

# **BUILDING KNOWLEDGE BASE ON AGEING IN INDIA**

## **QUESTIONNAIRE FOR HOUSEHOLD SURVEY**

**INSTITUTE FOR SOCIAL AND ECONOMIC CHANGE  
NAGARABHAVI, BANGALORE**



**&**

**INSTITUTE OF ECONOMIC GROWTH  
NEW DELHI**



**Sponsored by**

**UNITED NATIONS POPULATION FUND (UNFPA), NEW DELHI**



**2011**

**CONFIDENTIAL**  
For research  
Purpose only

Questionnaire  
Number-----

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																	
STATE : _____	<table style="margin: auto;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DISTRICT : _____																	
TEHSIL/TALUK: _____																	
TYPE OF LOCALITY:                      RURAL.....1                      URBAN.....2																	
CITY/TOWN/VILLAGE : _____																	
PSU NAME AND NUMBER _____																	
HOUSEHOLD NUMBER: .....																	
NAME OF HOUSEHOLD HEAD: _____																	
ADDRESS OF HOUSEHOLD: _____																	

INTERVIEWER'S VISIT/S				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/>
INTERVIEWER'S NAME	_____	_____	_____	YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
RESULT*	_____	_____	_____	RESULT CODE <input type="checkbox"/>
NEXT VISIT: DATE TIME	_____ _____	_____ _____	_____ _____	TOTAL NUMBER OF VISITS <input type="checkbox"/>

<p>* RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT THE TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p>	<p>TOTAL PERSONS IN HOUSEHOLD <input type="checkbox"/><input type="checkbox"/></p> <p>TOTAL ELDERLY WOMEN <input type="checkbox"/><input type="checkbox"/></p> <p>TOTAL ELDERLY MEN <input type="checkbox"/><input type="checkbox"/></p> <p>SERIAL NO . OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input type="checkbox"/><input type="checkbox"/></p>
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LINE NUMBER OF ELIGIBLE RESPONDENT	<table style="margin: auto;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
RESULT STATUS OF ELIGIBLE RESPONDENT													

INVESTIGATORS ID	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NAME _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NAME _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
DATE _____	DATE _____	DATE _____		

**INTRODUCTION AND INFORMED CONSENT**

Namaste. My name is ----- and I am working with ----- (NAME OF ORGANIZATION). We are conducting a survey of elderly persons to study their health and wellbeing. To this end, we will be gathering information on the households they lived in. We would very much appreciate the participation of your household in this survey. I would like to ask you some questions about your household. The survey usually takes about 25 minutes to complete. Whatever information you provide will be kept strictly confidential. After this interview we would like to talk to the older persons (60+) of your household. Please inform them of this survey.

Participation in this survey is voluntary and you can choose not to answer any question or all of the questions. However, we hope that you will participate in this survey since your participation is important.

At this time, do you want to ask any question about the survey?

**INTERVIEWER PLEASE ANSWER ANY QUESTION ASKED BY THE RESPONDENT.**

In case you need more information about the survey, you may contact these persons.

**GIVE CARD WITH CONTACT INFORMATION.**

May I begin the interview now?

Signature of interviewer : ----- Date: -----

RESPONDENT AGREES TO BE INTERVIEWED... 1    RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2    END →

↓  
**BEGIN INTERVIEW**

**Q101: RECORD THE TIME:**      HOUR  MINUTES

**HOUSEHOLD SCHEDULE**

We would like some information about the people who usually live in your household.

SERIAL NO	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	MARTIAL STATUS	IF CURRENTLY MARRIED, SERIAL NO. OF SPOUSE	CIRCLE SERIAL NUMBER OF ALL PERSON AGE 60 & ABOVE	If AGE 7 YEARS OR OLDER			If AGE 15 YEARS OR OLDER		
								EDUCATION			USUAL ACTIVITY	OCCUPATION	INDUSTRY SECTOR
	Q102	Q103	Q104	Q105	Q106	Q107	Q108	Q109	Q110	Q111	Q112	Q113	Q114
	Please give the names of the persons who usually live in this household (visitors are to be excluded)	What is the relationship of (NAME) to the head of the household?  (A)	Is (NAME) male or female	How old is (NAME)?  (B)	What is the current marital status of (NAME)?  (C)			Can (NAME) Read and write?  YES NO	Has (NAME) ever attended school?  YES NO	No. of completed years of schooling?  (D)	Is [Name] currently working?  YES NO	What is [NAME]'s occupation? What kind of work does [NAME] mainly do?	Organized/ Unorganized 1= Organized 2= Unorganized
01		<input type="text" value="0"/> <input type="text" value="1"/>	M 1 F 2	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	01	1 2	1 2 ↓ GO TO 112	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 112 NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
02		<input type="text"/> <input type="text"/>	M 1 F 2	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	02	1 2	1 2 ↓ GO TO 112	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 112 NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
03		<input type="text"/> <input type="text"/>	M 1 F 2	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	03	1 2	1 2 ↓ GO TO 112	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 112 NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
04		<input type="text"/> <input type="text"/>	M 1 F 2	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	04	1 2	1 2 ↓ GO TO 112	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 112 NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
05		<input type="text"/> <input type="text"/>	M 1 F 2	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	05	1 2	1 2 ↓ GO TO 112	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 112 NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
06		<input type="text"/> <input type="text"/>	M 1 F 2	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	06	1 2	1 2 ↓ GO TO 112	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 112 NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
07		<input type="text"/> <input type="text"/>	M 1 F 2	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	07	1 2	1 2 ↓ GO TO 112	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 112 NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>

08		<input type="text"/> <input type="text"/>	M F 1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	08	1 2	1 2 ↓ GO TO 112	<input type="text"/> <input type="text"/>	1 2 GO TO ← 2 NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
09		<input type="text"/> <input type="text"/>	M F 1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	09	1 2	1 2 ↓ GO TO 112	<input type="text"/> <input type="text"/>	1 2 GO TO ← 2 NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
10		<input type="text"/> <input type="text"/>	M F 1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	10	1 2	1 2 ↓ GO TO 112	<input type="text"/> <input type="text"/>	1 2 GO TO ← 2 NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
11		<input type="text"/> <input type="text"/>	M F 1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	11	1 2	1 2 ↓ GO TO 112	<input type="text"/> <input type="text"/>	1 2 GO TO ← 2 NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
12		<input type="text"/> <input type="text"/>	M F 1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	12	1 2	1 2 ↓ GO TO 112	<input type="text"/> <input type="text"/>	1 2 GO TO ← 2 NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
13		<input type="text"/> <input type="text"/>	M F 1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	13	1 2	1 2 ↓ GO TO 112	<input type="text"/> <input type="text"/>	1 2 GO TO ← 2 NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
14		<input type="text"/> <input type="text"/>	M F 1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	14	1 2	1 2 ↓ GO TO 112	<input type="text"/> <input type="text"/>	1 2 GO TO ← 2 NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
15		<input type="text"/> <input type="text"/>	M F 1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	15	1 2	1 2 ↓ GO TO 112	<input type="text"/> <input type="text"/>	1 2 GO TO ← 2 NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>

TICK HERE IF CONTINUATION QUESTIONNAIRE OF THIS TABLE IS USED

<p><b>(A) CODES FOR Q103 RELATIONSHIP TO HEAD OF HOUSEHOLD:</b> 01 = HEAD 02 = WIFE OR HUSBAND 03 = SON OR DAUGHTER 04 = SON-IN-LAW OR DAUGHTER-IN-LAW 05 = GRANDCHILD</p>	<p>06 = PARENT 07 = PARENT-IN-LAW 08 = BROTHER OR SISTER 09 = BROTHER-IN-LAW OR SISTER-IN-LAW 10 = NIECE/NEPHEW 11 = OTHER REALTIVE 12 = ADOPTED/FOSTER/STEP CHILD 13 = DOMESTIC SERVANT 14 = OTHER NOT RELATED 98 = DON'T KNOW</p>	<p><b>(B) CODES FOR Q105 (AGE)</b> 00 = AGE LESS THAN ONE YEAR 95 = AGE 95 YEARS OR MORE</p> <p><b>(C) CODES FOR Q106 (MARTIAL STATUS)</b> 1 = CURRENTLY MARRIED 2 = WIDOWED 3 = DIVORCED</p>	<p>4 = SEPARATED / DESERTED 5 = NEVER MARRIED 8 = DON'T KNOW</p> <p><b>(D) CODES FOR Q111 (EDUCATION) NO. OF YEARS OF SCHOOLING</b> 00 = LESS THAN ONE YEAR COMPLETED 98 = DON'T KNOW</p>
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**Q 115. CURRENT LIVING STATUS**

LIVING ALONE .....1  
LIVING ALONE WITH SERVANT. ....2  
LIVING WITH SPOUSE ONLY .....3

LIVING WITH SPOUSE & SERVANT.....4  
LIVING WITH ALL OTHERS.....5

We would like to have some social and economic information about the head of the household.

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Skip To
Q116	What is the religion of the head of the household?	HINDU .....1 MUSLIM.....2 CHRISTIAN .....3 SIKH .....4 OTHER .....6 (SPECIFY)	
Q117	What is the caste or tribe of the head of the household?	CASTE /TRIBE .....1 (SPECIFY) NO CASTE / TRIBE.....2 DON'T KNOW .....8	Q119
Q118	Is this a Scheduled Caste, a Scheduled Tribe, Other Backward Caste or none of them?	SCHEDULED CASTE .....1 SCHEDULED TRIBE .....2 OBC .....3 NONE OF THE ABOVE .....4	
Q119	What is the main source of drinking water for members of your household?	PACKAGED WATER.....01 OWN PIPED WATER.....02 PIPED WATER PUBLIC.....03 OWN WELL/ BOREWELL.....04 WELL/ BOREWELL PUBLIC.....05 SURFACE SOURCES.....06 OTHER .....96 (SPECIFY)	
Q120	What kind of toilet facility do your household members generally use?	PUBLIC LATRINE.....1 SEPTIC TANK/ FLUSH SYSTEM.....2 PIT LATRINE .....3 NO FACILITY (OPEN SPACE).....4 OTHER .....6 (SPECIFY)	Q123 Q123
Q121	Do you share this toilet facility with other households?	YES.....1 NO .....2	
Q122	How many toilets does this household have?	NO. OF TOILETS..... <input type="text"/>	
Q123	What type of cooking oil does your household <b>mainly</b> use?	ELECTRICITY .....01 LPG/NATURAL GAS .....02 BIOGAS .....03 KEROSENE .....04 COAL/LIGNITE .....05 CHARCOAL .....06 WOOD .....07 STRAW/SHRUBS/GRASS .....08 AGRICULTURAL CROP WASTE .....09 DUNG CAKES .....10 OTHER .....96 (SPECIFY)	
Q124	What type of house is it? [Record observation]	KUCHHA .....1 SEMI PUCCA .....2 PUCCA .....3	
Q125	How many rooms are there in this house including kitchen? (EXCLUDE TOILETS)	NO. OF ROOMS..... <input type="text"/> <input type="text"/> IF ONLY ONE ROOM ..... →	Q128

Q126	How many of them are bedrooms?	NO. OF BEDROOMS..... <input type="text"/>		
Q127	Do you have a separate room used as kitchen?	YES.....1 NO .....2		
Q128	Who owns this house?  (SERIAL NUMBER FROM HOUSEHOLD ROSTER)	<input type="text"/> <input type="text"/> RENTED .....95 <b>NOT USUAL RESIDENT OF HH.....96</b>	} Q130	
Q129	Do you or someone else in this household have a document for the ownership of this dwelling?	YES .....1 NO .....2 DON'T KNOW .....8		
Q130	Does any usual member of this household own any other house?	YES .....1 NO .....2 DON'T KNOW .....8		
Q131	Does your household have:		<b>YES</b>	<b>NO</b>
	Electricity?	ELECTRICITY.....	1	2
	A mattress?	MATTRESS.....	1	2
	A pressure cooker?	PRESSURE COOKER.....	1	2
	A chair?	CHAIR.....	1	2
	A cot or bed?	COT/BED.....	1	2
	A table?	TABLE.....	1	2
	An electric fan?	ELECTRIC FAN.....	1	2
	A radio or transistor?	RADIO/TRANSISTOR.....	1	2
	A black and white television?	B & W TELEVISION.....	1	2
	A colour television	COLOUR TELEVISION.....	1	2
	A sewing machine?	SEWING MACHINE.....	1	2
	A mobile phone?	MOBILE PHONE.....	1	2
	Any landline phone?	LANDLINE PHONE.....	1	2
	A computer?	COMPUTER.....	1	2
	Any Internet facility?	INTERNET.....	1	2
	A refrigerator?	REFRIGERATOR.....	1	2
	A watch or wall / alarm clock?	WATCH/CLOCK.....	1	2
	A bicycle?	BICYCLE.....	1	2
	A motorcycle or scooter?	MOTORCYCLE/SCOOTER.....	1	2
	An animal-drawn cart?	ANIMAL-DRAWN CART.....	1	2
	A car/Jeep?	CAR/JEEP.....	1	2
	A water pump?	WATER PUMP.....	1	2
	A thresher?	THRESHER.....	1	2
	A tractor?	TRACTOR.....	1	2
Q132	Does anyone in this household own any agricultural land?	YES.....1 NO .....2		→ Q134
Q133	How much agricultural land does this household own?  _____	(IN ACRES) TOTAL..... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> IRRIGATED..... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NON-IRRIGATED..... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> DON'T KNOW ..... 998		
Q134	Does your household own any of the following animals?		<b>Yes</b>	<b>No</b>
	Cows, bulls, or buffaloes?	COW/BULLS/BUFFALOES	1	2
	Camels?	CAMELS	1	2
	Horses, donkeys, or mules?	HORSES/DONKEYS/MULES	1	2

	Goats?	GOATS	1	2
	Sheep?	SHEEP	1	2
	Chickens or ducks?	CHICKENS/DUCKS	1	2
	Pigs?	PIGS	1	2
Q135	Does any usual member of this household have a bank account or a post office account?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
Q136	Does this household have a Ration Card? APL BPL Antyodaya	YES, APL ..... 1 YES, BPL ..... 2 YES, ANTYODAYA ..... 3 NO ..... 4 DON'T KNOW ..... 8		
Q137	What is the total household consumer expenditure?  <b>LAST 30 DAYS</b>  A. Food items (30days):..... B. Paan, Tobacco, alcohol and other intoxicant (30days):..... C. Cooking fuel, rent and lighting (30days):..... D. Transportations and communications(30days):.....  <b>LAST 365 DAYS</b>  E. Clothing, footwear and bedding (365days): ..... F. Education (365days):..... G. Medical care including institutional and non-institutional (365days):.. H. All Taxes(365days):..... I. Construction, maintenance, house building, repairing etc.(365days) :. J. Consumer durables(365days):..... K. Marriage(365days):..... L. Death (365days) ..... M. All others including jewelry, birth and other celebrations(365days) :..	<b>(IN RUPEES)</b>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Q138	a) Does this household have any outstanding loan?  b) If yes, how much? (INCLUDE ALL OUTSTANDING LOANS)	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8  HOW MUCH Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Q140
Q139	What was the purpose/s for which the loan was taken?  (MULTIPLE RESPONSES POSSIBLE)	EXPENDITURE ON HEALTH OF ELDERLY ..... 1 EXPENDITURE ON HEALTH OF OTHER MEMBERS ..... 1 AGRICULTURE ..... 1 BUSINESS ..... 1 EDUCATION ..... 1 MARRIAGE ..... 1 HOME /VEHICLE LOAN ..... 1 OTHER ..... 1 <b>(SPECIFY)</b>	<b>YES</b> 1 1 1 1 1 1 1 1	<b>NO</b> 2 2 2 2 2 2 2 2



**INTERVIEWERS:** *This section is intended to collect information about support received by the household from those outside the household.*

Families and friends sometimes help one another in a variety of ways, and each type of help or support can be important. Similarly the government also provides different types of help to households. We would now like to ask some questions about the different ways in which you help or support each other.

Q.No.	QUESTIONS AND FILTERS	CODING CATEGORIES		CODING CATEGORIES	Skip To
Q140	In the last 12 months, has anyone in the household received any financial or in-kind support from your family (children, siblings or parents), relatives (other kin who do not live with you), government or other civil society organizations?	<b>FINANCIAL</b>		<b>IN KIND</b>	
		YES, ONLY FROM INDIA ..... 1 YES, ONLY FROM ABROAD 2 YES FROM BOTH ..... 3 NO ..... 4 DON'T KNOW ..... 8	YES, ONLY FROM INDIA ..... 1 YES, ONLY FROM ABROAD 2 YES FROM BOTH ..... 3 NO ..... 4 DON'T KNOW ..... 8	GO TO Q143 ←	GO TO Q143 ←
Q141	What is the extent of support you have received in the past 12 months from your family (children, siblings or parents), relatives (other kin) who do not live with you, government OR other organizations?	FINANCIAL [IN Rs]		IN KIND [SPECIFY]	
		Within India	From Abroad		
	<b>A) Family</b>				
	<b>B) Relatives</b>				
	<b>C) Friends</b>				
	<b>D) Government</b>		Nil		
	<b>E) Other organizations</b> [SPECIFY]				
Q142	Keeping in view the support you just identified above, do you consider this as financial support that the household can count on in the future as well.	YES, COMPLETELY .....1 YES, PARTIALLY .....2 NO .....3 DON'T KNOW .....8			

Now we would like you to answer about major illnesses and deaths in the household during the last 3 years.

Q.No.	QUESTIONS AND FILTERS				CODING CATEGORIES			Skip To
Q143	Has there been any major illness occurring to any member of the household in the last 3 years?				YES ..... 1 NO ..... 2			Q149
Q143A	How many members of this household came across illness in last 3 years?				<input type="checkbox"/>			
	Q144	Q145	Q146	Q147	Q148			
	<b>Serial No.</b>	<b>NAME</b>	<b>AGE (At the time of illness)</b>	<b>SEX</b>	<b>NATURE OF ILLNESS</b>	<b>CODE</b>		
	1		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2		<input type="checkbox"/> <input type="checkbox"/>		
	2		<input type="checkbox"/> <input type="checkbox"/>	1 2		<input type="checkbox"/> <input type="checkbox"/>		
	3		<input type="checkbox"/> <input type="checkbox"/>	1 2		<input type="checkbox"/> <input type="checkbox"/>		
	4		<input type="checkbox"/> <input type="checkbox"/>	1 2		<input type="checkbox"/> <input type="checkbox"/>		
	5		<input type="checkbox"/> <input type="checkbox"/>	1 2		<input type="checkbox"/> <input type="checkbox"/>		
Q149	Has any household member died during the last 3 years?				YES ..... 1 NO ..... 2			Q157
Q149A	How many members of this household died in last 3 years?				<input type="checkbox"/>			
	Q150	Q151	Q152	Q153	Q154	Q155	Q156	
	<b>Serial No.</b>	<b>Sex</b>	<b>Age at death (Follow the Codes of Q105)</b>	<b>Marital Status at the time of death</b> Currently Married = 1 Widowed = 2 Separated = 3 Divorced = 4 Never married = 5 Don't Know = 6	<b>Was medical attention received before death</b>	<b>Place of death</b> Home = 1 Hospital = 2 Other = 3	<b>Death due to:</b> [verbally reported]	
	1	M F 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	YES NO 1 2	<input type="checkbox"/>		
	2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>		
	3	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>		

Q157. RECORD THE TIME:      HOUR       MINUTES

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