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| ***Social position*** | | |
| **Question** | **Answer categories** *(circle the most appropriate or fill answer on the answer line)* | ***Action for interviewer*** |
| 1. What is your (the patient's) education level? | 1. Not attended school  2. Primary school  3. Secondary school  4. Higher secondary school  5. Graduate  6. Post graduate and above  7. Other |  |
| 1. What is your main occupation? | 1. Unemployed 2. Daily wage earner 3. Service (private) 4. Factory worker 5. Business 6. Farmer 7. Government employee 8. Teacher 9. Retiree 10. Homemaker 11. Tea garden worker 12. Student   13. Other |  |
| 1. What was your primary employment, or normal work, or normal other main activity before you contracted TB? | 1. Unemployed  2. Formal paid work  3. Informal paid work  4. Retired  5. Student  6. Housework  7. Self-occupied  8. Other | *This refers to the time before TB symptoms developed.* |
| 1. What is your usual main source of drinking water? | 1. Piped or Bottled 2. Well 3. Tube well 4. Other (specify) | *Other includes all sources that are not from a piped source, bottle, or well. This includes natural spring, borehole, rainwater, etc.* |
| 1. What is the type of house the patient is living? | 1. Pucca 2. Semi Pucca 3. Kachha |  |
| 1. How many people sleep here on a typical night? (including the patient) |  |  |
| 1. How many rooms are there in the house?   (Do not count balconies, corridors, bathrooms, cowshed, pooja ghar, agriculture store room and weaving room ) |  |  |
| 1. Where is the cooking generally done for this household? | 1. Outside the house (open area / semi open area) 2. Separate kitchen 3. Living / sleeping area |  |
| 1. What type of fuel does your household **primarily** use for cooking? | 1. Electricity 2. LPG cylinder 3. Natural gas (gas pipeline) 4. Biogas 5. Kerosene 6. Coal / Lignite 7. Wood / Charcol / agricultural crop waste 8. Straw / grass / shrubs /   scavenged twigs   1. Dung cakes 2. No food cooked in household 3. Others (specify) |  |
| 1. What is the main source of lighting in your household? | 1. Electricity 2. Biogas 3. Solar 4. Kerosene 5. Other oil 6. No lighting 7. Other (specify) |  |
| 1. Does your household have a latrine facility of its own? | 1. Yes 2. No | *If No, Skip to Question 100* |
| 1. What kind of latrine facility do members of your household usually use? | 1. Flush or pour flush toilet 2. Ventilated Improved Pit (VIP)/biogas latrine 3. Pit latrine with slab 4. Pit latrine without slab / open pit 5. Twin pit / composting toilet 6. Bucket toilet 7. Uses open space or field 8. Other (specify) |  |
| 1. Does your household have? | 1. Watch or clock 1. Yes 2. No  2. Sewing machine 1. Yes 2. No  3. Radio / transistor / music system  1. Yes 2. No  4. Electric fan 1. Yes 2. No  5. Telephone / mobile phone  1. Yes 2. No  6. Television 1. Yes 2. No  7. Computer / laptop 1. Yes 2. No  8. Internet connection 1. Yes 2. No  9. Fridge 1. Yes 2. No  10. Washing machine 1. Yes 2. No  11. Air cooler / air conditioner  1. Yes 2. No  12. Bicycle 1. Yes 2. No  13. Motorcycle / scooter  1. Yes 2. No  14. Water pump 1. Yes 2. No  15. Car / jeep / van 1. Yes 2. No |  |