

CONFIDENTIAL
 For research purposes only

IDENTIFICATION										
STATE _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									
DISTRICT _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									
TEHSIL/TALUK _____										
CITY/TOWN/VILLAGE _____										
TYPE OF PSU (URBAN = 1, RURAL = 2)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									
PSU NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									
STRUCTURE NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									
HOUSEHOLD NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									
NAME OF HOUSEHOLD HEAD _____										
ADDRESS OF HOUSEHOLD _____										
IS HOUSEHOLD SELECTED FOR THE STATE MODULE? (YES = 1, NO = 2)				<input type="checkbox"/>						
IS HOUSEHOLD SELECTED FOR DRIED BLOOD SPOT (DBS) COLLECTION? (YES = 1, NO = 2)				<input type="checkbox"/>						
INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY MONTH YEAR						
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.						
RESULT CODE*	_____	_____	_____	RESULT CODE*						
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS						
SUPERVISOR'S NAME	_____			SUPERV NUMBER						
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD TOTAL ELIGIBLE WOMEN TOTAL ELIGIBLE MEN LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE						
**LANGUAGE CODES: 01 ASSAMESE 08 MALAYALAM 15 TAMIL 02 BENGALI 09 MANIPURI 16 TELUGU 03 GUJARATI 10 MARATHI 17 URDU 04 HINDI 11 NEPALI 18 ENGLISH 05 KANNADA 12 ORIYA 19 GARO 06 KASHMIRI 13 PUNJABI 20 KHASI 07 KONKANI 14 SINDHI 96 OTHER _____ SPECIFY			**LANGUAGE OF QUESTIONNAIRE HINDI **RESPONDENT'S MOTHER TONGUE _____ **LANGUAGE OF INTERVIEW _____ TRANSLATOR USED? (YES = 1, NO = 2)							
			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">4</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>		0	4				
0	4									

INTRODUCTION AND INFORMED CONSENT

नमस्ते। मेरा नाम _____ है। मैं (NAME OF ORGANIZATION) के साथ काम कर रहा/ रही हूँ। हम पूरे भारत में स्वास्थ्य पर एक सर्वेक्षण कर रहे हैं। जो जानकारी हम परिवार कल्याण और स्वास्थ्य के बारे में घरों और व्यक्तियों से इकट्ठी करेंगे वो सरकार को स्वास्थ्य सेवाएं बनाने में मदद करेगी। आपका परिवार इस सर्वेक्षण के लिए चुना गया है। मैं आपसे आपके परिवार के बारे में कुछ सवाल पूछना चाहूँगा/ चाहूँगी। इन सवालों में लगभग 25-35 मिनट लगेंगे। आपके सारे जवाब गुप्त रखे जायेंगे और हमारे सर्वेक्षण के सदस्यों के अलावा किसी को भी नहीं बताये जायेंगे। आपका इस सर्वेक्षण में भाग लेना स्वैच्छिक है। अगर आप मेरे किसी सवाल का जवाब नहीं देना चाहते, तो मुझे बता दीजिये और मैं अगले सवाल पर चला जाऊँगा/ जाऊँगी या आप किसी भी समय यह बातचीत रोक सकते हैं।

क्या आप मुझसे कुछ सवाल पूछना चाहती / चाहते है?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

यदि आपको इस सर्वेक्षण के बारे में और जानकारी चाहिए तो आप इस कार्ड पर दिए गए नाम वाले व्यक्ति को संपर्क करें।

GIVE CARD WITH CONTACT INFORMATION.

Namaste. My name is _____. I am working with (NAME OF ORGANIZATION). We are conducting a survey about health all over India. The information on family welfare and health that we collect from households and individuals will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 25-35 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Your participation in the survey is voluntary. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

If you have any questions about this survey you may ask me.

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

If you have any further questions about this survey you may contact the persons listed on this card.

GIVE CARD WITH CONTACT INFORMATION.

Do you agree to participate in this survey?

SIGNATURE OF INTERVIEWER _____

DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED ... 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED ... 2 → END

↓
BEGIN INTERVIEW

RECORD TIME HOURS

MINUTES

THIS PAGE IS INTENTIONALLY BLANK

HOUSEHOLD SCHEDULE

अब हम उन लोगों के बारे में कुछ जानकारी चाहेंगे जो सामान्यतः आपके घर में रहते हैं या जो अभी आपके साथ रह रहे हैं।
Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			BIRTH REGISTRATION
				(NAME)	(NAME)			CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	IF HOUSEHOLD IS SELECTED FOR STATE MODULE	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	
	<p>कृपया मुझे उन व्यक्तियों के नाम बताएं जो सामान्यतः आपके घर में रहते हैं और वे अतिथि जो पिछली रात इसी घर में ठहरे थे। शुरुआत घर के मुखिया से करें।</p> <p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAME, RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON; ASK QUESTIONS 7A(a-c) TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK QUESTIONS 8 AND 9.</p>	घर के मुखिया से (NAME) का रिश्ता क्या है?	क्या (NAME) पुरुष है या स्त्री है या विपरीत लिंग है?	क्या (NAME) सामान्यतः यहीं (रहते/रहती) है?	क्या (NAME) पिछली रात यहीं (ठहरे थे/ठहरी थीं)?	(NAME) की आयु क्या है?	<p>IF AGE 13 OR OLDER</p> <p>(NAME) की वर्तमान वैवाहिक स्थिति क्या है?</p>	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	IF HOUSEHOLD IS SELECTED FOR STATE MODULE	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	<p>IF AGE 0-4</p> <p>क्या (NAME) के जन्म का प्रमाणपत्र है?</p> <p>IF NO: क्या (NAME) के जन्म का कभी नागरिक प्राधिकरण में पंजीकरण किया गया है?</p>
(1)	(2)	(A)	Is (NAME) male or female or transgender?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	(C)	(9)	(10)	(11)	(D)
			M F T 1 2 3	YES NO 1 2	YES NO 1 2	IN YEARS					C R N DK 1 2 3 8
01								01	01	01	
02			1 2 3	1 2	1 2			02	02	02	1 2 3 8
03			1 2 3	1 2	1 2			03	03	03	1 2 3 8
04			1 2 3	1 2	1 2			04	04	04	1 2 3 8
05			1 2 3	1 2	1 2			05	05	05	1 2 3 8
06			1 2 3	1 2	1 2			06	06	06	1 2 3 8
07			1 2 3	1 2	1 2			07	07	07	1 2 3 8
08			1 2 3	1 2	1 2			08	08	08	1 2 3 8
09			1 2 3	1 2	1 2			09	09	09	1 2 3 8
10			1 2 3	1 2	1 2			10	10	10	1 2 3 8
11			1 2 3	1 2	1 2			11	11	11	1 2 3 8

LINE	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				PRESCHOOL		EDUCATION					AADHAAR CARD/AADHAR NUMBER		TOBACCO/ALCOHOL		
	IF AGE 0-17				IF AGE IS 2 TO 4 YEARS		IF AGE 5 OR OLDER	IF AGE 5-24							AGE 15 YEARS AND ABOVE	
	क्या (NAME) को जन्म देने वाली माता जीवित है?	क्या (NAME) को जन्म देने वाली माँ सामान्यतः इस घर में रहती हैं या वे कल रात यहाँ मेहमान थीं? IF YES: उनका नाम क्या है?	क्या (NAME) के सगा पिता जीवित है?	क्या (NAME) का सगा पिता इस घर में रहते हैं या वे कल रात यहाँ मेहमान थे? IF YES: उनका नाम क्या है?	क्या (नाम) इस समय स्कूल जाने के पहले वाली किसी कक्षा जैसे नर्सरी आदि में जा रहा है/ रही है?	यदि हाँ: तो (नाम) स्कूल जाने के पहले वाली कौन-सी कक्षा में जा रहा है/ रही है?	क्या (NAME) कभी स्कूल (गया/गयी) है?	(NAME) ने कौन-सा उच्चतम दर्जा पास किया है?	क्या (NAME) स्कूल वर्ष 2017-2018 के दौरान कभी स्कूल या कॉलेज गया/गयी है?	(इस/उस) स्कूल वर्ष के दौरान (NAME) किस दर्जे/वर्ष में जा रहा है/था (रही है/थी)?	IF NO ON Q.21 (नाम) के स्कूल न जाने का मुख्य कारण क्या है?	क्या (नाम) के पास आधार कार्ड / आधार नंबर है?	क्या (नाम) वर्तमान में धूम्रपाआधार या किसी अन्य रूप में तम्बाकू का सेवन करता है?	क्या (नाम) वर्तमान में शराब पीते हैं?		
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name?	Is (NAME) currently attending any pre-school?	IF YES: What type of pre-school is (NAME) attending?	Has (NAME) ever attended school?	What is the highest grade (NAME) has completed?	Did (NAME) attend school or college at any time during the 2018-19 school year?	During (this/that) school year, what grade / year (is/was) (NAME) attending?	What is the main reason (NAME) is not attending school?	Does (NAME) have an Aadhaar card or Aadhaar number?	Does (NAME) currently smoke or use tobacco in any form?	Does (NAME) currently drink alcohol?		
	(13)	(14)	(15)	(16)	17	18	19	20	21	22	23	24	25	26		
01	Y N DK 1 2 8 GO TO 15	LINE NO. [] []	Y N DK 1 2 8 GO TO 17	LINE NO. [] []	Y N DK 1 2 8 GO TO 24	[] [] GO TO 24	YES IO 1 2 GO TO 24	GRADE [] []	YES NO 1 2 GO TO 23	GRADE [] [] GO TO 24	REASON [] []	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8		
02	1 2 8 GO TO 15	[] []	1 2 8 GO TO 17	[] []	Y N DK 1 2 8 GO TO 24	[] [] GO TO 24	1 2 GO TO 24	[] []	1 2 GO TO 23	[] [] GO TO 24	[] []	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8		
03	1 2 8 GO TO 15	[] []	1 2 8 GO TO 17	[] []	Y N DK 1 2 8 GO TO 24	[] [] GO TO 24	1 2 GO TO 24	[] []	1 2 GO TO 23	[] [] GO TO 24	[] []	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8		
04	1 2 8 GO TO 15	[] []	1 2 8 GO TO 17	[] []	Y N DK 1 2 8 GO TO 24	[] [] GO TO 24	1 2 GO TO 24	[] []	1 2 GO TO 23	[] [] GO TO 24	[] []	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8		
05	1 2 8 GO TO 15	[] []	1 2 8 GO TO 17	[] []	Y N DK 1 2 8 GO TO 24	[] [] GO TO 24	1 2 GO TO 24	[] []	1 2 GO TO 23	[] [] GO TO 24	[] []	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8		
06	1 2 8 GO TO 15	[] []	1 2 8 GO TO 17	[] []	Y N DK 1 2 8 GO TO 24	[] [] GO TO 24	1 2 GO TO 24	[] []	1 2 GO TO 23	[] [] GO TO 24	[] []	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8		
07	1 2 8 GO TO 15	[] []	1 2 8 GO TO 17	[] []	Y N DK 1 2 8 GO TO 24	[] [] GO TO 24	1 2 GO TO 24	[] []	1 2 GO TO 23	[] [] GO TO 24	[] []	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8		
08	1 2 8 GO TO 15	[] []	1 2 8 GO TO 17	[] []	Y N DK 1 2 8 GO TO 24	[] [] GO TO 24	1 2 GO TO 24	[] []	1 2 GO TO 23	[] [] GO TO 24	[] []	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8		
09	1 2 8 GO TO 15	[] []	1 2 8 GO TO 17	[] []	Y N DK 1 2 8 GO TO 24	[] [] GO TO 24	1 2 GO TO 24	[] []	1 2 GO TO 23	[] [] GO TO 24	[] []	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8		
10	1 2 8 GO TO 15	[] []	1 2 8 GO TO 17	[] []	Y N DK 1 2 8 GO TO 24	[] [] GO TO 24	1 2 GO TO 24	[] []	1 2 GO TO 23	[] [] GO TO 24	[] []	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8		
11	1 2 8 GO TO 15	[] []	1 2 8 GO TO 17	[] []	Y N DK 1 2 8 GO TO 24	[] [] GO TO 24	1 2 GO TO 24	[] []	1 2 GO TO 23	[] [] GO TO 24	[] []	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8		

TICK HERE IF CONTINUATION QUESTIONNAIRE USED

7A यह सुनिश्चित करने के लिये की मैंने आपके पूरे परिवार का सूचीकरण कर लिया है:
Just to make sure that I have a complete household listing:

- a) क्या यहां कोई अन्य व्यक्ति हैं जिन को हमने इस सूची में शामिल नहीं किया है जैसे कि छोटे बच्चे या शिशु
Are there any other persons such as small children or infants that we have not listed? YES → ENTER EACH IN TABLE NO.
- b) क्या यहां ऐसे कोई अन्य लोग सामान्यतः रहते हैं जो आपके परिवार के सदस्य नहीं हैं जैसे घरेलू नौकर या दोस्त?
Are there any other people who may not be members of your family such as domestic servants, lodgers or friends who usually live here? YES → ENTER EACH IN TABLE NO.
- c) क्या पिछली रात यहां कोई मेहमान, अस्थायी आगन्तुक अथवा कोई अन्य व्यक्ति ठहरे थे जो इस सूची में शामिल नहीं हैं?
Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES → ENTER EACH IN TABLE NO.

**(A) CODES FOR Q. 3
RELATIONSHIP TO HEAD
OF HOUSEHOLD:**

- 01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR
DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = BROTHER-IN-LAW OR
SISTER-IN-LAW
10 = NIECE/NEPHEW
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEP-
CHILD
13 = DOMESTIC SERVANT
14 = OTHER NOT RELATED
98 = DON'T KNOW

(B) CODES FOR Q. 7

AGE:
00 = AGE LESS THAN ONE YEAR
95 = AGE 95 YEARS OR MORE

(C) CODES FOR Q. 8

MARITAL STATUS:
1 = CURRENTLY MARRIED
2 = MARRIED, BUT GAUNA NOT
PERFORMED
3 = WIDOWED
4 = DIVORCED
5 = SEPARATED
6 = DESERTED
7 = NEVER MARRIED
8 = DON'T KNOW

(D) CODES FOR Q. 12

BIRTH REGISTRATION:
1 = C = CERTIFICATE
2 = R = REGISTRATION
3 = N = NEITHER
8 = DK = DON'T KNOW

CODE FOR Q18

PRESCHOOL
1 = ICDS RUN PSE
2 = OTHER GOVERNMENT RUN PSE
3 = PRIVATELY RUN PSE
4 = OTHER
8 = DON'T KNOW

(E) CODES FOR Q.20 AND Q.22

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
95 = PRE-PRIMARY
98 = DON'T KNOW

(F) CODES FOR 23

REASON FOR NOT ATTENDING SCHOOL:

- 01 = SCHOOL TOO FAR AWAY
02 = TRANSPORT NOT AVAILABLE
03 = FURTHER EDUCATION NOT
CONSIDERED NECESSARY
04 = REQUIRED FOR HOUSEHOLD WORK
05 = REQUIRED FOR WORK ON
FARM/FAMILY BUSINESS
06 = REQUIRED FOR OUTSIDE WORK
FOR PAYMENT IN CASH OR KIND
07 = COSTS TOO MUCH
08 = NO PROPER SCHOOL
FACILITIES FOR GIRLS
09 = DUE TO DISASTER/ NATURAL CLAMITY

- 10 = NOT SAFE TO SEND GIRLS
11 = NO FEMALE TEACHER
12 = REQUIRED FOR CARE
OF SIBLINGS
13 = NOT INTERESTED
IN STUDIES
14 = REPEATED FAILURES
15 = GOT MARRIED
16 = DID NOT GET ADMISSION
96 = OTHER
98 = DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
27	<p>कोई व्यक्ति प्रायः कितनी बार आपके घर के अंदर धूम्रपान करता है क या आप कहेंगे रोजाना, हफ्ते में एकबार, महीने में एक बार, कभी नहीं?</p> <p>How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?</p>	<p>DAILY 1</p> <p>WEEKLY 2</p> <p>MONTHLY 3</p> <p>LESS THAN MONTHLY 4</p> <p>NEVER 5</p>																																									
28	<p>क्या आपके घर का कोई सामान्य निवासी तपेदिक [टी बी] रोग से पीड़ित है?</p> <p>Does any usual resident of your household suffer from tuberculosis?</p>	<p>YES 1</p> <p>NO 2</p>	→ 31																																								
29	<p>तपेदिक [टी बी] रोग से कौन पीड़ित है? कोई अन्य?</p> <p>Who suffers from tuberculosis? Anyone else?</p> <p>RECORD LINE NUMBER(S). IF NO MORE TB CASES, RECORD '95'.</p>	<p>30 FOR EACH PERSON, ASK: क या (NAME) ने तपेदिक [टी बी] के लिए चिकित् सकीय इलाज कराया है? IF YES, ASK: (NAME) कहाँ गये?</p> <p>Has (NAME) received medical treatment for the tuberculosis? IF YES, ASK: Where did (NAME) go?</p> <table border="1"> <thead> <tr> <th></th> <th>YES, PUBLIC ONLY</th> <th>YES, PRIVATE ONLY</th> <th>YES, BOTH</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>LINE NO.</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>LINE NO.</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>LINE NO.</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>LINE NO.</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		YES, PUBLIC ONLY	YES, PRIVATE ONLY	YES, BOTH	NO	LINE NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	LINE NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	LINE NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	LINE NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																
	YES, PUBLIC ONLY	YES, PRIVATE ONLY	YES, BOTH	NO																																							
LINE NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																							
LINE NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																							
LINE NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																							
LINE NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																							
31	<p>क्या इस परिवार में आपको या परिवार के किसी सदस्य को किसी प्रकार की विकलांगता है ?</p> <p>Does any member of this household including you have any disability?</p>	<p>YES 1</p> <p>NO 2</p>	→ 34																																								
32	<p>कृपया उन व्यक्तियों के नाम बताएं।</p> <p>Please tell me the name of those persons.</p>	<p>1. NAME----- LINE NO <input type="text"/></p> <p>2. NAME----- LINE NO <input type="text"/></p> <p>3. NAME----- LINE NO <input type="text"/></p> <p>4. NAME----- LINE NO <input type="text"/></p>																																									
33	<p>FOR EACH PERSON, ASK: 33.</p> <p>(नाम) को किस प्रकार की विकलांगता है? कोई अन्य?</p> <p>What type of disability does (NAME) have? Any other?</p>	<table border="1"> <thead> <tr> <th></th> <th colspan="4">LINE NUMBER</th> </tr> <tr> <th></th> <th><input type="text"/></th> <th><input type="text"/></th> <th><input type="text"/></th> <th><input type="text"/></th> </tr> </thead> <tbody> <tr> <td>HEARING...</td> <td>A</td> <td>A</td> <td>A</td> <td>A</td> </tr> <tr> <td>SPEECH...</td> <td>B</td> <td>B</td> <td>B</td> <td>B</td> </tr> <tr> <td>VISUAL...</td> <td>C</td> <td>C</td> <td>C</td> <td>C</td> </tr> <tr> <td>MENTAL...</td> <td>D</td> <td>D</td> <td>D</td> <td>D</td> </tr> <tr> <td>LOCOMOTOR..</td> <td>E</td> <td>E</td> <td>E</td> <td>E</td> </tr> <tr> <td>OTHER...</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> </tbody> </table>		LINE NUMBER					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	HEARING...	A	A	A	A	SPEECH...	B	B	B	B	VISUAL...	C	C	C	C	MENTAL...	D	D	D	D	LOCOMOTOR..	E	E	E	E	OTHER...	X	X	X	X	
	LINE NUMBER																																										
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																							
HEARING...	A	A	A	A																																							
SPEECH...	B	B	B	B																																							
VISUAL...	C	C	C	C																																							
MENTAL...	D	D	D	D																																							
LOCOMOTOR..	E	E	E	E																																							
OTHER...	X	X	X	X																																							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
34	आपके घर के सदस्यों के लिए पीने के पानी का मुख्य स्रोत क्या है? What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOUR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 COMMUNITY RO PLANT 92 OTHER 96 (SPECIFY)	38
35	पानी का स्रोत कहाँ पर है? Where is the water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	38
36	वहाँ एक बार जाने में, पानी लेने में, और वापस आने में कितना समय लगता है? How long does it take to go there, get water, and come back in one trip?	MINUTES <input type="text"/> DELIVERED TO DWELLING 000 ON THE PREMISES 996 DON'T KNOW 998	38
37	आपके घर के लिए इस स्रोत से पानी लाने के लिए सामान्यतः कौन जाता है? Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER AGE 15 YEARS 3 MALE CHILD UNDER AGE 15 YEARS 4 OTHER 6 (SPECIFY)	
37A	CHECK 34: CODE '14' OR '21' CIRCLED? AT LEAST ONE 'YES' <input type="checkbox"/> ALL 'NO' <input type="checkbox"/>		38
37B	पिछले दो हफ्तों में, क्या इस स्रोत का पानी कम से कम एक पूर्ण दिन के लिए उपलब्ध नहीं था? In the past two weeks, was the water from this source not available for at least one full day?	YES 1 NO 2 DON'T KNOW 8	
38	क्या आपके घर के सदस्य पीने के पानी को सुरक्षित बनाने के लिए कुछ करते हैं? Does this household do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	40
39	पीने के पानी को सुरक्षित बनाने के लिए सामान्यतः आपका परिवार क्या करता है? कोई अन्य? What does this household usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A USE ALUM B ADD BLEACH/CHLORINE TABLETS C STRAIN THROUGH A CLOTH D USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) E USE ELECTRONIC PURIFIER F USE SOLAR DISINFECTION G LET IT STAND AND SETTLE H OTHER X (SPECIFY) DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
40	आपके परिवार के सदस्य सामान्यतः किस प्रकार की शौच सुविधा का इस्तेमाल करते हैं? What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE/ VENTILATED IMPROVED SINGLE PIT (VIP)/BIOGAS LATRINE 21 SINGLE PIT LATRINE WITH SLAB 22 SINGLE PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 TWIN PIT/COMPOSTING TOILET 31 DRY TOILET 41 NO FACILITY/USES OPEN SPACE OR FIELD 51 → 44 OTHER _____ 96 (SPECIFY)			
41	शौचालय सुविधा कहाँ पर है? Where is the toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3			
42	क्या इस शौच सुविधा का इस्तेमाल अन्य परिवार भी करते हैं? Do you share this toilet facility with other households?	YES 1 NO 2 → 46			
43	आपके परिवार को लेकर और कितने परिवार इस शौच सुविधा का इस्तेमाल करते हैं? Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table> 46 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					
44	क्या आपके परिवार के सदस्य को शौचालय की सुविधा है? Do member of your household have access to a toilet facility?	YES 1 NO 2 → 46			
45	आपके परिवार के सदस्यों के लिए किस तरह की शौचालय सुविधा सुलभ है? What kind of toilet facility do members of your household have access to?	OWN TOILET..... 1 COMMUNITY TOILET..... 2 SHARED TOILET WITH OTHER HOUSEHOLD..... 3			
46	आपके घर में किस प्रकार की जल निकास नालियाँ हैं? What type of drainage facility does this household have?	CLOSED DRAINAGE 1 OPEN DRAINAGE 2 DRAIN TO SOAK PIT..... 3 NO DRAINAGE 4			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
47	परिवार के मुखिया का धर्म क्या है? What is the religion of the head of the household?	HINDU 01 MUSLIM 02 CHRISTIAN 03 SIKH 04 BUDDHIST/NEO-BUDDHIST 05 JAIN 06 JEWISH 07 PARSI/ZOROASTRIAN 08 NO RELIGION 09 OTHER 96 (SPECIFY)	
48	परिवार के मुखिया की जाति या जनजाति क्या है? What is the caste or tribe of the head of the household?	CASTE 991 (SPECIFY) TRIBE 992 (SPECIFY) NO CASTE/TRIBE 993 DON'T KNOW 998	→ 50
49	क्या यह अनुसूचित जाति, अनुसूचित जनजाति, अन्य पिछड़े वर्ग में से है या इनमें से कोई नहीं है? Is this a scheduled caste, a scheduled tribe, other backward class, or none of them?	SCHEDULED CASTE 1 SCHEDULED TRIBE 2 OTHER BACKWARD CLASS 3 NONE OF THEM 4 DON'T KNOW 8	
50	क्या आपके घर में _____ हैं? Does your household have:		
			YES NO
	a) Electricity? बिजली?	ELECTRICITY 1	2
	b) A mattress? गद्दा?	MATTRESS 1	2
	c) A pressure cooker? प्रेशर कुकर?	PRESSURE COOKER 1	2
	d) A chair? कुर्सी?	CHAIR 1	2
	e) A cot or bed? खाट या चारपाई?	COT/BED 1	2
	f) A table? मेज?	TABLE 1	2
	g) An electric fan? बिजली का पंखा?	ELECTRIC FAN 1	2
	h) A radio or transistor? रेडियो या ट्रांजिस्टर?	RADIO/TRANSISTOR 1	2
	i) A black and white television? काला और सफेद टेलीविजन?	B & W TELEVISION 1	2
	j) A colour television? रंगीन टेलीविजन?	COLOUR TELEVISION 1	2
	k) A sewing machine? सिलाई मशीन?	SEWING MACHINE 1	2
	l) A mobile telephone? मोबाइल टेलीफोन?	MOBILE TELEPHONE 1	2
	m) A land line telephone? लैंडलाइन टेलीफोन?	LAND LINE TELEPHONE 1	2
	n) Internet? इंटरनेट?	INTERNET 1	2
	o) A computer? कम्प्यूटर?	COMPUTER 1	2
	p) A refrigerator? रेफ्रिजरेटर?	REFRIGERATOR 1	2
	q) An air conditioner/cooler? ए सी / कूलर?	AIR CONDITIONER/COOLER 1	2
	r) A washing machine? कपड़े धोने की मशीन?	WASHING MACHINE 1	2
	s) A watch or clock? घड़ी या दीवार घड़ी?	WATCH/CLOCK 1	2
	t) A bicycle? साइकिल?	BICYCLE 1	2
	u) A motorcycle or scooter? मोटर साइकिल या स्कूटर?	MOTORCYCLE/SCOOTER 1	2
	v) An animal-drawn cart? जानवर द्वारा खींची जानेवाली गाड़ी?	ANIMAL-DRAWN CART 1	2
	w) A car? कार?	CAR 1	2
	x) A water pump? वाटर पंप?	WATER PUMP 1	2
	y) A thresher? थ्रेशर?	THRESHER 1	2
	z) A tractor? ट्रैक्टर?	TRACTOR 1	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
51	<p>खाना पकाने के लिए आपके घर में मुख्यतः किस प्रकार के ईंधन का इस्तेमाल किया जाता है? What type of fuel does your household mainly use for cooking?</p>	<p>ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE 04 COAL/LIGNITE 05 CHARCOAL 06 WOOD 07 STRAW/SHRUBS/GRASS 08 AGRICULTURAL CROP WASTE 09 DUNG CAKES 10</p> <p>NO FOOD COOKED IN HOUSEHOLD . 95 OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 53</p> <p>→ 57</p>
52	<p>क्या इस घर में खाना स्टोव पर, चूल्हे पर या खुली आग में पकाया जाता है? In this household, is food cooked on a stove, a chullah or an open fire?</p>	<p>STOVE 1 CHULLAH 2 OPEN FIRE 3 OTHER _____ 6</p> <p>(SPECIFY)</p>	
53	<p>क्या खाना सामान्यतः घर में, अलग इमारत में या बाहर पकाया जाता है? Is the cooking usually done in the house, in a separate building, or outdoors?</p>	<p>IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6</p> <p>(SPECIFY)</p>	<p>→ 57</p>
54	<p>क्या आपके घर में खाना पकाने के लिए अलग कमरा है? Do you have a separate room which is used as a kitchen?</p>	<p>YES 1 NO 2</p>	
55	<p>क्या रसोई के रूप में इस्तेमाल किए जाने वाले कमरे में हवा के लिए कोई खिड़की या झरोखा है? Does the room used as kitchen have any ventilation?</p>	<p>YES 1 NO 2</p>	
56	<p>आपका परिवार रसोई की बेकार बची हुई सामग्री/पानी आदि का निवटारा कैसे करता है? How does this household dispose the kitchen waste?</p>	<p>LET OUT INTO DRAIN/SEWER..... A OPEN DRAIN..... B CLOSED DRAIN..... C REUSE FOR GARDEN OR FARMING..... D REUSE FOR OTHER DOMESTIC PURPOSES E OTHER _____ X</p> <p>(SPECIFY)</p>	
57	<p>MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.</p>	<p>NATURAL FLOOR MUD/CLAY/EARTH 11 SAND 12 DUNG 13</p> <p>RUDIMENTARY FLOOR RAW WOOD PLANKS 21 PALM/BAMBOO 22 BRICK 23 STONE 24</p> <p>FINISHED FLOOR PARQUET OR POLISHED WOOD . 31 VINYL OR ASPHALT 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 POLISHED STONE/MARBLE/ GRANITE 36 OTHER _____ 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
58	<p>MAIN MATERIAL OF THE ROOF.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL ROOFING</p> <p>NO ROOF 11</p> <p>THATCH/PALM LEAF/ REED/GRASS 12</p> <p>MUD 13</p> <p>SOD/MUD AND GRASS MIXTURE 14</p> <p>PLASTIC/POLYTHENE SHEETING 15</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT 21</p> <p>PALM/BAMBOO 22</p> <p>RAW WOOD PLANKS/TIMBER 23</p> <p>UNBURNT BRICK 24</p> <p>LOOSELY PACKED STONE 25</p> <p>FINISHED ROOFING</p> <p>METAL/GI 31</p> <p>WOOD 32</p> <p>CALAMINE/CEMENT FIBER 33</p> <p>ASBESTOS SHEETS 34</p> <p>RCC/RBC/CEMENT/CONCRETE 35</p> <p>ROOFING SHINGLES 36</p> <p>TILES 37</p> <p>SLATE 38</p> <p>BURNT BRICK 39</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
59	<p>MAIN MATERIAL OF THE EXTERIOR WALLS.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS/BAMBOO 12</p> <p>MUD 13</p> <p>GRASS/REEDS/THATCH 14</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>PLYWOOD 23</p> <p>CARDBOARD 24</p> <p>UNBURNT BRICK 25</p> <p>RAW WOOD/REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT/CONCRETE 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BURNT BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>WOOD PLANKS/SHINGLES 35</p> <p>GI/METAL/ASBESTOS SHEETS 36</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
60	<p>इस घर में सोने के लिए कितने कमरों का उपयोग किया जाता है?</p> <p>How many rooms in this household are used for sleeping?</p>	<p>ROOMS <input type="text"/></p>	
61	<p>क्या इस परिवार का कोई भी सदस्य इस घर का या किसी दूसरे घर का मालिक है?</p> <p>Does any member of this household own this house or any other house?</p>	<p>YES 1</p> <p>NO 2</p>	→ 63
62	<p>उस घर का मालिक कौन है?</p> <p>Who owns this house?</p>	<p>MALE MEMBER 1</p> <p>FEMALE MEMBER 2</p> <p>BOTH 3</p> <p>DON'T KNOW 8</p>	
63	<p>क्या इस परिवार का कोई भी सदस्य किसी खेतीहर ज़मीन का मालिक है?</p> <p>Does any member of this household own any agricultural land?</p>	<p>YES 1</p> <p>NO 2</p>	→ 67

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
64	इस खेतीहर ज़मीन का मालिक कौन है? Who owns this agricultural land ?	MALE MEMBER 1 FEMALE MEMBER 2 BOTH 3 DON'T KNOW 8		
65	इस परिवार के सदस्यों के पास अपनी कितनी खेतीहर ज़मीन है? How much agricultural land do members of this household own? _____ (IF NOT IN ACRES, THEN CONVERT INTO ACRES)	ACRES <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		
66	इस ज़मीन में से कितनी सिंचित है? Out of this land, how much is irrigated? _____ (IF NOT IN ACRES, THEN CONVERT INTO ACRES)	ACRES <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NONE 9995 DON'T KNOW 9998		
67	क्या आपके परिवार के पास इनमें से कोई मवेशी है: Does your household own any of the following animals:	YES NO a) Cows, bulls, or buffaloes? गाय, बैल या बैस? COWS/BULLS/BUFFALOES 1 2 b) Camels? ऊँट? CAMELS 1 2 c) Horses, donkeys, or mules? घोड़े, गधे या खच्चर? HORSES/DONKEYS/MULES . 1 2 d) Goats, sheep? बकरी/भेड़? GOATS/ SHEEP 1 2 e) Pigs? सुअर? PIGS 1 2 f) Chickens or ducks? मुर्गा या बत्तख? CHICKENS/DUCKS 1 2		
68	CHECK 67: AT LEAST ONE 'YES' <input type="checkbox"/> ALL 'NO' <input type="checkbox"/>		70	
69	क्या यह परिवार किसी सोने वाले कमरे को पशु (ओं) के साथ साझा करता है? Does this household share a sleeping room with (this/these) animal(s)?	YES 1 NO 2		
70	क्या इस परिवार के किसी सामान्य सदस्य का बैंक या डाकघर में कोई खाता है? Does any usual member of this household have a bank account or a post office account?	YES 1 NO 2 DON'T KNOW 8		
71	क्या इस परिवार का कोई सामान्य सदस्य स्वास्थ्य योजना या स्वास्थ्य बीमा के अंतर्गत आता है? Is any usual member of this household covered by a health scheme or health insurance?	YES 1 NO 2 DON'T KNOW 8	73	
72	स्वास्थ्य योजना या स्वास्थ्य बीमा किस प्रकार का है? अन्य किसी प्रकार का? What type of health scheme or health insurance? Any other type? RECORD ALL MENTIONED.	EMPLOYEES STATE INSURANCE SCHEME (ESIS) A CENTRAL GOVERNMENT HEALTH SCHEME (CGHS) B STATE HEALTH INSURANCE SCHEME C RASHTRIYA SWASTHYA BIMA YOJANA (RSBY) D COMMUNITY HEALTH INSURANCE PROGRAMME E OTHER HEALTH INSURANCE THROUGH EMPLOYER F MEDICAL REIMBURSEMENT FROM EMPLOYER G OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . H OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
73	<p>जब आपके परिवार के सदस्य बीमार पड़ते हैं तो वे सामान्यतः इलाज के लिए कहाँ जाते हैं?</p> <p>When members of your household get sick, where do they generally go for treatment?</p>	<p>PUBLIC HEALTH SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL 11</p> <p>GOVT. DISPENSARY 12</p> <p>UHC/UHP/UFWC 13</p> <p>CHC/RURAL HOSPITAL/BLOCK PHC . 14</p> <p>PHC / ADDITIONAL PHC 15</p> <p>SUB-CENTRE 16</p> <p>AYUSH</p> <p>AYURVEDA 17</p> <p>YOGA AND NATUROPATHY 18</p> <p>UNANI 19</p> <p>SIDDHA 20</p> <p>HOMEOPATHY 21</p> <p>SOWA RIGPA (TTM) 22</p> <p>OTHER 23</p> <p>(SPECIFY)</p> <p>ANGANWADI/ICDS CENTRE 24</p> <p>ASHA 25</p> <p>GOVT. MOBILE CLINIC 26</p> <p>OTHER PUBLIC HEALTH SECTOR 27</p> <p>NGO OR TRUST HOSPITAL/CLINIC 31</p> <p>PRIVATE HEALTH SECTOR</p> <p>PVT. HOSPITAL 41</p> <p>PVT. DOCTOR/CLINIC 42</p> <p>PVT. PARAMEDIC 43</p> <p>AYUSH</p> <p>AYURVEDA 44</p> <p>YOGA AND NATUROPATHY 45</p> <p>UNANI 46</p> <p>SIDDHA 47</p> <p>HOMEOPATHY 48</p> <p>SOWA RIGPA (TTM) 49</p> <p>OTHER 50</p> <p>(SPECIFY)</p> <p>TRADITIONAL HEALER 51</p> <p>PHARMACY/DRUGSTORE 52</p> <p>DAI (TBA) 53</p> <p>OTHER PRIVATE HEALTH SECTOR . 54</p> <p>OTHER</p> <p>SHOP 61</p> <p>HOME TREATMENT 62</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>75</p>
74	<p>आपके परिवार के सदस्य बीमार पड़ने पर सामान्यतः सरकारी सुविधा में क्यों नहीं जाते हैं?</p> <p>कोई अन्य कारण?</p> <p>Why don't members of your household generally go to a government facility when they are sick?</p> <p>Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p>NO NEARBY FACILITY A</p> <p>FACILITY TIMING NOT CONVENIENT B</p> <p>HEALTH PERSONNEL OFTEN ABSENT . C</p> <p>WAITING TIME TOO LONG D</p> <p>POOR QUALITY OF CARE E</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
75	<p>क्या इस परिवार के पास बी पी एल कार्ड है?</p> <p>Does this household have a BPL card?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
76	<p>क्या इस परिवार के पास कोई मच्छरदानी है जिसका इस्तेमाल सोते समय किया जा सकता है?</p> <p>Does your household have any mosquito nets that can be used while sleeping?</p>	<p>YES 1</p> <p>NO 2</p>	83
77	<p>आपके घर में कितनी मच्छरदानियाँ हैं?</p> <p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	<p>NUMBER OF NETS <input type="text"/></p>	

		NET #1	NET #2	NET #3
78	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) DAWA PLUS 11 DURANET 12 INTERCEPTOR . 13 LIFENET 14 MAGNET 15 NETPROTECT . 16 OLYSET 17 PERMANET 18 ROYAL SENTRY .. 19 YORKKOOOL 20 OTHER/ DK BRAND 26 OTHER TYPE 96 DK TYPE 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) DAWA PLUS 11 DURANET 12 INTERCEPTOR . 13 LIFENET 14 MAGNET 15 NETPROTECT . 16 OLYSET 17 PERMANET 18 ROYAL SENTRY .. 19 YORKKOOOL 20 OTHER/ DK BRAND 26 OTHER TYPE 96 DK TYPE 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) DAWA PLUS ... 11 DURANET 12 INTERCEPTOR . 13 LIFENET 14 MAGNET 15 NETPROTECT . 16 OLYSET 17 PERMANET 18 ROYAL SENTRY .. 19 YORKKOOOL ... 20 OTHER/ DK BRAND ... 26 OTHER TYPE 96 DK TYPE 98
79	मच्छरदानी(मच्छरदानिया) आपको कहाँ से मिली? From where did you get the mosquito net(s)? RECORD ALL MENTIONED.		PURCHASED FROM THE MARKET A GOVERNMENT B SUPPLIED BY NGO/TRUST C OTHER _____ X (SPECIFY) DON'T KNOW Z	
80	इस मच्छरदानी में पिछली रात को क्या कोई सोया था? Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 82) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 82) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 82) ← NOT SURE 8
81	इस मच्छरदानी में पिछली रात कौन सोया था? Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	1. NAME _____ LINE NO. <input type="text"/> <input type="text"/>	2. NAME _____ LINE NO. <input type="text"/> <input type="text"/>	3. NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		4. NAME _____ LINE NO. <input type="text"/> <input type="text"/>	5. NAME _____ LINE NO. <input type="text"/> <input type="text"/>	6. NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		7. NAME _____ LINE NO. <input type="text"/> <input type="text"/>	8. NAME _____ LINE NO. <input type="text"/> <input type="text"/>	9. NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		10. NAME _____ LINE NO. <input type="text"/> <input type="text"/>	11. NAME _____ LINE NO. <input type="text"/> <input type="text"/>	12. NAME _____ LINE NO. <input type="text"/> <input type="text"/>
82		GO BACK TO 79 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 83.	GO BACK TO 79 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 83.	GO TO 79 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 83.

83	<p>अब हम उन स्थानों के बारे में जानना चाहेंगे जहाँ पर परिवार अपने हाथ धोते हैं। कृपया मुझे वह स्थान दिखाएं जहाँ पर आपके घर के सदस्य प्रायः हाथ धोते हैं?</p> <p>We would now like to learn about the places that households use to wash their hands.</p> <p>Can you please show me where members of your household most often wash their hands?</p>	<p>OBSERVED 1</p> <p>NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 2</p> <p>NOT OBSERVED, NO PERMISSION TO SEE 3</p> <p>NOT OBSERVED, OTHER REASON 4</p> <p>(SKIP TO 86) ←</p>
84	<p>OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.</p>	<p>WATER IS AVAILABLE 1</p> <p>WATER IS NOT AVAILABLE 2</p>
85	<p>OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.</p>	<p>SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A</p> <p>ASH, MUD, SAND B</p> <p>NONE C</p>
86	<p>मैं यह जांचना चाहूँगा कि क्या आपके घर में आयोडीनयुक्त नमक है या नहीं। क्या आप मुझे नमक का एक नमूना दे सकते हैं जिसका उपयोग आपके घर में खाना पकाने के लिए किया जाता है?</p> <p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p>IODINE PRESENT 1</p> <p>NO IODINE 2</p> <p>NO SALT IN HOUSEHOLD 3</p> <p>SALT NOT TESTED _____ 6</p> <p>(SPECIFY REASON)</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
87	January 2015 से लेकर क्या इस घर के किसी सामान्य सदस्य का मृत्यु हुआ है? Did any usual member of this household die since January 2015?	YES 1 NO 2 → 96
88	कितने लोगों कि मृत्यु हुई है? How many persons died?	TOTAL DEATHS <input type="text"/> <input type="text"/>

					IF FEMALE AND DIED WHEN 12 YEARS OR OLDER:	
89	90	91	92	93	94	95
कृपया उनका नाम बताये जिनकी मृत्यु हुई. Please tell me the name(s) of the (person/people) who died.	क्या (NAME) पुरुष था या स्त्री? Was (NAME) male or female?	क्या (नाम) की मृत्यु सिविल प्राधिकारी के पास दर्ज कराई गई थी? was (NAME's) death registered with the civil authority?	(NAME) कि आयु कितनी थी जब (उनका/उनकी) मृत्यु हुआ/हुई थी? How old was (NAME) when (he/she) died?	किस महिने और साल में (NAME) कि मृत्यु हुई? In what month and year did (NAME) die?	क्या (NAME) कि मृत्यु गर्भावस्था के दौरान, प्रसव के दौरान, या गर्भावस्था के समाप्ति या बच्चे के जन्म के दो महिने के अंदर हुई? Did (NAME) die during pregnancy, during childbirth or within two months after the end of pregnancy or childbirth?	क्या मृत्यु दुर्घटना, हिंसा, विष [जहर], डूबके, आपदा हत्या या आत्महत्या के कारण हुई? Was the death due to an accident, violence, poisoning, drowning, disaster, homicide or suicide?
(1) NAME	MALE .. 1 FEMALE . 2	YES 1 NO 2	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 GO TO NEXT LINE NO 2	YES 1 NO 2
(2) NAME	MALE .. 1 FEMALE . 2	YES 1 NO 2	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 GO TO NEXT LINE NO 2	YES 1 NO 2
(3) NAME	MALE .. 1 FEMALE . 2	YES 1 NO 2	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 GO TO NEXT LINE NO 2	YES 1 NO 2
(4) NAME	MALE .. 1 FEMALE . 2	YES 1 NO 2	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 GO TO NEXT LINE NO 2	YES 1 NO 2
(5) NAME	MALE .. 1 FEMALE . 2	YES 1 NO 2	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 GO TO NEXT LINE NO 2	YES 1 NO 2

96	RECORD TIME HOURS <input type="text"/> <input type="text"/>
	MINUTES <input type="text"/> <input type="text"/>

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____