

(Confidential and for research purpose only)

Questionnaire No...

D	B/T	R/U	V/W	HH

## **AN ANALYSIS AND FINANCING OF OUT OF POCKET HEALTH EXPENDITURE ON ELDERLY: A CASE STUDY OF HARYANA**

### **INTRODUCTION AND INFORMED CONSENT**

Namaste. My name is Vishal and I am pursuing my Ph.D. at Centre for Research in Rural and Industrial Development (CRRID), Chandigarh. I am conducting a survey of elderly persons to study their out of pocket health expenditure and its financing. To this end I will be gathering information on the households they live in. I am selecting a sample of households with elderly persons, and you are among them. I would very much appreciate the participation of your household in this survey and I would like to ask you some questions about your household.

Whatever information you provide will be kept strictly confidential. After this interview I would like to talk to the older persons (60+) of your households. Please inform them of this survey.

Participation in this survey is voluntary and you can choose not to answer any question or dropout of the survey at any time. However, I hope you will participate in this survey since your participation is important for the study. Please feel free to ask any question at any time during the interview.

May I begin the interview ?

<b>Yes</b>	<b>1</b>
<b>No</b>	<b>2</b>



**Department of Economics (CRRID)**  
**Panjab University, Chandigarh**

## Part A: Household Questionnaire

## IDENTIFICATION DETAILS

1.	DIVISION.....		
2.	DISTRICT.....		
3.	TYPE OF PSU: RURAL.....1. URBAN.....2		
4.	BLOCK/TOWN: .....		
5.	VILLAGE/MC WARD.....		
6.	HOUSEHOLD NO: .....		
7.	NAME OF HOUSEHOLD HEAD: .....		
8.	ADDRESS OF HOUSEHOLD: .....		
9.	PHONE NO.....		

## Section 1: Social Status

101.	Religion of the head of the household	Hindu.....	1
		Muslim.....	2
		Sikh.....	3
		Christian.....	4
		Jain.....	5
		Other (specify).....	99
102.	Caste of the head of the household	GENERAL .....	1
		OBC.....	2
		SC.....	3
103.	No. of usual members in the household at present?	<div style="border: 1px solid black; width: 40px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 30px; display: inline-block;"></div>	

<b>Codes for Division</b>	Jhajhar.....5	Kaithal.....6	Kaithal.....7	Sondhpur.....8
Ambala.....1	Kaithal.....6	Panipat.....7	Panipat.....8	<b>Codes for Ward</b>
Gurugram.....2	Mewat .....7	Punhana.....8	<b>Codes for village</b>	Ward I.....1
Hisar.....3	Panipat.....8	<b>Codes for Town</b>	Bapora.....1	Ward III.....2
Rohtak.....4	<b>Codes for Block</b>	Ambala.....1	Bir Hisar.....2	Ward VII.....3
<b>Codes for District</b>	Ambala.....1	Bahadurgarh....2	Charra.....3	Ward VIII.....4
Ambala.....1	Bahadurgarh....2	Bhiwani.....3	Keorak.....4	Ward XIII.....5
Bhiwani.....2	Bhiwani.....3	Ferozpur Jirka..4	Khojkipur.....5	Ward XVII.....6
Gurugram.....3	Gurugram.....4	Gurugram.....5	Lohinga kalan..6	Ward XXIII.....7
Hisar.....4	Hisar II.....5	Hisar.....6	Naharpur.....7	Ward XXXI.....8

Section 2: Socio-economic and Demographic profile

I would like to gather some information about the people who usually live in your household.

Sr. No	Give the names of the persons who usually live in this household? (exclude the visitors)	Relation with HoH (see codes)		Age (in comp. years)		Mark elderly Yes...1 No....2	Gender M.....1 F.....2	Marital status (see codes)	Education in completed years (If age 7 or older)		Occupation (If age 15 or older) (see code on page 15-16)	If Code is 1 to 40 in 208, then Industry sector? 1= Organised 2=Unorganised 0= Not applicable	Has bank account or post office account? Yes.....1 No.....2	Illness status				Does the name have any of the following insurance? Life insurance....1 Accident insurance.....2 Health insurance..3 (multiple answer possible)		
														Whether suffered from any ailment on the day before the survey? Yes .....1 No.....2	Whether suffered from any ailment during last 15 days? Yes.....1, go to section 6 No.....2	Whether suffered from any ailment during last 365 days? Yes.....1, go to section 7 No.....2	Whether suffering from any chronic ailment? Yes.....1 No.....2			
201.		202.		203.		204.	205.	206.	207.		208.	209.	210.	211.	212.	213.	214.	215.		
01.		0	1															1	2	3
02.																		1	2	3
03.																		1	2	3
04.																		1	2	3
05.																		1	2	3
06.																		1	2	3
07.																		1	2	3
08.																		1	2	3
09.																		1	2	3
10.																		1	2	3
11.																		1	2	3
12.																		1	2	3
13.																		1	2	3

## Codes for section 2

Q. 202 Relationship with HoH		Q. 206 Marital status	
Self.....	01	Never married.....	1
Spouse.....	02	Currently married.....	2
Son or daughter.....	03	Widowed/widower.....	3
Son/daughter-in-law.....	04	Separated/deserted/ divorced....	4
Grandchildren.....	05		
Parent.....	06		
Parent-in-law.....	07		
Brother or sister.....	08		
Brother/sister-in-law.....	09		
Niece/nephew.....	10		
Other relative.....	11		
Adopted/foster/step child....	12		
Domestic servant.....	13		
Other not related.....	14		

## Section 3: Housing conditions

301.	Type of house	<i>Kutchha</i> .....	1
		Semi pucca.....	2
		Pucca.....	3
302.	How many rooms are there in this house? (except kitchen)	No. of rooms.....	<input type="text"/>
303.	Do you have a separate kitchen?	Yes.....	1
		No.....	2
304.	Do you have independent toilet facility in your household?	Yes.....	1
		No.....	2
305.	Is this house rented?	Yes.....	1
		No.....	2
306.	Does any usual member of the household own any other house?	Yes.....	1
		No.....	2
307.	What is the main source of drinking water for members of your household?	Own piped water.....	1
		Piped water public .....	2
		Own well/bore well.....	3
		Stand post.....	4
		Surface sources.....	5
		Other (specify).....	99
308.	Type of cooking fuel used? (multiple answer possible)	LPG.....	1
		Electricity.....	2
		Wood/dung cakes.....	3
		Biogas.....	4
		Coal/Lignite/Charcoal.....	5
		Bagasse.....	6
309.	Does your household have:	Other (specify) .....	99
		1. Electricity.....	Yes No 1 2
		2. A gas burner.....	1 2
		3. A mattress.....	1 2

		4. A pressure cooker.....	1	2																																											
		5. A microwave/oven/.....	1	2																																											
		6. Mixture/grinder.....	1	2																																											
		7. A cot or bed.....	1	2																																											
		8. A table.....	1	2																																											
		9. A sofa set.....	1	2																																											
		10. An electric fan.....	1	2																																											
		11. A television.....	1	2																																											
		12. A computer or laptop.....	1	2																																											
		13. Internet facility.....	1	2																																											
		14. A refrigerator.....	1	2																																											
		15. A cooler.....	1	2																																											
		16. An air conditioner.....	1	2																																											
		17. An inverter.....	1	2																																											
		18. A washing machine.....	1	2																																											
		19. A water purifier.....	1	2																																											
		20. A motorcycle or scooter.....	1	2																																											
		21. A car/jeep.....	1	2																																											
		22. A water pump.....	1	2																																											
		23. A thresher.....	1	2																																											
		24. A tractor.....	1	2																																											
		25. A truck.....	1	2																																											
		26. Daily newspaper subscription...	1	2																																											
		27. Other (specify).....	1	2																																											
310.	How much agricultural land does this household own?  If not in acres specify size and unit _____	(In acres) 1.Total ..... 2. Irrigated ..... 3.Non-irrigated .....	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																																												
311.	Does your household own any of the following animals? (multiple answers possible)	<table border="1"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr><td>1. Cows.....</td><td>1</td><td>2</td></tr> <tr><td>2. Bulls .....</td><td>1</td><td>2</td></tr> <tr><td>3. Buffaloes .....</td><td>1</td><td>2</td></tr> <tr><td>4. Horse .....</td><td>1</td><td>2</td></tr> <tr><td>5. Donkey .....</td><td>1</td><td>2</td></tr> <tr><td>6. Mules .....</td><td>1</td><td>2</td></tr> <tr><td>7. Camels .....</td><td>1</td><td>2</td></tr> <tr><td>8. Chicken .....</td><td>1</td><td>2</td></tr> <tr><td>9. Ducks .....</td><td>1</td><td>2</td></tr> <tr><td>10. Poultry .....</td><td>1</td><td>2</td></tr> <tr><td>11. Pig .....</td><td>1</td><td>2</td></tr> <tr><td>12. Goats .....</td><td>1</td><td>2</td></tr> <tr><td>13. Sheep .....</td><td>1</td><td>2</td></tr> <tr><td>14. Other (specify).....</td><td>1</td><td>2</td></tr> </table>		Yes	No	1. Cows.....	1	2	2. Bulls .....	1	2	3. Buffaloes .....	1	2	4. Horse .....	1	2	5. Donkey .....	1	2	6. Mules .....	1	2	7. Camels .....	1	2	8. Chicken .....	1	2	9. Ducks .....	1	2	10. Poultry .....	1	2	11. Pig .....	1	2	12. Goats .....	1	2	13. Sheep .....	1	2	14. Other (specify).....	1	2
	Yes	No																																													
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13. Sheep .....	1	2																																													
14. Other (specify).....	1	2																																													
312.	Does this household have a ration card?	<table border="1"> <tr><td>APL.....</td><td>1</td></tr> <tr><td>BPL .....</td><td>2</td></tr> <tr><td>Antyodaya.....</td><td>3</td></tr> <tr><td>No.....</td><td>4</td></tr> </table>	APL.....	1	BPL .....	2	Antyodaya.....	3	No.....	4																																					
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Antyodaya.....	3																																														
No.....	4																																														
313.	Whether from this household is currently living in abroad?	<table border="1"> <tr><td>Yes.....</td><td>1</td></tr> <tr><td>No.....</td><td>2</td></tr> </table>	Yes.....	1	No.....	2																																									
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No.....	2																																														

#### Section 4: Household earning/financial position

401.	What is the current amount of loan outstanding from all the sources?	In Rs.	<input type="text"/>					
402.	What are the sources of loan? (multiple answers possible)		Yes	No				
		1. Commercial bank	1	2				
		2. Co-operative bank/society	1	2				
		3. Moneylenders	1	2				
		4. Relatives/ Family/Friends.	1	2				
		5. NBFIs	1	2				
403.	What is the purpose/s for which the loan has been taken? (multiple answers possible)	6. Other (specify)	1	2				
			Yes	No				
		1. Health	1	2				
		2. Agriculture	1	2				
		3. Business	1	2				
		4. Education	1	2				
		5. Social celebrations (Marriage, divorce etc)	1	2				
		6. Home/plot loan	1	2				
		7. Vehicle loan	1	2				
404.	What is the total income of household during last year from all sources?	In Rs.	<input type="text"/>					

#### Section 5: Household expenditure pattern

501.	Total Non-health expenditure in last 15 days?	In Rs.	<input type="text"/>					
502.	Total Non-health expenditure in last 30 days?	In Rs.	<input type="text"/>					
503.	Total Non-health expenditure in last 365 days?	In Rs.	<input type="text"/>					

**Section 6: Health profile and health expenditure of the household members (in past 1-15 days)**

Sr. no. from Q201	What was your ailment? (see code)	What is/was the total duration of ailment? (in days)	Did you take any treatment for your illness? Yes ...1 No ....2→ Go to next section 7	Nature of treatment ? (see code)	Where did you take most of the treatment? (see code)	Type of care? 1- OPD 2-IPD 3- Both	Duration of treatment? (in days)	How much did you spent as out-patient? (in Rs.)	How much did you spent as In-patient? (in Rs.)	Reasons for not taking the treatment? (multiple answer possible) (see code)	If Ans. is 1 in Q611, then how much spent on Self-medication? (in Rs.)	Total health expenditure? (in Rs)	Source of financing the treatment? (Multiple answer possible)
601.	602.	603.	604.	605.	606.	607.	608.	609.	610.	611.	612.	613.	614.
													12345699
													12345699
													12345699
													12345699
													12345699
													12345699

Section 7: Health profile and health expenditure of the household members (16-365 days)

Sr. no. from Q201	What was your ailment? (see code)	What is/was the total duration of ailment? (in days)	Did you take any treatment for your illness? Yes ...1 No ....2→ Go to next section	Nature of treatment ? (see code)	Where did you take most of the treatment? (see code)	Type of care? 1- OPD 2-IPD 3- Both	Duration of treatment? (in days)	How much did you spent as out- patient? (In Rs.)	How much did you spent as In- patient? (In Rs.)	Reasons for not taking the treatment? (multiple answer possible) (see code)	If Ans. is 1 in Q711, then how much spent on Self- medication? (In Rs.)	Total health expenditure? (In Rs)	Source of financing the treatment? (Multiple answer possible) (See codes)
701.	702.	703.	704.	705.	706.	707.	708.	709.	710.	711.	712.	713.	714.
													12345699
													12345699
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													12345699
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													12345699



<b>Q.605 system of treatment</b>		<b>Q.606 Type of treatment provider</b>		<b>Q.614 Source of financing</b>		<b>Q.611 Reasons for not availing treatment</b>	
Allopathy .....	1	<b>Government</b>		Borrowings .....	1	Self-medication .....	1
Indian system of medicine (Ayurveda, unani or siddha).....	2	SC.....	1	Contributions.....	2	No medical facility available in the neighborhood .....	2
Homeopathy .....	3	PHC/HWS.....	2	Sale of Assets.....	3	Facilities available but lack of faith .....	3
Yoga and naturopathy .....	4	CHC.....	3	Insurance .....	4	Long waiting .....	4
Other .....	99	SDH/RD/RH/DH.....	4	Reimbursements .....	5	Financial reasons .....	5
		Medical colleges and institutes...	5	Donations.....	6	Ailment not considered serious .....	6
		<b>Private</b>		Others (specify).....	99	Not allowed by other HH members .....	7
		Clinic.....	6			Not taken to health facility by the HH members .....	8
		Nursing home .....	7			Other (specify) .....	99
		Hospitals .....	8				
		Medical colleges and institutes....	9				
		<b>Charitable/NGOs</b> .....	10				
		<b>Other (specify)</b> .....	99				

<b>Q.705 nature of treatment</b>		<b>Q.706 Treatment provider</b>		<b>Q.714 Source of financing</b>		<b>Q.711 Reasons for not availing treatment</b>	
Allopathy .....	1	<b>Government</b>		Borrowings .....	1	Self-medication .....	1
Indian system of medicine (Ayurveda, unani or siddha).....	2	SC.....	1	Contributions.....	2	No medical facility available in the neighborhood .....	2
Homeopathy .....	3	PHC.....	2	Sale of Assets.....	3	Facilities available but lack of faith .....	3
Yoga and naturopathy .....	4	CHC.....	3	Insurance .....	4	Long waiting .....	4
Other .....	99	SDH/RD/RH/DH.....	4	Reimbursements .....	5	Financial reasons .....	5
		Medical colleges and institutes...	5	Donations.....	6	Ailment not considered serious .....	6
		<b>Private</b>		Others (specify).....	99	Not allowed by other HH members .....	7
		Clinic.....	6			Not taken to health facility by the HH members .....	8
		Nursing home .....	7			Other (specify) .....	99
		Hospitals .....	8				
		Medical colleges and institutes....	9				
		<b>Charitable/NGOs</b> .....	10				
		<b>Other (specify)</b> .....	99				

**Section 8: Source of financing for the treatment availed during last 1-15 days**

Sr. No. from section 6	If source of financing is borrowing then (multiple answers possible)			Amount from various source of borrowings (in Rs.)	If source of financing is contribution then (multiple answers possible)			Amount from various source of contributions (in Rs.)	If source of financing is sale of assets then (multiple answers possible)			Amount from various source of sale of assets (in Rs.)	If the source is donations then (multiple answers possible)			If the source is Insurance then (multiple answers possible)			If the source is reimbursements (multiple ans. possible) (amount in Rs.)			If the source is Other than specify with amount (in Rs.)											
801.	802.				803.				804.				805.			806.			807.			808.											
		Y	N			Y	N			Y	N			Y	N		Y	N		Y	N		Y	N									
	<b>1. Institutional</b> (commercial/co-operative/NBFCs)	1	2	1.....	<b>1. Family</b>	1	2	1.....	<b>1.Immoveable</b>	1	2	1.....	<b>1.Institutional</b>	1	2	If Yes in 1 then amount (in Rs.) <b>a).....</b>	<b>1. Health</b>	1	2	If Yes in 1 then amount (in Rs.) <b>a).....</b>	<b>1.State govt.</b>	1	2	If Yes in 1 Then amt. <b>a).....</b>	<b>a) Amt.....</b>								
	<b>2. Non-institutional</b>	1	2	2.....	c) Spouse	1	2	c) .....	<b>2. Moveable</b>	1	2	2.....	<b>2. Non-Institutional</b>	1	2	If Yes in 2 then amount (in Rs.) <b>a).....</b>	<b>2. Accident</b>	1	2	If Yes in 2 then amount (in Rs.) <b>a).....</b>	<b>2.Central govt.</b>	1	2	If Yes in 1 Then amt. <b>a).....</b>	<b>3.</b>	<b>a) Amt.....</b>							
	<b>a) Money lender</b>	1	2	a).....	d) Grandchildren	1	2	d) .....	b) Furniture	1	2	b) .....	If Yes in 2 then amount (in Rs.) <b>a).....</b>	<b>3. Private employer</b>	1	2	If Yes in 1 Then amt. <b>a).....</b>	<b>4.</b>	<b>a) Amt.....</b>														
	<b>b) Relatives</b>	1	2	b).....	<b>2. Relatives</b>	1	2	2.....	c) vehicles	1	2	c) .....																					
	<b>c) Friends</b>	1	2	c).....		<b>3. Self-income</b>	1	2	3.....	d) Others (specify)	1	2			d) .....																		
	<b>d) Other (specify)</b>	1	2	d).....	<b>4. Others(specify)</b>	1	2	4.....																									
	<b>1. Institutional</b> (commercial/co-operative/NBFCs)	1	2	1.....	<b>1. Family</b>	1	2	1.....	<b>1.Immoveable</b>	1	2	1.....	<b>1.Institutional</b>	1	2	If Yes in 1 then amount (in Rs.) <b>a).....</b>	<b>1. Health</b>	1	2	If Yes in 1 then amount (in Rs.) <b>a).....</b>	<b>1.State govt.</b>	1	2	If Yes in 1 Then amt. <b>a).....</b>	<b>a) Amt.....</b>								
	<b>2. Non-institutional</b>	1	2	2.....	c) Spouse	1	2	c) .....	<b>2. Moveable</b>	1	2	2.....	<b>2. Non-Institutional</b>	1	2	If Yes in 2 then amount (in Rs.) <b>a).....</b>	<b>2. Accident</b>	1	2	If Yes in 2 then amount (in Rs.) <b>a).....</b>	<b>2.Central govt.</b>	1	2	If Yes in 1 Then amt. <b>a).....</b>	<b>3.</b>	<b>a) Amt.....</b>							
	<b>a) Money lender</b>	1	2	a).....	d) Grandchildren	1	2	d) .....	b) Furniture	1	2	b) .....	If Yes in 2 then amount (in Rs.) <b>a).....</b>	<b>3. Private employer</b>	1	2	If Yes in 1 Then amt. <b>a).....</b>	<b>4.</b>	<b>a) Amt.....</b>														
	<b>b) Relatives</b>	1	2	b).....	<b>2. Relatives</b>	1	2	2.....	c) vehicles	1	2	c) .....																					
	<b>c) Friends</b>	1	2	c).....		<b>3. Self-income</b>	1	2	3.....	d) Others (specify)	1	2			d) .....																		
	<b>d) Other (specify)</b>	1	2	d).....	<b>4. Others(specify)</b>	1	2	4.....																									
	<b>1. Institutional</b> (commercial/co-operative/NBFCs)	1	2	1.....	<b>1. Family</b>	1	2	1.....	<b>1.Immoveable</b>	1	2	1.....	<b>1.Institutional</b>	1	2	If Yes in 1 then amount (in Rs.) <b>a).....</b>	<b>1. Health</b>	1	2	If Yes in 1 then amount (in Rs.) <b>a).....</b>	<b>1.State govt.</b>	1	2	If Yes in 1 Then amt. <b>a).....</b>	<b>a) Amt.....</b>								
	<b>2. Non-institutional</b>	1	2	2.....	c) Spouse	1	2	c) .....	<b>2. Moveable</b>	1	2	2.....	<b>2. Non-Institutional</b>	1	2	If Yes in 2 then amount (in Rs.) <b>a).....</b>	<b>2. Accident</b>	1	2	If Yes in 2 then amount (in Rs.) <b>a).....</b>	<b>2.Central govt.</b>	1	2	If Yes in 1 Then amt. <b>a).....</b>	<b>3.</b>	<b>a) Amt.....</b>							
	<b>a) Money lender</b>	1	2	a).....	d) Grandchildren	1	2	d) .....	b) Furniture	1	2	b) .....	If Yes in 2 then amount (in Rs.) <b>a).....</b>	<b>3. Private employer</b>	1	2	If Yes in 1 Then amt. <b>a).....</b>	<b>4.</b>	<b>a) Amt.....</b>														
	<b>b) Relatives</b>	1	2	b).....	<b>2. Relatives</b>	1	2	2.....	c) vehicles	1	2	c) .....																					
	<b>c) Friends</b>	1	2	c).....		<b>3. Self-income</b>	1	2	3.....	d) Others	1	2			d) .....																		

	<b>d) Other (specify)</b>	1	2	d).....	<b>4. Others(specify)</b>	1	2	4.....	(specify)				<b>a).....</b>				<b>a).....</b>			<b>a) Amt.....</b>		
		Y	N			Y	N			Y	N			Y	N			Y	N			
	<b>1. Institutional</b> (commercial/co-operative/NBFCs)	1	2	<b>1.....</b>	<b>1. Family</b>	1	2	<b>1.....</b>	<b>1.Immoveable</b>	1	2	<b>1.....</b>	<b>1.Institutional</b>	1	2	<b>1. Health</b>	1	2	<b>1.State govt.</b>	1	2	1.
									a) Land	1	2	a).....	If Yes in 1 then amount (in Rs.)			If Yes in 1 then amount (in Rs.)			If Yes in 1 Then amt.			<b>a) Amt.....</b>
									b) House	1	2	b).....							<b>a).....</b>			2.
									c) Plot	1	2	c) .....	<b>a).....</b>			<b>a).....</b>			<b>2.Central govt.</b>	1	2	<b>a) Amt.....</b>
								a) Son(s)	1	2	a) .....	d) Others	1	2	d) .....							
								b) Daughter(s)	1	2	b) .....											
	<b>2. Non-institutional</b>	1	2	<b>2.....</b>	c) Spouse	1	2	c) .....	<b>2. Moveable</b>	1	2	<b>2.....</b>	<b>2. Non-Institutional</b>	1	2	<b>2. Accident</b>	1	2	If Yes in 1 Then amt.			3.
	<b>a) Money lender</b>	1	2	a).....	d) Grandchildren	1	2	d) .....	a) Gold	1	2	a) .....	If Yes in 2 then amount (in Rs.)			If Yes in 2 then amount (in Rs.)			<b>a).....</b>	1	2	<b>a) Amt.....</b>
	<b>b) Relatives</b>	1	2	b).....	<b>2. Relatives</b>	1	2	<b>2.....</b>	b) Furniture	1	2	b) .....										
	<b>c) Friends</b>	1	2	c).....	<b>3. Self-income</b>	1	2	<b>3.....</b>	c) vehicles	1	2	c) .....	<b>a).....</b>			<b>a).....</b>			If Yes in 1 Then amt.			4.
	<b>d) Other (specify)</b>	1	2	d).....	<b>4. Others(specify)</b>	1	2	<b>4.....</b>	d) Others (specify)			d) .....						<b>a).....</b>			<b>a) Amt.....</b>	
		Y	N			Y	N			Y	N			Y	N			Y	N			
	<b>1. Institutional</b> (commercial/co-operative/NBFCs)	1	2	<b>1.....</b>	<b>1. Family</b>	1	2	<b>1.....</b>	<b>1.Immoveable</b>	1	2	<b>1.....</b>	<b>1.Institutional</b>	1	2	<b>1. Health</b>	1	2	<b>1.State govt.</b>	1	2	1.
									a) Land	1	2	a).....	If Yes in 1 then amount (in Rs.)			If Yes in 1 then amount (in Rs.)			If Yes in 1 Then amt.			<b>a) Amt.....</b>
									b) House	1	2	b).....							<b>a).....</b>			2.
									c) Plot	1	2	c) .....	<b>a).....</b>			<b>a).....</b>			<b>2.Central govt.</b>	1	2	<b>a) Amt.....</b>
								b) Daughter(s)	1	2	b) .....	d) Others	1	2	d) .....							
	<b>2. Non-institutional</b>	1	2	<b>2.....</b>	c) Spouse	1	2	c) .....	<b>2. Moveable</b>	1	2	<b>2.....</b>	<b>2. Non-Institutional</b>	1	2	<b>2. Accident</b>	1	2	If Yes in 1 Then amt.			3.
	<b>a) Money lender</b>	1	2	a).....	d) Grandchildren	1	2	d) .....	a) Gold	1	2	a) .....	If Yes in 2 then amount (in Rs.)			If Yes in 2 then amount (in Rs.)			<b>a).....</b>			<b>a) Amt.....</b>
	<b>b) Relatives</b>	1	2	b).....	<b>2. Relatives</b>	1	2	<b>2.....</b>	b) Furniture	1	2	b) .....										
	<b>c) Friends</b>	1	2	c).....	<b>3. Self-income</b>	1	2	<b>3.....</b>	c) vehicles	1	2	c) .....	<b>a).....</b>			<b>a).....</b>			If Yes in 1 Then amt.			4.
	<b>d) Other (specify)</b>	1	2	d).....	<b>4. Others(specify)</b>	1	2	<b>4.....</b>	d) Others (specify)			d) .....						<b>a).....</b>			<b>a) Amt.....</b>	
		Y	N			Y	N			Y	N			Y	N			Y	N			
	<b>1. Institutional</b> (commercial/co-operative/NBFCs)	1	2	<b>1.....</b>	<b>1. Family</b>	1	2	<b>1.....</b>	<b>1.Immoveable</b>	1	2	<b>1.....</b>	<b>1.Institutional</b>	1	2	<b>1. Health</b>	1	2	<b>1.State govt.</b>	1	2	1.
									a) Land	1	2	a).....	If Yes in 1 then amount (in Rs.)			If Yes in 1 then amount (in Rs.)			If Yes in 1 Then amt.			<b>a) Amt.....</b>
									b) House	1	2	b).....							<b>a).....</b>			2.
									c) Plot	1	2	c) .....	<b>a).....</b>			<b>a).....</b>			<b>2.Central govt.</b>	1	2	<b>a) Amt.....</b>
								b) Daughter(s)	1	2	b) .....	d) Others	1	2	d) .....							
	<b>2. Non-institutional</b>	1	2	<b>2.....</b>	c) Spouse	1	2	c) .....	<b>2. Moveable</b>	1	2	<b>2.....</b>	<b>2. Non-Institutional</b>	1	2	<b>2. Accident</b>	1	2	If Yes in 1 Then amt.			3.
	<b>a) Money lender</b>	1	2	a).....	d) Grandchildren	1	2	d) .....	a) Gold	1	2	a) .....	If Yes in 2 then amount (in Rs.)			If Yes in 2 then amount (in Rs.)			<b>a).....</b>			<b>a) Amt.....</b>
	<b>b) Relatives</b>	1	2	b).....	<b>2. Relatives</b>	1	2	<b>2.....</b>	b) Furniture	1	2	b) .....										
	<b>c) Friends</b>	1	2	c).....	<b>3. Self-income</b>	1	2	<b>3.....</b>	c) vehicles	1	2	c) .....	<b>a).....</b>			<b>a).....</b>			If Yes in 1 Then amt.			4.
	<b>d) Other (specify)</b>	1	2	d).....	<b>4. Others(specify)</b>	1	2	<b>4.....</b>	d) Others (specify)			d) .....						<b>a).....</b>			<b>a) Amt.....</b>	

**Section 9: Source of financing for the treatment availed during last 16-365 days**

Sr. No. from section 7	If source of financing is borrowing then (multiple answers possible)			Amount from various source of borrowings (in Rs.)	If source of financing is contribution then (multiple answers possible)			Amount from various source of contributions (in Rs.)	If source of financing is sale of assets then (multiple answers possible)			Amount from various source of sale of assets (in Rs.)	If the source is donations then (multiple answers possible)			If the source is Insurance then (multiple answers possible)			If the source is reimbursements (multiple ans. possible) (amount in Rs.)			If the source is Other than specify with amount (in Rs.)		
901.	902.				903.				904.				905.			906.			907.			908.		
		Y	N			Y	N			Y	N			Y	N		Y	N		Y	N	1.		
	<b>1. Institutional</b> (commercial/co-operative/NBFCs)	1	2	1.....	<b>1. Family</b>	1	2	1.....	<b>1.Immoveable</b>	1	2	1.....	If Yes in 1 then amount (in Rs.) <b>a).....</b>	<b>1.Institutional</b>	1	2	<b>1. Health</b>	1	2	If Yes in 1 then amount (in Rs.) <b>a).....</b>	<b>1.State govt.</b>	1	2	<b>a) Amt.....</b>
	<b>2. Non-institutional</b>	1	2	2.....	c) Spouse	1	2	c) .....	<b>2. Moveable</b>	1	2	2.....	<b>2. Non-Institutional</b>	1	2	<b>2. Accident</b>	1	2	If Yes in 2 then amount (in Rs.) <b>a).....</b>	<b>2.Central govt.</b>	1	2	<b>3.</b>	
	<b>a) Money lender</b>	1	2	a).....	d) Grandchildren	1	2	d) .....	a) Gold	1	2	a) .....					<b>3. Private employer</b>	If Yes in 1 Then amt. <b>a).....</b>			1	2		<b>a) Amt.....</b>
	<b>b) Relatives</b>	1	2	b).....	<b>2. Relatives</b>	1	2	2.....	b) Furniture	1	2	b) .....												
	<b>c) Friends</b>	1	2	c).....	<b>3. Self-income</b>	1	2	3.....	c) vehicles	1	2	c) .....												
	<b>d) Other (specify)</b>	1	2	d).....	<b>4. Others(specify)</b>	1	2	4.....	d) Others (specify)	1	2	d) .....	<b>a).....</b>									4.		
		Y	N			Y	N			Y	N			Y	N		Y	N		Y	N	1.		
	<b>1. Institutional</b> (commercial/co-operative/NBFCs)	1	2	1.....	<b>1. Family</b>	1	2	1.....	<b>1.Immoveable</b>	1	2	1.....	If Yes in 1 then amount (in Rs.) <b>a).....</b>	<b>1.Institutional</b>	1	2	<b>1. Health</b>	1	2	If Yes in 1 then amount (in Rs.) <b>a).....</b>	<b>1.State govt.</b>	1	2	<b>a) Amt.....</b>
	<b>2. Non-institutional</b>	1	2	2.....	c) Spouse	1	2	c) .....	<b>2. Moveable</b>	1	2	2.....	<b>2. Non-Institutional</b>	1	2	<b>2. Accident</b>	1	2	If Yes in 2 then amount (in Rs.) <b>a).....</b>	<b>2.Central govt.</b>	1	2	<b>3.</b>	
	<b>a) Money lender</b>	1	2	a).....	d) Grandchildren	1	2	d) .....	a) Gold	1	2	a) .....					<b>3. Private employer</b>	If Yes in 1 Then amt. <b>a).....</b>			1	2		<b>a) Amt.....</b>
	<b>b) Relatives</b>	1	2	b).....	<b>2. Relatives</b>	1	2	2.....	b) Furniture	1	2	b) .....												
	<b>c) Friends</b>	1	2	c).....	<b>3. Self-income</b>	1	2	3.....	c) vehicles	1	2	c) .....												
	<b>d) Other (specify)</b>	1	2	d).....	<b>4. Others(specify)</b>	1	2	4.....	d) Others (specify)	1	2	d) .....	<b>a).....</b>									4.		
		Y	N			Y	N			Y	N			Y	N		Y	N		Y	N	1.		
	<b>1. Institutional</b> (commercial/co-operative/NBFCs)	1	2	1.....	<b>1. Family</b>	1	2	1.....	<b>1.Immoveable</b>	1	2	1.....	If Yes in 1 then amount (in Rs.) <b>a).....</b>	<b>1.Institutional</b>	1	2	<b>1. Health</b>	1	2	If Yes in 1 then amount (in Rs.) <b>a).....</b>	<b>1.State govt.</b>	1	2	<b>a) Amt.....</b>
	<b>2. Non-institutional</b>	1	2	2.....	c) Spouse	1	2	c) .....	<b>2. Moveable</b>	1	2	2.....	<b>2. Non-Institutional</b>	1	2	<b>2. Accident</b>	1	2	If Yes in 2 then amount (in Rs.) <b>a).....</b>	<b>2.Central govt.</b>	1	2	<b>3.</b>	
	<b>a) Money lender</b>	1	2	a).....	d) Grandchildren	1	2	d) .....	a) Gold	1	2	a) .....					<b>3. Private employer</b>	If Yes in 1 Then amt. <b>a).....</b>			1	2		<b>a) Amt.....</b>
	<b>b) Relatives</b>	1	2	b).....	<b>2. Relatives</b>	1	2	2.....	b) Furniture	1	2	b) .....												
	<b>c) Friends</b>	1	2	c).....	<b>3. Self-income</b>	1	2	3.....	c) vehicles	1	2	c) .....												
	<b>b) Relatives</b>	1	2	b).....	<b>2. Relatives</b>	1	2	2.....	c) vehicles	1	2	c) .....	<b>a).....</b>									4.		

	c) Friends	1	2	c).....	3. Self-income	1	2	3.....	d) Others (specify)	1	2	d) .....	(in Rs.)			a).....			Then amt.			4.	
	d) Other (specify)	1	2	d).....	4. Others(specify)	1	2	4.....					a).....						a).....			a) Amt.....	
		Y	N			Y	N			Y	N			Y	N		Y	N		Y	N		
	1. Institutional (commercial/co-operative/NBFCs)	1	2	1.....	1. Family	1	2	1.....	1.Immoveable	1	2	1.....	1.Institutional	1	2	1. Health	1	2	1.State govt.	1	2	1.	
									a) Land	1	2	a).....	If Yes in 1 then amount (in Rs.)			If Yes in 1 then amount (in Rs.)			If Yes in 1 Then amt.			a) Amt.....	
									b) House	1	2	b).....										2.	
					a) Son(s)	1	2	a) .....	c) Plot	1	2	c) .....	a).....			a).....			2.Central govt.	1	2	a) Amt.....	
					b) Daughter(s)	1	2	b) .....	d) Others	1	2	d) .....											
	2. Non-institutional	1	2	2.....	c) Spouse	1	2	c) .....	2. Moveable	1	2	2.....	2. Non-Institutional	1	2	2. Accident	1	2	If Yes in 1 Then amt.			3.	
									a) Gold	1	2	a) .....			If Yes in 2 then amount (in Rs.)			a).....			3. Private employer	1	2
	a) Money lender	1	2	a).....	d) Grandchildren	1	2	d) .....	b) Furniture	1	2	b) .....	If Yes in 2 then amount (in Rs.)			a).....			If Yes in 1 Then amt.			a) Amt.....	
	b) Relatives	1	2	b).....	2. Relatives	1	2	2.....	c) vehicles	1	2	c) .....										4.	
	c) Friends	1	2	c).....	3. Self-income	1	2	3.....	d) Others (specify)	1	2	d) .....	a).....						a).....			a) Amt.....	
	d) Other (specify)	1	2	d).....	4. Others(specify)	1	2	4.....															
		Y	N			Y	N			Y	N			Y	N		Y	N		Y	N		
	1. Institutional (commercial/co-operative/NBFCs)	1	2	1.....	1. Family	1	2	1.....	1.Immoveable	1	2	1.....	1.Institutional	1	2	1. Health	1	2	1.State govt.	1	2	1.	
									a) Land	1	2	a).....	If Yes in 1 then amount (in Rs.)			If Yes in 1 then amount (in Rs.)			If Yes in 1 Then amt.			a) Amt.....	
									b) House	1	2	b).....										2.	
					a) Son(s)	1	2	a) .....	c) Plot	1	2	c) .....	a).....			a).....			2.Central govt.	1	2	a) Amt.....	
					b) Daughter(s)	1	2	b) .....	d) Others	1	2	d) .....											
	2. Non-institutional	1	2	2.....	c) Spouse	1	2	c) .....	2. Moveable	1	2	2.....	2. Non-Institutional	1	2	2. Accident	1	2	If Yes in 1 Then amt.			3.	
									a) Gold	1	2	a) .....			If Yes in 2 then amount (in Rs.)			a).....			a) Amt.....		
	a) Money lender	1	2	a).....	d) Grandchildren	1	2	d) .....	b) Furniture	1	2	b) .....	If Yes in 2 then amount (in Rs.)			a).....			3. Private employer	1	2		
	b) Relatives	1	2	b).....	2. Relatives	1	2	2.....	c) vehicles	1	2	c) .....										4.	
	c) Friends	1	2	c).....	3. Self-income	1	2	3.....	d) Others (specify)	1	2	d) .....	a).....						a).....			a) Amt.....	
	d) Other (specify)	1	2	d).....	4. Others(specify)	1	2	4.....															
		Y	N			Y	N			Y	N			Y	N		Y	N		Y	N		
	1. Institutional (commercial/co-operative/NBFCs)	1	2	1.....	1. Family	1	2	1.....	1.Immoveable	1	2	1.....	1.Institutional	1	2	1. Health	1	2	1.State govt.	1	2	1.	
									a) Land	1	2	a).....	If Yes in 1 then amount (in Rs.)			If Yes in 1 then amount (in Rs.)			If Yes in 1 Then amt.			a) Amt.....	
									b) House	1	2	b).....										2.	
					a) Son(s)	1	2	a) .....	c) Plot	1	2	c) .....	a).....			a).....			2.Central govt.	1	2	a) Amt.....	
					b) Daughter(s)	1	2	b) .....	d) Others	1	2	d) .....											
	2. Non-institutional	1	2	2.....	c) Spouse	1	2	c) .....	2. Moveable	1	2	2.....	2. Non-Institutional	1	2	2. Accident	1	2	If Yes in 1 Then amt.			3.	
									a) Gold	1	2	a) .....			If Yes in 2 then amount (in Rs.)			a).....			a) Amt.....		
	a) Money lender	1	2	a).....	d) Grandchildren	1	2	d) .....	b) Furniture	1	2	b) .....	If Yes in 2 then amount (in Rs.)			a).....			3. Private employer	1	2		
	b) Relatives	1	2	b).....	2. Relatives	1	2	2.....	c) vehicles	1	2	c) .....										4.	
	c) Friends	1	2	c).....	3. Self-income	1	2	3.....	d) Others (specify)	1	2	d) .....	a).....						a).....			a) Amt.....	
	d) Other (specify)	1	2	d).....	4. Others(specify)	1	2	4.....															

**Q.602 and Q702: Codes for Nature of ailment**

<b><u>Reported Diagnosis and main symptom</u></b>	<b><u>code</u></b>	<b><u>Reported Diagnosis and main symptom</u></b>	<b><u>code</u></b>
<b>INFECTION</b>	<b>EYE</b>		
Fever with loss of consciousness or altered Consciousness	01	Discomfort in the eye with redness or swelling/boils	27
Fever with rash/ eruptive lesions	02	Cataract	28
Fever due to DIPHtheria, WHOOPING COUGH	03	GLAUCOMA	29
All other fevers (Includes malaria, typhoid and fevers of unknown origin, all specific fevers that do not have a confirmed diagnosis)	04	Decreased vision (chronic) not including where decreased vision is corrected with glasses	30
		Others (including disorders of eye movements-strabismus, nystagmus, ptosis and adnexa)	31
<b>TUBERCULOSIS</b>	05		
Filariasis	06	<b>EAR</b>	
Tetanus	07	Earache with discharge/bleeding from ear or infections	32
HIV/AIDS	08		
Other sexually transmitted diseases	09	Decreased hearing or loss of hearing	33
Jaundice	10	<b>CARDIO-VASCULAR</b>	
Diarrheas/ dysentery/ increased frequency of stools with or without blood and mucus in stools	11	Hypertension	34
Worms infestation	12	Heart diseases: Chest pain, Breathlessness	35
		<b>RESPIRATORY</b>	
<b>CANCERS</b>		Acute upper respiratory infections (cold, runny nose, sore throat with cough, allergic colds included)	36
CANCERS (known or suspected by a physician) and occurrence of any growing painless lump in the body	13	Cough with sputum with or without fever and not diagnosed as TB	37
		Bronchial asthma/recurrent episode of wheezing and breathlessness with or without cough over long periods or known asthma	38
<b>BLOOD DISEASES</b>			
Anaemia (any cause)	14		
Bleeding disorders	15		
<b>ENDOCRINE, METABOLIC, NUTRITIONAL</b>		<b>GASTRO-INTESTINAL</b>	
DIABETES	16	Diseases of mouth/teeth/gums	39
Under-nutrition	17	Pain in abdomen: Gastric and peptic ulcers/ acid reflux/ acute abdomen	40
Goitre and other diseases of the thyroid	18	Lump or fluid in abdomen or scrotum	41
Others (including obesity)	19	Gastrointestinal bleeding	42
<b>PSYCHIATRIC AND NEUROLOGICAL</b>		<b>SKIN</b>	
Mental retardation	20	Skin infection (boil, abscess, itching) and other skin disease	43
Mental disorders	21		
Headache	22	<b>MUSCULO-SKELETAL</b>	
Seizures or known epilepsy	23	Joint or bone disease/pain or swelling in any of the joints, or swelling or pus from the bones	44
Weakness in limb muscles and difficulty in movement	24		
Stroke/ hemiplegia/ sudden onset weakness or loss of speech in half of body	25	Back or body aches	45
Others including memory loss, confusion	26		

<b><u>Reported Diagnosis and main symptom</u></b>	<b><u>code</u></b>	<b><u>Reported Diagnosis and main symptom</u></b>	<b><u>code</u></b>
<b>GENITO-URINARY</b>		<b>INJURIES</b>	
Any difficulty or abnormality in urination	46	Accidental injury, road traffic accidents and falls	52
Pain the pelvic region/reproductive tract	47	Accidental drowning and submersion	53
Infection/ Pain in male genital		Burns and corrosions	54
Change/irregularity in menstrual cycle or excessive bleeding/ pain during menstruation and any other gynaecological and andrological disorder including male/female infertility	48	Poisoning	55
		Intentional self-harm	56
		Assault	57
		Contract with venomous/harm-causing animals and plants	58
		Symptoms not fitting into any of above	59
<b>OBSTETRIC</b>		Could not even state the main symptom	60
Pregnancy with complications before or during labour (abortion, ectopic pregnancy, hypertension, complications during labour)	49	Childbirth-Caesarean/ normal/ any other (for both live birth and stillbirth)	61
Complications in mother after birth of child	50	Any Other (Specify)	99
Illness in the new born/ sick new born	51		

#### **Q.208 Codes for occupation**

Chief executives. Senior officials and legislators	01	Personal Service Workers	20
Administrative and commercial managers	02	Sales Workers	21
Production and specialized services managers	03	Personal Care Workers	22
Hospitality, retail and other service managers	04	Protective Service Workers	23
Science and engineering professionals	05	Market-Oriented Skilled Agricultural Workers	24
Health professionals	06	Market-Oriented Skilled Forestry, Fishery and Hunting Workers	25
Teaching professionals	07	Subsistence Farmers, Fishers, Hunters and Gatherers	26
Business and administrative professionals	08		
Info. and communication technology professionals	09	Building and Related Trade Workers (Excluding Electricians)	27
Legal, social and cultural professionals	10	Metal, Machinery and Related Trades Workers	28
Science and engineering associate professionals	11	Handicraft and Printing Workers	29
Health associate professionals	12	Electrical and Electronics Trades Workers	30
Business and Administration Associate Professionals	13	Food Processing, Woodworking, Garment and Other Craft and Related Trades Workers	31
Legal, Social, Cultural and Related Associate Professionals	14		
Information and Communications Technicians	15	Stationary Plant and Machine Operators	32
General and keyboard clerks	16	Assemblers	33
Customer Services Clerks	17	Drivers and Mobile Plant Operators	34
Numerical and Material Recording Clerks	18		
Other Clerical Support Workers	19		

Cleaners and Helpers	35
Agricultural, Forestry and Fishery labourers	36
Labourers in Mining, Construction, Manufacturing and Transport	37
Food Preparation Assistants	38
Street and Related Sales and Services workers	39
Refuse Workers and Other Elementary workers	40
Home Maker	41
Student	42
Not Applicable	00
Any Other (Specify)	99



D	B/T	R/U	V/W	HH	E

(Confidential and for research purpose only)

## **Part B: Elderly Questionnaire**

### **Section 1: Socio-demographic profile**

101.*	Serial no. of elderly from HH schedule	<input type="text"/>	
102.*	Gender	Male.....	1
		Female.....	2
103.*	Age (in completed years)	<input type="text"/>	
104.*	What is your current marital status?	<input type="text"/>	
105.*	Education attainment	In completed years	<input type="text"/>
106.	Migration status	Non-migrant .....	1
		Intra-state.....	2
		Inter-state.....	3
		International.....	4
107.	Reason for migration to present location: (Multiple Answer possible)	Health related.....	1
		Better living conditions .....	2
		Death of spouse/children.....	3
		Economic.....	4
		Family related .....	5
		Disaster related .....	6
		Conflict/insecurity .....	7
		Retired/transferred .....	8
		Other (specify) .....	99
		Not Applicable .....	00

### **Section 2: Current living arrangement**

		1. Total	2. Male	3. Female
201.	Number of living children now?			
202.	Did you adopt any child?			
203.	Number of married children now?			
204.	Do you have any grandchildren currently?	Yes .....		1
		No .....		2
205.	Current living arrangement	Alone.....	1	} 207
		Alone with servant .....	2	
		With spouse only.....	3	
		Son(s).....	4	
		Daughter(s) .....	5	
		Grandchildren(s).....	6	
		Spouse/Son(s)/Daughter(s)/G.children.....	7	
		With others (specify).....	99	

<sup>1</sup> \* - to record from part A, HH Questionnaire

206.	What is the main reason for your present living arrangement?	No children.....	1 →	301
		Children away.....	2	
		Sons/D-in-law not willing to support...	3	
		Daughters not willing to support.....	4	
		Family conflict.....	5	
		Prefer to be independent.....	6	
		Still economically active.....	7	
		Don't want to move from this place...	8	
		Other (specify).....	99	
207.	How do you feel about your present living arrangement?	Comfortable .....	1	
		Satisfactory .....	2	
		Uncomfortable .....	3	
208.	Are any of the children providing any kind of support to you in your old age?	Yes.....	1	210
		No.....	2 →	
209.	If yes, then type of support (Multiple answer possible)	Accommodation.....	1	
		Physical.....	2	
		Monetary/Financial support.....	3	
		Medical care.....	4	
		Mobility .....	5	
		Daily care .....	6	
		Disability care.....	7	
		Other (specify).....	99	
210.	Do you have a separate room for yourself?	Yes.....	1	→211
		No.....	2	
211.	If no in 210, then where do you sleep?	Same room as child/children/others....	1	
		Verandah.....	2	
		Kitchen.....	3	
		Other (specify).....	4	
212.	Do you currently face any kind of difficulty while living with your children?	Yes.....	1	214
		No.....	2 →	
213.	Type of difficulty (Multiple Answer possible)		Yes	No
		1. Financial.....	1	2
		2. Accommodation.....	1	2
		3. Food.....	1	2
		4. Emotional.....	1	2
		5. Care giving.....	1	2
		6. Other (specify).....	1	2
214.	Was there any change in your living arrangement at any time after turning 60?	Yes.....	1	217
		No.....	2 →	
215.	What was the major change you faced?	Children moved out.....	1	
		Started living alone.....	2	
		Started living with children.....	3	
		Started moving between children.....	4	
		Started living with other relatives.....	5	
		Started living in an old age home.....	6	
		Other (specify).....	99	
216.	What was the main reason for this change in your living arrangement?	Death of spouse/children.....	1	
		Migration of son/daughter.....	2	
		Marriage of children.....	3	
		Economic dependency.....	4	

		Family conflict.....		5	
		Deteriorating health.....		6	
		Other (specify).....		99	
217.	Do you usually makes the following decisions :		Yes	No	
	a. Marriage of son/daughter .....		1	2	
	b. Buying and selling of property		1	2	
	c. Buying of household items		1	2	
	d. Gifts to daughters, grandchildren and other relatives		1	2	
	e. Education of children, grandchildren		1	2	
	f. Social and religious events arrangements		1	2	
	g. healthcare treatment of the household		1	2	
218.	Are you involved in the following household activities? (multiple answer possible)		Yes	No	
	a. Taking care of grandchildren		1	2	
	b. Taking care of HH chores (cooking/cleaning)		1	2	
	c. Doing shopping for the HH		1	2	
	d. Payment of bills and financial matters		1	2	
	e. Giving advice to the children		1	2	
	f. Settling disputes		1	2	
	g. Any other (specify)		1	2	
219.	Has your role as decision maker changed after you grew older?	Improved .....		1	
		Remained the same .....		2	
		Declined .....		3	
220.	To what extend do you think your family feel about your importance to them?	Important .....		1	
		Somewhat important .....		2	
		Not important .....		3	
221.	Ever since you completed 60 years of age, have you faced any: Abuse or violence or neglect or disrespect by any person?		Yes	No	
	a. neglect.....		1	2	
	b. disrespect .....		1	2	
	c. abuse .....		1	2	
	d. violence .....		1	2	
222.	What kind of abuse did you face and from where?	No	Yes within family	Yes outside family	Yes within family and outside
	a. Physical Abuse				
	b. Verbal Abuse				
	c. Economic Abuse				
	d. Showing disrespect				
	e. Neglect				
	f. Other (specify) .....				
	a	0	1	2	3
	b	0	1	2	3
	c	0	1	2	3
	d	0	1	2	3
	e	0	1	2	3
	f	0	1	2	3

223.	Have you faced any physical or emotional abuse or violence in the last one month?	No .....1 → Q301	
		Physical .....2	
		Emotional .....3	
		Both, physical and emotional .....4	
224.	From whom did you face the abuse during the last one month? (circle all relevant responses)	Spouse .....01	
		Son .....02	
		Daughter .....03	
		Son in law .....04	
		Daughter in law .....05	
		Domestic helper .....06	
		Grand children .....07	
		Relatives .....08	
		Neighbours .....09	
		Other (specify) .....99	
225.	Did you suffer any health problems because of the abuse you faced in the last one month?	Yes .....1	
		No .....2	

### Section 3: Work history and benefits

301.	Have you ever done any kind of work outside for earning in your life (excluding housework)?	Yes.....1 → 303	
		No.....2	
302.	What is the main (predominant) reason that you have never worked?  (Only one answer is allowed)	Housewife/ homemaker.....1	401
		Could not find a job.....2	
		Did voluntary works.....3	
		Health Problems.....4	
		Functionally Disabled.....5	
		Have to take care of family member.....6	
		Do not have the economic need.....7	
		Parents/spouse did not allow.....8	
		Other (specify).....99	
303.	What was your main occupation?	see code from HH schedule Q.2	<input type="checkbox"/>
304.	Have you worked in the last ONE year?	No.....1 → 307	
		Yes, less than 3 months.....2	
		Yes, 3-6 months.....3	
		Yes, more than 6 months.....4	
305.	Do/did you work by choice or by compulsion?	By choice.....1	
		By compulsion.....2	
		Economic need .....3	
306.	Do/did you feel any physical or mental strain due to this work?	Yes.....1	
		No.....2 → 401	
307.	What is the main reason you did not work in the last year?	Housewife/Homemaker.....01	
		Cannot find a job.....02	
		Did voluntary work.....03	
		Health problems.....04	
		Functionally disabled.....05	

	(Only one answer is allowed)	Have to take care of family member.....	06
		Do not have the economic need.....	07
		Children/spouse did not allow.....	08
		Too old to work.....	09
		Other (specify).....	99
308.	At what age did you stop working?	In years.....	<input type="text"/> <input type="text"/>
309.	Are you actively looking for work at this time?	Yes.....	1
		No.....	2 → 401
310.	What is the main reason that you would like to work at present?  (Only one answer is allowed)	Need money.....	1
		Want to be active.....	2
		Want to feel useful.....	3
		To supplement family income.....	4
		Family pressure.....	5
		Other (specify).....	99
311.	Are/were you paid in cash or kind for your work?	Cash only .....	1
		In kind only .....	2
		Cash and kind .....	3
		Not paid .....	4
312.	Do/did you usually work throughout the year, or do/did you work seasonally, or only once a while in your job?	Yes, less than 3 months .....	1
		Yes, 3-6 months .....	2
		Yes, more than 6 months .....	3
313.	On average, how many days a week do/did you work in your job?	Days .....	<input type="text"/> <input type="text"/>
314.	Did you receive or have provision for any of the following benefits from your employer in addition to your wage or salary paid in cash or kind?	Yes	No
	a. Retirement benefits	1	2
	b. Pension	1	2
	c. Health benefits	1	2
	d. Food or provisions	1	2
	e. Cash bonuses	1	2
	f. Other (specify).....	1	2

#### Section 4: Income, support and outstanding loan

401.	Have you any source of income?	Yes.....	1	
		No.....	2 →	404
402.	What are your sources of Income?  (multiple answers possible)		Yes	No
	1. Salary/wages.....		1	2
	2. Employer's pension (Govt./other)....		1	2
	3. Social pension (old age/widow) .....		1	2
	4. Pension from mutual funds .....		1	2
	5. Rent.....		1	2
	6. Interest on savings and FDs.....		1	2
	7. Business.....		1	2
	8. Agriculture/farm income.....		1	2
	9. Returns from shares, dividends, bonds and mutual funds.....		1	2

		10. Remittances.....	1	2
		11. No income .....	1	2
		(If yes, move to Q.408)		
		12. Any other (specify).....	1	2
403.	How much is your current annual income from all the sources?	Amount in Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
404.	Is there any contribution from your total income towards household's expenditure?	Yes .....	1	
		No .....	2	→ Q407
405.	How much do you contribute annually towards the household expenses?	Amount in Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
406.	For what purpose is your contribution usually used? (multiple answer possible)	Day to day expenses .....	1	
		Children/grandchildren education .....	2	
		Education .....	3	
		Medical expenses .....	4	
		Savings .....	5	
		Repayment of loan .....	6	
		Special events .....	7	
		Other (specify) .....	99	
407.	Is the income earned by you is sufficient to fulfill your basic needs? (food, shelter, clothing and medical)	Yes, fully .....	1	→ 410
		Yes, partially .....	2	
		No .....	3	
408.	On whom do you mostly depend for financial support to meet your basic needs? (multiple answers possible)	Spouse .....	01	
		Son .....	02	
		Daughter .....	03	
		Son in law .....	04	
		Daughter in law .....	05	
		Grandson .....	06	
		Granddaughter .....	07	
		Other relatives .....	08	
		Friends .....	09	
		NGO .....	97	
		Community .....	98	
		Other (specify).....	99	
409.	Do you feel that your basic needs are being fully met by the above sources of support?	Yes .....	1	
		No .....	2	
410.	Filter and question: Ask if 301 is Yes. Did you saved some money from your income before the age of 60?	Yes.....	1	
		No.....	2	→ 413
411.	By which mode of saving you saved?  (multiple answers possible)		Yes	No
		1. SBs.....	1	2
		2. FDs.....	1	2
		3. Kisan vikas patra.....	1	2
		4. Indira vikas patra.....	1	2
		5. Mutual funds.....	1	2
		6. Rented out.....	1	2
		7. Other (specify).....	1	2
412.	If yes in 410, then is the savings you did sufficient to fulfill your basic needs?	Yes.....	1	→ 414
		No.....	2	

413.	Why did not you save some amount for your old age? (Multiple Answer possible)	Income was very low.....	1			
		Children will take care.....	2			
		Saved but lost in gambling/drinking.....	3			
		Saved but snatched by children.....	4			
		Saved but bought property.....	5			
		Saved but expend on medical.....	6			
		Saved but expend on children's marriage	7			
		Others (specify).....	99			
414.	Is anyone outside the HH providing any kind of support to you in your old age?	Yes.....	1			
		No.....	2 → 416			
415.	If yes, then type of support? (Multiple Answer possible)	Accommodation.....	1			
		Physical.....	2			
		Monetary/Financial support.....	3			
		Medical care.....	4			
		Mobility .....	5			
		Daily care .....	6			
		Disability care.....	7			
		Other (specify).....	99			
416.	Have you taken any outstanding loan from any source in your name?	Yes.....	1			
		No.....	2 → Section			
417.	If yes, amount of loan.	In Rs.	<input type="text"/>			
418.	From what sources? (multiple answers possible)		Yes	No	Amount	RoI
		1. Commercial bank	1	2		
		2. Co-operative bank/society	1	2		
		3. Moneylenders	1	2		
		4. Relatives/family/friends	1	2		
		5. NBFIs	1	2		
		6. Other (specify)	1	2		
419.	What is the purpose/s for which the loan has been taken? (multiple answers possible)		Yes	No	Amount	
		1. Expenditure on health	1	2		
		2. Agriculture	1	2		
		3. Business	1	2		
		4. Education	1	2		
		5. Marriage or other celebrations	1	2		
		6. Home loan	1	2		
		7. Vehicle loan	1	2		
		8. Repayment of earlier loan	1	2		
		9. Others(specify)	1	2		

#### Section 5: Personal assets:

Q.	Have you ever owned or currently owing the following assets?	Yes, owned currently.....1 Yes, owned previously.....2 No.....3	Have you already nominated/ transferred any part of the asset through a will? Yes.....1 No.....2	In whose favor have you written the will/ nominated the asset? (see code)
		(1)	(2)	(3)
501.	Inherited land (housing/agricultural)	(1) cont... (2) cont... (3) go to next	1 cont... 2 Go to the next line	

502.	Self-acquired land (housing/agricultural)	(1) cont... (2) cont... (3) go to next	1 cont... 2 Go to the next line	
503.	Inherited house/s	(1) cont... (2) cont... (3) go to next	1 cont... 2 Go to the next line	
504.	Self acquired house/s	(1) cont... (2) cont... (3) go to next	1 cont... 2 Go to the next line	
505.	Saving in the bank/ post office or cash	(1) cont... (2) cont... (3) go to next	1 cont... 2 Go to the next line	
506.	Inherited gold or jewelry	(1) cont... (2) cont... (3) go to next	1 cont... 2 Go to the next line	
507.	Self-acquired gold or jewelry	(1) cont... (2) cont... (3) go to next	1 cont... 2 Go to the next line	
508.	Housing plot	(1) cont... (2) cont... (3) go to next	1 cont... 2 Go to the next line	
509.	Other (specify) ..... .....	(1) cont... (2) cont... (3) go to next	1 cont... 2 Go to the next line	
	Codes for (3) column			
	Spouse.....	1	Brother or sister.....	5
	Son.....	2	Spouse, children.....	6
	Daughter.....	3	Spouse and children and Others.....	7
	Grand children.....	4	Others.....	99
510.	Do you own these things?		Yes	No
		1. ebit card.....	1	2
		2.Credit card.....	1	2
		3.Voter card.....	1	2
		4.Mobile phone.....	1	2
		5.Driving license.....	1	2
		6.Aadhar card .....	1	2



Section 6: OPD health expenditure on elderly who fell ill in last 1-15 days									
Sr. no. of elderly from Q. 607 (HH questionnaire) if recorded response is 1	Total expenditure on out-patient treatment in last 15 days (record from Q.609 section 6 of HH questionnaire)	603. Components (in Rs.)							Who accompanied you to the health facility? None .....1 Spouse.....2 Son.....3 Daughter.....4 Son/daughter in law.....5 Relatives.....6 Friends .....7 Servants.....8 Other (specify).....9
		Doctor's/consultation fee	Purchase of medicines	Diagnostic test (blood, X-ray, CT scan etc)	Consumables	Transportation	Food	Other (specify)	
601.	602.	a.	b.	c.	d.	e.	f.	g.	604.

Section 7: IPD health expenditure on elderly in last 1-15 days											
Sr. no. of elderly from Q. 607 (HH questionnaire) if recorded response is 2	Total expenditure on in-patient treatment in last 15 days (record from Q.610 section 6 of HH questionnaire)	703. Components (in Rs.)									Who accompanied you to the health facility? None .....1 Spouse.....2 Son.....3 Daughter.....4 Son/daughter in law.....5 Relatives.....6 Friends .....7 Servants.....8 Other (specify).....9
		Doctor's/consultation / surgeon fee	Purchase of medicines	Diagnostic test (blood, X-ray, CT scan etc)	Bed charges	Consumables	Blood, oxygen etc.	Transportati on	Food	Other (specify)	
701.	702.	a.	b.	c.	d.	e.	f.	g.	h.	i.	704.

Section 8: OPD health expenditure on elderly in last 16-365 days									
Sr. no. of elderly from Q. 707 (HH questionnaire) if recorded response is 1	Total expenditure on out-patient treatment in last 16-365 days (record from Q.709 section 7 of HH questionnaire)	803. Components (in Rs.)							Who accompanied you to the health facility? None .....1 Spouse.....2 Son.....3 Daughter.....4 Son/daughter in law.....5 Relatives.....6 Friends .....7 Servants.....8 Other (specify).....9
		Doctor’s/ consultation fee	Purchase of medicines	Diagnostic test (blood, X-ray, CT scan etc)	Consumables	Transportation	Food	Other (specify)	
801.	802.	a.	b.	c.	d.	e.	f.	g.	804.

Section 9: IPD health expenditure on elderly in last 16-365 days											
Sr. no. of elderly from Q. 607 (HH questionnaire) if recorded response is 2	Total expenditure on in-patient treatment in last 16-365 days (record from Q.710 section 7 of HH questionnaire)	903. Components (in Rs.)									Who accompanied you to the health facility? None .....1 Spouse.....2 Son.....3 Daughter.....4 Son/daughter in law.....5 Relatives.....6 Friends .....7 Servants.....8 Other (specify).....9
		Doctor’s/ consultation/ surgeon fee	Purchase of medicines	Diagnostic test (blood, X-ray, CT scan etc)	Bed charges	Consumables	Blood, oxygen etc.	Transportation	Food	Other (specify)	
901.	902.	a.	b.	c.	d.	e.	f.	g.	h.	i	904.

## Section 10: Preventive check-ups, disability and behavior records

Some questions about preventive medical check ups			
1001.	What is the frequency for medical check-ups in the past one year?	Nil..... Weekly ..... Fortnightly..... Monthly ..... Quarterly ..... Half yearly ..... Yearly ..... Don't know ..... Other (specify).....	1 2 3 4 5 6 7 8 99
1002.	Who recommended you for routine medical check-ups? (Multiple answer possible)	Doctor ..... Self ..... Spouse ..... Children ..... Other (specify).....	1 2 3 4 99
1003.	Are you under the care of a medical doctor at present?	Yes..... No.....	1 2
1004.	Did you get the desired and timely treatment when you fall sick?	Yes..... No, ignored by HH members .....	1 2
1005.	If answer is 1 in Q. 2015 section 2 of HH questionnaire then who paid for your life insurance premium? (multiple answer possible)	Self.....01 Spouse .....02 Son .....03 Daughter .....04 Son/daughter in law .....05 Grandchildren .....06 Relatives .....07 Friends .....08 Other (specify) .....99	
1006.	If answer is 2 in Q. 2015 section 2 of HH questionnaire then who paid for your accident insurance premium? (multiple answer possible)	Self.....01 Spouse .....02 Son .....03 Daughter .....04 Son/daughter in law .....05 Grandchildren .....06 Relatives .....07 Friends .....08 Other (specify) .....99	
1007.	If answer is 3 in Q. 2015 section 2 of HH questionnaire then who paid for your health insurance premium? (multiple answer possible)	Self.....01 Spouse .....02 Son .....03 Daughter .....04 Son/daughter in law .....05 Grandchildren .....06 Relatives .....07 Friends .....08 Other (specify) .....99	

### Disability

Sl.No.	Do you have difficulties now with any of the following:	Do you use any of the following aids?
	A	B

1008.	Vision	Yes,fully....1 Yes,partially.2 No....3 go to next row	a. Spectacles or lenses	Yes..1 No ..2
1009.	Hearing	Yes,fully....1 Yes,partially.2 No....3 go to next row	b. Hearing aids	Yes..1 No ..2
1010.	Walking	Yes,fully....1 Yes,partially.2 No....3 go to next row	c. Walking stick or other	Yes..1 No ..2
1011.	Teeth (chewing)	Yes,fully....1 Yes,partially.2 No....3 go to next row	d. Dentures	Yes..1 No ..2
1012.	Speaking	Yes,fully....1 Yes,partially.2 No....3 go to next row		
1013.	Memory	Yes,fully....1 Yes,partially.2 No....3 go to next row		

#### Personal habits and risk behavior

Sl. No.	Have you ever had '.....' habit? Yes.....1 No.....2	Have you '.....' in the last one month? Yes .....1 No .....2	How frequently do you indulge in this habit?	How much do you spend on '.....'?	Who pays for it? Self.....1 Spouse.....2 Children....3 Relatives...4 Other.....9 (specify)
	A	B	C	D	E
1014.	Smoking cigarettes or bidis or <i>hookah</i>	1 2, go to next line	1 2, go to next line	...../per day	...../per day
1015.	Alcohol consumption	1 2, go to next line	1 2, go to next line	Daily .....1 Once or twice a week.....2 Once or twice a month .....3 Occasionally.4	...../each time
1016.	Chewing tobacco or other intoxicant (snuff, pan, pan masala, ghutka)	1 2, go to next line	1 2, go to next line	...../per day	...../per day

#### Section 11: Social security

Sl. No.	Have you ever heard of .....	Are you availing any benefits of this scheme?	How much amount did you receive during last one year?	For how many year you are availing this benefit? < a year= 00
---------	------------------------------	---	---	--

	A		B	C	D
110	Ayushman Bharat scheme	No.....0,go to next row Yes without prompt.1 Yes with prompt ....2	Yes .....1 No.....2 NA.....3, next row		
110	National Program for healthcare of Elderly (NPHCE)	No.....0,go to next row Yes without prompt..1 Yes with prompt ....2	Yes .....1 No.....2 NA.....3 then next row		
110	State old age pension scheme	No.....0,go to next row Yes without prompt.1 Yes with prompt ....2	Yes .....1 No.....2 NA.....3 then next row		
110	Widow pension	No.....0,go to next row Yes without prompt.1 Yes with prompt ....2	Yes .....1 No.....2 NA.....3 then next row		
110	Kisan Pension Yojana	No.....0,go to next row Yes without prompt.1 Yes with prompt ....2	Yes .....1 No.....2 NA.....3 then next row		
110	Job retirement pension	No.....0,go to next row Yes without prompt.1 Yes with prompt ....2	Yes .....1 No.....2 NA.....3 then next row		
110	Other (specify) .....	No.....0,go to next row Yes without prompt.1 Yes with prompt ....2	Yes .....1 No.....2 NA.....3 then next row		
1108.	Are you satisfied with the mechanism of delivering health and related facilities/schemes in your area?		Yes..... No .....		1 2
1109.	Do/Did you face any kind of difficulty in receiving or availing the above facilities from the source in the last one year?		Yes.....1 No .....2		Q.1108
1110.	What kind of problem(s) did you face? (multiple answer possible)		Delay in receiving care..... Asked to give bribe ..... Source is far off ..... Lot of paper work .....		1 2 3 4

		Arrogant behavior by staff.....	5
		Long waiting.....	6
		No seating arrangements .....	7
		No special provisions for elderly.....	8
		Difficulties during night .....	9
		Other (specify).....	10
Few questions about the Ayushman Bharat (PM- JAY) scheme and NPHCE.			
1111.	Have you registered under Ayushman Bharat?	Yes.....1	Q. 1114
		No .....2	Q. 1113
1112.	Have you ever heard about geriatric care scheme under NPHCE?	Yes.....1	
		No .....2	
1113.	If (No in 1111.) Reasons for not registering?	Not eligible .....1	
		Procedure not known .....2	
1114.	Did you face any problem while registering?	Yes.....1	115.
		No .....2	
1115.	What were the difficulties you faced under Ayushman Bharat scheme?	Taking more time .....	1
		More waiting time .....	2
		Staff were absent .....	3
		Behavior of the staff was not good ....	4
		Asked for money/bribe .....	5
		No proper guidelines for registration..	6
		Any other (specify).....	9
1116.	How satisfied are you with Ayushman Bharat scheme?	Not satisfied.....	1
		Somewhat satisfied .....	2
		Satisfied .....	3
		Highly satisfied .....	4
1117.	What are the effects of OOPHE? (multiple answer possible)	Poverty deepening.....	1
		Fell below poverty line .....	2
		Low standard of living .....	3
		Compromised necessities.....	4
		Increase in debt.....	5
		Social status degraded.....	6
		Economically unsound.....	7
		Others (specify).....	99

### Specific Observations

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