<u> </u>				Conf	identia	<u>. </u>
STATE:	DISTRICT:	PSU:	HOUSEHOLD:			

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

HUMAN DEVELOPMENT PROFILE OF INDIA – II 2004-05

NATIONAL COUNCIL OF APPLIED ECONOMIC RESEARCH & UMCP

EDUCATION AND HEALTH QUESTIONNAIRE

		_	10 Interview Completion Status Complete = 1 FIRST PART GE10
1	STUDY CODE 0 2	2 GE1	Incomplete=2
	Г		ELIGIBLE WOMAN GE10
2	Deck Number	2 GE2	11 Anthropometry Completion Status
_	lutan dawa ID		Not Done=1 Fully Done=3
3	Interviewer ID	GE3	Partially Done = 2 Not Applicable=4 GE11
4	Interviewer News		12 Learning Completion Status
4	Interviewer Name		Not done=1 Fully Done=3 Partially Done=2 Not Applicable=4 GE12
5	Interviewer Signatu <u>re</u>		Partially Done=2 Not Applicable=4 GE12
6	Supervisor ID		13 Whether Additional Learning Sheet Attached No=0
6	Supervisor ID	GE6	Yes=1 GE13
7	Supervisor Name		14 Data Entry ID
•			The Sala Liney is
8	Supervisor Signature		
•	Lati DE INTERVIEWA LA LIG		15 Data Entry Name
9	Is this a RE-INTERVIEW household?		16. Data Entry Signature
	Yes=1	GE9	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 Interv Yes=1 CD1 Initials	riewers s
2.	First Interview Date	Day Month Year	riew Start Time CD3 AM=1 PM=2 CD3b

HDPI-2 (women's questionnaire)	STATE:	DISTRICT: F	PSU: HOUSEHO	DLD:	
1. Household Identification		•			
1.1 Stratum No. (Editor)	ни	1.11 Name of Head of household			HI11
1.2 Listing Sheet No.	HI2	1.12 Language of Interview			
1.3 Name and code of state or Union Territory	ніз	1.12 Language of Interview	Hindi=1 Assamese=2	Kannad=7 Malyalam=8	HI12
1.4 Name of district	HI4		Bangla=3 Gujarathi=4 Marathi=5	Tamil=9 Telegu=10 English=11	
1.5 Name of tehsil/taluka	HI5		Oriya=6		
1.6 Name of village/town	HI6				
1.7 Name of post office	POST OFFICE HI7a				
	НІ7Ь				
1.8 Name of Mohalla	MOHALLA HI8a				
	HI8b				
1.9 Rural/Urban/Slum 1.10 1993-1994 Household ID	Rural=1 Urban=2 Urban Slum=3				
1.10 1000 1004 Household ID	HI10				

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	1	2.	2	2	.3	2.	4	FOR ST	UDE	NTS N	OT IN	SENIOR C	:OL	LEGE OR V	OC/T	ECH P	ROGR	AM (1	2 STD	and be	elow):		ĺ
Please tell me				What	t type	How f	ar is	2.5		2.6	6	2.7		2.8	2	2.9	2.	.10	2.	11	2.	.12	i
names of all the members of this household who		ID CO FRO HOL	OM JSE	is N	ollege AME	the so /coll fro	ege m	What standa	rd	What is mediu	m of	From which		In gener how mai spe	ny hou		s [NAMI		[NA	was ME]	[NA	oes ME] eive	
are currently in school or college		ROS	TER	enro	ently olled n?	< 1 K	(m=1	is [NAM studyir in?	-	instruc in th scho	nis	English taught in this school?		school?	home	loing work?	tutio	orivate ons? ours	schoo	nt from I in the nonth? nys	or m	grain id-day al in ool?	
			CS2a		CS3a		CS4a		CS5a		CS6a	C	S7a	CS8a		CS9a	3	CS10a		CS11a		CS12a	_
			CS2b		CS3b		CS4b		CS5b		CS6b	C	S7b	CS8b		CS9b		CS10b		CS11b		CS12b	-
	<u></u>		CS2c		CS3c		CS4c		CS5c		CS6c	C:	S7c	CS8c		CS9c		CS10c		CS11c		CS12a	-
			CS2d		CS3d		CS4d		CS5d		CS6d	Ct	S7d	CS8d		CS9d	1	CS10d		CS11d		CS12d	
			CS2e		CS3e		CS4e		CS5e		CS6e	C	S7e	CS8e		CS9e		CS10e		CS11e		CS12e	
			CS2f		CS3f		CS4f		CS5f		CS6f	С	:S7f	CS8f		CS9f	f	CS10f		CS11f		CS12	
			CS2g		CS3g		CS4g		CS5g		CS6g	C	S7g	CS8g		CS9g	3	CS10g		CS11g		CS12g	ı
			CS2h		CS3h		CS4h		CS5h		CS6h	C	S7h	CS8h		CS9h		CS10h		CS11h		CS12h	ı
			CS2i		CS3i		CS4i		CS5i		CS6i	С	:S7i	CS8i		CS9i	i	CS10i		CS11i		CS12	ı
			CS2j		CS3j		CS4j		CS5j		CS6j	С	:S7j	CS8j		CS9j	j	CS10j		CS11j		CS12	
		School: EGS=1		Junior						H State La									_		Yes, 0	leals: No=0 Grain=1	
	Govt.	nment=2 Aided=3 rivate=4	Ро	Col stgradu	llege=9 ate=10					Eng	indi=2 lish=3 ther=4								Y	Yes es, Varie		only=3 1eals=4	
	Mad	nvent=5 rassa=6		cational					Į		<u> </u>												
		er/Open chool=7		r) progr Technic	cal or																		
	L		VO	c. Long	er = 12	l		Po	~~	4 of 40													

Page 4 of 40

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 C	_				ar did [ring fro					F	low mud as sch NAME	ool fee	es for	У	you	v much ı spend NAME]'	l on		di	ow muc d you p or priva	ay	
	2.	.2	f boo No Yes	=0	unifo	o=0	or co	chool ollege es? o=0 s=1	for so	=0			upport	:]		tran and of	ks, unif sporta her ma ast year RUPEE	tion, terials ·?			vear?		
\Rightarrow		CS13a		CS14a		CS15a		CS16a		CS17a					CS18a				CS19a				CS20a
\Rightarrow		CS13b		CS14b		CS15b		CS16b		CS17b					CS18b				CS19b				CS20b
\Rightarrow		CS13c		CS14c		CS15c		CS16c		CS17c					CS18c				CS19c				CS20c
\Rightarrow		CS13d		CS14d		CS15d		CS16d		CS17d					CS18d				CS19d				CS20d
\Rightarrow		CS13e		CS14e		CS15e		CS16e		CS17e					CS18e				CS19e				CS20e
\Rightarrow		CS13f		CS14f		CS15f		CS16f		CS17f					CS18f				CS19f				CS20f
\Rightarrow		CS13g		CS14g		CS15g		CS16g		CS17g					CS18g				CS19g				CS20g
\Rightarrow		CS13h		CS14h		CS15h		CS16h		CS17h				************	CS18h	***************************************			CS19h				CS20h
\Rightarrow		CS13i		CS14i		CS15i		CS16i		CS17i					CS18i				CS19i				CS20i
\Rightarrow		CS13j		CS14j		CS15j		CS16j		CS17j					CS18j	 			CS19j				CS20j

Children 8 to 11 ID CODE FROM ABOVE. 3.11 During the year, how many times does [did] someone from the family discuss NAME's NUMBER NAME school work with the teacher? Has NAME ever been enrolled in school? 3.12 Is [Was] NAME an average student, Below Average=0 Yes, in the past=1 better than average or Yes, currently=2 Average=1 IF YES, ASK THIS SECTION below average? Better than Average=2 Now, I would like to ask you a few questions about NAME's school and his/her experience. 3.13 Does [Did] NAME enjoy school? No = 0Yes= At what age did [NAME] start school? YEARS 3.14 Did [NAME] ever repeat a grade? IF YES, how many times? Are [Were] most of the teachers at NAME's No=0NUMBER OF REPEATS IF NO. ENTER "0" school present regularly? Yes= Is [Was] NAME's class teacher present regularly? ASK ONLY, THE CURRENTLY ENROLLED CHILDREN No=03.15 In the last one month, in school has your child ... Yes= No=0Does [Did] NAME's class teacher live in the Been praised? No=0village/area where the school is? [such as received stars or good comments] Do you think that the class teacher treats Been physically beaten / pinched? No= 0 [treated] your child in a fair manner? 3.16 SCHOOL NAME: Do you think that the teacher is [was] No = 0a good teacher? Do you think that the class teacher favours 3.17 IF NOT GOVERNMENT SCHOOL, ADDRESS OF SCHOOL: [favored] certain communities/jatis over others? Yes= 3.10 Do you participate in any school No=0committee like the Parent Teacher Assn? EDITOR: ID CODE OF SCHOOL: DISTRICT SCHOOL

3. Children 8 to 11 (Second child) ID CODE FROM ABOVE. 3.28 During the year, how many times does [did] someone from the family discuss NAME's NUMBER NAME school work with the teacher? Has NAME ever been enrolled in school? 3.29 Is [Was] NAME an average student, Below Average=0 Yes, in the past=1 better than average or Yes, currently=2 Average=1 IF YES, ASK THIS SECTION below average? Better than Average=2 Now, I would like to ask you a few questions about NAME's school and his/her experience. 3.30 Does [Did] NAME enjoy school? No = 0Yes= At what age did [NAME] start school? 3.31 Did [NAME] ever repeat a grade? IF YES, how many times? Are [Were] most of the teachers at NAME's No= 0 NUMBER OF REPEATS school present regularly? IF NO. ENTER "0" Yes= Is [Was] NAME's class teacher present regularly? ASK ONLY, THE CURRENTLY ENROLLED CHILDREN No=03.32 In the last one month, in school has your child ... Yes= CH22 Does [Did] NAME's class teacher live in the Been praised? No=0village/area where the school is? [such as received stars or good comments] 3.24 Do you think that the class teacher treats Been physically beaten / pinched? No= 0 [treated] your child in a fair manner? 3.33 SCHOOL NAME: 3.25 Do you think that the teacher is [was] No=0a good teacher? 3.34 IF NOT GOVERNMENT SCHOOL, ADDRESS OF SCHOOL: 3.26 Do you think that the class teacher favours [favored] certain communities/jatis over others? Yes= 3.27 Do you participate in any school No=0committee like the Parent Teacher Assn? EDITOR: ID CODE OF SCHOOL: DISTRICT SCHOOL

4. Marriage Practices Now, I would like to ask you some questions about 4.5 Generally in your community for a family like yours, what are the kind of things that marriage customs in your community (jati) for are given as gifts at the time of the daughter's marriage? a family like yours? 4.5k Mixer or Grinder 4.5a **Gold** Rarely/Never=0 Rarely/Never=0 4.1 Do people marry a daughter in her Sometimes= Sometimes=1 No=0MP5k natal village? Yes= Usually=2 Usually=2 4.2 Do people marry a daughter to 4.5b Silver Rarely/Never=0 4.51 Bedding / Rarely/Never=0 No=0her cousin? MP2 Sometimes= mattress Sometimes=1 MP5I Usually=2 Usually=2 4.3 At the time of the marriage, how much money is usually spent by the boy's family? Rarely/Never=0 4.5m Watch Rarely/Never=0 4.5c **Land** PROBE TO GET THE AMOUNT FOR A TYPICAL WEDDING. Sometimes=1 Sometimes=1 MP5m TRY TO GET ONE NUMBER, BUT ACCEPT A RANGE Usually=2 Usually=2 IF THAT IS WHAT IS GIVEN. 4.5d Car Rarely/Never=0 4.5n Bicycle Rarely/Never=0 BETWEEN RUPEES MP3a Sometimes= Sometimes=1 Usually=2 Usually=2 TO RUPEES MP3b 4.5e Scooter Rarely/Never=0 4.50 Sewing Rarely/Never=0 IF ONLY ONE AMOUNT GIVEN, ENTER SAME NUMBER Sometimes= machine Sometimes=1 or IN BOTH FIELDS. motorcycle Usually=2 Usually=2 4.4 At the time of the marriage, how much money 4.5f **TV** Rarely/Never=0 4.5p Livestock such Rarely/Never=0 is usually spent by the girl's family? Sometimes= as cows, buffalo, Sometimes=1 Usually=2 chicken, or pigs Usually=2 BETWEEN RUPEES Rarely/Never=0 4.5q Tractor 4.5g Fridge Rarely/Never=0 Sometimes=1 Sometimes=1 Usually=2 Usually=2 TO RUPEES MP4b IF ONLY ONE AMOUNT GIVEN, ENTER SAME NUMBER IN BOTH FIELDS. 4.5h Furniture Rarely/Never=0 4.5r Cash Rarely/Never=0 Sometimes=1 Sometimes=1 Usually=2 Usually=2 [IF CASH] How much? 4.5i Pressure Rarely/Never=0 Sometimes=1 cooker Usually=2 RUPEES 4.5 Utensils Rarely/Never=0 Sometimes= Usually=2

Page 8 of 40

Water 5.1 What is the main source of water for drinking? Piped Covered well Rainwater 09 05 ASK 5.9 ONLY, IF WATER SOURCE IS OUTSIDE HOUSE OR COMPOUND: DAILY River, canal, stream 06 Tube well 02 Bottled 10 5.9a In the current season, how much total time daily do adult 03 Pond 07 Other 11 Hand pump women spend in fetching and collecting 04 Tanker truck 08 Dug, open well water, including waiting in line? MINUTES (WOMEN (Add all trips for all women) 5.2 Is this inside the house or compound? No, outside=0 5.9b adult men? Yes, inside= IF OUTSIDE HOUSE OR COMPOUND, MINUTES (MEN 5.2a How long would it take to walk to this source of water? 5.9c girls under 15? Minutes one way MINUTES (GIRLS 5.3 IF PIPED WATER: How many hours per day Less than 1 hr=01 do you normally get water? 5.9d boys under 15? MINUTES (BOYS ASK EVERYBODY: 5.4 Is the main water source the same in summer? 5.10 During a normal week, do you ever treat or purify No=0your drinking water by boiling the water OR IF YES, skip to 5.7 by filtering the water with a purchased filter OR by using Aquaguard OR 5.5 What is the main source of water for drinking in summer? by adding chemicals? Piped 01 Covered well 05 Rainwater 09 Never=0 Usually=2 Tube well 02 River, canal, stream 06 Bottled 10 DO NOT COUNT A CLOTH OR STRAINER Rarely=1 Always=3 Hand pump 03 Pond 07 Other 11 04 Tanker truck 08 Dug, open well 5.11 Do you store your drinking water in a vessel at home? 5.6 Is this inside the house or compound? IF NO, ENTER 0 AND SKIP TO 6.1 No, outside=0 Yes, inside= 5.11a Does the vessel have a lid or cover? No vessel= 0 IF OUTSIDE HOUSE OR COMPOUND. Vessel has a lid or cover= 1 5.6a How long would it take to walk Vessel does not have a lid or cover= 2 to this source of water? Minutes one way WA6a 5.11b How do you pour drinking water? Poured from vessel= 1 5.7 Is the availability of drinking water normally adequate? No=0With a long ladle=2 WA11b With a cup or other utensil= 3 Tap in the vessel= 4 5.8 Is the availability of drinking water adequate No=0in summer months?

6. Sanitation and Hygiene	7. Fuel and Energy Use
6.1 How many rooms are in this house? DO NOT COUNT BALCONIES, CORRIDORS, AND BATHROOMS 6.2 Where is the cooking, generally done for this household? Cooking is outdoors=1 Separate kitchen=2 Cooking is in living area=3	7.1 Does this house have electricity? No= 0 Yes= 1 7.1a IF YES: How many hours per day do you generally have power? (in a season like this) HOURS FU1a
IF COOKING INDOORS: 6.2a Is there a window or vent in the cooking area? Cooking is outdoors=9 6.3 Do you employ any household help or servant? No= 0	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 Part of rent=3 Operating cost of my own generator=4
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 Or any other facility? Ventilated Improved Pit Latrine = 2 Flush Toilet = 3	7.1c How much did you pay for it last month?
6.5 IF NO OWN TOILET / LATRINE: Does the household have access to a public or shared toilet? Shared toilet in building/chawl= 1 Shared toilet outside building= 2 Public/Govt. toilet= 3	7.2 How many meals, including breakfast is taken per day in your family? MEALS A DAY FU2
6.6 Do you wash your hands after defecating? No= 0 Yes=1 SA6	7.3 Approximately how many hours is the stove burning in your household, including cooking heating water, making tea, etc.? HOURS Less than 1 = 1
6.6a IF YES: What do you use to wash your hands? Water alone=1 Mud, ash, etc.=2 Soap=3	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 Traditional chulha, without chimney = 2 Improved chulha, with chimney = 3

7.	Fuel and Energy Use										
	NOTE ANSWERS ON USE, F Does your household use	PROCUREMENT AND PRICE FO 	R ONE FUEL AT . Where do you g			IF PURCH				d you	pay for
		Fuel not used = 0				what you	used la	ast mont	h in		
		Mainly cooking = 1		Purchase=1							_
	7.5 Firewood?	Mainly lighting = 2	Firewood?	Collect from own land=2		Firewood'					
	For what purpose is it	, , ,		Collect from village=3	FU5a		Rs.			<u> </u>	FU5b
	mainly used?	Combination = 4		Both=4							
			_	Purchase=1		_				_	_
	7.6 Dung?		Dung?	Collect from own land=2		Dung?	_				
	For what purpose	SAME CODES AS ABOVE FU6		Collect from village=3	FU6a		Rs.		i		FU6b
	is it mainly used?			Both=4							
	0										
	7.7 Crop residue?			Purchase=1							_
	For what purpose		Crop Residue?	Collect from own land=2		Crop Resi					
	is it mainly used?	SAME CODES AS ABOVEFU7		Collect from village=3	FU7a		Rs.		<u></u>	<u> </u>	FU7b
				Both=4							
			l/0	- · · · · ·	—	16					_
	7.8 Kerosene?		Kerosene?	Ration shop=1		Kerosene		•			
	For what purpose	SAME CODES AS ABOVEFU8		Market=2	FU8a		Rs.		i	<u> </u>	FU8b
	is it mainly used?			Both=3							
	7.9 LPG?		LPG? Subsidi	:d		LPG?	r	- :		•	_
	-	0445 00050 40 40075	LPG? Subsid	ized government program = 1		LPG?	D.				
	For what purpose	SAME CODES AS ABOVEFU9		Gas Company=2	FU9a		Rs.			<u> </u>	FU9b
	is it mainly used?			Black Market=3							
				Durchage 4			ı				7
	7.10 Coal or Charcoal?	SAME CODES AS ABOVE FU10	Coal/Charcoal?	Purchase=1 Collect =2	=1110	Coal?	Rs.				=
	7.10 Coal of Charcoal?	SAME CODES AS ABOVE FU10	Coal/Charcoar?		FU10a	Coar	RS.		<u>i</u>	<u> </u>	FU10b
				Both=3							
	ASK ONLY THE HOUSEHOL	DS THAT COLLECT FUEL		ONE-WAY	DISTANCE						
7 110	How many minutes does it t			ONE-WAT	DISTANCE						
1.11a	to the area where you collect	t fuel?		MINUTES	FU11a						
				<u> </u>	EKLY						
	7.11b How much total time w	veekly do		- VVE.	i i						
		in 15 years of age spend collect	ing fuel?	MINUTES (WOMEN)	FU11b						
	addit Women older tha	in 10 years of age spend concer	ing ruci:	WINTED (WOWLIN)	FOIID						
	7 11c adult men older than 1	5 years of age spend collecting	rfuel?								
	7.110 dddit men older than 1	o years or age spena concoming	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MINUTES (MEN)	FU11c						
				WIII 40 I EO (WIEI4)	FOITE						
	7.11d girls under 15 years of	age spend collecting fuel?		<u> </u>							
	magnic under 10 years of	ago opona concernig raci.		MINUTES (GIRLS)	FU11d						
	7.11e boys under 15 years o	f age spend collecting fuel?		<u> </u>							
		gp		MINUTES (BOYS)	FU11e						
				3 . 20 (20 . 0)	. 9116						

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 illensses: fever, cough and diarrhoea. Has anybody been ill with any of these illnesses in the last month?

	8.1	1	8.2		IF ANY FEVE	R, COUGH, OF	R DIARRHEA:								1
			In the la	st month	8.3	8.4	IF COUGH:	8.6	IF ANY DIAR	RHEA:		8.10)	8.11	1
Can you tell me	HOUSEHOL	.D	for how	w many	Did	Did	8.5	Did	8.7	8.8	8.9	How long	g was	In the last	
the names of all	ROSTER		days	was	NAME	NAME	Did he/she	NAME	Was there	When he/she	Was	NAME u	nable	month, has	
those that had	ID CODE		NA	ME	have a	have a	breathe	have	any blood	had diarrhoea	NAME	to do u	sual	[NAME]	
any of these three			ill d	uring	fever	cough	fast with	diarrhoea	in the	was there	given	activities	(incl.	received	
illnesses?			the	last	the last	the last	short	in the last	stool	any change	ORS	work, sc	hool,	any	
			epis	ode?	month?	month?	rapid	month?	with	in the	[local name]	domestic	work)	treatment	
							breaths?		diarrhoea?	amount of	solution?	in the	ast	or advice?	
										liquid he/she		30 day	/s?		
										took?				No=0	
										More= 1				Yes=1	
NAME					No=0	No=0	No=0	No=0	No=0	Same=2	No=0			IF Yes, Go	
		4	DAYS		Yes=1	Yes=1	Yes=1	Yes=1	Yes=1	Less=3	Yes=1	DAY	S	To Q 8.12	4
	SM1	a		SM2a	SM3a	SM4a	SM5a	SM6a	SM7a	a SM8a	SM9a		SM10	a SM11	_ □
	SM1	b		SM2b	SM3b	SM4b	SM5b	SM6b	SM7t	SM8b	SM9b		SM10	SM11	
	SM1	С		SM2c	SM3c	SM4c	SM5c	SM6c	SM7c	SM8c	SM9c		SM10	SM11	
	SM1	d		SM2d	SM3d	SM4d	SM5d	SM6d	SM7c	d SM8d	SM9d		SM10	1 SM11	
	SM1	e		SM2e	SM3e	SM4e	SM5e	SM6e	SM7e	s SM8e	SM9e		SM10	e SM11a	_ a ⊏
	SM	f		SM2f	SM3f	SM4f	SM5f	SM6f	SM7	f SM8f	SM9f		SM10	f SM11b	
	SM1	9		SM2g	SM3g	SM4g	SM5g	SM6g	SM7ç	g SM8g	SM9g		SM10	g SM11c	. □

8. Short Term Morbidity Costs

f	8.12	8.	8.13 8.14				15	What was t	he total	cost of this tr	eatment for ou	t-patient a	s well as i	n-patier	nt servi	ces?			
	HOUSEHOLD ROSTER ID CODE		From wh [NAME] g or treat Where thi	et advice tment?		hospita If Yes many	•	For c	8.16 loctor, h surgery	nospital	8.17 Were tests or medicine, included in the fees?	tes	8.18 or medicin ts and exp t included s' and hos	e and penses, in the	es?	ļ	8.19 tips, butaxi fare odging gettir treatme	us/train e, or while ng	I
	F	1st so WHO	ource WHERE	2nd S WHO	ource WHERE	DA	If No: Enter 0 DAYS		RUPEE	C	No=1 Yes=ES		RUPEE				RUPE		
⇒		WHO	WIILKL	WHO	WHERE	DA			KOFLL		165=23		KOPEL				KOFL		
7		SM13a1	SM14a1	SM13a2	SM14a2		SM15a			SM16	a SM17a				SM18a				SM19a
\Rightarrow		SM13b1	SM14b1	SM13b2	SM14b2		SM15b			SM16	b SM17b				SM18b				SM19b
\Rightarrow		SM13c1	SM14c1	SM13c2	SM14c2		SM15c			SM16	c SM17c				SM18c				SM19d
\Rightarrow		SM13d1	SM14d1	SM13d2	SM14d2		SM15d			SM16	d SM17d				SM18d				SM19d
\Rightarrow		SM13e1	SM14e1	SM13e2	SM14e2		SM15e			SM16	e SM17e				SM18e				SM19e
\Rightarrow		SM13f1	SM14f1	SM13f2	SM14f2		SM15f			SM16	of SM17f				SM18f				SM19f
\Rightarrow		SM13g1	SM14g1	SM13g2	SM14g2		SM15g			SM16	g SM17g				SM18g				SM19g

WHO: Priv. Dr./Nurse=3 Pharmacy=4

Other (traditional healer)=5

WHERE: Pub. Dr./Nurse=1 Village/neighborhood=1
Pub. Dr./Nu in priv.=2 Another village/neighborhood=2 Other town=3 Dstrict town=4

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.

	9.1		9.2	9.3	9.4	9.5	9.6	9.7	9.8	9.9	9.10	9.11	9.12	9.13	9.14	9.15
NAME	ROSTI	HOUSEHOLD ROSTER ID CODE		Tuberculosis (TB)	High BP	Heart disease	Diabetes	Leprosy	Cancer	Asthma	Polio	Paralysis	Epilepsy	Mental illness	STD or AIDS	Other Long Term
									Ye	n=0 s=1 ed=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		MB15b
		MB1c	MB2c	MB3c		MB5c	MB6c	MB7c	MB8c	MB9c	MB10c	MB11c	MB12c			
		MB1d	MB2d	MB3d	MB4d	MB5d	MB6d	MB7d	MB8d	MB9d	MB10d	MB11d	MB12d	MB13d		MB15d
		MB1e	MB2e	MB3e	MB4e		MB6e	MB7e	MB8e	MB9e	MB10e	MB11e	MB12e			
		MB1f	MB2f	MB3f	MB4f		MB6f	MB7f	MB8f	MB9f	MB10f	MB11f	MB12f	MB13f		
		MB1g	MB2g	MB3g			MB6g	MB7g	MB8g							

to do normal any activities due to or advice? this illness? No=0 Yes=1 DAYS IFYES, GO To Q 9.18 MB16a MB17a	9.16 In the last 12 months how many days was he/ she not able to do normal				
No=0 Yes=1 IFYes, Go To Q 9.18 MB16a MB17a	due to	 			
ط ا					
MP45b MP47b		⇒			
MD100 MD170		⇒			
MB16c MB17c →		⇒			
MB16d MB17d →		⇒			
MB16e MB17e ➡		⇒			
MB16f MB17f		⇒			
MB16g MB17g		⇒			

9. Major Morbidity Costs

	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?														
	HOUSEHOLD ROSTER ID CODE		[NAME] g or trea When				as she/nospital ised? YES: Hoany day IF No, Enter 0	he - ow s?	9.22 For doctor, hospital surgery?			9.23 Were tests or medicine included in these fees? No=0	9.24 For medicine and tests and expenses, not inculded in 8.15?				9.25 For tips, bus/train/ taxi fare, or lodging while getting treatment?						
	}	1st so WHO	ource WHERE	2nd S WHO	ource WHERE		DAYS			F	RUPEE	S		Yes=1		F	RUPEES	S			RUP	EES	
\Rightarrow		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
\Rightarrow		MB19e1	MB20e1	MB19e2	MB20e2			MB21e					MB22e	MB23e					MB24e				MB25e
\Rightarrow		MB19f1	MB20f1	MB19f2	MB20f2			MB21f					MB22f	MB23f					MB24f				MB25f
⇒		MB19g1	MB20g1	MB19g2	MB20g2			MB21g					MB22g	MB23g					MB24g				MB25g

WHO: Priv. Dr./Nurse=3 Pharmacy=4 Other (traditional healer)=5

WHERE: Pub. Dr./Nurse=1 Village/neighborhood=1
Pub. Dr./Nu in priv.=2 Another village/neighborhood=2 Other town=3 Dstrict town=4

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

	10.1		10.2	10.3	10.4	10.5	10.6	10.7	10.8
NAME	F	USEHOLD ROSTER D CODE	Walking 1 km Can do with	Going to the toilet without help	Dressing without help	Hearing normal conver- sation	Speaking Normally	Seeing distant things [with glasses, if any]	Seeing near obj., such as reading/ sewing? [with
			difficulty =1					,,,	glasses, if any]
			Unable to	With diff.=1	With diff.=1	With diff.=1	With diff.=1	With diff.=1	
			Do it=2	Unable =2	Unable =2	Unable =2	Unable =2	Unable =2	Unable =2
		AD1a	AD2a	AD3a	AD4a	AD5a	AD6a	AD7a	AD8a
		AD1b	AD2b	AD3b	AD4b	AD5b	AD6b	AD7b	
		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	AD71	AD8f
		AD1g	AD2g	AD3g	AD4g	AD5g	AD6g	AD7g	AD8g

1. Quality of Care:		12.	Tobacco and	Alcohol U	'se			
FOR OUTPATIENT SERVICES ONLY								
11.1 The last time you ITHE RESPONDENTI had to visit a cli a healer for a minor illness such as fever, cough/co	nic, a hospital, old or diarrhea,							
for yourself or your children, who did you see?								
Govt. Dr./Nurse=1	Pharmacy=4			Does any	one in this h	ousehold		
Govt. Dr./Nurse in private=2	Other (traditional				12.1	12.2	12.3	12.4
Private Dr./Nurse=3	healer)= 5 QC1					smoke	chew	drink
11.2 Where was it located?	<u></u>				HOUSEHOLD	cigarettes	tobacco?	alcohol
Village/neighbourhood=1	Other town=3				ROSTER	bidi, or		
Another village/neighbourhood=2	District town=4 QC2		NAME		ID CODE	hukkah?		
11.3 Why did you go then? Fever=1	Diarrhea=3					Never= 0	Never= 0	Never= 0
Cough/cold=2	Other=4 QC3					Sometimes=1	Sometimes=1	Sometimes=1
_						Daily=2	Daily=2	Daily=2
1.4 When did you go?	QC4 QC4b				TO1a	TO2a	TO3a	TO4a
M	ONTH YEAR				TOTA	1024	103a	104a
	ONTI TEAR				TO1b	TO2b	TO3b	TO4b
1.5 Did you see a female or male provider?	Female= 1 Both=3 QC5							
	iviale= 2				TO1c	TO2c	TO3c	TO4c
1.6 Do doctors and other health workers	Nicely?= 1				TO1d	TO2d	TO3d	TO4d
treat you	Somewhat nicely?= 2 QC6				1010	1020	1034	1040
	Not nicely?= 3				TO1e	TO2e	TO3e	TO4e
1.7 Usually when you go to this facility,					TO1f	TO2f	TO3f	TO4f
how many minutes do you have to wait?	MINUTES QC7							
1.8 Did you go alone (with sick child) or were				L	TO1g	TO2g	TO3g	TO4g
you accompanied by someone?								
Alone=1 With older women=4	Other combination=7 QC8							
With husband=2 With younger women=5	Carlot combination=7							
With older men=3 With adolescent/younger men=6								
With adoloses my sanger mon-e								
1.9 Which facility did you visit? [Write down full name]								
.10 What is the address of this clinic/hospital/shop?								
		FDIT	OR: ID CODE OF C	CLINIC:				
		STATE:		TRICT:	PSU:	: 1	CLINIC	
		1			1 00.		32.1410	
				<u> </u>	_			

Obs		ation viewe		t fill ti	his ou	t only	/ if Re	spon	dent i:	s NOT	AN E	ELIGIE	BLE W	ОМА	N
12.5a		was t	•	•	•	nden	t who	ansv	vered		HH ID	CODE:			O5a
b	NAME OF PRIMARY RESPONDENT														
															O5b
12.6 Who else from the household answered some questions or offered advice?										O6					
											HH ID	CODE:			O6a
											HH ID	CODE:			O6b
											HH ID	CODE:			O6c
12.7		there e inter					bers p	resei	nt				No=0 Yes=1		07

IF THERE IS NO ELIGIBLE WOMAN, 15-49, IN THE HOUSEHOLD, GO TO PAGE 37 (OBSERVATIONS).

HDPI-2 (women's questionnaire)		STATE:		DISTRICT:	_
13. Eligible Woman ID					_
ASK THE REST OF THE QUESTIONS ONLY TO A BETWEEN THE AGES OF 15 AND 49	N EVER MARRIED W	OMAN			
I am now going to ask you some questions your life and your children.	about your opinions				
But first, let me check, if I have some of you Who did you say was the head of this hous					
13.1 Name of Head of household				EW	1
13.2 Your name?				EW	2
13.3 ID Code of Respondent				EW	3
13.4 Relationship to Head of Household Head=01 Grandchild=05	Nephew/Niece=09			EW	1
Wife=02 Father/Mother=06	<u> </u>			: Evv.	+
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	3				
13.5 Age of Eligible Woman				EW	5
13.6 Date of Birth		Day	Month	Year	6
13.7 Years of education completed (5th class=5, BA/Bsc.=15)				EW	7
13.8 Number of Children				EW	8
13.9 In general, would you say your own health	is		G	600d?=1 600d?=2 OK?=3 Poor?=4	9

Very Poor?=5

HOUSEHOLD:

14. Health Beliefs 15. HIV/AIDS 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 15.1 Have you ever heard of an illness called AIDS? No=0 whether these things really make people healthy or sick. I am interested in IF NO, SKIP TO 16.1 NEXT PAGE what your opinion is about whether they make people healthy or sick. IF YES: There are many beliefs about how people can get AIDS. 14.1 Is it harmful to drink 1-2 glasses of milk For each of these beliefs, I would like to know No=0 whether you think that is a way people can get AIDS every day during pregnancy? Yes= DK= 8 15.1a First, by having sex with a person infected No=0 14.2 Do men become physically weak even months with AIDS? Yes=1 No=0 after sterilization? DK= 8 DK= 8 15.1b By an injection with a needle that has been No=0 used by a person with AIDS? 14.3 Do you think that the first thin milk that comes out Good=1 Yes=' after a baby is born is good for the baby, Harmful=2 DK= 8 harmful for the baby, or it doesn't matter? Doesn't matter=3 15.1c By being bitten by a mosquito infected No=0 14.4 Is smoke from a wood/dung burning traditional chulha Good=1 with AIDS? Yes=1 good for health, harmful for health or do you think it Harmful=2 DK= 8 doesn't really matter? Doesn't matter=3 15.1d By getting a blood transfusion with blood that No=0 is infected with AIDS? 14.5 When children have diarrhea, do you think that they Al1d Yes=' should be given less to drink than usual. Less than usual= 1 DK= 8 more drink than usual, about the same, More than usual= 2 or it doesn't matter? 15.1e By sharing food or utensils with a person About the same = 3No=0 infected with AIDS? It doesn't matter= 4 Yes=1 No opinion/DK= 8 DK= 8 15.2 Do you know any one who has gotten 14.6 In which part of the menstrual cycle is a woman least likely No=0 to get pregnant? AIDS? Yes=1 Immediately after period= 1 Just before the period= 2 In the middle of the cycle= 3 Just before and after the period= 4 Timing makes no difference= 5 DK/No opinion= 8

kirana shop?

Does not go = 9

16. Gender Relations MOST SAY: Please tell me who in your family decides the following things? DO NOT PROMPT RESPONDENT=1 CODE ALL RESPONSES THAT ARE GIVEN AS "1" (OK to include relatives not in the household) HUSBAND=2 IF MORE THAN ONE RESPONSE, ASK: Who has the most say in the decision? SENIOR MALE=3 NOT APPLICABLE SENIOR FEMALE=4 RESPON-**SENIOR** SENIOR DENT HUSBAND OTHER NO ONE OTHER=5 MALE **FEMALE** d 16.1 What to cook on a daily basis? 16.2 Whether to buy an expensive item No=0 such as a TV or fridge? 16.3 How many children you have? IF RESPONDENT HAS ANY CHILDREN: 16.4 What to do if a child falls sick? 16.5 To whom your children should marry? Do you have to ASK PERMISSION of your husband or a senior family member to go to ... CODE ALL RESPONSES THAT ARE GIVEN AS "1" **SENIOR SENIOR** IF YES: HUSBAND MALE **FEMALE** OTHER (CODE "Just have to Inform them" = 0) 16.6 To the local health No=0 Whom do you ask Can you go alone? No=0 No=0 center? for permission? Yes= Yes= Can you go alone? 16.7 The home of relatives or Whom do you ask No=0 GR7a No=0 friends in the [village / for permission? Yes= neighborhood]? Does not go = 9 Whom do you ask Can you go alone? GR8a 16.8 **To the** for permission? Yes=1 Yes=

16. Gender Relations (continued)			
16.9 Do you practice ghungat / purdah/ pallu?	No=0 Yes=1 GR9	16.16 Is your name on the ownership or rental papers for your home?	No=0 Yes=1 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	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
16.11 Who does the food and vegetable shopping in your household? CODE EACH SEPARATELY:	You? No=0 Yes=1 Adult men? No=0 Yes=1 Adult women? No=0 Yes=1 Children? No=0 GR11a GR11a GR11b GR11b	16.18a things that happen [at work / on the farm] often, sometimes, or never?	Never=0 Sometimes=1 Often= 2 GR18a Never=0
16.12 Who supervises the children's homework? CODE EACH SEPARATELY:	Yes=1GR11d	16.18b about what to spend money on? 16.18c about things that happen in the community such as elections or politics?	Sometimes=1
	Adult women? No=0 GR12c Yes=1 GR12c Other children? No=0 Yes=1 GR12d	,	Daily/weekly= 1 Monthly= 2 2-3 times a year= 3 Once a year= 4
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 GR13	16.20 Do any members of your natal family live close enough for you to visit them and come home in the same day?	Less than once a year= 5 No natal family= 9 No=0 Yes=1 No natal family=9 R20
16.14 Do you yourself have any cash in hand to spend on household expenditures?	No=0 Yes=1 GR14	come nome in the same day.	ite natariamy e
16.15a Does anybody in your family have a bank account?	No=0 Yes=1 GR15a		
16.15b IF YES: Is your name on any bank account?	No=0 Yes=1 GR15b		

16. Gender Relations (continued) 16.26 In your community, do widows Natal families=1 I would now like to ask you some questions about your get more help from their natal community, NOT about your own family Husbands families=2 GR26 In your community is it usual for husbands to families [including brothers and uncles] Both=3 beat their wives in each of the following situtations? or from their husbands' families? Neither=4 16.27 Who do you expect to live with when you get old? 16.21 If she goes out without telling him? No=0 Son=1 GR21 Daughter=2 GR27 Both=3 Other/No one=4 16.22 If her natal family does not give expected money, No=0 jewelry or other items? GR22 IF DAUGHTER NOT MENTIONED ABOVE: 16.28 Would you consider living with your daughter No=0when you get old? Yes= 1 GR28 16.23 If she neglects the house or the children? No=0 Has no daughters= 9 16.29 Who do you expect will support you financially Son=1 when you get older? Daughter=2 3R29 16.24 If she doesn't cook food properly? Both=3 No=0 Other/No one=4 IF DAUGHTER NOT MENTIONED ABOVE: 16.25 If he suspects her of having relations 16.30 Would you consider being financially supported by No=0 with other men? your daughter? Yes=1 GR30 Has no daughters= 9 16.31 How frequently are unmarried girls harassed Rarely =1 in your village / neighborhood, rarely, GR31 Sometimes = 2sometimes or often? Often = 3INTERVIEWER CODE OTHERS PRESENT: Nobody else=1 Adults only=2 GRWHO Children only=3

Adults and Children=4

17. Marital History

Now, I would like to ask you some questions about marriage arrangements at the time of your [current] marriage		17.6 Did you grow up in the same village/town as your husband?	No=0 Yes=1 MH6
17.1a How old were you when you got married? AGE IN YEA	NRS MH1a	17.7 Is your husband's family the same caste as your natal family?	No=0 Yes=1 MH7
17.1b Which month and year was this? MONTH	MH1b YEAR	17.8 When you and your (first) husband usually started lividid you	
17.2a And how old were you when you first started living with your husband (had gauna)? AGE IN YEA	NRS MH2a	Live with his parer Live with your parer	, ,,,
17.2b Which month and year was this? MONTH	MH2b	17.9 At that time, how long did it take you to go to your natal home? LESS TH.	HOURS AN 1= 1 MH9
17.2c How old were you when you first started having your periods? AGE IN YEA		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 No relation= 0 by blood? Uncle= 2	
17.2d Was this Before your (first) marriage but before	-		lot permitted= 9
After your (first) marriage and		17.11 Are any women from your natal family married into this family? If so, what is the relationship? Sister=	Other= 4 MH11
•	eparated=3 Divorced=4 MH3	17.12 Are any women from your natal family married into this village/town? Aunt= 2 None= 0	
17.4 How long had you known your husband before you married hi On wedding / gauna da Less than one	ay only?=1	If so, what is the relationship? Sister= 2 Aunt= 2	
More than one month but less than or More than or Since chil	•	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 Better off=2 Worse off=3 MH13
17.5a Who chose your husband? Respondent and parents / other relatives Parents or other relative	together=2 MH5a		UMBER MH14
ASK ONLY IF RESPONDENT ANSWERED 3 or 4 17.5b Did you have any say in choosing him?	No=0 Yes=1 MH5b	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

17. Marital History (continued) 17.15a How many brothers does your husband have? NUMBER 17.15b Thinking of all his brothers, what is the most number of years of education any of his YEARS brothers have completed? (5th class=5, BA/Bsc.=15) 17.16 Has your husband been married once or ONCE=1 more than once? MORE THAN ONCE=2 17.17a Have you been married once or more than once? ONCE=1 MORE THAN ONCE=2 MH17a 17.17b [IF MORE THAN ONCE] How many times have you been married? TIMES 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... FIRST MARRIAGE 17.18a How old were you when you got married for the first time? AGE IN YEARS 17.18b Which month and year was this? MH18b MONTH YEAR 17.19a And how old were you when you first started living with your husband (had gauna)? AGE IN YEARS 17.19b Which month and year was this? MONTH YEAR 17.20 What is the status of your Widowed=2 first marriage? Separated=3 MH20 Divorced=4

18. Fertility History

	o ask you about all the births DENT'S BIOLOGICAL CHILDREN AC		our life.				
18.1 How many sons live		SONS LIVING WITH R	FH1	18.7 Have you ever had a still birth, miscal pregnancy or abortion? [PROBE FOR SPONTANEOUS OR INDUCED AB			
18.2 How many daughte [IF NONE, WRITE 00]		TERS LIVING WITH R	FH2	IF YES: 18.7a Any children dead at birth?			1
18.3 How many sons are with you now? [IF N		SONS ELSEWHERE	FH3	How many? [IF NONE, WRITE 00]	#STILL BIRTHS		FH7a
18.4 How many daughte with you now? [IF N	rs are alive but do not live NONE, WRITE 00] DAUG	HTERS ELSEWHERE	FH4	18.7b How many miscarriages or wasted pregnancies?	#MISCARRIAGES		FH7b
18.5 Have you ever had a alive but later died?	?			18.7c How many of these were s [IF NONE, WRITE 00]	pontaneous? #SPONTANEOUS		FH7c
	ny other child, who cried or ign of life but only survived r days?			18.7d How many of these were in abortions or DNC? [IF NONE, WRITE 00]	nduced #ABORTIONS		FH7d
[IF YES]: 18.5a How ma l [IF NONE, \	ny boys have died? WRITE 00]	BOYS DEAD	FH5a	INTERVIEWER CHECKPOINT:		No=0	1
18.5b How ma ı (IF NONE, \	ny girls have died?	GIRLS DEAD	FH5b	RESPONDENT HAD ONE OR MORE L	IVE BIRTHS?	Yes=1	FHCHK
[331	······································		IF NO, SKIP TO SECTION 20., FERTIL	ITY PREFERENCES,	PAGE 28	
[INTERVIEWER: SUM AN [IF NONE, WRITE	•		_				
18.6 Just to make sure I [TOTAL] children du Is this correct? [IF NO, CORRECT 18.1 To		d TOTAL	FH6				

STATE:		DISTRICT:		PSU:		HOUSEHOLD:		
	ī	_	i i		ī		 ,	

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	9.5		19.6	19	9.7
Is				IF BI	RTH DA	ATE IS I	NOT	Where is	IF DEAD	
[NAME]	What v	was the moi	nth		KNO	WN:		[NAME] now?	How old w	as [NAME]
a Boy =1	and	l year when		Ab	out ho	w old (is/	With R=1		ne / she)
or Girl? =2	[NAM]	E] was borr	n?	wo	ould ha	ve beer	1)?	Elsewhere=2	die	ed?
	MONTH	H YEA	AR	YEA	ARS	MON	ITHS	Dead=3	YEARS	MONTHS
BH3a			BH4a				BH5a	BH6a		
BH3b			BH4b				BH5b	BH6b		
		-								
BH3c		<u> </u>	BH4c				BH5c	BH6c		
BH3d			BH4d				BH5d	BH6d		
BH3e			BH4e				BH5e	BH6e		
BH3f			BH4f				BH5f	BH6f		
BH3g			BH4g				BH5g	BH6g		<u> </u>
BH3h			BH4h				BH5h	BH6h		
BH3i			BH4i				BH5i	BH6i		<u> </u>
ВНЗј			BH4j				BH5j	BH6j		
										[
BH3k			BH4k	_			BH5k	BH6k		
BH3I			BH4I				BH5I	BH6I		
BH3m			BH4m				BH5m	BH6m		
BH3n			BH4n				BH5n	BH6n		
		!				1				!
		i 1								
BH3o			BH4o				BH5o	BH6o		

20. Fertility Preferences 20.1 Are you pregnant now? 20.4a Now, I would like to ask you about the number of No=0 Go to 20.3a children your husband wants to have (aside Yes= No=0 20.5 Unsure=8 from the child you are now carrying). Does Yes=1 20.4b your husband want to have more children? Unsure=8 20.5 20.2a Are you and your husband currently using any No=0 methods to delay or prevent pregnancy? Yes=1 IF YES: 20.4b How many more children does your 20.2b [If using contraception] husband want? kids Which method are you using? [IF MORE THAN ONE, NOTE TWO MAIN METHODS] 20.4c When would your husband want your 1st Method Within 2 years=1 child to be born- within two years, Oral pill=01 Male sterilization=07 After 2 years=2 Copper T / IUD=02 Periodic abstinence=08 after 2 years, or does he Up to God=3 Diaphragm/Jelly=03 Withdrawal=09 not have a preference? Injectible Contraception=04 Other=10 2nd Method Condom=05 Method used 20.5 If you could go back to the time you did not have any children and could choose the number of children to Female sterilization=06 But no answer=98 have in your life, how many would that be? Refused=99 TOTAL How many sons? SONS 20.3a Do you want to have any more children (in addition 98=No sex pref to the child you are now carrying)? 20.4a No=0 No, sterilized (or husband)=1 \Rightarrow 20.5 b How many daughters? **DAUGHTERS** Not fertile anymore=2 20.5 98=No sex pref Yes=3 20.3b 20.4a Unsure=8 IF YES: 20.3b How many more children do you want to have (in addition to the child you are now carrying)? KIDS 20.3c When would you want your next Within 2 years=1 child to be born - within two years, After 2 years=2 after 2 years, or do you INTERVIEWER CODE OTHERS PRESENT: Up to God / no preference=3 Nobody else= not have a preference? Adults only=2 FPWHO Children only=3 Adults and Children=4

21.	Natal Care: Last Birth					LAST BIF	RTH
	Interviewer should check and ente	er number of births since 2000					
	Check Question 19.4, page 27. If no births, s	Number of births sinc	None=0 LB0	21.4 When you were pregnant with [NAME], did any public health worker visit you at for an antenatal check up?	home	No=0 Yes=1	LB4
21.1	From the Fertility History, Section and survival status of the last two If there are more than 2 births, rec LAST BIRTH Name from 19.1:	births since January 2000 in the	table below.	21.5 How many months pregnant were you whyou first received an antenatal check-up? 21.6 How many times did you receive antenata	al	MONTHS	LB5
		SURVIVAL from 19.6:	Alive = 1 Dead = 0	check-ups during this pregnancy? 21.7 Did you have the following performed at any of your antenatal check-ups for this	_		LB6
21.2	NEXT TO LAST BIRTH Name from:	BIRTH ID from	19.2 LB2a	RECORD ALL Weight check No=0	Abdomen Exam	No=0	ך
		SURVIVAL from 19.6:	Alive = 1	Yes=1 LB7a Blood Pressure No=0	Internal Exam	Yes=1 No=0	LB7e
As	k about these two births. Begin with	n the last birth.	Dead = 0 LB2b	Yes=1 LB7b Blood Test No=0	Sonogram/Ultrasound	Yes=1 No=0	LB7f
	Now, I would like to ask about the since January 2000. We will talk First, I would like to know about	cabout one child at a time.		Yes=1 LB7c Urine Test No=0 Yes=1 LB7d	Amniocentesis	Yes=1 No=0 Yes=1	LB7g
21.3a	When you were pregnant with [I an antenatal checkup?	NAME] did you have	LAST BIRTH No=0 Yes=1 LB3a	21.8 If you had a sonogram or amniocen come to know whether the child wa		No=0 Yes=1	LB8
	21.3b Did you get your checkups	s at a	No=0	21.9 When you were pregnant with [NAME],	Night Blindness?	No=0	7
		Govt. hospital or clinic?	Yes=1 LB3b No=0	did you experience any of the following problems?	Blurred Vision?	Yes=1 No=0	LB9a
	RECORD ALL	Private hospital or clinic?	Yes=1 LB3c No=0	RECORD ALL Conv	rulsions not from fever?	Yes=1 No=0	LB9b
		Govt. worker in private?	Yes=1 LB3d No=0		Excessive Fatigue?	Yes=1 No=0	LB9c
		Home?	Yes=1 LB3e		Anaemia?	Yes=1 No=0	LB9d
	21.3f Whom did you see? Did y	ou see	No=0			Yes=1	LB9e
	RECORD ALL	A Doctor?	Yes=1 LB3f No=0		Vaginal Bleeding?	No=0 Yes=1	LB9f
		A Nurse/ANM?	Yes=1 LB3g	21.10 When you were pregnant with [NAME]			_ `
		A Traditional Midwife/Dai?	No=0 Yes=1 LB3h	did you receive any iron folic tablets or syrup?	Did not red Yes, less than three	eive any = 0 e months = 1	LB10
			No=0	Did you receive enough iron folic	Yes, more than three	e months = 2	_
		Other?	Yes=1 LB3i	tablets to last you three months or more?	?	on't know=8	

21. Natal Care: Last Birth (continue	d)				
					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?	Did not	LAST BIRTH NUMBER LB12 receive any=0	21.18 Now, I would like to ask you a 2-month period <i>after</i> the deliv [NAME]. During that period, d or other health professinal ch or the health of your baby?	very of Yes, only id a doctor Yes, only my ba	lo check up=0 ly my health=1 aby's health=2 our healths =3
21.13 Where were you staying just prior to the delivery of [NAME]?		Your home =1 Natal home =2 Other = 3	IF ANY POSTNATAL CHECKUP: 21.18a How soon after the birth	IF NO CHECKUP SK	IP TO Q21.19
21.14 When [NAME] was born, at what kind of place, did you deliver her/him?	Government hospital Private nursi	or clinic? = 1 ing home? =2 Home? = 3 Other = 4	did you first get a check		DAYS LB18a
21.15 Who assisted with the delivery of [NAME]' Was [NAME]'s delivery assisted by:	A Doctor?	No=0 Yes=1 No=0	21.19 At any time during the two months after the delivery of NAME, did you have any of the following?	Excessive Vaginal Bleeding? Very high fever?	No=0 Yes=1 No=0 Yes=1 LB19a
RECORD ALL ATr	A Nurse/ANM? aditional Midwife/Dai? A Friend/Relative? Other?	Yes=1 LB15b No=0 Yes=1 LB15c No=0 Yes=1 LB15d No=0 Yes=1 LB15d			
21.16 When [NAME] was born, was he/she large, average, small or very small?	Large= 1 Average= 2	Small= 3 Very small= 4			
21.17 What kind of delivery was this? Was it		Forceps? = 2 Cesarean? = 3 LB17			

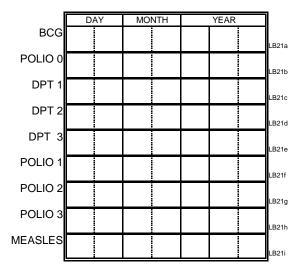
21. Natal Care: Last Birth (continued)

1.20	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:

LA	ST BIRTH
No=0	
Yes, not seen= 1	LB2
Yes, seen= 2	

21.21 COPY DATES FROM IMMUNIZATION CARDS TO TABLES BELOW:



21.22 Has [NAME] received any vaccinations that are not recorded on this card?

No=0 Yes=1 LB2

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 21.21 THEN SKIP TO QUESTION 21.28

IF NO, SKIP TO QUESTION 21.28

IF NO CARD, OR CARD IS NOT SEEN, ASK	LAST BIRTH
21.23 Did [NAME] receive any vaccinations	No=0
to prevent him/her from getting diseases?	Yes=1 LB23
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	No=0
shoulder that left a scar?	Yes=1 LB24
Silouider that left a scar?	103-1 EB24
21.25 A DPT vaccination against diptheria	
whooping cough, tetanus,	
given as an injection?	<u> </u>
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
ii 120. How many times i	- <u> </u>
21.26b When was the first polio vaccii	ne
given	Within a week of birth? =1
g •	or Later? =2 LB26b
	0
21.27 An injection against measles?	No=0
21.27 All injection against measies.	Yes=1 LB27
ASK OF ALL RESPONDENTS, WHETHER	. 55 .
•	CARD OR NOT.
21.28 Where did [NAME] receive most of	
his/her vaccinations?	
	ital, clinic or health centre?=1
Vaccination cam	p or pulse polio campaign?=2 LB28
	Private medical clinic?=3
Nurse or he	alth 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]	<u> </u>
receive the last dose of vitamin A?	MONTHS AGO LB29
receive the last dose of Vitaliiii A (IVIOINTI IO AGO

21. Natal Care: Last Birth (continued)				
LAST BIRT 21.30 Did you ever breastfeed [NAME]? Go to next section ← No=0 Yes=1	TH 21.36	Has [NAME] received any of these benefits from the Anganwadi Center (ICDS)?		How Often?
21.31 How long after birth did you first put [NAME] to the breast? HOURS	LB31	a. Immunization	No=0 Yes=1 LB36a	Never=0 Daily=1 At least 1/week=2
LESS THAN 1 HOUR = 00 HOURS FOUR DAYS OR MORE=96 HOURS		b. Health Check-up	No=0 Yes=1 LB36b	At least 1/month=4 At least 1/quarter=5
21.32 Did you squeeze out the milk		c. Food / Meals	No=0 Yes=1 LB36c	At least 1/year=6 Never=0
from the breast before you No=0	LB32	d. Growth monitoring (weighing the child)	No=0 Yes=1 LB36d	Daily=1 At least 1/week=2 At least 1/fortnight=3
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]?	LB33	e. Early childhood/ pre-school education	No=0 Yes=1 LB36e	At least 1/month=4 At least 1/quarter=5 At least 1/year=6
ENTER 99 with solid foods?	LB34a 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			

LB36a1

LB36b1

LB36c1

LB36d1

LB36e1

22.	Natal Care: Next to Last Birth	-	<u>-</u>			EXT TO	
					LAS	ST BIR	ΤН
	Next, I would like to know about your next to last birth, [NAM	E].	22.5 How many times did you receive antenata				i
22.1	NEXT TO LAST BIRTH		check-ups during this pregnancy?	CHECK	UPS		NL5
22.1	Name from 19.1: BIRTH ID from	n 19.2	22.6 Did you have the following		No=0		ł
		NL1a	performed at least once during any of your antenatal	Weight check	Yes=1 No=0		NL6a
	SURVIVAL from 19.6:	Alive = 1	check-ups for this pregnancy?	Blood Pressure	Yes=1		NL6b
		Dead = 0 NL1b			No=0		i
				Blood Test	Yes=1		NL6c
		NEXT TO	RECORD ALL	Urine Test	No=0 Yes=1		NL6d
		LAST BIRTH	RESOND NEE	Office rest	No=0		INLOG
22.2a	When you were pregnant with [NAME] did you have	No=0		Abdomen Exam	Yes=1		NL6e
	an antenatal checkup?	Yes=1 NL2a			No=0		i
	IF YES:			Internal Exam	Yes=1		NL6f
	22.2b Did you get the check-up at a	No=0 Yes=1 NL2b		Canagram/Hitracaund	No=0 Yes=1		
	Govt. hospital or clinic?	Yes=1 NL2b		Sonogram/Ultrasound	No=0		NL6g
	Private hospital or clinic?	Yes=1 NL2c		Amniocentesis	Yes=1		NL6h
		No=0					
	Home?	Yes=1 NL2d	22.7 If you had a sonogram or amniocentesis,		No=0		i
		No=0	come to know whether the child was a gi	'l or boy?	Yes=1		NL7
	Other?	Yes=1 NL2e	oo o Milaan waxayaya maagaanaa wish INIAMET		., "Г		1
	22.2f Whom did you see? Did you see	No=0	22.8 When you were pregnant with [NAME], did you experience any	Night Blindness?	No=0 Yes=1		NL8a
	A Doctor?	Yes=1 NL2f	of the following problems?	Hight Dilliuness:	No=0		INLOA
	RECORD ALL	No=0	3 p · · · ·	Blurred Vision?	Yes=1		NL8b
	A Nurse/ANM?	Yes=1 NL2g	RECORD ALL		No=0		i
		No=0	Conv	ulsions not from fever?	Yes=1		NL8c
	A Traditional Midwife/Dai?	Yes=1 NL2h		Evennius Entique?	No=0 Yes=1		
	Other?	Yes=1 NL2i		Excessive Fatigue?	No=0		NL8d
	Guidi.	NEZI		Anaemia?	Yes=1		NL8e
22.3	When you were pregnant with [NAME],	No=0			No=0		i
	did any public health worker visit you at home	Yes=1 NL3		Vaginal Bleeding?	Yes=1		NL8f
	for an antenatal check up?		22.9 When you were pregnant with [NAME]				,
00.4	How many months prognant ware you when	MONTHS	did you receive any iron folic		eive any = 0		
22.4	How many months pregnant were you when you first received an antenatal check-up?	MONTHSNL4	tablets or syrup? Did you receive enough iron folic	less than three more than three	-		NL9
	you mat received an antenatal check-up:		tablets to last you three months or more?		on't know=8		
			,	_			

22.	Natal Care: Next to Last Birth	(continued)					
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	NEXT TO LAST BIRTH receive any=0 NUMBER NL	22.18	Now, I would like to ask you a 2-month period <i>after</i> the deliv During that period, did a docthealth professinal check your or the health of your baby?	very of [NAME]. Yes, only my bar or other	NEXT TO LAST BIRTH lo check up=0 y my health=1 aby's health=2 bur health's =3
22.13	Where were you staying just prior to the delivery of [NAME]?		Your home =1 Natal home =2 Other = 3	3	IF ANY POSTNATAL CHECKUP:	IF NO CHECKUP SK	IP TO Q22.19
22.14	When [NAME] was born, at what kind of place, did you deliver her/him?	Government hospital Private nursi	or clinic? = 1 ing home? =2 Home? = 3 Other = 4	4	22.18a How soon after the birth did you first get a check		DAYS NL18a
22.15	Who assisted with the delivery of [NAME Was [NAME]'s delivery assisted by:	A Doctor? A Nurse/ANM? Fraditional Midwife/Dai? A Friend/Relative? Other?	No=0 Yes=1 No=0	5b 5c 5d	At any time during the two months after the delivery of NAME, did you have any of the following?	Excessive Vaginal Bleeding? Very high fever?	No=0 Yes=1 No=0 Yes=1 NL19a NL19b
22.16	When [NAME] was born, was he/she large, average, small or very small?	Large= 1 Average= 2	Small= 3 Very small= 4	6			
22.17	What kind of delivery was this?		delivery? = 1 Forceps? =2 NL: Cesarean? =3	7			

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

NEXT TO
LAST BIRTH

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

Yes, seen= 2

IF CARD IS SEEN:

22.21 COPY DATES FROM IMMUNIZATION CARDS TO TABLES BELOW:

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**

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
IF NO CARD, OR CARD IS NOT SEEN, ASK	LAST BIRTH
22.23 Did [NAME] receive any vaccinations	No=0
to prevent him/her from getting diseases?	Yes=1 NL23
	<u>——</u>
[IF YES:] Please tell me if [NAME] has receive any of the following vaccinations:	d
22.24 A BCG vaccination against	
tuberculosis, that is	
an injection on the left	No=0
shoulder that left a scar?	Yes=1 NL24
22.25 A DPT vaccination against diptheria whooping cough, tetanus, given as an injection? IF NO, WRITE 0	
IF YES: How many times?	TIMES NL25
IF YES: HOW IIIdily times?	THVIES
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
oo oo Milaan waa dha firat wali ayaasiya	_
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 Yes=1 NL27
ASK OF ALL RESPONDENTS, WHETHER C 22.28 Where did [NAME] receive most of his/her vaccinations?	ARD OR NOT:
Public hospita	al, clinic or health centre?=1
Vaccination camp	or pulse polio campaign?=2 NL28
	Private medical clinic?=3
Nurse or heal	th 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	womon'	c 0	uloctionr	aira)
ULL-7	women:	ร น	luesiloili	iaii e j

STATE. TOO. TOOSENSES.	STATE:		DISTRICT:		PSU:		HOUSEHOLD:	
------------------------	--------	--	-----------	--	------	--	------------	--

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

	NEXT TO LAST BIRTH
2.30 Did you ever breastfeed [NAME]?	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
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
2.34 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
2.35 When you were pregnant and lactating with [NAME did you receive benefits from the Anganwadi cente program) such as immunization, supplementary for	er (ICDS
	No=0 While pregnant=1
While pregr	While lactating=2 NL35 nant and lactating=3

of t	s [NAME] received any these benefits from the ganwadi Center (ICDS) ?			How often?	
,,	gaillian Como. (1020) 1	No=0		Never=0	
a.	Immunization	Yes=1	NL36a	Daily=1	NL36a
		-		At least 1/week=2	
		No=0		At least 1/fortnight=3	
b.	Health Check-up	Yes=1	NL36b	At least 1/month=4	NL36b1
	•			At least 1/quarter=5	
		No=0		At least 1/year=6	
C.	Food / Meals	Yes=1	NL36c		NL36c1
				Never=0	
d.	Growth monitoring	No=0		Daily=1	
	(weighing the child)	Yes=1	NL36d	At least 1/week=2	NL36d ²
				At least 1/fortnight=3	
		No=0		At least 1/month=4	
e.	Early childhood/	Yes=1	NL36e	At least 1/quarter=5	NL36e
	pre-school education			At least 1/year=6	

HDPI-2 (women's questionnai	re)	STATE:	DIST	RICT:	PSU: HOL	USEHOLD:	
23. Interviewer Observations- Hot TO BE FILLED IN BY INTERVIEWER:	using Quality	4		riewer Obse	rvation – Responde ITERVIEWER:	nt Behaviour	
23.1 HOUSE / BUILDING TYPE: Bunglow, no shared walls=1 House with shared walls=2 Flat=3	Chawl=4 Slum housing=5 Other=6	на1	convey	-	culty in the beginning e of this interview	No=0 Some difficulty=1 A lot of difficulty=2	OG1
				respondent ha tanding the que	ve any difficulty estions?	No=0 Some difficulty=1 A lot of difficulty=2	OG2
23.2 SURROUNDINGS OF THE HOUSE: 23.2a HUMAN AND ANIMAL EXCREMENT	No=0 Yes= 1	HQ2a		respondent lo	ok at you and clearly resp	Sometimes=1	OG3
23.2b STAGNANT WATER	No=0 Yes= 1	HQ2b	24.4 Was th	e respondent k	nowledgeable	Ususally=2 Very little knowledge=0	—
23.3 ANIMALS (NOT PETS) ARE KEPT: No anima				ealth and educ	ation expenditure	Somewhat=1 Very knowledgeable=2	OG4
Inside living are 23.4 PREDOMINANT WALL TYPE: Grass. Thatch=1	ea= 1 Outside=3 Gi Sheets, Other Metal=6	наз	24.5 Was th	e respondent c	onfident?	No=0 Sometimes=1	OG5
Mud, Unburnt Bricks=2 Plastic=3 Wood=4 Burn Bricks=5	Stone=7 Cement, Concrete=8 Other=9	HQ4				Ususally=2	
23.5 PREDOMINANT ROOF TYPE:	0						
Grass, Thatch, Mud, Wood=1 Tile=2 Slate=3	Cement =6 Brick=7 Stone=8	HQ5					
Plastic=4 Gi Metal, Asbestos=5	Concrete=9 Other=10		24.6		Interview End Time:	AM=1 PM=2	
23.6 PREDOMINANT FLOOR TYPE:		, 1	_				
Mud=1 Vood. Bamboo=2	Cement=5 Tiles, Mosaic=6	HQ6	24.7 C	ompletion Status	3	Complete =1 Incomplete=2	OG7

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

Brick=3

Stone=5

Other=7

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				APD
	Day	Month	Year	

25.1						25.2		25	5.3		25	5.4			25	.5	
ID from		N	lame		ı	Heigh	t	Tal		Weight first time			Weight second time			,	
HH roster								Lyir O	ıg=1 R								
					In ce	entime	eters	Stand	ling=2	KGS		GRAI	иs	KGS		GRAN	MS
AP1a	1						AP2a		AP3a				AP4a				AP5a
AP1t							AP2b		AP3b				AP4b				AP5b
AP1							AP2c		AP3c				AP4c				AP5c
AP1c	1						AP2d		AP3d				AP4d				AP5d
AP1e)				 		AP2e		AP3e				AP4e				AP5e
AP1	f				 		AP2f		AP3f				AP4f				AP5f
AP1)						AP2g		AP3g				AP4g				AP5g
AP1i	1				 		AP2h		AP3h				AP4h				AP5h
AP1	i						AP2i		AP3i				AP4i				AP5i
AP1	j						AP2j		AP3j				AP4j				AP5j
AP1I	(AP2k		AP3k				AP4k				AP5k
AP1							AP2I		AP3I				AP4I				AP5I
AP1n	1						AP2m		AP3m				AP4m				AP5m
AP1r							AP2n		AP3n				AP4n				AP5n
AP10							AP2o		AP3o				AP4o				AP5o

	\sim)
HDPI-2 (women's questionnai	- 1

STATE: DISTRICT: PSU: HOUSEHOLD:	
----------------------------------	--

26. Learning

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

ADMINISTER TO ALL	CHILDREIN BETWEEN I	TIL AGES OF	O AND IT ILA	INS OLD.
26.1 NAME OF CHILD			TA	A1c
26.2 ID Code of child			ID TA	\2c
26.3 Have you ever attende	ed school?		No=0 urrently=1 TA	13c
26.4 Upto which class/star	ndard have you complet	ed?	TA	A4c
26.5 Do (did) you enjoy sc	hool?		No=0 Yes=1	A5c
26.6 Does (did) the teache	Somewhat	Nicely?=1 nicely?=2 nicely?=3	A6c	
Skills	Langua	ge	L	evel
26.7 Reading	Hindi=1 Assamese=2 Bangla=3 Gujarathi=4	TA7langc	Can not read=0 Letter=1 Word=2 Paragarph=3 Story=4	TA7levelc
26.8 Math	Marathi=5 Oriya=6 Kannad=7 Malyalam=8 Tamil=9	TA8langc	Can not=0 Number=1 Subtraction=2 Division=3	TA8levelc
26.9 Writing	Telegu=10 English=11 Punjabi=12	Nanga 2.0	Can not=0 Writes with	TAglavalo

26.10	Please write your answer in full sentences.

	,		
HDPI-2 ((women's	questionr	naire)

STATE: DISTRICT: PSU: HOUSEHOLD:	
----------------------------------	--

26. Learning (2nd Child)

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

ADMINISTER TO ALL	CHILDREN BETWEE	IN THE AGES O	F & AND II TEAR	S OLD:
26.11 NAME OF CHILD			TA1d	
26.12 ID Code of child			ID TA2d	
26.13 Have you ever attende	ed school?		No=0 currently=1 TA3d the past=2	
26.14 Upto which class/star	ndard have you com	pleted?	TA4d	
26.15 Do (did) you enjoy scl	nool?		No=0 Yes=1	
26.16 Does (did) the teacher	r treat you	Somewhat	Nicely?=1 nicely?=2 nicely?=3	
Skills	l ar	nguage	Lev	/el
	Edi	igaago	Can not read=0	.01
26.17 Reading	Hindi=1		Letter=1	
	Assamese=2		Word=2	_
	Bangla=3 Gujarathi=4	TA7langd	Paragarph=3 Story=4	TA7lvld
	Marathi=5		Otory=4	TATIVIO
26.18 Math	Oriya=6		Can not=0	
	Kannad=7		Number=1	TA7lvld
	Malyalam=8	TA7langd	Subtraction=2	
	Tamil=9 Telegu=10		Division=3	
26.19 Writing	English=11		Can not=0	
- · · · · · · · · · · · · · · · · · · ·	Punjabi=12		Writes with	TA7lvld
	Urdu=13	TA7langd 2.0	r less mistakes=1	-

26.20	Please write your answer in full sentences.			