

STATE:

DISTRICT:

PSU:

HOUSEHOLD:

Confidential

HUMAN DEVELOPMENT PROFILE OF INDIA - II 2004-05

EDUCATION AND HEALTH QUESTIONNAIRE



NATIONAL COUNCIL OF APPLIED ECONOMIC RESEARCH
PARISILA BHAWAN
11 I.P. ESTATE
NEW DELHI - 110 002.

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

HUMAN DEVELOPMENT PROFILE OF INDIA – II 2004-05

**NATIONAL COUNCIL OF APPLIED ECONOMIC RESEARCH
&
UMCP**

EDUCATION AND HEALTH QUESTIONNAIRE

1 STUDY CODE GE1

2 Deck Number GE2

3 Interviewer ID GE3

4 Interviewer Name _____

5 Interviewer Signature _____

6 Supervisor ID GE6

7 Supervisor Name _____

8 Supervisor Signature _____

9 Is this a RE-INTERVIEW household? No=0 Yes=1 GE9

10 Interview Completion Status
 Complete =1 FIRST PART GE10a
 Incomplete=2 ELIGIBLE WOMAN GE10b

11 Anthropometry Completion Status
 Not Done=1 Fully Done=3 GE11
 Partially Done = 2 Not Applicable=4

12 Learning Completion Status
 Not done=1 Fully Done=3 GE12
 Partially Done=2 Not Applicable=4

13 Whether Additional Learning Sheet Attached No=0 Yes=1 GE13

14 Data Entry ID

15 Data Entry Name _____

16 Data Entry Signature _____

CONSENT STATEMENT

[Approximately nine years ago, we interviewed your household for a research study.] **We would like to**
[update the information and] **interview you and some members of your household about your health and family life.**
The study is conducted by the 'National Council of Applied Economic Research' in co-operation with the UMCP.
We are asking many people all over the country to participate in this same interview.

The interview is voluntary. During our visit, we would like to ask you
[to update the information you provided during our last visit] **about various aspects of health and family life.**
In addition, we may ask to measure the height and weight of women and children in the household and
administer a short reading, writing and math exercise to some children.

If you choose not to reply any of the questions in this questionnaire, you are free to do so.
If you decide to answer some or all of the questions,
we will use the information you give us only for the purpose of research.
People will be able to learn about the health and well-being of the people of India,
but not what you personally said.

1. Do you agree to be interviewed?

No=0
Yes=1 CD1

Interviewers
Initials _____

2. First Interview Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

 CD2

3. Interview Start Time

<input type="text"/>	<input type="text"/>	AM=1 <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	PM=2 <input type="checkbox"/>

 CD3 CD3b

HDPI-2 (women's questionnaire)

STATE: DISTRICT: PSU: HOUSEHOLD:

1. Household Identification

1.1 Stratum No. (Editor) HI1

1.2 Listing Sheet No. HI2

1.3 Name and code of state or Union Territory _____ HI3

1.4 Name of district _____ HI4

1.5 Name of tehsil/taluka _____ HI5

1.6 Name of village/town _____ HI6

1.7 Name of post office _____ HI7a
POST OFFICE

HI7b

1.8 Name of Mohalla _____ HI8a
MOHALLA

HI8b

1.9 Rural/Urban/Slum _____ HI9
Rural=1
Urban=2
Urban Slum=3

1.10 1993-1994 Household ID HI10

1.11 Name of Head of household HI11

1.12 Language of Interview

Hindi=1	Kannad=7	<input type="text"/> HI12
Assamese=2	Malyalam=8	
Bangla=3	Tamil=9	
Gujarathi=4	Telegu=10	
Marathi=5	English=11	
Oriya=6		

HDPI-2 (women's questionnaire)

2. Education: Current Students (continued)

ASK FOR ALL CURRENT STUDENTS

2.13		2.14		2.15		2.16		2.17		2.18				2.19				2.20										
ID CODE FROM 2.2	In last one year did [NAME] receive any of the following from the government?										How much did you pay as school fees for NAME in last year? [in addition to govt. support]				How much did you spend on [NAME]'s books, uniform transportation, and other materials last year?				How much did you pay for private tuition last year?									
	... free books?		... free uniform?		... school or college fees?	 Money for scholar ship?		RUPEES				RUPEES				RUPEES											
	No=0	Yes=1	No=0	Yes=1	No=0	Yes=1	No=0	Yes=1																				
⇒	CS13a			CS14a			CS15a			CS16a			CS17a			CS18a			CS19a								CS20a	
⇒	CS13b			CS14b			CS15b			CS16b			CS17b			CS18b			CS19b								CS20b	
⇒	CS13c			CS14c			CS15c			CS16c			CS17c			CS18c			CS19c								CS20c	
⇒	CS13d			CS14d			CS15d			CS16d			CS17d			CS18d			CS19d								CS20d	
⇒	CS13e			CS14e			CS15e			CS16e			CS17e			CS18e			CS19e								CS20e	
⇒	CS13f			CS14f			CS15f			CS16f			CS17f			CS18f			CS19f								CS20f	
⇒	CS13g			CS14g			CS15g			CS16g			CS17g			CS18g			CS19g								CS20g	
⇒	CS13h			CS14h			CS15h			CS16h			CS17h			CS18h			CS19h								CS20h	
⇒	CS13i			CS14i			CS15i			CS16i			CS17i			CS18i			CS19i								CS20i	
⇒	CS13j			CS14j			CS15j			CS16j			CS17j			CS18j			CS19j								CS20j	

HDPI-2 (women's questionnaire)

3. Children 8 to 11

3.1 ID CODE FROM ABOVE. CH1

NAME _____

3.2 Has NAME ever been enrolled in school? CH2
 No=0
 Yes, in the past=1
 Yes, currently=2

IF YES, ASK THIS SECTION

Now, I would like to ask you a few questions about NAME's school and his/her experience.

3.3 At what age did [NAME] start school? YEARS CH3

3.4 Are [Were] most of the teachers at NAME's school present regularly? CH4
 No= 0
 Yes= 1

3.5 Is [Was] NAME's class teacher present regularly? CH5
 No= 0
 Yes= 1

3.6 Does [Did] NAME's class teacher live in the village/area where the school is? CH6
 No= 0
 Yes= 1

3.7 Do you think that the class teacher treats [treated] your child in a fair manner? CH7
 No= 0
 Yes= 1

3.8 Do you think that the teacher is [was] a good teacher? CH8
 No= 0
 Yes= 1

3.9 Do you think that the class teacher favours [favored] certain communities/jatis over others? CH9
 No= 0
 Yes= 1

3.10 Do you participate in any school committee like the Parent Teacher Assn? CH10
 No= 0
 Yes= 1

3.11 During the year, how many times does [did] someone from the family discuss NAME's school work with the teacher? NUMBER CH11

3.12 Is [Was] NAME an average student, better than average or below average? CH12
 Below Average=0
 Average=1
 Better than Average=2

3.13 Does [Did] NAME enjoy school? CH13
 No= 0
 Yes= 1

3.14 Did [NAME] ever repeat a grade? IF YES, how many times? IF NO, ENTER "0" CH14
 NUMBER OF REPEATS

ASK ONLY, THE CURRENTLY ENROLLED CHILDREN

3.15 In the last one month, in school has your child ... CH15a
 No= 0
 Yes= 1
Been praised?
 [such as received stars or good comments]

Been physically beaten / pinched? CH15b
 No= 0
 Yes= 1

3.16 SCHOOL NAME: _____

3.17 IF NOT GOVERNMENT SCHOOL, ADDRESS OF SCHOOL: _____

EDITOR: ID CODE OF SCHOOL:

STATE: DISTRICT: PSU: SCHOOL:

HDPI-2 (women's questionnaire)

3. Children 8 to 11 (Second child)

3.18 ID CODE FROM ABOVE. CH18

NAME _____

3.19 Has NAME ever been enrolled in school? No=0
 Yes, in the past=1 CH19
 Yes, currently=2

IF YES, ASK THIS SECTION

Now, I would like to ask you a few questions about NAME's school and his/her experience.

3.20 At what age did [NAME] start school? YEARS CH20

3.21 Are [Were] most of the teachers at NAME's school present regularly? No= 0
 Yes= 1 CH21

3.22 Is [Was] NAME's class teacher present regularly? No= 0
 Yes= 1 CH22

3.23 Does [Did] NAME's class teacher live in the village/area where the school is? No= 0
 Yes= 1 CH23

3.24 Do you think that the class teacher treats [treated] your child in a fair manner? No= 0
 Yes= 1 CH24

3.25 Do you think that the teacher is [was] a good teacher? No= 0
 Yes= 1 CH25

3.26 Do you think that the class teacher favours [favored] certain communities/jatis over others? No= 0
 Yes= 1 CH26

3.27 Do you participate in any school committee like the Parent Teacher Assn? No= 0
 Yes= 1 CH27

3.28 During the year, how many times does [did] someone from the family discuss NAME's school work with the teacher? NUMBER CH28

3.29 Is [Was] NAME an average student, better than average or below average? Below Average=0
 Average=1 CH29
 Better than Average=2

3.30 Does [Did] NAME enjoy school? No= 0
 Yes= 1 CH30

3.31 Did [NAME] ever repeat a grade? IF YES, how many times? NUMBER OF REPEATS CH31
 IF NO, ENTER "0"

ASK ONLY, THE CURRENTLY ENROLLED CHILDREN
 3.32 In the last one month, in school has your child ... No= 0
 Yes= 1 CH32a
Been praised?
 [such as received stars or good comments]

Been physically beaten / pinched? No= 0
 Yes= 1 CH32b

3.33 SCHOOL NAME: _____

3.34 IF NOT GOVERNMENT SCHOOL, ADDRESS OF SCHOOL: _____

EDITOR: ID CODE OF SCHOOL:
 STATE: DISTRICT: PSU: SCHOOL:

HDPI-2 (women's questionnaire)

4. Marriage Practices

Now, I would like to ask you some questions about marriage customs in your community (jati) for a family like yours?

4.1 Do people marry a daughter in her natal village? No= 0 MP1
Yes= 1

4.2 Do people marry a daughter to her cousin? No= 0 MP2
Yes= 1

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

PROBE TO GET THE AMOUNT FOR A TYPICAL WEDDING. TRY TO GET ONE NUMBER, BUT ACCEPT A RANGE IF THAT IS WHAT IS GIVEN.

BETWEEN RUPEES MP3a

TO RUPEES MP3b

IF ONLY ONE AMOUNT GIVEN, ENTER SAME NUMBER IN BOTH FIELDS.

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

BETWEEN RUPEES MP4a

TO RUPEES MP4b

IF ONLY ONE AMOUNT GIVEN, ENTER SAME NUMBER IN BOTH FIELDS.

4.5 Generally in your community for a family like yours, what are the kind of things that are given as gifts at the time of the daughter's marriage?

4.5a Gold Rarely/Never=0 MP5a
Sometimes=1
Usually=2

4.5b Silver Rarely/Never=0 MP5b
Sometimes=1
Usually=2

4.5c Land Rarely/Never=0 MP5c
Sometimes=1
Usually=2

4.5d Car Rarely/Never=0 MP5d
Sometimes=1
Usually=2

4.5e Scooter or motorcycle Rarely/Never=0 MP5e
Sometimes=1
Usually=2

4.5f TV Rarely/Never=0 MP5f
Sometimes=1
Usually=2

4.5g Fridge Rarely/Never=0 MP5g
Sometimes=1
Usually=2

4.5h Furniture Rarely/Never=0 MP5h
Sometimes=1
Usually=2

4.5i Pressure cooker Rarely/Never=0 MP5i
Sometimes=1
Usually=2

4.5j Utensils Rarely/Never=0 MP5j
Sometimes=1
Usually=2

4.5k Mixer or Grinder Rarely/Never=0 MP5k
Sometimes=1
Usually=2

4.5l Bedding / mattress Rarely/Never=0 MP5l
Sometimes=1
Usually=2

4.5m Watch Rarely/Never=0 MP5m
Sometimes=1
Usually=2

4.5n Bicycle Rarely/Never=0 MP5n
Sometimes=1
Usually=2

4.5o Sewing machine Rarely/Never=0 MP5o
Sometimes=1
Usually=2

4.5p Livestock such as cows, buffalo, chicken, or pigs Rarely/Never=0 MP5p
Sometimes=1
Usually=2

4.5q Tractor Rarely/Never=0 MP5q
Sometimes=1
Usually=2

4.5r Cash Rarely/Never=0 MP5r
Sometimes=1
Usually=2

[IF CASH] How much?

4.5 RUPEES MP5s

HDPI-2 (women's questionnaire)

5. Water

5.1 What is the main source of water for drinking?

Piped	01	Covered well	05	Rainwater	09
Tube well	02	River, canal, stream	06	Bottled	10
Hand pump	03	Pond	07	Other	11
Dug, open well	04	Tanker truck	08		

 WA1

5.2 Is this inside the house or compound?

No, outside=0 WA2
 Yes, inside=1

IF OUTSIDE HOUSE OR COMPOUND,
 5.2a How long would it take to walk
 to this source of water?

Minutes one way WA2a

5.3 IF PIPED WATER: How many hours per day do you normally get water?

Less than 1 hr=01 WA3
 Hrs.

5.4 Is the main water source the same in summer? IF YES, skip to 5.7

No= 0 WA4
 Yes= 1

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

Piped	01	Covered well	05	Rainwater	09
Tube well	02	River, canal, stream	06	Bottled	10
Hand pump	03	Pond	07	Other	11
Dug, open well	04	Tanker truck	08		

 WA5

5.6 Is this inside the house or compound?

No, outside=0 WA6
 Yes, inside=1

IF OUTSIDE HOUSE OR COMPOUND,
 5.6a How long would it take to walk
 to this source of water?

Minutes one way WA6a

5.7 Is the availability of drinking water normally adequate?

No= 0 WA7
 Yes= 1

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

No= 0 WA8
 Yes= 1

ASK 5.9 ONLY, IF WATER SOURCE IS OUTSIDE HOUSE OR COMPOUND:

5.9a In the current season, how much total time daily do **adult women** spend in fetching and collecting water, including waiting in line? (Add all trips for all women)

DAILY
 MINUTES (WOMEN) WA9a

5.9b adult men?

MINUTES (MEN) WA9b

5.9c girls under 15?

MINUTES (GIRLS) WA9c

5.9d boys under 15?

MINUTES (BOYS) WA9d

ASK EVERYBODY:

5.10 During a normal week, do you ever treat or purify your drinking water by boiling the water OR by filtering the water with a purchased filter OR by using Aquaguard OR by adding chemicals?

DO NOT COUNT A CLOTH OR STRAINER

Never=0 Usually=2 WA10
 Rarely=1 Always=3

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

IF NO, ENTER 0 AND SKIP TO 6.1

5.11a Does the vessel have a lid or cover?

No vessel= 0
 Vessel has a lid or cover= 1 WA11a
 Vessel does not have a lid or cover= 2

5.11b How do you pour drinking water?

Poured from vessel= 1 WA11b
 With a long ladle=2
 With a cup or other utensil= 3
 Tap in the vessel= 4

HDPI-2 (women's questionnaire)

6. Sanitation and Hygiene

- 6.1 **How many rooms are in this house?**
DO NOT COUNT BALCONIES, CORRIDORS, AND BATHROOMS SA1
- 6.2 **Where is the cooking, generally done for this household?**
Cooking is outdoors=1 SA2
Separate kitchen=2
Cooking is in living area=3
- IF COOKING INDOORS:
6.2a **Is there a window or vent in the cooking area?**
No= 0 SA2a
Yes= 1
Cooking is outdoors=9
- 6.3 **Do you employ any household help or servant?**
No= 0 SA3
Yes=1
- 6.4 **Does the household have a toilet of its own?**
Is there a flush toilet? No facility belonging to household (or open fields) = 0
A latrine? Traditional Pit Latrine = 1 SA4
Or any other facility? Ventilated Improved Pit Latrine = 2
Flush Toilet = 3
- 6.5 IF NO OWN TOILET / LATRINE:
Does the household have access to a public or shared toilet?
None=0 SA5
Shared toilet in building/chawl= 1
Shared toilet outside building= 2
Public/Govt. toilet= 3
- 6.6 **Do you wash your hands after defecating?**
No= 0 SA6
Yes=1
- 6.6a IF YES: **What do you use to wash your hands?**
Water alone=1 SA6a
Mud, ash, etc.=2
Soap=3

7. Fuel and Energy Use

- 7.1 **Does this house have electricity?**
No= 0 FU1
Yes= 1
- 7.1a IF YES:
How many hours per day do you generally have power? (in a season like this)
HOURS FU1a
- 7.1b **How do you pay for the electricity you use?**
No Bill/illegal=0
Bill from State Elec. Board or GAS company=1
Fee to neighbor =2 FU1b
Part of rent=3
Operating cost of my own generator=4
Other means=5
- 7.1c **How much did you pay for it last month?**
Rs. FU1c
- 7.2 **How many meals, including breakfast is taken per day in your family?**
MEALS A DAY FU2
- 7.3 **Approximately how many hours is the stove burning in your household, including cooking heating water, making tea, etc.?**
Less than 1 = 1 FU3
- 7.4 **What type of chulha does the household use?**
Does not have stove that uses biomass = 0
Open fire (i.e. three stoves) = 1 FU4
Traditional chulha, without chimney =2
Improved chulha, with chimney = 3

HDPI-2 (women's questionnaire)

7. Fuel and Energy Use (continued)

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

Does your household use ...

Where do you get most of ...

IF PURCHASED – How much did you pay for what you used last month in...

7.5 Firewood? For what purpose is it mainly used?	Fuel not used = 0 Mainly cooking = 1 Mainly lighting = 2 Mainly heating = 3 Combination = 4	<input type="checkbox"/> FU5	Firewood?	Purchase=1 Collect from own land=2 Collect from village=3 Both=4	<input type="checkbox"/> FU5a	Firewood? Rs.	<input type="text"/>	FU5b
7.6 Dung? For what purpose is it mainly used?	SAME CODES AS ABOVE	<input type="checkbox"/> FU6	Dung?	Purchase=1 Collect from own land=2 Collect from village=3 Both=4	<input type="checkbox"/> FU6a	Dung? Rs.	<input type="text"/>	FU6b
7.7 Crop residue? For what purpose is it mainly used?	SAME CODES AS ABOVE	<input type="checkbox"/> FU7	Crop Residue?	Purchase=1 Collect from own land=2 Collect from village=3 Both=4	<input type="checkbox"/> FU7a	Crop Residue? Rs.	<input type="text"/>	FU7b
7.8 Kerosene? For what purpose is it mainly used?	SAME CODES AS ABOVE	<input type="checkbox"/> FU8	Kerosene?	Ration shop=1 Market=2 Both=3	<input type="checkbox"/> FU8a	Kerosene? Rs.	<input type="text"/>	FU8b
7.9 LPG? For what purpose is it mainly used?	SAME CODES AS ABOVE	<input type="checkbox"/> FU9	LPG?	Subsidized government program = 1 Gas Company=2 Black Market=3	<input type="checkbox"/> FU9a	LPG? Rs.	<input type="text"/>	FU9b
7.10 Coal or Charcoal?	SAME CODES AS ABOVE	<input type="checkbox"/> FU10	Coal/Charcoal?	Purchase=1 Collect=2 Both=3	<input type="checkbox"/> FU10a	Coal? Rs.	<input type="text"/>	FU10b

ASK ONLY THE HOUSEHOLDS THAT COLLECT FUEL

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

ONE-WAY DISTANCE

MINUTES FU11a

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

WEEKLY

MINUTES (WOMEN) FU11b

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

MINUTES (MEN) FU11c

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

MINUTES (GIRLS) FU11d

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

MINUTES (BOYS) FU11e

HDPI-2 (women's questionnaire)

8. Short Term Morbidity

We would like to learn about the health of the various family members in this household, including very young children over *the last month*. We are interested in three specific illnesses: fever, cough and diarrhoea. Has anybody been ill with any of these illnesses in the last month?

Can you tell me the names of all those that had any of these three illnesses? NAME	8.1 HOUSEHOLD ROSTER ID CODE		8.2 In the last month for how many days was NAME ill during the last episode? DAYS								IF ANY FEVER, COUGH, OR DIARRHEA:			IF ANY DIARRHEA:			8.10 How long was NAME unable to do usual activities (incl. work, school, domestic work) in the last 30 days? DAYS	8.11 In the last month, has [NAME] received any treatment or advice? No=0 Yes=1 IF Yes, Go To Q 8.12
	8.3 Did NAME have a fever the last month? No=0 Yes=1	8.4 Did NAME have a cough the last month? No=0 Yes=1	IF COUGH: 8.5 Did he/she breathe fast with short rapid breaths? No=0 Yes=1		8.6 Did NAME have diarrhoea in the last month? No=0 Yes=1	8.7 Was there any blood in the stool with diarrhoea? No=0 Yes=1			8.8 When he/she had diarrhoea was there any change in the amount of liquid he/she took? More= 1 Same=2 Less=3		8.9 Was NAME given ORS [local name] solution? No=0 Yes=1							
		SM1a	SM2a	SM3a	SM4a	SM5a	SM6a	SM7a	SM8a	SM9a	SM10a	SM11	⇒					
		SM1b	SM2b	SM3b	SM4b	SM5b	SM6b	SM7b	SM8b	SM9b	SM10b	SM11	⇒					
		SM1c	SM2c	SM3c	SM4c	SM5c	SM6c	SM7c	SM8c	SM9c	SM10c	SM11	⇒					
		SM1d	SM2d	SM3d	SM4d	SM5d	SM6d	SM7d	SM8d	SM9d	SM10d	SM11	⇒					
		SM1e	SM2e	SM3e	SM4e	SM5e	SM6e	SM7e	SM8e	SM9e	SM10e	SM11a	⇒					
		SM1f	SM2f	SM3f	SM4f	SM5f	SM6f	SM7f	SM8f	SM9f	SM10f	SM11b	⇒					
		SM1g	SM2g	SM3g	SM4g	SM5g	SM6g	SM7g	SM8g	SM9g	SM10g	SM11c	⇒					

HDPI-2 (women's questionnaire)

8. Short Term Morbidity Costs

HOUSEHOLD ROSTER ID CODE	8.12		8.13		8.14		8.15		What was the total cost of this treatment for out-patient as well as in-patient services?							
	From whom did [NAME] get advice or treatment?						Was she/he hospitalised?		8.16		8.17		8.18		8.19	
	Where was this?						If Yes: How many days?		For doctor, hospital surgery?		Were tests or medicine, included in the fees?		For medicine and tests and expenses, not included in the doctors' and hospital fees?		For tips, bus/train/ taxi fare, or lodging while getting treatment?	
	1st source		2nd Source		If No: Enter 0						No=1 Yes=ES					
WHO	WHERE	WHO	WHERE	DAYS		RUPEES		RUPEES		RUPEES		RUPEES		RUPEES		
⇒	SM13a1	SM14a1	SM13a2	SM14a2		SM15a		SM16a		SM17a		SM18a		SM19a		
⇒	SM13b1	SM14b1	SM13b2	SM14b2		SM15b		SM16b		SM17b		SM18b		SM19b		
⇒	SM13c1	SM14c1	SM13c2	SM14c2		SM15c		SM16c		SM17c		SM18c		SM19c		
⇒	SM13d1	SM14d1	SM13d2	SM14d2		SM15d		SM16d		SM17d		SM18d		SM19d		
⇒	SM13e1	SM14e1	SM13e2	SM14e2		SM15e		SM16e		SM17e		SM18e		SM19e		
⇒	SM13f1	SM14f1	SM13f2	SM14f2		SM15f		SM16f		SM17f		SM18f		SM19f		
⇒	SM13g1	SM14g1	SM13g2	SM14g2		SM15g		SM16g		SM17g		SM18g		SM19g		

WHO:
 Pub. Dr./Nurse=1
 Pub. Dr./Nu in priv.=2
 Priv. Dr./Nurse=3
 Pharmacy=4
 Other (traditional healer)=5

WHERE:
 Village/neighborhood=1
 Another village/neighborhood=2
 Other town=3
 Dstrict town=4

HDPI-2 (women's questionnaire)

9. Major Morbidity

Has a doctor ever diagnosed any member in the household as having ... Cataracts? Tuberculosis? Hypertension? Heart Disease? ...

IF ANY, ANSWER IS YES, ENTER THE PERSON'S HOUSEHOLD ID, AND ASK 9.16 THROUGH 9.24 THEN GO TO NEXT DISEASE.

NAME	9.1 HOUSEHOLD ROSTER ID CODE	9.2	9.3	9.4	9.5	9.6	9.7	9.8	9.9	9.10	9.11	9.12	9.13	9.14	9.15	
		Cataract	Tuberculosis (TB)	High BP	Heart disease	Diabetes	Leprosy	Cancer	Asthma	Polio	Paralysis	Epilepsy	Mental illness	STD or AIDS	Other Long Term	
		No=0 Yes=1 Cured=2														
		MB1a	MB2a	MB3a	MB4a	MB5a	MB6a	MB7a	MB8a	MB9a	MB10a	MB11a	MB12a	MB13a	MB14a	MB15a
		MB1b	MB2b	MB3b	MB4b	MB5b	MB6b	MB7b	MB8b	MB9b	MB10b	MB11b	MB12b	MB13b	MB14b	MB15b
		MB1c	MB2c	MB3c	MB4c	MB5c	MB6c	MB7c	MB8c	MB9c	MB10c	MB11c	MB12c	MB13c	MB14c	MB15c
		MB1d	MB2d	MB3d	MB4d	MB5d	MB6d	MB7d	MB8d	MB9d	MB10d	MB11d	MB12d	MB13d	MB14d	MB15d
		MB1e	MB2e	MB3e	MB4e	MB5e	MB6e	MB7e	MB8e	MB9e	MB10e	MB11e	MB12e	MB13e	MB14e	MB15e
		MB1f	MB2f	MB3f	MB4f	MB5f	MB6f	MB7f	MB8f	MB9f	MB10f	MB11f	MB12f	MB13f	MB14f	MB15f
		MB1g	MB2g	MB3g	MB4g	MB5g	MB6g	MB7g	MB8g	MB9g	MB10g	MB11g	MB12g	MB13g	MB14g	MB15g

9.16	9.17
In the last 12 months how many days was he/she not able to do normal activities due to this illness?	In the last 12 months has he / she received any treatment or advice?
DAYS	No=0 Yes=1 IF Yes, Go To Q 9.18
	MB16a MB17a
	MB16b MB17b
	MB16c MB17c
	MB16d MB17d
	MB16e MB17e
	MB16f MB17f
	MB16g MB17g



HDPI-2 (women's questionnaire)

9. Major Morbidity Costs

HOUSEHOLD ROSTER ID CODE	9.18		9.19		9.20		9.21		9.22					
	From whom did [NAME] get advice or treatment?						Was she/he hospitalised? IF YES: How many days? IF No, Enter 0 DAYS	9.22		9.23	9.24		9.25	
	Where was this?				For doctor, hospital surgery?			Were tests or medicine included in these fees?	For medicine and tests and expenses, not included in 8.15?		For tips, bus/train/ taxi fare, or lodging while getting treatment?			
	1st source		2nd Source		RUPEES			No=0 Yes=1	RUPEES		RUPEES			
WHO	WHERE	WHO	WHERE											
	MB19a1	MB20a1	MB19a2	MB20a2		MB21a		MB22a	MB23a		MB24a	MB25a		
	MB19b1	MB20b1	MB19b2	MB20b2		MB21b		MB22b	MB23b		MB24b	MB25b		
	MB19c1	MB20c1	MB19c2	MB20c2		MB21c		MB22c	MB23c		MB24c	MB25c		
	MB19d1	MB20d1	MB19d2	MB20d2		MB21d		MB22d	MB23d		MB24d	MB25d		
	MB19e1	MB20e1	MB19e2	MB20e2		MB21e		MB22e	MB23e		MB24e	MB25e		
	MB19f1	MB20f1	MB19f2	MB20f2		MB21f		MB22f	MB23f		MB24f	MB25f		
	MB19g1	MB20g1	MB19g2	MB20g2		MB21g		MB22g	MB23g		MB24g	MB25g		

WHO:
 Pub. Dr./Nurse=1
 Pub. Dr./Nu in priv.=2
 Priv. Dr./Nurse=3
 Pharmacy=4
 Other (traditional healer)=5

WHERE:
 Village/neighborhood=1
 Another village/neighborhood=2
 Other town=3
 Dstrict town=4

HDPI-2 (women's questionnaire)

10. Activities of Daily Living

Now, I am going to ask you about any physical difficulty that people above the age of 7 in this household may have. Does anyone in the household have a problem.....

IF, THE ANSWER IS YES, ENTER THE PERSON'S NAME AND HOUSEHOLD ID, AND ASK:

"Can [NAME] still do it with some trouble or is she/he unable to do it?"

PROMPT: **Anybody else?**

IF NOBODY ELSE, ASK NEXT ACTIVITY

NAME	10.1	10.2	10.3	10.4	10.5	10.6	10.7	10.8
	HOUSEHOLD ROSTER ID CODE	..Walking 1 km Can do with difficulty =1 Unable to Do it=2	..Going to the toilet without help With diff.=1 Unable =2	..Dressing without help With diff.=1 Unable =2	...Hearing normal conversation With diff.=1 Unable =2	..Speaking Normally With diff.=1 Unable =2	...Seeing distant things [with glasses, if any] With diff.=1 Unable =2Seeing near obj., such as reading/ sewing? [with glasses, if any] With diff.=1 Unable =2
	AD1a	AD2a	AD3a	AD4a	AD5a	AD6a	AD7a	AD8a
	AD1b	AD2b	AD3b	AD4b	AD5b	AD6b	AD7b	AD8b
	AD1c	AD2c	AD3c	AD4c	AD5c	AD6c	AD7c	AD8c
	AD1d	AD2d	AD3d	AD4d	AD5d	AD6d	AD7d	AD8d
	AD1e	AD2e	AD3e	AD4e	AD5e	AD6e	AD7e	AD8e
	AD1f	AD2f	AD3f	AD4f	AD5f	AD6f	AD7f	AD8f
	AD1g	AD2g	AD3g	AD4g	AD5g	AD6g	AD7g	AD8g

HDPI-2 (women's questionnaire)

11. Quality of Care:

FOR OUTPATIENT SERVICES ONLY

11.1 **The last time you** [THE RESPONDENT] **had to visit a clinic, a hospital, a healer for a minor illness such as fever, cough/cold or diarrhea, for yourself or your children, who did you see?**

Govt. Dr./Nurse=1 Pharmacy=4
 Govt. Dr./Nurse in private=2 Other (traditional healer)= 5 QC1
 Private Dr./Nurse=3

11.2 **Where was it located?**

Village/neighbourhood=1 Other town=3 QC2
 Another village/neighbourhood=2 District town=4

11.3 **Why did you go then?**

Fever=1 Diarrhea=3 QC3
 Cough/cold=2 Other=4

11.4 **When did you go?**

QC4 QC4b
 MONTH YEAR

11.5 **Did you see a female or male provider?**

Female= 1 Both=3 QC5
 Male= 2

11.6 **Do doctors and other health workers treat you ...**

Nicely?= 1 QC6
 Somewhat nicely?= 2
 Not nicely?= 3

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

MINUTES QC7

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

Alone=1 With older women=4 Other combination=7 QC8
 With husband=2 With younger women=5
 With older men=3 With adolescent/younger men=6

11.9 **Which facility did you visit? [Write down full name]**

11.10 **What is the address of this clinic/hospital/shop?**

12. Tobacco and Alcohol Use

Does anyone in this household ...				
NAME	12.1	12.2	12.3	12.4
	HOUSEHOLD ROSTER ID CODE	... smoke cigarettes bidi, or hukkah?	... chew tobacco?	... drink alcohol
		Never= 0 Sometimes=1 Daily=2	Never= 0 Sometimes=1 Daily=2	Never= 0 Sometimes=1 Daily=2
	TO1a	TO2a	TO3a	TO4a
	TO1b	TO2b	TO3b	TO4b
	TO1c	TO2c	TO3c	TO4c
	TO1d	TO2d	TO3d	TO4d
	TO1e	TO2e	TO3e	TO4e
	TO1f	TO2f	TO3f	TO4f
	TO1g	TO2g	TO3g	TO4g

EDITOR: ID CODE OF CLINIC:

STATE: DISTRICT: PSU: CLINIC:

HDPI-2 (women's questionnaire)

STATE: DISTRICT: PSU: HOUSEHOLD:

13. Eligible Woman ID

ASK THE REST OF THE QUESTIONS ONLY TO AN EVER MARRIED WOMAN BETWEEN THE AGES OF 15 AND 49

I am now going to ask you some questions about your opinions, your life and your children.

But first, let me check, if I have some of your details correct. Who did you say was the head of this household?

13.1 Name of Head of household EW1

13.2 Your name? EW2

13.3 ID Code of Respondent EW3

13.4 Relationship to Head of Household EW4

Head=01	Grandchild=05	Nephew/Niece=09
Wife=02	Father/Mother=06	Brother/Sister
Son/Daughter=03	Brother/Sister=07	in law=10
Daughter- or Son-in law=04	Father-in-law or Mother-in-law=08	Other Relatives=11

13.5 Age of Eligible Woman EW5

13.6 Date of Birth EW6
Day Month Year

13.7 Years of education completed EW7
(5th class=5, BA/Bsc.=15)

13.8 Number of Children EW8

13.9 In general, would you say your own health is....
 Very Good?=1
 Good?=2 EW9
 OK?=3
 Poor?=4
 Very Poor?=5

HDPI-2 (women's questionnaire)

14. Health Beliefs

Now, I am going to ask you about several things that may or may not make a person healthy or sick. People disagree sometimes over whether these things really make people healthy or sick. I am interested in what your opinion is about whether they make people healthy or sick.

14.1 Is it harmful to drink 1-2 glasses of milk every day during pregnancy? No=0 HB1
Yes=1
DK= 8

14.2 Do men become physically weak even months after sterilization? No=0 HB2
Yes=1
DK= 8

14.3 Do you think that the first thin milk that comes out after a baby is born is good for the baby, harmful for the baby, or it doesn't matter? Good=1 HB3
Harmful=2
Doesn't matter=3

14.4 Is smoke from a wood/dung burning traditional chulha good for health, harmful for health or do you think it doesn't really matter? Good=1 HB4
Harmful=2
Doesn't matter=3

14.5 When children have diarrhea, do you think that they should be given less to drink than usual, more drink than usual, about the same, or it doesn't matter? Less than usual= 1
More than usual= 2 HB5
About the same = 3
It doesn't matter= 4
No opinion/DK= 8

14.6 In which part of the menstrual cycle is a woman least likely to get pregnant? Immediately after period= 1
Just before the period= 2
In the middle of the cycle= 3
Just before and after the period= 4 HB6
Timing makes no difference= 5
DK/No opinion= 8

15. HIV/AIDS

15.1 Have you ever heard of an illness called AIDS? No=0 AI1
Yes=1
IF NO, SKIP TO 16.1 NEXT PAGE
IF YES:

There are many beliefs about how people can get AIDS. For each of these beliefs, I would like to know whether you think that is a way people can get AIDS

15.1a **First, by having sex with a person infected with AIDS?** No=0 AI1a
Yes=1
DK= 8

15.1b **By an injection with a needle that has been used by a person with AIDS?** No=0 AI1b
Yes=1
DK= 8

15.1c **By being bitten by a mosquito infected with AIDS?** No=0 AI1c
Yes=1
DK= 8

15.1d **By getting a blood transfusion with blood that is infected with AIDS?** No=0 AI1d
Yes=1
DK= 8

15.1e **By sharing food or utensils with a person infected with AIDS?** No=0 AI1e
Yes=1
DK= 8

15.2 Do you know any one who has gotten AIDS? No=0 AI2
Yes=1

HDPI-2 (women's questionnaire)

16. Gender Relations

Please tell me who in your family decides the following things?

DO NOT PROMPT

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

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

MOST SAY:
 RESPONDENT=1
 HUSBAND=2
 SENIOR MALE=3
 SENIOR FEMALE=4
 OTHER=5

	RESPON- DENT	HUSBAND	SENIOR MALE	SENIOR FEMALE	OTHER	NOT APPLICABLE NO ONE	
	a	b	c	d	e	f	g
16.1 What to cook on a daily basis?	No=0 <input type="checkbox"/> GR1a Yes=1 <input type="checkbox"/> GR1a	<input type="checkbox"/> GR1b <input type="checkbox"/> GR1b	<input type="checkbox"/> GR1c <input type="checkbox"/> GR1c	<input type="checkbox"/> GR1d <input type="checkbox"/> GR1d	<input type="checkbox"/> GR1e <input type="checkbox"/> GR1e	<input type="checkbox"/> GR1f <input type="checkbox"/> GR1f	<input type="checkbox"/> GR1g <input type="checkbox"/> GR1g
16.2 Whether to buy an expensive item such as a TV or fridge?	No=0 <input type="checkbox"/> GR2a Yes=1 <input type="checkbox"/> GR2a	<input type="checkbox"/> GR2b <input type="checkbox"/> GR2b	<input type="checkbox"/> GR2c <input type="checkbox"/> GR2c	<input type="checkbox"/> GR2d <input type="checkbox"/> GR2d	<input type="checkbox"/> GR2e <input type="checkbox"/> GR2e	<input type="checkbox"/> GR2f <input type="checkbox"/> GR2f	<input type="checkbox"/> GR2g <input type="checkbox"/> GR2g
16.3 How many children you have?	No=0 <input type="checkbox"/> GR3a Yes=1 <input type="checkbox"/> GR3a	<input type="checkbox"/> GR3b <input type="checkbox"/> GR3b	<input type="checkbox"/> GR3c <input type="checkbox"/> GR3c	<input type="checkbox"/> GR3d <input type="checkbox"/> GR3d	<input type="checkbox"/> GR3e <input type="checkbox"/> GR3e	<input type="checkbox"/> GR3f <input type="checkbox"/> GR3f	<input type="checkbox"/> GR3g <input type="checkbox"/> GR3g
IF RESPONDENT HAS ANY CHILDREN:							
16.4 What to do if a child falls sick?	No=0 <input type="checkbox"/> GR4a Yes=1 <input type="checkbox"/> GR4a	<input type="checkbox"/> GR4b <input type="checkbox"/> GR4b	<input type="checkbox"/> GR4c <input type="checkbox"/> GR4c	<input type="checkbox"/> GR4d <input type="checkbox"/> GR4d	<input type="checkbox"/> GR4e <input type="checkbox"/> GR4e	<input type="checkbox"/> GR4f <input type="checkbox"/> GR4f	<input type="checkbox"/> GR4g <input type="checkbox"/> GR4g
16.5 To whom your children should marry?	No=0 <input type="checkbox"/> GR5a Yes=1 <input type="checkbox"/> GR5a	<input type="checkbox"/> GR5b <input type="checkbox"/> GR5b	<input type="checkbox"/> GR5c <input type="checkbox"/> GR5c	<input type="checkbox"/> GR5d <input type="checkbox"/> GR5d	<input type="checkbox"/> GR5e <input type="checkbox"/> GR5e	<input type="checkbox"/> GR5f <input type="checkbox"/> GR5f	<input type="checkbox"/> GR5g <input type="checkbox"/> GR5g

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

CODE ALL RESPONSES THAT ARE GIVEN AS "1"

	IF YES:	HUSBAND	SENIOR MALE	SENIOR FEMALE	OTHER	
(CODE "Just have to Inform them" = 0)						
16.6 To the local health center?	No=0 <input type="checkbox"/> GR6a Yes=1 <input type="checkbox"/> GR6a →	No=0 <input type="checkbox"/> GR6b Yes=1 <input type="checkbox"/> GR6b	<input type="checkbox"/> GR6c <input type="checkbox"/> GR6c	<input type="checkbox"/> GR6d <input type="checkbox"/> GR6d	<input type="checkbox"/> GR6e <input type="checkbox"/> GR6e	Can you go alone? No=0 <input type="checkbox"/> GR6f Yes=1 <input type="checkbox"/> GR6f
16.7 The home of relatives or friends in the [village / neighborhood]?	No=0 <input type="checkbox"/> GR7a Yes=1 <input type="checkbox"/> GR7a → Does not go = 9	No=0 <input type="checkbox"/> GR7b Yes=1 <input type="checkbox"/> GR7b	<input type="checkbox"/> GR7c <input type="checkbox"/> GR7c	<input type="checkbox"/> GR7d <input type="checkbox"/> GR7d	<input type="checkbox"/> GR7e <input type="checkbox"/> GR7e	Can you go alone? No=0 <input type="checkbox"/> GR7f Yes=1 <input type="checkbox"/> GR7f
16.8 To the kirana shop?	No=0 <input type="checkbox"/> GR8a Yes=1 <input type="checkbox"/> GR8a → Does not go = 9	No=0 <input type="checkbox"/> GR8b Yes=1 <input type="checkbox"/> GR8b	<input type="checkbox"/> GR8c <input type="checkbox"/> GR8c	<input type="checkbox"/> GR8d <input type="checkbox"/> GR8d	<input type="checkbox"/> GR8e <input type="checkbox"/> GR8e	Can you go alone? No=0 <input type="checkbox"/> GR8f Yes=1 <input type="checkbox"/> GR8f

HDPI-2 (women's questionnaire)

16. Gender Relations (continued)

<p>16.9 Do you practice ghungat / purdah/ pallu?</p> <p>No=0 <input type="checkbox"/> GR9 Yes=1 <input type="checkbox"/></p>	<p>16.10 Do you and your husband sometimes go out by yourselves [or with your children] to cinema, mela, or restaurant?</p> <p>No=0 <input type="checkbox"/> GR10 Yes=1 <input type="checkbox"/></p>	<p>16.11 Who does the food and vegetable shopping in your household? CODE EACH SEPARATELY:</p> <p>You? No=0 <input type="checkbox"/> GR11a Yes=1 <input type="checkbox"/></p> <p>Adult men? No=0 <input type="checkbox"/> GR11b Yes=1 <input type="checkbox"/></p> <p>Adult women? No=0 <input type="checkbox"/> GR11c Yes=1 <input type="checkbox"/></p> <p>Children? No=0 <input type="checkbox"/> GR11d Yes=1 <input type="checkbox"/></p>	<p>16.12 Who supervises the children's homework? CODE EACH SEPARATELY:</p> <p>You? No=0 <input type="checkbox"/> GR12a Yes=1 <input type="checkbox"/></p> <p>Adult men? No=0 <input type="checkbox"/> GR12b Yes=1 <input type="checkbox"/></p> <p>Adult women? No=0 <input type="checkbox"/> GR12c Yes=1 <input type="checkbox"/></p> <p>Other children? No=0 <input type="checkbox"/> GR12d Yes=1 <input type="checkbox"/></p>	<p>16.13 When your family takes the main meal, do women usually eat with the men? Do women eat first by themselves? Or do men eat first?</p> <p>Eat together=1 <input type="checkbox"/> GR13 Women first=2 <input type="checkbox"/> Men first=3 <input type="checkbox"/> Varies, Other=4 <input type="checkbox"/></p>	<p>16.14 Do you yourself have any cash in hand to spend on household expenditures?</p> <p>No=0 <input type="checkbox"/> GR14 Yes=1 <input type="checkbox"/></p>	<p>16.15a Does anybody in your family have a bank account?</p> <p>No=0 <input type="checkbox"/> GR15a Yes=1 <input type="checkbox"/></p>	<p>16.15b IF YES: Is your name on any bank account?</p> <p>No=0 <input type="checkbox"/> GR15b Yes=1 <input type="checkbox"/></p>	<p>16.16 Is your name on the ownership or rental papers for your home?</p> <p>No=0 <input type="checkbox"/> GR16 Yes=1 <input type="checkbox"/> No house/papers=8</p>	<p>16.17 Do you think girls should be educated as much as boys or does it make more sense to educate boys more?</p> <p>Same=1 <input type="checkbox"/> GR17 boys more=2 <input type="checkbox"/> girls more=3 <input type="checkbox"/></p>	<p>Do you and your husband talk about ...</p> <p>16.18a things that happen [at work / on the farm] often, sometimes, or never?</p> <p>Never=0 <input type="checkbox"/> GR18a Sometimes=1 <input type="checkbox"/> Often=2 <input type="checkbox"/></p> <p>16.18b ... about what to spend money on?</p> <p>Never=0 <input type="checkbox"/> GR18b Sometimes=1 <input type="checkbox"/> Often=2 <input type="checkbox"/></p> <p>16.18c ... about things that happen in the community such as elections or politics?</p> <p>Never=0 <input type="checkbox"/> GR18c Sometimes=1 <input type="checkbox"/> Often=2 <input type="checkbox"/></p>	<p>16.19 How often do you visit your natal family?</p> <p>Daily/weekly= 1 <input type="checkbox"/> GR19 Monthly= 2 <input type="checkbox"/> 2-3 times a year= 3 <input type="checkbox"/> Once a year= 4 <input type="checkbox"/> Less than once a year= 5 <input type="checkbox"/> No natal family= 9 <input type="checkbox"/></p>	<p>16.20 Do any members of your natal family live close enough for you to visit them and come home in the same day?</p> <p>No=0 <input type="checkbox"/> GR20 Yes=1 <input type="checkbox"/> No natal family=9</p>
--	--	---	---	---	---	--	---	---	--	---	--	--

HDPI-2 (women's questionnaire)

16. Gender Relations (continued)

I would now like to ask you some questions about your community, NOT about your own family
 In your community is it usual for husbands to beat their wives in each of the following situations?

16.21 If she goes out without telling him?

No=0 GR21
 Yes=1

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

No=0 GR22
 Yes=1

16.23 If she neglects the house or the children?

No=0 GR23
 Yes=1

16.24 If she doesn't cook food properly?

No=0 GR24
 Yes=1

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

No=0 GR25
 Yes=1

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

Natal families=1 GR26
 Husbands families=2
 Both=3
 Neither=4

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

Son=1 GR27
 Daughter=2
 Both=3
 Other/No one=4

IF DAUGHTER NOT MENTIONED ABOVE:
 16.28 Would you consider living with your daughter when you get old?

No= 0 GR28
 Yes= 1
 Has no daughters= 9

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

Son=1 GR29
 Daughter=2
 Both=3
 Other/No one=4

IF DAUGHTER NOT MENTIONED ABOVE:
 16.30 Would you consider being financially supported by your daughter?

No=0 GR30
 Yes=1
 Has no daughters= 9

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

Rarely =1 GR31
 Sometimes = 2
 Often = 3

INTERVIEWER CODE OTHERS PRESENT:

Nobody else=1 GRWHO
 Adults only=2
 Children only=3
 Adults and Children=4

HDPI-2 (women's questionnaire)

17. Marital History

Now, I would like to ask you some questions about marriage arrangements at the time of your [current] marriage...

17.1a How old were you when you got married?

AGE IN YEARS MH1a

17.1b Which month and year was this?

MONTH YEAR MH1b

17.2a And how old were you when you first started living with your husband (had gauna)?

AGE IN YEARS MH2a

17.2b Which month and year was this?

MONTH YEAR MH2b

17.2c How old were you when you first started having your periods?

AGE IN YEARS MH2c

17.2d Was this..

Before your (first) marriage?=1 MH2d
 After your (first) marriage but before gauna?=2
 After your (first) marriage and gauna?=3

17.3 What is the status of your marriage?

Still married=1 Separated=3
 Widowed=2 Divorced=4 MH3

17.4 How long had you known your husband before you married him?

On wedding / gauna day only?=1 MH4
 Less than one month?=2
 More than one month but less than one year?=3
 More than one year?=4
 Since childhood?=5

17.5a Who chose your husband?

Respondent herself=1 MH5a
 Respondent and parents / other relatives together=2
 Parents or other relatives alone=3
 Other=4

ASK ONLY IF RESPONDENT ANSWERED 3 or 4

17.5b Did you have any say in choosing him?

No=0 MH5b
 Yes=1

17.6 Did you grow up in the same village/town as your husband?

No=0 MH6
 Yes=1

17.7 Is your husband's family the same caste as your natal family?

No=0 MH7
 Yes=1

17.8 When you and your (first) husband usually started living together, did you...

Live with his parents (family)?=1 MH8
 Live with your parents (family)?=2
 Live alone?=3

17.9 At that time, how long did it take you to go to your natal home?

HOURS MH9
 LESS THAN 1= 1

CHECK Q. 4.2 IF WITHIN FAMILY MARRIAGES ARE PERMITTED
 ASK ONLY IF THE PRACTICE IS PERMITTED:

17.10 Are you related to your husband by blood?
 If so, what is the relationship?

No relation= 0 Cousin= 2 MH10
 Uncle= 1 Other= 3
 Not permitted= 9

17.11 Are any women from your natal family married into this family?
 If so, what is the relationship?

None= 0 Both= 3 MH11
 Sister= 1 Other= 4
 Aunt= 2

17.12 Are any women from your natal family married into this village/town?
 If so, what is the relationship?

None= 0 Both= 3 MH12
 Sister= 1 Other= 4
 Aunt= 2

17.13 At the time of your marriage, if you compared the economic status of your natal family with your husband's family, would you say your natal family was...

Same=1 MH13
 Better off=2
 Worse off=3

17.14 How many sisters does your husband have?

NUMBER MH14

17.14a Thinking of all his sisters, what is the most number of years of education any of his sisters have completed?
 (5th class=5, BA/Bsc.=15)

YEARS MH14a

HDPI-2 (women's questionnaire)

17. Marital History (continued)

17.15a How many brothers does your husband have?

NUMBER MH15a

17.15b Thinking of all his brothers, what is the most number of years of education any of his brothers have completed?
(5th class=5, BA/Bsc.=15)

YEARS MH15b

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

ONCE=1
MORE THAN ONCE=2 MH16

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

ONCE=1
MORE THAN ONCE=2 MH17a

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

TIMES MH17b

IF RESPONDENT MARRIED ONLY ONCE, SKIP TO 18.1

Now, I would like to ask you some questions about marriage arrangements at the time of your *first* marriage...

17.18a How old were you when you got married for the first time?

FIRST MARRIAGE
AGE IN YEARS MH18a

17.18b Which month and year was this?

MH18b
MONTH YEAR

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

AGE IN YEARS MH19a

17.19b Which month and year was this?

MH19b
MONTH YEAR

17.20 What is the status of your first marriage?

Widowed=2
Separated=3
Divorced=4 MH20

HDPI-2 (women's questionnaire)

18. Fertility History

Now, I would like to ask you about all the births you have had during your life.

[COUNT ONLY RESPONDENT'S BIOLOGICAL CHILDREN ACROSS ALL MARRIAGES]

18.1 **How many sons live with you now?**

SONS LIVING WITH R FH1

18.2 **How many daughters live with you now?**

[IF NONE, WRITE 00]

DAUGHTERS LIVING WITH R FH2

18.3 **How many sons are alive but do not live with you now?** [IF NONE, WRITE 00]

SONS ELSEWHERE FH3

18.4 **How many daughters are alive but do not live with you now?** [IF NONE, WRITE 00]

DAUGHTERS ELSEWHERE FH4

18.5 **Have you ever had a child who was born alive but later died?**

IF NO, PROBE: **Any other child, who cried or showed any sign of life but only survived a few hours or days?**

[IF YES]:

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

[IF NONE, WRITE 00]

BOYS DEAD FH5a

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

[IF NONE, WRITE 00]

GIRLS DEAD FH5b

[INTERVIEWER: SUM ANSWERS 18.1 TO 18.5b]

[IF NONE, WRITE 00]

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

[IF NO, CORRECT 18.1 TO 18.5b]

TOTAL FH6

18.7 **Have you ever had a still birth, miscarriage, wasted pregnancy or abortion?**

[PROBE FOR SPONTANEOUS OR INDUCED ABORTIONS]

IF YES:

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

[IF NONE, WRITE 00]

#STILL BIRTHS FH7a

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

#MISCARRIAGES FH7b

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

[IF NONE, WRITE 00]

#SPONTANEOUS FH7c

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

[IF NONE, WRITE 00]

#ABORTIONS FH7d

INTERVIEWER CHECKPOINT:

RESPONDENT HAD ONE OR MORE LIVE BIRTHS?

No=0
Yes=1 FHCHK

IF NO, SKIP TO SECTION 20., FERTILITY PREFERENCES, PAGE 28

HDPI-2 (women's questionnaire)

STATE: DISTRICT: PSU: HOUSEHOLD:

19. Fertility History (continued)

Now, I would like to talk to you about your live births, whether still alive or not, starting with the first birth you had.

RECORD TWINS ON SEPARATE LINES, BUT CONNECT WITH A BRACKET.

19.1 What name was given to your (first / next) baby?	19.2 BIRTH ID
	01
	02
	03
	04
	05
	06
	07
	08
	09
	10
	11
	12
	13
	14
	15
	16

19.3 Is [NAME] a Boy =1 or Girl? =2	19.4 What was the month and year when [NAME] was born?		19.5 IF BIRTH DATE IS NOT KNOWN: About how old (is / would have been)?		19.6 Where is [NAME] now? With R=1 Elsewhere=2 Dead=3	19.7 IF DEAD How old was [NAME] when (he / she) died?		
	MONTH	YEAR	YEARS	MONTHS		YEARS	MONTHS	
BH3a		BH4a			BH5a		BH6a	BH7a
BH3b		BH4b			BH5b		BH6b	BH7b
BH3c		BH4c			BH5c		BH6c	BH7c
BH3d		BH4d			BH5d		BH6d	BH7d
BH3e		BH4e			BH5e		BH6e	BH7e
BH3f		BH4f			BH5f		BH6f	BH7f
BH3g		BH4g			BH5g		BH6g	BH7g
BH3h		BH4h			BH5h		BH6h	BH7h
BH3i		BH4i			BH5i		BH6i	BH7i
BH3j		BH4j			BH5j		BH6j	BH7j
BH3k		BH4k			BH5k		BH6k	BH7k
BH3l		BH4l			BH5l		BH6l	BH7l
BH3m		BH4m			BH5m		BH6m	BH7m
BH3n		BH4n			BH5n		BH6n	BH7n
BH3o		BH4o			BH5o		BH6o	BH7o
BH3p		BH4p			BH5p		BH6p	BH7p

HDPI-2 (women's questionnaire)

20. Fertility Preferences

20.1 Are you pregnant now?

Go to 20.3a ←

No=0 FP1
 Yes=1
 Unsure=8

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

No=0 FP2a
 Yes=1

20.2b [If using contraception] Which method are you using?

[IF MORE THAN ONE, NOTE TWO MAIN METHODS]

Oral pill=01	Male sterilization=07	1st Method	<input type="checkbox"/>	FP2b
Copper T / IUD=02	Periodic abstinence=08			
Diaphragm/Jelly=03	Withdrawal=09	2nd Method	<input type="checkbox"/>	FP2c
Injectible Contraception=04	Other=10	Method used	<input type="checkbox"/>	
Condom=05	But no answer=98			
Female sterilization=06	Refused=99			

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

No=0 20.4a
 No, sterilized (or husband)=1 20.5 FP3a
 Not fertile anymore=2 20.5
 Yes=3 20.3b
 Unsure=8 20.4a

IF YES:

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

KIDS FP3b

20.3c When would you want your next child to be born – within two years, after 2 years, or do you not have a preference?

Within 2 years=1 FP3c
 After 2 years=2
 Up to God / no preference=3

20.4a Now, I would like to ask you about the number of children your husband wants to have (aside from the child you are now carrying). Does your husband want to have more children?

No=0 20.5
 Yes=1 20.4b FP4a
 Unsure=8 20.5

IF YES:

20.4b How many more children does your husband want?

kids FP4b

20.4c When would your husband want your child to be born- within two years, after 2 years, or does he not have a preference?

Within 2 years=1 FP4c
 After 2 years=2
 Up to God=3

20.5 If you could go back to the time you did not have any children and could choose the number of children to have in your life, how many would that be?

TOTAL FP5

a How many sons?

SONS FP5a
 98=No sex pref.

b How many daughters?

DAUGHTERS FP5b
 98=No sex pref.

INTERVIEWER CODE OTHERS PRESENT:

Nobody else=1 FPWHO
 Adults only=2
 Children only=3
 Adults and Children=4

HDPI-2 (women's questionnaire)

21. Natal Care: Last Birth

Interviewer should check and enter number of births since 2000

Check Question 19.4, page 27.

Number of births since Jan. 2000 LB0
None=0

If no births, skip to section 23: Interviewer Observations, page 37

From the Fertility History, Section 19, page 27, enter the ID code, name, and survival status of the last two births since January 2000 in the table below.

If there are more than 2 births, record only last two births.

21.1 LAST BIRTH BIRTH ID from 19.2 LB1a
Name from 19.1: _____

SURVIVAL from 19.6: Alive = 1 LB1b
Dead = 0

21.2 NEXT TO LAST BIRTH BIRTH ID from 19.2 LB2a
Name from : _____

SURVIVAL from 19.6: Alive = 1 LB2b
Dead = 0

Ask about these two births. Begin with the last birth.

Now, I would like to ask about the health of your children born since January 2000. We will talk about one child at a time. First, I would like to know about your last birth, [NAME].

21.3a When you were pregnant with [NAME] did you have an antenatal checkup? LAST BIRTH
No=0 LB3a
Yes=1

IF YES:

21.3b Did you get your checkups at a... LAST BIRTH

Govt. hospital or clinic?	No=0 <input type="text"/>	LB3b
	Yes=1 <input type="text"/>	
Private hospital or clinic?	No=0 <input type="text"/>	LB3c
	Yes=1 <input type="text"/>	
Govt. worker in private?	No=0 <input type="text"/>	LB3d
	Yes=1 <input type="text"/>	
Home?	No=0 <input type="text"/>	LB3e
	Yes=1 <input type="text"/>	

21.3f Whom did you see? Did you see ... LAST BIRTH
No=0 LB3f
Yes=1

RECORD ALL

A Doctor?	No=0 <input type="text"/>	LB3g
	Yes=1 <input type="text"/>	
A Nurse/ANM?	No=0 <input type="text"/>	LB3h
	Yes=1 <input type="text"/>	
A Traditional Midwife/Dai?	No=0 <input type="text"/>	LB3i
	Yes=1 <input type="text"/>	
Other?	No=0 <input type="text"/>	
	Yes=1 <input type="text"/>	

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

LAST BIRTH

No=0 LB4
Yes=1

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

MONTHS LB5

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

CHECKUPS LB6

21.7 Did you have the following performed at least once during any of your antenatal check-ups for this pregnancy?

RECORD ALL

Weight check	No=0 <input type="text"/>	LB7a
	Yes=1 <input type="text"/>	
Blood Pressure	No=0 <input type="text"/>	LB7b
	Yes=1 <input type="text"/>	
Blood Test	No=0 <input type="text"/>	LB7c
	Yes=1 <input type="text"/>	
Urine Test	No=0 <input type="text"/>	LB7d
	Yes=1 <input type="text"/>	

Abdomen Exam	No=0 <input type="text"/>	LB7e
	Yes=1 <input type="text"/>	
Internal Exam	No=0 <input type="text"/>	LB7f
	Yes=1 <input type="text"/>	
Sonogram/Ultrasound	No=0 <input type="text"/>	LB7g
	Yes=1 <input type="text"/>	
Amniocentesis	No=0 <input type="text"/>	LB7h
	Yes=1 <input type="text"/>	

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

No=0 LB8
Yes=1

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

RECORD ALL

Night Blindness?	No=0 <input type="text"/>	LB9a
	Yes=1 <input type="text"/>	
Blurred Vision?	No=0 <input type="text"/>	LB9b
	Yes=1 <input type="text"/>	
Convulsions not from fever?	No=0 <input type="text"/>	LB9c
	Yes=1 <input type="text"/>	
Excessive Fatigue?	No=0 <input type="text"/>	LB9d
	Yes=1 <input type="text"/>	
Anaemia?	No=0 <input type="text"/>	LB9e
	Yes=1 <input type="text"/>	
Vaginal Bleeding?	No=0 <input type="text"/>	LB9f
	Yes=1 <input type="text"/>	

21.10 When you were pregnant with [NAME] did you receive any iron folic tablets or syrup? IF YES, Did you receive enough iron folic tablets to last you three months or more?

Did not receive any = 0
Yes, less than three months = 1
Yes, more than three months = 2
Don't know=8
 LB10

HDPI-2 (women's questionnaire)

21. *Natal Care: Last Birth (continued)*

LAST BIRTH

21.12 When you were pregnant with [NAME] were you given tetanus (tt injection) IF YES: How many times did you receive it during this pregnancy? NUMBER LB12
 Did not receive any=0

21.13 Where were you staying just prior to the delivery of [NAME]? LB13
 Your home =1
 Natal home =2
 Other = 3

21.14 When [NAME] was born, at what kind of place, did you deliver her/him? LB14
 Government hospital or clinic? = 1
 Private nursing home? =2
 Home? = 3
 Other = 4

21.15 Who assisted with the delivery of [NAME]? Was [NAME]'s delivery assisted by:

RECORD ALL

A Doctor? LB15a
 No=0
 Yes=1

A Nurse/ANM? LB15b
 Yes=1
 No=0

A Traditional Midwife/Dai? LB15c
 Yes=1
 No=0

A Friend/Relative? LB15d
 Yes=1
 No=0

Other? LB15e
 Yes=1

21.16 When [NAME] was born, was he/she large, average, small or very small? LB16
 Large= 1 Small= 3
 Average= 2 Very small= 4

21.17 What kind of delivery was this? Was it..... LB17
 A normal delivery? = 1
 Forceps? = 2
 Cesarean? = 3

LAST BIRTH

21.18 Now, I would like to ask you about the 2-month period after the delivery of [NAME]. During that period, did a doctor or other health professional check your health or the health of your baby? LB18
 No check up=0
 Yes, only my health=1
 Yes, only my baby's health=2
 Yes, both our healths =3

IF NO CHECKUP SKIP TO Q21.19

IF ANY POSTNATAL CHECKUP:
 21.18a How soon after the birth of NAME did you first get a check up? DAYS LB18a

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

Excessive Vaginal Bleeding? LB19a
 No=0
 Yes=1

Very high fever? LB19b
 No=0
 Yes=1

HDPI-2 (women's questionnaire)

21. Natal Care: Last Birth (continued)

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

IF NO CARD, OR CARD IS NOT SEEN, SKIP TO Q21.23
IF CARD IS SEEN:

LAST BIRTH

No=0 LB20
Yes, not seen= 1 LB20
Yes, seen= 2

21.21 COPY DATES FROM IMMUNIZATION CARDS TO TABLES BELOW:

	DAY	MONTH	YEAR	
BCG				LB21a
POLIO 0				LB21b
DPT 1				LB21c
DPT 2				LB21d
DPT 3				LB21e
POLIO 1				LB21f
POLIO 2				LB21g
POLIO 3				LB21h
MEASLES				LB21i

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

RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 0-3, OR MEASLES VACCINE.

IF YES, PROBE FOR VACCINATIONS AND WRITE '99' IN THE DAY COLUMN IN 21.21 THEN SKIP TO QUESTION 21.28

IF NO, SKIP TO QUESTION 21.28

No=0 LB22
Yes=1

IF NO CARD, OR CARD IS NOT SEEN, ASK
21.23 Did [NAME] receive any vaccinations to prevent him/her from getting diseases?

LAST BIRTH

No=0 LB23
Yes=1

[IF YES:] Please tell me if [NAME] has received any of the following vaccinations:

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

No=0 LB24
Yes=1

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

IF NO, WRITE 0

IF YES: How many times?

TIMES LB25

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

IF NO, WRITE 0 AND GO TO 21.27

IF YES: How many times?

TIMES LB26a

21.26b When was the first polio vaccine given...

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

LB26b

21.27 An injection against measles?

No=0 LB27
Yes=1

ASK OF ALL RESPONDENTS, WHETHER CARD OR NOT:

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

Public hospital, clinic or health centre?=1
Vaccination camp or pulse polio campaign?=2
Private medical clinic?=3
Nurse or health worker came to home?=4
Govt. worker in private=5

LB28

21.29 Was a dose of vitamin A liquid or capsule ever given to [NAME] to protect him / her from night blindness?

IF NO: WRITE 99

IF YES: How many months ago did [NAME] receive the last dose of vitamin A?

MONTHS AGO LB29

HDPI-2 (women's questionnaire)

21. Natal Care: Last Birth (continued)

21.30 Did you ever breastfeed [NAME]? Go to next section ←

LAST BIRTH

No=0 LB30
Yes=1

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

HOURS LB31

LESS THAN 1 HOUR = 00 HOURS
FOUR DAYS OR MORE=96 HOURS

21.32 Did you squeeze out the milk from the breast before you put [NAME] to the breast?

No=0 LB32
Yes=1

21.33 [IF CHILD IS STILL ALIVE:] Are you still breastfeeding [NAME]?
IF YES: WRITE '99'
IF NO: For how many months did you breastfeed [NAME]?

MONTHS LB33

21.34 At what age did you start supplementing [NAME]'s diet with canned or other milk?

IF NOT YET STARTED SUPPLEMENT ENTER 99

MONTHS LB34a

with solid foods?

MONTHS LB34b

21.35 When you were pregnant and lactating with [NAME], did you receive benefits from the Anganwadi center (ICDS program) such as immunization, supplementary food, etc?

No=0 LB35
While pregnant=1
While lactating=2
While pregnant and lactating=3

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

a. Immunization

No=0 LB36a
Yes=1

b. Health Check-up

No=0 LB36b
Yes=1

c. Food / Meals

No=0 LB36c
Yes=1

d. Growth monitoring (weighing the child)

No=0 LB36d
Yes=1

e. Early childhood/ pre-school education

No=0 LB36e
Yes=1

How Often?

Never=0 LB36a1
Daily=1 LB36a1
At least 1/week=2 LB36b1
At least 1/fortnight=3 LB36b1
At least 1/month=4 LB36b1
At least 1/quarter=5 LB36c1
At least 1/year=6 LB36c1
Never=0 LB36d1
Daily=1 LB36d1
At least 1/week=2 LB36d1
At least 1/fortnight=3 LB36d1
At least 1/month=4 LB36e1
At least 1/quarter=5 LB36e1
At least 1/year=6 LB36e1

HDPI-2 (women's questionnaire)

22. Natal Care: Next to Last Birth

Next, I would like to know about your next to last birth, [NAME].

22.1 NEXT TO LAST BIRTH
Name from 19.1:

BIRTH ID from 19.2 NL1a

SURVIVAL from 19.6:
Alive = 1 NL1b
Dead = 0

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

IF YES:

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

Govt. hospital or clinic? No=0 Yes=1 NL2b

Private hospital or clinic? No=0 Yes=1 NL2c

Home? No=0 Yes=1 NL2d

Other? No=0 Yes=1 NL2e

22.2f Whom did you see? Did you see ...

RECORD ALL

A Doctor? No=0 Yes=1 NL2f

A Nurse/ANM? No=0 Yes=1 NL2g

A Traditional Midwife/Dai? No=0 Yes=1 NL2h

Other? No=0 Yes=1 NL2i

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

No=0 Yes=1 NL3

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

MONTHS NL4

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

CHECKUPS NL5

22.6 Did you have the following performed at least once during any of your antenatal check-ups for this pregnancy?

RECORD ALL

Weight check No=0 Yes=1 NL6a

Blood Pressure No=0 Yes=1 NL6b

Blood Test No=0 Yes=1 NL6c

Urine Test No=0 Yes=1 NL6d

Abdomen Exam No=0 Yes=1 NL6e

Internal Exam No=0 Yes=1 NL6f

Sonogram/Ultrasound No=0 Yes=1 NL6g

Amniocentesis No=0 Yes=1 NL6h

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

No=0 Yes=1 NL7

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

RECORD ALL

Night Blindness? No=0 Yes=1 NL8a

Blurred Vision? No=0 Yes=1 NL8b

Convulsions not from fever? No=0 Yes=1 NL8c

Excessive Fatigue? No=0 Yes=1 NL8d

Anaemia? No=0 Yes=1 NL8e

Vaginal Bleeding? No=0 Yes=1 NL8f

22.9 When you were pregnant with [NAME] did you receive any iron folic tablets or syrup? Did you receive enough iron folic tablets to last you three months or more?

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

HDPI-2 (women's questionnaire)

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

NEXT TO
LAST BIRTH

22.12 When you were pregnant with [NAME] were you given tetanus (tt injection) How many times did you receive it during this pregnancy? Did not receive any=0 NUMBER NL12

22.13 Where were you staying just prior to the delivery of [NAME]? Your home =1 Natal home =2 Other = 3 NL13

22.14 When [NAME] was born, at what kind of place, did you deliver her/him? Government hospital or clinic? = 1 Private nursing home? =2 Home? = 3 Other = 4 NL14

22.15 Who assisted with the delivery of [NAME]? Was [NAME]'s delivery assisted by:

A Doctor? No=0 Yes=1 NL15a

A Nurse/ANM? No=0 Yes=1 NL15b

A Traditional Midwife/Dai? No=0 Yes=1 NL15c

A Friend/Relative? No=0 Yes=1 NL15d

Other? No=0 Yes=1 NL15e

22.16 When [NAME] was born, was he/she large, average, small or very small? Large= 1 Small= 3 Average= 2 Very small= 4 NL16

22.17 What kind of delivery was this? A normal delivery? = 1 Forceps? =2 NL17 Cesarean? =3

NEXT TO
LAST BIRTH

22.18 Now, I would like to ask you about the 2-month period *after* the delivery of [NAME]. During that period, did a doctor or other health professional check your health or the health of your baby? No check up=0 Yes, only my health=1 Yes, only my baby's health=2 Yes, both our health's =3 NL18

IF NO CHECKUP SKIP TO Q22.19

IF ANY POSTNATAL CHECKUP:
22.18a How soon after the birth of NAME did you first get a check up? DAYS NL18a

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

Excessive Vaginal Bleeding? No=0 Yes=1 NL19a

Very high fever? No=0 Yes=1 NL19b

HDPI-2 (women's questionnaire)

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

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

IF NO CARD, OR CARD IS NOT SEEN, SKIP TO Q22.23

IF CARD IS SEEN:

22.21 COPY DATES FROM IMMUNIZATION CARDS TO TABLES BELOW:

	DAY	MONTH	YEAR	
BCG				NL21a
POLIO 0				NL21b
DPT 1				NL21c
DPT 2				NL21d
DPT 3				NL21e
POLIO 1				NL21f
POLIO 2				NL21g
POLIO 3				NL21h
MEASLES				NL21i

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

RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 0-3, OR MEASLES VACCINE.

IF YES, PROBE FOR VACCINATIONS AND WRITE '99' IN THE DAY COLUMN IN 22.21 THEN SKIP TO QUESTION 22.28
IF NO, SKIP TO QUESTION 22.28

NEXT TO
LAST BIRTH

No=0 NL20
Yes, not seen= 1
Yes, seen= 2

IF NO CARD, OR CARD IS NOT SEEN, ASK

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

[IF YES:] Please tell me if [NAME] has received any of the following vaccinations:

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

NEXT TO
LAST BIRTH
No=0 NL23
Yes=1

No=0 NL24
Yes=1

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

IF NO, WRITE 0

IF YES: How many times?

TIMES NL25

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

IF NO, WRITE 0 AND GO TO 22.27

IF YES: How many times?

TIMES NL26a

22.26b When was the first polio vaccine given...

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

NL26b

22.27 An injection against measles?

No=0 NL27
Yes=1

ASK OF ALL RESPONDENTS, WHETHER CARD OR NOT:

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

Public hospital, clinic or health centre?=1 NL28
Vaccination camp or pulse polio campaign?=2
Private medical clinic?=3
Nurse or health worker came to home?=4
Govt. worker in private=5

22.29 Was a dose of vitamin A liquid or capsule ever given to [NAME] to protect him / her from night blindness?

IF NO: WRITE 99

IF YES: How many months ago did [NAME] receive the last dose of vitamin A?

MONTHS AGO NL29

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

22.30 Did you ever breastfeed [NAME]?
 No=0
 Yes=1 NL30

22.31 How long after birth did you first put [NAME] to the breast?
 HOURS NL31
 LESS THAN 1 HOUR = 00 HOURS
 FOUR DAYS OR MORE=96 HOURS
 IF MORE THAN 24 HOURS, RECORD DAYS

22.32 Did you squeeze out the milk from the breast before you put [NAME] to the breast?
 No=0
 Yes=1 NL32

22.33 [IF CHILD IS STILL ALIVE:] Are you still breastfeeding [NAME]?
 IF YES: WRITE '99'
 IF NO: For how many months did you breastfeed [NAME]?
 MONTHS NL33

22.34 At what age did you start supplementing [NAME]'s diet.....
 IF NOT YET STARTED SUPPLEMENT ENTER 99

With canned or other milk ? MONTHS NL34a

With solid foods? MONTHS NL34b

22.35 When you were pregnant and lactating with [NAME], did you receive benefits from the Anganwadi center (ICDS program) such as immunization, supplementary food, etc?
 No=0
 While pregnant=1
 While lactating=2
 While pregnant and lactating=3 NL35

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

a. Immunization
 No=0
 Yes=1 NL36a

b. Health Check-up
 No=0
 Yes=1 NL36b

c. Food / Meals
 No=0
 Yes=1 NL36c

d. Growth monitoring (weighing the child)
 No=0
 Yes=1 NL36d

e. Early childhood/ pre-school education
 No=0
 Yes=1 NL36e

How often?
 Never=0
 Daily=1 NL36a1
 At least 1/week=2
 At least 1/fortnight=3 NL36b1
 At least 1/month=4 NL36b1
 At least 1/quarter=5
 At least 1/year=6 NL36c1
 Never=0
 Daily=1 NL36d1
 At least 1/fortnight=3
 At least 1/month=4 NL36e1
 At least 1/quarter=5 NL36e1
 At least 1/year=6

HDPI-2 (women's questionnaire)

STATE: DISTRICT: PSU: HOUSEHOLD:

23. Interviewer Observations- Housing Quality

TO BE FILLED IN BY INTERVIEWER:

23.1 HOUSE / BUILDING TYPE:

Bungalow, no shared walls=1
House with shared walls=2
Flat=3

Chawl=4 HQ1
Slum housing=5
Other=6

23.2 SURROUNDINGS OF THE HOUSE:

23.2a HUMAN AND ANIMAL EXCREMENT

No=0 HQ2a
Yes=1

23.2b STAGNANT WATER

No=0 HQ2b
Yes=1

23.3 ANIMALS (NOT PETS) ARE KEPT:

No animals= 0
Inside living area= 1

Attached room=2 HQ3
Outside=3

23.4 PREDOMINANT WALL TYPE:

Grass, Thatch=1
Mud, Unburnt Bricks=2
Plastic=3
Wood=4
Burn Bricks=5

Gi Sheets, Other Metal=6 HQ4
Stone=7
Cement, Concrete=8
Other=9

23.5 PREDOMINANT ROOF TYPE:

Grass, Thatch, Mud, Wood=1
Tile=2
Slate=3
Plastic=4
Gi Metal, Asbestos=5

Cement =6
Brick=7 HQ5
Stone=8
Concrete=9
Other=10

23.6 PREDOMINANT FLOOR TYPE:

Mud=1
Vood, Bamboo=2
Brick=3
Stone=5

Cement=5 HQ6
Tiles, Mosaic=6
Other=7

24. Interviewer Observation – Respondent Behaviour

TO BE FILLED IN BY INTERVIEWER:

24.1 Did you have any difficulty in the beginning conveying the purpose of this interview to the respondent?

No=0 OG1
Some difficulty=1
A lot of difficulty=2

24.2 Did the respondent have any difficulty understanding the questions?

No=0 OG2
Some difficulty=1
A lot of difficulty=2

24.3 Did the respondent look at you and clearly respond to the questions?

No=0 OG3
Sometimes=1
Usually=2

24.4 Was the respondent knowledgeable about health and education expenditure questions?

Very little knowledge=0 OG4
Somewhat=1
Very knowledgeable=2

24.5 Was the respondent confident?

No=0 OG5
Sometimes=1
Usually=2

24.6

Interview End Time: AM=1
PM=2

24.7

Completion Status

Complete =1 OG7
Incomplete=2

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

HDPI-2 (women's questionnaire)

STATE: DISTRICT: PSU: HOUSEHOLD:

26. Learning

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

26.1 **NAME OF CHILD** TA1c

26.2 **ID Code of child** ID TA2c

26.3 **Have you ever attended school?**
 No=0
 Yes, currently=1 TA3c
 Yes, in the past=2

26.4 **Upto which class/standard have you completed?** TA4c

26.5 **Do (did) you enjoy school?**
 No=0
 Yes=1 TA5c

26.6 **Does (did) the teacher treat you....**
 Nicely?=1
 Somewhat nicely?=2 TA6c
 Not nicely?=3

26.10 Please write your answer in full sentences.

Skills

	Language	Level
26.7 Reading	Hindi=1 <input type="text"/> TA7langc	Can not read=0
	Assamese=2 <input type="text"/>	Letter=1 <input type="text"/>
	Bangla=3 <input type="text"/>	Word=2 <input type="text"/> TA7levelc
	Gujarathi=4 <input type="text"/>	Paragarph=3 <input type="text"/>
26.8 Math	Marathi=5 <input type="text"/>	Story=4 <input type="text"/>
	Oriya=6 <input type="text"/>	Can not=0 <input type="text"/>
	Kannad=7 <input type="text"/>	Number=1 <input type="text"/> TA8levelc
	Malyalam=8 <input type="text"/> TA8langc	Subtraction=2 <input type="text"/>
	Tamil=9 <input type="text"/>	Division=3 <input type="text"/>
26.9 Writing	Telegu=10 <input type="text"/>	Can not=0 <input type="text"/>
	English=11 <input type="text"/>	Writes with <input type="text"/>
	Punjabi=12 <input type="text"/>	2 or less mistakes=1 <input type="text"/> TA9levelc
	Urdu=13 <input type="text"/> TA9langc	

HDPI-2 (women's questionnaire)

STATE: DISTRICT: PSU: HOUSEHOLD:

26. Learning (2nd Child)

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

26.11 **NAME OF CHILD** TA1d

26.12 **ID Code of child** ID TA2d

26.13 **Have you ever attended school?**
 No=0
 Yes, currently=1 TA3d
 Yes, in the past=2

26.14 **Upto which class/standard have you completed?** TA4d

26.15 **Do (did) you enjoy school?**
 No=0
 Yes=1 TA5d

26.16 **Does (did) the teacher treat you....**
 Nicely?=1
 Somewhat nicely?=2 TA6d
 Not nicely?=3

26.20 Please write your answer in full sentences.

Skills

	Language	Level
26.17 Reading	Hindi=1 <input type="text"/> TA7langd Assamese=2 Bangla=3 Gujarathi=4 Marathi=5	Can not read=0 Letter=1 <input type="checkbox"/> Word=2 Paragarph=3 Story=4 TA7lvid
26.18 Math	Oriya=6 <input type="text"/> TA7langd Kannad=7 Malyalam=8 Tamil=9 Telegu=10	Can not=0 <input type="checkbox"/> TA7lvid Number=1 Subtraction=2 Division=3
26.19 Writing	English=11 <input type="text"/> TA7langd Punjabi=12 Urdu=13	Can not=0 <input type="checkbox"/> TA7lvid Writes with 2 or less mistakes=1