

ICPSR 22626

**India Human Development Survey
(IHDS), 2005**

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Education and Health Questionnaire

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STATE: DISTRICT: PSU: HOUSEHOLD:

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HUMAN DEVELOPMENT PROFILE OF INDIA - II 2004-05

EDUCATION AND HEALTH QUESTIONNAIRE



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

STATE: ID1 DISTRICT: ID2 PSU: ID3 HOUSEHOLD: ID4 ID5

HUMAN DEVELOPMENT PROFILE OF INDIA – II 2004-05

NATIONAL COUNCIL OF APPLIED ECONOMIC RESEARCH
&
UMCP

EDUCATION AND HEALTH QUESTIONNAIRE

1 STUDY CODE

0 2 2 GE1

2 Deck Number

2 GE2

3 Interviewer ID

GE3

4 Interviewer Name

5 Interviewer Signature

6 Supervisor ID

GE6

7 Supervisor Name

8 Supervisor Signature

9 Is this a RE-INTERVIEW household?

No=0
Yes=1 GE9

10 Interview Completion Status

Complete =1
Incomplete=2

FIRST PART

GE10a

ELIGIBLE WOMAN

GE10b

11 Anthropometry Completion Status

Not Done=1
Partially Done = 2

Fully Done=3
Not Applicable=4

GE11

12 Learning Completion Status

Not done=1
Partially Done=2

Fully Done=3
Not Applicable=4

GE12

13 Whether Additional Learning Sheet Attached

No=0
Yes=1

GE13

14 Data Entry ID

15 Data Entry Name

16 Data Entry Signature

CONSENT STATEMENT

[Approximately nine 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. The study is conducted by the 'National Council of Applied Economic Research' in co-operation with the UMCP. 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 [to update the information you provided during our last visit] about various aspects of health and family life. 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 math exercise to some children.

If you choose not to reply 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 purpose of research. People will be able to learn about the health and well-being of the people of India, but not what you personally said.

1. Do you agree to be interviewed?

No=0
Yes=1

☐

CD1

Interviewers
Initials

3. Interview Start Time

CD3

AM=1

PM=2

☐

CD3b

2. First Interview Date

Day

Month

Year

CD2

STATE: DISTRICT: PSU: HOUSEHOLD:

1.1 Stratum No. (Editor)

Diagram of a rectangular box with a vertical dashed line in the center, labeled HI1 on the right side.

H1

HI2

H13

H14

HI5

H15



HI6

H16

POST OFFICE

Diagram of a rectangular box divided by a vertical dashed line, with the label "HI7" to its right.

H17

[illegible]

HI7

MOHALLA

A square with a vertical dashed line through the center, labeled H18.

H18

[illegible]

H18

Rural=1

HI9

HIG

Urban=2

Urban Slum=3

Diagram illustrating a 1D lattice structure with 10 sites. The sites are represented by vertical dashed lines within a rectangular box. The rightmost site is labeled 'H1'.

HI1

[illegible]

HI11

Hindi=1
Assamese=2
Bangla=3
Gujarathi=4
Marathi=5
Oriya=6

Kannad=7
Malyalam=8
Tamil=9
Telegu=10
English=11

7		
3		

HI12

HDPI-2 (women's questionnaire)

2. Education: Current Students

Now I would like to ask you some questions about the children in your household that are studying in school, college or vocational/technical programs. Who is currently studying?

2.1

Please tell me names of all the members of this household who are currently in school or college

2.2

ID CODE FROM HOUSE ROSTER

2.3

What type of school or college is NAME currently enrolled in?

2.4

How far is the school /college from home?

< 1 Km=1 KILOMETERS

FOR STUDENTS NOT IN SENIOR COLLEGE OR VOC/TECH PROGRAM (12 STD and below):

2.5

What standard is [NAME] studying in?

2.6

What is the medium of instruction in this school?

2.7

From which standard is English taught in this school?

2.8

In general, over the last month how many hours does [NAME] spend per week in ...

2.9

...school? Hours

2.10

...doing homework? Hours

2.11

.. In private tutitions? Hours

2.12

How many days was [NAME] absent from school in the last month? Days

2.13

Does [NAME] receive free grain or mid-day meal in school?

Type:

School:
EGS=1
Government=2
Govt. Aided=3
Private=4
Convent=5
Madrassa=6
Other/Open School=7

College:
Junior coll.=8
College=9
Postgraduate=10

Technical:
Vocational short (<1 yr) program=11
Technical or voc. Longer = 12

Language:

Hindi=1
State Lang. not Hindi=2
English=3
Other=4

Meals:

No=0
Yes, Grain=1
Yes, Dalia only=3
Yes, Variety of Meals=4

HDPI-2 (women's questionnaire)

2. Education: Current Students (continued)

ASK FOR ALL CURRENT STUDENTS

2.13		2.14		2.15		2.16		2.17		2.18				2.19				2.20							
ID CODE FROM 2.2		In last one year did [NAME] receive any of the following from the government?								How much did you pay as school fees for NAME in last year? [in addition to govt. support] RUPEES				How much did you spend on [NAME]'s books, uniform transportation, and other materials last year? RUPEES				How much did you pay for private tuition last year? RUPEES							
		... free books? No=0 Yes=1		... free uniform? No=0 Yes=1		... school or college fees? No=0 Yes=1	 Money for scholar ship? No=0 Yes=1																	
⇒		CS13a		CS14a		CS15a		CS16a		CS17a					CS18a					CS19a					CS20a
⇒		CS13b		CS14b		CS15b		CS16b		CS17b					CS18b					CS19b					CS20b
⇒		CS13c		CS14c		CS15c		CS16c		CS17c					CS18c					CS19c					CS20c
⇒		CS13d		CS14d		CS15d		CS16d		CS17d					CS18d					CS19d					CS20d
⇒		CS13e		CS14e		CS15e		CS16e		CS17e					CS18e					CS19e					CS20e
⇒		CS13f		CS14f		CS15f		CS16f		CS17f					CS18f					CS19f					CS20f
⇒		CS13g		CS14g		CS15g		CS16g		CS17g					CS18g					CS19g					CS20g
⇒		CS13h		CS14h		CS15h		CS16h		CS17h					CS18h					CS19h					CS20h
⇒		CS13i		CS14i		CS15i		CS16i		CS17i					CS18i					CS19i					CS20i
⇒		CS13j		CS14j		CS15j		CS16j		CS17j					CS18j					CS19j					CS20j

HDPI-2 (women's questionnaire)

3. Children 8 to 11

3.1 ID CODE FROM ABOVE.

 CH1

NAME _____

3.2 Has NAME ever been enrolled in school?

No=0 CH2
Yes, in the past=1
Yes, currently=2

IF YES, ASK THIS SECTION

Now, I would like to ask you a few questions about NAME's school and his/her experience.

3.3 At what age did [NAME] start school?

YEARS CH3

3.4 Are [Were] most of the teachers at NAME's school present regularly?

No= 0 CH4
Yes= 1

3.5 Is [Was] NAME's class teacher present regularly?

No= 0 CH5
Yes= 1

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

No= 0 CH6
Yes= 1

3.7 Do you think that the class teacher treats [treated] your child in a fair manner?

No= 0 CH7
Yes= 1

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

No= 0 CH8
Yes= 1

3.9 Do you think that the class teacher favours [favored] certain communities/jatis over others?

No= 0 CH9
Yes= 1

3.10 Do you participate in any school committee like the Parent Teacher Assn?

No= 0 CH10
Yes= 1

3.11 During the year, how many times does [did] someone from the family discuss NAME's school work with the teacher?

NUMBER CH11

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

Below Average=0 CH12
Average=1
Better than Average=2

3.13 Does [Did] NAME enjoy school?

No= 0 CH13
Yes= 1

3.14 Did [NAME] ever repeat a grade?
IF YES, how many times?
IF NO, ENTER "0"

NUMBER OF REPEATS CH14

ASK ONLY, THE CURRENTLY ENROLLED CHILDREN

3.15 In the last one month, in school has your child ...

Been praised?
[such as received stars or good comments]

No= 0 CH15a
Yes= 1

Been physically beaten / pinched?

No= 0 CH15b
Yes= 1

3.16 SCHOOL NAME:

3.17 IF NOT GOVERNMENT SCHOOL, ADDRESS OF SCHOOL:

EDITOR: ID CODE OF SCHOOL:

STATE:

DISTRICT:

PSU:

SCHOOL:

HDPI-2 (women's questionnaire)

3. Children 8 to 11 (Second child)

3.18 ID CODE FROM ABOVE.

 CH18

NAME _____

3.19 Has NAME ever been enrolled in school?

No=0 CH19
Yes, in the past=1
Yes, currently=2

IF YES, ASK THIS SECTION

Now, I would like to ask you a few questions about NAME's school and his/her experience.

3.20 At what age did [NAME] start school?

YEARS CH20

3.21 Are [Were] most of the teachers at NAME's school present regularly?

No= 0 CH21
Yes= 1

3.22 Is [Was] NAME's class teacher present regularly?

No= 0 CH22
Yes= 1

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

No= 0 CH23
Yes= 1

3.24 Do you think that the class teacher treats [treated] your child in a fair manner?

No= 0 CH24
Yes= 1

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

No= 0 CH25
Yes= 1

3.26 Do you think that the class teacher favours [favored] certain communities/jatis over others?

No= 0 CH26
Yes= 1

3.27 Do you participate in any school committee like the Parent Teacher Assn?

No= 0 CH27
Yes= 1

3.28 During the year, how many times does [did] someone from the family discuss NAME's school work with the teacher?

NUMBER CH28

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

Below Average=0 CH29
Average=1
Better than Average=2

3.30 Does [Did] NAME enjoy school?

No= 0 CH30
Yes= 1

3.31 Did [NAME] ever repeat a grade?
IF YES, how many times?
IF NO, ENTER "0"

NUMBER OF REPEATS CH31

ASK ONLY, THE CURRENTLY ENROLLED CHILDREN
3.32 In the last one month, in school has your child ...

Been praised?
[such as received stars or good comments]

No= 0 CH32a
Yes= 1

Been physically beaten / pinched?

No= 0 CH32b
Yes= 1

3.33 SCHOOL NAME:

3.34 IF NOT GOVERNMENT SCHOOL, ADDRESS OF SCHOOL:

EDITOR: ID CODE OF SCHOOL:

STATE:

DISTRICT:

PSU:

SCHOOL:

HDPI-2 (women's questionnaire)

4. Marriage Practices

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

4.1 Do people marry a daughter in her natal village? No= 0 Yes= 1 MP1

4.2 Do people marry a daughter to her cousin? No= 0 Yes= 1 MP2

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

4.5a Gold Rarely/Never=0 Sometimes=1 Usually=2 MP5a

4.5b Silver Rarely/Never=0 Sometimes=1 Usually=2 MP5b

4.5c Land Rarely/Never=0 Sometimes=1 Usually=2 MP5c

4.5d Car Rarely/Never=0 Sometimes=1 Usually=2 MP5d

4.5e Scooter or motorcycle Rarely/Never=0 Sometimes=1 Usually=2 MP5e

4.5f TV Rarely/Never=0 Sometimes=1 Usually=2 MP5f

4.5g Fridge Rarely/Never=0 Sometimes=1 Usually=2 MP5g

4.5h Furniture Rarely/Never=0 Sometimes=1 Usually=2 MP5h

4.5i Pressure cooker Rarely/Never=0 Sometimes=1 Usually=2 MP5i

4.5j Utensils Rarely/Never=0 Sometimes=1 Usually=2 MP5j

4.5k Mixer or Grinder Rarely/Never=0 Sometimes=1 Usually=2 MP5k

4.5l Bedding / mattress Rarely/Never=0 Sometimes=1 Usually=2 MP5l

4.5m Watch Rarely/Never=0 Sometimes=1 Usually=2 MP5m

4.5n Bicycle Rarely/Never=0 Sometimes=1 Usually=2 MP5n

4.5o Sewing machine Rarely/Never=0 Sometimes=1 Usually=2 MP5o

4.5p Livestock such as cows, buffalo, chicken, or pigs Rarely/Never=0 Sometimes=1 Usually=2 MP5p

4.5q Tractor Rarely/Never=0 Sometimes=1 Usually=2 MP5q

4.5r Cash Rarely/Never=0 Sometimes=1 Usually=2 MP5r

[IF CASH] How much?

4.5 RUPEES MP5s

HDPI-2 (women's questionnaire)

5. Water

5.1 What is the main source of water for drinking?

Piped	01	Covered well	05	Rainwater	09
Tube well	02	River, canal, stream	06	Bottled	10
Hand pump	03	Pond	07	Other	11
Dug, open well	04	Tanker truck	08		

 WA1

5.2 Is this inside the house or compound?

No, outside=0 WA2
Yes, inside=1

IF OUTSIDE HOUSE OR COMPOUND,
5.2a How long would it take to walk
to this source of water?

Minutes one way WA2a

5.3 IF PIPED WATER: How many hours per day do you normally get water?

Less than 1 hr=01 WA3
Hrs.

5.4 Is the main water source the same in summer? IF YES, skip to 5.7

No= 0 WA4
Yes= 1

5.5 What is the main source of water for drinking in summer?

Piped	01	Covered well	05	Rainwater	09
Tube well	02	River, canal, stream	06	Bottled	10
Hand pump	03	Pond	07	Other	11
Dug, open well	04	Tanker truck	08		

 WA5

5.6 Is this inside the house or compound?

No, outside=0 WA6
Yes, inside=1

IF OUTSIDE HOUSE OR COMPOUND,
5.6a How long would it take to walk
to this source of water?

Minutes one way WA6a

5.7 Is the availability of drinking water normally adequate?

No= 0 WA7
Yes= 1

5.8 Is the availability of drinking water adequate in summer months?

No= 0 WA8
Yes= 1

ASK 5.9 ONLY, IF WATER SOURCE IS OUTSIDE HOUSE OR COMPOUND:

DAILY

5.9a In the current season, how much total time daily do **adult women** spend in fetching and collecting water, including waiting in line? (Add all trips for all women)

MINUTES (WOMEN) WA9a

5.9b adult men?

MINUTES (MEN) WA9b

5.9c girls under 15?

MINUTES (GIRLS) WA9c

5.9d boys under 15?

MINUTES (BOYS) WA9d

ASK EVERYBODY:

5.10 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=0 Usually=2 WA10
Rarely=1 Always=3

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

IF NO, ENTER 0 AND SKIP TO 6.1

5.11a Does the vessel have a lid or cover?

No vessel= 0
Vessel has a lid or cover= 1 WA11a
Vessel does not have a lid or cover= 2

5.11b How do you pour drinking water?

Poured from vessel= 1 WA11b
With a long ladle=2
With a cup or other utensil= 3
Tap in the vessel= 4

HDPI-2 (women's questionnaire)

6. Sanitation and Hygiene

- 6.1 How many rooms are in this house?
DO NOT COUNT BALCONIES, CORRIDORS, AND BATHROOMS SA1
- 6.2 Where is the cooking, generally done for this household?
Cooking is outdoors=1 SA2
Separate kitchen=2
Cooking is in living area=3
- IF COOKING INDOORS:
6.2a Is there a window or vent in the cooking area?
No= 0 SA2a
Yes= 1
Cooking is outdoors=9
- 6.3 Do you employ any household help or servant?
No= 0 SA3
Yes=1
- 6.4 Does the household have a toilet of its own?
Is there a flush toilet? No facility belonging to household (or open fields) = 0
A latrine? Traditional Pit Latrine = 1 SA4
Or any other facility? Ventilated Improved Pit Latrine = 2
Flush Toilet = 3
- 6.5 IF NO OWN TOILET / LATRINE:
Does the household have access to a public or shared toilet?
None=0 SA5
Shared toilet in building/chawl= 1
Shared toilet outside building= 2
Public/Govt. toilet= 3
- 6.6 Do you wash your hands after defecating?
No= 0 SA6
Yes=1
- 6.6a IF YES: What do you use to wash your hands?
Water alone=1 SA6a
Mud, ash, etc.=2
Soap=3

7. Fuel and Energy Use

- 7.1 Does this house have electricity?
No= 0 FU1
Yes= 1
- 7.1a IF YES:
How many hours per day do you generally have power? (in a season like this)
HOURS FU1a
- 7.1b How do you pay for the electricity you use?
No Bill/illegal=0
Bill from State Elec. Board or GAS company=1
Fee to neighbor =2 FU1b
Part of rent=3
Operating cost of my own generator=4
Other means=5
- 7.1c How much did you pay for it last month?
Rs. FU1c
- 7.2 How many meals, including breakfast is taken per day in your family?
MEALS A DAY FU2
- 7.3 Approximately how many hours is the stove burning in your household, including cooking heating water, making tea, etc.?
HOURS FU3
Less than 1 = 1
- 7.4 What type of chulha does the household use?
Does not have stove that uses biomass = 0
Open fire (i.e. three stoves) = 1 FU4
Traditional chulha, without chimney =2
Improved chulha, with chimney = 3

HDPI-2 (women's questionnaire)

8. Short Term Morbidity

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

Can you tell me the names of all those that had any of these three illnesses?	8.1	
	HOUSEHOLD ROSTER ID CODE	
NAME		
		SM1a
		SM1b
		SM1c
		SM1d
		SM1e
		SM1f
		SM1g

8.2 In the last month for how many days was NAME ill during the last episode?	IF ANY FEVER, COUGH, OR DIARRHEA:								8.10 How long was NAME unable to do usual activities (incl. work, school, domestic work) in the last 30 days?	8.11 In the last month, has [NAME] received any treatment or advice? No=0 Yes=1 IF Yes, Go To Q 8.12
	8.3 Did NAME have a fever the last month?	8.4 Did NAME have a cough the last month?	IF COUGH: 8.5 Did he/she breathe fast with short rapid breaths?	8.6 Did NAME have diarrhoea in the last month?	IF ANY DIARRHEA:			8.9 Was NAME given ORS [local name] solution?		
DAYS	No=0 Yes=1	No=0 Yes=1	No=0 Yes=1	No=0 Yes=1	8.7 Was there any blood in the stool with diarrhoea?	8.8 When he/she had diarrhoea was there any change in the amount of liquid he/she took? More= 1 Same=2 Less=3	No=0 Yes=1	DAYS		
	SM2a	SM3a	SM4a	SM5a	SM6a	SM7a	SM8a	SM9a	SM10a	
	SM2b	SM3b	SM4b	SM5b	SM6b	SM7b	SM8b	SM9b	SM10b	
	SM2c	SM3c	SM4c	SM5c	SM6c	SM7c	SM8c	SM9c	SM10c	
	SM2d	SM3d	SM4d	SM5d	SM6d	SM7d	SM8d	SM9d	SM10d	
	SM2e	SM3e	SM4e	SM5e	SM6e	SM7e	SM8e	SM9e	SM10e	
	SM2f	SM3f	SM4f	SM5f	SM6f	SM7f	SM8f	SM9f	SM10f	
	SM2g	SM3g	SM4g	SM5g	SM6g	SM7g	SM8g	SM9g	SM10g	

HDPI-2 (women's questionnaire)

8. Short Term Morbidity Costs

8.12 HOUSEHOLD ROSTER ID CODE	8.13		8.14		8.15 Was she/he hospitalised? If Yes: How many days? If No: Enter 0 DAYS	What was the total cost of this treatment for out-patient as well as in-patient services?									
	From whom did [NAME] get advice or treatment? Where was this?					8.16 For doctor, hospital surgery? RUPEES	8.17 Were tests or medicine, included in the fees? No=1 Yes=ES	8.18 For medicine and tests and expenses, not included in the doctors' and hospital fees? RUPEES	8.19 For tips, bus/train/ taxi fare, or lodging while getting treatment? RUPEES						
	1st source		2nd Source												
	WHO	WHERE	WHO	WHERE											
	SM13a1	SM14a1	SM13a2	SM14a2	SM15a	SM16a	SM17a	SM18a	SM19a						
	SM13b1	SM14b1	SM13b2	SM14b2	SM15b	SM16b	SM17b	SM18b	SM19b						
	SM13c1	SM14c1	SM13c2	SM14c2	SM15c	SM16c	SM17c	SM18c	SM19c						
	SM13d1	SM14d1	SM13d2	SM14d2	SM15d	SM16d	SM17d	SM18d	SM19d						
	SM13e1	SM14e1	SM13e2	SM14e2	SM15e	SM16e	SM17e	SM18e	SM19e						
	SM13f1	SM14f1	SM13f2	SM14f2	SM15f	SM16f	SM17f	SM18f	SM19f						
	SM13g1	SM14g1	SM13g2	SM14g2	SM15g	SM16g	SM17g	SM18g	SM19g						

WHO: WHERE:

Pub. Dr./Nurse=1 Village/neighborhood=1

Pub. Dr./Nu in priv.=2 Another village/neighborhood=2

Priv. Dr./Nurse=3 Other town=3

Pharmacy=4 District town=4

Other (traditional healer)=5

HDPI-2 (women's questionnaire)

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 ID, AND ASK 9.16 THROUGH 9.24 THEN GO TO NEXT DISEASE.

NAME	9.1 HOUSEHOLD ROSTER ID CODE	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	
		Cataract	Tuberculosis (TB)	High BP	Heart disease	Diabetes	Leprosy	Cancer	Asthma	Polio	Paralysis	Epilepsy	Mental illness	STD or AIDS	Other Long Term	
		No=0 Yes=1 Cured=2														
		MB1a	MB2a	MB3a	MB4a	MB5a	MB6a	MB7a	MB8a	MB9a	MB10a	MB11a	MB12a	MB13a	MB14a	MB15a
		MB1b	MB2b	MB3b	MB4b	MB5b	MB6b	MB7b	MB8b	MB9b	MB10b	MB11b	MB12b	MB13b	MB14b	MB15b
		MB1c	MB2c	MB3c	MB4c	MB5c	MB6c	MB7c	MB8c	MB9c	MB10c	MB11c	MB12c	MB13c	MB14c	MB15c
		MB1d	MB2d	MB3d	MB4d	MB5d	MB6d	MB7d	MB8d	MB9d	MB10d	MB11d	MB12d	MB13d	MB14d	MB15d
		MB1e	MB2e	MB3e	MB4e	MB5e	MB6e	MB7e	MB8e	MB9e	MB10e	MB11e	MB12e	MB13e	MB14e	MB15e
		MB1f	MB2f	MB3f	MB4f	MB5f	MB6f	MB7f	MB8f	MB9f	MB10f	MB11f	MB12f	MB13f	MB14f	MB15f
		MB1g	MB2g	MB3g	MB4g	MB5g	MB6g	MB7g	MB8g	MB9g	MB10g	MB11g	MB12g	MB13g	MB14g	MB15g

9.16	9.17
In the last 12 months how many days was he/she not able to do normal activities due to this illness?	In the last 12 months has he / she received any treatment or advice?
DAYS	No=0 Yes=1 IF Yes, Go To Q 9.18
	MB16a MB17a
	MB16b MB17b
	MB16c MB17c
	MB16d MB17d
	MB16e MB17e
	MB16f MB17f
	MB16g MB17g



HDPI-2 (women's questionnaire)

9. Major Morbidity Costs

HOUSEHOLD ROSTER ID CODE	9.18		9.19		9.20		9.21		What was the total cost of this treatment for out-patient as well as in-patient services in last 12 months?									
	From whom did [NAME] get advice or treatment?						Was she/he hospital-ised? IF YES: How many days? IF No, Enter 0 DAYS		9.22 For doctor, hospital surgery? RUPEES		9.23 Were tests or medicine included in these fees? No=0 Yes=1		9.24 For medicine and tests and expenses, not included in 8.15? RUPEES		9.25 For tips, bus/train/ taxi fare, or lodging while getting treatment? RUPEES			
	1st source		2nd Source															
	WHO	WHERE	WHO	WHERE														
	MB19a1	MB20a1	MB19a2	MB20a2			MB21a				MB22a		MB23a		MB24a	MB25a		
	MB19b1	MB20b1	MB19b2	MB20b2			MB21b				MB22b		MB23b		MB24b	MB25b		
	MB19c1	MB20c1	MB19c2	MB20c2			MB21c				MB22c		MB23c		MB24c	MB25c		
	MB19d1	MB20d1	MB19d2	MB20d2			MB21d				MB22d		MB23d		MB24d	MB25d		
	MB19e1	MB20e1	MB19e2	MB20e2			MB21e				MB22e		MB23e		MB24e	MB25e		
	MB19f1	MB20f1	MB19f2	MB20f2			MB21f				MB22f		MB23f		MB24f	MB25f		
	MB19g1	MB20g1	MB19g2	MB20g2			MB21g				MB22g		MB23g		MB24g	MB25g		

WHO:

Pub. Dr./Nurse=1

Pub. Dr./Nu in priv.=2

Priv. Dr./Nurse=3

Pharmacy=4

Other (traditional healer)=5

WHERE:

Village/neighborhood=1

Another village/neighborhood=2

Other town=3

District town=4

HDPI-2 (women's questionnaire)

10. Activities of Daily Living

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

IF, THE ANSWER IS YES, ENTER THE PERSON'S NAME AND HOUSEHOLD ID, AND ASK:

"Can [NAME] still do it with some trouble or is she/he unable to do it?"

PROMPT: **Anybody else?**

IF NOBODY ELSE, ASK NEXT ACTIVITY

NAME	10.1 HOUSEHOLD ROSTER ID CODE	10.2 ..Walking 1 km Can do with difficulty =1 Unable to Do it=2	10.3 ..Going to the toilet without help With diff.=1 Unable =2	10.4 ..Dressing without help With diff.=1 Unable =2	10.5 ...Hearing normal conver- sation With diff.=1 Unable =2	10.6 ..Speaking Normally With diff.=1 Unable =2	10.7 ...Seeing distant things [with glasses, if any] With diff.=1 Unable =2	10.8Seeing near obj., such as reading/ sewing? [with glasses, if any] With diff.=1 Unable =2
	AD1a	AD2a	AD3a	AD4a	AD5a	AD6a	AD7a	AD8a
	AD1b	AD2b	AD3b	AD4b	AD5b	AD6b	AD7b	AD8b
	AD1c	AD2c	AD3c	AD4c	AD5c	AD6c	AD7c	AD8c
	AD1d	AD2d	AD3d	AD4d	AD5d	AD6d	AD7d	AD8d
	AD1e	AD2e	AD3e	AD4e	AD5e	AD6e	AD7e	AD8e
	AD1f	AD2f	AD3f	AD4f	AD5f	AD6f	AD7f	AD8f
	AD1g	AD2g	AD3g	AD4g	AD5g	AD6g	AD7g	AD8g

HDPI-2 (women's questionnaire)

11. Quality of Care:

FOR OUTPATIENT SERVICES ONLY

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

Govt. Dr./Nurse=1
Govt. Dr./Nurse in private=2
Private Dr./Nurse=3

Pharmacy=4
Other (traditional healer)= 5 ☐ QC1

- 11.2 **Where was it located?**

Village/neighbourhood=1
Another village/neighbourhood=2

Other town=3 ☐
District town=4 ☐ QC2

- 11.3 **Why did you go then?**

Fever=1
Cough/cold=2

Diarrhea=3 ☐
Other=4 ☐ QC3

- 11.4 **When did you go?**

QC4
MONTH YEAR

- 11.5 **Did you see a female or male provider?**

Female= 1
Male= 2

Both=3 ☐ QC5

- 11.6 **Do doctors and other health workers treat you ...**

Nicely?= 1 ☐
Somewhat nicely?= 2 ☐ QC6
Not nicely?= 3

- 11.7 **Usually when you go to this facility, how many minutes do you have to wait?**

MINUTES QC7

- 11.8 **Did you go alone (with sick child) or were you accompanied by someone?**

Alone=1
With husband=2
With older men=3

With older women=4
With younger women=5
With adolescent/younger men=6

Other combination=7 ☐ QC8

- 11.9 **Which facility did you visit? [Write down full name]**

- 11.10 **What is the address of this clinic/hospital/shop?**

12. Tobacco and Alcohol Use

Does anyone in this household ...				
	12.1 HOUSEHOLD ROSTER ID CODE	12.2 ... smoke cigarettes bidi, or hukkah?	12.3 ... chew tobacco?	12.4 ... drink alcohol
NAME		Never= 0 Sometimes=1 Daily=2	Never= 0 Sometimes=1 Daily=2	Never= 0 Sometimes=1 Daily=2
	TO1a	TO2a	TO3a	TO4a
	TO1b	TO2b	TO3b	TO4b
	TO1c	TO2c	TO3c	TO4c
	TO1d	TO2d	TO3d	TO4d
	TO1e	TO2e	TO3e	TO4e
	TO1f	TO2f	TO3f	TO4f
	TO1g	TO2g	TO3g	TO4g

EDITOR: ID CODE OF CLINIC:

STATE:

DISTRICT:

PSU:

CLINIC

Observations-1

12.5a Who was the primary respondent who answered most of the questions?

HH ID CODE: 05a

O5a

[illegible]

O5b

HH ID CODE:

--	--

 06

06

HH ID CODE: 06a

O6a

HH ID CODE: 06b

O6b

HH ID CODE: O6c

O6c

No=0 ☐ 07
Yes=1 ☐

9

07

Page 18 of 40

HDPI-2 (women's questionnaire)

STATE:

DISTRICT:

PSU:

HOUSEHOLD:

13. Eligible Woman ID

ASK THE REST OF THE QUESTIONS ONLY TO AN EVER MARRIED WOMAN
BETWEEN THE AGES OF 15 AND 49

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?

13.1 Name of Head of household

EW1

13.2 Your name?

EW2

13.3 ID Code of Respondent

EW3

13.4 Relationship to Head of Household

Head=01	Grandchild=05	Nephew/Niece=09
Wife=02	Father/Mother=06	Brother/Sister
Son/Daughter=03	Brother/Sister=07	in law=10
Daughter- or	Father-in-law or	Other Relatives=11
Son-in law=04	Mother-in-law=08	

EW4

13.5 Age of Eligible Woman

EW5

13.6 Date of Birth

DayMonthYear

EW6

13.7 Years of education completed
(5th class=5, BA/Bsc.=15)

EW7

13.8 Number of Children

EW8

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

Very Good?=1
Good?=2
OK?=3
Poor?=4
Very Poor?=5

EW9

HDPI-2 (women's questionnaire)

14. Health Beliefs

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

14.1 Is it harmful to drink 1-2 glasses of milk every day during pregnancy? No=0 ☐ HB1
Yes=1 ☐
DK= 8

14.2 Do men become physically weak even months after sterilization? No=0 ☐ HB2
Yes=1 ☐
DK= 8

14.3 Do you think that the first thin 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

14.4 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

14.5 When children have diarrhea, do you think that they should be given less to drink than usual, more drink than usual, about the same, or it doesn't matter? Less than usual= 1
More than usual= 2
About the same = 3 ☐ HB5
It doesn't matter= 4
No opinion/DK= 8

14.6 In which part of the menstrual cycle is a woman least likely to get pregnant? Immediately after period= 1
Just before the period= 2
In the middle of the cycle= 3
Just before and after the period= 4 ☐ HB6
Timing makes no difference= 5
DK/No opinion= 8

15. HIV/AIDS

15.1 Have you ever heard of an illness called AIDS? No=0 ☐ AI1
Yes=1 ☐
IF NO, SKIP TO 16.1 NEXT PAGE
IF YES:
There are many beliefs about how people can get AIDS. For each of these beliefs, I would like to know whether you think that is a way people can get AIDS

15.1a First, by having sex with a person infected with AIDS? No=0 ☐ AI1a
Yes=1 ☐
DK= 8

15.1b By an injection with a needle that has been used by a person with AIDS? No=0 ☐ AI1b
Yes=1 ☐
DK= 8

15.1c By being bitten by a mosquito infected with AIDS? No=0 ☐ AI1c
Yes=1 ☐
DK= 8

15.1d By getting a blood transfusion with blood that is infected with AIDS? No=0 ☐ AI1d
Yes=1 ☐
DK= 8

15.1e By sharing food or utensils with a person infected with AIDS? No=0 ☐ AI1e
Yes=1 ☐
DK= 8

15.2 Do you know any one who has gotten AIDS? No=0 ☐ AI2
Yes=1 ☐

HDPI-2 (women's questionnaire)

16. Gender Relations

Please tell me who in your family decides the following things?

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?**

DO NOT PROMPT

RESPON-	DENT	HUSBAND	SENIOR MALE	SENIOR FEMALE	OTHER	NO ONE	NOT APPLICABLE	
	a	b	c	d	e	f		
16.1 What to cook on a daily basis?	<div>No=0</div> <div>Yes=1</div> <div>GR1a</div>	<div></div> <div>GR1b</div>	<div></div> <div>GR1c</div>	<div></div> <div>GR1d</div>	<div></div> <div>GR1e</div>	<div></div> <div>GR1f</div>	<div></div> <div>GR1g</div>	
16.2 Whether to buy an expensive item such as a TV or fridge?	<div>No=0</div> <div>Yes=1</div> <div>GR2a</div>	<div></div> <div>GR2b</div>	<div></div> <div>GR2c</div>	<div></div> <div>GR2d</div>	<div></div> <div>GR2e</div>	<div></div> <div>GR2f</div>	<div></div> <div>GR2g</div>	
16.3 How many children you have?	<div>No=0</div> <div>Yes=1</div> <div>GR3a</div>	<div></div> <div>GR3b</div>	<div></div> <div>GR3c</div>	<div></div> <div>GR3d</div>	<div></div> <div>GR3e</div>	<div></div> <div>GR3f</div>	<div></div> <div>GR3g</div>	
IF RESPONDENT HAS ANY CHILDREN:								
16.4 What to do if a child falls sick?	<div>No=0</div> <div>Yes=1</div> <div>GR4a</div>	<div></div> <div>GR4b</div>	<div></div> <div>GR4c</div>	<div></div> <div>GR4d</div>	<div></div> <div>GR4e</div>	<div></div> <div>GR4f</div>	<div></div> <div>GR4g</div>	
16.5 To whom your children should marry?	<div>No=0</div> <div>Yes=1</div> <div>GR5a</div>	<div></div> <div>GR5b</div>	<div></div> <div>GR5c</div>	<div></div> <div>GR5d</div>	<div></div> <div>GR5e</div>	<div></div> <div>GR5f</div>	<div></div> <div>GR5g</div>	

MOST SAY:

RESPONDENT=1

HUSBAND=2

SENIOR MALE=3

SENIOR FEMALE=4

OTHER=5

Do you have to ASK PERMISSION of your husband or a senior family member to go to ...

(CODE "Just have to Inform them" = 0)

IF YES:

HUSBAND	SENIOR MALE	SENIOR FEMALE	OTHER
16.6 To the local health center?	16.7 The home of relatives or friends in the [village / neighborhood]?	16.8 To the kirana shop?	
<div>No=0</div> <div>Yes=1</div> <div>GR6a</div>	<div>No=0</div> <div>Yes=1</div> <div>GR7a</div>	<div>No=0</div> <div>Yes=1</div> <div>GR8a</div>	
<div></div> <div>Does not go = 9</div>	<div></div> <div>Does not go = 9</div>	<div></div> <div>Does not go = 9</div>	

Whom do you ask for permission?

<div>No=0</div> <div>Yes=1</div> <div>GR6b</div>	<div></div> <div>GR6c</div>	<div></div> <div>GR6d</div>	<div></div> <div>GR6e</div>
<div>No=0</div> <div>Yes=1</div> <div>GR7b</div>	<div></div> <div>GR7c</div>	<div></div> <div>GR7d</div>	<div></div> <div>GR7e</div>
<div>No=0</div> <div>Yes=1</div> <div>GR8b</div>	<div></div> <div>GR8c</div>	<div></div> <div>GR8d</div>	<div></div> <div>GR8e</div>

Can you go alone?

<div>No=0</div> <div>Yes=1</div> <div>GR6f</div>
<div>No=0</div> <div>Yes=1</div> <div>GR7f</div>
<div>No=0</div> <div>Yes=1</div> <div>GR8f</div>

HDPI-2 (women's questionnaire)

16. Gender Relations (continued)

16.9 Do you practice ghungat / purdah/ pallu?	No=0 Yes=1	<input type="checkbox"/>	GR9	16.16 Is your name on the ownership or rental papers for your home?	No=0 Yes=1	<input type="checkbox"/>	GR16
					No house/papers=8		
16.10 Do you and your husband sometimes go out by yourselves [or with your children] to cinema, mela, or restaurant?	No=0 Yes=1	<input type="checkbox"/>	GR10	16.17 Do you think girls should be educated as much as boys or does it make more sense to educate boys more?	Same=1 boys more=2 girls more=3	<input type="checkbox"/>	GR17
16.11 Who does the food and vegetable shopping in your household?	You? No=0 Yes=1	<input type="checkbox"/>	GR11a	Do you and your husband talk about ...	Never=0 Sometimes=1 Often= 2	<input type="checkbox"/>	GR18a
CODE EACH SEPARATELY:	Adult men? No=0 Yes=1	<input type="checkbox"/>	GR11b	16.18a things that happen [at work / on the farm] often, sometimes, or never?			
	Adult women? No=0 Yes=1	<input type="checkbox"/>	GR11c	16.18b ... about what to spend money on?	Never=0 Sometimes=1 Often= 2	<input type="checkbox"/>	GR18b
	Children? No=0 Yes=1	<input type="checkbox"/>	GR11d	16.18c ... about things that happen in the community such as elections or politics?	Never=0 Sometimes=1 Often= 2	<input type="checkbox"/>	GR18c
16.12 Who supervises the children's homework?	You? No=0 Yes=1	<input type="checkbox"/>	GR12a	16.19 How often do you visit your natal family?	Daily/weekly= 1 Monthly= 2 2-3 times a year= 3 Once a year= 4 Less than once a year= 5 No natal family= 9	<input type="checkbox"/>	GR19
CODE EACH SEPARATELY:	Adult men? No=0 Yes=1	<input type="checkbox"/>	GR12b				
	Adult women? No=0 Yes=1	<input type="checkbox"/>	GR12c	16.20 Do any members of your natal family live close enough for you to visit them and come home in the same day?	No=0 Yes=1	<input type="checkbox"/>	GR20
	Other children? No=0 Yes=1	<input type="checkbox"/>	GR12d		No natal family=9		
16.13 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 Women first=2 Men first=3 Varies, Other=4	<input type="checkbox"/>	GR13				
16.14 Do you yourself have any cash in hand to spend on household expenditures?	No=0 Yes=1	<input type="checkbox"/>	GR14				
16.15a Does anybody in your family have a bank account?	No=0 Yes=1	<input type="checkbox"/>	GR15a				
16.15b IF YES: Is your name on any bank account?	No=0 Yes=1	<input type="checkbox"/>	GR15b				

HDPI-2 (women's questionnaire)

16. 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?

16.21 If she goes out without telling him? No=0 Yes=1 GR21

16.22 If her natal family does not give expected money, jewelry or other items? No=0 Yes=1 GR22

16.23 If she neglects the house or the children? No=0 Yes=1 GR23

16.24 If she doesn't cook food properly? No=0 Yes=1 GR24

16.25 If he suspects her of having relations with other men? No=0 Yes=1 GR25

16.26 In your community, do widows get more help from their natal families [including brothers and uncles] or from their husbands' families? Natal families=1 Husbands families=2 Both=3 Neither=4 GR26

16.27 Who do you expect to live with when you get old? Son=1 Daughter=2 Both=3 Other/No one=4 GR27

IF DAUGHTER NOT MENTIONED ABOVE:

16.28 Would you consider living with your daughter when you get old? No= 0 Yes= 1 GR28
Has no daughters= 9

16.29 Who do you expect will support you financially when you get older? Son=1 Daughter=2 Both=3 Other/No one=4 GR29

IF DAUGHTER NOT MENTIONED ABOVE:

16.30 Would you consider being financially supported by your daughter? No=0 Yes=1 GR30
Has no daughters= 9

16.31 How frequently are unmarried girls harassed in your village / neighborhood, rarely, sometimes or often? Rarely =1 Sometimes = 2 Often = 3 GR31

INTERVIEWER CODE OTHERS PRESENT: Nobody else=1 Adults only=2 Children only=3 Adults and Children=4 GRWHO

HDPI-2 (women's questionnaire)

17. Marital History

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

17.1a How old were you when you got married?

AGE IN YEARS MH1a

17.1b Which month and year was this?

MH1b
MONTH YEAR

17.2a And how old were you when you first started living with your husband (had gauna)?

AGE IN YEARS MH2a

17.2b Which month and year was this?

MH2b
MONTH YEAR

17.2c How old were you when you first started having your periods?

AGE IN YEARS MH2c

17.2d Was this..

Before your (first) marriage?=1 MH2d
After your (first) marriage but before gauna?=2
After your (first) marriage and gauna?=3

17.3 What is the status of your marriage?

Still married=1 Separated=3 MH3
Widowed=2 Divorced=4

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

On wedding / gauna day only?=1 MH4
Less than one month?=2
More than one month but less than one year?=3
More than one year?=4
Since childhood?=5

17.5a Who chose your husband?

Respondent herself=1 MH5a
Respondent and parents / other relatives together=2
Parents or other relatives alone=3
Other=4

ASK ONLY IF RESPONDENT ANSWERED 3 or 4

17.5b Did you have any say in choosing him?

No=0 MH5b
Yes=1

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

No=0 MH6
Yes=1

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

No=0 MH7
Yes=1

17.8 When you and your (first) husband usually started living together, did you...

Live with his parents (family)?=1 MH8
Live with your parents (family)?=2
Live alone?=3

17.9 At that time, how long did it take you to go to your natal home?

HOURS MH9
LESS THAN 1= 1

CHECK Q. 4.2 IF WITHIN FAMILY MARRIAGES ARE PERMITTED

ASK ONLY IF THE PRACTICE IS PERMITTED:

17.10 Are you related to your husband by blood?

No relation= 0 Cousin= 2 MH10
Uncle= 1 Other= 3
Not permitted= 9

If so, what is the relationship?

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

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

If so, what is the relationship?

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

None= 0 Both= 3 MH12
Sister= 1 Other= 4
Aunt= 2

If so, what is the relationship?

17.13 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
Better off=2
Worse off=3

17.14 How many sisters does your husband have?

NUMBER MH14

17.14a Thinking of all his sisters, what is the most number of years of education any of his sisters have completed?
(5th class=5, BA/Bsc.=15)

YEARS MH14a

HDPI-2 (women's questionnaire)

17. Marital History (continued)

17.15a How many brothers does your husband have?

NUMBERMH15a

17.15b Thinking of all his brothers, what is the most number of years of education any of his brothers have completed?
(5th class=5, BA/Bsc.=15)

YEARSMH15b

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

ONCE=1
MORE THAN ONCE=2MH16

17.17a Have you been married once or more than once?

ONCE=1
MORE THAN ONCE=2MH17a

17.17b [IF MORE THAN ONCE] How many times have you been married?

TIMESMH17b

IF RESPONDENT MARRIED ONLY ONCE, SKIP TO 18.1

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

17.18a How old were you when you got married for the first time?

FIRST MARRIAGE
AGE IN YEARSMH18a

17.18b Which month and year was this?

MONTHYEAR

MH18b

17.19a And how old were you when you first started living with your husband (had gauna)?

AGE IN YEARSMH19a

17.19b Which month and year was this?

MONTHYEAR

MH19b

17.20 What is the status of your first marriage?

Widowed=2
Separated=3
Divorced=4MH20

HDPI-2 (women's questionnaire)

18. Fertility History

Now, I would like to ask you about all the births you have had during your life.
[COUNT ONLY RESPONDENT'S BIOLOGICAL CHILDREN ACROSS ALL MARRIAGES]

18.1 How many sons live with you now?

SONS LIVING WITH R

FH1

18.2 How many daughters live with you now?

[IF NONE, WRITE 00]

DAUGHTERS LIVING WITH R

FH2

18.3 How many sons are alive but do not live with you now?

[IF NONE, WRITE 00]

SONS ELSEWHERE

FH3

18.4 How many daughters are alive but do not live with you now?

[IF NONE, WRITE 00]

DAUGHTERS ELSEWHERE

FH4

18.5 Have you ever had a child who was born alive but later died?

IF NO, PROBE: Any other child, who cried or showed any sign of life but only survived a few hours or days?

[IF YES]:

18.5a How many boys have died?

[IF NONE, WRITE 00]

BOYS DEAD

FH5a

18.5b How many girls have died?

[IF NONE, WRITE 00]

GIRLS DEAD

FH5b

[INTERVIEWER: SUM ANSWERS 18.1 TO 18.5b]

[IF NONE, WRITE 00]

TOTAL

FH6

18.6 Just to make sure I have this right, you have had [TOTAL] children during your life. Is this correct?

[IF NO, CORRECT 18.1 TO 18.5b]

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

[PROBE FOR SPONTANEOUS OR INDUCED ABORTIONS]

IF YES:

18.7a Any children dead at birth?

How many?

[IF NONE, WRITE 00]

#STILL BIRTHS

FH7a

18.7b How many miscarriages or wasted pregnancies?

#MISCARRIAGES

FH7b

18.7c How many of these were spontaneous?

[IF NONE, WRITE 00]

#SPONTANEOUS

FH7c

18.7d How many of these were induced abortions or DNC?

[IF NONE, WRITE 00]

#ABORTIONS

FH7d

INTERVIEWER CHECKPOINT:

RESPONDENT HAD ONE OR MORE LIVE BIRTHS?

No=0

Yes=1

FHCHK

IF NO, SKIP TO SECTION 20., FERTILITY PREFERENCES, PAGE 28

HDPI-2 (women's questionnaire)

STATE:

DISTRICT:

PSU:

HOUSEHOLD:

19. Fertility History (continued)

Now, I would like to talk to you about your live births, whether still alive or not, starting with the first birth you had.
RECORD TWINS ON SEPARATE LINES, BUT CONNECT WITH A BRACKET.

19.1	19.2
What name was given to your (first / next) baby?	BIRTH ID
	01
	02
	03
	04
	05
	06
	07
	08
	09
	10
	11
	12
	13
	14
	15
	16

19.3	19.4		19.5				19.6	19.7			
Is [NAME] a Boy =1 or Girl? =2	What was the month and year when [NAME] was born?		IF BIRTH DATE IS NOT KNOWN: About how old (is / would have been)?				Where is [NAME] now? With R=1 Elsewhere=2 Dead=3	IF DEAD How old was [NAME] when (he / she) died?			
	MONTH	YEAR	YEARS	MONTHS				YEARS	MONTHS		
BH3a			BH4a				BH5a	BH6a			BH7a
BH3b			BH4b				BH5b	BH6b			BH7b
BH3c			BH4c				BH5c	BH6c			BH7c
BH3d			BH4d				BH5d	BH6d			BH7d
BH3e			BH4e				BH5e	BH6e			BH7e
BH3f			BH4f				BH5f	BH6f			BH7f
BH3g			BH4g				BH5g	BH6g			BH7g
BH3h			BH4h				BH5h	BH6h			BH7h
BH3i			BH4i				BH5i	BH6i			BH7i
BH3j			BH4j				BH5j	BH6j			BH7j
BH3k			BH4k				BH5k	BH6k			BH7k
BH3l			BH4l				BH5l	BH6l			BH7l
BH3m			BH4m				BH5m	BH6m			BH7m
BH3n			BH4n				BH5n	BH6n			BH7n
BH3o			BH4o				BH5o	BH6o			BH7o
BH3p			BH4p				BH5p	BH6p			BH7p

HDPI-2 (women's questionnaire)

20. Fertility Preferences

20.1 Are you pregnant now?

Go to 20.3a ←

No=0

Yes=1

Unsure=8

FP1

20.2a Are you and your husband currently using any methods to delay or prevent pregnancy?

No=0

Yes=1

FP2a

20.2b [If using contraception] Which method are you using?

[IF MORE THAN ONE, NOTE TWO MAIN METHODS]

Oral pill=01

Copper T / IUD=02

Diaphragm/Jelly=03

Injectible Contraception=04

Condom=05

Female sterilization=06

Male sterilization=07

Periodic abstinence=08

Withdrawal=09

Other=10

Method used

But no answer=98

Refused=99

1st Method

FP2b

2nd Method

FP2c

20.3a Do you want to have any more children (in addition to the child you are now carrying)?

No=0

No, sterilized (or husband)=1

Not fertile anymore=2

Yes=3

Unsure=8

20.4a

20.5

20.3b

20.4a

FP3a

IF YES:

20.3b How many more children do you want to have (in addition to the child you are now carrying)?

KIDS

FP3b

20.3c 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

After 2 years=2

Up to God / no preference=3

FP3c

20.4a 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

Yes=1

Unsure=8

20.5

20.4b

20.5

FP4a

IF YES:

20.4b How many more children does your husband want?

kids

FP4b

20.4c 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

After 2 years=2

Up to God=3

FP4c

20.5 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

98=No sex pref.

FP5a

b How many daughters?

DAUGHTERS

98=No sex pref.

FP5b

INTERVIEWER CODE OTHERS PRESENT:

Nobody else=1

Adults only=2

Children only=3

Adults and Children=4

FPWHO

HDPI-2 (women's questionnaire)

21. Natal Care: Last Birth

Interviewer should check and enter number of births since 2000

Check Question 19.4, page 27.

Number of births since Jan. 2000

None=0 LB0

If no births, skip to section 23: Interviewer Observations, page 37

From the Fertility History, Section 19, page 27, enter the ID code, name, and survival status of the last two births since January 2000 in the table below. If there are more than 2 births, record only last two births.

21.1 LAST BIRTH

Name from 19.1:

BIRTH ID from 19.2

LB1a

Alive = 1

Dead = 0

SURVIVAL from 19.6:

LB1b

21.2 NEXT TO LAST BIRTH

Name from :

BIRTH ID from 19.2

LB2a

Alive = 1

Dead = 0

SURVIVAL from 19.6:

LB2b

Ask about these two births. Begin with the last birth.

Now, I would like to ask about the health of your children born since January 2000. We will talk about one child at a time. First, I would like to know about your last birth, [NAME].

21.3a When you were pregnant with [NAME] did you have an antenatal checkup?

IF YES:

21.3b Did you get your checkups at a...

Govt. hospital or clinic?

No=0

Yes=1

LB3b

Private hospital or clinic?

No=0

Yes=1

LB3c

Govt. worker in private?

No=0

Yes=1

LB3d

Home?

No=0

Yes=1

LB3e

21.3f Whom did you see? Did you see ...

A Doctor?

No=0

Yes=1

LB3f

A Nurse/ANM?

No=0

Yes=1

LB3g

A Traditional Midwife/Dai?

No=0

Yes=1

LB3h

Other?

No=0

Yes=1

LB3i

RECORD ALL

RECORD ALL

LAST BIRTH

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

No=0

Yes=1

LB4

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

MONTHS

LB5

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

CHECKUPS

LB6

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

RECORD ALL

Weight check

No=0

Yes=1

LB7a

Blood Pressure

No=0

Yes=1

LB7b

Blood Test

No=0

Yes=1

LB7c

Urine Test

No=0

Yes=1

LB7d

Abdomen Exam

No=0

Yes=1

LB7e

Internal Exam

No=0

Yes=1

LB7f

Sonogram/Ultrasound

No=0

Yes=1

LB7g

Amniocentesis

No=0

Yes=1

LB7h

21.8 If you had a sonogram or amniocentesis, did you come to know whether the child was a girl or boy?

No=0

Yes=1

LB8

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

Night Blindness?

No=0

Yes=1

LB9a

Blurred Vision?

No=0

Yes=1

LB9b

RECORD ALL

Convulsions not from fever?

No=0

Yes=1

LB9c

Excessive Fatigue?

No=0

Yes=1

LB9d

Anaemia?

No=0

Yes=1

LB9e

Vaginal Bleeding?

No=0

Yes=1

LB9f

21.10 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?

Did not receive any = 0
Yes, less than three months = 1
Yes, more than three months = 2
Don't know=8

LB10

HDPI-2 (women's questionnaire)

21. Natal Care: Last Birth (continued)

	LAST BIRTH																
21.12 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 <input type="text"/>	LB12															
	Did not receive any=0																
21.13 Where were you staying just prior to the delivery of [NAME]?	Your home =1 <input type="text"/> Natal home =2 <input type="text"/> Other = 3	LB13															
21.14 When [NAME] was born, at what kind of place, did you deliver her/him?	Government hospital or clinic? = 1 Private nursing home? =2 <input type="text"/> Home? = 3 <input type="text"/> Other = 4	LB14															
21.15 Who assisted with the delivery of [NAME]? Was [NAME]'s delivery assisted by:	<table border="0"> <tr> <td>A Doctor?</td> <td>No=0 <input type="text"/> Yes=1 <input type="text"/></td> <td>LB15a</td> </tr> <tr> <td>A Nurse/ANM?</td> <td>No=0 <input type="text"/> Yes=1 <input type="text"/></td> <td>LB15b</td> </tr> <tr> <td>A Traditional Midwife/Dai?</td> <td>No=0 <input type="text"/> Yes=1 <input type="text"/></td> <td>LB15c</td> </tr> <tr> <td>A Friend/Relative?</td> <td>No=0 <input type="text"/> Yes=1 <input type="text"/></td> <td>LB15d</td> </tr> <tr> <td>Other?</td> <td>No=0 <input type="text"/> Yes=1 <input type="text"/></td> <td>LB15e</td> </tr> </table>	A Doctor?	No=0 <input type="text"/> Yes=1 <input type="text"/>	LB15a	A Nurse/ANM?	No=0 <input type="text"/> Yes=1 <input type="text"/>	LB15b	A Traditional Midwife/Dai?	No=0 <input type="text"/> Yes=1 <input type="text"/>	LB15c	A Friend/Relative?	No=0 <input type="text"/> Yes=1 <input type="text"/>	LB15d	Other?	No=0 <input type="text"/> Yes=1 <input type="text"/>	LB15e	
A Doctor?	No=0 <input type="text"/> Yes=1 <input type="text"/>	LB15a															
A Nurse/ANM?	No=0 <input type="text"/> Yes=1 <input type="text"/>	LB15b															
A Traditional Midwife/Dai?	No=0 <input type="text"/> Yes=1 <input type="text"/>	LB15c															
A Friend/Relative?	No=0 <input type="text"/> Yes=1 <input type="text"/>	LB15d															
Other?	No=0 <input type="text"/> Yes=1 <input type="text"/>	LB15e															
	RECORD ALL																
21.16 When [NAME] was born, was he/she large, average, small or very small?	<table border="0"> <tr> <td>Large= 1</td> <td>Small= 3 <input type="text"/></td> <td></td> </tr> <tr> <td>Average= 2</td> <td>Very small= 4 <input type="text"/></td> <td>LB16</td> </tr> </table>	Large= 1	Small= 3 <input type="text"/>		Average= 2	Very small= 4 <input type="text"/>	LB16										
Large= 1	Small= 3 <input type="text"/>																
Average= 2	Very small= 4 <input type="text"/>	LB16															
21.17 What kind of delivery was this? Was it.....	<table border="0"> <tr> <td>A normal delivery? = 1</td> <td><input type="text"/></td> <td></td> </tr> <tr> <td>Forceps? = 2</td> <td><input type="text"/></td> <td>LB17</td> </tr> <tr> <td>Cesarean? = 3</td> <td></td> <td></td> </tr> </table>	A normal delivery? = 1	<input type="text"/>		Forceps? = 2	<input type="text"/>	LB17	Cesarean? = 3									
A normal delivery? = 1	<input type="text"/>																
Forceps? = 2	<input type="text"/>	LB17															
Cesarean? = 3																	

	LAST BIRTH									
21.18 Now, I would like to ask you about the 2-month period <i>after</i> the delivery of [NAME]. During that period, did a doctor or other health professional check your health or the health of your baby?	<table border="0"> <tr> <td>No check up=0 <input type="text"/></td> <td>LB18</td> </tr> <tr> <td>Yes, only my health=1</td> <td></td> </tr> <tr> <td>Yes, only my baby's health=2</td> <td></td> </tr> <tr> <td>Yes, both our healths =3</td> <td></td> </tr> </table>	No check up=0 <input type="text"/>	LB18	Yes, only my health=1		Yes, only my baby's health=2		Yes, both our healths =3		
No check up=0 <input type="text"/>	LB18									
Yes, only my health=1										
Yes, only my baby's health=2										
Yes, both our healths =3										
	IF NO CHECKUP SKIP TO Q21.19									
IF ANY POSTNATAL CHECKUP:										
21.18a How soon after the birth of NAME did you first get a check up?	DAYS <input type="text"/> <input type="text"/>	LB18a								
21.19 At any time during the two months after the delivery of NAME, did you have any of the following?	<table border="0"> <tr> <td>Excessive Vaginal Bleeding?</td> <td>No=0 <input type="text"/> Yes=1 <input type="text"/></td> <td>LB19a</td> </tr> <tr> <td>Very high fever?</td> <td>No=0 <input type="text"/> Yes=1 <input type="text"/></td> <td>LB19b</td> </tr> </table>	Excessive Vaginal Bleeding?	No=0 <input type="text"/> Yes=1 <input type="text"/>	LB19a	Very high fever?	No=0 <input type="text"/> Yes=1 <input type="text"/>	LB19b			
Excessive Vaginal Bleeding?	No=0 <input type="text"/> Yes=1 <input type="text"/>	LB19a								
Very high fever?	No=0 <input type="text"/> Yes=1 <input type="text"/>	LB19b								

HDPI-2 (women's questionnaire)

21. Natal Care: Last Birth (continued)

21.20 Do you have a card where [NAME]'s vaccinations are written down?
 IF NO CARD, OR CARD IS NOT SEEN, SKIP TO Q21.23
 IF CARD IS SEEN:

LAST BIRTH
 No=0 LB20
 Yes, not seen= 1
 Yes, seen= 2

21.21 COPY DATES FROM IMMUNIZATION CARDS TO TABLES BELOW:

	DAY	MONTH	YEAR	
BCG				LB21a
POLIO 0				LB21b
DPT 1				LB21c
DPT 2				LB21d
DPT 3				LB21e
POLIO 1				LB21f
POLIO 2				LB21g
POLIO 3				LB21h
MEASLES				LB21i

21.22 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.

No=0 LB22
 Yes=1

IF YES, PROBE FOR VACCINATIONS AND WRITE '99' IN THE DAY COLUMN IN 21.21
 THEN SKIP TO QUESTION 21.28

IF NO, SKIP TO QUESTION 21.28

IF NO CARD, OR CARD IS NOT SEEN, ASK
 21.23 Did [NAME] receive any vaccinations to prevent him/her from getting diseases?

LAST BIRTH
 No=0 LB23
 Yes=1

[IF YES:] Please tell me if [NAME] has received any of the following vaccinations:

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

No=0 LB24
 Yes=1

21.25 A DPT vaccination against diphtheria whooping cough, tetanus, given as an injection?

IF NO, WRITE 0

IF YES: How many times?

TIMES LB25

21.26a Polio vaccine, that is, drops in the mouth?

IF NO, WRITE 0 AND GO TO 21.27

IF YES: How many times?

TIMES LB26a

21.26b When was the first polio vaccine given...

Within a week of birth? =1
 or Later? =2 LB26b

21.27 An injection against measles?

No=0 LB27
 Yes=1

ASK OF ALL RESPONDENTS, WHETHER CARD OR NOT:
 21.28 Where did [NAME] receive most of his/her vaccinations?

Public hospital, clinic or health centre?=1 LB28
 Vaccination camp or pulse polio campaign?=2
 Private medical clinic?=3
 Nurse or health worker came to home?=4
 Govt. worker in private?=5

21.29 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?

MONTHS AGO LB29

HDPI-2 (women's questionnaire)

21. Natal Care: Last Birth (continued)

21.30 Did you ever breastfeed [NAME]?

Go to next section ←

LAST BIRTH

No=0

Yes=1

LB30

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

HOURS

LB31

LESS THAN 1 HOUR = 00 HOURS

FOUR DAYS OR MORE=96 HOURS

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

No=0

Yes=1

LB32

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

IF YES: WRITE '99'

IF NO: For how many months did you breastfeed [NAME]?

MONTHS

LB33

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

IF NOT YET STARTED SUPPLEMENT ENTER 99

MONTHS

LB34a

with solid foods?

MONTHS

LB34b

21.35 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

While pregnant=1

While lactating=2

While pregnant and lactating=3

LB35

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

a. Immunization

No=0

Yes=1

LB36a

b. Health Check-up

No=0

Yes=1

LB36b

c. Food / Meals

No=0

Yes=1

LB36c

d. Growth monitoring (weighing the child)

No=0

Yes=1

LB36d

e. Early childhood/ pre-school education

No=0

Yes=1

LB36e

How Often?

Never=0

Daily=1

At least 1/week=2

At least 1/fortnight=3

At least 1/month=4

At least 1/quarter=5

At least 1/year=6

LB36a1

At least 1/week=2

At least 1/fortnight=3

At least 1/month=4

At least 1/quarter=5

At least 1/year=6

LB36b1

At least 1/quarter=5

At least 1/year=6

LB36c1

Never=0

Daily=1

At least 1/week=2

At least 1/fortnight=3

At least 1/month=4

At least 1/quarter=5

At least 1/year=6

LB36d1

At least 1/fortnight=3

At least 1/month=4

At least 1/quarter=5

At least 1/year=6

LB36e1

Page 32 of 40

HDPI-2 (women's questionnaire)

22. Natal Care: Next to Last Birth

Next, I would like to know about your next to last birth, [NAME].

22.1 NEXT TO LAST BIRTH

Name from 19.1:

BIRTH ID from 19.2

 NL1a

SURVIVAL from 19.6:

Alive = 1 NL1b
Dead = 0

22.2a When you were pregnant with [NAME] did you have an antenatal checkup?

IF YES:

22.2b Did you get the check-up at a...

Govt. hospital or clinic?

No=0 NL2b
Yes=1

Private hospital or clinic?

No=0 NL2c
Yes=1

Home?

No=0 NL2d
Yes=1

Other?

No=0 NL2e
Yes=1

22.2f Whom did you see? Did you see ...

A Doctor?

No=0 NL2f
Yes=1

A Nurse/ANM?

No=0 NL2g
Yes=1

A Traditional Midwife/Dai?

No=0 NL2h
Yes=1

Other?

No=0 NL2i
Yes=1

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

No=0 NL3
Yes=1

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

MONTHS NL4

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

CHECKUPS

 NL5

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

RECORD ALL

Weight check

No=0 NL6a
Yes=1

Blood Pressure

No=0 NL6b
Yes=1

Blood Test

No=0 NL6c
Yes=1

Urine Test

No=0 NL6d
Yes=1

Abdomen Exam

No=0 NL6e
Yes=1

Internal Exam

No=0 NL6f
Yes=1

Sonogram/Ultrasound

No=0 NL6g
Yes=1

Amniocentesis

No=0 NL6h
Yes=1

22.7 If you had a sonogram or amniocentesis, did you come to know whether the child was a girl or boy?

No=0 NL7
Yes=1

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

RECORD ALL

Night Blindness?

No=0 NL8a
Yes=1

Blurred Vision?

No=0 NL8b
Yes=1

Convulsions not from fever?

No=0 NL8c
Yes=1

Excessive Fatigue?

No=0 NL8d
Yes=1

Anaemia?

No=0 NL8e
Yes=1

Vaginal Bleeding?

No=0 NL8f
Yes=1

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

Did not receive any = 0
less than three months = 1
more than three months = 2
Don't know=8

 NL9

HDPI-2 (women's questionnaire)

22. Natal Care: Next to Last Birth (continued)

		NEXT TO LAST BIRTH				NEXT TO LAST BIRTH	
22.12	When you were pregnant with [NAME] were you given tetanus (tt injection) How many times did you receive it during this pregnancy?	Did not receive any=0	<input type="text"/>	22.18	Now, I would like to ask you about the 2-month period <i>after</i> the delivery of [NAME]. During that period, did a doctor or other health professional check your health or the health of your baby?	No check up=0	<input type="text"/>
		NUMBER	NL12			Yes, only my health=1	NL18
22.13	Where were you staying just prior to the delivery of [NAME]?	Your home =1	<input type="text"/>			Yes, only my baby's health=2	
		Natal home =2	NL13			Yes, both our health's =3	
		Other = 3					
22.14	When [NAME] was born, at what kind of place, did you deliver her/him?	Government hospital or clinic? = 1					
		Private nursing home? =2	<input type="text"/>	IF ANY POSTNATAL CHECKUP:			
		Home? = 3	NL14	22.18a How soon after the birth of NAME did you first get a check up?		DAYS	<input type="text"/>
		Other = 4					NL18a
22.15	Who assisted with the delivery of [NAME]? Was [NAME]'s delivery assisted by:	No=0	<input type="text"/>	22.19	At any time during the two months after the delivery of NAME, did you have any of the following?	No=0	<input type="text"/>
	A Doctor?	Yes=1	NL15a			Excessive Vaginal Bleeding?	Yes=1
		No=0					NL19a
	A Nurse/ANM?	Yes=1	NL15b			Very high fever?	Yes=1
		No=0					NL19b
	A Traditional Midwife/Dai?	Yes=1	NL15c				
		No=0					
	A Friend/Relative?	Yes=1	NL15d				
		No=0					
	Other?	Yes=1	NL15e				
22.16	When [NAME] was born, was he/she large, average, small or very small?	Large= 1	<input type="text"/>				
		Average= 2	NL16				
		Small= 3					
		Very small= 4					
22.17	What kind of delivery was this?	A normal delivery? = 1	<input type="text"/>				
		Forceps? =2	NL17				
		Cesarean? =3					

HDPI-2 (women's questionnaire)

22. Natal Care: Next to Last Birth (continued)

22.20 Do you have a card where [NAME]'s vaccinations are written down?

IF NO CARD, OR CARD IS NOT SEEN, SKIP TO Q22.23

IF CARD IS SEEN:

22.21 COPY DATES FROM IMMUNIZATION CARDS TO TABLES BELOW:

	DAY	MONTH	YEAR	
BCG				NL21a
POLIO 0				NL21b
DPT 1				NL21c
DPT 2				NL21d
DPT 3				NL21e
POLIO 1				NL21f
POLIO 2				NL21g
POLIO 3				NL21h
MEASLES				NL21i

22.22 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 22.21
THEN SKIP TO QUESTION 22.28
IF NO, SKIP TO QUESTION 22.28

NEXT TO
LAST BIRTH

No=0 ☐ NL20
Yes, not seen= 1 ☐
Yes, seen= 2 ☐

IF NO CARD, OR CARD IS NOT SEEN, ASK

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

[IF YES:] Please tell me if [NAME] has received any of the following vaccinations:

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

NEXT TO
LAST BIRTH
No=0 ☐ NL23
Yes=1 ☐

No=0 ☐ NL24
Yes=1 ☐

22.25 A DPT vaccination against diphtheria whooping cough, tetanus, given as an injection?

IF NO, WRITE 0

IF YES: How many times?

TIMES NL25

22.26a Polio vaccine, that is, drops in the mouth?

IF NO, WRITE 0 AND GO TO 22.27

IF YES: How many times?

TIMES NL26a

22.26b When was the first polio vaccine given...

Within a week of birth? =1 ☐
or Later? =2 ☐ NL26b

22.27 An injection against measles?

No=0 ☐ NL27
Yes=1 ☐

ASK OF ALL RESPONDENTS, WHETHER CARD OR NOT:

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

Public hospital, clinic or health centre?=1 ☐
Vaccination camp or pulse polio campaign?=2 ☐ NL28
Private medical clinic?=3 ☐
Nurse or health worker came to home?=4 ☐
Govt. worker in private?=5 ☐

22.29 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?

MONTHS AGO NL29

HDPI-2 (women's questionnaire)

STATE:

DISTRICT:

PSU:

HOUSEHOLD:

22. Natal Care: Next to Last Birth (continued)

22.30 Did you ever breastfeed [NAME]?

NEXT TO
LAST BIRTH
No=0
Yes=1 NL30

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

HOURS NL31

LESS THAN 1 HOUR = 00 HOURS
FOUR DAYS OR MORE=96 HOURS
IF MORE THAN 24 HOURS, RECORD DAYS

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

No=0
Yes=1 NL32

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

IF YES: WRITE '99'

IF NO: For how many months
did you breastfeed [NAME]?

MONTHS NL33

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

IF NOT YET STARTED SUPPLEMENT
ENTER 99

With canned or other milk ?

MONTHS NL34a

With solid foods?

MONTHS NL34b

22.35 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
While pregnant=1
While lactating=2
While pregnant and lactating=3 NL35

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

a. Immunization

No=0
Yes=1 NL36a

b. Health Check-up

No=0
Yes=1 NL36b

c. Food / Meals

No=0
Yes=1 NL36c

d. Growth monitoring
(weighing the child)

No=0
Yes=1 NL36d

e. Early childhood/
pre-school education

No=0
Yes=1 NL36e

How often?

Never=0
Daily=1 NL36a1
At least 1/week=2
At least 1/fortnight=3 NL36b1
At least 1/month=4
At least 1/quarter=5
At least 1/year=6 NL36c1
Never=0
Daily=1 NL36d1
At least 1/week=2
At least 1/fortnight=3
At least 1/month=4
At least 1/quarter=5 NL36e1
At least 1/year=6

HDPI-2 (women's questionnaire)

STATE:

DISTRICT:

PSU:

HOUSEHOLD:

23. Interviewer Observations- Housing Quality

TO BE FILLED IN BY INTERVIEWER:

23.1 HOUSE / BUILDING TYPE:

Bungalow, no shared walls=1

House with shared walls=2

Flat=3

Chawl=4

Slum housing=5

Other=6

HQ1

23.2 SURROUNDINGS OF THE HOUSE:

23.2a HUMAN AND ANIMAL EXCREMENT

No=0

Yes= 1

HQ2a

23.2b STAGNANT WATER

No=0

Yes= 1

HQ2b

23.3 ANIMALS (NOT PETS) ARE KEPT:

No animals= 0

Inside living area= 1

Attached room=2

Outside=3

HQ3

23.4 PREDOMINANT WALL TYPE:

Grass, Thatch=1

Mud, Unburnt Bricks=2

Plastic=3

Wood=4

Burn Bricks=5

Gi Sheets, Other Metal=6

Stone=7

Cement, Concrete=8

Other=9

HQ4

23.5 PREDOMINANT ROOF TYPE:

Grass, Thatch, Mud, Wood=1

Tile=2

Slate=3

Plastic=4

Gi Metal, Asbestos=5

Cement =6

Brick=7

Stone=8

Concrete=9

Other=10

HQ5

23.6 PREDOMINANT FLOOR TYPE:

Mud=1

Vood, Bamboo=2

Brick=3

Stone=5

Cement=5

Tiles, Mosaic=6

Other=7

HQ6

24. Interviewer Observation – Respondent Behaviour

TO BE FILLED IN BY INTERVIEWER:

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

No=0

Some difficulty=1

A lot of difficulty=2

OG1

24.2 Did the respondent have any difficulty understanding the questions?

No=0

Some difficulty=1

A lot of difficulty=2

OG2

24.3 Did the respondent look at you and clearly respond to the questions?

No=0

Sometimes=1

Usually=2

OG3

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

Very little knowledge=0

Somewhat=1

Very knowledgeable=2

OG4

24.5 Was the respondent confident?

No=0

Sometimes=1

Usually=2

OG5

24.6

Interview End Time:

AM=1

PM=2

24.7

Completion Status

Complete =1

Incomplete=2

OG7

Thank you so much for spending the time to answer these questions.

HDPI-2 (women's questionnaire)

STATE:

DISTRICT:

PSU:

HOUSEHOLD:

25. Anthropometry- Now I would like to take the weight and height of all the household members as an indicator of health.

HOWEVER, INTERVIEWER **MUST TAKE ANTHROPOMETRIC MEASUREMENTS** FOR THE FOLLOWING MEMBERS.

- (1) ELIGIBLE WOMAN
- (2) ALL CHILDREN AGE 5 AND UNDER
- (3) ALL CHILDREN BETWEEN THE AGES OF 8 AND 11 YEARS OLD

DATE MEASUREMENTS TAKEN

DayMonthYearAPD

25.1 ID from HH roster	Name	25.2					25.3		25.4		25.5	
		Height					Taken		Weight		Weight	
		In centimeters					Lying=1 OR Standing=2		first time		second time	
									KGS	GRAMS	KGS	GRAMS
AP1a						AP2a	AP3a				AP4a	AP5a
AP1b						AP2b	AP3b				AP4b	AP5b
AP1c						AP2c	AP3c				AP4c	AP5c
AP1d						AP2d	AP3d				AP4d	AP5d
AP1e						AP2e	AP3e				AP4e	AP5e
AP1f						AP2f	AP3f				AP4f	AP5f
AP1g						AP2g	AP3g				AP4g	AP5g
AP1h						AP2h	AP3h				AP4h	AP5h
AP1i						AP2i	AP3i				AP4i	AP5i
AP1j						AP2j	AP3j				AP4j	AP5j
AP1k						AP2k	AP3k				AP4k	AP5k
AP1l						AP2l	AP3l				AP4l	AP5l
AP1m						AP2m	AP3m				AP4m	AP5m
AP1n						AP2n	AP3n				AP4n	AP5n
AP1o						AP2o	AP3o				AP4o	AP5o

HDPI-2 (women's questionnaire)

STATE:

DISTRICT:

PSU:

HOUSEHOLD:

26. Learning

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

26.1 NAME OF CHILD

TA1c

26.2 ID Code of child

ID

TA2c

26.3 Have you ever attended school?

No=0

Yes, currently=1

Yes, in the past=2

TA3c

26.4 Upto which class/standard have you completed?

TA4c

26.5 Do (did) you enjoy school?

No=0

Yes=1

TA5c

26.6 Does (did) the teacher treat you....

Nicely?=1

Somewhat nicely?=2

Not nicely?=3

TA6c

26.10 Please write your answer in full sentences.

Skills

26.7 Reading

Language

Level

Hindi=1

Assamese=2

Bangla=3

Gujarathi=4

Marathi=5

Oriya=6

Kannad=7

Malyalam=8

Tamil=9

Telegu=10

English=11

Punjabi=12

Urdu=13

Can not read=0

Letter=1

Word=2

Paragarph=3

Story=4

TA7langc

TA7levelc

26.8 Math

Oriya=6

Kannad=7

Malyalam=8

Tamil=9

Telegu=10

English=11

Punjabi=12

Urdu=13

Can not=0

Number=1

Subtraction=2

Division=3

TA8langc

TA8levelc

26.9 Writing

English=11

Punjabi=12

Urdu=13

Can not=0

Writes with

2 or less mistakes=1

TA9langc

TA9levelc

HDPI-2 (women's questionnaire)

STATE:

DISTRICT:

PSU:

HOUSEHOLD:

26. Learning (2nd Child)

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

26.11 NAME OF CHILD

TA1d

26.12 ID Code of child

ID

TA2d

26.13 Have you ever attended school?

No=0

Yes, currently=1

Yes, in the past=2

TA3d

26.14 Upto which class/standard have you completed?

TA4d

26.15 Do (did) you enjoy school?

No=0

Yes=1

TA5d

26.16 Does (did) the teacher treat you....

Nicely?=1

Somewhat nicely?=2

Not nicely?=3

TA6d

26.20 Please write your answer in full sentences.

Skills

26.17 Reading

Language

Hindi=1

Assamese=2

Bangla=3

Gujarathi=4

Marathi=5

Oriya=6

Kannad=7

Malyalam=8

Tamil=9

Telegu=10

English=11

Punjabi=12

Urdu=13

TA7langd

Level

Can not read=0

Letter=1

Word=2

Paragarph=3

Story=4

TA7lvid

26.18 Math

Language

Hindi=1

Assamese=2

Bangla=3

Gujarathi=4

Marathi=5

Oriya=6

Kannad=7

Malyalam=8

Tamil=9

Telegu=10

English=11

Punjabi=12

Urdu=13

TA7langd

Level

Can not=0

Number=1

Subtraction=2

Division=3

TA7lvid

26.19 Writing

Language

Hindi=1

Assamese=2

Bangla=3

Gujarathi=4

Marathi=5

Oriya=6

Kannad=7

Malyalam=8

Tamil=9

Telegu=10

English=11

Punjabi=12

Urdu=13

TA7langd

Level

Can not=0

Writes with

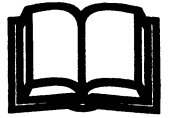
2 or less mistakes=1

TA7lvid



LEARNING TO READ

LANGUAGE (Level 1)



Alphabets

P

g

m

R

N

L

s

d

b

v

Words

India

with

pen

girl

glass

cut

ball

sun

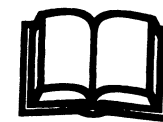
door

open



LEARNING TO READ

LANGUAGE (Level 1)



Story

Rahul went to his village because his mother was very sick. Rahul saw her condition and came back to the city with his mother. Rahul took his mother to a city doctor.

Paragraph

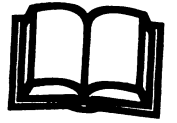
Mina likes to play with a ball. Her brother likes to play football. Her sister likes to sing.

Paragraph

Maya lives in our village. Maya reads a book. She can read. Her sister can also read.



LEARNING TO READ LANGUAGE (Level 1)



Alphabets

k

s

g

h

L

b

d

R

P

t

Words

Cut

red

yes

hot

far

one

make

cat

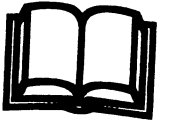
Water

food



LEARNING TO READ

LANGUAGE (Level 1)



Story

When Rita was going home it started raining. Her friend Minu saw her. Minu said to Rita, Rita it is raining hard. Come with me to my house. When it stops raining you can go home. Rita went to Minu's house.

Paragraph

Animals live in the forest. Lion is the king of the forest. But when the lion comes, they all run away.

Paragraph

Jaipur is a large city. It has a famous palace. Ajmer is another city near Jaipur. People go for vacation there.



LEARNING TO READ
भाषा (LEVEL I)

AUGUST 2004 (2)

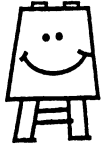


अक्षर

प ग म
र न
ल स द
थ व
च

शब्द

भारती साथ
पैन
पारस गिलास
बच चोर
धूप
लौकी चालू



LEARNING TO READ

भाषा (LEVEL I)



AUGUST 2004 (2)

कहानी

धीरज कल अपने गाँव गया,
क्योंकि माँ बहुत बीमार थी।
धीरज ने माँ की हालत देखी
और तुरंत माँ को साथ लेकर
वापस शहर आ गया। धीरज
ने शहर में अपनी माँ का
इलाज कराया। अब उसकी
माँ ठीक हो गई है।

अनुच्छेद

राधा हमारे गाँव में रहती है।
राधा किताब पढ़ती है।
उसको पढ़ना आता है।
उसकी दीदी को भी पढ़ना आता है।

अनुच्छेद

मीना नानी के घर जायेगी।
मामाजी उसे लेकर जायेंगे।
मामीजी भी साथ जायेंगी।
सब लोग जलेबी खायेंगे।



LEARNING TO READ
भाषा (LEVEL I)

Hindi

AUGUST 2004 (1)



अक्षर

क प र
स ट
द ह न
म ब

शब्द

हल सब
नरम
पीना मैना
धोती
तकिया चिमटा
दूध फौजी



LEARNING TO READ

भाषा (LEVEL I)



AUGUST 2004 (1)

कहानी

सपना बारिश में भीगती हुई घर जा रही थी। तभी उसे उसकी सहेली मीनू दिखाई दी। मीनू ने कहा सपना बहुत बारिश हो रही है तुम छतरी के नीचे आ जाओ और मेरे घर चलो। जब बारिश रुक जाएगी तब तुम घर चली जाना। सपना मीनू के घर चली गई। वहाँ पर दोनों ने गरमा गरम चाय पी।

अनुच्छेद

जंगल में जानवर रहते हैं।
शेर जंगल का राजा होता है।
जंगल में खेलकूद करते हैं।
शेर के आते ही सब डर जाते हैं।

अनुच्छेद

जयपुर एक बहुत बड़ा शहर है।
वहाँ हवा महल मशहूर है।
जयपुर से आगे अजमेर है।
जहाँ पर लोग घूमने जाते हैं।



गणित

AUGUST 2004 (1)

1	2	3
<div>57</div> <div>35</div> <div>26</div> <div>42</div> <div>29</div> <div>92</div> <div>33</div> <div>71</div> <div>89</div> <div>98</div>	<div>$\begin{array}{r} 56 \\ - 38 \\ \hline \hline \end{array}$</div> <div>$\begin{array}{r} 74 \\ - 56 \\ \hline \hline \end{array}$</div> <div>$\begin{array}{r} 46 \\ - 18 \\ \hline \hline \end{array}$</div> <div>$\begin{array}{r} 75 \\ - 37 \\ \hline \hline \end{array}$</div> <div>$\begin{array}{r} 63 \\ - 47 \\ \hline \hline \end{array}$</div> <div>$\begin{array}{r} 94 \\ - 65 \\ \hline \hline \end{array}$</div> <div>$\begin{array}{r} 84 \\ - 68 \\ \hline \hline \end{array}$</div> <div>$\begin{array}{r} 84 \\ - 46 \\ \hline \hline \end{array}$</div>	<div>$7 \overline{)468}$</div> <div>$5 \overline{)275}$</div> <div>$8 \overline{)496}$</div> <div>$3 \overline{)174}$</div>
पाँच पूछो (4/5) संख्या 5 में से 4 पहचान होनी चाहिए।	दो करो। (2/2) 2 में से दोनों ही सही होने चाहिये।	एक करो। (1) किया हुआ भाग का सवाल सही होना चाहिए।



गणित

AUGUST 2004 (3)

1	2	3
<div>42</div> <div>72</div> <div>68</div>	<div> $\begin{array}{r} 46 \\ - 18 \\ \hline \end{array}$ </div> <div> $\begin{array}{r} 75 \\ - 37 \\ \hline \end{array}$ </div>	<div> $4 \overline{)348}$ </div>
<div>56</div> <div>66</div> <div>91</div>	<div> $\begin{array}{r} 80 \\ - 46 \\ \hline \end{array}$ </div> <div> $\begin{array}{r} 94 \\ - 67 \\ \hline \end{array}$ </div>	<div> $6 \overline{)504}$ </div>
<div>27</div> <div>53</div> <div>73</div>	<div> $\begin{array}{r} 74 \\ - 26 \\ \hline \end{array}$ </div> <div> $\begin{array}{r} 93 \\ - 49 \\ \hline \end{array}$ </div>	<div> $8 \overline{)416}$ </div>
<div>96</div> <div>48</div> <div>60</div>		<div> $5 \overline{)535}$ </div>
<p>पाँच पूछो (4/5) संख्या 5 में से 4 पहचान होनी चाहिए।</p>	<p>दो करो। (2/2) 2 में से दोनों ही सही होने चाहिये।</p>	<p>एक करो। (1) किया हुआ भाग का सवाल सही होना चाहिए।</p>



गणित

AUGUST 2004 (1)

1	2	3
<div data-bbox="302 271 515 406">५७</div> <div data-bbox="582 271 795 406">३५</div> <div data-bbox="302 470 515 606">२६</div> <div data-bbox="582 470 795 606">४२</div> <div data-bbox="302 686 515 821">२९</div> <div data-bbox="582 686 795 821">९२</div> <div data-bbox="302 901 515 1037">३३</div> <div data-bbox="582 901 795 1037">७१</div> <div data-bbox="302 1125 515 1260">८९</div> <div data-bbox="582 1125 795 1260">९८</div>	<div data-bbox="884 271 1131 502"> $\begin{array}{r} ५६ \\ - ३८ \\ \hline \end{array}$ </div> <div data-bbox="1176 271 1422 502"> $\begin{array}{r} ७४ \\ - ५६ \\ \hline \end{array}$ </div> <div data-bbox="884 518 1131 750"> $\begin{array}{r} ४६ \\ - १८ \\ \hline \end{array}$ </div> <div data-bbox="1176 518 1422 750"> $\begin{array}{r} ७५ \\ - ३७ \\ \hline \end{array}$ </div> <div data-bbox="884 766 1131 997"> $\begin{array}{r} ६३ \\ - ४७ \\ \hline \end{array}$ </div> <div data-bbox="1176 766 1422 997"> $\begin{array}{r} ९४ \\ - ६५ \\ \hline \end{array}$ </div> <div data-bbox="884 1013 1131 1244"> $\begin{array}{r} ८४ \\ - ६८ \\ \hline \end{array}$ </div> <div data-bbox="1176 1013 1422 1244"> $\begin{array}{r} ८४ \\ - ४६ \\ \hline \end{array}$ </div>	<div data-bbox="1579 327 1915 438">७)४६८(</div> <div data-bbox="1579 598 1915 710">५)२७५(</div> <div data-bbox="1579 853 1915 965">८)४९६(</div> <div data-bbox="1579 1077 1915 1189">३)१७४(</div>
<p>पाँच पूछो (४/५) संख्या ५ में से ४ पहचान होनी चाहिए ।</p>	<p>दो करो । (२/२) २ में से दोनों ही सही होने चाहिये ।</p>	<p>एक करो । (१) किया हुआ भाग का सवाल सही होना चाहिए ।</p>



१

४२	७२	६८
----	----	----

५६	६६	६९
----	----	----

२७	५३	७३
----	----	----

६६	४८	६०
----	----	----

२

$$\begin{array}{r} ४६ \\ - ९८ \\ \hline \end{array}$$

$$\begin{array}{r} ८० \\ - ४६ \\ \hline \end{array}$$

$$\begin{array}{r} ७४ \\ - २६ \\ \hline \end{array}$$

$$\begin{array}{r} ७५ \\ - ३७ \\ \hline \end{array}$$

$$\begin{array}{r} ६४ \\ - ६७ \\ \hline \end{array}$$

$$\begin{array}{r} ६३ \\ - ४६ \\ \hline \end{array}$$

३

$$४ \overline{) ३४८}$$

$$६ \overline{) ५०४}$$

$$८ \overline{) ४९६}$$

$$५ \overline{) ५३५}$$

पाँच पूछो (४/५) संख्या ५ में से ४ पहचान होनी चाहिए।

दो करो। (२/२) २ में से दोनों ही सही होने चाहिये।

एक करो। (१) किया हुआ भाग का सवाल सही होना चाहिए।