

BUILDING KNOWLEDGE BASE ON AGEING IN INDIA

QUESTIONNAIRE FOR THE ELDERLY SURVEY



INSTITUTE FOR SOCIAL AND ECONOMIC CHANGE
NAGARABHAVI, BANGALORE

&

INSTITUTE OF ECONOMIC GROWTH
NEW DELHI



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2011

CONFIDENTIAL
For research
Purpose only

Questionnaire Number----- [BY SUPERVISOR] INDIVIDUAL QUESTIONNAIRE (STATE NAME)

IDENTIFICATION	
STATE : _____	□ □
DISTRICT : _____	□ □
TEHSIL/TALUK: _____	□ □
TYPE OF LOCALITY: RURAL.....1 URBAN.....2	□
CITY/TOWN/VILLAGE : _____	□ □ □ □
PSU NAME AND NUMBER _____	□ □
HOUSEHOLD NUMBER :	□ □ □ □
NAME OF HOUSEHOLD HEAD: _____	
ADDRESS OF HOUSEHOLD: _____	

INTERVIEWER'S VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY □ □
INTERVIEWER NAME	_____	_____	_____	MONTH □ □
RESULT*	_____	_____	_____	YEAR □ □ □ □
				RESULT CODE □
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER
TIME	_____	_____	_____	OF VISITS □
<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 style="text-align: center;">(SPECIFY)</p>				

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

INTERVIEWER PLEASE ANSWER ANY 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

Q 101: RECORD TIME (in 24 hour format)

HOUR

MINUTES

Section 1: Socio-Demographic Profile

Q102	SERIAL NUMBER (HH MEMBER) FROM HH ROSTER	<input type="text"/> <input type="text"/>	
Q103	INTERVIEWER: RECORD SEX OF THE RESPONDENT	MALE.....1 FEMALE.....2	
Q104	What day, month and year were you born? DD / MM / YYYY	DATE OF BIRTH <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> DON'T KNOW98	
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="text"/> <input type="text"/> <input type="text"/>	
Q106	What is your current marital status?	NEVER MARRIED1 → CURRENTLY MARRIED2 LIVING TOGETHER3 SEPARATED/DESERTED.....4 DIVORCED5 } WIDOWED6 }	Q113 Q108
Q107	For how many <u>years</u> have you been married or living together? INTERVIEWER: if less than 1 year, enter "00"	NUMBER OF YEARS <input type="text"/> <input type="text"/> } DON'T KNOW98 }	Q109
Q108	For how many <u>years</u> have you been separated, divorced or widowed? INTERVIEWER: if less than 1 year, enter "00"	NUMBER OF YEARS <input type="text"/> <input type="text"/> 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="text"/> <input type="text"/>	
Q110	How old were you at the time of your [<u>first</u>] marriage?	AGE AT FIRST MARRIAGE <input type="text"/> <input type="text"/> DON'T KNOW.....98	
Q111	How old was your spouse at the time of marriage?	<input type="text"/> <input type="text"/> DON'T KNOW.....98	
Q112	IF Q109 = 2 OR MORE, How did your first marriage end?	CURRENTLY MARRIED1 SEPARATED/DESERTED.....2 DIVORCED3 WIDOWED4	
Q113	Have you <u>ever</u> attended school?	YES.....1 NO2 →	Q115
Q114	How many <u>years of schooling</u> (including higher education) have you <u>completed</u> ?	NUMBER OF YEARS <input type="text"/> <input type="text"/> DON'T KNOW98	

Q115	IF Q113= 2 OR Q114= LESS THAN 6 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 (SPECIFY LANGUAGE) BLIND/ VISUALLY IMPAIRED 5	
Q116	What is your religion?	HINDU 1 MUSLIM 2 CHRISTIAN 3 SIKH 4 OTHERS 6 (SPECIFY)	
Q117	What is your caste or tribe?	CASTE/TRIBE 1 (SPECIFY) 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="text"/> <input type="text"/> 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 (SPECIFY)	
Q122	Have you been knowing 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. <u>Have you ever</u> in your life done any of these things or any type of work (excluding housework)?	YES..... 1 → Q203 No 2
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 (SPECIFY)
Q203	What is/was your main occupation?	_____ <input type="text"/> <input type="text"/>
Q204	At what age did you start paid work?	STARTING AGE <input type="text"/> <input type="text"/> DON'T KNOW 98
Q205	Have you worked in the last ONE year? [including seasonal work]	NO 0 → Q210 YES, MORE THAN 6 MONTHS 1 YES, 3 MONTHS TO 6 MONTHS 2 YES, LESS THAN 3 MONTHS 3
Q206	What is/was your main occupation during the last year?	_____ <input type="text"/> <input type="text"/>
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 SUSSTENCE 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 YEAR) <input type="text"/> <input type="text"/> → Q213 DON'T KNOW 98
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 <u>main reason</u> 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)	

		<i>[Ask if Q. 205 = 0, 1, 2 or 3]</i>	<i>Ask about main occupation if Q207 = 2</i>		
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 OTHER6 (SPECIFY)	PUBLIC SECTOR (GOVERNMENT)..1 PRIVATE ORGANISED (FOR PROFIT AND NOT FOR PROFIT).....2 SELF-EMPLOYED.....3 INFORMAL EMPLOYMENT.....4 OTHER6 (SPECIFY)		
Q216	Are/were you paid in cash or kind for your work?	CASH ONLY.....1 IN KIND ONLY2 CASH AND KIND.....3 NOT PAID.....4	CASH ONLY.....1 IN KIND ONLY2 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 MONTHS3	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	<p>What are your sources of income?</p> <p>(Investigator: If multiple sources are mentioned CIRCLE ALL RELEVANT RESPONSES)</p> <p style="text-align: center;">[Personal]</p>	<p>SALARY/WAGES.....A EMPLOYER'S PENSION (GOVERNMENT OR OTHER).....B SOCIAL PENSION (OLD AGE/ WIDOW)C PENSION FROM MUTUAL FUNDSD RENTAL INCOME.....E BUSINESS INCOMEF AGRICULTURE/ FARM INCOME.....G RETURNS FROM SHARES, DIVIDENDS, BONDS.....H REMITTANCESI INTEREST ON SAVINGS AND FIXED DEPOSITSJ NO INCOMEK → Q308 ANY OTHERL</p> <p style="text-align: center;">(SPECIFY)</p>
Q302	How much is your annual income from all the sources mentioned above?	<p>AMOUNT IN RS. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>CAN'T SAY.....9666666 DON'T KNOW.....9888888</p>
Q303	Do you contribute any money from your total income towards the household's expenditure?	<p>YES.....1 NO2 → Q307</p>
Q304	How much do you contribute annually towards the household expenses?	<p>AMOUNT IN RS. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
Q305	In your view, what percentage of the total household budget is covered by your contribution?	<p>< 201 20-40.....2 40-60.....3 60-.....4 80+.....5 DON'T KNOW.....8</p>
Q306	<p>For what purpose is your contribution usually used?</p> <p>(INTERVIEWER: MULTIPLE RESPONSES ARE ALLOWED)</p>	<p>DAY TO DAY EXPENSESA CHILDREN/ GRANDCHILDREN'S EDUCATIONB MEDICAL EXPENSESC SAVINGSD REPAYMENT OF LOANE SPECIAL EVENTSF OTHER.....G</p> <p style="text-align: center;">(SPECIFY)</p>
Q307	<p>Is the income you earn sufficient to fulfil your basic needs?</p> <p>[Food, Shelter, Clothing and Medical]</p>	<p>YES, FULLY1 → 310 YES, PARTIALLY2 NO3</p>

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		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)	
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? Yes1 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? Yes1 No.....2	To whom has it been transferred?
	Q310	Q311	Q312	Q313	Q314	Q315
a. Inherited land	1 GO TO Q314 2 3 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> In Acre	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> → GO TO NEXT LINE	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/>
b. Self acquired land	1 GO TO Q314 2 3 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> In Acre	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> → GO TO NEXT LINE	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/>
c. Inherited house/s	1 GO TO Q314 2 3 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> In Numbers	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> → GO TO NEXT LINE	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/>
d. Self acquired house/s	1 GO TO Q314 2 3 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> In Numbers	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> → GO TO NEXT LINE	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/>
e. Inherited gold or jewellery	1 GO TO Q314 2 3 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> In Grams	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> → GO TO NEXT LINE	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/>
f. Self acquired gold or jewelry	1 GO TO Q314 2 3 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> In Grams	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> → GO TO NEXT LINE	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/>

g. Housing plot	1 GO TO Q314 2 3 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> In Numbers	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> → GO TO NEXT LINE	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/>
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h. Savings in the bank/post office or cash	1 GO TO Q314 2 3 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> In Rupees	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/>
i. Bonds/ Shares/ Mutual funds	1 GO TO Q314 2 3 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> In Rupees	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/>
j. Life insurance	1 GO TO Q314 2 3 → GO TO Q401	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> In Rupees	1 2 → GO TO Q401	<input type="text"/> <input type="text"/>

<p>CODES FOR Q.313</p> <p>01 = SPOUSE 02 = CHILDREN 03 = OTHERS 04 = SPOUSE AND CHILDREN 05 = SPOUSE, CHILDREN AND OTHERS</p>	<p>CODES FOR Q.315</p> <p>01 = SPOUSE 02 = SONS 03 = DAUGHTERS 04 = GRAND CHILDREN 05 = BROTHERS/SISTERS 06 = OTHER RELATIVES 07 = OTHERS</p>
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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 Married1 Ever Married2	→ Q423
Now I would like to ask about all the children you have had.			
Q402	Number of children born over lifetime?	A.Males..... B.Females.....	} IF '00' GO TO Q423
Q403	How many children still alive?	A.Males..... B.Females.....	

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

Do not reside with	Name	Sex Male =1 Female=2	Age	Education	Marital status	Occupation	Number of Living Children to -----(Name in Q 410)		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 Neutral=0 Fully=1 Partially=2 Not at all=3 ASK ONLY IF Q420a >= 2 or Q421a >= 2
							Male	Female		To you	By you		To you	Visit you	You visit	To you	
Sl. No.	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"/>	<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"/> <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"/>	<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"/> <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"/>	<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"/> <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"/>	<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"/> <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"/>	<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"/> <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"/>	<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"/> <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"/>	<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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
8		1 2	<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"/>	1 2	1 2	<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		1 2	<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"/>	1 2	1 2	<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		1 2	<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"/>	1 2	1 2	<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 AGE</p> <p>00 = AGE LESS THAN ONE YEAR 95 = AGE 95 YEARS OR MORE</p>	<p>(B) CODES FOR Q.408, Q.414 MARTIAL STATUS</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 EDUCATION STANDARD</p> <p>00 = LESS THAN ONE YEAR COMPLETED 98 = DON'T KNOW</p>	<p>(D) CODES FOR Q.417 PLACE OF RESIDENCE</p> <p>WITHIN DISTRICT1 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 MEETING & COMMUNICATION)</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>	

I would now like to ask you some questions about your living arrangements.		
Q423	FILTER: REFER TO Q 115 IN THE HOUSEHOLD SCHEDULE AND COPY THE INFORMATON.	LIVING ALONE1 LIVING ALONE WITH SERVANT.....2 LIVING WITH SPOUSE ONLY.....3 LIVING WITH SPOUSE AND SERVANT....4 ALL OTHERS6 → 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)
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 <u>moving</u> 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?	Yes1 → Q430 No.....2
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 No2 → 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.	Rank <input type="checkbox"/>				
		B.....Adults should have their own Savings so that they do not have to depend on heir children in their old age.	<input type="checkbox"/>				
		C.....Since as an adult elderly has contributed to the society, they should be taking care by the government.	<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?	No Role	Alone	With Spouse	With Spouse & Children	With Everyone	NA
		0	1	2	3	4	9
	a. Marriage of son/daughter.....	0	1	2	3	4	9
	b. Buying and selling of property.....	0	1	2	3	4	9
	c. Buying other household items.....	0	1	2	3	4	9
	d. Gifts to daughters, grandchildren, other relatives	0	1	2	3	4	9
	e. Education of children, grandchildren.....	0	1	2	3	4	9
	f. Arrangement of social and religious events	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 QUESTIONS 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		
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) _____		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 Grand children 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

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-7PM)	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)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	96	96	96	96	96

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	Sl 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"/>

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 assistance1 <div style="text-align: right;">↓ GO TO NEXT ROW</div> Require partial assistance2 Require full assistance 3	Spouse 01 Son.....02 Daughter.....03 Son/Daughter-in-law.....04 Relatives.....05 Servant06 Other 96 <hr/> (SPECIFY)	No one 00 Spouse 01 Son.....02 Daughter.....03 Son/Daughter-in-law.....04 Relatives.....05 Servant06 Other 96 <hr/> (SPECIFY)	Less than 1 month ..1 1 to 6 months2 6 months to 1 year ..3. 1 to 5 years4 5+ years5 Don't know8
2	DRESSING	Do not require assistance1 <div style="text-align: right;">↓ GO TO NEXT ROW</div> Require partial assistance2 Require full assistance 3	Spouse 01 Son.....02 Daughter.....03 Son/Daughter-in-law.....04 Relatives.....05 Servant06 Other 96 <hr/> (SPECIFY)	No one 00 Spouse 01 Son.....02 Daughter.....03 Son/Daughter-in-law.....04 Relatives.....05 Servant06 Other 96 <hr/> (SPECIFY)	Less than 1 month ..1 1 to 6 months2 6 mths to 1 year...3 1 to 5 years4 5+ years5 Don't know8
3	TOILET	Do not require assistance1 <div style="text-align: right;">↓ GO TO NEXT ROW</div> Require partial assistance2 Require full assistance 3	Spouse 01 Son.....02 Daughter.....03 Son/Daughter-in-law.....04 Relatives.....05 Servant06 Other 96 <hr/> (SPECIFY)	No one 00 Spouse 01 Son.....02 Daughter.....03 Son/Daughter-in-law.....04 Relatives.....05 Servant06 Other 96 <hr/> (SPECIFY)	Less than 1 month ..1 1 to 6 months2 6 mths to 1 year....3 1 to 5 years4 5+ years5 Don't know8
4	MOBILITY	Can move in and out of bed/ chair without assistance (may be using cane or walker for support).....1 <div style="text-align: right;">↓ GO TO NEXT ROW</div> Can move in and out of bed/ chair with assistance2 Can not get out of bed3	Spouse 01 Son.....02 Daughter.....03 Son/Daughter-in-law.....04 Relatives.....05 Servant06 Other 96 <hr/> (SPECIFY)	No one 00 Spouse 01 Son.....02 Daughter.....03 Son/Daughter-in-law.....04 Relatives.....05 Servant06 Other 96 <hr/> (SPECIFY)	Less than 1 month ..1 1 to 6 months2 6 months to 1 year.3 1 to 5 years4 5+ years5 Don't know8
5	CONTINENCE	Can controls urination and bowel movements completely by self1 <div style="text-align: right;">↓ GO TO NEXT ROW</div> 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 Servant06 Other 96 <hr/> (SPECIFY)	No one 00 Spouse 01 Son.....02 Daughter.....03 Son/Daughter-in-law.....04 Relatives.....05 Servant06 Other 96 <hr/> (SPECIFY)	Less than 1 month ..1 1 to 6 months2 6 months to 1 year.3 1 to 5 years4 5+ years5 Don't know8

				(SPECIFY)	
6	FEEDING	Do not require assistance1 <div style="text-align: center;">↓ GO TO Q509</div> Require partial assistance2 Require full assistance 3	Spouse 01 Son.....02 Daughter....03 Son/Daughter- in-law.....04 Relatives....05 Servant06 Other 96	No one 00 Spouse 01 Son.....02 Daughter....03 Son/Daughter- in-law.....04 Relatives....05 Servant06 Other 96	Less than 1 month ..1 1 to 6 months2 6 mths to 1 year.....3 1 to 5 years4 5+ years5 Don't know8
			(SPECIFY)	(SPECIFY)	

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 style="width: 50px; height: 20px;" type="text"/>	

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 months2 6 mths to 1 year.....3 1 to 5 years4 5+ years5 Don't know8 (Q520)	(Q521)	(SEE CODE BELOW) (Q522)	In Rs. (Q523)	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"/> 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"/> 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"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <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"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

		LINE		GO TO Q525				
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"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

		LINE		GO TO Q525				
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"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> If =0, GO TO NEXT LINE	<input type="checkbox"/> <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"/> <input type="checkbox"/>

<p>Code for Q.522</p> <p>Government hospital/Clinic.....01 Private hospital/clinic.....02 Charitable /Missionary03 NGO hospital/clinic04 AYUSH hospital/clinic.....05 Pharmacist/Dispensary.....06 Ritualistic healing.....07 Un-qualified medical practitioner.....08 Self-medication09 Other96 Don't Know.....98</p>	<p>Code for Q.525</p> <p>Ailment cured.....0 No medical facility available in the neighborhood.....1 Facilities available but lack of faith 2 Long waiting time.....3 Financial reasons.....4 Ailment not considered serious5 Others6</p>
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Q526	FILTER:SEX OF THE RESPONDENT	MAN1 WOMAN2	→ 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 know8	
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 know8	
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 know98	→ 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 No2			→ 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="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
Q537	Did you take any treatment for your illness	Yes.....1 No2	Yes.....1 No2	Yes1 No.....2	→ Q543
Q538	How many times did you visit a health care provider for treatment?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q539	Where did you go for (non-hospitalized) treatment? Government hospital/clinic01 Staff at SC/ PHC02 Private hospital/clinic.....03 Charitable /missionary.....04 NGO hospital/clinic05 AYUSH hospital/clinic06 Pharmacist/Dispensary.....07 Ritualistic healing.....08 Unqualified medical practitioner..... 09 Self medication.....10 Other96 (SPECIFY)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	Who accompanied you during each episode? None00	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

Q540	Spouse01 Son.....02 Daughter.....03 Son/Daughter-in-law.....04 Grandchildren.....05 Relatives.....06 Friends07 Other96				
Q540a	Have you been hospitalised due to this illness? Yes – 1 → (GO TO NEXT EPISODE; ELSE MOVE TO Q 544) 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, xray, 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-law05 Relatives06 Friends07 Insurance08 Employer09 Other96	<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 waiting3 Financial reasons4 Ailment not considered serious 5 Other 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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?	Yes1 No2 → 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 hospital2 Charitable/ missionary.....3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NGO-run hospital.....4 AYUSH hospital/clinic.....5 Other _____6 (SPECIFY)						
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 (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"/>	
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"/>	
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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> /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				

Personal Habits and Risk Behaviours

SI No	Have you ever had '-----' habit? Yes = 1 No = 2 (Q563)	Have you '-----' in the last one month? Yes = 1 No = 2 (Q564)	How frequently do you indulge in this habit? (Q565)	How much do you spend on "-----"? (Q566)	Who pays for it? Self..... 1 Spouse..... 2 Children..... 3 Relatives4 Other6 (SPECIFY) (Q567)
A	Smoking cigarettes or bidis 1 2 → GO TO NEXT LINE	1 2 → GO TO NEXT LINE	<input type="text"/> <input type="text"/> / per day (Q565)	<input type="text"/> <input type="text"/> <input type="text"/> / per day (Q566)	<hr/> <input type="text"/>
B	Alcohol consumption 1 2 → GO TO NEXT LINE	1 2 → GO TO NEXT LINE	Daily.....1 Once or twice a week.....2 Once or twice a month.....3 Occasionally.....4 (Q565)	<input type="text"/> <input type="text"/> <input type="text"/> / each time (Q566)	<hr/> <input type="text"/>
C	Chewing Tobacco or other intoxicant (snuff, pan, pan masala, ghutka) 1 2 → GO TO Q568	1 2 → GO TO Q568	<input type="text"/> <input type="text"/> / per day (Q565)	<input type="text"/> <input type="text"/> <input type="text"/> / per day (Q566)	<hr/> <input type="text"/>

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 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	Have you recently been feeling reasonably happy, all things considered?	More so than usual.....1 Same as usual.....2 Less so than usual.....3 Much less than usual.....4	

SUBJECTIVE WELL BEING INVENTORY (SUBI)

Q569	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

Q601 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 many years are you availing this benefits? (Less than a year= 00) Q604a
	Q602		Q603	Q604	
A	National Old Age Pension Scheme?	No0 → GO TO NEXT ROW/SCHEME Yes without prompt.....1 Yes with prompt.....2	Yes1 No.2 NA3} ↓ 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?	No0 → GO TO NEXT ROW/SCHEME Yes without prompt.....1 Yes with prompt.....2	Yes1 No.2 NA3} ↓ 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?	No0 → GO TO NEXT ROW/SCHEME Yes without prompt.....1 Yes with prompt.....2	Yes1 No.2 NA3} ↓ 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)	No0 → GO TO NEXT ROW/SCHEME Yes without prompt.....1 Yes with prompt.....2	Yes1 No.2 NA3} ↓ 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)	No0 → GO TO NEXT ROW/SCHEME Yes without prompt.....1 Yes with prompt.....2	Yes1 No.2 NA3} ↓ 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)	No0 → GO TO NEXT ROW/SCHEME Yes without prompt.....1 Yes with prompt.....2	Yes1 No.2 NA3} ↓ 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)	No0 → GO TO Q609 Yes without prompt.....1 Yes with prompt.....2	Yes1 No.2 NA3} ↓ Go to Q609	<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	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 incomplete04 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 need2 No one to help..3 Not eligible.....4 Other.....6 (SPECIFY)
B	Annapurna Scheme?	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 incomplete04 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 need2 No one to help..3 Not eligible.....4 Other.....6 (SPECIFY)
C	Widow Pension?	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 incomplete04 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 need2 No one to help..3 Not eligible.....4 Other.....6 (SPECIFY)
D	Other Schemes	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 incomplete04 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 need2 No one to help..3 Not eligible.....4 Other.....6 (SPECIFY)
E	Other Schemes	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 incomplete04 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 need2 No one to help..3 Not eligible.....4 Other.....6 (SPECIFY)
F	Other Schemes	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 incomplete04 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 need2 No one to help..3 Not eligible.....4 Other.....6 (SPECIFY)

G	Other Schemes	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 incomplete04 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 need2 No one to help..3 Not eligible.....4 Other.....6 (SPECIFY)
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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?			
SI 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 busses?	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?
	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?	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		

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)?	Yes1 No2 →	Q624
Q619	Have you registered under RSBY?	Yes.....1 No.....2 →	Q624
Q620	Did you face any problems while registering?	Yes1 No2 →	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 _____ (SPECIFY)	
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 satisfied2 Satisfied3 Highly satisfied.....4	

Q 624: RECORD END TIME (in 24 hour format)

HOUR MINUTES