India Human Development Survey (IHDS), 2005

Sonalde Desai
University of Maryland

Reeve Vanneman
University of Maryland

National Council of Applied Economic Research, New Delhi

Education and Health Questionnaire
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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.
HUMAN DEVELOPMENT PROFILE OF INDIA – II
2004-05

NATIONAL COUNCIL OF APPLIED ECONOMIC RESEARCH
&
UMCP

EDUCATION AND HEALTH QUESTIONNAIRE

1 STUDY CODE 022

2 Deck Number 2

3 Interviewer ID

4 Interviewer Name

5 Interviewer Signature

6 Supervisor ID

7 Supervisor Name

8 Supervisor Signature

9 Is this a RE-INTERVIEW household?

10 Interview Completion Status Complete = 1 Incomplete = 2

11 Anthropometry Completion Status Not Done = 1 Partially Done = 2 Fully Done = 3 Not Applicable = 4

12 Learning Completion Status Not done = 1 Partially Done = 2 Fully Done = 3 Not Applicable = 4

13 Whether Additional Learning Sheet Attached

14 Data Entry ID

15 Data Entry Name

16 Data Entry Signature
CONSENT STATEMENT

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

   Interviewers
   Initials

   □ CD1

2. First Interview Date

   Day   Month   Year

   □ CD2

3. Interview Start Time

   AM=1    PM=2

   □ CD3

   □ CD3b
## Household Identification

| 1.1 Stratum No.  
(Editor) | 1.11 Name of Head of household |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2 Listing Sheet No.</td>
<td>1.12 Language of Interview</td>
</tr>
</tbody>
</table>
| 1.3 Name and code of state 
or Union Territory | Hindi=1 Kannad=7 |
| 1.4 Name of district | Assamese=2 Malyalam=8 |
| 1.5 Name of tehsil/taluka | Bangla=3 Tamil=9 |
| 1.6 Name of village/town | Gujarathi=4 Telegu=10 |
| 1.7 Name of post office | Marathi=5 English=11 |
| 1.8 Name of Mohalla | Oriya=6 |
| 1.9 Rural/Urban/Slum | |
| 1.10 1993-1994 Household ID | |
### 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?

<table>
<thead>
<tr>
<th>ID CODE</th>
<th>FROM HOUSE</th>
<th>ROSTER</th>
<th>What type of school or college is NAME currently enrolled in?</th>
<th>How far is the school /college from home?</th>
<th>What standard is [NAME] studying in?</th>
<th>What is the medium of instruction in this school?</th>
<th>From which standard is English taught in this school?</th>
<th>In general, over the last month how many hours does [NAME] spend per week in school?</th>
<th>...school?</th>
<th>...doing homework?</th>
<th>...In private tutions?</th>
<th>How many days was [NAME] absent from school in the last month?</th>
<th>Does [NAME] receive free grain or mid-day meal in school?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>CS2a</td>
<td>&lt; 1 Km=1 KILOMETERS</td>
<td>CS6a</td>
<td>CS10a</td>
<td>CS14a</td>
<td>CS18a</td>
<td>CS22a</td>
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<td>CS22b</td>
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<td>CS26j</td>
<td>CS30j</td>
<td>CS34j</td>
<td>CS38j</td>
</tr>
</tbody>
</table>

**Type:**
- School:  
  - Government: 1  
  - Govt. Aided: 2  
  - Private: 3  
  - Convent: 4  
  - Madrassa: 5  
  - Other/Open (<1 yr) program: 6  
  - Technical: 7  
  - Vocational: 8  
  - Other: 9  
  - Postgraduate: 10  
  - Junior coll.: 11  
  - Technical or voc. Longer: 12

**Language:**
- Hindi: 1  
- State Lang.: 2  
- English: 3  
- Other: 4

**Meals:**
- Yes, Grain=1
- Yes, Dalia only=2
- Yes, Variety of Meals=3

Note:  
- CS2a = School
- CS2b = College
- CS2c = Government
- CS2d = Govt. Aided
- CS2e = Private
- CS2f = Convent
- CS2g = Madrassa
- CS2h = Other/Open (<1 yr) program
- CS2i = Technical
- CS2j = Vocational
- CS2k = Other
- CS3a = EGS
- CS3b = Junior coll.
- CS3c = Postgraduate
- CS3d = Technical or voc. Longer
- CS3e = State Lang.
- CS3f = English
- CS3g = Other
- CS4a = Yes, Grain
- CS4b = Yes, Dalia only
- CS4c = Yes, Variety of Meals
- CS4d = No

Page 4 of 40
## Education: Current Students (continued)

<table>
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<th>2.18</th>
<th>2.19</th>
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<td>CS17j</td>
<td>CS18j</td>
<td>CS19j</td>
<td>CS20j</td>
</tr>
</tbody>
</table>

2.13 In last one year did [NAME] receive any of the following from the government?  
- free books?  
- free uniform?  
- school or college fees?  
- Money for scholarship?  

2.14 How much did you pay as school fees for [NAME] in last year?  
2.15 How much did you spend on [NAME]'s books, uniform and other materials last year?  
2.16 How much did you pay for private tuition last year?  
2.17 Money [in addition to govt. support]  
2.18 RUPEES  
2.19 RUPEES  
2.20 RUPEES
3. Children 8 to 11

3.1 ID CODE FROM ABOVE.

NAME

3.2 Has NAME ever been enrolled in school?

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

3.3 At what age did [NAME] start school?

YEARS

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

No=0
Yes=1

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

No=0
Yes=1

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

No=0
Yes=1

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

No=0
Yes=1

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

No=0
Yes=1

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

No=0
Yes=1

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

No=0
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

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

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

3.13 Does [Did] NAME enjoy school?

No=0
Yes=1

3.14 Did [NAME] ever repeat a grade?

IF YES, how many times?

No=0
Yes=1

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

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

No=0
Yes=1

Been physically beaten / pinched?

No=0
Yes=1

3.16 SCHOOL NAME:

3.17 IF NOT GOVERNMENT SCHOOL, ADDRESS OF SCHOOL:

EDITOR: ID CODE OF SCHOOL:

STATE   DISTRICT   PSU   SCHOOL
3. **Children 8 to 11 (Second child)**

3.18 ID CODE FROM ABOVE.

NAME ____________________________

3.19 Has NAME ever been enrolled in school?

No=0

Yes, in the past=1

Yes, currently=2

3.20 At what age did [NAME] start school?

YEARS

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

No=0

Yes=1

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

No=0

Yes=1

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

No=0

Yes=1

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

No=0

Yes=1

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

No=0

Yes=1

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

No=0

Yes=1

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

No=0

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

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

Below Average=0

Average=1

Better than Average=2

3.30 Does [Did] NAME enjoy school?

No=0

Yes=1

3.31 Did [NAME] ever repeat a grade?

IF YES, how many times?

NUMBER OF REPEATS

ASK ONLY, THE CURRENTLY ENROLLED CHILDREN

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

3.33 SCHOOL NAME:

3.34 IF NOT GOVERNMENT SCHOOL, ADDRESS OF SCHOOL:

EDITOR: ID CODE OF SCHOOL:
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

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

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

4.4 At the time of the marriage, how much money is usually spent by the girl's family?

BETWEEN RUPEES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[IF CASH] How much?

4.5 s
RUPEES

4.5u
### 5. Water

#### 5.1 What is the main source of water for drinking?

<table>
<thead>
<tr>
<th>Source</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piped</td>
<td>01</td>
</tr>
<tr>
<td>Covered well</td>
<td>02</td>
</tr>
<tr>
<td>Rainwater</td>
<td>03</td>
</tr>
<tr>
<td>Hand pump</td>
<td>04</td>
</tr>
<tr>
<td>Pond</td>
<td>05</td>
</tr>
<tr>
<td>Other</td>
<td>06</td>
</tr>
<tr>
<td>Dug, open well</td>
<td>07</td>
</tr>
<tr>
<td>Tanker truck</td>
<td>08</td>
</tr>
<tr>
<td>River, canal, stream</td>
<td>09</td>
</tr>
<tr>
<td>Bottled</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
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</tbody>
</table>

#### 5.2 Is this inside the house or compound?

<table>
<thead>
<tr>
<th>Location</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, outside</td>
<td>0</td>
</tr>
<tr>
<td>Yes, inside</td>
<td>1</td>
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</tbody>
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#### 5.3 IF PIPED WATER. How many hours per day do you normally get water?

<table>
<thead>
<tr>
<th>Hours</th>
<th>Code</th>
</tr>
</thead>
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<tr>
<td>Less than 1 hr</td>
<td>0</td>
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<tr>
<td>1 to 2 hrs</td>
<td>1</td>
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<tr>
<td>3 to 4 hrs</td>
<td>2</td>
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<tr>
<td>5 to 6 hrs</td>
<td>3</td>
</tr>
<tr>
<td>7 to 8 hrs</td>
<td>4</td>
</tr>
<tr>
<td>9 to 10 hrs</td>
<td>5</td>
</tr>
<tr>
<td>11 to 12 hrs</td>
<td>6</td>
</tr>
<tr>
<td>More than 12 hrs</td>
<td>7</td>
</tr>
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</table>

#### 5.4 Is the main water source the same in summer?

<table>
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<th>Same</th>
<th>Code</th>
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</tr>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
</tbody>
</table>

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

<table>
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<th>Source</th>
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<tbody>
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<td>02</td>
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<tr>
<td>Rainwater</td>
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<tr>
<td>Hand pump</td>
<td>04</td>
</tr>
<tr>
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<td>05</td>
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<td>Other</td>
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<tr>
<td>Dug, open well</td>
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<td>Other</td>
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#### 5.6 Is this inside the house or compound?

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<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, outside</td>
<td>0</td>
</tr>
<tr>
<td>Yes, inside</td>
<td>1</td>
</tr>
</tbody>
</table>

#### 5.7 Is the availability of drinking water normally adequate?

<table>
<thead>
<tr>
<th>Adequate</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Adequate</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
</tbody>
</table>

#### 5.9 In the current season, how much total time daily do adult women spend in fetching and collecting water, including waiting in line?

<table>
<thead>
<tr>
<th>Hours</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td>Rarely</td>
<td>1</td>
</tr>
<tr>
<td>Usually</td>
<td>2</td>
</tr>
<tr>
<td>Always</td>
<td>3</td>
</tr>
</tbody>
</table>

#### 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?

<table>
<thead>
<tr>
<th>Method</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td>Rarely</td>
<td>1</td>
</tr>
<tr>
<td>Usually</td>
<td>2</td>
</tr>
<tr>
<td>Always</td>
<td>3</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Vessel Existence</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No vessel</td>
<td>0</td>
</tr>
<tr>
<td>Vessel has a lid</td>
<td>1</td>
</tr>
<tr>
<td>Vessel does not have a lid</td>
<td>2</td>
</tr>
</tbody>
</table>

#### 5.11a Does the vessel have a lid or cover?

<table>
<thead>
<tr>
<th>Lid or Cover</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
</tbody>
</table>

#### 5.11b How do you pour drinking water?

<table>
<thead>
<tr>
<th>Method</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poured from vessel</td>
<td>1</td>
</tr>
<tr>
<td>With a long ladle</td>
<td>2</td>
</tr>
<tr>
<td>With a cup or other utensil</td>
<td>3</td>
</tr>
<tr>
<td>Tap in the vessel</td>
<td>4</td>
</tr>
</tbody>
</table>
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

6.2 Where is the cooking, generally done for this household?
Cooking is outdoors=1
Separate kitchen=2
Cooking in living area=3

IF COOKING INDOORS:
6.2a Is there a window or vent in the cooking area?
No= 0
Yes= 1

6.3 Do you employ any household help or servant?
No= 0
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
Ventilated Improved Pit Latrine = 2
Flush Toilet = 3
Or any other facility?

6.5 IF NO OWN TOILET / LATRINE:
Does the household have access to a public or shared toilet?
None=0
Shared toilet in building/chawal= 1
Shared toilet outside building = 2
Public/Govt. toilet= 3

6.6 Do you wash your hands after defecating?
No= 0
Yes= 1

6.6a IF YES: What do you use to wash your hands?
Water alone=1
Mud, ash, etc.=2
Soap=3

7. Fuel and Energy Use

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

7.1b How do you pay for the electricity you use?
No Bill/legal=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
Other means=5

7.1c How much did you pay for it last month?
Rs.

7.2 How many meals, including breakfast is taken per day in your family?
MEALS A DAY

7.3 Approximately how many hours is the stove burning in your household, including cooking heating water, making tea, etc.?
HOURS

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 (continued)

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

Does your household use... Where do you get most of... IF PURCHASED – How much did you pay for what you used last month in...

<table>
<thead>
<tr>
<th>7.5 Firewood?</th>
<th>7.6 Dung?</th>
<th>7.7 Crop residue?</th>
<th>7.8 Kerosene?</th>
<th>7.9 LPG?</th>
<th>7.10 Coal or Charcoal?</th>
</tr>
</thead>
<tbody>
<tr>
<td>For what purpose is it mainly used?</td>
<td>For what purpose is it mainly used?</td>
<td>For what purpose is it mainly used?</td>
<td>For what purpose is it mainly used?</td>
<td>For what purpose is it mainly used?</td>
<td>For what purpose is it mainly used?</td>
</tr>
<tr>
<td>Fuel not used = 0</td>
<td>Purchase = 1</td>
<td>Purchase = 1</td>
<td>Purchase = 1</td>
<td>Purchase = 1</td>
<td>Purchase = 1</td>
</tr>
<tr>
<td>Mainly cooking = 1</td>
<td>Collect from own land = 2</td>
<td>Collect from own land = 2</td>
<td>Collect from own land = 2</td>
<td>Collect from own land = 2</td>
<td>Collect from own land = 2</td>
</tr>
<tr>
<td>Mainly lighting = 2</td>
<td>Collect from village = 3</td>
<td>Collect from village = 3</td>
<td>Collect from village = 3</td>
<td>Collect from village = 3</td>
<td>Collect from village = 3</td>
</tr>
<tr>
<td>Mainly heating = 3</td>
<td>Both = 4</td>
<td>Both = 4</td>
<td>Both = 4</td>
<td>Both = 4</td>
<td>Both = 4</td>
</tr>
<tr>
<td>Rs.</td>
<td>Rs.</td>
<td>Rs.</td>
<td>Rs.</td>
<td>Rs.</td>
<td>Rs.</td>
</tr>
</tbody>
</table>

ASK ONLY THE HOUSEHOLDS THAT COLLECT FUEL

**7.11a** How many minutes does it typically take one way to the area where you collect fuel?

**7.11b** How much total time weekly do..... adult women older than 15 years of age spend collecting fuel?

**7.11c** adult men older than 15 years of age spend collecting fuel?

**7.11d** girls under 15 years of age spend collecting fuel?

**7.11e** boys under 15 years of age spend collecting fuel?
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?

<table>
<thead>
<tr>
<th>HOUSEHOLD NAME</th>
<th>8.1</th>
<th>8.2</th>
<th>8.3</th>
<th>8.4</th>
<th>8.5</th>
<th>8.6</th>
<th>8.7</th>
<th>8.8</th>
<th>8.9</th>
<th>8.10</th>
<th>8.11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Can you tell the names of all those that had any of these three illnesses?</td>
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<tr>
<td></td>
<td>Did NAME have a fever last month?</td>
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<tr>
<td></td>
<td>Did NAME have a cough last month?</td>
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<td>Did he/she breathe fast with short rapid breaths?</td>
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<td></td>
<td>Was there any blood in the stool with diarrhoea?</td>
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<tr>
<td></td>
<td>When he/she had diarrhoea was there any change in the amount of liquid he/she took?</td>
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<td></td>
<td>How long was NAME unable to do usual activities (incl. work, school, domestic work) in the last 30 days?</td>
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<tr>
<td></td>
<td>Can you tell the names of all those that had any of these three illnesses?</td>
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<td></td>
<td>Did the last week NAME was ill during the last episode?</td>
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<tr>
<td></td>
<td>How long was NAME unable to do usual activities (incl. work, school, domestic work) in the last 30 days?</td>
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<table>
<thead>
<tr>
<th>Days</th>
<th>No=0</th>
<th>Yes=1</th>
<th>No=0</th>
<th>Yes=1</th>
<th>No=0</th>
<th>Yes=1</th>
<th>No=0</th>
<th>Yes=1</th>
<th>No=0</th>
<th>Yes=1</th>
<th>No=0</th>
<th>Yes=1</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>SM1</td>
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<tr>
<td>1</td>
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<td>SM2</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>SM3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>SM4</td>
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<tr>
<td>4</td>
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<td></td>
<td></td>
<td>SM5</td>
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<tr>
<td>5</td>
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<td></td>
<td></td>
<td>SM6</td>
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<tr>
<td>6</td>
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<td></td>
<td></td>
<td>SM7</td>
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<td>7</td>
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<td>SM8</td>
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<td></td>
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<td>SM9</td>
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<tr>
<td>9</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>SM10</td>
<td></td>
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<tr>
<td>10</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SM11</td>
<td></td>
</tr>
</tbody>
</table>

Page 12 of 40
## 8. Short Term Morbidity Costs

<table>
<thead>
<tr>
<th>HOUSEHOLD ROSTER ID CODE</th>
<th>8.12</th>
<th>8.13</th>
<th>8.14</th>
<th>8.15</th>
<th>8.16</th>
<th>8.17</th>
<th>8.18</th>
<th>8.19</th>
</tr>
</thead>
<tbody>
<tr>
<td>From whom did [NAME] get advice or treatment?</td>
<td>8.12</td>
<td>From whom did [NAME] get advice or treatment?</td>
<td>8.13</td>
<td>What was the total cost of this treatment for out-patient as well as in-patient services?</td>
<td>8.14</td>
<td>8.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where was this?</td>
<td>8.16</td>
<td>For doctor, hospital surgery?</td>
<td>8.17</td>
<td>Were tests or medicine, included in the fees?</td>
<td>8.18</td>
<td>For medicine and tests and expenses, not included in the doctors' and hospital fees?</td>
<td>8.19</td>
<td></td>
</tr>
<tr>
<td>If Yes: How many days?</td>
<td>8.16</td>
<td></td>
<td>8.17</td>
<td></td>
<td>8.18</td>
<td>For tips, bus/train/taxi fare, or lodging while getting treatment?</td>
<td>8.19</td>
<td></td>
</tr>
<tr>
<td>If No: Enter 0</td>
<td>8.16</td>
<td></td>
<td>8.17</td>
<td></td>
<td>8.18</td>
<td></td>
<td>8.19</td>
<td></td>
</tr>
</tbody>
</table>

### HOUSEHOLD ROSTER ID CODE

- SM1a1
- SM1b1
- SM1c1
- SM1d1
- SM1e1
- SM1f1
- SM1g1
- SM1h1
- SM1i1
- SM1j1
- SM1k1
- SM1l1
- SM1m1
- SM1n1
- SM1o1
- SM1p1
- SM1q1
- SM1r1
- SM1s1
- SM1t1
- SM1u1
- SM1v1
- SM1w1
- SM1x1
- SM1y1
- SM1z1

### WHO WHERE

- WHO: Pub. Dr./Nurse=1
- WHO: Village/neighborhood=1
- WHO: Pub. Dr./Nu in priv.=2
- WHO: Another village/neighborhood=2
- WHO: Priv. Dr./Nurse=3
- WHO: Other town=3
- WHO: Pharmacy=4
- WHO: Dstrict town=4
- WHO: Other (traditional healer)=5

- WHERE: Pub. Dr./Nurse=1
- WHERE: Village/neighborhood=1
- WHERE: Pub. Dr./Nu in priv.=2
- WHERE: Another village/neighborhood=2
- WHERE: Priv. Dr./Nurse=3
- WHERE: Other town=3
- WHERE: Pharmacy=4
- WHERE: Dstrict town=4
- WHERE: Other (traditional healer)=5
## 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.

<table>
<thead>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>HOUSEHOLD ROSTER ID CODE</th>
<th>9.16</th>
<th>9.17</th>
</tr>
</thead>
<tbody>
<tr>
<td>MB1a</td>
<td>MB2a</td>
<td>MB3a</td>
</tr>
<tr>
<td>MB1b</td>
<td>MB2b</td>
<td>MB3b</td>
</tr>
<tr>
<td>MB1c</td>
<td>MB2c</td>
<td>MB3c</td>
</tr>
<tr>
<td>MB1d</td>
<td>MB2d</td>
<td>MB3d</td>
</tr>
<tr>
<td>MB1e</td>
<td>MB2e</td>
<td>MB3e</td>
</tr>
<tr>
<td>MB1f</td>
<td>MB2f</td>
<td>MB3f</td>
</tr>
</tbody>
</table>

In the last 12 months how many days was he/she not able to do normal activities due to this illness? Yes=1 No=0 Cured=2

In the last 12 months has he/she received any treatment or advice? Yes=1 No=0 IF Yes, Go To Q 9.18

DAYS

MB1a MB2a MB3a MB4a MB5a MB6a MB7a MB8a MB9a MB10a MB11a MB12a MB13a MB14a MB15a MB16a MB17a

MB1b MB2b MB3b MB4b MB5b MB6b MB7b MB8b MB9b MB10b MB11b MB12b MB13b MB14b MB15b MB16b MB17b

MB1c MB2c MB3c MB4c MB5c MB6c MB7c MB8c MB9c MB10c MB11c MB12c MB13c MB14c MB15c MB16c MB17c

MB1d MB2d MB3d MB4d MB5d MB6d MB7d MB8d MB9d MB10d MB11d MB12d MB13d MB14d MB15d MB16d MB17d

MB1e MB2e MB3e MB4e MB5e MB6e MB7e MB8e MB9e MB10e MB11e MB12e MB13e MB14e MB15e MB16e MB17e

MB1f MB2f MB3f MB4f MB5f MB6f MB7f MB8f MB9f MB10f MB11f MB12f MB13f MB14f MB15f MB16f MB17f

MB1g MB2g MB3g MB4g MB5g MB6g MB7g MB8g MB9g MB10g MB11g MB12g MB13g MB14g MB15g MB16g MB17g

Page 14 of 40
9. **Major Morbidity Costs**

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>From whom did [NAME] get advice or treatment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where was this?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Was she/he hospitalised?</td>
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<td></td>
</tr>
<tr>
<td>IF YES: How many days?</td>
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<tr>
<td>IF No, Enter 0</td>
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</tr>
<tr>
<td>1st source</td>
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<td>RUPEES</td>
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WHO: 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

Page 15 of 40
### 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**

<table>
<thead>
<tr>
<th>NAME</th>
<th>HOUSEHOLD ROSTER ID CODE</th>
<th>10.1 Walking 1 km</th>
<th>10.2 Going to the toilet without help</th>
<th>10.3 Dressing without help</th>
<th>10.4 Hearing normally conversation</th>
<th>10.5 Speaking Normally</th>
<th>10.6 Seeing distant things [with glasses, if any]</th>
<th>10.7 Seeing near obj., such as reading/ writing? [with glasses, if any]</th>
<th>10.8 Unable to Do it = 1</th>
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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

11.2 Where was it located?

Village/neighbourhood=1 Other town=3 District town=4

Another village/neighbourhood=2

11.3 Why did you go then?

Fever=1 Diarrhea=3 Other=4

Cough/cold=2

11.4 When did you go?

MONTH YEAR

11.5 Did you see a female or male provider?

Female= 1 Male= 2

Both=3

11.6 Do doctors and other health workers treat you ... Nicely?= 1 Somewhat nicely?= 2 Not nicely?= 3

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

MINUTES

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

Alone=1 With older women=4 With husband=2

With younger women=5 Other combination=7

With older men=3 With adolescent/younger men=6

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 …

NAME

HOUSEHOLD ID CODE

Never= 0
Sometimes=1
Daily=2

12.1 … smoke cigarettes?

12.2 … chew bidi, or hukkah?

12.3 … drink tobacco?

12.4 … drink alcohol?
Observations-1

Interviewer must fill this out only if Respondent is NOT AN ELIGIBLE WOMAN

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

b NAME OF PRIMARY RESPONDENT

12.6 Who else from the household answered some questions or offered advice?

12.7 Were there non-household members present at the interview at any time?

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

13.2 Your name?

13.3 ID Code of Respondent

13.4 Relationship to Head of Household

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<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
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<tbody>
<tr>
<td>Head</td>
<td>01</td>
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<tr>
<td>Wife</td>
<td>02</td>
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<tr>
<td>Son/Daughter</td>
<td>03</td>
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<tr>
<td>Brother/Sister</td>
<td>06</td>
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<tr>
<td>Grandchild</td>
<td>05</td>
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<tr>
<td>Nephew/Niece</td>
<td>09</td>
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<tr>
<td>Brother-In-Law</td>
<td>07</td>
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<tr>
<td>Father-In-Law</td>
<td>08</td>
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<tr>
<td>Other Relative</td>
<td>10</td>
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<tr>
<td>Son-In-Law</td>
<td>11</td>
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</tbody>
</table>

13.5 Age of Eligible Woman

13.6 Date of Birth

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

13.8 Number of Children

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

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Code</th>
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<tr>
<td>Very Good</td>
<td>1</td>
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<tr>
<td>Good</td>
<td>2</td>
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<td>OK</td>
<td>3</td>
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<td>Poor</td>
<td>4</td>
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<tr>
<td>Very Poor</td>
<td>5</td>
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</table>
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  
Yes=1  
DK=8

14.2 Do men become physically weak even months after sterilization?  
No=0  
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  
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  
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  
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  
Timing makes no difference=5  
DK/No opinion=8

15. HIV/AIDS

15.1 Have you ever heard of an illness called AIDS?  
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  
Yes=1  
DK=8

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

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

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

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

15.2 Do you know any one who has gotten AIDS?
16. Gender Relations

Please tell me who in your family decides the following things? DO NOT PROMPT

CODE ALL RESPONSES THAT ARE GIVEN AS *1* (OK to include relatives not in the household)

IF MORE THAN ONE RESPONSE, ASK: Who has the most say in the decision?

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>HUSBAND</th>
<th>SENIOR MALE</th>
<th>SENIOR FEMALE</th>
<th>OTHER</th>
<th>NOT APPLICABLE</th>
<th>NO ONE</th>
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**16.1 What to cook on a daily basis?**

No=0

Yes=1

**16.2 Whether to buy an expensive item such as a TV or fridge?**

No=0

Yes=1

**16.3 How many children you have?**

IF RESPONDENT HAS ANY CHILDREN:

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<th>RESPONDENT</th>
<th>HUSBAND</th>
<th>SENIOR MALE</th>
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**16.4 What to do if a child falls sick?**

No=0

Yes=1

**16.5 To whom your children should marry?**

No=0

Yes=1

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

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

**16.6 To the local health center?**

No=0

Yes=1

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<th>RESPONDENT</th>
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**16.7 The home of relatives or friends in the [ village / neighborhood ]?**

No=0

Yes=1

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<th>RESPONDENT</th>
<th>HUSBAND</th>
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**16.8 To the kirana shop?**

No=0

Yes=1

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<th>RESPONDENT</th>
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16. Gender Relations (continued)

16.9 Do you practice ghungat / purdah/ pallu?

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

16.11 Who does the food and vegetable shopping in your household?

CODE EACH SEPARATELY:

16.12 Who supervises the children's homework?

CODE EACH SEPARATELY:

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?

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

16.15a Does anybody in your family have a bank account?

16.15b IF YES: Is your name on any bank account?

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

16.17 Do you think girls should be educated as much as boys or does it make more sense to educate boys more?

Do you and your husband talk about ...

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

... about what to spend money on?

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

16.18c ... about things that happen in the community such as elections or politics?

16.19 How often do you visit your natal family?

16.20 Do any members of your natal family live close enough for you to visit them and come home in the same day?
16. Gender Relations (continued)

I would now like to ask you some questions about your community, NOT about your own family.

16.21 If she goes out without telling him?

16.22 If her natal family does not give expected money, jewelry or other items?

16.23 If she neglects the house or the children?

16.24 If she doesn't cook food properly?

16.25 If he suspects her of having relations with other men?

16.26 In your community, do widows get more help from their natal families [including brothers and uncles] or from their husbands' families?

16.27 Who do you expect to live with when you get old?

16.28 Would you consider living with your daughter when you get old?

16.29 Who do you expect will support you financially when you get older?

16.30 Would you consider being financially supported by your daughter?

16.31 How frequently are unmarried girls harassed in your village/neighborhood, rarely, sometimes or often?

INTERVIEWER CODE OTHERS PRESENT:
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?  
MONTH YEAR  
MH1b

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?  
MONTH YEAR  
MH2b

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

17.3 What is the status of your marriage?  
Still married=1  
Separated=3  
Widowed=2  
Divorced=4  
MH3

17.4 How long had you known your husband before you married him?  
On wedding / gauna day only?=1  
Less than one month?=2  
More than one month but less than one year?=3  
More than one year?=4  
Since childhood?=5  
MH4

17.5a Who chose your husband?  
Respondent herself=1  
Respondent and parents / other relatives together=2  
Parents or other relatives alone=3  
Other=4  
MH5a

ASK ONLY IF RESPONDENT ANSWERED 3 or 4
17.5b Did you have any say in choosing him?  
No=0  
Yes=1  
MH5b

17.6 Did you grow up in the same village/town as your husband?  
No=0  
Yes=1  
MH6

17.7 Is your husband’s family the same caste as your natal family?  
No=0  
Yes=1  
MH7

17.8 When you and your (first) husband usually started living together, did you...  
Live with his parents (family)?=1  
Live with your parents (family)?=2  
Live alone?=3  
MH8

17.9 At that time, how long did it take you to go to your natal home?  
HOURS  
LESS THAN 1= 1  
MH9

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?  
If so, what is the relationship?  
No relation= 0  
Cousin= 2  
Uncle= 1  
Other= 3  
Not permitted= 9  
MH10

17.11 Are any women from your natal family married into this family?  
If so, what is the relationship?  
None= 0  
Both= 3  
Sister= 1  
Other= 4  
Aunt= 2  
MH11

17.12 Are any women from your natal family married into this village/town?  
If so, what is the relationship?  
None= 0  
Both= 3  
Sister= 1  
Other= 4  
Aunt= 2  
MH12

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

17.14 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
17. Marital History (continued)

17.15a How many brothers does your husband have?  

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)

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

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

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

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?  

17.18b Which month and year was this?

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

17.19b Which month and year was this?

17.20 What is the status of your first marriage?
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  

18.2 **How many daughters live with you now?**
DAUGHTERS LIVING WITH R  

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

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

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?  

18.5a **How many boys have died?**
BOYS DEAD  

18.5b **How many girls have died?**
GIRLS DEAD  

INTERVIEWER CHECKPOINT:
RESPONDENT HAD ONE OR MORE LIVE BIRTHS?  

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]

18.7a **Any children dead at birth?**
How many?  

18.7b **How many miscarriages or wasted pregnancies?**
How many?  

18.7c **How many of these were spontaneous?**
How many?  

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

INTERVIEWER CHECKPOINT:
RESPONDENT HAD ONE OR MORE LIVE BIRTHS?  

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

[INTERVIEWER: SUM ANSWERS 18.1 TO 18.5b]  

[INTERVIEWER: SUM ANSWERS 18.7a TO 18.7d]  

[INTERVIEWER: SUM ANSWERS 18.6 TO 18.8]  

If no, skip to Section 20., FERTILITY PREFERENCES, PAGE 28
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.

<table>
<thead>
<tr>
<th>19.1</th>
<th>19.2</th>
<th>19.3</th>
<th>19.4</th>
<th>19.5</th>
<th>19.6</th>
<th>19.7</th>
</tr>
</thead>
<tbody>
<tr>
<td>What name was given to your (first / next) baby?</td>
<td>[NAME]</td>
<td>Is [NAME] a Boy =1 or Girl? =2</td>
<td>[NAME] was born?</td>
<td>What was the month and year when [NAME] was born?</td>
<td>If birth date is not known: About how old (is / would have been)?</td>
<td>Where is [NAME] now?</td>
</tr>
<tr>
<td>BIRTH ID</td>
<td>MONTH</td>
<td>YEAR</td>
<td>YEARS</td>
<td>MONTHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
</tr>
</tbody>
</table>
20. Fertility Preferences

20.1 Are you pregnant now?

No=0  Yes=1  Unsure=8

Go to 20.3a

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

No=0  Yes=1  Unsure=8

20.2b [If using contraception]

Which method are you using?

[IF MORE THAN ONE, NOTE TWO MAIN METHODS ]

1st Method

Male sterilization=07  Female sterilization=06

Periodic abstinence=08  Injectable Contraception=04

Withdrawal=09  Condom=05

Other=10  Female sterilization=06

Method used 1st Method

But no answer=98  Refused=99

FP2a

2nd Method

Oral pill=01  Male sterilization=07

Copper T / IUD=02  Female sterilization=06

Periodic abstinence=08  Other=10

Withdrawal=09  Male sterilization=07

Diaphragm/Jelly=03  Method used 1st Method

Withdrawal=09  But no answer=98

Refused=99

FP2b

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

No=0  Yes=3  Unsure=8

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

KIDS

IF YES:

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

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?

IF YES:

20.4b How many more children does your husband want?

kinds

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

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

a How many sons?

SONS

98=No sex pref.

b How many daughters?

DAUGHTERS

98=No sex pref.

INTERVIEWER CODE OTHERS PRESENT:

Nobody else=1  Adults only=2

Children only=3  Adults and Children=4

Page 28 of 40
21. Natal Care: Last Birth

Interviewer should check and enter number of births since 2000

Number of births since Jan. 2000

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

Alive = 1

SURVIVAL from 19.6

Dead = 0

21.2 NEXT TO LAST BIRTH

Name from:

BIRTH ID from 19.2

Alive = 1

SURVIVAL from 19.6

Dead = 0

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?

Yes=1

Private hospital or clinic?

Yes=1

Govt. worker in private?

Yes=1

Home?

Yes=1

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

A Doctor?

Yes=1

A Nurse/ANM?

Yes=1

A Traditional Midwife/Dai?

Yes=1

Other?

Yes=1

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

Yes=1

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

MONTHS

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

CHECKUPS

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

Yes=1

Blood Pressure

Yes=1

Blood Test

Yes=1

Urine Test

Yes=1

Abdomen Exam

Yes=1

Internal Exam

Yes=1

Sonogram/Ultrasound

Yes=1

Amniocentesis

Yes=1

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

Yes=1

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

RECORD ALL

Night Blindness?

Yes=1

Blurred Vision?

Yes=1

Convulsions not from fever?

Yes=1

Excessive Fatigue?

Yes=1

Anaemia?

Yes=1

Vaginal Bleeding?

Yes=1

21.10 When you were pregnant with [NAME] did you receive any iron folic tablets or syrup?

IF YES, Yes, less than three months = 1

Did you receive enough iron folic tablets to last you three months or more?

Yes, more than three months = 2

Don't know=8
21. Natal Care: Last Birth (continued)

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?

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

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

21.15 Who assisted with the delivery of [NAME]? Was [NAME]'s delivery assisted by:
   - A Doctor?
   - A Nurse/ANM?
   - A Traditional Midwife/Dai?
   - A Friend/Relative?
   - Other?

21.16 When [NAME] was born, was he/she large, average, small or very small?

21.17 What kind of delivery was this? Was it:
   - A normal delivery?
   - Forceps?
   - Cesarean?

21.18 Now, I would like to ask you about the 2-month period after the delivery of [NAME]. During that period, did a doctor or other health professional check your health or the health of your baby?
   - No check up=0
   - Yes, only my health=1
   - Yes, only my baby's health=2
   - Yes, both our healths=3

21.18a How soon after the birth of NAME did you first get a check up?

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?
21. Natal Care: Last Birth (continued)

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

- **Yes, not seen** = 1
- **Yes, seen** = 2

21.21 **COPY DATES FROM IMMUNIZATION CARDS TO TABLES BELOW:**

<table>
<thead>
<tr>
<th>DAY</th>
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<td><strong>POLIO 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MEASLES</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- **No** = 0
- **Yes** = 1

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

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

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

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

21.27 **An injection against measles?**

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

- **Public hospital, clinic or health centre?** = 1
- **Vaccination camp or pulse polio campaign?** = 2
- **Private medical clinic?** = 3
- **Nurse or health worker came 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?**

- **No** = 0
- **Yes** = 1

21.30 **How many months ago did [NAME] receive the last dose of vitamin A?**

- **MONTHS AGO** = 1

---

Page 31 of 40
21. Natal Care: Last Birth (continued)

21.30 Did you ever breastfeed [NAME]?

- Yes=1  \[LB30\]
- No=0

Go to next section --

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

- HOURS

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?

- Yes=1  \[LB32\]
- No=0

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

- Yes: WRITE '99'

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

- MONTHS

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

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

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

- How Often?

a. Immunization

- Yes=1  \[LB36a\]
- No=0

Never=0  \[LB36a1\]
At least 1/week=2  \[LB36a1\]
Daily=1  \[LB36a1\]

b. Health Check-up

- Yes=1  \[LB36b\]
- No=0

At least 1/fortnight=3  \[LB36b1\]
At least 1/month=4  \[LB36b1\]
At least 1/quarter=5  \[LB36b1\]
At least 1/year=6  \[LB36b1\]

c. Food / Meals

- Yes=1  \[LB36c\]
- No=0

At least 1/month=4  \[LB36c1\]
At least 1/quarter=5  \[LB36c1\]
At least 1/year=6  \[LB36c1\]

d. Growth monitoring (weighing the child)

- Yes=1  \[LB36d\]
- No=0

At least 1/week=2  \[LB36d1\]
At least 1/fortnight=3  \[LB36d1\]
At least 1/month=4  \[LB36d1\]
At least 1/quarter=5  \[LB36d1\]
At least 1/year=6  \[LB36d1\]

e. Early childhood/ pre-school education

- Yes=1  \[LB36e\]
- No=0

At least 1/quarter=5  \[LB36e1\]
At least 1/year=6  \[LB36e1\]
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:

SURVIVAL from 19.6:

- Alive = 1
- Dead = 0

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

IF YES:

- Yes = 1
- No = 0

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

- Govt. hospital or clinic?
  - Yes = 1
  - No = 0

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

- Home?
  - Yes = 1
  - No = 0

- Other?
  - Yes = 1
  - No = 0

### 22.2d Whom did you see? Did you see ...

RECORD ALL

- A Doctor?
  - Yes = 1
  - No = 0

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

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

- Other?
  - Yes = 1
  - No = 0

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

Yes = 1

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

MONTHS

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

CHECKUPS

### 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
  - Yes = 1
  - No = 0

- Blood Pressure
  - Yes = 1
  - No = 0

- Blood Test
  - Yes = 1
  - No = 0

- Urine Test
  - Yes = 1
  - No = 0

- Abdomen Exam
  - Yes = 1
  - No = 0

- Internal Exam
  - Yes = 1
  - No = 0

- Sonogram/Ultrasound
  - Yes = 1
  - No = 0

- Amniocentesis
  - Yes = 1
  - No = 0

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

Yes = 1

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

RECORD ALL

- Night Blindness?
  - Yes = 1
  - No = 0

- Blurred Vision?
  - Yes = 1
  - No = 0

- Convulsions not from fever?
  - Yes = 1
  - No = 0

- Excessive Fatigue?
  - Yes = 1
  - No = 0

- Anaemia?
  - Yes = 1
  - No = 0

- Vaginal Bleeding?
  - Yes = 1
  - No = 0

### 22.9 When you were pregnant with [NAME], did you receive any iron folic tablets or syrup?

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

- Did you receive enough iron folic tablets to last you three months or more?
22. Natal Care: Next to Last Birth (continued)

22.12 When you were pregnant with [NAME], were you given tetanus (tt injection)?
Did not receive any=0
How many times did you receive it during this pregnancy?

22.13 Where were you staying just prior to the delivery of [NAME]?
Your home =1
Natal home =2
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
Home? = 3
Other = 4

22.15 Who assisted with the delivery of [NAME]?
Were [NAME]'s delivery assisted by:
A Doctor? No=0
Yes=1
A Nurse/ANM? No=0
Yes=1
A Traditional Midwife/Dai? No=0
Yes=1
A Friend/Relative? No=0
Yes=1
Other? No=0
Yes=1

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

22.17 What kind of delivery was this?
A normal delivery? = 1
Forceps? = 2
Cesarean? = 3

Now, I would like to ask you about the 2-month period after the delivery of [NAME]. During that period, did a doctor or other health professional check your health or the health of your baby?

22.18 How many times did you receive it during this pregnancy?

22.18a How soon after the birth of [NAME] did you first get a check up?

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

22.19a How soon after the birth of NAME did you first get a check up?
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:

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<tr>
<td>MEASLES</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

IF NO CARD, OR CARD IS NOT SEEN, ASK

[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?

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

IF NO, WRITE 0
IF YES: How many times?

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

IF NO, WRITE 0 AND GO TO 22.27
IF YES: How many times?

22.26b When was the first polio vaccine given?

Within a week of birth? =1
Or Later? =2

22.27 An injection against measles?

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.30 Did you ever breastfeed [NAME]?</td>
<td>No=0, Yes=1</td>
</tr>
<tr>
<td>22.31 How long after birth did you first put [NAME] to the breast?</td>
<td>HOURS</td>
</tr>
<tr>
<td>22.32 Did you squeeze out the milk from the breast before you put [NAME] to the breast?</td>
<td>No=0, Yes=1</td>
</tr>
<tr>
<td>22.33 [IF CHILD IS STILL ALIVE:] Are you still breastfeeding [NAME]?</td>
<td>MONTHS</td>
</tr>
<tr>
<td>22.34 At what age did you start supplementing [NAME]'s diet?</td>
<td>MONTHS</td>
</tr>
<tr>
<td>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?</td>
<td>No=0, While pregnant=1, While lactating=2, While pregnant and lactating=3</td>
</tr>
<tr>
<td>Has [NAME] received any of these benefits from the Anganwadi Center (ICDS)?</td>
<td>How often?</td>
</tr>
<tr>
<td>a. Immunization</td>
<td>Never=0, Daily=1</td>
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<tr>
<td>b. Health Check-up</td>
<td>Never=0, Daily=1, At least 1/fortnight=3, At least 1/month=4, At least 1/quarter=5, At least 1/year=6</td>
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<tr>
<td>c. Food / Meals</td>
<td>Never=0, Daily=1</td>
</tr>
<tr>
<td>d. Growth monitoring (weighing the child)</td>
<td>Never=0, Daily=1, At least 1/fortnight=3, At least 1/month=4, At least 1/quarter=5, At least 1/year=6</td>
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<tr>
<td>e. Early childhood/ pre-school education</td>
<td>Never=0, Daily=1</td>
</tr>
</tbody>
</table>
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
- Slum housing=5
- Chawl=4
- Other=6

23.2 **SURROUNDINGS OF THE HOUSE:**

23.2a **HUMAN AND ANIMAL EXCREMENT**
- No=0
- Yes=1

23.2b **STAGNANT WATER**
- No=0
- Yes=1

23.3 **ANIMALS (NOT PETS) ARE KEPT:**
- No animals= 0
- Attached room=2
- Inside living area= 1
- Outside=3

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

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

23.6 **PREDOMINANT FLOOR TYPE:**
- Mud=1
- Wood, Bamboo=2
- Bricks=3
- Stone=5
- Cement=5
- Tiles, Mosaic=6
- Other=7

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

24.2 Did the respondent have any difficulty understanding the questions?
- No=0
- Some difficulty=1
- A lot of difficulty=2

24.3 Did the respondent look at you and clearly respond to the questions?
- No=0
- Sometimes=1
- Usually=2

24.4 Was the respondent knowledgeable about health and education expenditure questions?
- Very little knowledge=0
- Somewhat=1
- Very knowledgeable=2

24.5 Was the respondent confident?
- No=0
- Sometimes=1
- Usually=2

24.6 **Interview End Time:**
- AM=1
- PM=2

24.7 **Completion Status**
- Complete =1
- Incomplete=2

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

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<th>Day</th>
<th>Month</th>
<th>Year</th>
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<table>
<thead>
<tr>
<th>ID from HH roster</th>
<th>Name</th>
<th>Height</th>
<th>Taken</th>
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<th>Weight second time</th>
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</table>

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26. Learning

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

26.1 NAME OF CHILD

26.2 ID Code of child

26.3 Have you ever attended school?

26.4 Upto which class/standard have you completed?

26.5 Do (did) you enjoy school?

26.6 Does (did) the teacher treat you….

26.7 Reading

26.8 Math

26.9 Writing

26.10 Please write your answer in full sentences.
26. Learning (2nd Child)

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

26.11 NAME OF CHILD

26.12 ID Code of child

26.13 Have you ever attended school?

26.14 Upto which class/standard have you completed?

26.15 Do (did) you enjoy school?

26.16 Does (did) the teacher treat you….

Skills

26.17 Reading

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<th>Level</th>
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<td>Letter=1</td>
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<td>Oriya=6</td>
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26.18 Math

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26.19 Writing

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<td>Can not read=0</td>
<td>Writes with</td>
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<tr>
<td>Urdu=13</td>
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<td>2 or less mistakes=1</td>
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</table>

26.20 Please write your answer in full sentences.

__________________________
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
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.

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

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
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.

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

Jaipur is a large city. It has a famous palace. Ajmer is another city near Jaipur. People go for vacation there.
प ग म र न ल स द थ व च
भारती साथ पैन पारस गिलास बच चोर धूप लौकी चालू
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।

अनुवच्छेद

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

अनुवच्छेद

मीना नानी के घर जायेगी।
मामाजी उसे लेकर जायेगे।
मामीजी भी साथ जायेगी।
सब लोग जलेबी खायेंगे।
क पर स ट द ह न म ब
हल सब नरम पीना मैना धोती तकिया चिमटा दूध फौजी
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।

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

जयपुर एक बहुत बड़ा शहर है।
वहाँ हवा महल मशहूर है।
जयपुर से आगे अजमेर है।
जहाँ पर लोग घूमने जाते हैं।
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<thead>
<tr>
<th>पूर्व पूछो (4/5) संख्या 5 में से 4 पहचान होनी चाहिए।</th>
<th>दो करो। (2/2) 2 में से दोनों ही सही होने चाहिए।</th>
<th>एक करो। (1) किया हुआ भाग का सबसे सही होना चाहिए।</th>
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</table>

पाँच पूछों (4/5) संख्या 5 में से 4 पहचान होनी चाहिए।

dो करो। (2/2) 2 में से दोनों ही सही होने चाहिए।

एक करो। (1) किया हुआ भाग का सवाल सही होना चाहिए।
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पाँच पृष्ठों (५/५) संख्या ५ में से ४ पहचान होनी चाहिए।

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

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