

STATE: DISTRICT: PSU: HOUSEHOLD: SPLIT:

Confidential

INDIA HUMAN DEVELOPMENT SURVEY - II 2011-12

EDUCATION AND HEALTH QUESTIONNAIRE

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**NATIONAL COUNCIL OF APPLIED ECONOMIC RESEARCH
PARISILA BHAWAN, 11 I.P. ESTATE
NEW DELHI - 110 002.**

STATE:
stateid

DISTRICT:
distid

PSU:
PSUId

HOUSEHOLD:
HHid

SPLIT:
HHsplitid

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 GE3a Interviewer ID GE3b

4. Interviewer Name _____

5. Interviewer Signature _____

6. Supervisor ID
Organization ID GE6a Supervisor ID GE6b

7. Supervisor Name _____

8. Supervisor Signature _____

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

10. Interview Completion Status Complete=1 FIRST PART GE10a
Incomplete=2 ELIGIBLE WOMAN GE10b
NA=9

11. Number of Eligible Woman interviewed ? Nos. GE11

12. Anthropometry Completion Status Not Done=1 Fully Done=3 GE12
Partially Done=2

13. Learning Completion Status Not Done=1 Fully Done=3 GE13
Partially Done=2 N A=9

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

[INTERVIEWER: PLEASE IDENTIFY YOURSELF BY NAME AND ORGANISATION AND THEN READ THE FOLLOWING STATEMENT EXACTLY AS WRITTEN]

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 CD1

Interviewers
Initials _____

2. Do you agree to let young people in your household be interviewed?

No=0
Yes=1 CD2

Interviewers
Initials _____

3. First Interview Date

Day Month Year
CD3D CD3M CD3Y

4. Interview Start Time

Hours Minutes AM=1 PM=2
CD4a CD4b CD4c

STATE:

DISTRICT:

PSU:

HOUSEHOLD:

SPLIT:

1. Household Identification

ENTER 1.1 TO 1.5 BEFORE GOING TO HOUSEHOLD

1.1 Listing Sheet No.

LISTING HI1

1.2 Name of state / Union Territory - 2001

CODE HI2

_____ HI2NM

1.3 District Name - 2001

2001 CODE HI3

_____ HI3NM

1.3a Current District Name (2011)

EDITOR: HI3a
2011 CODE

_____ HI3aNm

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

CODE HI4

_____ HI4NM

1.5 Name of village/urban block

CODE HI5

_____ HI5NM

1.6 Name of post office

HI6NM

1.7 Name of Mohalla/Hamlet/Locality

HI7NM

1.8 Rural/Urban (current)

Rural=0 HI8
Urban=1

1.9 2004-2005 Household ID:

stateid2005 distid2005 PSUid2005 HHid2005

1.10 Name of Head of household

HI10NM

1.11 Language of Interview

Hindi=01 Malayalam=08 HI11
Assamese=02 Tamil=09
Bangla=03 Telegu=10
Gujarati=04 English=11
Marathi=05
Oriya=06
Kannada=07

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

No=0
Yes=1 HI12

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

1.12a Name of the eligible woman from 2004-05

HI12aNm

1.12b ID of eligible woman from 2004-05

2004-05 ID HI12b

1.12c ID of eligible woman from 2011-12 roster

2011-12 ID HI12c

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

	Name	ID (2011-12)	Interviewed No=0 / Yes=1
	HI13NM	HI13b	HI13c
1			
2			
3			
4			

2. Education: Current Students

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]

2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10	2.11	2.12	2.13	2.14
Please tell me the names of all members of this household who are currently or were enrolled last year in school, college or vocational program	HOUSEHOLD ROSTER ID CODE (2011)	Still in school/college?	What type of school or college is/was [NAME] enrolled in?	How far is / was the school /college from home? (in KM) < 1 KM = 1	What standard is /was [NAME] studying in? < 1 std.=55 Bachelors=15 Above Bachelors=16	Course of Study if above 10 standard. <10 std.=99	If [name] is/was studying in 12 or below 12 standard/class, ask school questions						
							What is the medium of instruction in this school?	From which standard English is taught as a subject? (code 55 for < 1 std.)	In general, over the last one month how many hours does [NAME] spend per week in			How many days [NAME] was absent from school in the last 30 days? (in days)	Does/Did [NAME] receive mid-day meal in school?
CS1NM	CS2	CS3	CS4	CS5	CS6	CS7	CS8	CS9	CS10	CS11	CS12	CS13	CS14

Still in : School=1, College=2, School + Vocational=3, College+ Vocational=4, Vocational only=5, No longer=6

Types: School: EGS=01, Government=02, Govt. Aided=03, Private=04, Convent=05, Madrassa=06, Other/Open school=07, Govt. vocational prog.=13; College: Junior college=08, College=09, Postgraduate=10, Technical: Technical Inst.=11, Private vocational programme=12, Govt. vocational prog.=13

Course Arts=01, Commerce/Business management=02, Science=03, Engineering=04, Information Technology (IT)=05, Medical=06, Agriculture=07; Other technology=08, Law/CA/Other, Professional=09, Home sciences/ Craft/Design=10, Vocational (NEC)=11, Others=12

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

Meals: No=0, Yes, regular=1, Yes, irregular=2

3. Children 8 to 11 (second child)

2 CH31No

3.31 HOUSEHOLD ROSTER ID CODE CH31 **NAME:** _____ CH31NM

3.32 Has [NAME] ever been enrolled in school? No=0 CH32
 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

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]

3.34 Why did you choose this school?
 Only school available=01 Affordable=06
 Close to home=02 Single sex school=07
 Better Education/Facilities=03 Unable to get admission anywhere else=08
 Siblings already there=04 Others=09
 English medium=05 Don't know=88
 Most imp CH34a
 Secondary CH34b

3.35 Is it difficult to get admission in this school? No=0 CH35
 Yes=1

3.36 How often is/was [NAME]'s class teacher absent? Rarely/Never=1
 Sometimes=2 Often=3 CH36

3.37 Gender of the class teacher? Male=1 CH37
 Female=2

3.38 Does [Did] NAME's class teacher live in the same village/same urban area where the school is? No=0 CH38
 Yes=1

3.39 Does the class teacher treat child unfairly? Rarely/Never=1
 Sometimes=2 Often=3 CH39

3.40 Do you think that the class teacher is [was] a good teacher? Excellent=1
 good=2 Fair=3 CH40
 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 CH41

3.42 Do you participate in any school committee like the Parent Teacher Association? No=0 CH42
 Yes=1

3.43 Over the past 12 months, has anyone from your household attended a PTA general meeting? No=0 CH43
 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) CH44

3.45 Is [Was] [NAME] an average student, better than average or below average? Below average=1 CH45
 Average=2
 Better than average=3

3.46 Does [Did] [NAME] enjoy school? Rarely=1 CH46
 Sometimes=2 Usually=3
 Always=4

3.47 Did [NAME] ever repeat a class? IF YES, how many times? IF NO, ENTER "0" (number of repeats) CH47

In the last 30 days [or for the last 30 days attended], has your child been... No=0 CH48
 Yes=1
 DK=8

3.48 ...praised? (such as received stars or good comments) CH48

3.49 ...physically beaten/pinched by teachers? CH49

3.50 ...verbally scolded (danta/phatkara) by teachers? CH50

3.51 NAME AND ADDRESS OF SCHOOL:

 CH51NM

3.52 EDITOR: School ID (Fill codes from school questionnaire)
 IF STUDENT ATTENDED ONE OF THE SURVEYED SCHOOLS, INSERT CODE CH52
 IF DIDN'T ATTEND ONE OF THE SURVEYED SCHOOLS, CODE 9

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

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

4.1a ... to marry a girl in her natal village? MP1a

4.1b ... to marry a girl to her cousin? MP1b

4.1c ... for a widow to remarry? MP1c

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

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

4.2a ... had an intercaste marriage? MP2a

4.2b ... been divorced? MP2b

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 MP3a

TO RUPEES MP3b

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 MP4a

TO RUPEES MP4b

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 MP5a

Boy's side MP5b

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 MP6a
- 4.6b Silver MP6b
- 4.6c Land MP6c
- 4.6d Car MP6d
- 4.6e Scooter or motorcycle MP6e
- 4.6f TV MP6f
- 4.6g Fridge MP6g
- 4.6h Mobile phone MP6h
- 4.6i Furniture MP6i
- 4.6j Pressure cooker MP6j
- 4.6k Utensils MP6k

- 4.6l Mixer or Grinder MP6l
- 4.6m Bedding / Mattress MP6m
- 4.6n Watch MP6n
- 4.6o Bicycle MP6o
- 4.6p Sewing machine MP6p
- 4.6q Livestock (such as cows, buffalo, etc.) MP6q
- 4.6r Washing Machine MP6r
- 4.6s LPG MP6s
- 4.6t Flat/House MP6t
- 4.6u Cash MP6u
- 4.6v Computer/Laptop MP6v

4.7 [IF CASH] How much?

BETWEEN RUPEES MP7a

TO RUPEES MP7b

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?

- Piped (public supply)=01
- Tube well=02
- Hand pump=03
- Open well=04
- Covered well=05
- River, canal, stream=06

	Normally	Summer
Pond=07	<input type="text"/>	<input type="text"/>
Tanker truck=08	WA1a	WA1b
Rainwater=09		
Bottled=10		
Others=11		

5.2 Is this inside or outside the house / compound?

	Normally	Summer
Outside=1	<input type="text"/>	<input type="text"/>
Inside=2	WA2a	WA2b

5.3 If piped water: How many hours per day do you normally get water?

(Less than 1 hr = 1 hr.)

	Normally	Summer
(in hours)	<input type="text"/>	<input type="text"/>
	WA3a	WA3b

IF OUTSIDE HOUSE / COMPOUND

5.4 How long it would take to walk to the source of water? [One way]

	Normally	Summer
(in minutes)	<input type="text"/>	<input type="text"/>
	WA4a	WA4b

5.5 Is the availability of drinking water adequate?

	Normally	Summer
No=0	<input type="text"/>	<input type="text"/>
Yes=1	WA5a	WA5b

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

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

(ADD ALL TRIPS FOR EACH CATEGORY)

5.6a adult women?

(in minutes) WA6a

5.6b adult men?

(in minutes) WA6b

5.6c girls under 15?

(in minutes) WA6c

5.6d boys under 15?

(in minutes) WA6d

DAILY

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=1 WA7
 Rarely=2
 Usually=3
 Always=4

5.8 Do you store your drinking water in a vessel at home? IF NO, THEN SKIP TO 6.1

No=0 WA8
 Yes=1

5.8a Does the vessel have a lid or cover?

Vessel has a lid or cover=1 WA8a
 Vessel does not have a lid or cover=2

5.8b How do you pour drinking water?

Poured from vessel=1 WA8b
 With a long ladle=2
 With a mug or other utensil=3
 Tap in the vessel=4

6. Sanitation and Hygiene

6.1 How many rooms are there in your house?

DO NOT COUNT BALCONIES, CORRIDORS, AND BATHROOMS BUT INCLUDE HALL

 SA1

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

Cooking is outdoors=1

Separate kitchen=2

Cooking is in living area=3

 SA2

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

No=0

Yes=1

 SA2a

NA, Cooking is outdoors=9

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

No=0

Yes=1

 SA3

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?

No facility belonging to household (or Open fields)=1

Traditional pit latrine=2

Semi-flush (Septic tank) latrine=3

Flush toilet=4

 SA4

IF NOT OWN TOILET / LATRINE:

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

None=1

Shared toilet in building/Chawl=2

Shared toilet outside building=3

Public/Govt. toilet=4

 SA5

6.6 Do you wash your hands after defecating?

Never=1

Usually=3

Sometimes=2

Always=4

 SA6

IF WASH HANDS:

6.6a What do you use to wash your hands?

Water alone=1

Mud, Ash, etc.=2

Soap=3

 SA6a

7. Fuel and Energy Use

7.1 Does this house have electricity?

No=0

Yes=1

 FU1

IF YES:

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

(in hours)

 FU1a

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

No Bill / Govt. scheme=1

Bill from State Elec. Board / Company=2

Fee to neighbour=3

Part of rent=4

Own generator=5

Paid by Employer / Office=6

Illegal connection=7

Other means=8

 FU1b

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

(in rupees)

 FU1c

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

(meals in a day)

 FU2

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]

(in hours)

 FU3

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

No=0

Yes=1

 FU4

7.4a IF YES, where?

At home=1

Outside=2

Both=3

 FU4a

7.5 Who does most of the cooking?

NAME

 FU5NM

IF PAID COOK, CODE=90

ID

 FU5a

7.6 What type of chulha does the household use?

Open fire (i.e. three stones)=1

Traditional chulha, without chimney=2

Improved chulha, with chimney=3

Other/Not biomass (Kerosene, LPG etc.)=4

 FU6

7. Fuel and Energy Use (continued)

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

Does your household use ...

Where do you get most of ...

IF PURCHASED – How much did you pay for what you used in the last 30 days?

7.7 Firewood/Twigs?
For what purpose is it mainly used?

Fuel not used=1 FU7
Mainly cooking=2
Mainly lighting=3
Mainly heating=4
Combination=5

Firewood/Twigs?

Purchase=1 FU7a
Collect from own land=2
Collect from village/Other places=3
Both (Purchased & collected)=4

Firewood/Twigs?

(in rupees) FU7b

7.8 Dung cake?
For what purpose is it mainly used?

SAME CODES AS ABOVE FU8

Dung cake?

Purchase=1
Collect from own land=2 FU8a
Collect from village/Other places=3
Both (Purchased & collected)=4

Dung cake?

(in rupees) FU8b

7.9 Crop residue/by-product?
For what purpose is it mainly used?

SAME CODES AS ABOVE FU9

Crop residue/by-product?

Purchase=1
Collect from own land=2 FU9a
Collect from village/Other places=3
Both (Purchased & collected)=4

Crop residue/by-product?

(in rupees) FU9b

7.10 Kerosene?
For what purpose is it mainly used?

SAME CODES AS ABOVE FU10

Kerosene?

Ration shop=1
Market=2 FU10a
Both=3

Kerosene?

(in rupees) FU10b

7.11 LPG?
For what purpose is it mainly used?

SAME CODES AS ABOVE FU11

LPG?

Subsidized government program=1
Gas Company=2 FU11a
Black Market/Others=3

LPG?

(in rupees) FU11b

7.12 Coal / Charcoal?

SAME CODES AS ABOVE FU12

Coal/Charcoal?

Purchase=1
Collect=2 FU12a
Both=3

Coal/Charcoal?

(in rupees) FU12b

IF COLLECTED FROM VILLAGE OR OTHER PLACES:

7.13 How many minutes does it typically take one way to the area where you collect fuel?

(in minutes) [ONE-WAY DISTANCE] FU13a

7.14 How often is dung/straw/firewood collected, and each time how long does it usually take?

7.14a adult women older than 15 years of age spend collecting fuel?

7.14b adult men older than 15 years of age spend collecting fuel?

7.14c girls under 15 years of age spend collecting fuel?

7.14d boys under 15 years of age spend collecting fuel?

Frequency code

Daily=1
Weekly=2
Monthly=3
Quarterly=4
Half yearly=5
Yearly=6
Not Applicable=9

Frequency

FU14a1
 FU14b1
 FU14c1
 FU14d1

Total time (WHEN DONE)

(in minutes) FU14a2
(in minutes) FU14b2
(in minutes) FU14c2
(in minutes) FU14d2

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?

8.1	8.2
Can you tell me the names of all those that had any of these three illnesses? (in last 30 days)	HOUSEHOLD ROSTER ID CODE 2011
NAME	
SM1NM	SM2

8.3	8.4	8.5	8.6	8.7	8.8	8.9	8.10	8.11	8.12
In the 30 days for how many days was [NAME] ill? (in days)	IF ANY FEVER, COUGH, OR DIARRHEA:								
	Did [NAME] have a fever in last 30 days?	Did [NAME] have a cough in last 30 days?	IF COUGH: Did he/she breathe fast with short rapid breaths?	Did [NAME] have diarrhea in the last 30 days?	IF ANY DIARRHEA:			How long [NAME] was unable to do usual activities (incl. work, school, domestic work) in the last 30 days? (in days)	In the last month, has [NAME] received any treatment or advice? No=0 Yes=1 IF YES, Go To Q 8.13
No=0 Yes=1	No=0 Yes=1	No=0 Yes=1	No=0 Yes=1	Was there any blood in the stool with diarrhea?	When he/she had diarrhea, was there any change in the amount of liquid he/she took?	Was [NAME] given ORS [local name] solution?			
SM3	SM4	SM5	SM6	SM7	SM8	SM9	SM10	SM11	SM12



8. Short Term Morbidity Costs

8.13	8.14		8.15		8.16	8.17	8.18		8.19	8.20	8.21	8.22					
HOUSEHOLD ROSTER ID CODE 2011	From whom did [NAME] get advice or treatment? Where was this?				What type of main treatment did she/he received? TREATMENT TYPE	Was she/he hospitalized? IF YES, How many days? IF NO, Enter 0 (in days)	What was the total cost of this treatment for out-patient as well as in-patient services?		Were tests or medicines included in the fees? No=0 Yes=1	For medicine and tests and expenses, not included in the doctors' and hospital fees? (in rupees)	For tips, bus/train/taxi fare, or lodging while getting treatment? (in rupees)	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 [IF NOT YET RECEIVED, BUT EXPECTED, ENTER "8888"] (In rupees)					
	1st source		2nd Source				SM16	SM17					SM18	SM19	SM20	SM21	SM22
	Who	Where	Who	Where													
SM13	SM14a	SM14b	SM15a	SM15b	SM16	SM17	SM18	SM19	SM20	SM21	SM22						

Who:		Where:	Treatment Type:
Government Doctor / Nurse=1	Home=1	This village or	Pain killer / Cough syrup=1
Government Doctor/ Nurse in Private=2	Town=2	Another Village=3	Antibiotic=2
Private Doctor/Nurse=3	Other Town=4	District Town=5	Other Allopathic=3
Chemist Shop=4	Metro City=6	Abroad/Others=7	Ayurvedic=4
Vaidhya/Hakim=5	Others=7		Homeopathy=5
Witch craft=6			Home/Herbal remedy=6
Others=7			Surgery=7
			Others=8

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 CODE 2011

9.1	9.2	9.3	9.4	9.5	9.6	9.7	9.8	9.9	9.10	9.11	9.12	9.13	9.14	9.15	9.16	9.17
NAME	HOUSEHOLD ROSTER ID CODE 2011	Cataract	Tuberculosis (TB)	High BP	Heart disease	Diabetes	Leprosy	Cancer	Asthma	Polio	Paralysis	Epilepsy	Mental illness	STD or AIDS	Met with an accident in the last 12 months	Other Long Term
		(No=0, Cured=1, Yes=2)														
MB1NM	MB2	MB3	MB4	MB5	MB6	MB7	MB8	MB9	MB10	MB11	MB12	MB13	MB14	MB15	MB16	MB17

9.18	9.19
In the last 12 months how many days was he/she not able to do normal activities due to this illness? (in days)	In the last 12 months has he / she received any treatment or advice? No=0 Yes=1 IF YES, Go To Q 9.20
MB18	MB19



9. Long Term Morbidity Costs

9.20	9.21		9.22		9.23	9.24	9.25		9.26	9.27		9.28		9.29	
HOUSEHOLD ROSTER ID CODE 2011	From whom did [NAME] get advice or treatment? Where was this?				What type of main treatment did she/he received?	Was she/he hospitalized? IF YES, How many days? IF NO, Enter 0	What was the total cost of this treatment for out-patient as well as in-patient services?		Were tests or medicines included in the fees? No=0 YES=1	Expenditure on medicine and tests, not included in the doctors' and hospital fees? (in rupees)	Expenditure on tips, bus/train/taxi fare, or lodging while getting treatment? (in rupees)	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 [IF NOT YET RECEIVED, BUT EXPECTED, ENTER "88888"] (In rupees)			
	1st source		2nd Source				Treatment	(in rupees)				(in rupees)	(In rupees)		
	Who	Where	Who	Where			Type								
MB20	MB21a	MB21b	MB22a	MB22b	MB23	MB24	MB25		MB26	MB27		MB28		MB29	

Who:	Where:	Treatment Type:
Government Doctor / Nurse=1	Home=1	Pain killer / Cough syrup=1
Government Doctor/ Nurse in Private=2	This village or Neighbourhood=2	Antibiotic=2
Private Doctor/Nurse=3	Another Village=3	Other Allopathic=3
Chemist Shop=4	Other Town=4	Ayurvedic=4
Vaidhya/Hakim=5	District Town=5	Homeopathy=5
Witch craft=6	Metro City=6	Home/Herbal remedy=6
Others=7	Abroad/Others=7	Surgery=7
		Others=8

STATE:

DISTRICT:

PSU:

HOUSEHOLD:

SPLIT:

14. Eligible Woman Profile

PAGES 19 TO 34 TO BE ANSWERED BY :

Eligible Woman No: EW1No

(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 EW1NM

14.2 Your full name? EW2NM

14.3 Household Roster ID Code (2011) of Respondent EW3

14.4a Is the respondent a 2004-2005 eligible woman respondent? No=0 Yes=1 EW4a

14.4b EDITOR: Household Roster ID Code (2004-05) of Respondent NA=99 EW4b

14.5 Relationship to Head of Household in 2011

Head=01	Sister=07 <input type="text"/> EW5
Wife=02	Mother-in-law=08
Daughter=03	Niece=09
Daughter-in-law=04	Sister in law=10
Grandchild=05	Other relatives=11
Mother=06	Servent/Others=12

14.6 Age of Eligible Woman in 2011 EW6

14.7 Date of Birth

<input type="text"/> EW7D	<input type="text"/> EW7M	<input type="text"/> EW7Y
Day	Month	Year

14. Eligible Woman Profile (continued)

14.8 Years of education completed

[Illiterate=00, 5th class=05, Bachelors=15, Above bachelors=16]

	EW8
--	-----

14.9 Number of Children alive

	EW9
--	-----

14.10 In general, would you say your own health is....

Very good=1	Poor=4		EW10
Good=2	Very poor=5		
OK=3			

14.11 What is your childhood place of residence?

Same Village/Town=1	Another Town=3		EW11
Another Village=2	Metro City=4		

14.12 Are your parents still alive?
Are your husband's parents still alive?

Respondent			
Mother		Father	
No=0		No=0	
Yes=1		Yes=1	
EW12a		EW12b	

Husband			
Mother		Father	
No=0		No=0	
Yes=1		Yes=1	
EW12c		EW12d	

14.13 IF ALIVE, where do they live?

Same HH=1		Same HH=1	
Another HH=2		Another HH=2	
EW13a		EW13b	

Same HH=1		Same HH=1	
Another HH=2		Another HH=2	
EW13c		EW13d	

14.14 Have your parents ever attended school?
Have your husband's parents ever attended school?

No=0		No=0	
Yes=1		Yes=1	
EW14a		EW14b	

No=0		No=0	
Yes=1		Yes=1	
EW14c		EW14d	

14.15 How many standards/class have your parents completed?
How many standards/class have your husband's parents completed?

[Illiterate=00, 5th class=05, Bachelors=15, Above bachelors=16]

	EW15a		EW15b
--	-------	--	-------

	EW15c		EW15d
--	-------	--	-------

14.16 Can/ could your parents read and write a sentence?
Can/ could your husband's parents read and write a sentence?

No=0		No=0	
Yes=1		Yes=1	
EW16a		EW16b	

No=0		No=0	
Yes=1		Yes=1	
EW16c		EW16d	

14.17 How many brothers and sisters you have?
How many brothers and sisters your husband has?
(EXCLUDING YOURSELVES)

Respondent			
Brother		Sister	
	EW17a		EW17b

Husband			
Brother		Sister	
	EW17c		EW17d

14.18 What is the highest years of education among all brothers and all sisters?
(EXCLUDING YOURSELVES)

[Illiterate=00, <1class=55, 5th class=05, 12th class=12, Bachelors=15, Above bachelors=16]

	EW18a		EW18b
--	-------	--	-------

	EW18c		EW18d
--	-------	--	-------

15. Health Beliefs

Eligible Woman No: **1** EW1No

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 HB1
Yes=1
DK=8

15.2 Do men become physically weak even months after sterilization? No=0 HB2
Yes=1
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 HB3
Harmful=2
Doesn't matter=3

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 HB4
Harmful=2
Doesn't matter=3

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 HB5
More than usual=2
About the same =3
It doesn't matter=4
No opinion/DK=8

15.6 Of the following illnesses, which one is spread through drinking impure water? TB=1 Cancer=3 HB6
Typhoid=2 More than one=4

15.7 Which of the following spreads Malaria? Contact=1 Mosquitos=3 HB7
Water=2 More than one=4

15.8 In which part of the menstrual cycle a woman is most likely to get pregnant? HB8
Just before her period begins=1 Half way between two periods=4
During her period=2 Timing makes no difference=5
Right after her period has ended=3 Don't know/No opinion=8

16. HIV/AIDS

Eligible Woman No: **1** EW1No

16.1 Have you ever heard of an illness called HIV/AIDS? No=0
IF NO, SKIP TO 17.1 NEXT PAGE Yes=1 AI1

IF YES:

There are many beliefs about how people can get HIV/AIDS. For each of these beliefs, I would like to know whether you think that is a way people can get HIV/AIDS

16.1a By an injection with a needle that has been used on a person with HIV/AIDS? No=0 AI1a
Yes=1
DK=8

16.1b By mosquito bite? No=0 AI1b
Yes=1
DK=8

16.1c By getting blood transfusion with blood is infected with HIV/AIDS? No=0 AI1c
Yes=1
DK=8

16.1d By having sex with a person infected with HIV/AIDS? No=0 AI1d
Yes=1
DK=8

16.1e By sharing food or utensils with a person infected with HIV/AIDS? No=0 AI1e
Yes=1
DK=8

16.1f By sharing clothes with a person infected with HIV/AIDS? No=0 AI1f
Yes=1
DK=8

16.2 Where did you get most of your information about HIV/AIDS? AI2
Radio/TV=1 Doctor/Nurse/Health worker=5
Newspaper/Magazine=2 Husband=6
School=3 Friends/Relatives=7
Hoardings/Pamphlets=4 Others=8

16.3 Do you know any one who has HIV/AIDS? No=0 AI3
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? No=0 AI4
Yes=1
DK=8

17. Gender Relations

Eligible Woman No: **1** EW1No

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?**

MOST SAY:
 RESPONDENT=1
 HUSBAND=2
 SENIOR MALE=3
 SENIOR FEMALE=4
 OTHERS=5

	RESPONDENT	HUSBAND	SENIOR MALE	SENIOR FEMALE	OTHERS	NOT APPLICABLE NO ONE		
17.1 What to cook on a daily basis?	No=0 Yes=1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	⇒	<input type="checkbox"/> <input type="checkbox"/>
		GR1a	GR1b	GR1c	GR1d	GR1e GR1f		GR1g
17.2 Whether to buy an expensive item such as a TV or fridge?	No=0 Yes=1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	⇒	<input type="checkbox"/> <input type="checkbox"/>
		GR2a	GR2b	GR2c	GR2d	GR2e GR2f		GR2g
17.3 How many children you have?	No=0 Yes=1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	⇒	<input type="checkbox"/> <input type="checkbox"/>
		GR3a	GR3b	GR3c	GR3d	GR3e GR3f		GR3g
17.4 What to do if you fall sick?	No=0 Yes=1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	⇒	<input type="checkbox"/> <input type="checkbox"/>
		GR4a	GR4b	GR4c	GR4d	GR4e GR4f		GR4g
17.5 Whether to buy land or property?	No=0 Yes=1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	⇒	<input type="checkbox"/> <input type="checkbox"/>
		GR5a	GR5b	GR5c	GR5d	GR5e GR5f		GR5g
17.6 How much money to spend on a social function such as marriage?	No=0 Yes=1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	⇒	<input type="checkbox"/> <input type="checkbox"/>
		GR6a	GR6b	GR6c	GR6d	GR6e GR6f		GR6g
IF RESPONDENT HAS ANY CHILDREN:								
17.7 What to do if a child falls sick?	No=0 Yes=1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	⇒	<input type="checkbox"/> <input type="checkbox"/>
		GR7a	GR7b	GR7c	GR7d	GR7e GR7f		GR7g
17.8 To whom your children should marry?	No=0 Yes=1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	⇒	<input type="checkbox"/> <input type="checkbox"/>
		GR8a	GR8b	GR8c	GR8d	GR8e GR8f		GR8g

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 ...

		No = 0 Must Inform =1 Yes = 2	CODE ALL RESPONSES THAT ARE GIVEN AS "1"						
			HUSBAND	SENIOR MALE	SENIOR FEMALE	OTHERS			
17.9	to the local health center?	<input type="checkbox"/> GR9a ⇒	Whom do you ask for permission?	<input type="checkbox"/> GR9b	<input type="checkbox"/> GR9c	<input type="checkbox"/> GR9d	<input type="checkbox"/> GR9e	⇒ Can you go alone (WHETHER YOU NEED PERMISSION OR NOT)?	No=0 <input type="checkbox"/> GR9f Yes=1 <input type="checkbox"/>
17.10	to the home of relatives or friends [in the village/neighborhood]?	<input type="checkbox"/> GR10a ⇒	Whom do you ask for permission?	<input type="checkbox"/> GR10b	<input type="checkbox"/> GR10c	<input type="checkbox"/> GR10d	<input type="checkbox"/> GR10e	⇒ Can you go alone (WHETHER YOU NEED PERMISSION OR NOT)?	No=0 <input type="checkbox"/> GR10f Yes=1 <input type="checkbox"/>
17.11	to the kirana shop?	<input type="checkbox"/> GR11a ⇒	Whom do you ask for permission?	<input type="checkbox"/> GR11b	<input type="checkbox"/> GR11c	<input type="checkbox"/> GR11d	<input type="checkbox"/> GR11e	⇒ Can you go alone (WHETHER YOU NEED PERMISSION OR NOT)?	No=0 <input type="checkbox"/> GR11f Yes=1 <input type="checkbox"/>
17.12	to short distance by train or bus?	<input type="checkbox"/> GR12a ⇒	Whom do you ask for permission?	<input type="checkbox"/> GR12b	<input type="checkbox"/> GR12c	<input type="checkbox"/> GR12d	<input type="checkbox"/> GR12e	⇒ Can you go alone (WHETHER YOU NEED PERMISSION OR NOT)?	No=0 <input type="checkbox"/> GR12f Yes=1 <input type="checkbox"/>

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 <input type="checkbox"/> Yes=1 <input type="checkbox"/> GR13a
17.14	...a town/city (for rural)?	No=0 <input type="checkbox"/> Yes=1 <input type="checkbox"/> GR14a
17.15	...a village (for urban)?	No=0 <input type="checkbox"/> Yes=1 <input type="checkbox"/> GR15a
17.16	...another state?	No=0 <input type="checkbox"/> Yes=1 <input type="checkbox"/> GR16a
17.17	... abroad?	No=0 <input type="checkbox"/> Yes=1 <input type="checkbox"/> GR17a

17.18 Are you member of a:

17.18a	Mahila Mandal	No=0 <input type="checkbox"/> Yes=1 <input type="checkbox"/> GR18a
17.18b	Self-help group	No=0 <input type="checkbox"/> Yes=1 <input type="checkbox"/> GR18b
17.18c	Credit/savings group	No=0 <input type="checkbox"/> Yes=1 <input type="checkbox"/> GR18c
17.18d	Political organization	No=0 <input type="checkbox"/> Yes=1 <input type="checkbox"/> GR18d

17.19	Have you attendend a public meeting/gram sabha called by the village panchayat / nagarpalika / ward committee in the last year?	No=0 <input type="checkbox"/> Yes=1 <input type="checkbox"/> GR19
-------	---	--

17. Gender Relations (continued)

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

No=0 GR20
Yes=1

IF YES:

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

Relatives=1 GR21
Other people=2
Both=3

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

No=0 GR22
Yes=1

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

CODE EACH SEPARATELY:

You? GR23a
Adult men? GR23b
Adult women? GR23c
Children? GR23d

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

CODE EACH SEPARATELY:

You? GR24a
Adult men? GR24b
Adult women? GR24c
Other children? GR24d

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?

Eat together=1 GR25
Women first=2
Men first=3
Varies, Other=4

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

No=0 GR26
Yes=1

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

No=0 GR27a
Yes=1

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

No=0 GR27b
Yes=1

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

No=0 GR28
Yes=1
No house/papers=8

17.29 Do you and your husband talk about ...

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

Never=0 GR29a
Sometimes=1
Often=2

17.29b ... about what to spend money on?

Never=0 GR29b
Sometimes=1
Often=2

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

Never=0 GR29c
Sometimes=1
Often=2

17.30 How often do you visit your natal family?

Lives in natal place= 0 GR30
Daily/Weekly=1
Monthly=2
A few times in a year=3
Once a year=4
Less than once a year=5

17.31 How often members from natal family visit you?

Lives in natal place= 0 GR31
Daily/Weekly=1
Monthly=2
A few times in a year=3
Once a year=4
Less than once a year=5

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

Lives in natal place= 0 GR32
Daily/Weekly=1
Monthly=2
A few times in a year=3
Once a year=4
Less than once a year=5

17.33 Do any members of your natal family live close enough for you to visit them and come back the same day?

No=0 GR33
Yes or lives with natal family=1

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 GR34
Yes=1

17.35 If he suspects her of having relations with other men? No=0 GR35
Yes=1

17.36 If her natal family does not give expected money, jewelry or other items? No=0 GR36
Yes=1

17.37 If she neglects the house or the children? No=0 GR37
Yes=1

17.38 If she does not respect elders of the family? No=0 GR38
Yes=1

17.39 If she doesn't cook food properly? No=0 GR39
Yes=1

17.40 In your community, do widows get more help from their natal families [including brothers and uncles] or from their husbands' families? Natal families=1 GR40
Husbands families=2
Both=3
Neither=4

17.41 Who do you expect to live with when you get old? Son=1 GR41
Daughter=2
Both=3
Others/No one=4
Can't say/Don't know=8

IF DAUGHTER NOT MENTIONED ABOVE:
17.42 Would you consider living with your daughter when you get old? No=0 GR42
Yes=1
Has no daughters=9

17.43 Who do you expect will support you financially when you get older? Son=1 GR43
Daughter=2
Both=3
Others/No one=4

IF DAUGHTER NOT MENTIONED ABOVE:

17.44 Would you consider being financially supported by your daughter? No=0 GR44
Yes=1
Has no daughters=9

17.45 How frequently are unmarried girls harassed in your village / neighborhood? Rarely=1 GR45
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 GR46
Yes=1

IF YES:

17.46a Ever worked in MGNREGA? No=0 GR46a
Yes=1

17.46b Are you currently working for pay/wages? No=0 GR46b
Yes=1

17.47 Who has the most say in decisions about your work? [ONE OPTION ALLOWED] Self=1 GR47
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 GR48
Yes=1

17.49 If you found a suitable job, would you be allowed to work? No=0 GR49
Yes=1

18. Marital History

Eligible Woman No: **1** EW1No

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?

(age in years) MH1a

18.1b Which month and year was this?

MONTH MH1bm YEAR MH1by

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

(age in years) MH1c

18.1d Which month and year was this?

MONTH MH1dm YEAR MH1dy

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

(age in years) MH1e

18.1f Was this..

Before your (first) marriage=1 MH1f
 After your (first) marriage but before gauna=2
 After your (first) marriage and gauna=3

18.2 What is the status of your marriage?

Currently married=1 Separated=3 MH2
 Widowed=2 Divorced=4

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

MH3
 On wedding / gauna day only=1 More than one year=4
 Less than one month=2 Since childhood=5
 More than one month but less than one year=3

18.4a Who chose your husband?

Respondent herself=1 Parents / Other relatives alone=3 MH4a
 Respondent and parents / Other relatives together=2 Others=4

ASK ONLY IF RESPONDENT ANSWERED 3 or 4

18.4b Did you have any say in choosing him?

No=0 Yes=1 MH4b

18.5 Before the marriage was fixed, did you get a chance to? CHECK ALL THAT APPLY

18.5a Meet him

No=0 Yes=1 MH5a

18.5b Talk to him on the phone

No=0 Yes=1 MH5b

18.5c See his photograph

No=0 Yes=1 MH5c

18.5d Send e-mail/internet chat

No=0 Yes=1 MH5d

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

No=0 Yes=1 MH6

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

No=0 Yes=1 MH7

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

Live with his parents (family)=1 MH8a
 Live with your parents (family)=2
 Live alone=3

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

(Years) MH8b
 until they died=90
 still living together=91

18.9 At that time, how long did it take you to go to your natal home? [ONE WAY] (Hours less than 1 = 1)

(in hours) MH9

18.10 Are any women from your natal family married into this family? If so, what is the relationship?

None=0 Both=3 MH10
 Sister=1 Others=4
 Aunt=2

18.11 Are any women from your natal family married into this village/town? If so, what is the relationship?

None=0 Both=3 MH11
 Sister=1 Others=4
 Aunt=2

ASK ONLY IF THE PRACTICE IS PERMITTED:

18.12 Are you related to your husband by blood? If so, what is the relationship?

No relation=0 Cousin=2 MH12
 Uncle=1 Others=3
 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 MH13
 Natal Better off=2
 Natal Worse off=3

18.14 Has your husband been married once or more than once?
 Once=1 MH14
 More than once=2

18.15 Have you been married once or more than once? [IF MARRIED ONCE GO TO SECTION-19]
 Once=1 MH15
 More than once=2

18.16 [IF MORE THAN ONCE] How many times have you been married?
 TIMES MH16

Now, I would like to ask you some questions about marriage arrangements at the time of your *first* marriage...

18.17a How old were you when you got married for the first time?
 FIRST MARRIAGE
 (age in years) MH17a

18.17b Which month and year was this?
 MONTH MH17bm YEAR MH17by

18.18a And how old were you when you first started living with your husband (had gauna)?
 (age in years) MH18a

18.18b Which month and year was this?
 MONTH MH18bm YEAR MH18by

18.19 What is the status of your first marriage?
 Widowed=1 MH19
 Separated=2
 Divorced=3

19. Fertility History

Eligible Woman No: **1** EW1No

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]

19.1	19.2	19.3	19.4	19.5
Record No.	Live with respondent	Live outside	Died after birth	Total
FH1	FH2	FH3	FH4	FH5
1				
2				
3				

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? Nos. FH6

19.7 How many miscarriages or wasted pregnancies? TOTAL FH7

19.7a How many from 19.7 were spontaneous? Nos. FH7a

19.7b How many from 19.7 were induced abortions or DNC? Nos. FH7b

INTERVIEWER CHECKPOINT:

RESPONDENT HAD ONE OR MORE LIVE BIRTHS? No=0 Yes=1 FHCHK

21. Fertility Preferences

Eligible Woman No: **1** EW1No

21.1 Are you pregnant now?

No=0 FP1
 Yes=1 FP1
 Unsure=8

Go to 21.3a ←

21.2a Are you and your husband currently using any methods to delay or prevent pregnancy?

No=0 FP2a
 Yes=1 FP2a

21.2b [If using contraception]

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 |
| Injectible Contraception=04 | Others=11 |
| Condom=05 | Method used |
| Female sterilization=06 | But no answer=98 |
| Male sterilization=07 | Refused=99 |

1st Method FP2b

2nd Method FP2c

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 FP3a
 No, sterilized (or husband)=1
 Not fertile anymore=2
 Yes=3
 Unsure=8

⇒ 21.4a
 ⇒ 21.5
 ⇒ 21.5
 ⇒ 21.3b
 ⇒ 21.4a

[IF YES]:

21.3b How many more children do you want to have (in addition to the child you are now carrying)?

Children FP3b
 Until a son=50
 Until a daughter=51
 Up to god=52

21.3c 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 FP3c
 After 2 years=2
 Up to God / 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?

No=0 21.5
 Yes=1 21.4b
 Unsure=8 21.5

[IF YES]:

21.4b How many more children does your husband want?

Children FP4b
 Until a son=50
 Until a daughter=51
 Up to god=52

21.4c When would your husband want your child to be born- within two years, after 2 years, or does he not have a preference?

Within 2 years=1 FP4c
 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 FP5

a How many sons?

SONS FP5a
 No sex pref.=98

b How many daughters?

DAUGHTERS FP5b
 No sex pref.=98

21.5c 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 FP5c
 Girl=2
 No preference=3

INTERVIEWER CODE OTHERS PRESENT:

Nobody else=1 FPWHO
 Adults only=2
 Children only=3
 Adults and Children=4

22. *Natal Care: Last Birth*

Eligible Woman No: **1** EW1No

Interviewer should check and enter number of births since January 2005
 Check Question 20.5, page 28. Number of births since Jan. 2005 LB0
 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: LB1a

BIRTH ID from 20.1: LB1a

SURVIVAL from 20.7: Alive=1 LB1b
 Dead=2

_____ LB1NM

Now, I would like to ask about the health of your last child born since January 2005.

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

No=0 LB2
 Yes=1

22.3 Where did you get a card made?

Government Doctor/Hospital=1 LB3
 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 LB4
 Anganwadi worker=2
 ASHA=3
 Others=4
 No one=5

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

No=0 LB5
 Yes=1

IF YES:
 22.6 Did you get your checkups at a... LAST BIRTH
 RECORD ALL

Government hospital or clinic? No=0 LB6a
 Yes=1

Private hospital or clinic? No=0 LB6b
 Yes=1

Government worker in private practice? No=0 LB6c
 Yes=1

Home? No=0 LB6d
 Yes=1

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

A Doctor? No=0 LB7a
 Yes=1

A Nurse/ANM? No=0 LB7b
 Yes=1

A Traditional Midwife/Dai? No=0 LB7c
 Yes=1

Other? No=0 LB7d
 Yes=1

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

No=0 LB8
 Yes=1

IF YES:
 22.9 Who visited you when you were pregnant?

Government doctor=1 LB9
 ANM=2
 Anganwadi worker=3
 ASHA=4
 Private Doctor/Nurse=5
 Others=6

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

(in months) LB10

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

(no. of checkups) LB11

22. Natal Care: Last Birth (continued)

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

RECORD ALL

LAST BIRTH

Weight check	No=0	<input type="text"/>	LB12a
	Yes=1	<input type="text"/>	
Blood Pressure	No=0	<input type="text"/>	LB12b
	Yes=1	<input type="text"/>	
Blood Test	No=0	<input type="text"/>	LB12c
	Yes=1	<input type="text"/>	
Urine Test	No=0	<input type="text"/>	LB12d
	Yes=1	<input type="text"/>	

Abdomen Exam	No=0	<input type="text"/>	LB12e
	Yes=1	<input type="text"/>	
Internal Exam	No=0	<input type="text"/>	LB12f
	Yes=1	<input type="text"/>	
Sonogram/Ultrasound	No=0	<input type="text"/>	LB12g
	Yes=1	<input type="text"/>	
Amniocentesis	No=0	<input type="text"/>	LB12h
	Yes=1	<input type="text"/>	

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

RECORD ALL

Night Blindness	No=0	<input type="text"/>	LB13a
	Yes=1	<input type="text"/>	
Blurred Vision	No=0	<input type="text"/>	LB13b
	Yes=1	<input type="text"/>	
Convulsions not from fever	No=0	<input type="text"/>	LB13c
	Yes=1	<input type="text"/>	
Excessive Swelling	No=0	<input type="text"/>	LB13d
	Yes=1	<input type="text"/>	
Excessive Fatigue	No=0	<input type="text"/>	LB13e
	Yes=1	<input type="text"/>	

Anaemia	No=0	<input type="text"/>	LB13f
	Yes=1	<input type="text"/>	
Vaginal Bleeding	No=0	<input type="text"/>	LB13g
	Yes=1	<input type="text"/>	
High BP	No=0	<input type="text"/>	LB13h
	Yes=1	<input type="text"/>	
Giddiness	No=0	<input type="text"/>	LB13i
	Yes=1	<input type="text"/>	
No foetal movement	No=0	<input type="text"/>	LB13j
	Yes=1	<input type="text"/>	

22.14 When you were pregnant with [NAME] did you receive any iron folic tablets or syrup?
IF YES: Did you receive enough iron folic tablets to last you three months or more?

None=0 Yes, more than three months=2 LB14
Yes, less than three months= 1 Don't know=8

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?

(number of injections) LB15
Did not receive any=0

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

Your home=1 LB16
Natal home=2
Others=3

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

RECORD ALL

Bag burst early	No=0	<input type="text"/>	LB17a
	Yes=1	<input type="text"/>	
Baby stuck	No=0	<input type="text"/>	LB17b
	Yes=1	<input type="text"/>	
Long labor pain	No=0	<input type="text"/>	LB17c
	Yes=1	<input type="text"/>	
Wrong baby position	No=0	<input type="text"/>	LB17d
	Yes=1	<input type="text"/>	

Placenta delayed	No=0	<input type="text"/>	LB17e
	Yes=1	<input type="text"/>	
Bleeding from vagina	No=0	<input type="text"/>	LB17f
	Yes=1	<input type="text"/>	
Premature labor	No=0	<input type="text"/>	LB17g
	Yes=1	<input type="text"/>	
Any other	No=0	<input type="text"/>	LB17h
	Yes=1	<input type="text"/>	

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

Government hospital or clinic=1 LB18
Private nursing home=2
GO TO Q.22.25 Home=3
Others=4

IF HOSPITAL / NURSING HOME DELIVERY :

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

Mark all that apply.

LAST BIRTH

A Doctor	No=0	<input type="text"/>	LB19a
	Yes=1	<input type="text"/>	
A Nurse/ANM	No=0	<input type="text"/>	LB19b
	Yes=1	<input type="text"/>	
A Health Worker	No=0	<input type="text"/>	LB19c
	Yes=1	<input type="text"/>	
An Anganwadi Worker	No=0	<input type="text"/>	LB19d
	Yes=1	<input type="text"/>	
An ASHA Worker	No=0	<input type="text"/>	LB19e
	Yes=1	<input type="text"/>	
A NGO/CBO worker	No=0	<input type="text"/>	LB19f
	Yes=1	<input type="text"/>	

Husband	No=0	<input type="text"/>	LB19g
	Yes=1	<input type="text"/>	
Family/Relatives	No=0	<input type="text"/>	LB19h
	Yes=1	<input type="text"/>	
Friends	No=0	<input type="text"/>	LB19i
	Yes=1	<input type="text"/>	
Self	No=0	<input type="text"/>	LB19j
	Yes=1	<input type="text"/>	
Others	No=0	<input type="text"/>	LB19k
	Yes=1	<input type="text"/>	

22. *Natal Care: Last Birth (continued)*

22.20 **Were you accompanied by a government worker for delivery?** No=0 Yes=1 LB20

22.21 **Did you receive any money from the government for hospital delivery? IF YES: How much?**
 IF RECEIVED NO HELP FROM THE GOVERNMENT, ENTER 0. (in rupees) LB21
 IF NOT RECEIVED BUT EXPECTED TO RECEIVE ENTER 8888.

22.22 **Did you get money for transportation for delivery? IF YES: How much?**
 IF RECEIVED NO HELP FROM THE GOVERNMENT, ENTER 0. (in rupees) LB22
 IF NOT RECEIVED BUT EXPECTED TO RECEIVE ENTER 8888.

22.23 **What was the main mode of transportation used?**
 Walking=01 Jeep/CAR=06 LB23
 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 LB24
 A Nurse/ANM=02 Family/Relatives=08
 A Health Worker=03 Friends=09
 An Anganwadi Worker=04 Self=10
 An ASHA Worker=05 Others=11
 A NGO/CBO worker=06

[IF HOME DELIVERY]
 22.25 **What is the main reason that you did not deliver in the hospital?**
 Costs too much=01 Not customary=06 LB25
 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	No=0 <input type="checkbox"/>	A Friend/Relative	No=0 <input type="checkbox"/>
	Yes=1 <input type="checkbox"/> LB26a		Yes=1 <input type="checkbox"/> LB26d
A Nurse/ANM	No=0 <input type="checkbox"/>	Others	No=0 <input type="checkbox"/>
	Yes=1 <input type="checkbox"/> LB26b		Yes=1 <input type="checkbox"/> LB26e
A Traditional Midwife/Dai	No=0 <input type="checkbox"/>		
	Yes=1 <input type="checkbox"/> LB26c		

22.27 **When [NAME] was born, was he/she large, average, small or very small?**
 Large=1 LB27
 Average=2
 Small=3
 Very small=4

22.28 **What kind of delivery was this? Was it.....**
 A normal delivery=1 LB28
 Forceps=2
 Cesarean=3

22.29 **Have you got a birth certificate?**
 No=0 LB29
 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 LB30
 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) LB31

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

Excessive Vaginal Bleeding?	No=0 <input type="checkbox"/>	Pelvic inflammation?	No=0 <input type="checkbox"/>
	Yes=1 <input type="checkbox"/> LB32a		Yes=1 <input type="checkbox"/> LB32d
Persistent back pain?	No=0 <input type="checkbox"/>		No=0 <input type="checkbox"/>
	Yes=1 <input type="checkbox"/> LB32b	Foul smelling discharge?	Yes=1 <input type="checkbox"/> LB32e
Very high fever?	No=0 <input type="checkbox"/>		No=0 <input type="checkbox"/>
	Yes=1 <input type="checkbox"/> LB32c	Any others?	Yes=1 <input type="checkbox"/> LB32f

22 Natal Care: Last Birth (continued)

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
IF CARD IS SEEN:

LAST BIRTH
No=0 LB33
Yes, not seen=1
Yes, seen=2

22.34 COPY DATES FROM IMMUNIZATION CARDS IN THE TABLE BELOW:

	DAY	MONTH	YEAR
22.34a BCG	<input type="text"/> LB34aD	<input type="text"/> LB34aM	<input type="text"/> LB34aY
22.34b POLIO 0	<input type="text"/> LB34bD	<input type="text"/> LB34bM	<input type="text"/> LB34bY
22.34c DPT 1	<input type="text"/> LB34cD	<input type="text"/> LB34cM	<input type="text"/> LB34cY
22.34d DPT 2	<input type="text"/> LB34dD	<input type="text"/> LB34dM	<input type="text"/> LB34dY
22.34e DPT 3	<input type="text"/> LB34eD	<input type="text"/> LB34eM	<input type="text"/> LB34eY
22.34f POLIO 1	<input type="text"/> LB34fD	<input type="text"/> LB34fM	<input type="text"/> LB34fY
22.34g POLIO 2	<input type="text"/> LB34gD	<input type="text"/> LB34gM	<input type="text"/> LB34gY
22.34h POLIO 3	<input type="text"/> LB34hD	<input type="text"/> LB34hM	<input type="text"/> LB34hY
22.34i MEASLES	<input type="text"/> LB34iD	<input type="text"/> LB34iM	<input type="text"/> LB34iY

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

No=0 LB35
Yes=1

IF NO CARD, OR CARD IS NOT SEEN, ASK
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...

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?

LAST BIRTH
No=0 LB36
Yes=1

No=0 LB37
Yes=1

TIMES LB38

TIMES LB39

Within a week of birth=1 LB39a
or Later=2

No=0 LB40
Yes=1

LB41

MONTHS AGO LB42

22 Natal Care: Last Birth (continued)

22.43 Did you ever breastfeed [NAME]?

LAST BIRTH

Go to Q. 22.47 ← No=0 LB43
 Yes=1

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

(in hours)
LB44

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?

No=0 LB45
 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]?

(in months)
LB46

22.47 At what age did you start supplementing [NAME]'s diet

with canned or other milk?

IF NOT YET STARTED SUPPLEMENT
 ENTER 90

(in months)
LB47a

with solid foods?

(in months)
LB47b

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?

No=0 LB48
 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	No=0 <input type="checkbox"/> LB49a1 Yes=1 <input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Daily=1</td> <td style="text-align: center;">At least 1/quarter=5</td> </tr> <tr> <td style="text-align: center;">At least 1/week=2</td> <td style="text-align: center;">At least 1/year=6 <input type="checkbox"/> LB49a2</td> </tr> <tr> <td style="text-align: center;">At least 1/fortnight=3</td> <td style="text-align: center;">Never=7</td> </tr> <tr> <td style="text-align: center;">At least 1/month=4</td> <td></td> </tr> </table>	Daily=1	At least 1/quarter=5	At least 1/week=2	At least 1/year=6 <input type="checkbox"/> LB49a2	At least 1/fortnight=3	Never=7	At least 1/month=4	
Daily=1	At least 1/quarter=5									
At least 1/week=2	At least 1/year=6 <input type="checkbox"/> LB49a2									
At least 1/fortnight=3	Never=7									
At least 1/month=4										
b. Health Check-up	No=0 <input type="checkbox"/> LB49b1 Yes=1 <input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Daily=1</td> <td style="text-align: center;">At least 1/quarter=5</td> </tr> <tr> <td style="text-align: center;">At least 1/week=2</td> <td style="text-align: center;">At least 1/year=6 <input type="checkbox"/> LB49b2</td> </tr> <tr> <td style="text-align: center;">At least 1/fortnight=3</td> <td style="text-align: center;">Never=7</td> </tr> <tr> <td style="text-align: center;">At least 1/month=4</td> <td></td> </tr> </table>	Daily=1	At least 1/quarter=5	At least 1/week=2	At least 1/year=6 <input type="checkbox"/> LB49b2	At least 1/fortnight=3	Never=7	At least 1/month=4	
Daily=1	At least 1/quarter=5									
At least 1/week=2	At least 1/year=6 <input type="checkbox"/> LB49b2									
At least 1/fortnight=3	Never=7									
At least 1/month=4										
c. Growth monitoring (weighing the child)	No=0 <input type="checkbox"/> LB49c1 Yes=1 <input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Daily=1</td> <td style="text-align: center;">At least 1/quarter=5</td> </tr> <tr> <td style="text-align: center;">At least 1/week=2</td> <td style="text-align: center;">At least 1/year=6 <input type="checkbox"/> LB49c2</td> </tr> <tr> <td style="text-align: center;">At least 1/fortnight=3</td> <td style="text-align: center;">Never=7</td> </tr> <tr> <td style="text-align: center;">At least 1/month=4</td> <td></td> </tr> </table>	Daily=1	At least 1/quarter=5	At least 1/week=2	At least 1/year=6 <input type="checkbox"/> LB49c2	At least 1/fortnight=3	Never=7	At least 1/month=4	
Daily=1	At least 1/quarter=5									
At least 1/week=2	At least 1/year=6 <input type="checkbox"/> LB49c2									
At least 1/fortnight=3	Never=7									
At least 1/month=4										
d. Early childhood/ pre-school education	No=0 <input type="checkbox"/> LB49d1 Yes=1 <input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Daily=1</td> <td style="text-align: center;">At least 1/quarter=5</td> </tr> <tr> <td style="text-align: center;">At least 1/week=2</td> <td style="text-align: center;">At least 1/year=6 <input type="checkbox"/> LB49d2</td> </tr> <tr> <td style="text-align: center;">At least 1/fortnight=3</td> <td style="text-align: center;">Never=7</td> </tr> <tr> <td style="text-align: center;">At least 1/month=4</td> <td></td> </tr> </table>	Daily=1	At least 1/quarter=5	At least 1/week=2	At least 1/year=6 <input type="checkbox"/> LB49d2	At least 1/fortnight=3	Never=7	At least 1/month=4	
Daily=1	At least 1/quarter=5									
At least 1/week=2	At least 1/year=6 <input type="checkbox"/> LB49d2									
At least 1/fortnight=3	Never=7									
At least 1/month=4										
e. Food / Meals	No=0 <input type="checkbox"/> LB49e1 Yes=1 <input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Ever=1 <input type="checkbox"/> LB49e2</td> </tr> <tr> <td style="text-align: center;">Last month=2</td> </tr> <tr> <td style="text-align: center;">Never=3</td> </tr> </table>	Ever=1 <input type="checkbox"/> LB49e2	Last month=2	Never=3					
Ever=1 <input type="checkbox"/> LB49e2										
Last month=2										
Never=3										

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: EW1No

23.1 HOUSE / BUILDING TYPE:

- House, no shared walls=1 HQ1
- 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 HQ2a
- Yes=1

23.2b STAGNANT WATER

- No=0 HQ2b
- Yes=1

**23.3 ANIMALS ARE KEPT:
(Except dog, cat)**

- No animals=1 HQ3
- 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 HQ4
- Stone=7
- Cement, Concrete=8
- Others=9

23.5 PREDOMINANT ROOF TYPE:

- Grass, Thatch, Mud, Wood=01
- Tile=02
- Slate=03
- Plastic=04
- GI Metal, Asbestos=05
- Cement =06 HQ5
- Brick=07
- Stone=08
- Concrete=09
- Others=10

23.6 PREDOMINANT FLOOR TYPE:

- Mud=1
- Wood, Bamboo=2
- Brick=3
- Stone=4
- Cement=5 HQ6
- Tiles, Mosaic=6
- Others=7

24. Interviewer Observation – Respondent Behaviour

TO BE FILLED IN BY INTERVIEWER:

Eligible Woman No: EW1No

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

- No difficulty=1 OG1
- Some difficulty=2
- A lot of difficulty=3

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

- No difficulty=1 OG2
- Some difficulty=2
- A lot of difficulty=3

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

- Rarely=1 OG3
- Sometimes=2
- Ususally=3

24.4 Did the respondent clearly answer all the questions?

- Rarely=1 OG4
- Sometimes=2
- Ususally=3

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

- Very little knowledge=1 OG5
- Somewhat=2
- Very knowledgeable=3

24.6 Was the respondent confident?

- Rarely=1 OG6
- Sometimes=2
- Ususally=3

24.7 Your assessment of the reliability of response?

- Good=1 OG7
- Somewhat=2
- Poor=3

24.8 Interview Completion Date:

OG8D OG8M OG8Y
 Day Month Year

24.9 Interview End Time:

OG9a OG9b AM=1 OG9c
 Hours Minutes PM=2 OG9c

24.10 Completion Status

- Complete=1 OG10
- Incomplete=2

26 Learning (First Child)

TA1

Eligible Woman No: 1 EW1No

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

26.1 NAME OF CHILD TA1NM

26.2 ID Code of child ID TA2

26.3 Have you ever attended school?
 Never=0 TA3
 Yes, currently=1
 Yes, in the past=2

26.4 Upto which class/standard have you completed? TA4

26.5 Do (did) you enjoy school?
 No=0 TA5
 Yes=1

26.6 Does (did) the teacher treat you....
 Nicely=1 TA6
 Somewhat nicely=2
 Not nicely=3

26.7 How often has the teacher been absent in the past 30 days?
 (last school month if interview during vacation) TA7
 Never=1 2-6 days=3 Don't know=8
 1 day=2 7 or more=4

26.11 Please write your answer in full sentences.

Skills

	Language	Level
26.8 Reading	Hindi=01 <input type="text"/> TA8a Assamese=02 Bangla=03 Gujarati=04 Marathi=05	Can not read=0 Letter=1 <input type="text"/> TA8b Word=2 Paragarph=3 Story=4
26.9 Math	Oriya=06 <input type="text"/> TA9a Kannada=07 Malayalam=08 Tamil=09 Telegu=10	Can not recognise Number=0 Number=1 <input type="text"/> TA9b Subtraction=2 Division=3
26.10 Writing	English=11 <input type="text"/> TA10a Punjabi=12 Urdu=13	Can not write=0 Writes with 2 or less mistakes=1 <input type="text"/> TA10b Writes with no mistake=2

26 Learning (2nd Child)

TA21

Eligible Woman No: **1** EW1No

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

26.21 NAME OF CHILD TA21NM

26.22 ID Code of child ID TA22

26.23 Have you ever attended school?
 Never=0 TA23
 Yes, currently=1
 Yes, in the past=2

26.24 Upto which class/standard have you completed? TA24

26.25 Do (did) you enjoy school?
 No=0 TA25
 Yes=1

26.26 Does (did) the teacher treat you....
 Nicely=1 TA26
 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) TA27
 Never=1 2-6 days=3 Don't know=8
 1 day=2 7 or more=4

26.31 Please write your answer in full sentences.

Skills

26.28 Reading

Language Hindi=01 <input type="text"/> TA28a Assamese=02 Bangla=03 Gujarati=04 Marathi=05	Level Can not read=0 Letter=1 <input type="text"/> TA28b Word=2 Paragarph=3 Story=4
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26.29 Math

Oriya=06 <input type="text"/> TA29a Kannada=07 Malayalam=08 Tamil=09 Telegu=10	Can not recognise Number=0 <input type="text"/> TA29b Number=1 Subtraction=2 Division=3
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26.30 Writing

English=11 <input type="text"/> TA30a Punjabi=12 Urdu=13	Can not write=0 <input type="text"/> TA30b Writes with 2 or less mistakes=1 Writes with no mistake=2
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