और NAME OF THE RESPONDENT'S CHILD(REN) / CHILD(REN) IN RESPONDENT'S CARE) इस खून की कमी की जांच में भाग लें। आप खून की जांच न करवाने का निर्णय लेते हैं तो यह आप का अधिकार है और हम आपके इस निर्णय का सम्मान करेंगे। कृपया मुझे बताये की आप जांच (जांचो) के लिए सहमत हैं।

हम आपका / आपकी इस खून की कमी के अलावा

- 1) कद
- 2) वजन
- 3) रक्तदाब (AGE 18 YEARS AND ABOVE) का मापन किया जायेगा।
- 4) मधुमेह (AGE 18 YEARS AND ABOVE) की भी जाँच कर रहे हैं।

जिस उँगली से हम खून की कमी की जाँच कर रहे हैं उसी उँगली से और एक खून की बूँद लेकर मधुमेह (Fasting Blood Sugar) की जांच की जायेगी। क्या आप मुझे बतायेंगे/बतायेंगी की आप (NAME OF YOUTH(S)) मधुमेह (Fasting Blood Sugar) की जांच के लिए सहमत हैं। इन सभी जांचो की रिपोर्ट आप को तुरंत दी जायेगी।

क्या आपको कोई प्रश्न पूछना है? ANSWER ANY QUESTION AND ADDRESS RESPONDENT'S /GURDIAN'S CONCERNS.

क्या आप मुझे बतायेंगे/बतायेंगी की आप (NAME OF YOUTH(S)) के खून की कमी की जांच के लिए सहमत हैं GO TO Q.87, WRITE THE APPROPRIATE CODE. IF THE RESPONDENT'S AGE IS BETWEEN 6 MONTHS AND 18 YEARS AND NEVER MARRIED, ASK THE PARENT / **GUARDIAN**. IF THE PARENT/ GUARDIAN REFUSES, WRITE CODE IN Q.88.

### **INFORMED CONSENT (CAB-TEST)**

As part of this survey, we are studying anemia condition/status of women, men and children 6 months and above. You may be aware that Haemoglobin is a serious health problem that usually results from poor nutrition, infection or chronic disease. This information will assist the government to develop programs to prevent and treat anemia.

We request that (you and (NAME OF RESPONDENT'S CHILD (REN)/ CHILD (REN) IN RESPONDENT'S CARE) six months and above), participate in the Haemoglobin testing 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 at a designated laboratory. Your results will be kept confidential and will not be informed to anyone else.

I request (you and NAME OF RESPONDENT'S CHILD (REN)/ CHILD (REN) IN RESPONDENT'S CARE) participate in the Haemoglobin testing? However, if you decide not to have the test(s) done, it is your right and we will respect your decision.

Along with this we will be testing yours:

- 1) Height
- 2) Weight
- 3) Blood pressure measurements (18 YEARS AND ABOVE).
- 4) Fasting Blood Sugar (18 YEARS AND ABOVE).

From the same finger prick, we will take another drop of blood for Fasting Blood Sugar Testing. The report of Fasting Blood Sugar and other measurements will be given to you within few minutes.

Would you like to ask anything, now? ANSWER ANY QUESTION AND ADDRESS RESPONDENT'S/GUARDIAN'S CONCERNS.

Now, please tell me, if you agree to take the tests.

Now, please you tell me if you agree that (NAME OF YOUTH(S)) also participate in the Haemoglobin testing?

GO TO Q. 87, WRITE THE APPROPRIATE CODE. IF THE RESPONDENT'S AGE IS BETWEEN 6 MONTHS AND 18 YEARS AND NEVER MARRIED, ASK THE PARENT/GUARDIAN. IF THE PARENT/ GUARDIAN REFUSES, WRITE CODE IN Q. 88.

**CLINICAL, ANTHROPOMETRIC AND BIOCHEMICAL (CAB) TESTS SCHEDULE**

						For Members one month and above					For members 6 month to 17 years
Line No. from HHS (Q2)	Sex M = 1 F = 2	Age (on the date of survey) from HHS (Q8)		(FOR AGE ≥10 YEARS)		Weight (Kilograms)	Measured=1 Not Present=2 Refused=3 Other=6	Length / Height L = 1 H = 2	Height/ Length (Centimetres)	RESULT Measured=1 Not Present=2 Refused=3 Other=6	Code No. of parent/ responsible adult. Record 00 if not listed in Household Schedule.
		D=1 M=2 Y=3 (Code)	AGE	MARITAL STATUS Married=1 Unmarried=2 If code = 2 skip to Q82	PREGNANCY STATUS Pregnant=1 Lactating=2 Pregnant and lactating=3 Non-Pregnant=4 Non-Pregnant and Non-Lactating=5 Non-Pregnant and Non-Lactating=6						
Q77	Q78	Q79		Q80	Q81	Q82	Q83	Q84	Q85	Q86	Q87
<input type="text"/>	<input type="text"/>	<input type="text"/>	AGE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	AGE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	AGE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	AGE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**NOTE:**

1. CHILDRENS 1 MONTH AND ABOVE COMPLETED 5 MONTHS = ONLY HEIGHT AND WEIGHT
  2. CHILDREN 6 MONTH AND ABOVE COMPLETED 17 YEARS = ONLY HEIGHT, WEIGHT AND HB
  3. EIGHTEEN YEARS AND ABOVE = HEIGHT, WEIGHT, HB, FASTING BLOOD SUGAR AND BLOOD PRESSURE.
- A. IN Q. 80 IF RESPONDENT IS UNMARRIED THEN ASK PARENT/GUARDIAN FOR CONSENT.  
B. IN Q. 81 IF RESPONDENT IS PREGNANT THEN GO TO Q. 88

Code for column 79	CODE	Age
If less than one month	1 (Days)- D	In completed days
If age one month to 11 months	2 (Months)- M	In completed months
If age 1 year and above	3 (Years)-Y	In Completed years



Read Consent statement for Haemoglobin/ Fasting blood sugar testing to women parent/ Responsible Adult Granted= 1 Refused=2 (code)	Haemoglobin Result ( For all members 6 months & above)		Fasting Blood Sugar Test ( For all members aged 18 years and above)			Blood Pressure Measurement ( For all members aged 18 years and above)					PERSONAL HABITS FOR AGE 15 YEARS AND ABOVE		
	Measured=1 Not Present=2 Refused=3 Other=6	Bar code number	Whether you have consumed anything as a solid or liquid since morning? Yes=1 → Q93 No=2	Fasting Blood Sugar level	RESULT Measured=1 Not Present=2 Refused=3 Other=6	Readings	Systolic	Diastolic	Pulse rate	RESULT Measured = 1 Not Present = 2 Refused = 3 Other = 6	Chew (code)	Smoke (Code)	Consume alcohol (code)
Q88	Q89	Q90	Q 91	Q91a	Q92		Q93	Q94	Q95	Q96	Q97	Q98	Q99
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						2	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						2	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						2	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						2	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						2	<input type="text"/>	<input type="text"/>	<input type="text"/>				

CODE FOR Q97	
Item	code
Pan with Tobacco	1
Pan without tobacco	2
Gutka/Pan masala with Tobacco	3
Gutka/Pan masala without tobacco	4
Tobacco only	5
Ex-chewer	6
Never chewed	7
Not known	8

CODE FOR Q98	
Item	code
Usual smoker (at least once every day)	1
Occasional smoker	2
Ex-Smoker	3
Never Smoked	4
Not Known	8

CODE FOR Q99	
Item	code
Usual Drinker (at least once every week)	1
Occasional Drinker	2
Ex-Drinker	3
Never Drunk	4
Not Known	8

<p>Q100: <b>SALT TEST</b></p> <p>Ask respondent for a Teaspoonful of cooking salt currently used and Test Salt for iodine.</p> <p>RECORD PPM ( parts per million )</p>	<p><b>CODE</b></p> <p>Less than 15 PPM ..... 1</p> <p>More Than 15 PPM..... 2</p> <p>NO Salt In Household ..... 3</p> <p>Salt Not tested ..... 6</p> <p><b>(Specify Reason)</b></p> <p>00 PPM (No Iodine) ..... 0</p>
<p>RESULT OF SALT TEST..... <input type="text"/></p>	

