CENTRAL * N		RNMENT OF INDIA PLE SURVEY ORGANISATION	ORIGINAL	*
STATE		ECONOMIC SURVEY	DUPLICATE	
*	TETYS	ECOND ROUND		
711701		95-JUNE 1996 SURVEY ON HEALTH CARE		
URBAN	-			_
COJ descripti	ve identifi	cation of sample household		-
state/u.t.		hamlet name		
district		ward/inv. unit/block**		
tehsil/town	· · · · · · · · · · · · · · · · · · ·	charge-circle/EB**		
village name		house number	·	
VIII		name of head	····	
<pre># tick mark ( \/ ## delete whichever</pre>	) may be pu is not ap	t in the appropriate place plicable		
C 1 ] identifi	ation of s	ample household	·	
sl. item . no.	code	sl. item no.	с	od e
1. sample(central-1, state-2)		11. sample village/block s		
2. sector (rural -1, urban-2)		12. hamlet-group/sub-block		
3. FOD sub-region		13. second-stage stratum  14. sample household no.	no.	·
4. round number	5 Z	15. sl.no. of informant (a	· ·	
5. schedule number	2 5 0	block 3)	5 111	·
6. state-region		16. general educational		
7. stratum no.		level of informant (code)		
8. district code		17. response code		
9. sub-sample		18. survey code		
10. sub-round		19. reason for substitutio original household (co		
operative by others-9.	it not capal	el of informant: To be cop nt co-operative and capa ble-2, informant busy-3, in h.h. surveyed-1, substitute	ble-1, info formant rel	rmant c cctant-

nothing surveyed-3.

em 19 - reason for substitution of original h.h.: household member

not available to provide information-1, unwilling-2. others-9.

(9) (10)

(11)

(12)

(13)

(14)

(15)

usual

(8)

MIC code if occu- during last year whether whether

demographic particulars of household members

(5)

rela- sex

(3)

(4)

mari-

(6)

(7)

gene-

[3]

(2)

(1)

Sch. 25.0-3

i'ves

(16)

for cols.14 to 16.

\*NOTE : sickness as an inpatient of a hospital will also be considered

CODES FOR BLOCK 3 : col.3 - relation to head :

self-1, spouse of head-2, married child-3, spouse of married child-4, unmarried child-5, grand child-6, father/mother/father-

in-law/mother-in-law -7, other relatives-8, non-relatives -9.

col.6 - marital status : never married-1, currently married-2, widowed-3, divorced/separated-4.

col.7 - general educational level : illiterate-1;

literate : without formal schooling-2, below primary-3, primary

middle-5, secondary-6, higher secondary-7, graduate & abov col.8 - usual activity status : self employed in : agriculture -1, non-agriculture -2;

regular employee -3:

casual labour in : agriculture -4, non-agriculture -5: unemployed -6, students -7, engaged in domestic duties -8, others nanc-

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in col.3,

pregnant

Sch. 25.0-4

in

ы.

(yes-1, status of births chil-3 no-2) pregnancy dren (code) (1) (2) (4) (3) (5) (6) (7)(8) (9) CODES FOR BLOCK-3.1: col.(4)-status of pregnancy : currently pregnant-1, birth- 2, still birth-3, had spontaneous abortion-4, had abortion- 5, had MTP- 6.

sì.		sex (male	age at	time elap-	cause of	place	medical attention	durin	g last	365 days
no.	name of deceased member	-1,	death (years)	s e d	death	1 1		whelher hospila-		dealh
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
91										
92										
93										

[3.2] particulars of deaths in the household during last 365 days

deseases of circulatory system -03, causes typical of infancy -04, accidents & injuries -05, fevers -06, digestive disorders -07, disorders of central nervous system -08, other symptoms -07;

causes relating to child birth/pregnancy: bleeding-11, sepsis-12, obstructed/prolonged labour-13, convulsions-14, anaemia-15, juandice-16, heart failure-17, others-19. pvl. hospital-4, others-9.

col. 11- time of death: during : pregnancy-1, delivery-2, abortion-3; within 6 weeks after delivery/abortion-4, others-9.

altention -5.

col. 6- cause of death: old age -01, disorders of respiratory system -02,

col.8- medical attention : institutional : govt. -1, others -2; registered medical practitioner -3, other medical practitioner -4, no medical

col.7- place of death: at home-1, during transport-2, govt. hospital-3,

	Sch. 85.0-5
[3.3] use of tobacco/intoxicants by members age	ed 10 years and above
. sl. no. of member(as in block 3)	
2. sex ( male-1, female-2)	
3. age (years)	
. whether regularly consuming (yes-1, no-2)	
4.1 alchohol	
4.2 biri/cigar/cigarette/hukka	
4.3 tobacco	
4.4 ganja	: 1
4.5 charas	
4.6 opium	
nursing home 5, charitable institu ESI doctor,AMA etc7, private doctor  em 8 of block 4 - when admitted : during last 15 days1, 16 days to 365 days2,	ution run by public trust6, 8, others9.
more than 365 days ago3.	
em 9 of block 4 - when discharged : not yet1, during last 15 days2, 16	days to 365 days3.
<u>DE FOR BLOCK 5:</u> tem 7 - status of ailment :     started more than 15 days ago : & is cont:nui     started within 15 days : & is continuing -3,	
tem 11 - reason: Govt. doctor/facility too far1, not sa long waiting3, lacks bad treatment5, doctor medicines not available or ineffective if ava	atisfied with treatment personal attention r/staff corrupt/charge money.
tem 12 - reason for no treatment:	

no medical facility available in the neighbourhood...........1, item 14 - whom consulted : 

ch.	25.0-6					\
C4	] particulars of medical treatment rec during last 365 days	eived as	inpat	:= > 1 0	fahos	pital
1.	sl. no. of the hospitalisation case	1	2	J.	-1	
2.	sl. no. of member(as in col.1 block 3/3.2) hospitalised*					
з.	sex ( male-1, female-2)					
4.	age (years)			,		
5.	type of hospital (code)					
6.	nature of ailment (code).					
7.	type of ward (free-1,paying general-2, paying special-3)					
8.	when admitted (code)					
۶.	when discharged (code)					
10.	duration of stay in hospital (days)					
11.	details of medical services received ( taken : free-2, partly	not take free-3,	n/requ on pa	: 180	1, 4)	
	11.1 medicine					
	11.2 X-ray/ECG/EFG/scan					
	11.3 other diagnostic tests					
	11.4 surgery					
	11.5 any other treatment			. ·		
12	. whether treatment availed before hospitalisation (yes-1,no-2)					
	12.1 <u>if 'yes' in item 12,</u> source of treatment (code:	·		<u></u>	·	
	12.2 <u>if'yes' in item 12,</u> duration of treatment (days)					
	. whether treatment continued after					
13	discharge from hospital (yes-1, no-2)					
13	discharge from hospital (yes-1, no-2)  13.1 <u>if 'yes' in item 13,</u> source of treatment (code)					

[4.1] expenses incurred for treatment of m hospital during last 365 days and s	nembers source o	treated of finan	as inp	atient	υf
1. sl. no. of the hospitalisation case (as in block 4)	1	2	3	4	5
2. sl. no. of member (as in block 4) hospitalised *					
<ol> <li>whether any medical service provided free by employer(yes:dovt1,pvt2;no-3)</li> </ol>					
4. whether any hospital charges paid (yes-1, no-2)					
5. if 'yas' in item 4, amount paid (Rs.)					
<ol> <li>total medical expenditure for treat- ment during the stay at hospital (Rs.)</li> </ol>				·	
7. particulars of other expenses incurred	by the	househo	ld (Rs.	) !!!!!!!!!!!!!	·
7.1 transport (other than ambulance)					
7.2 lodging charges of escort(s)					
7.3 attendant charges					
7.4 personal medical appliances					
7.9 total					
8. whether any loss of household income incurred (yes-1, no-2)					
9. <u>if 'ves' in item 8,</u> amount of loss during last 365 days (Rs.)					
O. particulars of source of finance for me	eting t	he expe	nses in	items (	· 3 7.7
10.1 current income (Rs.)					
10.2 past savings (Rs.)					
10.3 sale of draught animals (Rs.)					
10.4 sale of ornaments (Rs.)			<del></del>		
10.5 sale of other physical assets(Rs.)					
10.6 borrrowings (Rs.)			,		
10.7 reimbursement by employer (Rs.)					
10.8 if any amount reimbursed, type of employer ( Govt1, private-2)			,		
10.9 other sources (Rs.)			<u>:</u>		

OTE: Sl. no. of hospitalisation case and sl. no. of member will be repeated in line no. 1 & 2 exactly as in block 4.

C53 particulars of spells of ailment of	household	members	during	last	15
1. sl. no. of spell of ailment	1	22	з	4	
2" st. no. of member(as in col.(1) of block 3/3.2) with ailment					
3. sex ( male-1, female-2)					
4. age (years)				······································	-
5. number of days within the reference p	eriod				
5.1 ill					T
5.2 on restricted activity					
5.3 confined to bed					1-
6. nature of ailment (code)					
7. status of ailment (code)					
8. whether treated (yes-1, no-2)				***************************************	1
if 'yes' in item 8, no. of days of trea	tment				
8.1 recommended					
8.2 taken				••	-
8.3 taken within the reference period					1
if 'yes' in item 8, fill in items 9 to not treated as inpatient of hospit					
9. no. of sources of treatment					T
10. whether any treatment received from non-govt. sources(yes-1, no-2)					
11. <u>if 'yes' in item 10</u> ,reason (code)					
if 'no' in item 8, fill in rest of the	block; o	therwise	skip t	o : ter	14
12. reason for no treatment (code)					
13. whether any other measure taken for recovery/relief (yes-1,no-2)					
14. <u>if'yes'in item 13,</u> whom consulted(cod	6 )				
15. <u>if 'yes' in item 13.</u> expnd. incurred(R	s )			<del></del>	
16. loss of household income (Rs.)					1

<sup>\*</sup>NOTE: S1. no. of a member will be repeated as many times in line no. 2 as the number of spells of ailment reported by the member. For dead members enter 91, 92, etc., as given in col.(1) of Block 3.2.

C5.13 expenses incurred during last 15 day inpatient of hospital) and source of	s for	treat	(hent		Sch	.25.
	finan	ce		ot me	mbers (	not
1. sl. no. of treatment	1	2		3	1	T -9
2. sl. no. of spell (as in block 5)				:		
3."sl. no. of ailing member(as in block 5)			·			
4. whether any medical service provided free by employer(yes:Govt1,pvt2;no3)						
5. source of treatment (code)		<del> </del>				
5. details of medical services received (natable taken : free-2, partly	1 ot take free-3,	en/red	guir Davm	ed1,		
6.1 medicine received		т <u></u>				
6.2 X-ray/ECG/EEG/scan	<b></b> -	<del> </del>	+			
6.3 other diagnostic tests						
6.4 surgery		-				
6.5 any other treatment	<del></del>	<del> </del>				···
. total medical expenditure for treat- ment by the household (Rs.)		<del> </del>	_			
- particulars of other expenses incurred b	u tha	<u> </u>			l	
8.1 transport & lodging charges	y one	Touse		for t	realmen	1 (13 :
3.2 personal medical appliances						
3.3 others		ļ	_ _			
3.9 total			_ _			
particulars of source of finance Co.		<u></u>				*******
9.1 current income (Rs.)	ting t	re exp	·ens	es in :	items 7	& 8
9.2 past savings (Rs.)			_ _	1.		
9.3 sale of draught animals (Rs.)		<del></del>				
9.4 sale of ornaments (Rs.)						
9.5 sale of other physical assets(Rs.) 9.6 borrrowings (Rs.)				.		
9.7 reimbursement by employer (Rs.)						
(+0) 14 ==		·	1			
9.8 if any amount reimbursed, type of employer ( Govt1, private-2) 9.9 other sources (6)					1	

shell and sl. no. of a member will be .les in line nos. 2 and 3 as the number . Fatment reported for the spellrepeated as of sources f

heart failure ... tetanus 102 . . . cerebral stroke diptheria... 103 cough and acute bronchitis. whooping cough... 104 acute respiratory infection meningitis & viral ... 105 (including pneumonia) encephelitis diseases of mouth, teeth... fevers of short duration... 106 & gum chicken pox 107 disease relating to pregnancy \*17 & child birth (incld. natural measles/German measles 108 abortion) mumps 109 injury due to accident . . . and violence diseases of eye 110 other diagnosed ailment (of less than 30 days) undiagnosed ailment ... (of less than 30 days) . chronic ameobiosis ... 201 cataract ... . . . other diseases of the eye..

pulmonary tuberculosis 202 leprosy 203 sexually transmitted diseases 204 jaundice ... 205 quinea worm 206

. . .

other disease of nerves ...

visual disabilities...

(other than cataract)

cancer

other tumours ...

. . .

diabates ...

beri beri...

epilepsy ...

ricket

filaria (elephantisis)

207 808

. . . (general debility) anaemia.

goitre & thyroid disorders. . . .

other malnutrition diseases

217

218

219

mental & behavioural disorders 246

207 210 gastritis hyper-acidity/ ... gastric/peptic/duodenal ulcer

system hydrocele ...

other dignosed diseases (of more than 30 days)

undiagnosed ailment (of more than 30 days)

and quin

piles

diseases of kidney/urinary... prostrate disorders ... pain in the joints other disorders of bones ... and joints

locomotor disability...

(excluding disability)

other congenital deformities

bearing disability ...

diseases of heart

speech disability

other diseases of the ear...

high/low blood pressure ...

diseases of mouth, teeth...

. . .

. . .

2.30 231

232 2:33 234 2:35

278 25747

3.14

\* 12

113

14

115

146

118

19/1

179

820

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223

2:24

225

226

2:27

7.28

2:29

236

		<del></del>	<del></del>		3 L17 .	23.0-11
[63	Particulars of immunisation and oth children of age 0-4 years	er heal	th care	for		-
1.	srl. no. of child as in block 3					<u> </u>
2.	age( years )			:		
3.	whether BCG taken(yes:at birth-1,within 3 months-2,after 3 months-3; no-4)					
	3.1 source (code)					
4.	whether DPT taken(yes:3 doses before 1 year and booster dose within 3 years-1, 1 to 3 doses before 1 year-2; no-3)					
	4.1 source (code)					
5.	whether OPV taken (codes are same as in item 4)			:	,	
	5.1 source (code)					
ω.	whether measles vaccine taken(yes:taken before 12 months-1, between 12 to 24 months-2, after 24 months-3; no-4)				·	
7.	whether the child registered for paediatric care(code)					
8.	if code 1 or 2 in item 7, type of hospital/doctor(code)				<u> </u>	
9.	food supplementation programme					
·	7.1 received during last 365 days (yes-1,no-2)		,			
7	.2 <u>for code 1 in item 9.1,</u> type of feeding centre(code)					
9	.3 received during last 30 days (yes-1,no-2)					
·	.4 <u>for code 1 in item 9.3,</u> no. of days received					
	.5 <u>for code 1 in item 9.3,</u> type of food received (code)					
10.	infant feeding practices (breast fed-1, bottle fed-2, both-3)	·				
1·1 <b>.</b> -	for code 2 or 3 in item 10					
11.	1 age at introduction of supplements (less than 3 mths1, 4-6 mths2, after 6 mths3)					
11.	2 type of breast feed supplements(code)					
11.	3 reason for introducing supple- ments (code)					

[7] particulars of pre-natal care of women pregnant during last 365 days (ie.code	of age be 1 in col	elow 50 .3, blo	years	who w	ere _
1. serial no. of woman as in block 3.4			!		
2. age(years)			· i	<del> </del>	
3. pre-natal care					
3.1 whether registered for pre-natal care (code)			;	<u>.</u>	
3.2 <u>for code 1 or 2 in item 3.1,</u> type of hospital/doctor (code)			· .		
3.3 <u>for codes 1-3 in item 3.1,</u> no. of times attended					
3.4 <u>for codes 1-3 in item 3.1,</u> reason for seeking pre-natal care (code)				: :	
4. during pregnancy did she receive					
4.1 tetanus toxoid (yes: 1 dose-1, 2 doses-2; no-3)			•	: ! :	
4.1.1 if 'yes'in item 4.1, source(code	,			• •	
4.2 IFA (yes: 1-49 tablets-1, 50-59 tab- lets-2, 100 or more tablets-3; no-4					
4.2.1 if 'yes'in item 4.2, source(code	)	i			
5. whether hospitalised due to complica- tions in pregnancy (yes-1, no-2)		'! . i	· ·		
6. whether food supplements given during pregnancy (yes-1, no-2)		<b>!</b> :			·
7. <u>if 'yes' in item 6,</u> source of food supplements (code)		:			
CODES FOR BLOCK 7: item 3.1-registered for pre-natal: yes: in	-3; no-4 ital/sourd : routine hers-9 as in item	ce: as pre-pa n 5.2 :	in ite tal ca	m 8 of cre−1, :k=6.	
CODES.FOR BLOCK 6: items 3.1, 4.1 & 5.1 - source : from Govt. payment -2; from private agency: received -5	free of co	ost -3.	on pay	vment =	
item 7 - registered for paediatric care : y with auxiliary nurse/LHV-3; no-4 item 8-type of hospital/doctor : public ho private hospital-4,nursing home-5 ESI doctor/AMA -7,private doctor-	  spital=1,   s,charitab	PHC-2,: le ihst	uplic	disper	
item 9.2 - type of feeding center : Govt.aq ICDS/Anganwadi-3, agency not know	jency−1,pr vn−4	ivala i	caies,	/trust:	2
item 9.5 - type of food received : milk-1,c item 11.2 - type of supplements : milk-1 commercial weaning food-3, biscui item 11.3 - reason for supplements : work	l,home its=4, fem cing mo	made ily fo: ther-t.	Jean: d=mas: d=nade:	ned-5.	food Co
milk-E, doctors'/nurses' advice-0	3, öthers-	9.			

3.4 medical attendance at child birth

Sch. 25.0-13

(code)

3.2 place of child birth(code)

3.3 type of delivery (normal-1, operation-2, others-9)

3.4 if code 1 or 9 in item 3.2, reason for not going to hospital etc.(code)

3.5 for code 2 in item 3.2

3.5.1 type of hospital(code)

3.5.2 type of ward(free-1, paying: general-2, special-3)

3.5.3 duration of mother's stay(days)

3.5.4 required more than normal stay for post-natal complications (yes-1,no-2)

4. post-natal care

4.1 registered for post-natal care(code)

4.2 if code 1 or 2 in item 4.1, type of hospital/doctor(code)

4.3 if codes 1-3 in item 4.1, no. of times attended

4.4 received food supplementation ( yes-1, no-2 )

4.5 received free medicine(yes-1,no-2)

4.5 received free medicine(yes-1,no-2)

CODES FOR BLOCK 8

item 3.1-medical attendance at child birth: no attendance-1,Govt. acpointment doctor-2,other doctor-3,Govt.appointed nurse/midwife-4,other nurse/midwife-5,others-9

nurse/midwife-5, others-9

item 3.2-place of child birth: at home-1, hospital/PHC/maternity home/nursing home-2, other place-9

item 3.4-reason for not going to hospital: by preference-1, too expensive-2 not available in the neighbourhood-3, others-9

items 3.5.1 & 4.2-type of hospital/doctor: same as in item 8 of block-o.

4.1-registered for post-natal care: same as in item 3.1 of bloc--7.

and	chro	nic	ail	men	ts	for	pei	rsons	` <i>\\</i> ~
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Į.	[10] particulars of retirement and/or			Sch	25.0-4
7	[10] particulars of retirement and/or for persons of age 60 years who were not employed	vithdrawa ever emp	l from loyed bu	economic a are curr	ctivity ently
-	1. srl. no. as in block 3				<del></del>
7	2. age (years)				
	<ol> <li>usual activity for major part of working life(code)</li> </ol>				
	4. particulars at the time of retirement/w	ithdrawa	<u>l</u>		
	4.1 age (years)				<u> </u>
	4.2 industry section (NIC 1987)				-
- 1	4.3 occupation division(NCO 1968)				
	5. cause of retirement/withdrawal (code)				
-  -	6. <u>for code 3 or 4 or 5 in item 3,</u> retirement benefit (code)				
-   r	7. <u>for code 1/2 in itom 3,</u> whether made rovisions for regular income (yes-1,no-2)				
-	8. for code 2 in item 5 (yes-1, no-2)		<u>_</u>		
	8.1 whether covered by compensation				:
	8.2 whether received compensation				
110	DES FOR BLOCK 10:  om 3 - usual activity code: To be copied for the second of the seco	perannua) ldren ç <sub>ë</sub> ocial lia	tion-1, apable c ability-5	accident of running	the
ite	MES FOR BLOCK 9:  M 6-state of economic independence: no dependent on others-2, fully dependence and supporting aged person: spougrand children-3, others-9.  M 10-living arrangement: living alone: as an inmate of old age home-2; living: with other members-4, without spouse but non-relations-9.  M 11 - whether staying nearby: within the	derendent on ot se-1, o inmate h spouse with: ch	nt on others-3. when child of old and only-3, ildren-5,	ren-2, ge home-1, with spous ,other re].	not as e and ations-
ten	no - 3.  16 - current state of health : overland	fined to	bed-1,	confined to	
•	17 - relative state of health : compared much better -1, some what bette some what worse -4, worse -5.				1

item 4.1-ownership and management of financial assets : having assets and : participating in management-1, not participating in management-2; not owning but managing assets-3, not owning and not managing assets-4 item 4.2- ownership and management of property: owning and: partic.tating in management-1, not participating in management-2; not :=ning :=1 nenaging property-3, not owning and not managing property-4.

worksheet for recording household consumer expenditure(Rs.)

Sch25. 0-17

1. cereals 2. pulses 3. milk & milk products 4. edible oil 5. vegetables 6. fruits & nuts 7. meat, fish & egg 8. other food items : sugar, salt, spices, beverages, processed food, etc.

9. fuel & light 10. total value of last item-group 365 days' expenditure on (1) (2) 11. clothing and footwear 12. education a). hospitalisation b). childbirth c), others

13. medical expenses: 14. durable goods 15. other non-food items(conveyance,amusement, sundry articles etc.) 16. total 17. average monthly expenditure for items 11 to 15 (i.e. item 16 divided by 12) 18. monthly consumer expenditure(item 10 + item 17)

51.	item	investigator	assistant	
no.		investigator	superintendent	superintendent
1	name			
	code .			
2	total time taken to canvass the schedule (in minutes)		×	·
3	date(s) of (i) survey/inspection			
,	(ii) receipt	×		
	(iii) scrutiny	×		
	(iv) duplication		×	ж
	(v) despatch		***	
4	no. of additional sheets/schedules attached		ж .	×
5	signature			
C 12	.1] remarks by investig	jator		
		·		
		· · · · · · · · · · · · · · · · · · ·		·
C 12	.23 remarks by supervi	sory officers		The state of the s

Sch.25.0-18