

CONFIDENTIAL
 For research purposes only

IDENTIFICATION							
STATE _____				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>			
DISTRICT _____				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>			
TEHSIL/TALUK _____							
CITY/TOWN/VILLAGE _____							
TYPE OF PSU (URBAN = 1, RURAL = 2)				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>			
PSU NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>			
STRUCTURE NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>			
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>			
NAME OF HOUSEHOLD HEAD _____							
ADDRESS OF HOUSEHOLD _____							
IS HOUSEHOLD SELECTED FOR THE STATE MODULE? (YES = 1, NO = 2)				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>			
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	_____			SUPERVISOR 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)				

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.

क्या आप इस सर्वेक्षण में भाग लेने के लिए सहमत हैं?

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

BEGIN INTERVIEW

RESPONDENT DOES NOT AGREE

TO BE INTERVIEWED ... 2 → END

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HOUSEHOLD SCHEDULE

अब हम उन लोगों के बारे में कुछ जानकारी चाहेंगे जो सामान्यतः आप के 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 NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			BIRTH REGISTRATION
				(NAME) का रिश्ता क्या है?	क्या (NAME) सामान्यतः यहाँ (रहते/रहती) हैं?			क्या (NAME) पिछली रात यहाँ (ठहरे थे/ठहरी थीं)?	(NAME) की आयु क्या है?	IF AGE 13 OR OLDER	
	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. 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.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is the current marital status of (NAME)?				Does (NAME) have a birth certificate? IF NO: Has (NAME)'s birth ever been registered with the civil authority?
(1)	(2)	(A)	(4)	(5)	(6)	(B)	(C)	(9)	(10)	(11)	(D)
01		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01	C R N DK 1 2 3 8
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	1 2 3 8
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	1 2 3 8
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	1 2 3 8
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	1 2 3 8
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	1 2 3 8
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	1 2 3 8
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	1 2 3 8
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	1 2 3 8
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10	1 2 3 8
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	11	11	11	1 2 3 8

LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EDUCATION					AADHAAR CARD
	IF AGE 0-17				IF AGE 5 OR OLDER		IF AGE 5-18			
	क्या (NAME) को जन्म देनेवाली माता जीवित है?	क्या (NAME) को जन्म देने वाली माँ सामान्यतः इस घर में रहती हैं या वे कल रात यहाँ मेहमान थी? 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 (NAME) कभी स्कूल (गया/गयी) हैं?	(NAME) ने कौन-सा उच्चतम दर्जा पास किया है?	क्या (NAME) स्कूल वर्ष 2014-2015 के दौरान कभी स्कूल या कॉलेज गया/गयी हैं?	(इस/उस) स्कूल वर्ष के दौरान (NAME) किस दर्जे/वर्ष में जा (रहा है/या) (रही है/थी)?	IF NO ON Q.19 (NAME) के स्कूल न जाने का मुख्य कारण क्या है?	क्या (NAME) के पास आधार कार्ड है?
	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? IF YES: RECORD MOTHER'S LINE NO. IF NO: RECORD '00'.	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? IF YES: RECORD FATHER'S LINE NO. IF NO: RECORD '00'.	Has (NAME) ever attended school?	What is the highest standard (NAME) has completed? (E)	Did (NAME) attend school or college at any time during the 2014-15 school year? (E)	During (this/that) school year, what standard/year (is/was) (NAME) attending? (E)	What is the main reason (NAME) is not attending school? (F)	Does (NAME) have an Aadhaar card? (21A)
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(21A)
	Y N DK 1 2 8 ↓ GO TO 15	LINE NO. □ □	Y N DK 1 2 8 ↓ GO TO 17	LINE NO. □ □	YES NO 1 2 ↓ GO TO 21A	STANDARD □ □	YES NO 1 2 ↓ GO TO 21	STANDARD □ □	REASON □ □	YES NO 1 2
01	Y N DK 1 2 8 ↓ GO TO 15	LINE NO. □ □	Y N DK 1 2 8 ↓ GO TO 17	LINE NO. □ □	YES NO 1 2 ↓ GO TO 21A	STANDARD □ □	YES NO 1 2 ↓ GO TO 21	STANDARD □ □	REASON □ □	YES NO 1 2
02	Y N DK 1 2 8 ↓ GO TO 15	LINE NO. □ □	Y N DK 1 2 8 ↓ GO TO 17	LINE NO. □ □	YES NO 1 2 ↓ GO TO 21A	STANDARD □ □	YES NO 1 2 ↓ GO TO 21	STANDARD □ □	REASON □ □	YES NO 1 2
03	Y N DK 1 2 8 ↓ GO TO 15	LINE NO. □ □	Y N DK 1 2 8 ↓ GO TO 17	LINE NO. □ □	YES NO 1 2 ↓ GO TO 21A	STANDARD □ □	YES NO 1 2 ↓ GO TO 21	STANDARD □ □	REASON □ □	YES NO 1 2
04	Y N DK 1 2 8 ↓ GO TO 15	LINE NO. □ □	Y N DK 1 2 8 ↓ GO TO 17	LINE NO. □ □	YES NO 1 2 ↓ GO TO 21A	STANDARD □ □	YES NO 1 2 ↓ GO TO 21	STANDARD □ □	REASON □ □	YES NO 1 2
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11	Y N DK 1 2 8 ↓ GO TO 15	LINE NO. □ □	Y N DK 1 2 8 ↓ GO TO 17	LINE NO. □ □	YES NO 1 2 ↓ GO TO 21A	STANDARD □ □	YES NO 1 2 ↓ GO TO 21	STANDARD □ □	REASON □ □	YES NO 1 2

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

(E) CODES FOR Q.18 AND Q.20

EDUCATION STANDARD:

- 00 = LESS THAN 1 YEAR COMPLETED OR PRE-PRIMARY
98 = DON'T KNOW

(F) CODES FOR 21

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																									
22	<p>कोई व्यक्ति प्रायः कितनी बार आपके घर के अंदर धूम्रपान करता है, क्या आप कहेंगे रोजाना, हप्ते में एकबार, महिने 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>																										
23	<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>	→ 25																									
24	<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>24A FOR EACH PERSON, ASK: क्या (NAME) ने तपेदिक [टी बी] के लिए चिकित्सकीय 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></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LINE NO.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LINE NO.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LINE NO.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		YES, PUBLIC ONLY	YES, PRIVATE ONLY	YES, BOTH	NO	LINE NO.					LINE NO.					LINE NO.					LINE NO.					
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25	<p>आपके घर के सदस्यों के लिए पीने के पानी का मुख्य स्रोत क्या है?</p> <p>What is the main source of drinking water for members of your household?</p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PUBLIC TAP/STANDPIPE 13</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>COMMUNITY RO PLANT 92</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 29</p> <p>→ 29</p>																									
26	<p>पानी का स्रोत कहाँ पर है?</p> <p>Where is the water source located?</p>	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	→ 29																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
27	<p>वहाँ एक बार जाने में, पानी लेने में, और वापस आने में कितना समय लगता है?</p> <p>How long does it take to go there, get water, and come back in one trip?</p>	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DELIVERED TO DWELLING 000</p> <p>ON THE PREMISES 996</p> <p>DON'T KNOW 998</p>	<p>→ 29</p>
28	<p>आपके घर के लिए इस स्रोत से पानी लाने के लिए सामान्यतः कौन जाता है?</p> <p>Who usually goes to this source to fetch the water for your household?</p>	<p>ADULT WOMAN 1</p> <p>ADULT MAN 2</p> <p>FEMALE CHILD</p> <p>UNDER AGE 15 YEARS 3</p> <p>MALE CHILD</p> <p>UNDER AGE 15 YEARS 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	
29	<p>क्या आपके घर के सदस्य पीने के पानी को सुरक्षित बनाने के लिए कुछ करते हैं?</p> <p>Does this household do anything to the water to make it safer to drink?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 31</p>
30	<p>पीने के पानी को सुरक्षित बनाने के लिए सामान्यतः आपका परिवार क्या करता है? कोई अन्य?</p> <p>What does this household usually do to make the water safer to drink? Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>BOIL A</p> <p>USE ALUM B</p> <p>ADD BLEACH/CHLORINE TABLETS C</p> <p>STRAIN THROUGH A CLOTH D</p> <p>USE WATER FILTER (CERAMIC/SAND/COMPOSITE/ETC.) E</p> <p>USE ELECTRONIC PURIFIER F</p> <p>LET IT STAND AND SETTLE G</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
31	<p>आपके परिवार के सदस्य सामान्यतः किस प्रकार की शौच सुविधा का इस्तेमाल करते हैं?</p> <p>What kind of toilet facility do members of your household usually use?</p>	<p>FLUSH OR POUR FLUSH TOILET</p> <p>FLUSH TO PIPED SEWER SYSTEM 11</p> <p>FLUSH TO SEPTIC TANK 12</p> <p>FLUSH TO PIT LATRINE 13</p> <p>FLUSH TO SOMEWHERE ELSE 14</p> <p>FLUSH, DON'T KNOW WHERE 15</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED</p> <p>PIT (VIP)/BIOGAS LATRINE 21</p> <p>PIT LATRINE WITH SLAB 22</p> <p>PIT LATRINE WITHOUT SLAB/OPEN PIT 23</p> <p>TWIN PIT/COMPOSTING TOILET 31</p> <p>DRY TOILET 41</p> <p>NO FACILITY/USES OPEN SPACE OR FIELD 51</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 34</p>
32	<p>क्या इस शौच सुविधा का इस्तेमाल अन्य परिवार भी करते हैं?</p> <p>Do you share this toilet facility with other households?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 34</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
33	कितने परिवार इस शौच सुविधा का इस्तेमाल करते हैं? How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 0 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
34	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)	
35	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	→ 37
36	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	
37	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? मोबाईल 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
38	<p>खाना पकाने के लिए आपके घर में मुख्यतः किस प्रकार के ईंधन का इस्तेमाल किया जाता है?</p> <p>What type of fuel does your household mainly use for cooking?</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 NO FOOD COOKED IN HOUSEHOLD . 95 OTHER _____ 96 (SPECIFY)	<p>→ 40</p> <p>→ 42</p>
39	<p>क्या इस घर में खाना स्टोव पर, चूल्हे पर या खुली आग में पकाया जाता है?</p> <p>In this household, is food cooked on a stove, a chullah or an open fire?</p>	STOVE 1 CHULLAH 2 OPEN FIRE 3 OTHER _____ 6 (SPECIFY)	
40	<p>क्या खाना सामान्यतः घर में, अलग इमारत में या बाहर पकाया जाता है?</p> <p>Is the cooking usually done in the house, in a separate building, or outdoors?</p>	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	<p>→ 42</p>
41	<p>क्या आपके घर में खाना पकाने के लिए अलग कमरा है?</p> <p>Do you have a separate room which is used as a kitchen?</p>	YES 1 NO 2	
42	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	NATURAL FLOOR MUD/CLAY/EARTH 11 SAND 12 DUNG 13 RUDIMENTARY FLOOR RAW WOOD PLANKS 21 PALM/BAMBOO 22 BRICK 23 STONE 24 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 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
43	<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 (SPECIFY)</p>	
44	<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 (SPECIFY)</p>	
45	<p>इस घर में सोने के लिए कितने कमरों का उपयोग किया जाता है? How many rooms in this household are used for sleeping?</p>	<p>ROOMS <input type="text"/> <input type="text"/></p>	
46	<p>क्या यह परिवार इस घर का या किसी दूसरे घर का मालिक है? Does any member of this household own this house or any other house?</p>	<p>YES 1</p> <p>NO 2</p>	→ 48
47	<p>उस घर का मालिक कौन है? Who owns the house?</p>	<p>MALE MEMBER 1</p> <p>FEMALE MEMBER 2</p> <p>BOTH 3</p> <p>DON'T KNOW 8</p>	
48	<p>क्या इस परिवार का कोई भी सदस्य किसी खेतीहर ज़मीन का मालिक है? Does any member of this household own any agricultural land?</p>	<p>YES 1</p> <p>NO 2</p>	→ 52

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
49	इस खेतीहर ज़मीन का मालिक कौन है? Who owns this agricultural land ?	MALE MEMBER 1 FEMALE MEMBER 2 BOTH 3 DONT KNOW 8	
50	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, SPECIFY SIZE AND UNIT)	ACRES <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
51	इस ज़मीन में से कितनी सिंचित है? Out of this land, how much is irrigated? _____ (IF NOT IN ACRES, SPECIFY SIZE AND UNIT)	ACRES <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NONE 9995 DONT KNOW 9998	
52	क्या आपके परिवार के पास इनमें से कोई मवेशी है: Does your household own any of the following animals: a) Cows, bulls, or buffaloes? गाय, बैल या भैंस? b) Camels? ऊँट? c) Horses, donkeys, or mules? घोड़े, गधे या खच्चर? d) Goats? बकरी? e) Sheep? भेड़? f) Chickens or ducks? मुर्गा या बत्तख?	YES NO COWS/BULLS/BUFFALOES 1 2 CAMELS 1 2 HORSES/DONKEYS/MULES . 1 2 GOATS 1 2 SHEEP 1 2 CHICKENS/DUCKS 1 2	
53	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 DONT KNOW 8	
54	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 DONT KNOW 8	→ 56
55	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
56	<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>VAIDYA/HAKIM/HOMEOPATH (AYUSH) 17</p> <p>ANGANWADI/ICDS CENTRE 18</p> <p>ASHA 19</p> <p>GOVT. MOBILE CLINIC 20</p> <p>OTHER PUBLIC SECTOR HEALTH FACILITY 21</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>VAIDYA/HAKIM/HOMEOPATH (AYUSH) 44</p> <p>TRADITIONAL HEALER 45</p> <p>PHARMACY/DRUGSTORE 46</p> <p>DAI (TBA) 47</p> <p>OTHER PRIVATE SECTOR HEALTH FACILITY 48</p> <p>OTHER</p> <p>SHOP 51</p> <p>HOME TREATMENT 52</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 58</p>
57	<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 (SPECIFY)</p>	
58	<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>	
59	<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>	<p>→ 66</p>
60	<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>	
61	<p>मच्छरदानी (मच्छरदानियाँ) आपको कहाँ से मिली?</p> <p>From where did you get the mosquito net(s)?</p> <p>RECORD ALL MENTIONED.</p>	<p>PURCHASED FROM THE MARKET A</p> <p>GOVERNMENT B</p> <p>SUPPLIED BY NGO/TRUST C</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	

		NET #1	NET #2	NET #3
62	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 YORKKOL 20 OTHER/ DK BRAND 26 'PRETREATED' NET . 30 OTHER BRAND 96 DK BRAND 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 YORKKOL 20 OTHER/ DK BRAND 26 'PRETREATED' NET . 30 OTHER BRAND 96 DK BRAND 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 YORKKOL 20 OTHER/ DK BRAND 26 'PRETREATED' NET . 30 OTHER BRAND 96 DK BRAND 98
63	इस मच्छरदानी में पिछली रात को क्या क्या सोया था? Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 65) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 65) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 65) ← NOT SURE 8
64	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.	NAME _____ LINE _____ NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE _____ NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE _____ NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE _____ NO. <input type="text"/> <input type="text"/>	NAME _____ LINE _____ NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE _____ NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE _____ NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE _____ NO. <input type="text"/> <input type="text"/>	NAME _____ LINE _____ NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE _____ NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE _____ NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE _____ NO. <input type="text"/> <input type="text"/>
65		GO BACK TO 62 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 66.	GO BACK TO 62 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 66.	GO TO 62 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 66.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
66	<p>कृपया मुझे वह स्थान दिखाएं जहां पर आपके घर के सदस्य प्रायः हाथ धोते हैं।</p> <p>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 69) ←</p>
67	<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>
68	<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>
69	<p>ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.</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	
70	January 2012 से लेकर क्या इस घर के किसी सामान्य सदस्य का मृत्यु हुआ है? Did any usual member of this household die since January 2012?	YES 1 NO 2	→ END

71	कितने लोगों कि मृत्यु हुई है? How many persons died?	TOTAL DEATHS <input type="text"/>	
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72	73	74	75	76	77
कृपया उनका नाम बताये जिनकी मृत्यु हुई. Please tell the name(s) of the (person/people) who died.	क्या (NAME) पुरुष था या स्त्री? Was (NAME) male or female?	(NAME) कि आयु कितनी थी जब (उनका/उनकी) मृत्यु हुआ/हुई थी? How old was (NAME) when (he/she) died?	किस महीने और साल में (NAME) कि मृत्यु हुई? In what month and year did (NAME) die?	क्या मृत्यु दुर्घटना, हिंसा, विष [जहर], हत्या या आत्महत्या के कारण हुई? Was the death due to an accident, violence, poisoning, homicide or suicide?	IF FEMALE AND DIED WHEN 12 YEARS OR OLDER: क्या (NAME) कि मृत्यु गर्भावस्था के दौरान, प्रसव के दौरान, या गर्भावस्था के समाप्ति या बच्चे के जन्म के दो महीने के अंदर हुई? Did (NAME) die during pregnancy, during childbirth or within two months after the end of pregnancy or childbirth?
(1) NAME	MALE . 1 FEMALE . 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES ... 1 GO TO NEXT LINE NO 2	YES 1 NO 2
(2) NAME	MALE . 1 FEMALE . 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES ... 1 GO TO NEXT LINE NO 2	YES 1 NO 2
(3) NAME	MALE . 1 FEMALE . 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES ... 1 GO TO NEXT LINE NO 2	YES 1 NO 2
(4) NAME	MALE . 1 FEMALE . 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES ... 1 GO TO NEXT LINE NO 2	YES 1 NO 2
(5) NAME	MALE . 1 FEMALE . 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES ... 1 GO TO NEXT LINE NO 2	YES 1 NO 2

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: _____