

FPR

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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

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FEMALE PRIMARY RESPONDENT QUESTIONNAIRE
(FPR)

STICKER HERE

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

Date and Start Time of Interview

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

| Serial no. | Name | Age | Sex |
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SECTION C. BACKGROUND

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

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| C1 | Are you now living in your marital home or natal home? | 1 Marital home →C3 2 Natal home 3 Other, specify: _____ |
| C2 | Where was your marital household located? | 1 This village _____ village/town _____ district _____ state |
| C3 | How many years ago did your natal family / marital family first come to this village? GIVE BEST ESTIMATE. IF > 90, WRITE “90” | _____ years |
| C4 | From where did the family come? | 1 This village _____ village/town _____ district _____ state |
| C5 | Where is your father originally from? NATAL VILLAGE | 1 This village _____ village/town _____ district _____ state |
| C6 | Is your father still alive? | 1 Yes 0 No →C9 |
| C7 | Does your father reside in this household? | 1 Yes 0 No →C9 |

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| C8 | CONFIRM ROSTER SERIAL NUMBER FOR FATHER FROM PAGE 1 | | RSN: _____ GO TO →C13 | |
| C9 | What is/was the highest level of education your father completed? SEE CODE SHEET | | | |
| C10 | What is/was the occupation of your father? SEE CODE SHEET MAJOR OCCUPATION IN LIFETIME | | | |
| C11 | IF ALIVE: Where does your father live? IF DECEASED MORE THAN 5 YEARS AGO, CIRCLE “0” AND → C17 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 | |
| C12 | 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): _____ | |
| C13 | 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): _____ | |
| C14 | 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): _____ | |
| C15 | 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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| C16 | 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): _____ |
| C17 | Were your mother and father related? | 1 Yes 0 No | |
| C18 | Where is your mother originally from? NATAL VILLAGE | 1 This village _____ village/town _____ district _____ state | |
| C19 | Is your mother still alive? | 1 Yes 0 No →C22 | |
| C20 | Does your mother reside in this household? | 1 Yes 0 No →C22 | |
| C21 | CONFIRM ROSTER SERIAL NUMBER FOR MOTHER FROM PAGE 1 | RSN: _____ GO TO →C26 | |
| C22 | What is/was the highest level of education your mother completed? SEE CODE SHEET | | |
| C23 | What is/was the occupation of your mother? SEE CODE SHEET MAJOR OCCUPATION IN LIFETIME | | |
| C24 | IF ALIVE: Where does your mother live? IF DECEASED MORE THAN 5 YEARS AGO, CIRCLE "0" AND → C30 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 | |
| C25 | 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): _____ |
| C26 | 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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| C27 | 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): _____ |
| C28 | 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): _____ |
| C29 | 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): _____ |
| C30 | How many times have you been married? | 1 Once 2 Twice 3 Three times 4 Four or more times | |
| C31 | What is the status of your marriage? IF MARRIED ONCE, FIRST MARRIAGE IF MARRIED MORE THAN ONCE, MOST RECENT | 1 Separated 2 Divorced 3 Widowed 4 Deserted | |
| C32 | Did you and your husband belong to the same caste? | 1 Yes →C34 0 No | |
| C33 | What caste did your husband belong to? SEE CODE SHEET | | |
| C34 | How old were you when you were married? | _____ years old | |
| C35 | How long had you known each other before the marriage arrangements? IF NOT KNOWN BEFORE MARRIAGE, ENTER "0" | _____ months _____ years 90 Since birth | |
| C36 | 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): _____ | |

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| C37 | Are you both related? | 1 Yes 0 No →C39 |
| C38 | How are 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 |
| C39 | Where was your husband originally from? | 1 This village _____ village/town _____ district _____ state |
| C40 | What is/was the highest level of education your (separated / ex- / deceased) husband completed? SEE CODE SHEET | |

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| C41 | What is/was the occupation of your (separated / ex- / deceased) husband? SEE CODE SHEET MAJOR OCCUPATION IN LIFETIME | |
| C42 | Is your father-in-law still alive? | 1 Yes 0 No →C46 |
| C43 | Does your father-in-law reside in this household? | 1 Yes 0 No →C45 |
| C44 | CONFIRM ROSTER SERIAL NUMBER FOR FATHER | Roster no. _____ GO TO →C48 |
| C45 | Where does he live? | 1 This village _____ village/town _____ district _____ state |
| C46 | What is/was the highest level of education your father-in-law completed? SEE CODE SHEET | |
| C47 | What is/was the occupation of your father-in-law? SEE CODE SHEET. MAJOR OCCUPATION IN LIFETIME | |
| C48 | Is your mother-in-law still alive? | 1 Yes 0 No →C52 |
| C49 | Does your mother-in-law reside in this household? | 1 Yes 0 No →C51 |
| C50 | CONFIRM ROSTER SERIAL NUMBER FOR MOTHER-IN-LAW | Roster no. _____ GO TO →C54. IF MARRIED ONLY ONCE, GO TO →C64. |
| C51 | Where does she live? | 1 This village _____ village/town _____ district _____ state |
| C52 | What is/was the highest level of education your mother-in-law completed? SEE CODE SHEET | |
| C53 | What is/was the occupation of your mother-in-law? SEE CODE SHEET. MAJOR OCCUPATION IN LIFETIME | |

IF MARRIED ONLY ONCE, GO TO →C64.

Now I would like to ask some questions about your first marriage.

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| C54 | What is the status of your first marriage? | 1 Separated 2 Divorced 3 Widowed 4 Deserted |
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| C55 | Did you and your first husband belong to the same caste? | 1 Yes →C57 0 No |
| C56 | What caste did your first husband belong to? SEE CODE SHEET | |
| C57 | How long had you known each other before the marriage arrangements? IF NOT KNOWN BEFORE MARRIAGE, ENTER “0” | _____ months _____ years 90 Since birth |
| C58 | Who chose your first 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): _____ |
| C59 | Were you both related? | 1 Yes 0 No →C61 |
| C60 | How are 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 |
| C61 | Where was your first husband originally from? | 1 This village _____ village/town _____ district _____ state |
| C62 | What is/was the highest level of education your first husband completed? SEE CODE SHEET | |
| C63 | What is/was the occupation of your first husband? SEE CODE SHEET. MAJOR OCCUPATION IN LIFETIME | |
| C64 | What religion do you practice? | 1 Hindu 2 Muslim 3 Christian 4 Other (specify): _____ |
| C65 | 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 |
| C66 | What type of ration card do you have? | 1 No card 2 BPL green card (below poverty line) →C68 3 White card (above poverty line) →C68 4 Green AAY Antyodaya Anna Yojana→C68 5 Other (specify): _____ |
| C67 | 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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| C68 | 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 _____ |

Now I would like to ask you some questions about this house.

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| C69 | INTERVIEWER OBSERVATION: Type of house | 1 Pakka 2 Semi-Pakka 3 Kachha |
| C70 | How many rooms are in this house? EXCLUDE KITCHEN, BATHROOM, AND VERANDA | _____ Rooms |
| C71 | Do you own or rent this house? | 1 Rent → C73 2 Own |
| C72 | Who paid for the construction of this house? READ LIST | 1 The family 2 The government wholly 3 Partly by the government 4 Other (specify): _____ |
| C73 | Where is the cooking generally done in this household? | 1 Outside → C75 2 Separate Kitchen 3 In the living area 4 No cooking done at home → C76 |

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| C74 | How does the smoke escape the cooking area? CIRCLE ALL THAT APPLY | 1 Nothing 2 Window 3 Vent 4 Chimney 5 Exhaust fan / Exhaust hood 6 Other (specify): _____ |
| C75 | What type of fuel does your household mainly use for cooking? IF MORE THAN ONE TYPE USED, CIRCLE MAIN TYPE | 1 Electricity 2 LPG/Natural Gas 3 Biogas 4 Kerosene 5 Charcoal/Coal 6 Wood 7 Straw/Shrubs/Grass/Agricultural crop residue 8 Cow dung cake 9 Other (specify): _____ |
| C76 | Does this household have electricity? | 1 Yes 0 No |
| C77 | What is the main source of drinking water in your household? IF MORE THAN ONE TYPE USED, CIRCLE MAIN TYPE | 1 Piped into dwelling/compound plot → C78 2 Street pipe→ C78 3 Common open well/bore well→ C78 4 Common tanker water → C79 5 Water bodies (river, canal, stream, spring, pond, etc.) → C80 6 Private well/bore well → C80 7 Bought water from tanker truck → C80 8 Packaged water → C80 9 Other (specify): _____ |
| C78 | On a typical day, how many hours per day is drinking water available? | _____ minutes _____ hours 77 Not applicable |
| C79 | How often is drinking water available? | 1 Daily 2 Every other day 3 1-2 times per week 4 Less frequently |
| C80 | Do you purify your drinking water? | 1 Always 2 Sometimes 3 Never → C82 |
| C81 | How do you purify your drinking water? IF MORE THAN ONE TYPE USED, CIRCLE MAIN TYPE | 1 Boiling 2 Filter (for example: aquaguard, etc.) 3 Chlorination tablets 4 Other (specify): _____ |
| C82 | How far do you have to walk to obtain drinking water? DISTANCE IN METERS CIRCLE “0” IF IN HOUSE/COMPOUND | 0 In house/compound 1 Less than 30 meters 2 30 – 60 meters 3 More than 60 meters |
| C83 | Do you get your general use water from the same source as your drinking use water? | 1 Yes → C88 0 No |
| C84 | What is the main source of water for general use in your household? IF MORE THAN ONE TYPE USED, CIRCLE MAIN TYPE | 1 Piped into dwelling/compound plot → C85 2 Street pipe→ C85 3 Common open well/bore well→ C85 4 Common tanker water → C86 5 Water bodies (river, canal, stream, spring, pond, etc.) → C87 6 Private well/bore well → C87 7 Bought water from tanker truck → C87 8 Other (specify): _____ |

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| C85 | On a typical day, how many hours per day is general use water available? | <div>_____ hours</div> <div>77 Not applicable</div> |
| C86 | How often is general use water available? | <div>1 Daily</div> <div>2 Every other day</div> <div>3 1-2 times per week</div> <div>4 Less frequently</div> |
| C87 | How far do you have to walk to obtain general use water? DISTANCE IN METERS WRITE "0" IF IN HOUSE/COMPOUND | <div>0 In house/compound</div> <div>1 Less than 30 meters</div> <div>2 30 – 60 meters</div> <div>3 More than 60 meters</div> |
| C88 | How often does the panchayat chlorinate village water sources? | <div>1 At least once a week</div> <div>2 At least once a month</div> <div>3 At least once a year</div> <div>4 Never</div> <div>5 Does not apply</div> <div>88 Don't know</div> |
| C89 | What type of toilet do you have in your house or compound? | <div>1 No toilet →C91</div> <div>2 Flush/pour toilet to septic tank</div> <div>3 Flush/pour toilet to sewage pipes</div> |
| C90 | From your household, who uses this toilet? | <div>1 No one</div> <div>2 Women only</div> <div>3 Men only</div> <div>4 Everyone</div> <div>5 Other (specify): _____</div> |
| C91 | What type of toilet facilities do members of your household usually use? CIRCLE ALL THAT APPLY | <div>1 Household toilet</div> <div>2 Communal/public latrine</div> <div>3 Open space</div> <div>4 Other (specify): _____</div> |
| C92 | Is there a communal/public latrine in your part of the village? | <div>1 Yes</div> <div>0 No →C95</div> |
| C93 | Who usually uses the communal/public latrine? | <div>1 No one</div> <div>2 Women only</div> <div>3 Men only</div> <div>4 Everyone</div> <div>5 Other (specify): _____</div> <div>88 Don't know</div> |
| C94 | How well is the public latrine maintained? | <div>1 Very well</div> <div>2 Passable</div> <div>3 Poor</div> <div>88 Don't know</div> |
| C95 | INTERVIEWER OBSERVATION: Type of road where the house is located | <div>1 Tar</div> <div>2 Cement</div> <div>3 Gravel</div> <div>4 Mud/dirt</div> <div>5 Other (specify): _____</div> |
| C96 | How well are the roads maintained in your part of the village? | <div>1 Very well</div> <div>2 Passable</div> <div>3 Poor</div> |
| C97 | What type of streetlights do you have in your part of the village? CIRCLE MAIN TYPE | <div>1 None →C100</div> <div>2 Solar</div> <div>3 Electric</div> <div>4 Other (specify): _____</div> |
| C98 | Is there a problem with street lighting in your part of the village? | <div>1 Yes</div> <div>0 No</div> |

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| C99 | If a streetlight goes out in your part of the village, how long will it take to be replaced? | <div>_____ days</div> <div>_____ weeks</div> <div>_____ months</div> |
| C100 | How does your household dispose of household waste? CIRCLE ALL THAT APPLY | 1 Public bin 2 Garbage truck / cycle 3 Open dumping 4 Compost pit 5 Burning waste 6 Other (specify): _____ |
| C101 | How often does the panchayat collect waste in your part of the village? | 1 Daily 2 Alternate day 3 Weekly 4 Less than weekly 5 Never |
| C102 | In the last week, did you use the internet? | 1 Yes 0 No → C104 |
| C103 | Where did you access the internet? CIRCLE ALL THAT APPLY | 1 Home computer 2 School/Office computer 3 Smartphone 4 Browsing center 5 Other (specify): _____ |
| C104 | How long has your family lived on this site/piece of land? | _____ years |

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SECTION D. MARRIAGE PREFERENCES

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| D1 | THIS RESPONDENT IS ANSWERING QUESTIONS FOR: SEE STICKER ON PAGE 1 AND CIRCLE | 1 GIRL (LOOKING FOR GROOM) 2 BOY (LOOKING FOR BRIDE) |
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Imagine that a girl/boy from your family is going to be married and you are searching for a partner. When you are searching for a bride/groom how much importance will you give for the following qualities?

| | | |
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| D2 | Bride/groom is a relative | 2 Very important 1 Somewhat important 0 Not considered |
| D3 | Education of bride/groom | 2 Very important 1 Somewhat important 0 Not considered |
| D4 | Beauty/good looks | 2 Very important 1 Somewhat important 0 Not considered |
| D5 | No hereditary illness in the family (for example: mental illness, epilepsy) | 2 Very important 1 Somewhat important 0 Not considered |
| D6 | Income of bride/groom | 2 Very important 1 Somewhat important 0 Not considered |
| D7 | Family wealth/landholdings | 2 Very important 1 Somewhat important 0 Not considered |
| D8 | Good character (chastity) | 2 Very important 1 Somewhat important 0 Not considered |
| D9 | Number of dependents in bride's/groom's family | 2 Very important 1 Somewhat important 0 Not considered |
| D10 | Fairness of skin | 2 Very important 1 Somewhat important 0 Not considered |
| D11 | IF GIRL LOOKING FOR GROOM: Absence of bad habits (does not smoke or consume alcohol) IF LOOKING FOR BRIDE: CIRCLE "77" | 2 Very important 1 Somewhat important 0 Not considered 77 Not applicable |
| D12 | IF BOY LOOKING FOR BRIDE: Good cook/good in maintaining house IF LOOKING FOR GROOM: CIRCLE "77" | 2 Very important 1 Somewhat important 0 Not considered 77 Not applicable |
| D13 | Dependable (honest, trustworthy) | 2 Very important 1 Somewhat important 0 Not considered |
| D14 | Prestigious occupation of bride/groom | 2 Very important 1 Somewhat important 0 Not considered |
| D15 | Would you like the bride/groom to be currently residing in... READ OPTIONS | 1 Village 2 City 3 No preference |
| D16 | If there are any other important qualities, specify: | |

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SECTION E. RECENT MARRIAGES

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| E1 | Did any of your sons or daughters get married in the last 5 years? | | 1 Yes 0 No → NEXT SECTION | | |
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| | WRITE IN NAME FOR MOST RECENT MARRIAGE AND ASK ALL QUESTIONS E2-E32. THEN ASK ALL QUESTIONS ABOUT MARRIAGE BEFORE THAT. INCLUDE UP TO 3 MARRIAGES OF CHILDREN IN THE LAST 5 YEARS. | | MARRIAGE 1 | MARRIAGE 2 | MARRIAGE 3 |
| E2 | When did the wedding take place? | month year | ____m ____y | ____m ____y | ____m ____y |
| E3 | IF HOUSEHOLD MEMBER, FILL IN ROSTER SERIAL NUMBER FOR THIS PERSON, THEN GO TO →E9. IF NOT IN ROSTER, WRITE “66” AND CONTINUE WITH E4. | | RSN:____ → E9 66 Not in roster | RSN:____ → E9 66 Not in roster | RSN:____ → E9 66 Not in roster |
| E4 | What is this person’s relationship to you? | 1 Daughter 2 Son | 1 2 | 1 2 | 1 2 |
| E5 | What was your son/daughter’s age at marriage? | | | | |
| E6 | Where does your son/daughter currently live? | 1 This village village/town district state | 1 ____v ____d ____s | 1 ____v ____d ____s | 1 ____v ____d ____s |
| E7 | What is your son/daughter’s current occupation? SEE CODE SHEET | | | | |
| E8 | What is the highest level of education he/she completed? SEE CODE SHEET | | | | |
| E9 | What was his/her average monthly income in the last 12 months from any service occupation or non-farm business? (inRs.) EXCLUDE PROFITS FROM ANY OWNED/RENTED/ LEASED LAND. IF NOT EMPLOYED, ENTER “0” | | | | |
| E10 | Does your son-in-law/daughter-in-law live in this house? IF HOUSEHOLD MEMBER, FILL IN ROSTER SERIAL NUMBER FOR THIS PERSON, THEN GO TO →E17. IF NOT IN ROSTER, WRITE “66” AND CONTINUE WITH E11. | | RSN:____ → E17 66 Not in roster | RSN:____ → E17 66 Not in roster | RSN:____ → E17 66 Not in roster |
| E11 | Where does your son-in-law/daughter-in-law currently live? | 1 This village village/town district state | 1 ____v ____d ____s | 1 ____v ____d ____s | 1 ____v ____d ____s |
| E12 | What was the age of your son-in-law/daughter-in-law at marriage? | | | | |
| E13 | What is the current occupation of your son-in-law/daughter-in-law? SEE CODE SHEET | | | | |
| E14 | What is the highest level of education completed of your son-in-law/daughter-in-law? SEE CODE SHEET | | | | |
| E15 | Does your son-in-law/daughter-in-law belong to your caste? | 1 Yes → E17 0 No | 1 0 | 1 0 | 1 0 |
| E16 | What is the caste of the marriage partner? SEE CODE SHEET | | | | |
| E17 | What was his/her average monthly income in the last 12 months from any service occupation or non-farm business? (inRs.) EXCLUDE PROFITS FROM ANY OWNED/RENTED/ LEASED LAND. IF NOT EMPLOYED, ENTER “0” | | | | |

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| E18 | Who chose your son-in-law or daughter-in-law? READ OPTIONS FROM LIST | 1 Parents/relatives chose, asked son's/daughter's opinion 2 Parents/relatives chose and did not ask son's/daughter's opinion 3 Son/daughter chose, parents/relatives consented 4 Son/daughter chose, parents/relatives did not consent 5 Son/daughter chose, did not ask parents/relatives 6 Other (specify): _____ | 1 2 3 4 5 6 _____ | 1 2 3 4 5 6 _____ | 1 2 3 4 5 6 _____ |
| E19 | Is your son-in-law/daughter-in-law from the same village? | 1 Yes → E22 0 No | 1 0 | 1 0 | 1 0 |
| E20 | If no, where was the son-in-law/daughter-in-law from? NATAL VILLAGE | village/town district state | _____ v _____ d _____ s | _____ v _____ d _____ s | _____ v _____ d _____ s |
| E21 | At the time of marriage arrangements, what was the distance between the homes of the two families? NATAL VILLAGES IF KM UNKNOWN, ESTIMATE DISTANCE IN TIME | km OR minutes hours | _____ km OR _____ min _____ hr | _____ km OR _____ min _____ hr | _____ km OR _____ min _____ hr |
| E22 | How are the two individuals related? | 1 Maternal uncle/niece 2 First cross-cousin 3 Sister's husband/Wife's sister 4 Other blood relative 5 Other relative by marriage 6 Unrelated | 1 2 3 4 5 6 | 1 2 3 4 5 6 | 1 2 3 4 5 6 |
| E23 | How long had the two families known each other before the marriage arrangements? IF > 90, WRITE "90" WRITE "0" IF LESS THAN 1 MONTH | months years | _____ m _____ y | _____ m _____ y | _____ m _____ y |
| E24 | At the time of marriage arrangements, what was the occupation of the son-in-law/daughter-in-law's father? SEE CODE SHEET | | | | |
| E25 | IF UNEMPLOYED OR RETIRED: What was his major occupation during his lifetime? SEE CODE SHEET | | | | |
| E26 | Did the son-in-law/daughter-in-law's parental household own any land at the time of marriage? | 1 Yes 0 No | 1 0 | 1 0 | 1 0 |
| E27 | Would you say the son-in-law/daughter-in-law's parental household was wealthier, less wealthy, or the same wealth as your family at the time of marriage? | 1 Wealthier than your family 2 Same wealth as your family 3 Less wealthy than your family | 1 2 3 | 1 2 3 | 1 2 3 |
| E28 | Did your daughter or your daughter-in-law receive marriage assistance from a government scheme? | 1 Yes 0 No → E30 | 1 0 | 1 0 | 1 0 |

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| E29 | How much? (inRs.) | | | |
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| E30 | What are the things your side <u>gave</u> to the couple for the marriage? CIRCLE ALL THAT APPLY 0 Nothing 1 Bed 2 Bureau 3 Kitchen utensils - bronze 4 Kitchen utensils - stainless steel 5 Grinder 6 Mixer 7 Fridge 8 TV 9 Microwave 10 Washing machine 11 Silk saris 12 Groceries 13 Motorbike 14 Bicycle 15 Car 16 Gold jewelry SPECIFY AMOUNT IN SOVEREIGNS 17 Cash (in Rs.) 18 Other (specify): _____ | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 _____ 17 _____ 18 _____ | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 _____ 17 _____ 18 _____ | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 _____ 17 _____ 18 _____ |
| E31 | What are the things the couple <u>received</u> from the in-laws? CIRCLE ALL THAT APPLY 0 Nothing 1 Bed 2 Bureau 3 Kitchen utensils - bronze 4 Kitchen utensils - stainless steel 5 Grinder 6 Mixer 7 Fridge 8 TV 9 Microwave 10 Washing machine 11 Silk saris 12 Groceries 13 Motorbike 14 Bicycle 15 Car 16 Gold jewelry SPECIFY AMOUNT IN SOVEREIGNS 17 Cash (in Rs.) 18 Other (specify): _____ | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 _____ 17 _____ 18 _____ | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 _____ 17 _____ 18 _____ | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 _____ 17 _____ 18 _____ |
| E32 | How much did the engagement and wedding celebration including all gifts given cost your family? (inRs.) | | | |

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SECTION H. PREGNANCY AND CHILDBEARING

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| 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 |

| No. of pregnancies. | Pregnancy ended? 1 Live birth →H16 2 Stillbirth 3 Miscarriage / abortion 4 Currently pregnant →H16 | Year was this? | Have an ultrasound during this pregnancy? 1 Yes 0 No →H19 | Many? | Have any of the sex at a private clinic? 1 Yes 0 No | When was this child born? ESTIMATE IF UNKNOWN | | | 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 C-section 3 For cephs /suction | Did this child have any bodily deformity? 0 None 1 Cleft 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? | | Did you have tubectomy after this pregnancy? 1 Yes →H29 0 No →NEXT PREGNANCY OR GO TO H33 |
|---------------------|--|----------------|---|-------|---|---|-------|------|--|--|---|---|---|--|--|---|--------|---|
| | | | | | | Day | Month | Year | | | | | | | | Years | Months | |
| 1 | | | | | | | | | | | | | | | | | | |
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| H29 | When did you have a tubectomy? MONTH AND YEAR OF OPERATION | _____ month _____ year |
| H30 | Where did you have the operation? | 1 Government facility 2 Private facility 3 Other (specify): _____ |
| H31 | Did you receive any payment from a government scheme for the tubectomy? | 1 Yes 0 No →H33 |
| H32 | How much? (inRs.) | |

[illegible]

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IF RESPONDENT STERILIZED OR CURRENTLY PREGNANT →NEXT SECTION

| | | |
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| H44 | Are you 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 _____ |

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| 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 |

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| P code | | | | V code | | | | | NIRT No. | | | | | RSN | | |
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| 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 you go for treatment? CIRCLE ALL THAT APPLY | 1 Home remedy 2 Native medicines/Religious-based healer (mantram, mudikairu (masuthi)) 3 Ayush (Siddha, Ayurvedic, Homeopathic, Unani) 4 Government health facility 5 Private allopathic clinic 6 Medical shop 7 Other (specify): _____ | | 1 2 3 4 5 6 7 | 1 2 3 4 5 6 7 | 1 2 3 4 5 6 7 | 1 2 3 4 5 6 7 |
| J9 | Who took ____ to this treatment? WRITE IN ROSTER SERIAL NUMBER OR RELATIONSHIP CODE TO FEMALE PRIMARY RESPONDENT OF UP TO 6 PEOPLE. | | | ____ ____ ____ ____ Rel ____ Rel ____ Rel | ____ ____ ____ ____ Rel ____ Rel ____ Rel | ____ ____ ____ ____ Rel ____ Rel ____ Rel | ____ ____ ____ ____ 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 FEMALE PRIMARY RESPONDENT. | | | ____ or ____ Rel | ____ or ____ Rel | ____ or ____ Rel | ____ or ____ Rel |
| J11 | How much did treatment cost? (inRs.) 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 | 1 0 | 1 0 | 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 | ____ w ____ d | ____ w ____ d | ____ 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 | ____ 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 | ____ w ____ d | ____ w ____ d |
| J19 | Does ____ suffer from a chronic (ongoing) illness? | 1 Yes 0 No →NEXT CHILD IF LAST CHILD LISTED IS “0” → NEXT SECTION | | 1 0 | 1 0 | 1 0 | 1 0 |

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| 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 _____ | 1 2 3 4 5 6 7 8 9 _____ | 1 2 3 4 5 6 7 8 9 _____ | 1 2 3 4 5 6 7 8 9 _____ |
| 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? (inRs.) INCLUDE ALL COSTS, SUCH AS TRANSPORTATION, PROCEDURES, MEDICINES | | _____ | _____ | _____ | _____ |

| (excluding anganwadi /crèche/school) who help you with child care or look after your children? LIST UP TO 3 PEOPLE IF NONE → K11 | | person reside in your house hold? 1 Yes 0 No →K4 | ROSTER SERIAL NUMBER, THEN →K8 | person related to you? SEE CODE SHEET | sex of this person? 1 Female 2 Male 3 Trans-gender | age of this person? | level of education of this person? SEE CODE SHEET | in this person's care? INDICATE NUMBER OF HOURS FOR EACH CHILD | | |
|--|--|---|---------------------------------------|---|---|---------------------|---|--|-------------|-------------|
| | | | | | | | CHILD 1 | CHILD 2 | CHILD 3 | |
| PERSON 1 | | | | | | | | _____ hours | _____ hours | _____ hours |
| PERSON 2 | | | | | | | | _____ hours | _____ hours | _____ hours |
| PERSON 3 | | | | | | | | _____ hours | _____ hours | _____ hours |

| ANSWER K11-K14 FOR EACH CHILD: | | | CHILD 1 | CHILD 2 | CHILD 3 |
|---------------------------------------|--|---|--|--|--|
| K 11 | 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 |
| K 12 | What is the approximate cost of this? (inRs.) | | per month: _____ per term: _____ annual: _____ | per month: _____ per term: _____ annual: _____ | per month: _____ per term: _____ annual: _____ |
| K 13 | 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 |
| K 14 | 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 |

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SECOND CHILD

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| L1 | Child RSN. <input type="text"/> If not currently a household member, write in relationship code to female 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 |
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THIRD CHILD

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| L1 | Child RSN. <input type="text"/> If not currently a household member, write in relationship code to female 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 |
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| IF NOT CURRENTLY IN HOUSEHOLD, WRITE RELATIONSHIP CODE. SEE CODE SHEET. | | 2 Maternal relatives 3 Paternal relatives 4 Hostel 5 Other (specify) | PAID DO NOT INCLUDE TUITIONS monthly OR per term OR annual | 1 Quality 2 Cost 3 Access 4 Safe transit 5 Safe from sexual harassment (including verbal) 6 Other (specify) | to school and meet _____'s class teacher? 1 Yes 0 No | your child with studies? 1 Yes 0 No | household help your child with studies? 1 Yes 0 No | tuitions? 1 Yes 0 No→L18 | cost per month? (inRs.) |
|---|--|---|--|--|--|---|--|--------------------------------|-------------------------|
| 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 FOR ALL CHILDR EN AGE 22 AND BELOW WHO COMPL ETED 8 TH STAND ARD AND ABOVE | exam? 1 Yes 0 | Boar d 2 CBS E 3 ICSE 4 Other (spec ify) | 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): _____ | WRITE IN BOTH IF AVAILAB LE. | exam? 1 Yes 0 | 2 CBSE 3 ICSE 4 Other (speci fy): _____ | 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): _____ | WRITE IN BOTH IF AVAILAB LE. |
|--|--------------------------|--|--|---------------------------------------|--------------------------|---|--|---------------------------------------|
| | No→ NEXT CHIL D | | | | No→ NEXT CHIL D | | | |
| 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 |

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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. | | | Your-self | Your father | Your mother | Your sister(s) | Your brother(s) | NONE |
| M2 | hypertension (high BP)? | | 1 | 2 | 3 | 5 | 4 | 0 |
| M3 | diabetes? | | 1 | 2 | 3 | 5 | 4 | 0 |
| M4 | a stroke? | | 1 | 2 | 3 | 5 | 4 | 0 |
| M5 | heart disease or heart attack before the age of 60? | | 1 | 2 | 3 | 5 | 4 | 0 |
| M6 | cancer? IF NONE, CIRCLE “0” AND→ M8 | | 1 | 2 | 3 | 5 | 4 | 0 |
| M7 | What type of cancer? CIRCLE ALL THAT APPLY | 1 Breast cancer | 1 | 1 | 1 | 1 | 1 | 0 |
| | | 2 Ovarian cancer | 2 | 2 | 2 | 2 | 2 | |
| | | 3 Prostate cancer | 3 | 3 | 3 | 3 | 3 | |
| | | 4 Other (specify): | 4 _____ | 4 _____ | 4 _____ | 4 _____ | 4 _____ | |

| | | | | | | |
|--|---|---------------|------------------|------------------|------------------|------------------|
| 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) | | RESPON. _____ | 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 | 1 0 |
| M10 | Do you/your child ever eat eggs? | 1 Yes 0 No | 1 0 | 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 Fresh fruit (banana, watermelon, etc.) | | 6 _____ | 6 _____ | 6 _____ | 6 _____ |
| | 7 Fruitjuice (freshjuice, Tropicana, Real, etc.) | | 7 _____ | 7 _____ | 7 _____ | 7 _____ |
| | 8 Ragi | | 8 _____ | 8 _____ | 8 _____ | 8 _____ |
| | 9 Other cereals (wheat, millet, etc.) EXCLUDE RICE | | 9 _____ | 9 _____ | 9 _____ | 9 _____ |
| | 10 Dal (including sambar) | | 10 _____ | 10 _____ | 10 _____ | 10 _____ |
| | 11 Green leafy vegetables | | 11 _____ | 11 _____ | 11 _____ | 11 _____ |
| | 12 Other vegetables | | 12 _____ | 12 _____ | 12 _____ | 12 _____ |

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| | | | | | | RESPONDENT | CHILD 1 | CHILD 2 | CHILD 3 |
| 13 Salted/unripe fruits (mango, gooseberry, guava, naval pazham, etc.) | | | | | | 13_____ | 13_____ | 13_____ | 13_____ |
| 14 Aerated or sugary drinks (for example: Pepsi, Squash, Rasna, Maza, etc.) | | | | | | 14_____ | 14_____ | 14_____ | 14_____ |
| 15 Drinks like Horlicks | | | | | | 15_____ | 15_____ | 15_____ | 15_____ |
| 16 Salty packaged snacks such as potato chips, Kurkure, etc. | | | | | | 16_____ | 16_____ | 16_____ | 16_____ |
| 17 Fried snacks such as pakoda, vada, samosa, Muruku etc. | | | | | | 17_____ | 17_____ | 17_____ | 17_____ |
| 18 Fried non-veg snacks, such as chicken/beef pakoda, egg/chicken puff | | | | | | 18_____ | 18_____ | 18_____ | 18_____ |
| 19 Sweets such as cakes, biscuits, chocolate, ice cream, laddoo, etc. | | | | | | 19_____ | 19_____ | 19_____ | 19_____ |
| 20 Chat, such as panipuri, bel puri, etc. | | | | | | 20_____ | 20_____ | 20_____ | 20_____ |
| FOR CHILDREN: | | | | | | | | | |
| 21 Formula | | | | | | | 21_____ | 21_____ | 21_____ |
| 22 Supplements (farex, cerelac) | | | | | | | 22_____ | 22_____ | 22_____ |
| 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 | | | | 1 0 | 1 0 | 1 0 |
| 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? (inRs.) | | | | | | Rs. _____ | Rs. _____ | Rs. _____ |
| M15 | What does _____ usually do with this money? CIRCLE ALL THAT APPLY. DO NOT READ LIST. PROBE FOR CATEGORIES NOT NOTED. | 1 Fresh fruit (banana, watermelon, etc.) 2 Fruitjuice (freshjuice, 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 panipuri, 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 FEMALE PRIMARY RESPONDENT. SEE CODE SHEET. | | | | | _____ RSN _____ RSN | _____ Rel. Code _____ Rel. Code | | |

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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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| M27 | In the last week, how many hours did _____ spend reading? EXCLUDE SCHOOL BOOKS IF UNKNOWN ASK FOR BEST ESTIMATE | | _____ hours | _____ hours |
| M28 | During school time, how many hours does _____ go for tuitions in a week? | | _____ hours | _____ hours |

| | | | | | | | | | | | | | | | |
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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 |

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 ONPAGE 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 |

| | | | | | | | | | | | | | | | |
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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 |
| 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 |

| | | | | | | | | | | | | | | | |
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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 FEMALE 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 |
| 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 4Touching 5Sexual contact 6Smoking tobacco and/or pan parag 7Spit/sputum/stepping on sputum 8Hereditary/runs in the family 9Alcohol and other bad behavior 10Poor nutrition 11Sharing 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 |

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| P code | | | | V code | | | | HH No. | | | | Roster No. | | |
| Q10 | Where did you learn what you know about TB? | | | | | | | 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): _____ | | | | | | |
| DO NOT READ LIST. CIRCLE ALL THAT APPLY. | | | | | | | | | | | | | | |
| 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 | | | | | | |

| | | | | | | | | | | | | | | | |
|--------|--|--|--|--------|--|--|--|--------|--|--|--|--|------------|--|--|
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SECTION R. MAJOR MORBIDITY

I would now like to ask you some questions about the health, activities, and habits of each household member.

Has any member of your household (including yourself) been diagnosed or medically treated for any of the following? **FILL IN 1 YES OR 0 NO FOR EACH CONDITION BELOW**

| | R1 | R2 | R3 | R4 | R5 | R6 | R7 | R8 | R9 | R10 | R11 | R12 | R13 | R14 | R15 | R16 | R17 |
|----------|------------|----------|------------------------|---------|---------------|----------|--------|--------|--------|---------|----------|----------------|-------------------------------|---------------------|--------------------------|-----------------------|------------------------|
| Initials | ROSTER NO. | Cataract | Tuber- culosis (TB) | High BP | Heart Disease | Diabetes | Cancer | Asthma | Stroke | Thyroid | Epilepsy | Mental illness | Other major illness (specify) | Work-related Injury | Transport-related Injury | Intentional self-harm | Other Accident /Injury |
| | 1 | | | | | | | | | | | | | | | | |
| | 2 | | | | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | | | | |
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| | 8 | | | | | | | | | | | | | | | | |
| | 9 | | | | | | | | | | | | | | | | |

| | R18 | R19 | R20 | R21 | R22 | R23 | R24 | | | | | | |
|----------|-----|--|---|--|---|--|------------------------------------|-------------|--------|----------|---------|---------------------|-----------------------|
| Initials | RSN | What is the functional status of this person? LIST ALL THAT APPLY | ONLY ASK IF AGE 12 AND OVER: | | | | ONLY ASK IF AGE 6 AND OVER: | | | | | | |
| | | Does this person drink alcohol? 1 Yes 0 No→ R22 | How often? 1 Daily 2 Once a week 3 Couple times a month 4 Rarely | Does this person smoke cigarettes or beedies <u>daily</u> ? 1 Yes 0 No | Does this person use other tobacco products such as paan (with tobacco), gutka, or hans <u>daily</u> ? 1 Yes 0 No | Does this person usually have difficulties with any of the activities without assistance? EXCLUDE TEMPORARY ILLNESS 0 Unable to perform the activity 1 Can perform the activity, but with difficulty 2 No problem performing activity | | | | | | | |
| | | 1 Normal 2 Blind 3 Vision problem 4 Deaf 5 Hearing problem 6 Speaking problem | 7 Motor skills 8 Sensory loss/touch 9 Fits 10 Development delay 11 Learning problem 12 Breathing problem 13 Other (specify): __ | | | | | Walking 1km | Eating | Dressing | Bathing | Going to the toilet | Moving around at home |
| | 1 | | | | | | | | | | | | |
| | 2 | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | |
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SECTION O. MAJOR HOUSEHOLD EVENT

| | | |
|----|--|---|
| O1 | Households often experience costly events. In the past five years, has your household had any major medical episode or marriage expense? CIRCLE ALL THAT APPLY. MAJOR MEDICAL EPISODE IS WHEN SICK PERSON HAD TO BE HOSPITALIZED OR SOMEONE IN HOUSEHOLD HAD TO MISS 2 OR MORE WEEKS OF NORMAL DUTIES (WORK, SCHOOL, HOUSEWORK) TO TAKE CARE OF THE SICK PERSON. RECALL REPORT OF RECENT MARRIAGES IN SECTION E. IF NO TO BOTH →NEXT SECTION | Major medical episode: 1 Yes 0No Marriage expense: 1 Yes 0No |
| O2 | IF ONLY ONE EVENT, CIRCLE THAT EVENT AND →O3 IF EXPERIENCED BOTH EVENTS, ASK: Which of these major events happened most recently? | 1 Major medical episode 2 Marriage expense |
| O3 | When did this happen? | _____month _____year |

IF MARRIAGE GO TO →O11

| | | |
|----|---|---|
| O4 | FOR MAJOR MEDICAL EPISODE ONLY: What was the illness or accident? | 1 Heart attack/heart problems 2 Stroke 3 Kidney failure 4 Tuberculosis 5 Cancer 6 Work-related accident 7 Transport-related accident 8 Intentional self-harm 9 Other (specify): _____ |
|----|---|---|

| | | | | | |
|--|--|---------------|---|---|---|
| Which current or former household members were affected by this illness/accident? WRITE IN NAME OF UP TO 3 PERSONS | | | PERSON 1 _____ | PERSON 2 _____ | PERSON 3 _____ |
| O5 | IF CURRENT HOUSEHOLD MEMBER, FILL IN ROSTER SERIAL NUMBER. IFFORMER HOUSEHOLD MEMBER (MOVED OR DECEASED), WRITE IN RELATIONSHIP TO FEMALE PRIMARY RESPONDENT. SEE RELATIONSHIP CODE SHEET | | RSN: _____ Rel Code: _____ | RSN: _____ Rel Code: _____ | RSN: _____ Rel Code: _____ |
| O6 | Was this person hospitalized? | 1 Yes 0 No | 1 0 | 1 0 | 1 0 |

| | | | | | |
|--|---|-------------------------|---|---|---|
| Did any current or former household members have to miss a day or more of work because of this episode? WRITE IN NAME OF UP TO 3 PERSONS. INCLUDE PEOPLE WHO GOT SICK AND THOSE WHO LOOKED AFTER THEM. | | | PERSON 1 _____ | PERSON 2 _____ | PERSON 3 _____ |
| O7 | IF HOUSEHOLD MEMBER, FILL IN ROSTER SERIAL NUMBER. IF FORMER HOUSEHOLD MEMBER (MOVED OR DECEASED), WRITE IN RELATIONSHIP TO FEMALE PRIMARY RESPONDENT. SEE RELATIONSHIP CODE SHEET | | 0 No one RSN: _____ Rel Code: _____ | 0 No one RSN: _____ Rel Code: _____ | 0 No one RSN: _____ Rel Code: _____ |
| O8 | How many days did he/she miss work? | days months years | ____d ____m ____y | ____d ____m ____y | ____d ____m ____y |

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| P code | | V code | | HH No. | | Roster No. | | | | | | | |
| Did any current or former household members have to miss a day or more of school/college because of this episode? WRITE IN NAME OF UP TO 3 PERSONS. INCLUDE PEOPLE WHO GOT SICK AND THOSE WHO LOOKED AFTER THEM. | | | | | | | | PERSON 1 | | PERSON 2 | | PERSON 3 | |
| O9 | IF HOUSEHOLD MEMBER, FILL IN ROSTER SERIAL NUMBER. IF FORMER HOUSEHOLD MEMBER (MOVED OR DECEASED), WRITE IN RELATIONSHIP TO FEMALE PRIMARY RESPONDENT. SEE RELATIONSHIP CODE SHEET. | | | | | | | 0 No one RSN: _____ Rel Code: _____ | | 0 No one RSN: _____ Rel Code: _____ | | 0 No one RSN: _____ Rel Code: _____ | |
| O10 | How many days did he/she miss school/college? | | | days _____ months _____ years _____ | | _____d _____m _____y | | _____d _____m _____y | | _____d _____m _____y | | | |
| O11 | How much did your household spend for this? FOR MEDICAL INCLUDE total cost (in-patient & out-patient) such as medical procedures, tests, medications, food, and transportation. If an illness is ongoing, report the last major episode or treatment of it. FOR MARRIAGE INCLUDE engagement and wedding celebrations as well as gifts given. IF SAME MARRIAGE REPORTED IN SECTION E, CHECK E32 FOR CONSISTENCY. | | | | | | | Rs. _____ | | | | | |
| O12 | When things like this happen, many people need help from others in the form of monetary assistance. Did you receive any monetary help from others outside the household such as friends, relatives, or neighbors? THIS DOES NOT INCLUDE MONEY RECEIVED FROM PROFESSIONAL MONEYLENDERS OR INSTITUTIONS SUCH AS BANKS, CHIT FUNDS, GOVERNMENT AGENCIES, ETC. | | | | | | | 1 Yes 0 No → O19 | | | | | |

| | O13 | O14 | O15 | O16 | O17 | O18 |
|--|---|--|---|--|--|---|
| Can you tell me the names or initials of the people who provided monetary assistance? IF MORE THAN 3, WRITE THE NAMES OF THOSE WHO GAVE THE MOST | How do you know this person? 1 FPR's immediate family 2 FPR'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 Other (specify): _____ | Does this person belong to the same caste as you? 1 Yes 0 No | Does this person live in your village? 1 Yes 0 No | What was the amount you received from this person? | Do you need to repay this money in the future? 1 Yes 0 No →NEXT PERSON | Do you need to pay interest? 1 Yes 0 No |
| PERSON 1 | | 1 0 | 1 0 | | 1 0 | 1 0 |
| PERSON 2 | | 1 0 | 1 0 | | 1 0 | 1 0 |
| PERSON 3 | | 1 0 | 1 0 | | 1 0 | 1 0 |

| | | | |
|-----|---|------------------------------------|--------------------------------------|
| | A. When this event happened to you, did you receive help from any of the following institutions? FOR EACH INSTITUTION, ASK AMOUNT RECEIVED BEFORE CONTINUING TO NEXT ONE. | | B. What was the amount you received? |
| O19 | Moneylender | 1 Yes 0 No→ O20 | Rs. _____ |
| O20 | Bank | 1 Yes 0 No→ O21 | Rs. _____ |
| O21 | Chit fund | 1 Yes 0 No→ O22 | Rs. _____ |
| O22 | Self-help group | 1 Yes 0 No→ O23 | Rs. _____ |
| O23 | Pawn broker | 1 Yes 0 No→ O24 | Rs. _____ |
| O24 | Government scheme | 1 Yes 0 No→ NEXT SECTION | Rs. _____ |

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 FPR's immediate family</p> <p>2 FPR'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 | | | | | |

| | | | | | | | | | | | | | | | |
|--------|--|--|--|--------|--|--|--|--------|--|--|--|--|------------|--|-----|
| | | | | | | | | | | | | | | | FPR |
| P code | | | | V code | | | | HH No. | | | | | Roster No. | | |

| | 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 FPR's immediate family</p> <p>2 FPR'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 timefor 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. LIST UP TO 3 PEOPLE. 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 FPR's immediate family</p> <p>2 FPR'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 | <p>Sometimes households have trouble paying for their daily expenses. Does this ever happen in your household?</p> | <p>1 Yes</p> <p>0 No →G20</p> |
|-----|--|-------------------------------|

| | G17 | G18 | G19 |
|---|--|--|--|
| <p>Can you tell me the people/institutions who usually provide you with monetary assistance for managing daily expenses?</p> <p>IF MORE THAN 3, WRITE THE NAMES OF THOSE WHO GAVE THE MOST</p> | <p>How do you know this person?</p> <p>1 FPR's immediate family</p> <p>2 FPR'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 Credit from shopkeeper</p> <p>10 Moneylender →ANSWER G18 ONLY</p> <p>11 Pawn broker →ANSWER G18 ONLY</p> <p>12 Bank → G20</p> <p>13 Chit fund → G20</p> <p>14 Self-help group → G20</p> | <p>Does this person belong to your caste?</p> <p>1 Yes</p> <p>0 No</p> | <p>What is this person's sex?</p> <p>1 Female</p> <p>2 Male</p> <p>3 Transgender</p> |
| 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 |
|---------|--|---|--|--|---|--|
| | <p>FILL IN ROSTER SERIAL NUMBER OF NEVER MARRIED CHILDREN LIVING IN HOUSEHOLD (ANY AGE)</p> | <p>Do you have a post office/ bank account for this child?</p> <p>1 Yes</p> <p>0 No</p> | <p>Do you have LIC policy for this child?</p> <p>1 Yes</p> <p>0 No</p> | <p>Apart from these, do <u>you yourself</u> have any savings for this child such as fixed deposit, gold, chit fund, etc.?</p> <p>1 Yes</p> <p>0 No</p> | <p>FOR ALL CHILDREN 6-17:</p> <p>Ideally, what would you want _____ to be?</p> <p>SEE OCCUPATION CODE SHEET</p> | <p>ASK ONLY FOR CHILDREN 6-17 IN SCHOOL:</p> <p>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?</p> <p>DO NOT READ LIST</p> <p>0 Child not in school</p> <p>1 Most people I know educate boys/girls this far</p> <p>2 Gain more knowledge</p> <p>3 Get a good job or good income</p> <p>4 Improve his/her marriage prospects</p> <p>5 Education will help him/her raise better children</p> <p>6 Better standard of life</p> <p>7 Higher social status</p> <p>8 Other (specify): _____</p> |
| CHILD 1 | | | | | | |
| CHILD 2 | | | | | | |
| CHILD 3 | | | | | | |
| CHILD 4 | | | | | | |
| CHILD 5 | | | | | | |

| | | | | | | | | | | | | | | | |
|--------|--|--|--|--------|--|--|--|--------|--|--|--|--|------------|--|-----|
| | | | | | | | | | | | | | | | FPR |
| P code | | | | V code | | | | HH No. | | | | | Roster No. | | |

SECTION S. ECONOMIC STATUS AND RELATIONSHIPS

| | | |
|-----|--|---|
| S1 | How much land is owned by the household? WRITE IN AMOUNT AND CIRCLE UNITS. If NONE, WRITE IN “0” AND GO TO →S4 | <div>1 acres</div> <div>2 cents</div> <div>_____ 3 kani</div> <div>4 other (specify): _____</div> |
| S2 | What type of irrigation do you use? CIRCLE ALL THAT APPLY | <div>0 None (rain-fed only)</div> <div>1 Well (bore well or open well)</div> <div>2 Tank</div> <div>3 Surface water (river, pond, canal, etc.)</div> <div>4 Other non-rain (specify): _____</div> |
| S3 | How much of the land owned by the household is irrigated? EXCLUDE RAIN FED LAND WRITE IN AMOUNT AND CIRCLE UNITS | <div>1 acres</div> <div>2 cents</div> <div>_____ 3 kani</div> <div>4 other (specify): _____</div> |
| S4 | Did you grow any of the following crops in the last 12 months? INCLUDE PRODUCTION FOR MARKET AND HOUSEHOLD CONSUMPTION. CIRCLE ALL THAT APPLY | <div>0 No crops</div> <div>1 Rice (paddy)</div> <div>2 Plantain</div> <div>3 Turmeric</div> <div>4 Semboo</div> <div>5 Ragi</div> <div>6 Maize</div> <div>7 Kambu</div> <div>8 Groundnut</div> <div>9 Corn</div> <div>10 Udupairu</div> <div>11 Chillies</div> <div>12 Daal</div> <div>13 Vegetables</div> <div>14 Sugarcane</div> <div>15 Gingelly</div> <div>16 Cotton</div> <div>17 Coconut trees</div> <div>18 Mango trees</div> <div>19 Tamarind trees</div> <div>20 Palm trees</div> <div>21 Drum stick (murungai)</div> <div>22 Other (specify): _____</div> |
| | How many of the following animals do you own? READ LIST. If NONE, WRITE IN “0” | |
| S5 | Ox – draft | |
| S6 | Buffalo – milk | |
| S7 | Cows | |
| S8 | Egg-laying chickens | |
| S9 | Broiler chickens | |
| S10 | Goats / sheep | |
| S11 | Pigs | |
| S12 | Other (specify): _____ | |
| | In the last 12 months, did you use any of the following as inputs in your crop production or animal husbandry/livestock production? How much did you spend? (inRs.) READ EACH ITEM AND FILL IN COST. If NOT USED, WRITE IN “0” | |
| S13 | Cost for land rental or lease | |
| S14 | Hired labor | |
| S15 | Seeds | |
| S16 | Fertilizer | |
| S17 | Pesticides | |
| S18 | Animal feed | |
| S19 | Irrigation | |
| S20 | Rented bullocks | |
| S21 | Rental of combine harvester | |
| S22 | Rental of tractor/other large agricultural machines | |
| S23 | Petrol/diesel for agricultural production | |
| S24 | Vet and medicine expenses | |
| S25 | Other (specify): _____ | |

| FPR | | | | | | | | | | | | | | | |
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| P code | | | | V code | | | | HH No. | | | | Roster No. | | | |
| S26 | How much did your household earn from cultivated land in the last 12 months? INCLUDE LAND OWNED, LEASED, OR RENTED | | | | | | | | | | | | | | |
| S27 | How much did your household earn from all animals owned in the last 12 months? | | | | | | | | | | | | | | |
| | | | | S28 | | | | S29 | | | | S30 | | | |
| Who in the household worked for salary/wages/income in the last 4 weeks? LIST ALL HOUSEHOLD MEMBERS WHO WORKED IN THE LAST 4 WEEKS. EXCLUDE WORK ON OWN FARM. | | | | WRITE IN ROSTER SERIAL NUMBER FOR THIS PERSON | | | | How many days did this person work in the last 4 weeks? INCLUDE 100 DAYS WORK | | | | What was is his/her income in the last 4 weeks? (inRs.) EXCLUDE PROFITS FROM ANY OWNED/RENTED/LEASED LAND | | | |
| PERSON 1 | | | | | | | | | | | | | | | |
| PERSON 2 | | | | | | | | | | | | | | | |
| PERSON 3 | | | | | | | | | | | | | | | |
| PERSON 4 | | | | | | | | | | | | | | | |
| PERSON 5 | | | | | | | | | | | | | | | |
| S31 | What is the principal source of income for the household? CIRCLE ONE (MAXIMUM INCOME) | | | | | | | | | | | 1 Cultivation 2 Animal husbandry / livestock production 3 Agricultural wage labor 4 Non-agricultural wage labor 5 Artisan/independent work 6 Petty shop/trade 7 Organized business 8 Salaried employment 9 Profession 10 Pension/rent/dividend, etc. 11 Others (specify): _____ | | | |
| S32 | Did you or anyone in your household work under the 100 days scheme the last 12 months? | | | | | | | | | | | 1 Yes 0 No | | | |
| S33 | Did anyone in your household receive any benefits or scholarships from any government schemes in the last 12 months? | | | | | | | | | | | 1 Yes 0 No → S36 | | | |
| S34 | Which schemes? READ LIST AND CIRCLE ALL THAT APPLY | | | | | | | | | | | 1 Old age 2 Differently abled 3 Educational scholarship 4 Other (specify): _____ | | | |
| S35 | How much per month did your household receive from these schemes? (inRs.) TOTAL AMOUNT PER MONTH | | | | | | | | | | | _____ per month AND/OR _____ total for the year | | | |
| S36 | How many months did you work in the last 12 months? INCLUDE SELF-EMPLOYED. IF 0 MONTHS, THEN GO TO → S69 | | | | | | | | | | | _____ months | | | |
| S37 | Did you receive wages/salary for your work? REFER TO MAIN OCCUPATION IN LAST 12 MONTHS. IF SELF-EMPLOYED, WRITE “NO” AND GO TO→S57 | | | | | | | | | | | 1 Yes 0 No → S57 | | | |

| | | | | | | | | | | | | | | | |
|--------|--|--|--|--------|--|--|--|--------|--|--|--|--|------------|--|--|
| P code | | | | V code | | | | HH No. | | | | | Roster No. | | |
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| | | |
|-----|--|--|
| S38 | How long have you been working for your current employer? | _____ days _____ months _____ years |
| S39 | Where do you work? | 1 In village →S41 0 Outside village |
| S40 | How far do you travel each day to work (in km.)? IF KM UNKNOWN, ESTIMATE DISTANCE IN TIME | _____ km OR _____ min _____ hours |
| S41 | How did you find this job? MAIN SOURCE. ONLY ONE ANSWER. | 1 Previously worked for this employer/supervisor →S45 2 Knew employer/supervisor before →S45 3 Labor contractor →S42 4 Referral from another worker →S42 5 Referral from someone else →S42 6 Advertisement or word of mouth→S45 7 Other (specify): _____ |
| S42 | FOR LABOR CONTRACTOR/REFERRAL: Before you were hired, how long had you known this person? | _____ days _____ months _____ years |
| S43 | Does this person belong to the same caste as you? | 1 Yes →S46 0 No 88 Don't know →S46 |
| S44 | Which caste does this person belong to? SEE CASTE CODE SHEET, THEN GO TO →S46 | _____ GO TO →S46 |
| S45 | FOR EMPLOYER/SUPERVISOR PREVIOUSLY KNOWN: Before you were hired, how long had you known your employer/supervisor? | _____ days _____ months _____ years |
| S46 | Does your employer belong to the same caste as you? | 1 Yes →S48 0 No 88 Don't know →S48 |
| S47 | Which caste does your employer belong to? SEE CASTE CODE SHEET | |

| | | |
|-----|---|---|
| S48 | Apart from your wage/salary, does your employer/company provide any other kind of support or payment? READ LIST. CIRCLE ALL THAT APPLY. | 1 Meals during working hours 2 Grain 3 Clothes 4 Travel cost 5 Loans for household expenditures when required 6 Loans for major expenditures (for example, marriage or major illness) 7 Nothing 8 Other (specify): _____ |
| S49 | Have you ever visited your employer's home, or has he/she ever visited your home? | 1 Yes 0 No |
| S50 | What wage do you normally receive at your current job? COMPLETE ONE | per day: _____ per week: _____ per month: _____ |
| S51 | How does your wage compare to the market wage in your area? | 1 Higher 2 Same 3 Lower |
| S52 | Did you negotiate for your wage? | 1 Yes 0 No |
| S53 | Have you ever had any disputes with your current employer or any past employer? | 1 Yes 0 No →S55 |
| S54 | What were these disputes about? CIRCLE ALL THAT APPLY | 1 Hours of employment 2 Working conditions 3 Wages 4 Worker performance 5 Other (specify): _____ |
| S55 | Have other members of your caste in this village had disputes with their employers? | 1 Yes 0 No |

| | | | | | | | | | | | | | | | |
|--------|--|--|--|--------|--|--|--|--------|--|--|--|--|------------|--|--|
| P code | | | | V code | | | | HH No. | | | | | Roster No. | | |
|--------|--|--|--|--------|--|--|--|--------|--|--|--|--|------------|--|--|

| | | |
|-----|---|---|
| S56 | Are these sorts of disputes common in your village? AFTER ANSWERING YES OR NO GO TO → S69 | 1 Yes → S69 0 No → S69 |
| S57 | Do you have any employees? | 1 Yes 0 No → S69 |
| S58 | How did you find most of your employees? | 1 Labor contractor 2 Referral from another worker 3 Referral from someone else 4 Own personal connections 5 Advertisement or word of mouth 6 Other (specify): _____ |
| S59 | About how many employees do you have? | |
| S60 | Of these employees, how many belong to your caste? | |

| | | |
|-----|--|--|
| S61 | Which other castes do your employees belong to? LIST ALL. SEE CASTE CODE SHEET | 1 _____ 4 _____ 2 _____ 5 _____ 3 _____ |
| S62 | How do you usually pay your workers? | 1 Daily 2 Weekly 3 Monthly 4 At the end of contract |
| S63 | Apart from wages, do you provide any other kind of support or payment to your employees? READ LIST. CIRCLE ALL THAT APPLY. | 1 Meals during working hours 2 Grain 3 Clothes 4 Travel cost 5 Loans for household expenditures when required 6 Loans for major expenditures (for example, marriage or major illness) 7 Other (specify): _____ |
| S64 | Have any of your employees visited your home, or have you visited any employees' homes? | 1 Yes 0 No |
| S65 | Have you ever had any dispute with your employees? | 1 Yes 0 No → S67 |
| S66 | What were these disputes about? CIRCLE ALL THAT APPLY | 1 Hours of employment 2 Working conditions 3 Wages 4 Worker performance 5 Other (specify): _____ |
| S67 | Have other members of your caste in this village had disputes with their employees? | 1 Yes 0 No |
| S68 | Are these sorts of disputes common in your village? | 1 Yes 0 No |

| | | | | | |
|---|---------------|--|---|--|--|
| S69 | | S70 | S71 | S72 | S73 |
| We sometimes hear in the newspapers that there are disputes between castes over different things. Where there ever disputes between castes in your village about any of the following? READ LIST BELOW AND CIRCLE ALL THAT APPLY. THEN ASK S70-S73 FOR EACH TYPE OF DISPUTE | | When did this happen? 1 Ongoing 2 Less than 5 years ago 3 5 years or more ago | Was anyone injured? How many people? 0 None→ S73 1 Less than 5 2 5-10 3 11 or more 88 Don't know / Don't remember | How severe were the injuries? 0 Minor 1 Severe 2 Loss of life 88 Don't know / don't remember | Was there any property damage? 1 None 2 Minor 3 Extensive 88 Don't know / don't remember |
| 1 Funeral procession | 1 Yes 0 No | | | | |
| 2 Marriage between castes | 1 Yes 0 No | | | | |

| | | | | | | | | | | | | | | | | | | |
|--------|--|--|--|--|--------|--|--|--|--|--------|--|--|-----|--|------------|--|--|--|
| | | | | | | | | | | | | | FPR | | | | | |
| P code | | | | | V code | | | | | HH No. | | | | | Roster No. | | | |

| | | | | | | |
|----|---|---------------|--|--|--|--|
| 3 | Eve teasing | 1 Yes 0 No | | | | |
| 4 | Temple dispute | 1 Yes 0 No | | | | |
| 5 | Water dispute | 1 Yes 0 No | | | | |
| 6 | Labour dispute INCLUDE DISPUTES REPORTED ABOVE | 1 Yes 0 No | | | | |
| 7 | Political favouritism | 1 Yes 0 No | | | | |
| 8 | Election results or failure to keep to electoral promises | 1 Yes 0 No | | | | |
| 9 | Provision or maintenance of public goods | 1 Yes 0 No | | | | |
| 10 | Other (specify): _____ | 1 Yes 0 No | | | | |

| | | |
|-----|--|--|
| S74 | Which castes were involved? SEE CODE SHEET | 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ |
|-----|--|--|

| | | | | | | | | | | | | | | | |
|--------|--|--|--|--------|--|--|--|--------|--|--|--|--|------------|--|--|
| P code | | | | V code | | | | HH No. | | | | | Roster No. | | |
|--------|--|--|--|--------|--|--|--|--------|--|--|--|--|------------|--|--|

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 |
|----|--------------------------------------|--|------------------------------------|

| | 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 Yes 0 No |
| 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 |
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| T7 | | | | | | 1 0 |
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| T8 | | | | | | 1 0 |
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| T9 | | | | | | 1 0 |
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| FPR | | | | | | | | | | | | | | | |
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| P code | | | | V code | | | | HH No. | | | | | Roster No. | | |
| | A. Activity | | | B. Start | | C. End | | D. Roster Number | | | E. Relationship | | Same Caste | | |
| T10 | | | | | | | | | | | | | 1 0 | | |
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| T11 | | | | | | | | | | | | | 1 0 | | |
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| T12 | | | | | | | | | | | | | 1 0 | | |
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| T13 | | | | | | | | | | | | | 1 0 | | |
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| T14 | | | | | | | | | | | | | 1 0 | | |
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| 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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| T22 | | | | | | | | | | | | | 1 0 | | |
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| T23 | | | | | | | | | | | | | 1 0 | | |
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| P code | | | | V code | | | | HH No. | | | | Roster No. | | | |
| | A. Activity | | | B. Start | | C. End | | D. Roster Number | | | E. Relationship | | Same Caste | | |
| T24 | | | | | | | | | | | | | 1 0 | | |
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| T25 | | | | | | | | | | | | | 1 0 | | |
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| T26 | | | | | | | | | | | | | 1 0 | | |
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| T27 | | | | | | | | | | | | | 1 0 | | |
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| T28 | | | | | | | | | | | | | 1 0 | | |
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| T29 | | | | | | | | | | | | | 1 0 | | |
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| T30 | | | | | | | | | | | | | 1 0 | | |
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| T31 | | | | | | | | | | | | | 1 0 | | |
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| T32 | | | | | | | | | | | | | 1 0 | | |
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| T33 | | | | | | | | | | | | | 1 0 | | |
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| T34 | | | | | | | | | | | | | 1 0 | | |
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| T35 | | | | | | | | | | | | | 1 0 | | |
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| T36 | | | | | | | | | | | | | 1 0 | | |
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| T37 | | | | | | | | | | | | | 1 0 | | |
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SECTION U. EXERCISE

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| U1 | THIS RESPONDENT IS ANSWERING QUESTIONS FOR: SEE STICKER 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 packets 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 | |

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| P code | | | | V code | | | | HH No. | | | | Roster No. | | |

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| | 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 | | | | | | | <div></div> | | | | | | |

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| 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 | |