

Building a Knowledge Base on  
Population Ageing in India



# The Status of Elderly in Select States of India, 2011

Sample Design, Survey Instruments,  
and Estimates of Sampling Errors





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# ACKNOWLEDGEMENT

Recently, United Nations Population Fund and its two collaborating institutions – Institute for Social and Economic Change (Bangalore) and Institute of Economic Growth (Delhi) – have successfully conducted an in-depth survey on '*Building a Knowledge Base on Population Ageing in India (BKPAI)*'. The survey was conducted in seven major states of the country, selected on the basis of speedier ageing and relatively higher proportions of the elderly population. The successful completion of this survey was largely due to the seminal contributions made by various institutions and individuals including the current and the former UNFPA Country Representatives, Ms. Frederika Meijer and Mr. Nesim Tumkaya. The guidance and dynamic leadership provided by Ms. Meijer led to the completion of the survey towards the end of 2011. The entire survey team and its coordinators gratefully acknowledge their invaluable support. The Directors of both the collaborating institutions also provided extensive support throughout the period of this survey and subsequent analysis of its data, which was finally published in the form of a comprehensive report, *Report on the Status of Elderly in Select States of India, 2011* in November 2012.

Both during the release ceremony of the report and thereafter, many of the experts and the Technical Advisory Committee (TAC) members of the project strongly advocated the release of the data in the public domain for its greater utilization by various agencies, scholars, analysts, policy makers, NGOs, media, and others. These experts also advocated the provision of survey data such as user details about the survey instruments, sample design, sample weight and estimates of sampling errors. This volume is largely in response to these suggestions. We express our sincere gratitude to Professor P.M. Kulkarni for all his technical support that led to the finalization of this volume. In addition, the survey team and those who worked on the current report benefitted from critical insights from a number of luminaries, experts, social scientists and TAC members, including Professors K. Srinivasan, S. Irudaya Rajan, Arvind Pandey, Tulsi Patel, P. Arokiaswamy and Indira Jai Prakash.

As always, the UNFPA team has been extremely generous and provided us considerable support to make this work possible. We owe a debt of gratitude to all of them. We are also grateful to UNFPA for agreeing to upload this entire volume on its website and attempting to create a dedicated web space for this and many other forthcoming studies under the aegis of this project.

BKPAI Coordinators



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# Introduction

With persistent improvements in major demographic parameters, the size of the elderly population in India is poised to increase substantially in the coming years. Most national and international projections reveal that in another 35 to 40 years, the country will have an elderly population three times larger than the current population of little over 103 million. While this transition may not render the country as a society with as pronounced ageing as in Europe, North America or the developed countries of the Asia-Pacific region, it will indeed bring India to a position where ageing may pose a range of serious socio-economic and health issues with considerable fiscal and financial implications. A significant number of these issues may also stem from fast emerging changes in societal norms and erosion of centuries-old pattern of multi-generational family living. Moreover, growing urbanisation and ongoing changes in women's role as an economic agent may bring further changes in the traditional style of living, requiring a fresh look at the issues of elderly care and well-being.

Anticipating some of these fast emerging changes and sustenance of improved demographic performance in the country, United Nations Population Fund (UNFPA, New Delhi) in collaboration with two other partner institutions – Institute of Economic Growth, Delhi, and Institute for Social and Economic Change, Bangalore—launched a major research programme to study the multifaceted aspects of population ageing in India and its implications for the government and the society at large. This long-term network study—Building Knowledge Base of Population Ageing in India (BKPAI): A Series of Programmatic and Research Studies—was initiated by UNFPA and its partner institutions in the second half of 2009 with two critical objectives: (i) research using large sample secondary data sources like NSS and NFHS, and (ii) collection of primary data to gain first-hand information about the country's elderly, including their socio-economic condition, living arrangement and overall health. It was felt that this information would serve to provide some much-needed insights to the Centre and state governments and help them in formulating suitable strategies to meet the growing challenges posed by the increasing population of elderly men and women in the country.

## About the Current Report

This report is exclusively focused on the second component of this project and serves to provide necessary details from the survey on the status of elderly population initiated in early 2011<sup>1</sup>, its geographical and thematic coverage, various instruments, sample design, sampling errors, etc. As the data collected through this survey will be made accessible online to encourage its wider utilisation by stakeholders including media, policy planners, NGOs and the research community, this volume is designed with a view to provide specific details about the survey and is expected to help the data users in many ways.

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<sup>1</sup> For details about the month and year of the survey, see Table 1.

This volume briefly presents the following:

- Sample Design
- Sample Weights
- Survey Instruments
  - Household Questionnaire
  - Questionnaire for Elderly Individuals
- Sample Implementation and Data Collection
- Estimates of Sampling Errors

## Sample Design

Launched in early 2010, the survey was conducted in seven major states across the country taking into consideration two important factors for the selection of states: (i) share of elderly population, and (ii) regional representation. Thus, the following demographically better performing states were finally chosen from all the four regions of the country: (i) Odisha, (ii) West Bengal, (iii) Maharashtra, (iv) Himachal Pradesh, (v) Punjab, (vi) Tamil Nadu and (vii) Kerala. The overall contents and other technical details were finalised in consultation with subject experts. A series of workshops was also held to ensure data quality and sample design.

The sample for each state was fixed at 1,280 elderly households. The size of the sample was guided by several considerations, the foremost being the generation of reliable estimates of indicators at a reasonable level of precision and cost. The sample size was equally split between urban and rural areas, irrespective of the proportion of urban and rural population. Eighty Primary Sampling Units (villages or urban wards) – 40 urban and 40 rural – with 16 households per Primary Sampling Unit (PSU) having an elderly person were covered in the survey. The respondents to the Household Questionnaire included any usual resident member above the age of 15 years, while in the case of the Questionnaire for Elderly Individuals, all those aged 60 years and above in the sampled households were considered respondents and were interviewed.

The urban and rural samples within each state were drawn separately. The PSUs in the rural areas were villages, whereas the urban wards were the PSUs in the urban areas. First, villages were classified into different strata on the basis of population size, and the number of PSUs to be selected was determined in proportion to the population size of each stratum. The PSUs were selected using the probability proportional to population size (PPS) technique, and within each selected PSU, elderly households were selected through systematic sampling. A similar procedure was adopted for drawing samples from urban areas.

While preparing the sampling frame, it was decided to omit villages with less than 20 households and wards with less than 40 households, as they constituted a smaller proportion of villages/wards in these states. In Himachal Pradesh, because of the small size of villages, the rural PSUs had to be increased from 40 to 48 villages.

The house listing and mapping exercise of all the households in the selected PSUs was carried out. As the list of elderly households was not available, this information was gathered during the house listing and mapping operation. Thereafter, a list of households with at least one elderly person was prepared, and the prescribed number of elderly households (16 households) was selected through systematic random sampling.

Since the PSUs were of different sizes, segmentation was done for large PSUs. If a PSU had less than 300 households, house listing and mapping in the entire village/urban ward was undertaken. If the number of projected households in the selected PSU was more than 300, then the PSU was divided into segments (the number of segments depended on the size of the PSU) of almost equal size and two segments were selected at random for house listing and mapping.

## Sample Weights

Sampling weights were generated at household and individual levels separately for rural and urban areas. Later, the design weight was calculated by adjusting for non-response at both the household and individual level. The sample weights were further normalised at the state level to obtain standard state weights for each of the seven states so that the total number of weighted cases equalled the total number of un-weighted cases.

## Survey Instruments

The survey for BKPAI used two bilingual interview questionnaires for data collection.<sup>2</sup> These were as follows:

1. Household Questionnaire
2. Questionnaire for Elderly Individuals

Further, bilingual schedules (questionnaires) with questions in both English and in the primary language of the states were used to ensure ease in communication with respondents and a team of bilingual surveyors was deployed.

The **Household Questionnaire** collected basic information from all usual residents in each sample household—type of amenities to measure living standard and other social, economic and demographic information on religion, caste, ownership of household land, death of aged persons, causes of mortality, etc.

The **Questionnaire for Elderly Individuals** elicited information about the elderly identified in the selected Household Questionnaires defined as those aged 60 years and above. The elderly questionnaire consisted of six sections. The first section covered questions on the socio-demographic profile, marriage, education and migration, and the second section had questions on current and previous work status, reasons for current work and the benefits received by the elderly from work. The third section elicited information related to income and assets, and the fourth pertained to various issues of living arrangements and familial relationships. The fifth section dealt with subjective health and health-seeking behaviour of the elderly. Aspects related to self-perceived morbidity, hospitalisation, type of treatment, disability, economic burden of treatment, etc. were also addressed. The last section had questions on social security awareness and coverage.

Both the Questionnaires are reproduced in **Appendix A: Table A-1** presents the **Household Questionnaire**; and **Appendix A: Table A-2**, the **Questionnaire for Elderly Individuals**.

<sup>2</sup> Another set of two interview questionnaires was prepared to study old age homes and their residents in the seven states considered. This study is currently in progress.

## Sample Implementation and Data Collection

The fieldwork for BKPAI was carried out simultaneously in the seven states during the period from May to September 2011. Table 1 shows the time of survey in every state, number of PSUs and elderly households selected and eligible elderly in the selected household with the completion rates at household and individual levels. A total of 8,792 households were selected, and 8,329 household interviews were completed. Overall, the household completion rate, i.e. the number of households interviewed per hundred households was 95 per cent. The household completion rate was 100 per cent in Maharashtra and Tamil Nadu, whereas in all other states, it ranged from 89 per cent (Punjab) to 95 per cent (Kerala).

Table 1: Number of Elderly Households and Individuals Interviewed in Selected States

State	Month and Year of Field Work		No. of PSUs		Elderly Household(s)		Elderly Individuals	
	From	To	Rural	Urban	Total Number	Completion Rate	Total Number	Completion Rate
Himachal Pradesh	06/11	09/11	48	40	1,252	93.9	1,542	96.1
Punjab	07/11	09/11	40	40	1,280	89.1	1,526	89.8
West Bengal	05/11	07/11	40	40	1,275	90.8	1,394	91.5
Odisha	05/11	08/11	40	40	1,274	94.4	1,564	94.7
Maharashtra	05/11	08/11	40	40	1,198	100.0	1,577	91.0
Kerala	06/11	09/11	40	40	1,270	95.6	1,523	89.6
Tamil Nadu	05/11	09/11	40	40	1,243	100.0	1,478	97.7
Total	05/11	09/11	288	280	8,792	94.73	10,604	92.9

**Note:** In Maharashtra, the survey could not be carried out due to complete disturbance in one PSU and partial disturbance in another, resulting in fewer households selected in the state compared to the other states.

Of a total of 10,604 elderly identified from 8,329 household interviews, 9,852 elderly interviews were completed either independently or through proxy interviews. The individual completion rate, which is the number of completed interviews (either independently or through proxy) per 100 eligible elderly identified in the households, was 92.9 per cent. The individual survey response rate for the states ranged from a low of 89.6 per cent in Kerala and Punjab to a high of 97.7 per cent in Tamil Nadu.

## Estimates of Sampling Errors

A statistical evaluation of sampling errors was undertaken for selected indicators and is presented in **Appendix B**. The estimation procedure followed the Jackknife method using the STATA package. The indicators were derived from both the household and the elderly questionnaires, covering variables highlighting profiles of households and elderly population, work participation and the work benefits received by the elderly, income and asset holding, living arrangement and family relationship, subjective well-being and functionality, morbidities and care-seeking behaviour, and awareness about major social security schemes and access. The table also presents the weighted and un-weighted cases, the design effect, relative standard error, and the confidence limit at 95 per cent level.

# Appendices

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**APPENDIX A**

**A-1: Questionnaire for Household Survey**

HOUSEHOLD QUESTIONNAIRE	
Questionnaire Number.....	
<b>IDENTIFICATION</b>	
STATE: .....	<input type="checkbox"/> <input type="checkbox"/>
DISTRICT: .....	<input type="checkbox"/> <input type="checkbox"/>
TEHSIL/TALUK: .....	<input type="checkbox"/> <input type="checkbox"/>
TYPE OF LOCALITY:           RURAL ..... 1            URBAN..... 2	<input type="checkbox"/>
CITY/TOWN/VILLAGE: .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PSU NAME AND NUMBER: .....	<input type="checkbox"/> <input type="checkbox"/>
HOUSEHOLD NUMBER: .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NAME OF HOUSEHOLD HEAD: .....	
ADDRESS OF HOUSEHOLD: .....	
.....	

INTERVIEWER'S VISIT/S												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <input type="checkbox"/> <input type="checkbox"/>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <input type="checkbox"/> <input type="checkbox"/>								
RESULT*	_____	_____	_____	YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
				RESULT CODE <input type="checkbox"/>								
NEXT VISIT:   DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <input type="checkbox"/>								
TIME	_____	_____	_____									
* RESULT CODES: 1   COMPLETED 2   NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT THE TIME OF VISIT 3   ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4   POSTPONED 5   REFUSED 6   DWELLING VACANT OR ADDRESS NOT A DWELLING 7   DWELLING DESTROYED 8   DWELLING NOT FOUND 9   OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <input type="checkbox"/> <input type="checkbox"/>  TOTAL ELDERLY WOMEN <input type="checkbox"/> <input type="checkbox"/>  TOTAL ELDERLY MEN <input type="checkbox"/> <input type="checkbox"/>  SERIAL NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input type="checkbox"/> <input type="checkbox"/>								
LINE NUMBER OF ELIGIBLE RESPONDENT	<table style="margin: auto;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>				1	2	3	4				
1	2	3	4									
RESULT STATUS OF ELIGIBLE RESPONDENT	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>											

INVESTIGATORS ID NAME _____ □ □ □  DATE _____	SUPERVISOR NAME _____ □ □ □  DATE _____	FIELD EDITOR NAME _____ □ □ □  DATE _____	OFFICE EDITOR □ □	KEYED BY □ □
--	--	--	----------------------	-----------------

**INTRODUCTION AND INFORMED CONSENT**

Namaste. My name is \_\_\_\_\_ and I am working with \_\_\_\_\_ (NAME OF ORGANIZATION). We are conducting a survey of elderly persons to study their health and wellbeing. To this end, we will be gathering information on the households they live in. We would very much appreciate the participation of your household in this survey. I would like to ask you some questions about your household. The survey usually takes about 25 minutes to complete.

Whatever information you provide will be kept strictly confidential. After this interview we would like to talk to the older persons (60+) of your household. Please inform them of this survey.

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

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

INTERVIWER PLEASE ANSWER ANY QUESTION ASKED BY THE RESPONDENT.

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

GIVE CARD WITH CONTACT INFORMATION.

**FOREWORD**

May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

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

↓

BEGIN INTERVIEW

Q101: RECORD THE TIME: HOUR □ □ MINUTES □ □

**HOUSEHOLD QUESTIONNAIRE**

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

S. NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	MARRITAL STATUS	IF CURRENTLY MARRIED, SERIAL NO. OF SPOUSE	CIRCLE SERIAL NUMBER OF ALL PERSON AGE 60 & ABOVE	IF AGE 7 YEARS OR OLDER			IF AGE 15 YEARS OR OLDER				
								Q109	Q110	Q111	USUAL ACTIVITY	OCCUPATION	INDUSTRY SECTOR		
					<b>IF AGE 10 OR OLDER</b>										
	Q102	Q103	Q104	Q105	Q106	Q107	Q108	Q109	Q110	Q111	Q112	Q113	Q114		
	Please give the names of the persons who usually live in this household (visitors are to be excluded)	What is the relationship of (NAME) to the head of the household? (A)	Is (NAME) male or female	How old is (NAME)? (B)	What is the current marital status of (NAME)? (C)			Can (NAME) Read and write? YES NO	Has (NAME) ever attended school? YES NO	No. of completed years of schooling (D)	Is [Name] currently working?	What is [NAME]'s occupation? What kind of work does [NAME] mainly do?	Organized/ Unorganized 1= Organized 2= Unorganized		
01		0 1	M F 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	01	1 2 GO TO 112	1 2 GO TO 112	<input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2 GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		
02		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	02	1 2 GO TO 112	1 2 GO TO 112	<input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		
03		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	03	1 2 GO TO 112	1 2 GO TO 112	<input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		
04		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	04	1 2 GO TO 112	1 2 GO TO 112	<input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		

Contd...



S. NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	MARRITAL STATUS	IF CURRENTLY MARRIED, SERIAL NO. OF SPOUSE	CIRCLE SERIAL NUMBER OF ALL PERSON AGE 60 & ABOVE	IF AGE 7 YEARS OR OLDER			IF AGE 15 YEARS OR OLDER			
								1	2	EDUCATION	USUAL ACTIVITY	OCCUPATION	INDUSTRY SECTOR	
05		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	05	1	2	1 2 ↓ GOTO 112	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 GOTO NEXT LINE	<input type="checkbox"/>
06		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	06	1	2	1 2 ↓ GOTO 112	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 GOTO NEXT LINE	<input type="checkbox"/>
07		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	07	1	2	1 2 ↓ GOTO 112	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 GOTO NEXT LINE	<input type="checkbox"/>
08		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	08	1	2	1 2 ↓ GOTO 112	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 GOTO NEXT LINE	<input type="checkbox"/>
09		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	09	1	2	1 2 ↓ GOTO 112	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 GOTO NEXT LINE	<input type="checkbox"/>
10		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	10	1	2	1 2 ↓ GOTO 112	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 GOTO NEXT LINE	<input type="checkbox"/>
11		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	11	1	2	1 2 ↓ GOTO 112	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 GOTO NEXT LINE	<input type="checkbox"/>
12		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	12	1	2	1 2 ↓ GOTO 112	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 GOTO NEXT LINE	<input type="checkbox"/>

Contd...

S. NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	MARRITAL STATUS	IF CURRENTLY MARRIED, SERIAL NO. OF SPOUSE	CIRCLE SERIAL NUMBER OF ALL PERSON AGE 60 & ABOVE	IF AGE 7 YEARS OR OLDER		IF AGE 15 YEARS OR OLDER	
								EDUCATION	USUAL ACTIVITY	OCCUPATION	INDUSTRY SECTOR
13		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	13	1 2 ↓ GOTO 112	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	14	1 2 ↓ GOTO 112	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	15	1 2 ↓ GOTO 112	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

TICK HERE IF CONTINUATION QUESTIONNAIRE OF THIS TABLE IS USED

<p><b>(A) CODES FOR Q103</b>  <b>RELATIONSHIP TO HEAD OF HOUSEHOLD:</b>                  01 = HEAD                  02 = WIFE OR HUSBAND                  03 = SON OR DAUGHTER                  04 = SON-IN-LAW OR DAUGHTER-IN-LAW                  05 = GRANDCHILD</p>	<p>06 = PARENT                  07 = PARENT-IN-LAW                  08 = BROTHER OR SISTER                  09 = BROTHER-IN-LAW OR SISTER-IN-LAW                  10 = NIECE/NEPHEW                  11 = OTHER REALTIVE                  12 = ADOPTED/FOSTER/STEP CHILD                  13 = DOMESTIC SERVANT                  14 = OTHER NOT RELATED                  98 = DON'T KNOW</p>	<p><b>(B) CODES FOR Q105 (AGE)</b>                  00 = AGE LESS THAN ONE YEAR                  95 = AGE 95 YEARS OR MORE</p> <p><b>(C) CODES FOR Q106 (MARRITAL STATUS)</b>                  1 = CURRENTLY MARRIED                  2 = WIDOWED                  3 = DIVORCED</p>	<p>4 = SEPARATED / DESERTED                  5 = NEVER MARRIED                  8 = DON'T KNOW</p> <p><b>(D) CODES FOR Q111 (EDUCATION)</b>  <b>NO. OF YEARS OF SCHOOLING</b>                  00 = LESS THAN ONE YEAR COMPLETED                  98 = DON'T KNOW</p>
<p><b>Q115. CURRENT LIVING STATUS</b></p> <p>LIVING ALONE ..... 1                  LIVING ALONE WITH SERVANT ..... 2                  LIVING WITH SPOUSE ONLY ..... 3                  LIVING WITH SPOUSE &amp; SERVANT ..... 4                  LIVING WITH ALL OTHERS ..... 5</p>			

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

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

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



Q.No.	QUESTIONS AND FILTERS	CODING CATEGORIES		Skip To
Q138	a) Does this household have any out-standing loan? b) If yes, how much? (INCLUDE ALL OUTSTANDING LOANS)	YES .....1 NO .....2 DON'T KNOW .....8 HOW MUCH Rs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Q140
Q139	What was the purpose/s for which the loan was taken? (MULTIPLE RESPONSES POSSIBLE)		YES	NO
		EXPENDITURE ON HEALTH OF ELDERLY .....	1	2
		EXPENDITURE ON HEALTH OF OTHER MEMBERS .....	1	2
		AGRICULTURE.....	1	2
		BUSINESS.....	1	2
		EDUCATION .....	1	2
		MARRIAGE.....	1	2
		HOME /VEHICLE LOAN OTHER..... (SPECIFY)	1 1	2 2

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

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

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

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES	CODING CATEGORIES	Skip To
Q142	Keeping in view the support you just identified above, do you consider this as financial support that the household can count on in the future as well.	YES, COMPLETELY..... 1 YES, PARTIALLY .....2 NO .....3 DON'T KNOW .....8		

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

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

### A-2: Questionnaire for Elderly Individuals

Questionnaire Number..... [BY SUPERVISOR]	INDIVIDUAL QUESTIONNAIRE (STATE NAME)
<b>IDENTIFICATION</b>	
STATE : .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DISTRICT : .....	<input type="checkbox"/> <input type="checkbox"/>
TEHSIL/TALUK: .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TYPE OF LOCALITY:           RURAL ..... 1           URBAN..... 2	<input type="checkbox"/> <input type="checkbox"/>
CITY/TOWN/VILLAGE: .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PSU NAME AND NUMBER: .....	
HOUSEHOLD NUMBER: .....	
NAME OF HOUSEHOLD HEAD: .....	
ADDRESS OF HOUSEHOLD: .....	
.....	

INTERVIEWER'S VISIT/S				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="checkbox"/> <input type="checkbox"/>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <input type="checkbox"/> <input type="checkbox"/>
RESULT*	_____	_____	_____	YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				RESULT CODE <input type="checkbox"/>
NEXT VISIT:   DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <input type="checkbox"/>
TIME	_____	_____	_____	
<p>* RESULT CODES:</p> <p>1   COMPLETED BY RESPONDENT</p> <p>2   COMPLETED THROUGH PROXY</p> <p>3   NOT AT HOME</p> <p>4   POSTPONED</p> <p>5   REFUSED</p> <p>6   PARTLY COMPLETED</p> <p>7   INCAPACITATED</p> <p>8   OTHER _____</p> <p><b>(SPECIFY)</b></p>				

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



**INTRODUCTION AND INFORMED CONSENT**

Namaste. My name is \_\_\_\_\_ and I am working with \_\_\_\_\_ (NAME OF ORGANIZATION). We are conducting a survey of elderly members in households to understand about their health and wellbeing. We will be gathering information on living conditions, economic status, use of health facilities, knowledge and access to various programmes run by the government to help the elderly. We would very much appreciate your participation in this survey. The survey usually takes about 30 minutes to complete. Whatever information is provided will be kept strictly confidential.

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

At this time, do you want to ask me anything about the survey?

INTERVIEWERS: PLEASE SEEK ANSWERS TO ALL THE QUESTIONS AND ADDRESS RESPONDENTS CONCERNS.

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

**GIVE CARD WITH CONTACT INFORMATION.**

May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

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



BEGIN INTERVIEW

Q101: RECORD THE TIME (in 24 hour format) HOUR   MINUTES

**Section 1: Socio-Demographic Profile**

Q102	SERIAL NUMBER (HH MEMBER) FROM HH ROSTER	<input type="checkbox"/> <input type="checkbox"/>	
Q103	INTERVIEWER: RECORD SEX OF THE RESPONDENT	MALE .....1 FEMALE .....2	
Q104	What day, month and year were you born? DD/MM/YYYY	DD/MM/YY DATE OF BIRTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW .....98	
Q105	How old are you now? INTERVIEWER: THIS WOULD BE AGE AT LAST BIRTHDAY. IF RESPONDENT DOESN'T KNOW, TRY TO PROBE.	AGE IN YEARS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q106	What is your current marital status?	NEVER MARRIED.....1 → CURRENTLY MARRIED .....2 LIVING TOGETHER .....3 SEPARATED/DESERTED.....4 DIVORCED .....5 WIDOWED .....6	Q113 Q108
Q107	For how many years have you been married or living together? INTERVIEWER: If less than 1 year, enter "00"	NUMBER OF YEARS <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW .....98	Q109
Q108	For how many years have you been separated, divorced or widowed? INTERVIEWER: If less than 1 year, enter "00"	NUMBER OF YEARS <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW .....98	

Q109	Have you been married once or more? If more, how many times. (RECORD THE NUMBER OF TIMES MARRIED)	NUMBER OF TIMES <input type="checkbox"/> <input type="checkbox"/>	
Q110	How old were you at the time of your [first] marriage?	AGE AT FIRST MARRIAGE <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW ..... 98	
Q111	How old was your spouse at the time of marriage?	<input type="checkbox"/> <input type="checkbox"/> DON'T KNOW ..... 98	
Q112	<b>IF Q109= 2 OR MORE</b> , How did your first marriage end?	CURRENTLY MARRIED .....1 SEPARATED/DESERTED .....2 DIVORCED .....3 WIDOWED .....4	
Q113	Have you <b>ever</b> attended school?	YES .....1 NO .....2 →	Q115
Q114	How many <b>years of schooling</b> (including higher education) have you <b>completed</b> ?	NUMBER OF YEARS <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW ..... 98	
Q115	<b>IF Q113= 2 OR Q114= LESS THAN 6</b> Now I would like you to read this sentence to me. SHOW A SENTENCE FROM THE LITERACY CARD TO RESPONDENT IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: CAN YOU READ ANY PART OF THE SENTENCE TO ME?	CANNOT READ AT ALL .....1 ABLE TO READ ONLY PARTS OF SENTENCE .....2 ABLE TO READ WHOLE SENTENCE .....3 NO CARD WITH REQUIRED LANGUAGE .....4 <b>(SPECIFY LANGUAGE)</b> BLIND/ VISUALLY IMPAIRED .....5	
Q116	What is your religion?	HINDU .....1 MUSLIM .....2 CHRISTIAN .....3 SIKH .....4 OTHERS .....6 <b>(SPECIFY)</b>	
Q117	What is your caste or tribe?	CASTE/TRIBE .....1 <b>(SPECIFY)</b> NO CASTE / TRIBE .....2 DON'T KNOW .....8 } →	Q119
Q118	Is this a Scheduled Caste (SC), a Scheduled Tribe (ST), Other Backward Caste (OBC) or none of them?	SCHEDULED CASTE .....1 SCHEDULED TRIBE .....2 OBC .....3 NONE OF THEM .....4	
Q119	For how long have you been living (continuously) in this area? INTERVIEWER: IF LESS THAN 1 YEAR, ENTER "00". PROBE, AND AS FAR AS POSSIBLE FILL.	NUMBER OF YEARS <input type="checkbox"/> <input type="checkbox"/> SINCE BIRTH ..... 95 → DON'T REMEMBER ..... 98	Q124
Q120	Where were you living before?	IN A DIFFERENT LOCALITY IN THE SAME VILLAGE/TOWN/CITY .....1 IN ANOTHER CITY IN THIS STATE .....2 IN ANOTHER RURAL AREA IN THIS STATE .....3 IN ANOTHER CITY OUTSIDE THIS STATE BUT IN COUNTRY .....4 IN ANOTHER RURAL AREA OUTSIDE THIS STATE BUT IN COUNTRY .....5 OUTSIDE THE COUNTRY .....6	

Q121	What was the main reason for your migration from the previous place?	HEALTH RELATED.....01 BETTER LIVING CONDITIONS.....02 ECONOMIC.....03 FAMILY RELATED .....04 DISPLACEMENT .....05 INSECURITY/ CONFLICT.....06 MARRIAGE.....07 RETIRED/TRANSFERRED .....08 OTHER .....96 <b>(SPECIFY)</b>	
Q122	Have you known anyone in this location before you moved?	YES .....1 NO .....2 →	Q124
Q123	Whom did you know?	FAMILY MEMBERS.....1 RELATIVES.....2 FRIENDS .....3 OTHERS .....4	
Q124	Where were you living for most of your childhood years? INTERVIEWER: UP TO 14 YEARS	RURAL AREA .....1 URBAN AREA .....2	

**Section 2: Work History and Benefits**

Now I would like to ask you some questions about your current or past work.

Q201	As you know, some people take jobs for which they are paid in cash or kind. Others sell general use items, have a small business, or work on the family farm or family business. Have you ever in your life done any of these things or any type of work (excluding housework)?	YES .....1 → NO .....2	Q203
Q202	What is the main reason that you have never worked?	HOUSEWIFE/ HOMEMAKER .....1 COULD NOT FIND A JOB .....2 DID VOLUNTARY WORK.....3 HEALTH PROBLEMS.....4 DISABLED .....5 HAVE TO TAKE CARE OF FAMILY MEMBER .....6 DO NOT HAVE THE ECONOMIC NEED.....7 PARENTS / SPOUSE DID NOT ALLOW .....8 OTHER.....9 <b>(SPECIFY)</b>	Q301
Q203	What is/was your main occupation?	..... <input type="checkbox"/> <input type="checkbox"/>	
Q204	At what age did you start paid work?	STARTING AGE ..... <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW .....98	
Q205	Have you worked in the last ONE year? [including seasonal work]	NO .....0 → YES, MORE THAN 6 MONTHS.....1 YES, 3 MONTHS TO 6 MONTHS .....2 YES, LESS THAN 3 MONTHS .....3	Q 210
Q206	What is/was your main occupation during the last year?	..... <input type="checkbox"/> <input type="checkbox"/>	

Q207	Is this your main occupation you were doing most part of your life?	YES .....1 NO .....2	
Q208	Do/did you work by choice or by compulsion?	BY CHOICE.....1 ECONOMIC NEED.....2 OTHER COMPULSION.....3	
Q209	Do/did you feel any physical or mental strain due to this work?	YES .....1 NO .....2 } Q215	
Q210	What is the main reason you did not work in the last ONE year?  INTERVIEWER: Only one answer is allowed	HOUSEWIFE/HOME MAKER .....01 CANNOT FIND A JOB .....02 DID VOLUNATRY WORK (UNPAID OR SUBSUSTENCE WORK) .....03 HEALTH PROBLEMS.....04 FUNCTIONALLY DISABLED.....05 DISABLED DUE TO PHYSICAL DEFORMITY/PATHOLOGY .....06 HAVE TO TAKE CARE OF FAMILY MEMBER.....07 DO NOT HAVE THE ECONOMIC NEED .....08 MY FAMILY/SPOUSE DOESN'T WANT ME TO WORK .....09 RETIRED.....10 TOO OLD TO WORK.....11 OTHER .....96  (SPECIFY)	
Q211	At what age did you stop working?	AGE (IN YEARS) ..... <input type="text"/> <input type="text"/> → DON'T KNOW .....98	Q213
Q212	How many years ago did you stop working?	YEARS <input type="text"/> <input type="text"/> DON'T KNOW .....98	
Q213	Are you actively looking for work at this time?	YES .....1 NO .....2 →	Q215
Q214	What is the main reason that you would like to work at present?  INTERVIEWER: ONLY ONE ANSWER IS ALLOWED- READ CATEGORIES IF NEEDED.	NEED MONEY .....1 WANT TO BE ACTIVE .....2 WANT TO FEEL USEFUL.....3 TO SUPPLEMENT FAMILY INCOME.....4 FAMILY PRESSURE.....5 OTHERS .....6  (SPECIFY)	
		[Ask if Q205 = 0, 1, 2 or 3]	Ask about main occupation if Q207 = 2
Q215	Who is/was your employer in your current/ most recent main job?	PUBLIC SECTOR (GOVERNMENT) ..... 1 PRIVATE ORGANISED (FOR PROFIT AND NOT FOR PROFIT) .....2 SELF-EMPLOYED .....3 INFORMAL EMPLOYMENT .....4 OTHER.....6  (SPECIFY)	PUBLIC SECTOR (GOVERNMENT) ..... 1 PRIVATE ORGANISED (FOR PROFIT AND NOT FOR PROFIT .....2 SELF-EMPLOYED .....3 INFORMAL EMPLOYMENT .....4 OTHER.....6  (SPECIFY)

Q216	Are/were you paid in cash or kind for your work?	CASH ONLY ..... 1 IN KIND ONLY ..... 2 CASH AND KIND..... 3 NOT PAID ..... 4	CASH ONLY ..... 1 IN KIND ONLY ..... 2 CASH AND KIND..... 3 NOT PAID ..... 4		
Q217	Do/did you usually work throughout the year, or do/did you work seasonally, or only once a while in your job?	YES, MORE THAN 6 MONTHS..... 1 YES, 3 MONTHS TO 6 MONTHS ..... 2 YES, LESS THAN 3 MONTHS ..... 3	YES, MORE THAN 6 MONTHS ..... 1 YES, 3 MONTHS TO 6 MONTHS ..... 2 YES, LESS THAN 3 MONTHS ...3		
Q218	On average, how many days a week do/did you work in your job?	DAYS <input type="checkbox"/>	DAYS <input type="checkbox"/>		
Q219	On average, how many hours a day do/did you work in your job?	HOURS <input type="checkbox"/> <input type="checkbox"/>	HOURS <input type="checkbox"/> <input type="checkbox"/>		
Q220	Did you receive or have provision for any of the following benefits from your employer in addition to your wage or salary paid in cash or kind?	YES	NO	YES	NO
	a. Retirement benefits	1	2	1	2
	b. Pension	1	2	1	2
	c. Health benefits	1	2	1	2
	d. Food or provisions	1	2	1	2
	e. Cash bonuses	1	2	1	2
	f. Other: ..... (specify)	1	2	1	2

**Section 3: Income and Assets**

Now I would like to ask you some questions about your current income received from one or more sources.			
Q301	What are your sources of income? (Investigator: If multiple sources are mentioned CIRCLE ALL RELEVANT RESPONSES) <b>[Personal]</b>	SALARY/WAGES ..... A EMPLOYER'S PENSION (GOVERNMENT OR OTHER) ..... B SOCIAL PENSION (OLD AGE/ WIDOW) ..... C PENSION FROM MUTUAL FUNDS ..... D RENTAL INCOME ..... E BUSINESS INCOME ..... F AGRICULTURE/ FARM INCOME ..... G RETURNS FROM SHARES, DIVIDENDS, BONDS ..... H REMITTANCES ..... I INTEREST ON SAVINGS AND FIXED DEPOSITS ..... J NO INCOME ..... K → ANY OTHER ..... L <b>(SPECIFY)</b>	Q308
Q302	How much is your annual income from all the sources mentioned above?	AMOUNT IN RS. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CAN'T SAY ..... 9666666 DON'T KNOW ..... 9888888	
Q303	Do you contribute any money from your total income towards the household's expenditure?	YES ..... 1 NO ..... 2 →	Q307
Q304	How much do you contribute annually towards the household expenses?	AMOUNT IN RS. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Contd...

Q305	In your view, what percentage of the total household budget is covered by your contribution?	<20 .....1 20-40 .....2 40-60 .....3 60- .....4 80+ .....5 DON'T KNOW .....8																													
Q306	For what purpose is your contribution usually used? (INTERVIEWER: MULTIPLE RESPONSES ARE ALLOWED)	DAY TO DAY EXPENSES ..... A CHILDREN/ GRANDCHILDREN'S EDUCATION ..... B MEDICAL EXPENSES ..... C SAVINGS ..... D REPAYMENT OF LOAN ..... E SPECIAL EVENTS ..... F OTHER ..... G (SPECIFY)																													
Q307	Is the income you earn sufficient to fulfil your basic needs? [Food, Shelter, Clothing and Medical]	YES, FULLY .....1 → YES, PARTIALLY .....2 NO .....3	310																												
Q308	On whom do you mostly depend for financial support to meet your basic needs? Can you rank them as per the extent of your dependence? (Investigator: If multiple PEOPLE are mentioned by respondent, ask him or her: WHO is the most important PERSON? This is to be followed by: WHICH is the next important PERSON in your opinion and so on? Show these ranks next to the answer). CIRCLE ALL RELEVANT RESPONSES AND GET RANK FOR THOSE CIRCLED	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:90%;"></th> <th style="width:10%; text-align: center;">RANK</th> </tr> </thead> <tbody> <tr><td>SPOUSE ..... A</td><td></td></tr> <tr><td>SON ..... B</td><td></td></tr> <tr><td>DAUGHTER ..... C</td><td></td></tr> <tr><td>SON-IN-LAW ..... D</td><td></td></tr> <tr><td>DAUGHTER-IN-LAW ..... E</td><td></td></tr> <tr><td>GRANDSON ..... F</td><td></td></tr> <tr><td>GRANDDAUGHTER ..... G</td><td></td></tr> <tr><td>OTHER RELATIVES ..... H</td><td></td></tr> <tr><td>FRIENDS ..... I</td><td></td></tr> <tr><td>NGO ..... J</td><td></td></tr> <tr><td>COMMUNITY ..... K</td><td></td></tr> <tr><td>OTHER ..... L</td><td></td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td></tr> </tbody> </table>		RANK	SPOUSE ..... A		SON ..... B		DAUGHTER ..... C		SON-IN-LAW ..... D		DAUGHTER-IN-LAW ..... E		GRANDSON ..... F		GRANDDAUGHTER ..... G		OTHER RELATIVES ..... H		FRIENDS ..... I		NGO ..... J		COMMUNITY ..... K		OTHER ..... L		(SPECIFY)		
	RANK																														
SPOUSE ..... A																															
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FRIENDS ..... I																															
NGO ..... J																															
COMMUNITY ..... K																															
OTHER ..... L																															
(SPECIFY)																															
Q309	Do you feel that your basic needs are being fully met by the above sources of support?	YES .....1 NO .....2																													

Now I would like to ask you some questions about your personal assets

Have you ever owned or currently owing the following assets?	Yes, owned previously...1 Yes, owned currently....2 No.....3  (MULTIPE ANSWER POSSIBLE)	What is the no./ extent/ size / amount of the asset? (Interviewer: Specify Unit)	Have you already nominated/ transferred any part of the asset through a will? Yes .....1 No.....2	To whose favor have you written the will/ nominated the assets?	Has the whole or any part of the asset been transferred to anyone? Yes .....1 No.....2	To whom has it been transferred?
	Q310	Q311	Q312	Q313	Q314	Q315
a. Inherited land	1GO TO Q314 2 3 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In Acre	1 2 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/> ↘ GO TO NEXT LINE	1 2 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>
b. Self acquired land	1GO TO Q314 2 3 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In Acre	1 2 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/> ↘ GO TO NEXT LINE	1 2 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>
c. Inherited house/s	1GO TO Q314 2 3 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/> In Numbers	1 2 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/> ↘ GO TO NEXT LINE	1 2 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>
d. Self acquired house/s	1GO TO Q314 2 3 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/> In Numbers	1 2 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/> ↘ GO TO NEXT LINE	1 2 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>
e. Inherited gold or jewellery	1GO TO Q314 2 3 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In Grams	1 2 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/> ↘ GO TO NEXT LINE	1 2 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>
f. Self acquired gold or jewellery	1GO TO Q314 2 3 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In Grams	1 2 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/> ↘ GO TO NEXT LINE	1 2 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>
g. Housing plot	1GO TO Q314 2 3 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/> In Numbers	1 2 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/> ↘ GO TO NEXT LINE	1 2 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>
h. Savings in the bank/post office or cash	1GO TO Q314 2 3 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In Rupees	1 2 ↘ GO TO NEXT LINE		<input type="checkbox"/> <input type="checkbox"/>	
i. Bonds/ Shares/ Mutual funds	1GO TO Q314 2 3 ↘ GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In Rupees	1 2 ↘ GO TO NEXT LINE		<input type="checkbox"/> <input type="checkbox"/>	
j. Life insurance	1GO TO Q314 2 3 ↘ GO TO Q401	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In Rupees	1 2 ↘ GO TO Q401		<input type="checkbox"/> <input type="checkbox"/>	

CODES FOR Q.313	CODES FOR Q.315
01 = SPOUSE 02 = CHILDREN 03 = OTHERS 04 = SPOUSE AND CHILDREN 05 = SPOUSE, CHILDREN AND OTHERS	01 = SPOUSE 02 = SONS 03 = DAUGHTERS 04 = GRANDCHILDREN 05 = BROTHERS/SISTERS 06 = OTHER RELATIVES 07 = OTHERS

### Section 4: Living Arrangements

Q401	FILTER: RESPONDENT IS EVER MARRIED CHECK Q106: IF RESPONSE IS 1 RECORD NEVER MARRIED IS 1, ELSE RECORD 2	Never Married .....1 → Ever Married .....2	Q423
Now I would like to ask about all the children you have had.			
Q402	Number of children born over lifetime?	A. Males..... <input type="checkbox"/> <input type="checkbox"/> B. Females..... <input type="checkbox"/> <input type="checkbox"/> }	IF '00' GO TO Q423
Q403	How many children still alive?	A. Males..... <input type="checkbox"/> <input type="checkbox"/> B. Females..... <input type="checkbox"/> <input type="checkbox"/>	

Details of Children							
Reside With Sl. No.	Name	Sex Male = 1 Female = 2	Age	Education	Marital Status	No. of Children Alive	
						Male Q409a	Female Q409b
Q404	Q405	Q406	Q407	Q408	Q409a	Q409b	
1		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contd...



Do not reside with	SI. No.	Name	Sex Male = 1 Female = 2	Age	Education	Marital status	Occupation	Number of Living Children to (Name in Q410)		Place of Residence	Is there any regular transfer of money		Are you satisfied with the amount of money transferred	How often do you meet?		How often do you communicate?		Are you satisfied with the extent of meeting/communication
								Male	Female		To you	By you		Visit you	You visit	To you	By you	
		Q410	Q411	Q412	Q413	Q414	Q415	Q416a	Q416b	Q417	Q418a	Q418b	Q419	Q420a	Q420b	Q421a	Q421b	Q422
1			1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contd...

8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>(A) CODES FOR Q.406, Q.412</p> <p><b>AGE</b></p> <p>00 = AGE LESS THAN ONE YEAR 95 = AGE 95 YEARS OR MORE</p>		<p>(B) CODES FOR Q.408, Q.414</p> <p><b>MARITAL STATUS</b></p> <p>01 = CURRENTLY MARRIED 02 = WIDOWED 03 = DIVORCED 04 = SEPARATED 05 = DESERTED 06 = NEVER MARRIED 07 = DON'T KNOW</p>					<p>(C) CODES FOR Q.407, Q.413</p> <p><b>EDUCATION STANDARD</b></p> <p>00 = LESS THAN ONE YEAR COMPLETED 98 = DON'T KNOW</p>												
<p>(D) CODES FOR Q.417</p> <p><b>PLACE OF RESIDENCE</b></p> <p>WITHIN DISTRICT .....1 OUTSIDE THE DISTRICT WITHIN THE STATE .....2 OUTSIDE THE STATE WITHIN INDIA .....3 OUTSIDE INDIA.....4</p>		<p>(E) CODES FOR Q.420, Q.421</p> <p><b>MEETING &amp; COMMUNICATION</b></p> <p>01= NEVER 02= DAILY 03= WEEKLY 04= FORTNIGHTLY 05= MONTHLY 06=QUARTERLY 07= HALF YEARLY 08= YEARLY 09= 1 TO 3 YEARS 10= 3 YEARS AND ABOVE</p>																	

Contd...

I would now like to ask you some questions about your living arrangements.

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Skip To
Q423	FILTER: REFER TO Q115 IN THE HOUSEHOLD SCHEDULE AND COPY THE INFORMATION	LIVING ALONE ..... 1 LIVING ALONE WITH SERVANT ..... 2 LIVING WITH SPOUSE ONLY ..... 3 LIVING WITH SPOUSE AND SERVANT ..... 4 ALL OTHERS ..... 6 →	Q425
Q424	What is the main reason for you to live alone/with spouse?	No children ..... 01 Children away ..... 02 Family conflict ..... 03 Prefer to be independent ..... 04 Still economically active ..... 05 Don't want to move from this place ..... 06 Other ..... 96 (SPECIFY)	Q430
Q425	FILTER: LOOK AT Q404 AND RECORD 1 IF ANY CHILDREN ARE CORESIDING; ELSE 2	Living with children ..... 1 All others ..... 2 →	Q428
Q426	In your view, who is living with whom: are you living with your children or your children are living with you?	My children are living with me ..... 1 I am living with my children ..... 2	
Q427	It's a chance that you are currently staying with this child. Do you always want to stay with the same child, or do you want moving from one child to another?	I have only one child ..... 0 Stay with this child ..... 1 Move between children ..... 2	
Q428	Do you have a separate room for yourself?	Yes ..... 1 No ..... 2 →	Q430
Q429	If no, where do you sleep?	Same room as child/children/other ..... 1 Verandah ..... 2 Kitchen ..... 3 Other ..... 6 (SPECIFY)	
Q430	How do you feel about your present living arrangement?	Comfortable ..... 1 Satisfactory ..... 2 Uncomfortable ..... 3	
Q431	Have you changed your living arrangement at any time after turning 60?	Yes ..... 1 No ..... 2 →	Q434
Q432	What was the major change you made?	Children moved out ..... 1 Started living alone ..... 2 Started living with children ..... 3 Started moving between children ..... 4 Started living with other relatives ..... 5 Other ..... 6 (SPECIFY)	
Q433	What was the main reason for this change in your living arrangement?	Death of spouse/children ..... 01 Migration of son/daughter ..... 02 Marriage of children ..... 03 Economic dependency ..... 04 Family conflict ..... 05 Deteriorating health ..... 06 Other ..... 96 (SPECIFY)	

Q434	Do you have any intention of changing your living arrangement in the future as well?	No intention to change .....01 Change, prefer to live alone .....02 Change, prefer to live with other child .....03 Change, prefer to live with other relatives .....04 Change, prefer to move into old age home .....05 Other .....96 (SPECIFY) Don't Know/Unsure .....98																																											
Q435	In your opinion, who is the best person to live with in old age?	Alone .....01 With spouse only .....02 With sons .....03 With daughters .....04 Either son or daughters .....06 With other relatives .....07 In an old age home .....08 Other .....96 (SPECIFY)																																											
Q436	Ideally how many children should a person have to be able to get support in old age?	Male ..... <input type="checkbox"/> <input type="checkbox"/> Female ..... <input type="checkbox"/> <input type="checkbox"/> Either male/female ..... <input type="checkbox"/> <input type="checkbox"/>																																											
Q437	We would like to know your opinion about the support system for the elderly. Rank the statements in order of your agreement:	A. .... Since parents support their children when they are young, children should support their parents when they are old. B. .... Adults should have their own savings so that they do not have to depend on her/his children in their old age. C. .... Since as an adult elderly has contributed to the society, they should be taking care by the government.	Rank <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>																																										
Q438	What is your preferred living arrangement?	Alone .....01 With spouse only .....02 With sons .....03 With daughters .....04 Either sons or daughters .....05 With other relatives .....06 In an old age home .....08 Other .....96 (SPECIFY)																																											
Now I am going to ask you some questions about your role within the family.																																													
Q439	Who usually makes the following decisions: you alone or with your spouse, with your children, or with others? a. Marriage of son/daughter ..... b. Buying and selling of property ..... c. Buying other household items ..... d. Gifts to daughters, grandchildren, other relatives..... e. Education of children, grandchildren .. f. Arrangement of social and religious events .....	<table border="1"> <thead> <tr> <th>No Role</th> <th>Alone</th> <th>With Spouse</th> <th>With Spouse &amp; Children</th> <th>With Every-one</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>9</td> </tr> </tbody> </table>	No Role	Alone	With Spouse	With Spouse & Children	With Every-one	NA	0	1	2	3	4	9	0	1	2	3	4	9	0	1	2	3	4	9	0	1	2	3	4	9	0	1	2	3	4	9	0	1	2	3	4	9	
No Role	Alone	With Spouse	With Spouse & Children	With Every-one	NA																																								
0	1	2	3	4	9																																								
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0	1	2	3	4	9																																								
0	1	2	3	4	9																																								
0	1	2	3	4	9																																								
0	1	2	3	4	9																																								

Q440	Has your role as a decision maker changed after you grew older?	Improved .....1 Remained the same.....2 Declined.....3	
Q441	Are you involved in the following household activities?		Yes No
	A.....Taking care of grand children	A	1 2
	B.....Cooking/cleaning	B	1 2
	C..... Doing shopping for the household	C	1 2
	D..... Payment of bills and settling of financial matters	D	1 2
	E..... Taking care of household chores	E	1 2
	F..... Giving advice to the children	F	1 2
	G..... Settling disputes	G	1 2
Q442	To what extent do you think you are important to your family?	Important.....1 Somewhat important .....2 Not Important.....3	
Q443	To what extent do you think your family feels about your importance to them?	Important.....1 Somewhat important .....2 Not Important.....3	

The following are for all elderly respondents

**Social Activities**

The following questions are to get your opinions about community, social and political aspects in your life.			
Q444	How often in the last 12 months have you attended a public meeting with discussion on local, community or political affairs?	Never.....1 Rarely .....2 Occasionally .....3 Frequently.....4	
Q445	How often in the last 12 months have you attended any group, club, society, union or organizational meeting?	Never.....1 Once or twice per year .....2 Once or twice per month .....3 Once or twice per week .....4 Daily .....5	
Q446	How often in the last 12 months have you worked with other people in your neighborhood to fix or improve something?	Never.....1 Once or twice per year .....2 Once or twice per month .....3 Once or twice per week .....4 Daily .....5	
Q447	How often in the last 12 months have you attended or participated in any religious programs/services etc (not including weddings and funerals)?	Never.....1 Once or twice per year .....2 Once or twice per month .....3 Once or twice per week .....4 Daily .....5	
Q448	How often in the last 12 months have you gone out of the house to visit friends or relatives?	Never.....1 Once or twice per year .....2 Once or twice per month .....3 Once or twice per week .....4 Daily .....5	
Q449	Would you like to go out more often or are you satisfied with how much you get out of the house?	Would like to go out more often .....1 Satisfied with current frequency .....2 Would NOT like to go out so often.....3	Q451

Contd...

Q450	What are the major reasons that you are not able to go out more frequently?	Health problems .....1 Safety or security concerns .....2 Financial problems.....3 Not allowed by the family.....4 Nobody to accompany.....5 Other .....6 (SPECIFY)																																				
Q451	Do you have someone you can trust and confide in?	Yes .....1 No .....2																																				
Q452	Ever since you completed 60 years of age, have you faced any abuse or violence or neglect or disrespect by any person?	Yes .....1 Never .....2 →	Q457																																			
Q453	What kind of abuse did you face and from where? a. Physical Abuse b. Verbal Abuse c. Economic Abuse d. Showing disrespect e. Neglect f. Other (SPECIFY) .....	<table border="1"> <thead> <tr> <th></th> <th>No</th> <th>Yes within family</th> <th>Yes outside family</th> <th>Yes Both within family &amp; Outside family</th> </tr> </thead> <tbody> <tr> <td>a</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		No	Yes within family	Yes outside family	Yes Both within family & Outside family	a	0	1	2	3	b	0	1	2	3	c	0	1	2	3	d	0	1	2	3	e	0	1	2	3	f	0	1	2	3	
	No	Yes within family	Yes outside family	Yes Both within family & Outside family																																		
a	0	1	2	3																																		
b	0	1	2	3																																		
c	0	1	2	3																																		
d	0	1	2	3																																		
e	0	1	2	3																																		
f	0	1	2	3																																		
Q454	Have you faced any physical or emotional abuse or violence in the last one month?	No .....1 → Physical .....2 Emotional .....3 Both, physical and emotional .....4	Q457																																			
Q455	From whom did you face the abuse during the last one month? (CIRCLE ALL RELEVANT RESPONSES)	Spouse.....01 Son.....02 Daughter .....03 Son-in-law .....04 Daughter-in-law.....05 Domestic helper .....06 Grandchildren.....07 Relatives.....08 Neighbours.....09 Other .....96 (SPECIFY)																																				
Q456	Did you suffer any health problems because of the abuse you faced in the last one month?	Yes .....1 No .....2																																				

Contd...

Q457. I would now like to ask you about your routine daily activities. Please list your daily activities starting from the time you wake up.

Activities	Morning (Till 9 AM)	Forenoon (9 AM- 12 Noon)	Afternoon (12 Noon- 4 PM)	Evening (4 PM-7 PM)	Late evening (7 PM onwards)
Sleep	01	01	01	01	01
Meals	02	02	02	02	02
Play or other recreation	03	03	03	03	03
Taking care of grandchildren	04	04	04	04	04
Shopping	05	05	05	05	05
Visiting family, relatives and friends	06	06	06	06	06
Prayer/ Yoga/Bhajan	07	07	07	07	07
Medical	08	08	08	08	08
Cooking, washing	09	09	09	09	09
Collecting fuel	10	10	10	10	10
Paying bills and other financial activities	11	11	11	11	11
Assisting in agricultural activities	12	12	12	12	12
Looking after domestic animals	13	13	13	13	13
Assisting in business activities	14	14	14	14	14
Walking and other exercises	15	15	15	15	15
Watching TV and other entertainments	16	16	16	16	16
Work for remuneration	17	17	17	17	17
Reading	18	18	18	18	18
Grooming	19	19	19	19	19
Chatting with neighbours and others	20	20	20	20	20
Others (SPECIFY)	_____	_____	_____	_____	_____

### Section 5: Health Status of the Elderly

Now, I am going to read a list of words. We have purposely made the list longer in order to make it difficult to recall all the words. Most people recall just a few words. Please listen the words carefully as they will not be repeated twice. When I finished, I will ask you to recall aloud as many of them as you can, in any order. Is this understood?

(FIRST READ OUT THE ENTIRE LIST OF WORDS SLOWLY AND CLEARLY. THEN REQUEST THE RESPONDENT TO RECALL THE WORDS TO THE BEST OF HIS/ HER ABILITY. GIVE THEM TWO MINUTES TO RECITE THE WORDS THAT THEY RECALL. TICK THE WORDS THAT ARE RECALLED CORRECTLY.) ALLOW TWO MINUTES TO RECALL THE FOLLOWING WORDS:

500	SI No	Words	Tick which are recalled
	1	Bus	<input type="checkbox"/>
	2	House	<input type="checkbox"/>
	3	Chair	<input type="checkbox"/>
	4	Banana	<input type="checkbox"/>
	5	Sun	<input type="checkbox"/>
	6	Bird	<input type="checkbox"/>
	7	Cat	<input type="checkbox"/>
	8	Saree	<input type="checkbox"/>
	9	Rice	<input type="checkbox"/>
	10	Monkey	<input type="checkbox"/>
	Total Words recalled		<input type="checkbox"/> <input type="checkbox"/>
500a	Total time taken		In Seconds <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Contd...

### General Health

I would now like to ask you some questions about your general health.

Q501	How do you rate your general health condition? Is it excellent, very good, good, fair or poor?	Excellent .....1 Very good .....2 Good .....3 Fair .....4 Poor .....5
Q502	Compared to your health 12 months ago, would you say that it is better, the same or worse than it was then?	Better .....1 Same .....2 Worse .....3 Don't know .....8 No response .....9
Q503	Compared to other people of your age, would you say that your health is better, the same or worse?	Better .....1 Same .....2 Worse .....3 Don't know .....8 No response .....9

### Functionality

Now I would like to ask you some questions on the extent of help you require for your activities of daily living (ADL)

SI No. (Q504)	Type of ADL	Level of independence (Q505)	Who provides this assistance? (SEE CODE BELOW) (Q506)	If the main caretaker is not present, who else provides help? (Q507)	For how long have you required this assistance? (Q508)
1	BATHING	Do not require assistance .....1 ↓ GO TO NEXT ROW	Spouse ..... 01 Son ..... 02 Daughter ..... 03	No one .....00 Spouse .....01 Son .....02	Less than 1 month .....1 1 to 6 months .....2 6 months to 1 year .....3
		GO TO NEXT ROW Require partial assistance .....2 Require full assistance ..... 3	Son/Daughter-in-law ..... 04 Relatives ..... 05 Servant ..... 06 Other ..... 96 _____ (SPECIFY)	Daughter .....03 Son/Daughter-in-law .....04 Relatives .....05 Servant .....06 Other .....96 _____ (SPECIFY)	1 to 5 years .....4 5+ years .....5 Don't know .....8
2	DRESSING	Do not require assistance .....1 ↓ GO TO NEXT ROW Require partial assistance .....2 Require full assistance ..3	Spouse ..... 01 Son ..... 02 Daughter ..... 03 Son/Daughter-in-law ..... 04 Relatives ..... 05 Servant ..... 06 Other ..... 96 _____ (SPECIFY)	No one .....00 Spouse .....01 Son .....02 Daughter .....03 Son/Daughter-in-law .....04 Relatives .....05 Servant .....06 Other .....96 _____ (SPECIFY)	Less than 1 month .....1 1 to 6 months .....2 6 mths to 1 year .3 1 to 5 years .....4 5+ years .....5 Don't know .....8

Contd...



3	TOILET	Do not require assistance .....1 ↴ GO TO NEXT ROW Require partial assistance .....2 Require full assistance ..3	Spouse ..... 01 Son ..... 02 Daughter ..... 03 Son/Daughter-in-law ..... 04 Relatives ..... 05 Servant ..... 06 Other ..... 96 _____ (SPECIFY)	No one .....00 Spouse .....01 Son .....02 Daughter .....03 Son/Daughter-in-law .....04 Relatives .....05 Servant .....06 Other .....96 _____ (SPECIFY)	Less than 1 month .....1 1 to 6 months .....2 6 mths to 1 year .3 1 to 5 years .....4 5+ years .....5 Don't know .....8
4	MOBILITY	Can move in and out of bed/ chair without assistance (may be using cane or walker for support) .....1 ↴ GO TO NEXT ROW Can move in and out of bed/chair with assistance .....2 Can not get out of bed .....3	Spouse ..... 01 Son ..... 02 Daughter ..... 03 Son/Daughter-in-law ..... 04 Relatives ..... 05 Servant ..... 06 Other ..... 96 _____ (SPECIFY)	No one .....00 Spouse .....01 Son .....02 Daughter .....03 Son/Daughter-in-law .....04 Relatives .....05 Servant .....06 Other .....96 _____ (SPECIFY)	Less than 1 month .....1 1 to 6 months .....2 6 months to 1 year .....3 1 to 5 years .....4 5+ years .....5 Don't know .....8
5	CONTINENCE	Can control urination and bowel movements completely by self...1 ↴ GO TO NEXT ROW Has occasional "accidents" .....2 Supervision helps keep urine or bowel control; catheter is used or is incontinent .....3	Spouse ..... 01 Son ..... 02 Daughter ..... 03 Son/Daughter-in-law ..... 04 Relatives ..... 05 Servant ..... 06 Other ..... 96 _____ (SPECIFY)	No one .....00 Spouse .....01 Son .....02 Daughter .....03 Son/Daughter-in-law .....04 Relatives .....05 Servant .....06 Other .....96 _____ (SPECIFY)	Less than 1 month .....1 1 to 6 months .....2 6 months to 1 year .....3 1 to 5 years .....4 5+ years .....5 Don't know .....8
6	FEEDING	Do not require assistance .....1 ↴ GO TO Q509 Require partial assistance .....2 Require full assistance ..... 3	Spouse ..... 01 Son ..... 02 Daughter ..... 03 Son/Daughter-in-law ..... 04 Relatives ..... 05 Servant ..... 06 Other ..... 96 _____ (SPECIFY)	No one .....00 Spouse .....01 Son .....02 Daughter .....03 Son/Daughter-in-law .....04 Relatives .....05 Servant .....06 Other .....96 _____ (SPECIFY)	Less than 1 month .....1 1 to 6 months .....2 6 mths to 1 year ...3 1 to 5 years .....4 5+ years .....5 Don't know .....8

Contd..

Now I am going to ask you some questions regarding instrumental activities of daily living (IADLs) which are activities that are not necessary for basic functioning of daily life, but they let an individual live independently in a community

Q509	ABILITY TO USE TELEPHONE	Operates phone on own initiative ..... 1 Dials a few well known numbers ..... 1 Answers the phone but does not dial ..... 1 Cannot use phone at all ..... 0
Q510	SHOPPING	Takes care of all shopping needs independently ..... 1 Shops independently for small purchases ..... 0 Needs to be accompanied on any shopping trip ..... 0 Completely unable to shop ..... 0
Q511	FOOD PREPARATION	Plans, prepares and serves adequate meals independently ..... 1 Prepares adequate meals if supplied with ingredients ..... 0 Heats, serves meals; does not maintain adequate diet ..... 0 Needs to have meals prepared and served ..... 0
Q512	HOUSEKEEPING	Maintains house alone or with help for heavy work ..... 1 Performs light daily tasks e.g. dish washing, bed making ..... 1 Performs light daily tasks but cannot maintain cleanliness ..... 1 Needs help with all home maintenance tasks ..... 1 Does not participate in any housekeeping tasks ..... 0
Q513	LAUNDRY	Does personal laundry completely ..... 1 Launders small items, rinses socks, etc. .... 1 All laundry must be done by others ..... 0
Q514	TRANSPORTATION	Travels independently on public transport/own car ..... 1 Travels on public transport when accompanied by others ..... 1 Travel limited to car with assistance from another person ..... 0 Does not travel at all ..... 0
Q515	MEDICATION	Is capable of taking medicines in correct dosage at correct time ..... 1 Takes medicine if given in separate dosage ..... 0 Is not capable of dispensing own medicines ..... 0
Q516	FINANCES	Manages financial matters independently (budget, cheques, bills) .. 1 Manages day to day purchases, but need help with banking, etc..... 1 Incapable of handling money..... 0
Q517	TOTAL (NOT TO BE FILLED BY THE INVESTIGATOR)	TOTAL SCORE OF IADL <input type="text"/> .....

Contd...

**Chronic Morbidity**

Sl. No.	Has a doctor or nurse ever told you that you have any of the following ailments?	How long have you been suffering from this ailment?	Have you been taking medications or treatment for last three months?	What is the main source of this treatment?	How much on average do you pay for this treatment/ medicine per month?	Who pays for your treatment?	What is the main reason you are not receiving any treatment?
(Q518)	Yes = 1 No = 2 (Q519)	Less than 1 month ..... 1 1 to 6 months..... 2 6 mths to 1 year ... 3 1 to 5 years ..... 4 5+ years ..... 5 Don't know ..... 8 (Q520)	(Q521) Yes = ..... 1 No = ..... 2 GO TO Q525	(SEE CODE BELOW) (Q522)	In Rs. (Q523) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If =0, GO TO NEXT LINE	Self = 01 Spouse = 02 Son = 03 Daughter = 04 Son/Daughter-in-law = 05 Relatives = 06 Friends = 07 Insurance = 08 Employer = 09 Other = 96 (Q524)	(SEE CODE BELOW) (Q525)
A	Arthritis, rheumatism or Osteoarthritis 1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 GO TO Q525	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
B	Cerebral embolism, stroke or Thrombosis 1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 GO TO Q525	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C	Angina or angina pectoris (heart disease) (Heart attack, coronary heart disease, angina, congestive heart failure or any other heart problem) 1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 GO TO Q525	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Contd...

D	Diabetes	1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Chronic lung disease (emphysema, bronchitis, COPD)	1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Asthma (allergic respiratory disease)	1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Depression	1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	High blood pressure (hypertension)	1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Alzheimer's disease	1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Cancer	1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Dementia	1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Liver or gall bladder illness	1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Osteoporosis	1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contd...

N	Renal or Urinary tract infections	1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Cataract	1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Loss of all natural teeth	1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q	Accidental injury (in past one year)	1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R	Injury due to fall (in the past one year)	1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	Skin disease	1 2 → GO TO NEXT LINE	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T	Paralysis	1 2 → GO TO Q526	<input type="checkbox"/>	Yes = ..... 1 No = ..... 2 → GO TO Q525	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO Q526	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contd...

Code for Q.522	Code for Q.525
Government hospital/Clinic .....01	Ailment cured ..... 0
Private hospital/clinic .....02	No medical facility available in the neighborhood ..... 1
Charitable /Missionary .....03	Facilities available but lack of faith ..... 2
NGO hospital/clinic .....04	Long waiting time ..... 3
AYUSH hospital/clinic .....05	Financial reasons ..... 4
Pharmacist/Dispensary .....06	Ailment not considered serious ..... 5
Ritualistic healing .....07	Others ..... 6
Un-qualified medical practitioner .....08	
Self-medication .....09	
Other .....96	
Don't Know .....98	

Q526	FILTER: SEX OF THE RESPONDENT	MAN ..... 1 → WOMAN ..... 2	Q531
Q527	In the last two years, have you had a mammography, that is a test to determine whether you have breast cancer?	Yes ..... 1 No ..... 2 Does not know ..... 8	
Q528	In the last two years, have you had a Pap smear, that is a test to determine whether you have cervical or uterine cancer?	Yes ..... 1 No ..... 2 Does not know ..... 8	
Q529	Have you ever had a hysterectomy, that is, surgery to remove your uterus and ovaries or only your uterus?	Yes ..... 1 No ..... 2 Does not know ..... 8 }	Q532
Q530	How old were you when you had the hysterectomy?	Age <input type="text"/> <input type="text"/> Does not know ..... 98 }	Q532
Q531	In the last two years, have you had a prostate exam?	Yes ..... 1 No ..... 2 Does not know ..... 8	

I would now like to ask you a few questions about recent ailments (not requiring hospitalization).					
Q532	Were you sick for any time during the last 15 days without hospitalization?	Yes .....1 No .....2 →			Q544
Q533	How many times have you been sick during the last 15 days? INTERVIEWER: CIRCLE SERIAL NUMBER OF EPISODE	Episode 1 (Q535a)	Episode 2 (Q535b)	Episode 3 (Q535c)	
Q534	What was your ailment each time? WRITE DOWN THE NATURE OF THE AILMENT REPORTED				
Q535	What is the status of your ailment? Started more than 15 days ago and is continuing = 1 Started more than 15 days ago and has ended = 2 Started within 15 days and is continuing = 3 Started within 15 days and has ended = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q536	What was/is the total duration of ailment? (IN DAYS)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q537	Did you take any treatment for your illness	Yes .....1 No .....2	Yes .....1 No .....2	Yes .....1 No .....2 →	Q543
Q538	How many times did you visit a health care provider for treatment?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Q539	Where did you go for (non-hospitalized) treatment? Government hospital/clinic..... 01 Staff at SC/ PHC ..... 02 Private hospital/clinic ..... 03 Charitable /missionary ..... 04 NGO hospital/clinic..... 05 AYUSH hospital/clinic ..... 06 Pharmacist/Dispensary ..... 07 Ritualistic healing ..... 08 Unqualified medical practitioner ..... 09 Self medication ..... 10 Other ..... 96 <b>(SPECIFY)</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Q540	Who accompanied you during each episode? None ..... 00 Spouse ..... 01 Son..... 02 Daughter ..... 03 Son/Daughter-in-law ..... 04 Grandchildren..... 05 Relatives..... 06 Friends ..... 07 Other ..... 96 <b>(SPECIFY)</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Q540a	Have you been hospitalised due to this illness? Yes – 1 → (GO TO NEXT EPISODE; ELSE MOVE TO Q544) No – 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q541	How much did you spend for treatment? a. Consultation b. Medicines c. Lab, x-ray, and other diagnostics d. Transportation e. Other ..... f. Total	a. _____ Rs b. _____ Rs c. _____ Rs d. _____ Rs e. _____ Rs f. _____ Rs	a. _____ Rs b. _____ Rs c. _____ Rs d. _____ Rs e. _____ Rs f. _____ Rs	a. _____ Rs b. _____ Rs c. _____ Rs d. _____ Rs e. _____ Rs f. _____ Rs	
Q542	Who paid for your treatment? Self ..... 01 Spouse ..... 02 Son..... 03 Daughter ..... 04 Son-in-law/ Daughter-in-law ..... 05 Relatives ..... 06 Friends ..... 07 Insurance ..... 08 Employer ..... 09 Other ..... 96	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> →	Q544

Q543	What is the reason for not taking any treatment? No medical facility available in the neighbourhood.....1 Facilities available but lack of faith ..... 2 Long waiting .....3 Financial reasons .....4 Ailment not considered serious ..... 5 Other ..... 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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**Hospitalisation**

Particulars of medical treatment received as inpatient of a hospital during the past 12 months.						
Q544	Did you have any major health problem during the last 365 days requiring hospitalization?	Yes.....1 No .....2 →				Q554
Q545	How many times have you been hospitalized for an ailment? INTERVIEWER: SERIAL NUMBER OF EPISODE OF HOSPITALISATION	1 (Q545a)	2 (Q545b)	3 (Q545c)	4 (Q545d)	5 (Q545e)
Q546	What was your ailment each time? INTERVIEWER: WRITE DOWN THE NATURE OF THE AILMENT REPORTED					
Q547	What was the type of hospital used? Government Hospital ..... 1 Private hospital ..... 2 Charitable/ missionary ..... 3 NGO-run hospital ..... 4 AYUSH hospital/clinic ..... 5 Other ..... 6 <b>(SPECIFY)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q548	What was the type of ward admitted? Free ..... 1 Paying general.....2 Paying special ..... 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q549	Who took you to the hospital? No one.....00 Spouse.....01 Son.....02 Daughter .....03 Son/Daughter-in-law .....04 Relatives.....05 Servants .....06 Other.....96 <b>(SPECIFY)</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Q550	What was the duration of stay in hospital? (IN DAYS)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Contd...



Q551	Who stayed with you to provide care in the hospital? No one .....00 Spouse.....01 Son.....02 Daughter .....03 Son/Daughter-in-law .....04 Relatives.....05 Servants .....06 Other .....96 (SPECIFY)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Q552	How much did you spend for the treatment? a. Consultation b. Medicines c. Lab, x-ray, and other diagnostics d. Hospitalisation e. Transportation f. Food g. Other ..... h. Total Expenditure i. Other indirect Cost	a. ___ Rs b. ___ Rs c. ___ Rs d. ___ Rs e. ___ Rs f. ___ Rs g. ___ Rs h. ___ Rs i. ___ Rs	a. ___ Rs b. ___ Rs c. ___ Rs d. ___ Rs e. ___ Rs f. ___ Rs g. ___ Rs h. ___ Rs i. ___ Rs	a. ___ Rs b. ___ Rs c. ___ Rs d. ___ Rs e. ___ Rs f. ___ Rs g. ___ Rs h. ___ Rs i. ___ Rs	a. ___ Rs b. ___ Rs c. ___ Rs d. ___ Rs e. ___ Rs f. ___ Rs g. ___ Rs h. ___ Rs i. ___ Rs	a. ___ Rs b. ___ Rs c. ___ Rs d. ___ Rs e. ___ Rs f. ___ Rs g. ___ Rs h. ___ Rs i. ___ Rs	
Q553	Who paid for your treatment? Self .....01 Spouse.....02 Son.....03 Daughter .....04 Son-in-law/Daughter-in-law.....05 Relatives.....06 Friends.....07 Insurance Company.....08 Employer .....09 Other .....96	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

Now I am going to ask you some questions about preventive medical check-ups.		Skip
Q554	Do you go for routine medical check-ups?	Yes.....1 No.....2 → Q559
Q555	How frequently did you go for medical check-ups in the past one year?	Weekly.....1 Fortnightly .....2 Monthly .....3 Half yearly.....4 Yearly.....5 Other .....6 (SPECIFY) Don't know .....8
Q556	Who recommended that you go for routine medical check-ups?	Doctor.....1 Self .....2 Spouse.....3 Children .....4 Other.....6 (SPECIFY)

Q557	Are you under the care of a medical doctor at present?	Yes.....1 No.....2	
Q558	How much do you spend on each medical checkup? (ROUND UP TO THE NEAREST RUPEE)	Rs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> /Visit	

**Disability**

Sl. No.	Do you have any of the following difficulties?  (Q559)	Do you use any of the following aids?  (Q560)	Who mostly provided the finances for the aids?  Self..... 1 Children .....2 Voluntary agents.....3 Other ..... 6 (SPECIFY) (Q561)	How well can you function (see/ hear/ walk/ chew) with '___'?  Very well .....1 Somewhat well .....2 Very Unsatisfactory .....3 (Q562)
A	Vision Yes, fully ..... 1 Yes, partially..... 2 No.....3 ↴ GO TO NEXT ROW	a. Spectacles or lenses Yes..... 1 No.....2 ↴ GO TO NEXT ROW	<input type="checkbox"/>	<input type="checkbox"/>
B	Hearing Yes, fully ..... 1 Yes, partially..... 2 No.....3 ↴ GO TO NEXT ROW	b. Hearing aids Yes..... 1 No.....2 ↴ GO TO NEXT ROW	<input type="checkbox"/>	<input type="checkbox"/>
C	Walking Yes, fully ..... 1 Yes, partially..... 2 No.....3 ↴ GO TO NEXT ROW	c. Walking stick or other Yes..... 1 No.....2 ↴ GO TO NEXT ROW	<input type="checkbox"/>	<input type="checkbox"/>
D	Teeth (chewing) Yes, fully ..... 1 Yes, partially..... 2 No.....3 ↴ GO TO NEXT ROW	d. Dentures Yes..... 1 No.....2 ↴ GO TO NEXT ROW	<input type="checkbox"/>	<input type="checkbox"/>
E	Speaking Yes, fully ..... 1 Yes, partially..... 2 No.....3 ↴ GO TO NEXT ROW			
F	Memory Yes, fully ..... 1 Yes, partially..... 2 No.....3 ↴ GO TO Q563			

Contd..

**Personal Habits and Risk Behaviours**

Sl. No.	Have you ever had '.....' habit?	Have you '.....' in the last one month?	How frequently do you indulge in this habit?	How much do you spend on '.....'?	Who pays for it? Self..... 1 Spouse..... 2 Children ..... 3 Relatives ..... 4 Other ..... 6 <b>(SPECIFY)</b>
	Yes = 1 No = 2  (Q563)	Yes = 1 No = 2  (Q564)	(Q565)	(Q566)	(Q567)
A	Smoking cigarettes or bidis  1 2 → GOTO NEXT LINE	1 2 → GOTO NEXT LINE	□□/per day	□□□/ per day	_____  □
B	Alcohol consumption  1 2 → GOTO NEXT LINE	1 2 → GOTO NEXT LINE	Daily ..... 1 Once or twice a week..... 2 Once or twice a month..... 3 Occasionally ..... 4	□□□/each time	_____  □
C	Chewing Tobacco or other intoxicant (snuff, pan, pan masala, ghutka)  1 2 → GOTO Q568	1 2 → GOTO Q568	□□/per day	□□□/ per day	_____  □

**General Health Questionnaire (GHQ)**

Q568	I would now like to ask you some questions about your daily life.		
A	Have you recently been able to concentrate on whatever you're doing?	Better than usual ..... 1 Same as usual ..... 2 Less than usual ..... 3 Much less than usual..... 4	
B	Have you recently lost much of your sleep due to some worry?	Not at all..... 1 No more than usual ..... 2 Rather more than usual..... 3 Much more than usual ..... 4	
C	Have you recently felt constantly under strain?	Not at all..... 1 No more than usual ..... 2 Rather more than usual..... 3 Much more than usual ..... 4	
D	Have you recently felt that you couldn't overcome your difficulties?	Not at all..... 1 No more than usual ..... 2 Rather more than usual..... 3 Much more than usual ..... 4	
E	Have you recently been feeling unhappy and depressed?	Not at all..... 1 No more than usual ..... 2 Rather more than usual..... 3 Much more than usual ..... 4	
F	Have you recently been losing confidence in yourself?	Not at all..... 1 No more than usual ..... 2 Rather more than usual..... 3 Much more than usual ..... 4	

G	Have you recently been thinking of yourself as a worthless person?	Not at all..... 1 No more than usual ..... 2 Rather more than usual..... 3 Much more than usual ..... 4	
H	Have you recently felt that you are playing a useful role in life?	More so than usual ..... 1 Same as usual ..... 2 Less useful than usual..... 3 Much less useful..... 4	
I	Have you recently felt capable of making decisions about things?	More so than usual ..... 1 Same as usual ..... 2 Less capable than usual ..... 3 Much less capable..... 4	
J	Have you recently been able to enjoy your normal day-to-day activities?	More so than usual ..... 1 Same as usual ..... 2 Less so than usual ..... 3 Much less than usual..... 4	
K	Have you recently been able to face up to your problems?	More so than usual ..... 1 Same as usual ..... 2 Less able than usual ..... 3 Much less useful..... 4	
L	Considering everything, have you recently been feeling reasonably happy?	More so than usual ..... 1 Same as usual ..... 2 Less so than usual ..... 3 Much less than usual..... 4	

### Subjective Well Being Inventory (SUBI)

Q.569 Now I would like to know how your health has been in general over the past few weeks.

A	Do you feel your life is interesting?	Very much .....1 To some extent.....2 Not so much.....3	
B	Compared with the past, do you feel your present life is?	Very happy.....1 Quite happy.....2 Not so happy.....3	
C	On the whole, how happy are you with the kind of things you have been doing in recent years?	Very happy.....1 Quite happy.....2 Not so happy.....3	
D	Do you think you have achieved in your life the standard of living and the social status that you had expected?	Very much .....1 To some extent.....2 Not so much .....3	
E	How do you feel about the extent to which you have achieved success and are getting ahead?	Very much .....1 To some extent.....2 Not so much .....3	
F	Do you normally accomplish what you wanted to accomplish?	Most of the time .....1 Sometimes.....2 Hardly ever.....3	
G	Do you feel you can manage situations even when they do not turn out to be as expected?	Most of the time .....1 Sometimes.....2 Hardly ever.....3	
H	Do you feel confident that in case of a crisis (anything that substantially upsets your situation in life) you will be able to handle it or face it boldly?	Very much .....1 To some extent.....2 Not so much .....3	
I	The way things are going now, do you feel confident in coping with your future?	Very much .....1 To some extent.....2 Not so much .....3	

**Section 6: Social Security**

Q.601 There are many government schemes providing old age benefits to senior citizens. Can you list them?

	Have you ever heard of .....?  (SCHEMES WHICH HAVE NOT BEEN LISTED BY THE RESPONDENT)	Are you availing any benefits of this scheme?	How much amount did you receive during the last one year?	For last how are you availing this benefit for many years?  (Less than a year= 00)
	Q602	Q603	Q604	Q604a
A	National Old Age Pension Scheme?  No.....0 → GO TO NEXT ROW/SCHEME  Yes without prompt.....1 Yes with prompt.....2	Yes..... 1 No..... 2 NA ..... 3 } ↓ Go to next row	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B	Annapoorna Scheme?  No.....0 → GO TO NEXT ROW/SCHEME  Yes without prompt.....1 Yes with prompt.....2	Yes..... 1 No..... 2 NA ..... 3 } ↓ Go to next row	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
C	Widow Pension?  No.....0 → GO TO NEXT ROW/SCHEME  Yes without prompt.....1 Yes with prompt.....2	Yes..... 1 No..... 2 NA ..... 3 } ↓ Go to next row	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
D	Other Schemes? (Specify)  No.....0 → GO TO NEXT ROW/SCHEME  Yes without prompt.....1 Yes with prompt.....2	Yes..... 1 No..... 2 NA ..... 3 } ↓ Go to next row	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
E	Other Schemes? (Specify)  No.....0 → GO TO NEXT ROW/SCHEME  Yes without prompt.....1 Yes with prompt.....2	Yes..... 1 No..... 2 NA ..... 3 } ↓ Go to next row	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
F	Other Schemes? (Specify)  No.....0 → GO TO NEXT ROW/SCHEME  Yes without prompt.....1 Yes with prompt.....2	Yes..... 1 No..... 2 NA ..... 3 } ↓ Go to next row	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
G	Other Schemes? (Specify)  No.....0 → GO TO Q609  Yes without prompt.....1 Yes with prompt.....2	Yes..... 1 No..... 2 NA ..... 3 } ↓ Go to Q.609	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Now I would like to know the problems you have faced, if any, in receiving the above benefits.

	Schemes	Did you face any problems in receiving or availing the benefits? Q605	What kind of problem/s did you face? Q606	Is this problem now resolved? Q607	How did you resolve it? Q608	Reasons for not applying Q608a
A	National Old Age Pension Scheme (IF Q603A=1 or 2)	Yes..... 1 Not Applied ....2 ↘ GO TO Q608a No.....3 ↘ Go to next Row/Scheme	Delay in receiving fund ..... 01 Non receipt of funds ..... 02 Asked to give bribe... 03 Paper work incomplete ..... 04 Lot of paper work ..... 05 Rejected/ ..... 06 Other ..... 96 (SPECIFY)	Yes..... 1 No..... 2 ↘ Go to next Row/Scheme	Through bribe.....1 Through influence.....2 Through an agent.....3 Complaints to higher officers.....4 Resolved by its own .....5 Other.....6 (SPECIFY)	Lack of Knowledge..... 1 No need ..... 2 No one to help..... 3 Not eligible ..... 4 Other.....6 (SPECIFY)
B	Annapurna Scheme? (IF Q603B=1 or 2)	Yes..... 1 Not Applied ....2 ↘ GO TO Q608a No.....3 ↘ Go to next Row/Scheme	Delay in receiving fund ..... 01 Non receipt of funds 02 Asked to give bribe... 03 Paper work incomplete ..... 04 Lot of paper work ..... 05 Rejected/ ..... 06 Other ..... 96 (SPECIFY)	Yes..... 1 No..... 2 ↘ Go to next Row/Scheme	Through bribe.....1 Through influence.....2 Through an agent.....3 Complaints to higher officers.....4 Resolved by its own .....5 Other.....6 (SPECIFY)	Lack of Knowledge..... 1 No need ..... 2 No one to help..... 3 Not eligible ..... 4 Other.....6 (SPECIFY)
C	Widow Pension? (IF Q603C=1 or 2)	Yes..... 1 Not Applied ....2 ↘ GO TO Q608a No.....3 ↘ Go to next Row/Scheme	Delay in receiving fund ..... 01 Non receipt of funds ..... 02 Asked to give bribe..... 03 Paper work incomplete ..... 04 Lot of paper work..... 05 Rejected/ ..... 06 Other ..... 96 (SPECIFY)	Yes..... 1 No..... 2 ↘ Go to next Row/Scheme	Through bribe.....1 Through influence.....2 Through an agent.....3 Complaints to higher officers.....4 Resolved by its own .....5 Other.....6 (SPECIFY)	Lack of Knowledge..... 1 No need ..... 2 No one to help..... 3 Not eligible ..... 4 Other.....6 (SPECIFY)
D	Other Schemes (IF Q603D=1 or 2)	Yes..... 1 Not Applied ....2 ↘ GO TO Q608a No.....3 ↘ Go to next Row/Scheme	Delay in receiving fund ..... 01 Non receipt of funds ..... 02 Asked to give bribe..... 03 Paper work incomplete ..... 04 Lot of paper work..... 05 Rejected/ ..... 06 Other ..... 96 (SPECIFY)	Yes..... 1 No..... 2 ↘ Go to next Row/Scheme	Through bribe.....1 Through influence.....2 Through an agent.....3 Complaints to higher officers.....4 Resolved by its own .....5 Other.....6 (SPECIFY)	Lack of Knowledge..... 1 No need ..... 2 No one to help..... 3 Not eligible ..... 4 Other.....6 (SPECIFY)

Contd...

E	(IF Q603E=1 or 2)	Yes..... 1 Not Applied .... 2 ↘ GO TO Q608a  No..... 3 ↘  Go to next Row/Scheme	Delay in receiving fund..... 01 Non receipt of funds ..... 02 Asked to give bribe..... 03 Paper work incomplete ..... 04 Lot of paper work..... 05 Rejected/ ..... 06 Other ..... 96 <b>(SPECIFY)</b>	Yes..... 1 No..... 2 ↘  Go to next Row/Scheme	Through bribe..... 1 Through influence..... 2 Through an agent..... 3 Complaints to higher officers..... 4 Resolved by its own ..... 5 Other ..... 6 <b>(SPECIFY)</b>	Lack of Knowledge..... 1 No need ..... 2 No one to help..... 3 Not eligible ..... 4 Other ..... 6 <b>(SPECIFY)</b>
F	(IF Q603F=1 or 2)	Yes..... 1 Not Applied .... 2 ↘ GO TO Q608a  No..... 3 ↘  Go to next Row/Scheme	Delay in receiving fund..... 01 Non receipt of funds ..... 02 Asked to give bribe..... 03 Paper work incomplete ..... 04 Lot of paper work..... 05 Rejected/ ..... 06 Other ..... 96 <b>(SPECIFY)</b>	Yes..... 1 No..... 2 ↘  Go to next Row/Scheme	Through bribe..... 1 Through influence..... 2 Through an agent..... 3 Complaints to higher officers..... 4 Resolved by its own ..... 5 Other ..... 6 <b>(SPECIFY)</b>	Lack of Knowledge..... 1 No need ..... 2 No one to help..... 3 Not eligible ..... 4 Other ..... 6 <b>(SPECIFY)</b>
G	(IF Q603G=1 or 2)	Yes..... 1 Not Applied .... 2 ↘ GO TO Q608a  No..... 3 ↘  Go to Q609	Delay in receiving fund..... 01 Non receipt of funds ..... 02 Asked to give bribe..... 03 Paper work incomplete ..... 04 Lot of paper work..... 05 Rejected/ ..... 06 Other ..... 96 <b>(SPECIFY)</b>	Yes..... 1 No..... 2 ↘  Go to next Row/Scheme	Through bribe..... 1 Through influence..... 2 Through an agent..... 3 Complaints to higher officers..... 4 Resolved by its own ..... 5 Other ..... 6 <b>(SPECIFY)</b>	Lack of Knowledge..... 1 No need ..... 2 No one to help..... 3 Not eligible ..... 4 Other ..... 6 <b>(SPECIFY)</b>

Q609 Now I am going to ask you about schemes and concessions given by the government to people in their old age. Can you list them?

Sl. No.	Have you heard of .....	Have you ever utilized this?	How often have you utilised?
	Q610	Q611	Q612
A	Concessions in train tickets? No..... 0 → GO TO NEXT ROW Yes without prompt.... 1 Yes with prompt..... 2	Yes..... 1 No..... 2 ↘  GO TO NEXT ROW	Once in a year ..... 1 Twice in a year ..... 2 Once in a month ..... 3 More often ..... 4
B	Reservations of seats in buses? No..... 0 → GO TO NEXT ROW Yes without prompt.... 1 Yes with prompt..... 2	Yes..... 1 No..... 2 ↘  GO TO NEXT ROW	Once in a year ..... 1 Twice in a year ..... 2 Once in a month ..... 3 More often ..... 4
C	Preference for facilities such as telephone connections? No..... 0 → GO TO NEXT ROW Yes without prompt.... 1 Yes with prompt..... 2	Yes..... 1 No..... 2 ↘  GO TO NEXT ROW	Once in a year ..... 1 Twice in a year ..... 2 Once in a month ..... 3 More often ..... 4

D	Interest in bank accounts/post office, etc?	No..... 0 → GO TO NEXT ROW Yes without prompt.... 1 Yes with prompt..... 2	Yes..... 1 No..... 2 ↓ GO TO NEXT ROW	Once in a year ..... 1 Twice in a year ..... 2 Once in a month ..... 3 More often ..... 4
E	Income tax benefits	No..... 0 → GO TO NEXT ROW Yes without prompt.... 1 Yes with prompt..... 2	Yes..... 1 No..... 2 ↓ GO TO NEXT ROW	Once in a year ..... 1 Twice in a year ..... 2 Once in a month ..... 3 More often ..... 4
F	MNREGA	No..... 0 → GO TO NEXT ROW Yes without prompt.... 1 Yes with prompt..... 2	Yes..... 1 No..... 2 ↓ GO TO NEXT ROW	Once in a year ..... 1 Twice in a year ..... 2 Once in a month ..... 3 More often ..... 4
G	Any Other.....  (SPECIFY)	No..... 0 → GO TO NEXT ROW Yes without prompt.... 1 Yes with prompt..... 2	Yes..... 1 No..... 2 ↓ GO TO Q613	Once in a year ..... 1 Twice in a year ..... 2 Once in a month ..... 3 More often ..... 4

Q613	Now I am going to ask you some questions about the health insurance schemes			
	Do you currently hold a policy?		Did you ever go for a policy?	Skip to
		Q614	Q615	
A	Government assisted health insurance schemes?	Yes..... 1 → GO TO NEXT ROW No..... 2	Yes..... 1 } No..... 2 }	Q618
B	Any other health insurance schemes (both private and public)?	Yes..... 1 → GO TO NEXT ROW No..... 2	Yes..... 1 } No..... 2 }	Q618
C	Any Other..... (SPECIFY)	Yes..... 1 → GO TO NEXT ROW No..... 2	Yes..... 1 } No..... 2 }	Q618

Q616	Who pays premium for your insurance?	FILTER: ASK IF EITHER OF Q614A/B/C=1	Category	(a) Code	(b) Rank
		Self	1	<input type="checkbox"/>	
		Son	2	<input type="checkbox"/>	
		Daughter	3	<input type="checkbox"/>	
		Son-in-law	4	<input type="checkbox"/>	
		Daughter-in-law	5	<input type="checkbox"/>	
		Grand son	6	<input type="checkbox"/>	
		Grand daughter	7	<input type="checkbox"/>	
Others (Specify)	8	<input type="checkbox"/>			
Q617	How much are you satisfied with this insurance scheme?		Not satisfied..... 1 Somewhat satisfied ..... 2 Satisfied..... 3 Highly satisfied..... 4		

Contd...



Now I am going to ask you some questions about the Rashtriya Swasthya Bhima Yojana (RSBY)			Skip to
Q618	Have you ever heard about Rashtriya Swasthya Bhima Yojana (RSBY)?	Yes ..... 1 No ..... 2 →	Q624
Q619	Have you registered under RSBY?	Yes ..... 1 No ..... 2 →	Q624
Q620	Did you face any problems while registering?	Yes ..... 1 No ..... 2 →	Q622
Q621	What were the problems?	Taking more time ..... A More waiting time ..... B Staff were absent ..... C Behavior of the staff was not good ..... D Asked for more money(>rs30) ..... E No proper guidelines for registration ..... F If other ..... <b>(SPECIFY)</b>	
Q622	Have you ever used RSBY card for treatment?	Yes ..... 1 No ..... 2 →	Q624
Q623	How satisfied are you with the RSBY scheme?	Not satisfied ..... 1 Somewhat satisfied ..... 2 Satisfied ..... 3 Highly satisfied ..... 4	
Q624: RECORD END TIME (in 24 hour format)      HOUR <input type="text"/> <input type="text"/>			MINUTES <input type="text"/> <input type="text"/>

## APPENDIX B

## Estimates of Sampling Errors

Variable	Value	Standard error	No. of cases		Design effect (DEFT)	Relative standard error (SE/R)	Confidence limits	
			Unweighted	Weighted			R-2SE	R+2SE
<b>Profile: HH and Elderly Population</b>								
Pucca house	0.462097	0.0167324	8329	8329	3.06274	0.036209721	0.428632	0.495562
Electricity in HH	0.916112	0.0080423	8329	8329	2.64743	0.008778733	0.900027	0.932196
Separate Kitchen	0.720543	0.0115318	8329	8329	2.34519	0.016004326	0.697479	0.743606
Packed/Piped drinking water	0.606753	0.0155292	8329	8329	2.90123	0.025593923	0.575695	0.637812
Septic tank/Flush system/Pit latrine	0.625396	0.017086	8329	8329	3.22142	0.027320299	0.591224	0.659568
Possession of BPL/Antyodaya card	0.450028	0.0120333	8329	8329	2.20731	0.026739021	0.425961	0.474094
No outstanding loan	0.718583	0.0095869	8329	8329	1.94551	0.013341395	0.699409	0.737757
No education	0.76777	0.0075906	29017	27989	3.43762	0.009886553	0.752589	0.782951
No education (60 +)	0.510194	0.0149761	9852	9852	2.97343	0.029353753	0.480242	0.540146
Completed 12 or more years of education	0.106522	0.007993	5324	4825	1.89027	0.075036143	0.090536	0.122508
Currently married	0.606967	0.0078419	9852	9852	1.59354	0.012919815	0.591283	0.622651
Children ever born	3.877781	0.0535982	9748	9747	2.38604	0.013821874	3.770585	3.984977
Children surviving	3.432681	0.0417071	9472	9452	2.23682	0.012150008	3.349267	3.516095
<b>Work participation and work benefits</b>								
Currently working (Male)	0.38865	0.0106011	4672	4663	1.48638	0.027276755	0.367447	0.409852
Currently working (Female)	0.109236	0.0063976	5180	5189	2.17849	0.058566826	0.096441	0.122031
Currently working (total)	0.241487	0.0066998	2264	2379	2.41214	0.027743902	0.228088	0.254887
Received retirement or pension benefits	0.117323	0.0068975	9852	9852	2.12737	0.058790789	0.103528	0.131118

Contd...

Variable	Value	Standard error	No. of cases		Design effect (DEFT)	Relative standard error (SE/R)	Confidence limits	
			Unweighted	Weighted			R-2SE	R+2SE
<b>Income and Assets</b>								
No current source of income	0.432521	0.0092721	9852	9852	1.85755	0.021437355	0.413977	0.451065
No Contribution to HH Expenditure	0.043518	0.003416	9852	9852	1.6618	0.078495713	0.036686	0.05035
Not dependent financially on others	0.494938	0.0095342	9852	9852	1.89269	0.019263415	0.47587	0.514007
Don't own any assets (Land, Houses/Plot and Jewellery)	0.2075	0.0075228	9852	9852	1.84124	0.036254528	0.192454	0.222545
<b>Living arrangement and family relationship</b>								
Elderly living alone or with spouse	0.2226	0.0079	9852	9852	1.88796	0.035550903	0.206746	0.238396
Feeling uncomfortable with present living arrangement	0.1278	0.0084	9852	9852	2.48655	0.065450391	0.111066	0.144523
No role with household decision	0.0563	0.0061	9852	9852	2.62206	0.108210017	0.044077	0.068425
Decision making role declined after 60	0.2661	0.0108	9852	9852	2.41763	0.040452614	0.24457	0.287628
No involvement in HH activities	0.0691	0.0060	9852	9852	2.33859	0.086500416	0.057123	0.081022
Ever abused after attaining 60	0.1140	0.0081	9779	9788	2.50788	0.070688444	0.097921	0.130167
Never attend any public meeting	0.7268	0.0103	9852	9852	2.28626	0.01412338	0.706252	0.74731
Never attend any religious program	0.3793	0.0125	9852	9852	2.55307	0.032907937	0.354308	0.404232
<b>Subjective well-being and functionality</b>								
Perceived health as Excellent/very good/good	0.444256	0.0102627	9852	9852	2.04997	0.023100859	0.423731	0.464782
Better/same health as compared to previous year	0.639133	0.0104872	9852	9852	2.16736	0.016408486	0.618158	0.660107
Better/same health compared to peers	0.654345	0.0089158	9852	9852	1.8607	0.013625526	0.636514	0.672177
GHQ<=12	0.517385	0.0139912	9800	9804	2.77166	0.02704216	0.489402	0.545367
SUBI	19.04188	0.0800687	9574	9562	2.01929	0.004204874	18.88174	19.20202

Contd...

Variable	Value	Standard error	No. of cases		Design effect (DEFT)	Relative standard error (SE/R)	Confidence limits	
			Unweighted	Weighted			R-2SE	R+2SE
Need at least one assistance in daily activities	0.076281	0.0032212	9852	9852	1.20443	0.042227967	0.069839	0.082724
Can perform at least one IADL activities	0.948406	0.0031672	9852	9852	1.42106	0.003339499	0.942071	0.95474
Full difficulty in vision	0.091283	0.0047764	9852	9852	1.64602	0.052325072	0.08173	0.100836
Partial difficulty in vision	0.499122	0.0104494	9852	9852	2.07426	0.02093555	0.478224	0.520021
Full difficulty in hearing	0.0257	0.0020958	9852	9852	1.31456	0.081547686	0.021509	0.029892
Partial difficulty in hearing	0.180755	0.0068534	9852	9852	1.76764	0.037915368	0.167048	0.194462
Full difficulty in walking	0.037983	0.0021832	9852	9852	1.13356	0.0574788	0.033616	0.042349
Partial difficulty in walking	0.194473	0.0070569	9852	9852	1.76964	0.036287318	0.180359	0.208587
Cognitive ability	4.087224	0.0338218	9852	9852	2.03853	0.008275005	4.01958	4.154868
Addicted to any risk behaviour currently (smoking, alcohol/tobacco)	0.29166	0.0110461	9852	9852	2.41207	0.037873235	0.269568	0.313752
<b>Morbidities and care seeking behaviour</b>								
Prevalence rate of acute morbidity	0.13241	0.0066095	9852	9852	1.93549	0.049916887	0.119191	0.145629
At least one chronic ailment	0.648114	0.0097529	9852	9852	2.02697	0.015048127	0.628608	0.667620
Ever been hospitalized in last 12 months	0.097882	0.0042713	9852	9852	1.42666	0.043637148	0.08934	0.106425
<b>Social Security</b>								
Awareness of IGNOAPS	0.785749	0.0100142	9852	9852	2.42243	0.012744786	0.76572	0.805777
Awareness of Annapurna scheme	0.391668	0.0138287	9852	9852	2.81186	0.035307217	0.36401	0.419325
Awareness of IGWNPS	0.716066	0.0117042	9852	9852	2.5763	0.016345151	0.692657	0.739474
Utilization of IGNOAPS	0.134202	0.0076604	9852	9852	2.23052	0.057081202	0.118881	0.149523

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