

IDENTIFICATION

STATE _____

DISTRICT _____

TEHSIL/TALUK _____

CITY/TOWN/VILLAGE _____

TYPE OF PSU (URBAN = 1, RURAL = 2)

PSU NUMBER

STRUCTURE NUMBER

HOUSEHOLD NUMBER

NAME OF HOUSEHOLD HEAD _____

ADDRESS OF HOUSEHOLD _____

IS HOUSEHOLD SELECTED FOR THE STATE MODULE? (YES = 1, NO = 2)

IS HOUSEHOLD SELECTED FOR DRIED BLOOD SPOT (DBS) COLLECTION? (YES = 1, NO = 2)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				<div>DAY</div> <div>MONTH</div> <div>YEAR</div> <div>INT. NO.</div> <div>RESULT CODE*</div>
INTERVIEWER'S NAME				
RESULT CODE*				
NEXT VISIT: DATE TIME				<div>TOTAL NUMBER OF VISITS</div>
SUPERVISOR'S NAME				<div>SUPERV NUMBER</div>

*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 AGE 15-49
TOTAL ELIGIBLE
MEN AGE 15-54
LINE NO. OF
RESPONDENT
TO HOUSEHOLD
QUESTIONNAIRE

--	--

**LANGUAGE CODES:

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

QUESTIONNAIRE
**RESPONDENT'S
MOTHER TONGUE

INTERVIEW

TRANSLATOR USED? (YES = 1, NO = 2)

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/चली जाऊँगा/ जाऊँगी। आप किसी भी समय यह बातचीत रोक सकते हैं।

क्या आप मुझसे कुछ सवाल पूछना चाहती / चाहते हैं?

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 कर सकते हैं।

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

RECORD TIME HOURS

MINUTES

THIS PAGE IS INTENTIONALLY BLANK

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
	<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 9A (a - c) TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK QUESTIONS IN COLUMNS 10-30 FOR EACH PERSON.</p>	<p>घर के मुखिया से (NAME) का रिश्ता क्या है?</p> <p>What is the relationship of (NAME) to the head of the household?</p> <p>(A)</p>	<p>क्या (NAME) पुरुष है या स्त्री है या विपरीत लिंग है?</p> <p>Is (NAME) male or female or transgender?</p>	<p>क्या (NAME) सामान्यतः यहीं (रहते/रहती) हैं?</p> <p>Does (NAME) usually live here?</p>	<p>क्या (NAME) पिछली रात यहीं (ठहरे थे/ठहरी थीं)?</p> <p>Did (NAME) stay here last night?</p>	<div>ASK ONLY IF USUAL RESIDENT</div> <p>पिछला निवास स्थान क्या था?</p> <p>What was the place of last residence?</p> <p>(I)</p>	<p>(NAME) की आयु क्या है?</p> <p>(NAME) यहाँ लगातार कब से रह रहा/ रही है?</p> <p>(NAME) is continuously living here?</p> <p>How old is (NAME)?</p> <p>RECORD COMPLETED YEARS. (B)</p>	<p>IF AGE 13 OR OLDER</p> <p>(NAME) की वर्तमान वैवाहिक स्थिति क्या है?</p> <p>What is the current marital status of (NAME)?</p> <p>(C)</p>	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
01		<div><div></div><div></div></div>	<div>M F T</div> <div>1 2 3</div>	<div>YES NO</div> <div>1 2</div>	<div>YES NO</div> <div>1 2</div>	<div>1 2 3 4</div>	<div>YEARS MONTHS</div> <div><div></div><div></div></div> <div>SINCE BIRTH 95</div>	<div>IN YEARS</div> <div><div></div><div></div></div>	<div><div></div><div></div></div>
02		<div><div></div><div></div></div>	<div>1 2 3</div>	<div>1 2</div>	<div>1 2</div>	<div>1 2 3 4</div>	<div>YEARS MONTHS</div> <div><div></div><div></div></div> <div>SINCE BIRTH 95</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
03		<div><div></div><div></div></div>	<div>1 2 3</div>	<div>1 2</div>	<div>1 2</div>	<div>1 2 3 4</div>	<div>YEARS MONTHS</div> <div><div></div><div></div></div> <div>SINCE BIRTH 95</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
04		<div><div></div><div></div></div>	<div>1 2 3</div>	<div>1 2</div>	<div>1 2</div>	<div>1 2 3 4</div>	<div>YEARS MONTHS</div> <div><div></div><div></div></div> <div>SINCE BIRTH 95</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
05		<div><div></div><div></div></div>	<div>1 2 3</div>	<div>1 2</div>	<div>1 2</div>	<div>1 2 3 4</div>	<div>YEARS MONTHS</div> <div><div></div><div></div></div> <div>SINCE BIRTH 95</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
06		<div><div></div><div></div></div>	<div>1 2 3</div>	<div>1 2</div>	<div>1 2</div>	<div>1 2 3 4</div>	<div>YEARS MONTHS</div> <div><div></div><div></div></div> <div>SINCE BIRTH 95</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
07		<div><div></div><div></div></div>	<div>1 2 3</div>	<div>1 2</div>	<div>1 2</div>	<div>1 2 3 4</div>	<div>YEARS MONTHS</div> <div><div></div><div></div></div> <div>SINCE BIRTH 95</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
08		<div><div></div><div></div></div>	<div>1 2 3</div>	<div>1 2</div>	<div>1 2</div>	<div>1 2 3 4</div>	<div>YEARS MONTHS</div> <div><div></div><div></div></div> <div>SINCE BIRTH 95</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
09		<div><div></div><div></div></div>	<div>1 2 3</div>	<div>1 2</div>	<div>1 2</div>	<div>1 2 3 4</div>	<div>YEARS MONTHS</div> <div><div></div><div></div></div> <div>SINCE BIRTH 95</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
10		<div><div></div><div></div></div>	<div>1 2 3</div>	<div>1 2</div>	<div>1 2</div>	<div>1 2 3 4</div>	<div>YEARS MONTHS</div> <div><div></div><div></div></div> <div>SINCE BIRTH 95</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
11		<div><div></div><div></div></div>	<div>1 2 3</div>	<div>1 2</div>	<div>1 2</div>	<div>1 2 3 4</div>	<div>YEARS MONTHS</div> <div><div></div><div></div></div> <div>SINCE BIRTH 95</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>

LINE NO.	ELIGIBILITY					BIRTH REGISTRATION	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				PRESCHOOL	
	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15 OR OLDER	IF HOUSEHOLD IS SELECTED FOR STATE MODULE		CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 0-5		IF AGE 0-4	IF AGE 0-17			IF AGE IS 2-4 YEARS	
CIRCLE LINE NUMBER OF ALL MEN AGE 15-54			CIRCLE LINE NUMBER OF ALL MEN AGE 15 OR OLDER	क्या (NAME) के जन्म का प्रमाणपत्र है? IF NO: क्या (NAME) के जन्म का कभी नागरिक प्राधिकरण में पंजीकरण किया गया है?		क्या (NAME) को जन्म देने वाली माँ सामान्यतः इस घर में रहती हैं या वे मेहमान थी? IF YES: उनका नाम क्या है?		क्या (NAME) के सगे पिता जीवित हैं?	क्या (NAME) के सगे पिता जीवित हैं या वे कल रात यहाँ मेहमान थे? IF YES: उनका नाम क्या है?	क्या (NAME) वर्तमान में स्कूल शिक्षा को शुरू करने से पहले जाने वाली किसी कक्षा जैसे नर्सरी आदि में जा रहा है/रही है?	IF YES: (NAME) स्कूल जाने के पहले वाली कक्षा में जा रहा है/रही है?	
	(11)	(11A)	(12)	(12A)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
01	01	01	01	01	01	C R N DK 1 2 3 8	Y N DK 1 2 8 ↓ GO TO 17	LINE NO. <div></div>	Y N DK 1 2 8 ↓ GO TO 19	LINE NO. <div></div>	Y N DK 1 2 8 ↓ GO TO 26	<div></div> ↓ GO TO 26
02	02	02	02	02	02	1 2 3 8	1 2 8 ↓ GO TO 17	<div></div>	1 2 8 ↓ GO TO 19	<div></div>	1 2 8 ↓ GO TO 26	<div></div> ↓ GO TO 26
03	03	03	03	03	03	1 2 3 8	1 2 8 ↓ GO TO 17	<div></div>	1 2 8 ↓ GO TO 19	<div></div>	1 2 8 ↓ GO TO 26	<div></div> ↓ GO TO 26
04	04	04	04	04	04	1 2 3 8	1 2 8 ↓ GO TO 17	<div></div>	1 2 8 ↓ GO TO 19	<div></div>	1 2 8 ↓ GO TO 26	<div></div> ↓ GO TO 26
05	05	05	05	05	05	1 2 3 8	1 2 8 ↓ GO TO 17	<div></div>	1 2 8 ↓ GO TO 19	<div></div>	1 2 8 ↓ GO TO 26	<div></div> ↓ GO TO 26
06	06	06	06	06	06	1 2 3 8	1 2 8 ↓ GO TO 17	<div></div>	1 2 8 ↓ GO TO 19	<div></div>	1 2 8 ↓ GO TO 26	<div></div> ↓ GO TO 26
07	07	07	07	07	07	1 2 3 8	1 2 8 ↓ GO TO 17	<div></div>	1 2 8 ↓ GO TO 19	<div></div>	1 2 8 ↓ GO TO 26	<div></div> ↓ GO TO 26
08	08	08	08	08	08	1 2 3 8	1 2 8 ↓ GO TO 17	<div></div>	1 2 8 ↓ GO TO 19	<div></div>	1 2 8 ↓ GO TO 26	<div></div> ↓ GO TO 26
09	09	09	09	09	09	1 2 3 8	1 2 8 ↓ GO TO 17	<div></div>	1 2 8 ↓ GO TO 19	<div></div>	1 2 8 ↓ GO TO 26	<div></div> ↓ GO TO 26
10	10	10	10	10	10	1 2 3 8	1 2 8 ↓ GO TO 17	<div></div>	1 2 8 ↓ GO TO 19	<div></div>	1 2 8 ↓ GO TO 26	<div></div> ↓ GO TO 26
11	11	11	11	11	11	1 2 3 8	1 2 8 ↓ GO TO 17	<div></div>	1 2 8 ↓ GO TO 19	<div></div>	1 2 8 ↓ GO TO 26	<div></div> ↓ GO TO 26

LINE NO.	EDUCATION				AADHAAR CARD/ AADHAAR NUMBER	TOBACCO/ALCOHOL		COVID-19 VACCINATION				
	IF AGE 5 OR OLDER		IF AGE 5-24				IF AGE 15 OR OLDER		IF AGE 18 OR OLDER			
	क्या (NAME) कभी स्कूल गया/गयी है (ऑनलाइन कक्षाओं को सम्मिलित करते हुए)?	(NAME) ने कौन-सा उच्चतम दर्जा पास किया है?	क्या (NAME) स्कूल वर्ष 2022-2023 के दौरान कभी स्कूल या कॉलेज गया/गयी है?	(इस/उस) स्कूल वर्ष के दौरान (NAME) किस दर्जा/वर्ष में जा (रहा है/या) (रही है/यही)?	IF NO ON Q.23 (NAME) के स्कूल न जाने का मुख्य कारण क्या है?	क्या (NAME) के पास आधार कार्ड/आधार नंबर है?	क्या (NAME) वर्तमान में धूम्रपान या किसी अन्य रूप में तम्बाकू का सेवन करते / करती है?	क्या (NAME) वर्तमान में शराब पीते/पीती है?	क्या (NAME) को COVID-19 के दो या दो से अधिक टीके (वैक्सीन) या केवल एक टीका (वैक्सीन) लगा था, या कोई टीका (वैक्सीन) नहीं लगा था?	टीका (वैक्सीन) नहीं लगवाने का मुख्य कारण क्या था?		
	Has (NAME) ever attended school including online classes?	What is the highest grade (NAME) has completed?	Did (NAME) attend school or college at any time during the 2023-2024 school year?	During (this/that) school or college year, what grade/year (s)/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?	Has (NAME) received two or more doses, only one dose or no dose of the COVID-19 vaccine?	What is the main reason for not taking the vaccine?		
	(F)		(F)		(G)					(H)		
	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)			(30)
01	YES NO 1 2 ↓ GO TO 26	GRADE 1 2	YES NO 1 2 ↓ GO TO 25	GRADE 1 2 ↓ GO TO 26	REASON 1 2	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8	TWO OR MORE DOSES 1 ↓ GO TO Q31 IF NO MORE MEMBERS	ONLY ONE DOSE 2	NO DOSE 3	REASON 1 2
02	1 2 ↓ GO TO 26	1 2	1 2 ↓ GO TO 25	1 2 ↓ GO TO 26	1 2	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8	1 ↓ GO TO Q31 IF NO MORE MEMBERS	2	3	REASON 1 2
03	1 2 ↓ GO TO 26	1 2	1 2 ↓ GO TO 25	1 2 ↓ GO TO 26	1 2	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8	1 ↓ GO TO Q31 IF NO MORE MEMBERS	2	3	REASON 1 2
04	1 2 ↓ GO TO 26	1 2	1 2 ↓ GO TO 25	1 2 ↓ GO TO 26	1 2	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8	1 ↓ GO TO Q31 IF NO MORE MEMBERS	2	3	REASON 1 2
05	1 2 ↓ GO TO 26	1 2	1 2 ↓ GO TO 25	1 2 ↓ GO TO 26	1 2	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8	1 ↓ GO TO Q31 IF NO MORE MEMBERS	2	3	REASON 1 2
06	1 2 ↓ GO TO 26	1 2	1 2 ↓ GO TO 25	1 2 ↓ GO TO 26	1 2	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8	1 ↓ GO TO Q31 IF NO MORE MEMBERS	2	3	REASON 1 2
07	1 2 ↓ GO TO 26	1 2	1 2 ↓ GO TO 25	1 2 ↓ GO TO 26	1 2	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8	1 ↓ GO TO Q31 IF NO MORE MEMBERS	2	3	REASON 1 2
08	1 2 ↓ GO TO 26	1 2	1 2 ↓ GO TO 25	1 2 ↓ GO TO 26	1 2	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8	1 ↓ GO TO Q31 IF NO MORE MEMBERS	2	3	REASON 1 2
09	1 2 ↓ GO TO 26	1 2	1 2 ↓ GO TO 25	1 2 ↓ GO TO 26	1 2	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8	1 ↓ GO TO Q31 IF NO MORE MEMBERS	2	3	REASON 1 2
10	1 2 ↓ GO TO 26	1 2	1 2 ↓ GO TO 25	1 2 ↓ GO TO 26	1 2	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8	1 ↓ GO TO Q31 IF NO MORE MEMBERS	2	3	REASON 1 2
11	1 2 ↓ GO TO 26	1 2	1 2 ↓ GO TO 25	1 2 ↓ GO TO 26	1 2	YES NO 1 2	YES NO DK 1 2 8	YES NO DK 1 2 8	1 ↓ GO TO Q31 IF NO MORE MEMBERS	2	3	REASON 1 2

TICK HERE IF CONTINUATION QUESTIONNAIRE USED <input type="checkbox"/>			
9A 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 है 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-NO
- 13 = DOMESTIC SERVANT
- 14 = OTHER NOT RELATED
- 98 = DON'T KNOW

(B) CODES FOR Q. 9

AGE:

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

(C) CODES FOR Q. 10

MARITAL STATUS:

- 1 = CURRENTLY MARRIED
- 2 = MARRIED, BUT GAUNA NOT PERFORMED
- 3 = WIDOWED
- 4 = DIVORCED
- 5 = SEPARATED
- 6 = DESERTED
- 7 = NEVER MARRIED
- 8 = LIVE-IN RELATIONSHIP
- 98 = DON'T KNOW

(D) CODES FOR Q. 14

BIRTH REGISTRATION:

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

(E) CODE FOR Q. 20

PRESCHOOL:

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

(G) CODES FOR Q. 25

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 CALAMITY

- 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
- 17 = DUE TO COVID-19
- 96 = OTHER
- 98 = DON'T KNOW

(H) CODES FOR Q.30

REASON FOR NOT TAKING COVID-19 VACCINE:

- 1 = FEAR OF SIDE EFFECT
- 2 = NOT AWARE ABOUT VACCINE
- 3 = CANNOT AFFORD VACCINE COST
- 4 = VACCINE CENTRE NOT ACCESSIBLE
- 5 = LONG WAITING TIME
- 6 = NO TRUST ON VACCINE
- 7 = OTHER (SPECIFY)

(F) CODES FOR Q. 22 AND Q. 24

EDUCATION GRADE:

- 00 = LESS THAN 1 YEAR COMPLETED
- (00' CAN BE USED ONLY FOR Q. 22, NOT FOR Q. 24)
- 95 = PRE-PRIMARY
- 98 = DON'T KNOW

(I) CODE FOR Q.7

PLACE OF LAST RESIDENCE:

- 1 = WITHIN THE SAME DISTRICT
- 2 = WITHIN SAME STATE BUT NOT WITHIN DISTRICT
- 3 = OUT OF STATE BUT WITHIN COUNTRY
- 4 = OUT OF THE COUNTRY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																									
31	<p>कोई व्यक्ति प्रायः कितनी बार आपके घर के अंदर धूम्रपान करता है? क्या आप कहेंगे रोजाना, हफ्ते में एकबार, महीने में एक बार, महीने में एक बार से कम, या 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>																										
32	<p>क्या आपके परिवार में आप या कोई अन्य सदस्य तपेदिक [टी बी] रोग से पीड़ित है?</p> <p>Does any usual resident of your household including you suffer from tuberculosis?</p>	<p>YES 1</p> <p>NO 2</p>	→ 34																									
33	<p>तपेदिक [टी बी] रोग से कौन पीड़ित है?</p> <p>कोई अन्य?</p> <p>Who suffers from tuberculosis?</p> <p>Anyone else?</p> <p>RECORD LINE NUMBER(S).</p> <p>IF NO MORE TB CASES, RECORD '95'.</p>	<p>33A FOR EACH PERSON, ASK:</p> <p>क्या (NAME) ने तपेदिक [टी बी] के लिए चिकित्सकीय इलाज कराया है?</p> <p>IF YES, ASK: (NAME) कहाँ गये थे?</p> <p>Has (NAME) received medical treatment for the tuberculosis?</p> <p>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.					
	YES, PUBLIC ONLY	YES, PRIVATE ONLY	YES, BOTH	NO																								
LINE NO.																												
LINE NO.																												
LINE NO.																												
LINE NO.																												
34	<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>PIPED TO NEIGHBOUR 13</p> <p>PUBLIC TAP/STANDPIPE 14</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>	→ 38																									
35	<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>	→ 38																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
36	<p>यहाँ 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>→ 38</p>
37	<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>	
38	<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>→ 40</p>
39	<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>USE SOLAR DISINFECTION G</p> <p>LET IT STAND AND SETTLE H</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
40	<p>क्या आपके और आपके परिवार के सदस्यों के पास शौचालय की सुविधा है, जिसका आप उपयोग कर सकते हैं?</p> <p>Whether you and your household members have a toilet facility that you can use?</p>	<p>YES - OWN TOILET 1</p> <p>YES - SHARED TOILET WITH OTHER HOUSEHOLD 2</p> <p>YES - COMMUNITY TOILET 3</p> <p>NO ACCESS 4</p>	<p>→ 44</p>
41	<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 SINGLE</p> <p>PIT (VIP)/BIOGAS LATRINE 21</p> <p>SINGLE PIT LATRINE WITH SLAB 22</p> <p>SINGLE PIT LATRINE WITHOUT SLAB/ OPEN PIT 23</p> <p>TWIN PIT/COMPOSTING TOILET 31</p> <p>DRY TOILET 41</p> <p>USES OPEN SPACE OR FIELD 51</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 44</p>
42	<p>शौचालय की सुविधा कहाँ पर है?</p> <p>Where is the toilet facility located?</p>	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
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><tr><td>0</td><td></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					
44	आपके घर में किस प्रकार की जल निकास नालियाँ हैं? What type of drainage facility does your household have?	CLOSED DRAINAGE 1 OPEN DRAINAGE 2 DRAIN TO SOAK PIT 3 NO DRAINAGE 4			
45	परिवार के मुखिया का धर्म क्या है? What is the religion of the head of the household?	HINDU 1 MUSLIM 2 CHRISTIAN 3 SIKH 4 BUDDHIST/NEO-BUDDHIST 5 JAIN 6 JEWISH 7 PARSI/ZOROASTRIAN 8 NO RELIGION 9 OTHER 96 (SPECIFY)			
46	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	→ 48		
47	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			
48	क्या आपके घर में हैं: A. Does your household have: a) Electricity? बिजली? b) A mattress? गद्दा? c) A pressure cooker? प्रेशर कुकर? d) A chair? कुर्सी? e) A cot or bed? खाट या चारपाई? f) A table? मेज? g) An electric fan? बिजली का पंखा? h) A television? टेलीविजन? i) A sewing machine? सिलाई मशीन? j) A landline telephone? लैंडलाइन टेलीफोन? k) Internet? इंटरनेट? l) A computer/laptop? कम्प्युटर/ लैपटॉप ? m) A refrigerator? रेफ्रिजरेटर? n) An air conditioner/cooler? ए सी / कूलर? o) A washing machine? कपड़े धोने की मशीन? p) A water pump? वाटर पंप? q) A thresher? थ्रेशर? r) A tractor? ट्रैक्टर? s) Kitchen garden? रसोई उद्यान क्या आप के घर के किसी भी सदस्य के पास हैं: B. Does any member of this household own: t) A radio or transistor? रेडियो या ट्रांजिस्टर? u) A mobile telephone/tablet? मोबाइल टेलीफोन/टेबलेट? v) A watch or clock? घड़ी या दीवार घड़ी? w) A bicycle? साइकिल? x) A motorcycle or scooter? मोटर साईकिल या स्कूटर? y) An animal-drawn cart? जानवर द्वारा खींची जानेवाली गाड़ी? z) A car? कार? za) A truck? ट्रक? zb) A boat with motor? मोटर से चलने वाली नाव zc) A boat without motor? मोटर के बिना नाव zd) An autorickshaw/E-rickshaw? ऑटोरिक्शा/ई-रिक्शा	YES NO ELECTRICITY 1 2 MATTRESS 1 2 PRESSURE COOKER 1 2 CHAIR 1 2 COT/BED 1 2 TABLE 1 2 ELECTRIC FAN 1 2 TELEVISION 1 2 SEWING MACHINE 1 2 LANDLINE TELEPHONE 1 2 INTERNET 1 2 COMPUTER/LAPTOP/TABLET 1 2 REFRIGERATOR 1 2 AIR CONDITIONER/COOLER 1 2 WASHING MACHINE 1 2 WATER PUMP 1 2 THRESHER 1 2 TRACTOR 1 2 KITCHEN GARDEN 1 2 RADIO/TRANSISTOR 1 2 MOBILE TELEPHONE/TABLET 1 2 WATCH/CLOCK 1 2 BICYCLE 1 2 MOTORCYCLE/SCOOTER 1 2 ANIMAL-DRAWN CART 1 2 CAR 1 2 TRUCK 1 2 BOAT WITH MOTOR 1 2 BOAT WITHOUT MOTOR 1 2 AUTORICKSHAW 1 2			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
49	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?	ELECTRICITY 1 LPG/NATURAL GAS 2 BIOGAS 3 KEROSENE 4 COAL/LIGNITE 5 CHARCOAL 6 WOOD 7 STRAW/SHRUBS/GRASS 8 AGRICULTURAL CROP WASTE 9 DUNG CAKES 10 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 52 → 54
50	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 <i>chullah</i> , or an open fire?	STOVE 1 CHULLAH 2 OPEN FIRE 3 OTHER 6 (SPECIFY)	→ 52
51	क्या स्टोव या चूल्हे में चिमनी है? Does the stove/chullah have chimney?	YES 1 NO 2 DON'T KNOW 8	
52	क्या खाना बनाने वाली जगह (रसोई) में एग्जॉस्ट फैन है? Whether the place used for cooking (kitchen) has exhaust fan?	YES 1 NO 2 DON'T KNOW 8	
53	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?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 55
54	क्या आपके घर में खाना पकाने के लिए अलग कमरा है? Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
55	आपका परिवार रसोई की बेकार बची हुई सामग्री या पानी आदि का निबटारा कैसे करते हैं? How does this household dispose of the kitchen waste? RECORD ALL MENTIONED.	LET OUT INTO DRAIN/SEWER A OPEN DRAIN B CLOSED DRAIN C REUSE FOR GARDEN OR FARMING D REUSE FOR OTHER DOMESTIC PURPOSES E MANUAL COLLECTION F OTHER X (SPECIFY)	
56	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	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
57	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF/ REED/GRASS 12 MUD 13 SOD/MUD AND GRASS MIXTURE 14 PLASTIC/POLYTHENE SHEETING 15 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 RAW WOOD PLANKS/TIMBER 23 UNBURNT BRICK 24 LOOSELY PACKED STONE 25 FINISHED ROOFING METAL/GI 31 WOOD 32 CALAMINE/CEMENT FIBER 33 ASBESTOS SHEETS 34 RCC/RBC/CEMENT/CONCRETE 35 ROOFING SHINGLES 36 TILES 37 SLATE 38 BURNT BRICK 39 OTHER 96 (SPECIFY)	
58	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS/BAMBOO 12 MUD 13 GRASS/REEDS/THATCH 14 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 PLYWOOD 23 CARDBOARD 24 UNBURNT BRICK 25 RAW WOOD/REUSED WOOD 26 FINISHED WALLS CEMENT/CONCRETE 31 STONE WITH LIME/CEMENT 32 BURNT BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS/SHINGLES 35 GI/METAL/ASBESTOS SHEETS 36 OTHER 96 (SPECIFY)	
59	इस घर में सोने के लिए कितने कमरों का उपयोग किया जाता है? How many rooms in this household are used for sleeping?	ROOMS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
60	क्या इस परिवार का कोई भी सदस्य इस घर का या किसी दूसरे घर का मालिक है? Does any member of this household own this house or any other house?	YES 1 NO 2	→ 62
61	उस घर का मालिक कौन है? Who owns the house?	MALE MEMBER 1 FEMALE MEMBER 2 BOTH 3 DON'T KNOW 8	
62	क्या इस परिवार का कोई भी सदस्य किसी खेतीहर जमीन का मालिक है? Does any member of this household own any agricultural land?	YES 1 NO 2	→ 66
63	इस खेतीहर जमीन का मालिक कौन है? Who owns this agricultural land ?	MALE MEMBER 1 FEMALE MEMBER 2 BOTH 3 DON'T KNOW 8	
64	इस परिवार के सदस्यों के पास अपनी कितनी खेतीहर जमीन है? How much agricultural land do members of this household own? (IF NOT IN ACRES, THEN CONVERT INTO ACRES)	ACRES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
65	<p>इस जमीन में से कितनी सिंचित है?</p> <p>Out of this land, how much is irrigated?</p> <p>_____</p> <p>(IF NOT IN ACRES, THEN CONVERT INTO ACRES)</p>	<p>ACRES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NONE 9995</p> <p>DON'T KNOW 9998</p>	
66	<p>क्या आपके परिवार के पास इनमें से कोई मवेशी है:</p> <p>Does your household own any of the following animals:</p> <p>a) Cows, bulls, buffaloes, or yaks? गाय, बैल, भैंस या याक?</p> <p>b) Camels? ऊँट?</p> <p>c) Horses, donkeys, or mules? घोड़े, गधे या खच्चर?</p> <p>d) Goats or sheep? बकरी या भेड़?</p> <p>e) Pigs? सुअर?</p> <p>f) Chickens or ducks? मुर्गा या बत्तख?</p>	<p>YES NO</p> <p>COWS/BULLS/BUFFALOES/YAKS 1 2</p> <p>CAMELS 1 2</p> <p>HORSES/DONKEYS/MULES 1 2</p> <p>GOATS/ SHEEP 1 2</p> <p>PIGS 1 2</p> <p>CHICKENS/DUCKS 1 2</p>	
67	<p>CHECK 66:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>ALL 'NO' <input type="checkbox"/></p>		69
68	<p>क्या यह परिवार किसी सोने वाले कमरे को पशु (ओं) के साथ साझा करता है?</p> <p>Does this household share a sleeping room with (this/these) animal(s)?</p>	<p>YES 1</p> <p>NO 2</p>	
69	<p>क्या इस परिवार के किसी सामान्य सदस्य का बैंक या डाकघर में कोई खाता है?</p> <p>Does any usual member of this household have a bank account or a post office account?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
70	<p>क्या आपके परिवार को पिछले 12 महीनों में प्रत्यक्ष बैंक हस्तांतरण (डीबीटी) के माध्यम से कोई पात्रता राशि प्राप्त हुई है?</p> <p>Did your household receive any entitlement through Direct Benefit Transfer (DBT) in last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	72
71	<p>किस योजना के तहत पात्रता राशि प्राप्त हुई ?</p> <p>Under which scheme was the entitlement received?</p> <p>RECORD ALL MENTIONED</p>	<p>MGNREGA A</p> <p>PMCARES B</p> <p>MKUY C</p> <p>PMVY D</p> <p>SOCIAL PENSION E</p> <p>SCHOOL TRANSFER F</p> <p>PM-KISAN G</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
72	<p>क्या इस परिवार का कोई सामान्य सदस्य स्वास्थ्य वित्त पोषण योजना या स्वास्थ्य बीमा के अंतर्गत आता है?</p> <p>Is any usual member of this household covered by a health financing scheme or health insurance?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	74
73	<p>स्वास्थ्य वित्त पोषण योजना या स्वास्थ्य बीमा किस प्रकार का है?</p> <p>अन्य किसी प्रकार का?</p> <p>What type of health financing scheme or health insurance?</p> <p>Any other type?</p> <p>RECORD ALL MENTIONED.</p>	<p>EMPLOYEES STATE INSURANCE SCHEME (ESIS) A</p> <p>CENTRAL GOVERNMENT HEALTH SCHEME (CGHS) B</p> <p>STATE HEALTH INSURANCE SCHEME C</p> <p>PRADHAN MANTRI JAN AROGYA YOJANA (PM-JAY) / AYUSHMAN BHARAT D</p> <p>EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS) E</p> <p>RASHTRIYA SWASTHYA BIMA YOJANA (RSBY) F</p> <p>COMMUNITY HEALTH INSURANCE PROGRAMME G</p> <p>OTHER HEALTH INSURANCE THROUGH EMPLOYER H</p> <p>MEDICAL REIMBURSEMENT FROM EMPLOYER I</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE J</p> <p>OTHER X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
74	<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 /FHC 15</p> <p>HEALTH & WELLNESS CENTRE 16</p> <p>SUB-CENTRE 17</p> <p>AYUSH 18</p> <p>ANGANWADI/ICDS CENTRE 19</p> <p>ASHA 20</p> <p>GOVT. MOBILE CLINIC 21</p> <p>OTHER PUBLIC HEALTH SECTOR 22</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 44</p> <p>TRADITIONAL HEALER 45</p> <p>PHARMACY/DRUGSTORE 46</p> <p>DAI (TBA) 47</p> <p>OTHER PRIVATE HEALTH SECTOR 48</p> <p>OTHER</p> <p>SHOP 51</p> <p>HOME TREATMENT 52</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 76</p>
75	<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>	
76	<p>क्या इस परिवार के पास बी पी एल कार्ड या कोई समकक्ष कार्ड है?</p> <p>Does your household have a BPL or any equivalent card?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
77	<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>→ 79</p>
78	<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>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
79	<p>क्या आपके घर के किसी सदस्य का COVID-19 टेस्ट पॉजिटिव आया था, मृत व्यक्तियों को सम्मिलित करें?</p> <p>Whether any member of your household tested positive for COVID-19, including any deceased person?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">→</div> 86																																	
80	<p>घर के किस सदस्य का COVID-19 टेस्ट पॉजिटिव आया था? कोई अन्य?</p> <p>Who tested positive for COVID-19? Anyone else?</p> <p>RECORD LINE NO. '0' FOR DECEASED PERSON(S).</p> <p>_____</p>	<p>LINE NO. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>LINE NO. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>LINE NO. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>LINE NO. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>																																		
81	<p>FOR EACH PERSON ASK:</p> <p>क्या (NAME) को COVID-19 का चिकित्सा उपचार मिला था? IF YES, ASK: (NAME) कहाँ गया था/गई थी?</p> <p>FOR EACH PERSON ASK:</p> <p>Has (NAME) received medical treatment for COVID-19? IF YES, ASK: Where did (NAME) go?</p> <p>RECORD LINE NUMBER(S).</p> <p>IF NO MORE COVID CASES, RECORD '95'.</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. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>LINE NO. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>LINE NO. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>LINE NO. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		YES, PUBLIC ONLY	YES, PRIVATE ONLY	YES, BOTH	NO	LINE NO. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			1	2	3	4	LINE NO. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			1	2	3	4	LINE NO. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			1	2	3	4	LINE NO. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			1	2	3	4	
	YES, PUBLIC ONLY	YES, PRIVATE ONLY	YES, BOTH	NO																																
LINE NO. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			1	2	3	4																														
LINE NO. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			1	2	3	4																														
LINE NO. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			1	2	3	4																														
LINE NO. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			1	2	3	4																														
82	<p>क्या परिवार के किसी सदस्य को COVID-19 संक्रमण के इलाज के लिए अस्पताल में भर्ती कराया गया था?</p> <p>Whether any member of the household was hospitalised for treatment of COVID-19 infection?</p>	<p>YES 1</p> <p>NO 2</p>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">→</div> 86																																	
83	<p>किस प्रकार का उपचार कराया गया?</p> <p>What kind of treatment was availed?</p>	<table border="1"> <thead> <tr> <th>LINE NO.</th> <th>BED WITHOUT OXYGEN</th> <th>BED WITH OXYGEN</th> <th>ICU</th> </tr> </thead> <tbody> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	LINE NO.	BED WITHOUT OXYGEN	BED WITH OXYGEN	ICU		1	2	3																										
LINE NO.	BED WITHOUT OXYGEN	BED WITH OXYGEN	ICU																																	
	1	2	3																																	
84	<p>आपके परिवार के सदस्यों के लिए COVID-19 उपचार के लिए, आपको अपनी जेब से कितना खर्च करना पड़ा? COVID-19 के कारण मृत हुए व्यक्तियों को शामिल करें?</p> <p>How much did it cost you out-of-pocket for COVID-19 treatment for your family member(s), including any death due to COVID-19?</p>	<p>COST Rs. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p> <p>NONE 00</p>								<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">→</div> 86																										
85	<p>COVID-19 के लिए अपनी जेब से किये गए खर्च को कैसे पूरा किया गया था?</p> <p>How was the out-of-pocket cost met for COVID-19?</p> <p>RECORD ALL MENTIONED.</p>	<p>BANK ACCOUNT/SAVINGS A</p> <p>BORROWED FROM FRIENDS/RELATIVES B</p> <p>SELLING PROPERTY C</p> <p>SELLING JEWELLERY D</p> <p>INSURANCE E</p> <p>OTHER X</p> <p>(SPECIFY) _____</p>																																		

NO.	QUESTIONS AND FILTERS	[रू. CODING CATEGORIES	SKIP
86	<p>अब हम उन स्थानों के बारे में जानना चाहेंगे जहाँ पर परिवार अपने हाथ धोते हैं। कृपया मुझे वह स्थान दिखाइये 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>89</p>
87	<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>	
88	<p>OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.</p> <p>RECORD ALL MENTIONED.</p>	<p>SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A</p> <p>ASH, MUD, SAND B</p> <p>NONE C</p>	
89	<p>मैं यह जांचना चाहूँगा/चाहूँगी 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>	
90	<p>क्या आपका परिवार पिछले 12 महीनों में चक्रवात या बाढ़, या अन्य प्राकृतिक आपदा से प्रभावित हुआ है - जैसे सेवाओं और पानी की आपूर्ति बाधित होना, छतिग्रस्त शौचालय या घर, आदि?</p> <p>Has your household been affected by cyclones or floods, or other natural disasters in the last 12 months, e.g. loss of access to services and water, damaged toilet or home, etc?</p>	<p>YES 1</p> <p>NO 2</p>	
91	<p>क्या आपके घर का कोई सामान्य निवासी स्वयं सहायता समूह (एसएचजी) का सदस्य है?</p> <p>Is any usual resident of your household a member of any Self Help Group (SHG)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>93</p>
92	<p>सदस्य कौन है? कोई अन्य? Who is a member? Anyone else?</p> <p>RECORD LINE NUMBER(S). IF NO MORE SHG MEMBERS, RECORD '95'.</p>	<p>92A (NAME) कब से एसएचजी का सदस्य है? Since when (NAME) is member of SHG?</p> <p>MONTH YEAR</p> <p>LINE NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>LINE NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>LINE NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>LINE NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
93	जनवरी 2020 से क्या इस घर के किसी सामान्य सदस्य कि मृत्यु हुई है? Did any usual member of this household die since January 2020?	YES 1 NO 2	→ 103
94	कितने लोगों कि मृत्यु हुई है? How many persons died?	TOTAL DEATHS <input type="text"/>	

95	96	97	98	99	100	101	102
कृपया उनका/उनके नाम बताये जिनकी मृत्यु हुई है. Please tell me the name(s) of the (person/people) who died.	क्या (NAME) पुरुष था या स्त्री या विपरीत लिंग? Was (NAME) male or female or transgender?	क्या (NAME) 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? RECORD IN DAYS IF LESS THAN 1 MONTH OR RECORD IN MONTHS IF LESS THAN 2 YEARS OR IN YEARS. IF AGE 95 OR MORE, RECCORD 95.	किस महीने 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 महीने 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?	क्या मृत्यु COVID-19 या उससे संबंधित जटिलताओं के कारण हुई थी? Was the death due to COVID-19 or its related complications?
(1) NAME	MALE 1 FEMALE . 2 TRG 3	YES ... 1 NO ... 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/>	YES 1 GO TO 102 ← NO 2	YES 1 GO TO NEXT LINE ← NO 2	YES 1 NO 2 DON'T KNOW .. 8
(2) NAME	MALE 1 FEMALE . 2 TRG 3	YES ... 1 NO ... 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/>	YES 1 GO TO 102 ← NO 2	YES 1 GO TO NEXT LINE ← NO 2	YES 1 NO 2 DON'T KNOW .. 8
(3) NAME	MALE 1 FEMALE . 2 TRG 3	YES ... 1 NO ... 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/>	YES 1 GO TO 102 ← NO 2	YES 1 GO TO NEXT LINE ← NO 2	YES 1 NO 2 DON'T KNOW .. 8
(4) NAME	MALE 1 FEMALE . 2 TRG 3	YES ... 1 NO ... 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/>	YES 1 GO TO 102 ← NO 2	YES 1 GO TO NEXT LINE ← NO 2	YES 1 NO 2 DON'T KNOW .. 8
(5) NAME	MALE 1 FEMALE . 2 TRG 3	YES ... 1 NO ... 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/>	YES 1 GO TO 102 ← NO 2	YES 1 GO TO NEXT LINE ← NO 2	YES 1 NO 2 DON'T KNOW .. 8

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

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETION [राजस्थान पश्चिम]

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____