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South Indian Community Health Study (SICHS) Household Survey
 Christian Medical College, National Institute for Research in Tuberculosis,
 University of Cambridge, Pennsylvania State University

FI ID		
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SPOUSE OF MPR QUESTIONNAIRE

Section N (same as MPR): ☐ ☐

Section U (same as MPR): ☐

Outcome of 1st visit	Outcome of 2nd visit	Outcome of 3rd visit
1 Complete	1 Complete	1 Complete
2 Refused	2 Refused	2 Refused
3 Moved out of study area	3 Moved out of study area	3 Moved out of study area
4 Not home / not available	4 Not home / not available	4 Not home / not available
5 Incomplete	5 Incomplete	5 Incomplete
6 Other _____	6 Other _____	6 Other _____

Date and Start Time of Interview

D	D	M	M	Y	Y	Y	Y	HH	mm
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COMPLETE FROM HOUSEHOLD ROSTER:

Serial no.	Name	Age	Sex
1	MPR		
2			
3			
4			
5			
6			
7			
8			
9			

SECTION B. BACKGROUND

Now I would like to ask you some background information about you and your family.

B1	How old were you when you married your husband (male primary respondent)? CURRENT MARRIAGE	_____ years old
B2	Does your husband usually reside in the household?	1 Yes 0 No
B3	Of the last 12 months, how many months did he reside in this household? IF ALWAYS, WRITE IN "12" AND SKIP →B5	_____ months
B4	Where else does he sometimes/usually live?	1 This village _____ village/town _____ district _____ state
B5	How long had you known your husband before the marriage arrangements? IF NOT KNOWN BEFORE MARRIAGE, ENTER "0"	_____ months _____ years 90 Since birth

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B6	Who chose your husband? READ OPTIONS FROM LIST	1 Parents/relatives chose, asked your opinion 2 Parents/relatives chose, did not ask your opinion 3 You chose, parents/relatives consented 4 You chose, parents/relatives did not consent 5 You chose, did not ask parents/relatives 6 Other (specify): _____
B7	Were you ever married before this?	1 Yes 0 No →B17
B8	How old were you when you first married?	_____ years old
B9	How did the marriage end?	1 Separated 2 Divorced 3 Widowed 4 Deserted
B10	How long had you known each other before the marriage arrangements? IF NOT KNOWN BEFORE MARRIAGE, ENTER "0"	_____ months _____ years 90 Since birth
B11	Who chose your husband? READ OPTIONS FROM LIST	1 Parents/relatives chose, asked your opinion 2 Parents/relatives chose, did not ask your opinion 3 You chose, parents/relatives consented 4 You chose, parents/relatives did not consent 5 You chose, did not ask parents/relatives 6 Other (specify): _____
B12	Were you both related?	1 Yes 0 No →B14
B13	How were you related?	1 Maternal uncle/niece 2 First cross-cousin 3 Sister's husband 4 Other blood relative of respondent 5 Other relative by marriage
B14	Did your first husband belong to the same caste?	1 Yes →B16 0 No
B15	What caste did he belong to? SEE CODE SHEET	
B16	Where was he from?	1 This village _____ village/town _____ district _____ state
B17	What religion do you practice?	1 Hindu 2 Muslim 3 Christian 4 Other (specify): _____

Now I'd like to ask some questions about your parents.

B18	Where is your father originally from? NATAL VILLAGE	1 This village _____ village/town _____ district _____ state
B19	Is your father still alive?	1 Yes 0 No →B22
B20	Does your father reside in this household?	1 Yes 0 No →B22

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B21	CONFIRM ROSTER SERIAL NUMBER FOR FATHER FROM PAGE 1		RSN: _____ GO TO →B26
B22	What is/was the highest level of education your father completed? SEE CODE SHEET		
B23	What is/was the occupation of your father? SEE CODE SHEET MAJOR OCCUPATION IN LIFETIME		
B24	IF ALIVE: Where does your father live? IF DECEASED MORE THAN 5 YEARS AGO, CIRCLE "0" AND → B30 IF DECEASED IN THE LAST 5 YEARS: Where did your father live last?		0 Died 5 or more years ago 1 This household (before death) 2 This village _____ village/town _____ district _____ state
B25	IF ALIVE: Whom does your father live with? IF DECEASED IN THE LAST 5 YEARS: Whom did your father live with last? RELATIONSHIP TO FATHER. CIRCLE ALL THAT APPLY.	1 Alone 2 Spouse (respondent's mother) 3 Respondent 4 Respondent's spouse 5 Son 6 Daughter (other than respondent) 7 Daughter-in-law 8 Son-in-law	9 Grandson 10 Granddaughter 11 Niece 12 Nephew 13 Sibling 14 Other relative 15 Neighbor 16 Other (specify): _____
B26	Who is/was primarily responsible for helping your father meet his daily expenses? RELATIONSHIP TO FATHER. CIRCLE PRIMARY PERSON. IF SHARED EQUALLY, CIRCLE ALL THAT APPLY.	0 Does not need help 1 Needs help but receives none 2 Spouse (respondent's mother) 3 Respondent 4 Respondent's spouse 5 Son 6 Daughter (other than respondent) 7 Daughter-in-law 8 Son-in-law	9 Grandson 10 Granddaughter 11 Niece 12 Nephew 13 Sibling 14 Other relative 15 Neighbor 16 Other (specify): _____
B27	Who is/was primarily responsible for helping your father with daily activities? RELATIONSHIP TO FATHER. CIRCLE PRIMARY PERSON. IF SHARED EQUALLY, CIRCLE ALL THAT APPLY.	0 Does not need help 1 Needs help but receives none 2 Spouse (respondent's mother) 3 Respondent 4 Respondent's spouse 5 Son 6 Daughter (other than respondent) 7 Daughter-in-law 8 Son-in-law	9 Grandson 10 Granddaughter 11 Niece 12 Nephew 13 Sibling 14 Other relative 15 Neighbor 16 Other (specify): _____
B28	Who is/was primarily responsible for helping your father financially with a major illness or injury? RELATIONSHIP TO FATHER. CIRCLE PRIMARY PERSON. IF SHARED EQUALLY, CIRCLE ALL THAT APPLY.	0 Does not need help 1 Needs help but receives none 2 Spouse (respondent's mother) 3 Respondent 4 Respondent's spouse 5 Son 6 Daughter (other than respondent) 7 Daughter-in-law 8 Son-in-law	9 Grandson 10 Granddaughter 11 Niece 12 Nephew 13 Sibling 14 Other relative 15 Neighbor 16 Other (specify): _____

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B29	During a major illness or injury, who primarily assists/assisted your father with his daily activities such as personal care, housework, food, etc.? RELATIONSHIP TO FATHER. CIRCLE PRIMARY PERSON. IF SHARED EQUALLY, CIRCLE ALL THAT APPLY.	0 Does not need help 1 Needs help but receives none 2 Spouse(respondent's mother) 3 Respondent 4 Respondent's spouse 5 Son 6 Daughter (other than respondent) 7 Daughter-in-law 8 Son-in-law	9 Grandson 10 Granddaughter 11 Niece 12 Nephew 13 Sibling 14 Other relative 15 Neighbor 16 Other (specify): _____
B30	Were your mother and father related?	1 Yes 0 No	
B31	Where is your mother originally from? NATAL VILLAGE	1 This village _____ _____ _____	village/town district state
B32	Is your mother still alive?	1 Yes 0 No → B35	
B33	Does your mother reside in this household?	1 Yes 0 No → B35	
B34	CONFIRM ROSTER SERIAL NUMBER FOR MOTHER FROM PAGE 1	RSN: _____	GO TO → B39
B35	What is/was the highest level of education your mother completed? SEE CODE SHEET		
B36	What is/was the occupation of your mother? SEE CODE SHEET. MAJOR OCCUPATION IN LIFETIME		
B37	IF ALIVE: Where does your mother live? IF DECEASED MORE THAN 5 YEARS AGO, CIRCLE "0" AND → B43 IF DECEASED IN THE LAST 5 YEARS: Where did your mother live last?	0 Died 5 or more years ago 1 This household (before death) 2 This village _____ _____ _____	village/town district state
B38	IF ALIVE: Whom does your mother live with? IF DECEASED IN THE LAST 5 YEARS: Whom did your mother live with last? RELATIONSHIP TO MOTHER. CIRCLE ALL THAT APPLY.	1 Alone 2 Spouse (respondent's father) 3 Respondent 4 Respondent's spouse 5 Son 6 Daughter (other than respondent) 7 Daughter-in-law 8 Son-in-law	9 Grandson 10 Granddaughter 11 Niece 12 Nephew 13 Sibling 14 Other relative 15 Neighbor 16 Other (specify): _____
B39	Who is/was primarily responsible for helping your mother meet her daily expenses? RELATIONSHIP TO MOTHER. CIRCLE PRIMARY PERSON. IF SHARED EQUALLY, CIRCLE ALL THAT APPLY.	0 Does not need help 1 Needs help but receives none 2 Spouse (respondent's father) 3 Respondent 4 Respondent's spouse 5 Son 6 Daughter (other than respondent) 7 Daughter-in-law 8 Son-in-law	9 Grandson 10 Granddaughter 11 Niece 12 Nephew 13 Sibling 14 Other relative 15 Neighbor 16 Other (specify): _____

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B40	Who is/was primarily responsible for helping your mother with daily activities? RELATIONSHIP TO MOTHER. CIRCLE PRIMARY PERSON. IF SHARED EQUALLY, CIRCLE ALL THAT APPLY.	0 Does not need help 1 Needs help but receives none 2 Spouse (respondent's father) 3 Respondent 4 Respondent's spouse 5 Son 6 Daughter (other than respondent) 7 Daughter-in-law 8 Son-in-law	9 Grandson 10 Granddaughter 11 Niece 12 Nephew 13 Sibling 14 Other relative 15 Neighbor 16 Other (specify): _____
B41	Who is/was primarily responsible for helping your mother financially with a major illness or injury? RELATIONSHIP TO MOTHER. CIRCLE PRIMARY PERSON. IF SHARED EQUALLY, CIRCLE ALL THAT APPLY.	0 Does not need help 1 Needs help but receives none 2 Spouse (respondent's father) 3 Respondent 4 Respondent's spouse 5 Son 6 Daughter (other than respondent) 7 Daughter-in-law 8 Son-in-law	9 Grandson 10 Granddaughter 11 Niece 12 Nephew 13 Sibling 14 Other relative 15 Neighbor 16 Other (specify): _____
B42	During a major illness or injury, who primarily assists/assisted your mother with her daily activities such as personal care, housework, food, etc.? RELATIONSHIP TO MOTHER. CIRCLE PRIMARY PERSON. IF SHARED EQUALLY, CIRCLE ALL THAT APPLY.	0 Does not need help 1 Needs help but receives none 2 Spouse (respondent's father) 3 Respondent 4 Respondent's spouse 5 Son 6 Daughter (other than respondent) 7 Daughter-in-law 8 Son-in-law	9 Grandson 10 Granddaughter 11 Niece 12 Nephew 13 Sibling 14 Other relative 15 Neighbor 16 Other (specify): _____
B43	Does anyone in your household belong to any of the following? READ LIST AND CIRCLE ALL THAT APPLY	1 Self help group/Mahila Mandal 2 Trade union, business, professional group 3 Member of some political party 4 Religious group 5 Social group/fan club 6 Caste association 7 Agricultural, milk, or other co-operative 8 Other (specify): _____ 9 None	
B44	What type of ration card do you have?	1 No card 2 BPL green card (below poverty line) → B46 3 White card (above poverty line) → B46 4 Green AAY Antyodaya Anna Yojana → B46 5 Other (specify): _____	
B45	What is the main reason for not having a ration card?	1 Not needed 2 Lost 3 Bureaucratic difficulties 4 Moved but not transferred 5 Other (specify): _____	

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B46	For each of the following items you own, how many did you purchase, receive as a gift, received as partial gift, or receive from the government? WRITE IN NUMBER FOR EACH. IF NONE OWNED, WRITE "0." TOTAL NUMBER ACROSS SHOULD MATCH TOTAL ITEMS.	A. Purchased	B. Received as gift	C. Received as partial gift	D. Received from govt.
1	TV	1 _____	1 _____	1 _____	1 _____
2	Fan	2 _____	2 _____	2 _____	2 _____
3	Mixer	3 _____	3 _____	3 _____	3 _____
4	Grinder	4 _____	4 _____	4 _____	4 _____
5	Gas stove	5 _____	5 _____	5 _____	5 _____
6	Induction/electric stove	6 _____	6 _____	6 _____	6 _____
7	Computer	7 _____	7 _____	7 _____	7 _____
8	Cycle	8 _____	8 _____	8 _____	8 _____
9	Cable connection	9 _____	9 _____	9 _____	9 _____
10	Sewing machine	10 _____	10 _____	10 _____	10 _____
11	Washing machine	11 _____	11 _____	11 _____	11 _____
12	Fridge	12 _____	12 _____	12 _____	12 _____
13	Air cooler	13 _____	13 _____	13 _____	13 _____
14	Air conditioner	14 _____	14 _____	14 _____	14 _____
15	Landline phone	15 _____	15 _____	15 _____	15 _____
16	Mobile phone	16 _____	16 _____	16 _____	16 _____
17	CD/DVD player	17 _____	17 _____	17 _____	17 _____
18	Satellite dish	18 _____	18 _____	18 _____	18 _____
19	Motorcycle/scooter	19 _____	19 _____	19 _____	19 _____
20	Auto rickshaw	20 _____	20 _____	20 _____	20 _____
21	Car	21 _____	21 _____	21 _____	21 _____
22	Inverter	22 _____	22 _____	22 _____	22 _____
23	Other (specify): _____	23 _____	23 _____	23 _____	23 _____

SECTION G. HOUSEHOLD ASSISTANCE

Now I would like to ask you a few questions about your relationships with family and friends. I have some questions about what you would do in several hypothetical situations.

	G1	G2	G3	G4	G5
<p>If a member of your household became seriously ill and needed an expensive operation, who is the first person you would go to outside the household for money/financial help? Who is the second person you would go to for money/financial help? You do not need to give a name, just tell me about the person.</p> <p>LIST UP TO 3 PEOPLE. IF NO ONE, TICK BOX AND SKIP TO G6.</p> <p>G1: <input type="checkbox"/> NO ONE</p>	<p>How do you know this person?</p> <p>1 MPR's immediate family</p> <p>2 MPR's relative</p> <p>3 Spouse/ex-spouse's immediate family</p> <p>4 Spouse/ex-spouse's relative</p> <p>5 Close/family friend</p> <p>6 Neighbor</p> <p>7 Acquaintance</p> <p>8 Employer</p> <p>9 Other (specify): _____</p>	<p>What is this person's sex?</p> <p>1 Female</p> <p>2 Male</p> <p>3 Trans-gender</p>	<p>Does this person belong to your caste?</p> <p>1 Yes</p> <p>0 No</p>	<p>Does this person live in your village?</p> <p>1 Yes</p> <p>0 No</p>	<p>Is this person a professional moneylender?</p> <p>1 Yes</p> <p>0 No</p>
PERSON 1					
PERSON 2					
PERSON 3					

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	G6	G7	G8
<p>If a member of your household became ill, and his/her medicines must be collected once every two weeks for six months from the health center, but no one in the house is available to do this, which people in the village could you ask for help?</p> <p>LIST UP TO 3 PEOPLE. IF NO ONE, TICK BOX AND SKIP TO G9.</p> <p>G6: <input type="checkbox"/> NO ONE</p>	<p>How do you know this person?</p> <p>1 MPR's immediate family</p> <p>2 MPR's relative</p> <p>3 Spouse/ex-spouse's immediate family</p> <p>4 Spouse/ex-spouse's relative</p> <p>5 Close/family friend</p> <p>6 Neighbor</p> <p>7 Acquaintance</p> <p>8 Employer</p> <p>9 Other (specify): _____</p>	<p>What is this person's sex?</p> <p>1 Female</p> <p>2 Male</p> <p>3 Trans-gender</p>	<p>Does this person belong to your caste?</p> <p>1 Yes</p> <p>0 No</p>
PERSON 1			
PERSON 2			
PERSON 3			

I would now like to ask you about when you or anyone in your household have helped or assisted people **outside the household** by **giving your time** for some major event or crisis in the last 12 months. This includes, for example, things like housework, work in fields, child care, taking care of someone sick, helping with purchases, etc. for which you did not expect cash or in-kind payment.

	G9	G10	G11	G12	G13	G14	G15
<p>Can you tell me the names or initials of any people helped by you or someone in your household?</p> <p>IF MORE THAN 3, INCLUDE THOSE WHO RECEIVED THE MOST HELP. IF NO ONE, TICK BOX AND SKIP TO G16.</p> <p>G9: <input type="checkbox"/> NO ONE</p>	<p>How do you know this person?</p> <p>1 MPR's immediate family</p> <p>2 MPR's relative</p> <p>3 Spouse/ex-spouse's immediate family</p> <p>4 Spouse/ex-spouse's relative</p> <p>5 Close/family friend</p> <p>6 Neighbor</p> <p>7 Acquaintance</p> <p>8 Employer</p> <p>9 Other (specify): _____</p>	<p>What is this person's sex?</p> <p>1 Female</p> <p>2 Male</p> <p>3 Trans-gender</p>	<p>Does this person belong to your caste?</p> <p>1 Yes</p> <p>0 No</p>	<p>Does this person live in your village?</p> <p>1 Yes</p> <p>0 No</p>	<p>What did you help with? LIST ALL THAT APPLY</p> <p>1 Housework</p> <p>2 Other household duties</p> <p>3 Child care</p> <p>4 Care during illness</p> <p>5 Agricultural work</p> <p>6 Business</p> <p>7 Marriage/other ceremonies</p> <p>8 Other (specify) _____</p>	<p>How many days did you give help in this manner?</p> <p>WRITE IN NUMBER OF DAYS</p>	<p>Do you expect this person to help you in the future?</p> <p>1 Yes</p> <p>0 No</p>
PERSON 1							
PERSON 2							
PERSON 3							

G16	Sometimes households have trouble paying for their daily expenses. Does this ever happen in your household?	<p>1 Yes</p> <p>0 No → G20</p>
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	G17	G18	G19
Can you tell me the people/institutions who usually provide you with monetary assistance for managing daily expenses? IF MORE THAN 3, WRITE THE NAMES OF THOSE WHO GAVE THE MOST	How do you know this person? 1 MPR's immediate family 2 MPR's relative 3 Spouse/ex-spouse's immediate family 4 Spouse/ex-spouse's relative 5 Close/family friend 6 Neighbor 7 Acquaintance 8 Employer 9 Credit from shopkeeper 10 Moneylender → ANSWER G18 ONLY 11 Pawn broker → ANSWER G18 ONLY 12 Bank → G20 13 Chit fund → G20 14 Self-help group → G20	Does this person belong to your caste? 1 Yes 0 No	What is this person's sex? 1 Female 2 Male 3 Transgender
PERSON/INSTITUTION 1			
PERSON/INSTITUTION 2			
PERSON/INSTITUTION 3			

Now I would like to ask about savings you might have for your children.

	G20	G21	G22	G23	G24	G25
	FILL IN ROSTER SERIAL NUMBER OF NEVER MARRIED CHILDREN LIVING IN HOUSEHOLD (ANY AGE)	Do you have a post office/bank account for this child? 1 Yes 0 No	Do you have LIC policy for this child? 1 Yes 0 No	Apart from these, do <u>you</u> <u>yourself</u> have any savings for this child such as fixed deposit, gold, chit fund, etc.? 1 Yes 0 No	FOR ALL CHILDREN 6-17: Ideally, what would you want _____ to be? SEE OCCUPATION CODE SHEET	ASK ONLY FOR CHILDREN 6-17 IN SCHOOL: When people are trying to decide about how far to educate their children, there are many things we think about. For _____, what are the <u>two</u> most important considerations? DO NOT READ LIST 0 Child not in school 1 Most people I know educate boys/girls this far 2 Gain more knowledge 3 Get a good job or good income 4 Improve his/her marriage prospects 5 Education will help him/her raise better children 6 Better standard of life 7 Higher social status 8 Other (specify): _____
CHILD 1						
CHILD 2						
CHILD 3						
CHILD 4						
CHILD 5						

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SECTION H. PREGNANCY AND CHILDBEARING

H1	How many surviving children do you have? EXCLUDE IN COUNT IF PREGNANT IF NONE AND <45, WRITE "0" THEN →H5 IF NONE AND ≥45, WRITE "0" THEN →H8	
H2	How many boys do you have?	
H3	How many girls do you have?	
H4	Have you undergone tubectomy?	1 Yes →H8 0 No
H5	ASK WOMEN < 45 ONLY: Are you currently pregnant? FOR WOMEN ≥ 45 → H8	1 Yes 0 No →H7
H6	What child would you like to have? REFERS TO DESIRED SEX OF CURRENT PREGNANCY	1 Girl 2 Boy 87 No preference
H7	IF RESPONDENT HAS 1 OR MORE CHILDREN: How many more children do you want to have (if pregnant, exclude the one you are carrying)? IF NO CHILDREN, NOT PREGNANT, AND MARRIED < 5 YEARS: How many children do you want to have? IF NO CHILDREN, NOT PREGNANT, AND MARRIED > 5 YEARS, DO NOT ASK AND CIRCLE "77."	____ (Write in number) 0 None 77 Not Applicable 87 No preference 88 Don't know/Not sure
H8	At the time of marriage, how many children did you want to have?	____ (Write in number) 87 No preference 88 Don't know/Not sure
H9	At the time of marriage, how many boys did you want to have?	____ (Write in number) 87 No preference 88 Don't know/Not sure
H10	At the time of marriage, how many girls did you want to have?	____ (Write in number) 87 No preference 88 Don't know/Not sure
H11	Have you ever faced any pressure from your in-laws about the number of children or sex of the children you have?	1 Yes 0 No
H12	Have you ever faced any pressure from your parents about the number of children or sex of the children you have?	1 Yes 0 No

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H13	How many times have you been pregnant? INCLUDE IN COUNT IF CURRENTLY PREGNANT IF 0, GO TO →H44	
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I would like to ask you about all your pregnancies, beginning with the first. **MUST LIST PREGNANCIES IN CHRONOLOGICAL ORDER**

	H14	H15	H16	H17	H18	H19			H20	H21	H22	H23	H24	H25	H26	H27	H28	
Sr. no. of preg.	How did this pregnancy end? 1 Live birth →H16 2 Stillbirth 3 Miscarriage / abortion 4 Currently pregnant →H16	What year was this?	Did you have an ultrasound during this pregnancy? 1 Yes 0 No →H19	How many?	Did you have any of these at a private clinic? 1 Yes 0 No	LIVE BIRTH ONLY. OTHERWISE, SKIP TO NEXT PREGNANCY. FOR CURRENT PREGNANCY, GO TO →H33			Sex 1 Girl 2 Boy 3 Trans-gen.	Where was this child delivered? 1 Govt. facility 2 Private facility 3 Home 4 Other (specify)	Type of delivery 1 Normal 2 Cesa-rean 3 Forceps /suction	Did this child have any bodily deformity? 0 None 1 Cleft lip/palate 2 Spina bifida 3 Other, specify	Did this child have any internal condition (such as heart defect)? Specify. 0 None	Is this child currently a household member? 1 Yes 2 No →H28 3 Deceased →H27	Which child is this? FILL IN ROSTER SERIAL NO. THEN →H28	How old was the child when he/she died? Years Months	Did you have tubectomy after this pregnancy? 1 Yes →H29 0 No →NEXT PREG-NANCY OR GO TO H33	
						When was this child born? ESTIMATE IF UNKNOWN Day Month Year												
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		

H29	When did you have a tubectomy? MONTH AND YEAR OF OPERATION	_____ month _____ year
H30	Where did you have the operation?	1 Government facility 3 Other (specify): _____ 2 Private facility
H31	Did you receive any payment from a government scheme for the tubectomy?	1 Yes 0 No →H33
H32	How much? (in Rs.)	

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I would like to know about your surviving children under 6 years old. Could I please see your child's antenatal and vaccination card(s) and your notebook(s)?

	H33	H34	H35	H36	H37	H38	H39	H40	H41	H42	H43
	FILL IN ROSTER SERIAL NUMBER FOR EACH CHILD 66 Not on roster	AFTER THE INTERVIEW, ASK TO SEE CHILDREN'S ANTENATAL CARDS AND NOTEBOOKS. THEN FILL IN INFORMATION AFTER INTERVIEW. <div> Number of cards WRITE IN NUMBER FOR EACH TYPE OF PROVIDER </div> <div> Number of visits for each provider COUNT FROM CARD AND WRITE IN FOR EACH TYPE OF PROVIDER </div>	While you were pregnant with ____, how long did you take the following tablets: 0 Not at all 1 Less than 3 months 2 Three months or more (throughout pregnancy)			While pregnant, <u>did you add</u> anything to your diet for the health of your child? Which foods? CIRCLE ALL THAT APPLY. THEN READ LIST. 0 No change/nothing 1 Leafy greens 2 Milk 3 Vegetables, fruits, dried fruits 4 Ragi 5 Drinks like Horlicks 6 Health supplement from Anganwadi 7 Other (specify): ____	While pregnant, did you take extra rest (exclude medical rest)? 1 Yes 0 No	While pregnant, what changes did you make to your work and housework? CIRCLE ALL THAT APPLY. THEN READ LIST. <u>Paid work</u> 1 Housewife 2 Stopped working 3 Worked less time 4 Less heavy work 5 No change <u>Housework</u> 6 Stopped 7 Reduced 8 Less heavy housework 9 No change in housework	What was the birth weight of your child? ____ years ____ months OR 70 Currently breast-feeding 71 Did not breastfeed	How long did you breastfeed? ____ years ____ months OR 70 Currently breast-feeding 71 Did not breastfeed	Where was this child vaccinated? 1 Government facility 2 Private facility 3 Both private and government 4 Not vaccinated
1		____ Gov't ____ CMC ____ Private							____ kg	____ years ____ months 70 71	
2		____ Gov't ____ CMC ____ Private							____ kg	____ years ____ months 70 71	
3		____ Gov't ____ CMC ____ Private							____ kg	____ years ____ months 70 71	

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IF RESPONDENT STERILIZED OR CURRENTLY PREGNANT →NEXT SECTION

H44	Are you or your husband currently using any methods to delay or prevent pregnancy?	1 Yes 0 No →NEXT SECTION 88 Don't know →NEXT SECTION 99 Refused to answer →NEXT SECTION
H45	Which methods are you using? CIRCLE ALL THAT APPLY	1 Oral pill 2 Copper T/IUD 3 Diaphragm/jelly 4 Injectable contraception 5 Condom 6 Male sterilization 7 Periodic abstinence (rhythm method) 8 Withdrawal 9 Other (specify): _____ 88 Don't know 99 Refused to answer

SECTION J. CHILD ILLNESS AND TREATMENT (CHILDREN 0-17)

I would now like to ask you about any recent illnesses or injuries your children have experienced in the past 12 months.

FILL IN NAME OF ALL CHILDREN 17 AND UNDER IN HOUSEHOLD, THEN ANSWER QUESTIONS FOR ONE CHILD AT A TIME.			CHILD 1	CHILD 2	CHILD 3	CHILD 4
			_____	_____	_____	_____
J1	FILL IN ROSTER SERIAL NUMBER					
J2	Was _____ sick or injured in the last 12 months?	1 Yes 0 No → J19	1 0	1 0	1 0	1 0
J3	In the 12 months, what was the most recent illness or injury your child had? ACUTE ILLNESS THAT IS NOT ONGOING.	1 Fever, cold, cough 2 Diarrhoea 3 Respiratory infection 4 Ear infection 5 Skin infection 6 Jaundice 7 Fever >5 days (typhoid, malaria, scrub typhus) 8 Brain fever (meningitis, encephalitis) 9 Chicken Pox 10 Dengue, Chikungunya 11 Measles 12 Mumps 13 Injury (specify): 14 Other (specify):	1 2 3 4 5 6 7 8 9 10 11 12 13 _____ 14 _____	1 2 3 4 5 6 7 8 9 10 11 12 13 _____ 14 _____	1 2 3 4 5 6 7 8 9 10 11 12 13 _____ 14 _____	1 2 3 4 5 6 7 8 9 10 11 12 13 _____ 14 _____
J4	When was this illness?	1 Within the last week 2 Within the last month 3 2-3 months ago 4 4-6 months ago 5 7-12 months ago	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
J5	How long was _____ sick?	months _____ days _____	_____ m _____ d	_____ m _____ d	_____ m _____ d	_____ m _____ d
J6	Was _____ hospitalized? For how many days?	0 Not hospitalized Days →J8	0 _____ d	0 _____ d	0 _____ d	0 _____ d
J7	Did you do anything for treatment?	1 Yes 0 No →J12	1 0	1 0	1 0	1 0
J8	Where did	1 Home remedy	1	1	1	1

P code	V code	NIRT No.	RSN
you go for treatment? CIRCLE ALL THAT APPLY	2 Native medicines/Religious-based healer (mantram, mudikairu (masuthi))	2	2
	3 Ayush (Siddha, Ayurvedic, Homeopathic, Unani)	3	3
	4 Government health facility	4	4
	5 Private allopathic clinic	5	5
	6 Medical shop	6	6
	7 Other (specify): _____	7 _____	7 _____
	J9	Who took ____ to this treatment? WRITE IN ROSTER SERIAL NUMBER OR RELATIONSHIP CODE TO PRIMARY MALE RESPONDENT OF UP TO 6 PEOPLE.	____ RSN ____ RSN ____ RSN ____ Rel ____ Rel ____ Rel
J10	Who had the final say in deciding on where the child should be treated? WRITE IN ROSTER SERIAL NUMBER. IF NOT IN HOUSEHOLD, WRITE IN RELATIONSHIP CODE TO PRIMARY MALE RESPONDENT.	____ RSN or ____ Rel	____ RSN or ____ Rel
J11	How much did treatment cost? (in Rs.) INCLUDE ALL COSTS, SUCH AS TRANSPORTATION, PROCEDURES, MEDICINES	_____	_____
J12	Did anyone in the household have to miss any days of work, school, or college for ____'s illness? UP TO 3 PEOPLE	1 Yes 0 No → J19	1 0
J13	Who? FILL IN ROSTER SERIAL NUMBER – PERSON 1		
J14	How many days did person 1 miss work, school, or college?	weeks days	____ w ____ d
J15	Who? FILL IN ROSTER SERIAL NUMBER – PERSON 2		
J16	How many days did person 2 miss work, school, or college?	____ w ____ d	____ w ____ d
J17	Who? FILL IN ROSTER SERIAL NUMBER – PERSON 3		
J18	How many days did person 3 miss work, school, or college?	____ w ____ d	____ w ____ d
J19	Does ____ suffer from a chronic (ongoing) illness?	1 Yes 0 No → NEXT SECTION IF LAST CHILD LISTED IS "0" → NEXT SECTION	1 0
J20	What is the illness?	1 Heart disease 2 Tuberculosis 3 HIV 4 Cerebral palsy 5 Mental illness 6 Seizure disorder 7 Blind 8 Deaf 9 Other (specify): _____	1 2 3 4 5 6 7 8 9 _____

P code				V code					NIRT No.				RSN		
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J21	How long has _____ suffered from this condition?	years months 90 since birth	_____ y _____ m 90 birth	_____ y _____ m 90 birth	_____ y _____ m 90 birth	_____ y _____ m 90 birth
J22	In the last 12 months, how much did treatment for this condition cost? (in Rs.) INCLUDE ALL COSTS, SUCH AS TRANSPORTATION, PROCEDURES, MEDICINES		_____	_____	_____	_____

P code				V code					NIRT No.				RSN		
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SECTION K. CHILD CARE (CHILDREN 6 AND UNDER)

You may often look after other children and other people look after your children. I would like to ask about who looks after your children age 6 and under. **IF NO CHILDREN AGE 6 AND UNDER, → NEXT SECTION.**

K1	FILL IN ROSTER SERIAL NUMBERS FOR CHILDREN 6 AND UNDER						CHILD 1 <input type="text"/>	CHILD 2 <input type="text"/>	CHILD 3 <input type="text"/>
	K2	K3	K4	K5	K6	K7	K8	K9	K10
Who are the people (excluding anganwadi /crèche/school) who help you with child care or look after your children? LIST UP TO 3 PEOPLE IF NONE → K11	Does this person reside in your household? 1 Yes 0 No →K4	FILL IN ROSTER SERIAL NUMBER, THEN →K8	How is this person related to your husband (MPR)? SEE CODE SHEET	What is the sex of this person? 1 Female 2 Male 3 Trans-gender	What is the age of this person?	What is the highest level of education of this person? SEE CODE SHEET	In the last 7 days, how many hours did you leave each of your children in this person's care? INDICATE NUMBER OF HOURS FOR EACH CHILD		
PERSON 1							_____ hours	_____ hours	_____ hours
PERSON 2							_____ hours	_____ hours	_____ hours
PERSON 3							_____ hours	_____ hours	_____ hours

ANSWER K11-K14 FOR EACH CHILD:

K11	Do you currently send _____ to anganwadi, private crèche, or school?	1 Anganwadi →K13 2 Private crèche/Playschool 3 School (including PKG, LKG, UKG, and primary) 4 Do not send →K14	1 2 3 4	1 2 3 4	1 2 3 4
K12	What is the approximate cost of this? (in Rs.)		per month: _____ per term: _____ annual: _____	per month: _____ per term: _____ annual: _____	per month: _____ per term: _____ annual: _____
K13	How far is this from your home? IF OUTSIDE VILLAGE, SPECIFY KILOMETERS	1 In your part of the village 2 Another part of the village 3 Outside village (specify km OR minutes)	1 2 3 _____ km OR _____ min	1 2 3 _____ km OR _____ min	1 2 3 _____ km OR _____ min
K14	How often does _____ go on his/her own to other houses on your street or is taken by neighbors on your street?	1 Frequently 2 Sometimes 3 Rarely 4 Never 5 There are no neighbors	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

P code				V code					NIRT No.				RSN		
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SECTION L. CHILD EDUCATION

I would like to ask some questions about the schools that your children ages 6 to 22 have attended.

COMPLETE TABLE FOR EACH CHILD AGED 6 TO 22 WHO HAS EVER ATTENDED SCHOOL, STARTING WITH THE OLDEST.

FIRST CHILD

L1	Child RSN. <input type="text"/> If not currently a household member, write in relationship code to male primary respondent. SEE CODE SHEET. <input type="text"/>				
L2	L3	L4	L5	L6	L7
School/College ENTER FULL NAME OF ALL SCHOOLS AND COLLEGES ATTENDED. START WITH MOST RECENT. IF NAME NOT KNOWN, WRITE IN VILLAGE/TOWN NAME	Type of school/college 1 Government 2 Government-aided 3 Private	Medium 1 Tamil 2 English 3 Other (specify)	Which standard/level did ____ begin at this school/college? SEE EDUCATION CODES	What was the last standard/level that ____ was enrolled in at this school/college? INCLUDE CURRENT LEVEL SEE EDUCATION CODES	FOR HIGHER SECONDARY AND ABOVE: What was the stream or subject? WRITE IN
1					
2					
3					
4					
5					
6					
7					
8					

SECOND CHILD

L1	Child RSN. <input type="text"/> If not currently a household member, write in relationship code to male primary respondent. SEE CODE SHEET. <input type="text"/>				
L2	L3	L4	L5	L6	L7
School/College ENTER FULL NAME OF ALL SCHOOLS AND COLLEGES ATTENDED. START WITH MOST RECENT. IF NAME NOT KNOWN, WRITE IN VILLAGE/TOWN NAME	Type of school/college 1 Government 2 Government-aided 3 Private	Medium 1 Tamil 2 English 3 Other (specify)	Which standard/level did ____ begin at this school/college? SEE EDUCATION CODES	What was the last standard/level that ____ was enrolled in at this school/college? INCLUDE CURRENT LEVEL SEE EDUCATION CODES	FOR HIGHER SECONDARY AND ABOVE: What was the stream or subject? WRITE IN
1					
2					
3					
4					
5					
6					
7					
8					

P code				V code					NIRT No.				RSN		
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THIRD CHILD

L1	Child RSN. <input type="text"/> If not currently a household member, write in relationship code to male primary respondent. SEE CODE SHEET. <input type="text"/>					
L2	L3	L4	L5	L6	L7	
School/College ENTER FULL NAME OF ALL SCHOOLS AND COLLEGES ATTENDED. START WITH MOST RECENT. IF NAME NOT KNOWN, WRITE IN VILLAGE/TOWN NAME	Type of school/college 1 Government 2 Government-aided 3 Private	Medium 1 Tamil 2 English 3 Other (specify)	Which standard/level did ____ begin at this school/college? SEE EDUCATION CODES	What was the last standard/level that ____ was enrolled in at this school/college? INCLUDE CURRENT LEVEL SEE EDUCATION CODES	FOR HIGHER SECONDARY AND ABOVE: What was the stream or subject? WRITE IN	
1						
2						
3						
4						
5						
6						
7						
8						

FOURTH CHILD

L1	Child RSN. <input type="text"/> If not currently a household member, write in relationship code to male primary respondent. SEE CODE SHEET. <input type="text"/>					
L2	L3	L4	L5	L6	L7	
School/College ENTER FULL NAME OF ALL SCHOOLS AND COLLEGES ATTENDED. START WITH MOST RECENT. IF NAME NOT KNOWN, WRITE IN VILLAGE/TOWN NAME	Type of school/college 1 Government 2 Government-aided 3 Private	Medium 1 Tamil 2 English 3 Other (specify)	Which standard/level did ____ begin at this school/college? SEE EDUCATION CODES	What was the last standard/level that ____ was enrolled in at this school/college? INCLUDE CURRENT LEVEL SEE EDUCATION CODES	FOR HIGHER SECONDARY AND ABOVE: What was the stream or subject? WRITE IN	
1						
2						
3						
4						
5						
6						
7						
8						

P code				V code					NIRT No.				RSN		
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Now I would like to ask a few questions about the last or current school/college your children ages 6 to 22 attended.

WRITE IN ROSTER SERIAL NUMBER OF ALL CHILDREN, STARTING WITH THE OLDEST.

CURRENT SCHOOL/COLLEGE OR LAST SCHOOL/COLLEGE FOR THOSE OUT OF SCHOOL.

L8	L9	L10	L11	L12	L13	L14	L15	L16	L17				
FILL IN ROSTER SERIAL NUMBER OF ALL CHILDREN AGES 6 TO 22. IF NOT IN CURRENTLY IN HOUSEHOLD, WRITE RELATIONSHIP CODE. SEE CODE SHEET.	Is _____ currently a student? 1 Yes 0 No	Where does/did _____ live while in this school/college? 1 Home 2 Maternal relatives 3 Paternal relatives 4 Hostel 5 Other (specify)	What is the fee for this school/college? (in Rs.) LAST AMOUNT PAID DO NOT INCLUDE TUITIONS monthly _____ OR per term _____ OR annual _____	Why did you select this school/college? READ LIST. SELECT ALL THAT APPLY 1 Quality 2 Cost 3 Access 4 Safe transit 5 Safe from sexual harassment (including verbal) 6 Other (specify)	IF CURRENTLY IN PLUS 2 OR BELOW: In the last 12 months, did you ever go to school and meet _____'s class teacher? 1 Yes 0 No					In the last 12 months, did you help your child with studies? 1 Yes 0 No	In the last 12 months, did your husband help your child with studies? 1 Yes 2 No 3 Husband not present	In the last 12 months, did _____ have tuitions? 1 Yes 0 No → L18	How much do/did the tuitions cost per month? (in Rs.)
CHILD 1 RSN _____ Rel. Code _____			per month: _____ per term: _____ annual: _____						_____				
CHILD 2 RSN _____ Rel. Code _____			per month: _____ per term: _____ annual: _____						_____				
CHILD 3 RSN _____ Rel. Code _____			per month: _____ per term: _____ annual: _____						_____				
CHILD 4 RSN _____ Rel. Code _____			per month: _____ per term: _____ annual: _____						_____				
CHILD 5 RSN _____ Rel. Code _____			per month: _____ per term: _____ annual: _____						_____				

P code				V code					NIRT No.				RSN		
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Now I would like to ask a few more questions about your children up to age 22 who completed 8th standard or above.

L18	L19	L20	L21	L22	L23	L24	L25	L26
ROSTER SERIAL NUMBER OR RELATIONSHIP CODE FOR ALL CHILDREN AGE 22 AND BELOW WHO COMPLETED 8TH STANDARD AND ABOVE	FOR THOSE WHO COMPLETED 8TH STANDARD:				FOR THOSE WHO COMPLETED 10TH STANDARD:			
	Did ____ write the 10 th standard exam? 1 Yes 0 No → NEXT CHILD	Which board was it? 1 State Board 2 CBSE 3 ICSE 4 Other (specify)	Did you make any changes to the household routine while the student was preparing for this exam? SELECT ALL THAT APPLY. THEN READ LIST. 0 No change 1 Prepare special foods 2 Ensure quiet time 3 Limit child's TV/play time 4 Reduce outside activities such as festivals, functions, etc. 5 Other (specify): ____	What was the percentage/overall marks? WRITE IN BOTH IF AVAILABLE	Did ____ write the 12 th standard exam? 1 Yes 0 No → NEXT CHILD	Which board was it? 1 State Board 2 CBSE 3 ICSE 4 Other (specify): ____	Did you make any changes to the household routine while the student was preparing for this exam? SELECT ALL THAT APPLY. THEN READ LIST. 0 No change 1 Prepare special foods 2 Ensure quiet time 3 Limit child's TV/play time 4 Reduce outside activities such as festivals, functions, etc. 5 Other (specify): ____	What was the percentage/overall marks? WRITE IN BOTH IF AVAILABLE
CHILD 1 RSN ____ Rel. Code ____				____ percentage ____ marks				____ percentage ____ marks
CHILD 2 RSN ____ Rel. Code ____				____ percentage ____ marks				____ percentage ____ marks
CHILD 3 RSN ____ Rel. Code ____				____ percentage ____ marks				____ percentage ____ marks
CHILD 4 RSN ____ Rel. Code ____				____ percentage ____ marks				____ percentage ____ marks
CHILD 5 RSN ____ Rel. Code ____				____ percentage ____ marks				____ percentage ____ marks

P code				V code				HH No.				RSN		
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SECTION M. FAMILY HEALTH AND EATING

I would like to ask some questions about you and your family's health.

M1	How would you describe your health compared to others of your age? READ LIST		1 Very good 2 Good 3 Fair 4 Poor 5 Very poor					
Have you or any of these family members ever been diagnosed with any of the following conditions? FOR EACH CONDITION, READ LIST ACROSS AND CIRCLE ALL THAT APPLY.			Yourself	Your father	Your mother	Your brother(s)	Your sister(s)	NONE
M2	hypertension (high BP)?		1	2	3	4	5	0
M3	diabetes?		1	2	3	4	5	0
M4	a stroke?		1	2	3	4	5	0
M5	heart disease or heart attack before the age of 60?		1	2	3	4	5	0
M6	cancer? IF NONE, CIRCLE "0" AND→ M8		1	2	3	4	5	0
M7	What type of cancer?	1 Breast cancer 2 Ovarian cancer 3 Prostate cancer 4 Other (specify):	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____	0

I would now like to ask you some questions about what you and your young children (ages 6 months to 11 years old) eat.

	Respondent/Child Name (6 months – 11 years old)	RESPONDENT	CHILD 1	CHILD 2	CHILD 3
M8	FILL IN ROSTER SERIAL NUMBER				
M9	Do you/your child ever eat meat or fish?	1 Yes 0 No	1 0	1 0	1 0
M10	Do you/your child ever eat eggs?	1 Yes 0 No	1 0	1 0	1 0
M11	How many times did you eat or drink each of the following <u>yesterday</u> ? INCLUDE MIDDAY MEALS				
	1 Meat and fish	1 _____	1 _____	1 _____	1 _____
	2 Eggs	2 _____	2 _____	2 _____	2 _____
	3 Milk	3 _____	3 _____	3 _____	3 _____
	4 Curd	4 _____	4 _____	4 _____	4 _____
	5 Other dairy	5 _____	5 _____	5 _____	5 _____
	6 Tea or coffee	6 _____	6 _____	6 _____	6 _____
	7 Fresh fruit (banana, watermelon, etc.)	7 _____	7 _____	7 _____	7 _____
	8 Fruit juice (fresh juice, Tropicana, Real, etc.)	8 _____	8 _____	8 _____	8 _____
	9 Rice	9 _____	9 _____	9 _____	9 _____
	10 Ragi	10 _____	10 _____	10 _____	10 _____
	11 Other cereals (wheat, millet, etc.) EXCLUDE RICE	11 _____	11 _____	11 _____	11 _____
	12 Dal (including sambar)	12 _____	12 _____	12 _____	12 _____
	13 Green leafy vegetables	13 _____	13 _____	13 _____	13 _____
	14 Other vegetables	14 _____	14 _____	14 _____	14 _____

P code				V code				HH No.				RSN		
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			RESPONDENT	CHILD 1	CHILD 2	CHILD 3
	15	Salted/unripe fruits (mango, gooseberry, guava, naval pazham, etc.)	15____	15____	15____	15____
	16	Aerated or sugary drinks (for example: Pepsi, Squash, Rasna, Maza, etc.)	16____	16____	16____	16____
	17	Drinks like Horlicks	17____	17____	17____	17____
	18	Salty packaged snacks such as potato chips, Kurkure, etc.	18____	18____	18____	18____
	19	Fried snacks such as pakoda, vada, samosa, Muruku etc.	19____	19____	19____	19____
	20	Fried non-veg snacks, such as chicken/beef pakoda, egg/chicken puff	20____	20____	20____	20____
	21	Sweets such as cakes, biscuits, chocolate, ice cream, laddoo, etc.	21____	21____	21____	21____
	22	Chat, such as pani puri, bel puri, etc.	22____	22____	22____	22____
	FOR CHILDREN:					
	23	Formula		23____	23____	23____
	24	Supplements (farex, cerelac)		24____	24____	24____
M12	FOR RESPONDENT'S CHILDREN: Do you or anyone else frequently give _____ money to buy food or other things outside for himself/herself?		1 Yes 0 No → NEXT CHILD IF LAST CHILD LISTED IS "0" → M16			
M13	In the last week, who gave _____ money? CIRCLE ALL THAT APPLY		1 Respondent 2 Father 3 Other (specify):	1 2 3 _____	1 2 3 _____	1 2 3 _____
M14	In the last week, how much did these people give _____ in total? (in Rs.)			Rs. _____	Rs. _____	Rs. _____
M15	What does _____ usually do with this money?	1 Fresh fruit (banana, watermelon, etc.) 2 Fruit juice (fresh juice, Tropicana, Real, etc.) 3 Salted/unripe fruits (mango, gooseberry, guava, naval pazham, etc.) 4 Aerated or sugary drinks (for example: Pepsi, Squash, Rasna, Maza, etc.) 5 Salty packaged snacks such as potato chips, Kurkure, etc. 6 Fried snacks such as pakoda, vada, samosa, Muruku etc. 7 Fried non-veg snacks, such as chicken/beef pakoda, egg/chicken puff 8 Sweets such as cakes, biscuits, chocolate, ice cream, laddoo, etc. 9 Chat, such as pani puri, bel puri, etc. 10 Phone recharge 11 Entertainment (cinema, etc.) 12 Other (specify): _____		1 2 3 4 5 6 7 8 9 10 11 12 _____	1 2 3 4 5 6 7 8 9 10 11 12 _____	1 2 3 4 5 6 7 8 9 10 11 12 _____
M16	Who usually does the cooking in the household? WRITE ROSTER SERIAL NUMBER(S) OR RELATIONSHIP TO PRIMARY RESPONDENT. SEE CODE SHEET.		_____ RSN _____ Rel. Code _____ RSN _____ Rel. Code			

P code				V code					HH No.					RSN			
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M17	Do you have a kitchen garden?	1 Yes 0 No
M18	In the past month, which of the following best describes your personal food situation? READ LIST	1 You always eat enough of what you want 2 You eat enough but not always what you want 3 Sometimes you do not get enough food to eat 4 Frequently you do not get enough food to eat
M19	In the past month, did you ever worry your household would run out of food due to lack of money?	1 Yes 0 No

Now I would like to ask you some questions about other activities your children ages 5 to 11 may be involved in. CHILDNAME			CHILD 1	CHILD 2	CHILD 3
M20	ROSTER SERIAL NUMBER FOR CHILDREN AGES 5-11				
M21	How many hours does _____ play outdoor sports (outside of school hours) in a week?		_____ hours	_____ hours	_____ hours
M22	In the last week, did _____ use a computer?	1 Yes 0 No → M24 88 Don't know → M24	1 0 88	1 0 88	1 0 88
M23	Where did _____ use the computer? CIRCLE ALL THAT APPLY	1 Own house 2 School 3 Friend's house 4 Browsing center 5 Other (specify): _____	1 2 3 4 5 _____	1 2 3 4 5 _____	1 2 3 4 5 _____
M24	In the last week, did _____ use the internet?	1 Yes 0 No → M26 88 Don't know → M26	1 0 88	1 0 88	1 0 88
M25	Where did _____ access the internet? CIRCLE ALL THAT APPLY	1 Home computer 2 School computer 3 Smartphone 4 Browsing center 5 Other (specify): _____	1 2 3 4 5 _____	1 2 3 4 5 _____	1 2 3 4 5 _____
M26	In the last week, how much time did _____ spend watching TV, videos, or playing video games? IF UNKNOWN ASK FOR BEST ESTIMATE		_____ hours	_____ hours	_____ hours
M27	In the last week, how many hours did _____ spend reading? EXCLUDE SCHOOL BOOKS IF UNKNOWN ASK FOR BEST ESTIMATE		_____ hours	_____ hours	_____ hours
M28	During school time, how many <u>hours</u> does _____ go for tuitions in a week?		_____ hours	_____ hours	_____ hours

SECTION N. GENDER ATTITUDES

Everyone does not think the same way. But overall, in **your part of the village**, do you think people would agree or disagree with the following statements?

N1	What level of education would people in your part of the village like their sons to complete?	1 10 th Standard 2 Plus 2 3 College 4 Post-graduate
N2	What level of education would people in your part of the village like their daughters to complete?	1 10 th Standard 2 Plus 2 3 College 4 Post-graduate

P code				V code				HH No.				RSN		
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Now I would like to read you two brief stories about two different families. When I am done with each story I will ask for your opinion.

READ TWO STORIES IN THE ORDER INDICATED ON PAGE 1.

ORDER OF STORIES: STORY 1 ☐ **STORY 2** ☐

N3	A husband and wife are living in a village just like this one. They have a son, Raja, and a daughter, Deepa, who are attending secondary school. Both children are making good grades at school. Due to a recent family matter, the parents can only keep one child at school. They decide that it is not so important for Deepa to complete secondary school and have told her that she will not continue. Do you agree or disagree with their decision?	1 Strongly disagree 2 Disagree 3 Neither agree nor disagree 4 Agree 5 Strongly agree
N4	A husband and wife are living in a village just like this one. They have a son, Raja, and a daughter, Deepa, who are attending secondary school. Both children are making good grades at school. Due to a recent family matter, the parents can only keep one child at school. They decide that it is not so important for Raja to complete secondary school and have told him that he will not continue. Do you agree or disagree with their decision?	1 Strongly disagree 2 Disagree 3 Neither agree nor disagree 4 Agree 5 Strongly agree
N5	A husband and wife are living in a village just like this one. They have a son, Saravanan, and a daughter, Selvi, who are attending secondary school. Selvi is making good grades at school. Saravanan is barely passing. Due to a recent family matter, the parents can only keep one child at school. They decide that it is not so important for Selvi to complete secondary school and have told her that she will not continue. Do you agree or disagree with their decision?	1 Strongly disagree 2 Disagree 3 Neither agree nor disagree 4 Agree 5 Strongly agree
N6	A husband and wife are living in a village just like this one. They have a son, Saravanan, and a daughter, Selvi, who are attending secondary school. Selvi is making good grades at school. Saravanan is barely passing. Due to a recent family matter, the parents can only keep one child at school. They decide that it is not so important for Saravanan to complete secondary school and have told him that he will not continue. Do you agree or disagree with their decision?	1 Strongly disagree 2 Disagree 3 Neither agree nor disagree 4 Agree 5 Strongly agree

Now I would like to ask what you think about the roles of men and women in the family and society. I am going to read several statements. For each statement, please tell me if you agree or disagree with it.

		Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Don't know
N7	Men generally make better administrative officers than women.	1	2	3	4	5	88
N8	If both the husband and wife work, they should share equally in the housework and childcare.	1	2	3	4	5	88
N9	Women should be able to go to exactly the same places as men.	1	2	3	4	5	88
N10	Sons should take care of the financial needs of their elderly parents, and daughters should have no financial responsibility.	1	2	3	4	5	88
N11	Women should have the same freedom of action as men.	1	2	3	4	5	88
N12	Women are just as well suited for politics as men.	1	2	3	4	5	88
N13	Fathers should have a greater say than mothers in choosing marriage partners for their children.	1	2	3	4	5	88
N14	Higher education is more important for sons than daughters.	1	2	3	4	5	88
N15	It is better if the husband works outside the home and the wife takes care of the home and family.	1	2	3	4	5	88

P code				V code				HH No.				RSN		
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N16	Young women should be allowed to stay out late just as young men are.	1	2	3	4	5	88
N17	A child up to age 3 is likely to suffer if his or her mother works outside the home.	1	2	3	4	5	88
N18	Married couples should save for old age so that they are not financially reliant on their children.	1	2	3	4	5	88
N19	Parents should give the same amount of pocket money to their daughters as they give to their sons.	1	2	3	4	5	88

SECTION Q. KNOWLEDGE OF TB AND TREATMENT CHOICES

Q1	Have you heard of a disease called TB/tuberculosis/melting bones?	1 Yes 0 No → NEXT SECTION
Q2	Have you or any members of your household, close relatives, or friends had TB? Which ones? IF HOUSEHOLD MEMBER, FILL IN ROSTER SERIAL NUMBER. INCLUDE YOURSELF. IF NOT IN HOUSEHOLD, WRITE IN RELATIONSHIP TO MALE PRIMARY RESPONDENT. SEE RELATIONSHIP CODE SHEET	0 None RSN: _____ Rel Code: _____ _____ _____ _____ _____ _____
Q3	Did people avoid meeting you / any of them because of your / their illness? IF NO ONE HAD TB IN Q2, ASK: Do people avoid meeting TB patients because of their illness?	1 Yes 0 No 88 Don't know
Q4	Did you / any of them or members of your / their families have difficulty getting married? IF NO ONE HAD TB IN Q2, ASK: Do people who have/had TB have difficulty getting married?	1 Yes 0 No 88 Don't know
Q5	Do you think these problems are worse for men or women? IF NO ONE HAD TB IN Q2, ASK: Do you think these problems are worse for men or women?	1 Women 2 Men 3 Both 88 Don't know
Q6	What are the symptoms of TB? DO NOT READ LIST. CIRCLE ALL THAT APPLY	1 Cough 2 Fever 3 Chest Pain 4 Breathlessness 5 Sputum 6 Loss of appetite 7 Weight loss 8 Chronic fatigue and weakness 9 Other (specify): _____ 88 Don't know

P code	V code	HH No.	RSN
Q7	What ways do you know of that people get TB? READ LIST. CIRCLE ALL THAT APPLY	1 Spread through the air 2 Mother to Child 3 Using the same utensils, sharing food 4 Touching 5 Sexual contact 6 Smoking tobacco and/or pan parag 7 Spit/sputum/stepping on sputum 8 Hereditary/runs in the family 9 Alcohol and other bad behavior 10 Poor nutrition 11 Sharing clothes/ bed/ towels 12 Stress 13 Environmental contamination/pollution 14 Other (specify): _____ 88 Don't know	
Q8	With regular and complete treatment, can TB be cured if it is treated early?	1 Yes 0 No 88 Don't know	
Q9	Might it recur after successful treatment?	1 Yes 0 No 88 Don't know	
Q10	Where did you learn what you know about TB? DO NOT READ LIST. CIRCLE ALL THAT APPLY.	1 Your own experience 2 School 3 Health clinic or health provider 4 Family, friends, and community 5 Radio 6 Television 7 Newspaper 8 Medical camps 9 Other (specify): _____	
Now, I would like to ask you some questions about what you would do if you got TB / when you thought you had TB. CHECK Q2 TO SEE IF RESPONDENT HAD TB.			
Q11	If you thought you had TB, where would you <u>first</u> seek advice or treatment? FOR TB PATIENTS: When you thought you had TB where did you first seek advice or treatment?	1 Government health facility 2 Private doctor, clinic, or hospital, including CMC 3 Traditional practitioner, local doctor (RMP), Siddha/Ayurveda or Homeopathic doctor 4 Other (specify): _____	
Q12	Why would you choose this place? FOR TB PATIENTS: Why did you choose this place? DO NOT READ LIST. CIRCLE ALL THAT APPLY	1 Convenience (short distance) 2 To keep illness secret from neighbors/others 3 Good reputation/ Better treatment 4 Less treatment cost 5 Regular place of treatment 6 Other (specify): _____	
Q13	If you were tested for TB and were positive, would you share your diagnosis with neighbors on your street? FOR TB PATIENTS: When you were tested for TB and were positive, did you share your diagnosis with neighbors on your street?	1 Yes 0 No 88 Don't know	

P code				V code					HH No.					RSN			
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SECTION T. TIME USE

I would like to find out how you spent your time yesterday, [yesterday's day & date], from 12:00 midnight to midnight this morning. I would like to know what you were doing and who was with you. If an activity is too personal, there's no need to mention it.

T1	Which day of the week was yesterday?	1 Monday 2 Tuesday 3 Wednesday 4 Thursday	5 Friday 6 Saturday 7 Sunday
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	A. Activity AFTER THE INTERVIEW, WRITE IN CODE. SEE TIME USE CODE SHEET.	B. Start time	C. End time	D. PROBE FOR EACH ACTIVITY: Were you interacting with any household members during this activity? Were you helping or keeping an eye on a child or an adult (sick, disabled)? ENTER ROSTER NUMBER FOR UP TO 4 PEOPLE	E. PROBE FOR EACH ACTIVITY: Were you interacting with anyone else during this activity? Were you helping or keeping an eye on a child or an adult (sick, disabled)? ENTER REL. CODE FOR UP TO 4 PEOPLE	
					Relationship Code	Same caste? 1 0 Yes N o
T2						1 0
						1 0
						1 0
						1 0
T3						1 0
						1 0
						1 0
						1 0
T4						1 0
						1 0
						1 0
						1 0
T5						1 0
						1 0
						1 0
						1 0
T6						1 0
						1 0
						1 0
						1 0
T7						1 0
						1 0
						1 0
						1 0
T8						1 0
						1 0
						1 0
						1 0
T9						1 0
						1 0
						1 0
						1 0

P code				V code				HH No.				RSN		
	A. Activity	B. Start	C. End	D. RSN	E. Relationship	Same Caste								
T10						1 0								
						1 0								
						1 0								
						1 0								
T11						1 0								
						1 0								
						1 0								
						1 0								
T12						1 0								
						1 0								
						1 0								
						1 0								
T13						1 0								
						1 0								
						1 0								
						1 0								
T14						1 0								
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						1 0								
						1 0								
T15						1 0								
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T16						1 0								
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T17						1 0								
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T18						1 0								
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T19						1 0								
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T20						1 0								
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T21						1 0								
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						1 0								
T22						1 0								
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						1 0								
						1 0								
T23						1 0								
						1 0								
						1 0								
						1 0								

P code			V code				HH No.				RSN		
	A. Activity	B. Start	C. End	D. RSN	E. Relationship	Same Caste							
T24						1 0							
						1 0							
						1 0							
						1 0							
T25						1 0							
						1 0							
						1 0							
						1 0							
T26						1 0							
						1 0							
						1 0							
						1 0							
T27						1 0							
						1 0							
						1 0							
						1 0							
T28						1 0							
						1 0							
						1 0							
						1 0							
T29						1 0							
						1 0							
						1 0							
						1 0							
T30						1 0							
						1 0							
						1 0							
						1 0							
T31						1 0							
						1 0							
						1 0							
						1 0							
T32						1 0							
						1 0							
						1 0							
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T33						1 0							
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T34						1 0							
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						1 0							
T35						1 0							
						1 0							
						1 0							
						1 0							
T36						1 0							
						1 0							
						1 0							
						1 0							
T37						1 0							
						1 0							
						1 0							
						1 0							

P code				V code					HH No.				RSN		
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T38						1	0
						1	0
						1	0
						1	0
T39						1	0
						1	0
						1	0
						1	0

SECTION U. EXERCISE

U1	THIS RESPONDENT IS ANSWERING QUESTIONS FOR: SEE CATEGORY MARKED ON PAGE 1.	1 OWN CASTE IN NEARBY VILLAGE 2 ANYONE IN NEARBY VILLAGE
	We would like you to participate in a simple exercise as part of our research.	
	I will give you a box that contains 10 shampoo packet rolls (one roll contains 3 sachets). Each shampoo packet roll is worth Rs. 9, for a total of Rs. 90. You may leave as many of the packets rolls in the box as you wish and take out the number you would like to keep. Then, close the box, lock it and return it to me. I will not open it, but will return it to the study team. In a few days, the study team will give the shampoo packets remaining in your box to a person selected by lottery from [your caste in a nearby village/a nearby village] who is also in the study. The person receiving the shampoo packets will not know who you are, and you will not know who he or she is. Be assured that the number of packets you leave in the box will reach someone and that person will not know who gave it to him/her. We are doing this same small exercise with numerous people in your village and others nearby.	
U2	TO BE FILLED IN BY STUDY TEAM MEMBER (NOT THE FIELD INVESTIGATOR): Number of packets remaining in box	_____

SECTION V. FIELD INVESTIGATOR COMMENTS (TO BE FILLED AFTER INTERVIEW IS COMPLETED)

V1	How cooperative was the respondent during the interview?	1 Uncooperative 2 Neither cooperative or uncooperative 3 Very cooperative
V2	How enjoyable did the interview seem for him/her?	1 Not enjoyable at all 2 Somewhat enjoyable 3 Very enjoyable
V3	How much rapport do you feel was built between you and the respondent?	1 None/little 2 Moderate 3 Significant
V4	Did the respondent appear to be affected by anything that could influence his ability to answer clearly?	1 Not affected 2 Slightly affected 3 Significantly affected
V5	Other comments	