

NATIONAL FAMILY HEALTH SURVEY, 1998-99 (NFHS-2)  
HOUSEHOLD QUESTIONNAIRE

CONFIDENTIAL  
For Research  
Purposes Only

INDIA

IDENTIFICATION																																																	
STATE _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																
DISTRICT _____																																																	
TEHSIL/TALUK _____																																																	
CITY/TOWN/VILLAGE _____																																																	
URBAN/RURAL (urban=1, rural=2).....																																																	
LARGE CITY/SMALL CITY/TOWN/RURAL AREA..... (large city=1, small city=2, town=3, rural area=4)																																																	
PSU NUMBER.....																																																	
HOUSEHOLD NUMBER.....																																																	
NAME OF HOUSEHOLD HEAD _____																																																	
ADDRESS OF HOUSEHOLD _____																																																	

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>9</td><td></td><td></td></tr></table>					1	9		
1	9											
INTERVIEWER'S NAME	_____	_____	_____	NAME CODE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								
RESULT*	_____	_____	_____	RESULT CODE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>								
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>								
*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 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>  TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>  LINE NO. OF RESP. TO HOUSE- HOLD SCHEDULE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								

	SUPERVISOR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			FIELD EDITOR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			OFFICE EDITOR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			KEYED BY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>		
DATE _____	_____	_____	_____	_____								
NAME _____	_____	_____	_____	_____								

HOUSEHOLD SCHEDULE

1	RECORD THE TIME.	HOUR..... MINUTES.....	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

Now I would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	RESIDENCE		SEX	AGE	IF AGE 6 YEARS OR OLDER								
							MARITAL STATUS	ELIGIBILITY	EDUCATION						
									IF NEVER ATTENDED SCHOOL	IF EVER ATTENDED SCHOOL		IF AGE LESS THAN 18 YEARS			
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)		(11)	(12)	(13)	(14)	(15)	(16)
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Does (NAME) usually live here?	Did (NAME) stay here last night?	Is (NAME) male or female?	How old is (NAME)?**	What is the current marital status of (NAME)?***	CIRCLE LINE NUMBER OF EVER-MARRIED FEMALES AGE 15-49 (EXCLUDE NG AND NM)	Can (NAME) read and write?	Has (NAME) ever been to school?	What is the main reason (NAME) never went to school?****	What is the highest grade (NAME) has completed?*****	Is (NAME) still in school?	What is the main reason (NAME) is not going to school?*****	

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	RESIDENCE		SEX	AGE	IF AGE 6 YEARS OR OLDER											
			YES NO	YES NO			M	F	IN YEARS	CM	NG	S	DS	D	W	NM	YES NO	YES NO
01			1 2	1 2	1 2		1 2 3 4 5 6 7	01	1 2	1 2			1 2					
02			1 2	1 2	1 2		1 2 3 4 5 6 7	02	1 2	1 2			1 2					
03			1 2	1 2	1 2		1 2 3 4 5 6 7	03	1 2	1 2			1 2					
04			1 2	1 2	1 2		1 2 3 4 5 6 7	04	1 2	1 2			1 2					
05			1 2	1 2	1 2		1 2 3 4 5 6 7	05	1 2	1 2			1 2					
06			1 2	1 2	1 2		1 2 3 4 5 6 7	06	1 2	1 2			1 2					
07			1 2	1 2	1 2		1 2 3 4 5 6 7	07	1 2	1 2			1 2					
08			1 2	1 2	1 2		1 2 3 4 5 6 7	08	1 2	1 2			1 2					

HOUSEHOLD SCHEDULE (CONTINUED)

(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
			YES NO	YES NO	M F	IN YEARS	CM NG S DS D W NM		YES NO	YES NO	REASON	GRADE	YES NO	REASON
09			1 2	1 2	1 2		1 2 3 4 5 6 7	09	1 2	1 2			1 2	
10			1 2	1 2	1 2		1 2 3 4 5 6 7	10	1 2	1 2			1 2	
11			1 2	1 2	1 2		1 2 3 4 5 6 7	11	1 2	1 2			1 2	
12			1 2	1 2	1 2		1 2 3 4 5 6 7	12	1 2	1 2			1 2	
13			1 2	1 2	1 2		1 2 3 4 5 6 7	13	1 2	1 2			1 2	
14			1 2	1 2	1 2		1 2 3 4 5 6 7	14	1 2	1 2			1 2	
15			1 2	1 2	1 2		1 2 3 4 5 6 7	15	1 2	1 2			1 2	
16			1 2	1 2	1 2		1 2 3 4 5 6 7	16	1 2	1 2			1 2	

TICK HERE IF CONTINUATION SHEET USED  TOTAL NUMBER OF ELIGIBLE WOMEN

\* CODES FOR Q.4

RELATIONSHIP TO HEAD OF HOUSEHOLD:

- 01= HEAD
- 02= WIFE OR HUSBAND
- 03= SON OR DAUGHTER
- 04= SON-IN-LAW OR DAUGHTER-IN-LAW
- 05= GRANDCHILD
- 06= PARENT
- 07= PARENT-IN-LAW
- 08= BROTHER OR SISTER
- 09= BROTHER-IN-LAW OR SISTER-IN-LAW
- 10= NIECE OR NEPHEW
- 11= OTHER RELATIVE
- 12= ADOPTED/FOSTER CHILD
- 13= NOT RELATED

\*\* CODES FOR Q.8

- 00= AGE LESS THAN ONE YEAR
- 95= AGE 95 YEARS OR MORE

\*\*\* CODES FOR Q.9

- MARITAL STATUS:
- 1= CURRENTLY MARRIED
  - 2= MARRIED, BUT GAUNA NOT PERFORMED
  - 3= SEPARATED
  - 4= DESERTED
  - 5= DIVORCED
  - 6= WIDOWED
  - 7= NEVER MARRIED

\*\*\*\*CODES FOR Q.13

- 01= SCHOOL TOO FAR AWAY
- 02= TRANSPORT NOT AVAILABLE
- 03= EDUCATION NOT CONSIDERED NECESSARY
- 04= REQUIRED FOR HOUSEHOLD WORK
- 05= REQUIRED FOR WORK ON FARM/FAMILY BUSINESS
- 06= REQUIRED FOR OUTSIDE WORK FOR PAYMENT IN CASH OR KIND
- 07= COST TOO MUCH
- 08= NO PROPER SCHOOL FACILITIES FOR GIRLS
- 09= REQUIRED FOR CARE OF SIBLINGS
- 10= NOT INTERESTED IN STUDIES
- 96= OTHER
- 98= DK

\*\*\*\*\*CODES FOR Q.14

- GRADE:
- 00=LESS THAN 1 YEAR COMPLETED

\*\*\*\*\*CODES FOR Q.16

- 01= SCHOOL TOO FAR AWAY
- 02= TRANSPORT NOT AVAILABLE
- 03= FURTHER EDUCATION NOT CONSIDERED NECESSARY
- 04= REQUIRED FOR HOUSEHOLD WORK
- 05= REQUIRED FOR WORK ON FARM/FAMILY BUSINESS
- 06= REQUIRED FOR OUTSIDE WORK FOR PAYMENT IN CASH OR KIND
- 07= COST TOO MUCH
- 08= NO PROPER SCHOOL FACILITIES FOR GIRLS
- 09= REQUIRED FOR CARE OF SIBLINGS
- 10= NOT INTERESTED IN STUDIES
- 11= REPEATED FAILURES
- 12= GOT MARRIED
- 96= OTHER
- 98= DK



PSU NO. \_\_\_\_\_

HH NO. \_\_\_\_\_

	(17)	(18)		(19)		(20)		(21)		(22)		(23)		(24)		(25)		(26)		(27)		
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	DK
09	<input type="checkbox"/>	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	3
10	<input type="checkbox"/>	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	3
11	<input type="checkbox"/>	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	3
12	<input type="checkbox"/>	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	3
13	<input type="checkbox"/>	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	3
14	<input type="checkbox"/>	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	3
15	<input type="checkbox"/>	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	3
16	<input type="checkbox"/>	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	3

28 Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed?

YES  → ENTER EACH IN TABLE NO

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?

YES  → ENTER EACH IN TABLE NO

3) Do you have any guests or temporary visitors staying here, or anyone else who stayed here last night?

YES  → ENTER EACH IN TABLE NO

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
29	<p>When members of your household get sick, where do they generally go for treatment?</p>	<p>PUBLIC MEDICAL SECTOR  GOVT./MUNICIPAL HOSPITAL.....11  GOVT. DISPENSARY.....12  UHC/UHP/UFWC.....13  CHC/RURAL HOSPITAL/PHC.....14  SUB-CENTRE.....15  GOVT. MOBILE CLINIC.....16  GOVT. PARAMEDIC.....17  OTHER PUBLIC SECTOR  HEALTH FACILITY.....18  NGO/TRUST HOSPITAL/CLINIC.....21  NGO WORKER.....22  PRIVATE MEDICAL SECTOR  PVT. HOSPITAL/CLINIC.....31  PVT. DOCTOR.....32  PVT. MOBILE CLINIC.....33  PVT. PARAMEDIC.....34  VAIDYA/HAKIM/HOMEOPATH.....35  TRADITIONAL HEALER.....36  PHARMACY/DRUGSTORE.....37  DAI (TBA).....38  OTHER PRIVATE SECTOR  HEALTH FACILITY.....39  OTHER  SHOP.....41  HOME TREATMENT.....42  OTHER _____ 96  (SPECIFY)</p>	
30	<p>What is the main source of drinking water for members of your household?</p>	<p>PIPED WATER  PIPED INTO  RESIDENCE/YARD/PLOT.....11 →32  PUBLIC TAP.....12  GROUND WATER  HANDPUMP IN RESIDENCE/  YARD/PLOT.....21 →32  PUBLIC HANDPUMP.....22  WELL WATER  WELL IN RESIDENCE/YARD/PLOT  COVERED WELL.....31  OPEN WELL.....32 →32  PUBLIC WELL  COVERED WELL.....33  OPEN WELL.....34  SURFACE WATER  SPRING.....41  RIVER/STREAM.....42  POND/LAKE.....43  DAM.....44  RAINWATER.....51  TANKER TRUCK.....61  OTHER _____ 96  (SPECIFY)</p>	
31	<p>How long does it take to go there, get water, and come back in one trip?</p>	<p>MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/></p>	
32	<p>What do you do to purify drinking water, if anything?   RECORD ALL MENTIONED.</p>	<p>STRAIN BY CLOTH.....A  ALUM.....B  WATER FILTER.....C  BOILING.....D  ELECTRONIC PURIFIER.....E  NOTHING.....F  OTHER _____ X  (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
33	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PUBLIC FLUSH TOILET.....13  PIT TOILET/LATRINE OWN PIT TOILET/LATRINE.....21 SHARED PIT TOILET/LATRINE.....22 PUBLIC PIT TOILET/LATRINE.....23  NO FACILITY/BUSH/FIELD.....31  OTHER _____ 96 (SPECIFY)	
34	What is the main source of lighting for your household?	ELECTRICITY.....1 KEROSENE.....2 GAS.....3 OIL.....4 OTHER _____ 6 (SPECIFY)	
35	How many rooms are there in your household?	ROOMS..... <input type="text"/> <input type="text"/>	
36	Do you have a separate room which is used as a kitchen?	YES.....1 NO.....2	
37	What type of fuel does your household mainly use for cooking?	WOOD.....01 CROP RESIDUES.....02 DUNG CAKES.....03 COAL/COKE/LIGNITE.....04 CHARCOAL.....05 KEROSENE.....06 ELECTRICITY.....07 LIQUID PETROLEUM GAS.....08 BIO-GAS.....09 OTHER _____ 96 (SPECIFY)	
38	What other types of fuel does your household commonly use for cooking or heating?  RECORD ALL MENTIONED.	WOOD.....A CROP RESIDUES.....B DUNG CAKES.....C COAL/COKE/LIGNITE.....D CHARCOAL.....E KEROSENE.....F ELECTRICITY.....G LIQUID PETROLEUM GAS.....H BIO-GAS.....I OTHER _____ X (SPECIFY) NO OTHER TYPE.....Y	
39	What is the religion of the head of the household?	HINDU.....01 MUSLIM.....02 CHRISTIAN.....03 SIKH.....04 BUDDHIST/NEO BUDDHIST.....05 JAIN.....06 JEWISH.....07 ZOROASTRIAN/PARSI.....08 NO RELIGION.....09 OTHER _____ 96 (SPECIFY)	
40	What is the caste or tribe of the head of the household?	CASTE _____ 1 (SPECIFY)  TRIBE _____ 2 (SPECIFY) NO CASTE/TRIBE.....3 →42	
41	Is this a scheduled caste, a scheduled tribe, other backward caste, or none of them?	SC.....1 ST.....2 OBC.....3 NONE OF THEM.....4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
42	Does this household own this house or any other house?	YES.....1 NO.....2	
43	Does this household own any agricultural land?	YES.....1 NO.....2	>46
44	_____ (SIZE AND UNIT) How much agricultural land does this household own?	ACRES..... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
45	_____ (SIZE AND UNIT) Out of this land, how much is irrigated?	ACRES..... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NONE.....9995	
46	Does this household own any livestock?	YES.....1 NO.....2	
47	Does the household own any of the following:	YES NO	
	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	
	A clock or watch?	CLOCK/WATCH.....1 2	
	An electric fan?	ELECTRIC FAN.....1 2	
	A bicycle?	BICYCLE.....1 2	
	A radio or transistor?	RADIO/TRANSISTOR.....1 2	
	A sewing machine?	SEWING MACHINE.....1 2	
	A telephone?	TELEPHONE.....1 2	
	A refrigerator?	REFRIGERATOR.....1 2	
	A black and white television?	TELEVISION (B&W).....1 2	
	A colour television?	TELEVISION (COLOUR).....1 2	
	A moped, scooter, or motorcycle?	MOPED/SCOOTER/MOTORCYCLE...1 2	
	A car?	CAR.....1 2	
	A water pump?	WATER PUMP.....1 2	
	A bullock cart?	BULLOCK CART.....1 2	
	A thresher?	THRESHER.....1 2	
	A tractor?	TRACTOR.....1 2	
48	What is the main type of kitchenware this household uses?	CLAY.....1 ALUMINIUM.....2 CAST IRON.....3 BRASS/COPPER.....4 STAINLESS STEEL.....5 OTHER.....6 (SPECIFY)	



49	TYPE OF HOUSE.  RECORD OBSERVATION.	ROOF _____ WALLS _____ FLOOR _____	PUCCA.....1 SEMI-PUCCA.....2 KACHHA.....3	
50A	TYPE OF SALT USED FOR COOKING:		REFINED SALT.....1 COARSE SALT.....2	
50B	TEST COOKING SALT FOR IODINE:		0 PPM (NO IODINE).....1 7 PPM.....2 15 PPM.....3 30 PPM.....4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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51	Did any usual resident of this household die since January 1997?	YES.....1 NO.....2 → 63	
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52	How many persons died?	TOTAL DEATHS..... <input style="width: 20px; height: 15px;" type="text"/>	
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53	54	55	56	57	58	59	60	61	62
What (was/were) the name(s) of the person(s) who died?	Was (NAME) a male or a female?	How old was he/she when he/she died? <small>RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS</small>	In what month and year did (NAME) die?	What did (NAME) die of?	CHECK 54 AND 55:  DECEASED WAS FEMALE AGED 15-49 AT THE TIME OF DEATH	Was (NAME) pregnant when she died?	Did (NAME) die during childbirth?	Did (NAME) die within two months after the end of a pregnancy or childbirth?	Was the death of (NAME) due to a complication of the pregnancy or childbirth?

01	MALE.....1 FEMALE...2 _____ (NAME)	DAYS....1 <input style="width: 20px; height: 15px;" type="text"/> MONTHS..2 <input style="width: 20px; height: 15px;" type="text"/> YEARS...3 <input style="width: 20px; height: 15px;" type="text"/>	MONTH.. <input style="width: 20px; height: 15px;" type="text"/> YEAR... <input style="width: 20px; height: 15px;" type="text"/>	_____ _____	YES.....1 NO.....2 (GO TO NEXT DEATH) <	YES.....1 (GO TO 62) < ] NO.....2	YES.....1 (GO TO NEXT DEATH) < ] NO.....2	YES.....1 NO.....2 (GO TO NEXT DEATH) < ]	YES.....1 NO.....2
02	MALE.....1 FEMALE...2 _____ (NAME)	DAYS....1 <input style="width: 20px; height: 15px;" type="text"/> MONTHS..2 <input style="width: 20px; height: 15px;" type="text"/> YEARS...3 <input style="width: 20px; height: 15px;" type="text"/>	MONTH.. <input style="width: 20px; height: 15px;" type="text"/> YEAR... <input style="width: 20px; height: 15px;" type="text"/>	_____ _____	YES.....1 NO.....2 (GO TO NEXT DEATH) <	YES.....1 (GO TO 62) < ] NO.....2	YES.....1 (GO TO NEXT DEATH) < ] NO.....2	YES.....1 NO.....2 (GO TO NEXT DEATH) < ]	YES.....1 NO.....2
03	MALE.....1 FEMALE...2 _____ (NAME)	DAYS....1 <input style="width: 20px; height: 15px;" type="text"/> MONTHS..2 <input style="width: 20px; height: 15px;" type="text"/> YEARS...3 <input style="width: 20px; height: 15px;" type="text"/>	MONTH.. <input style="width: 20px; height: 15px;" type="text"/> YEAR... <input style="width: 20px; height: 15px;" type="text"/>	_____ _____	YES.....1 NO.....2 (GO TO NEXT DEATH) <	YES.....1 (GO TO 62) < ] NO.....2	YES.....1 (GO TO NEXT DEATH) < ] NO.....2	YES.....1 NO.....2 (GO TO NEXT DEATH) < ]	YES.....1 NO.....2

63	RECORD THE TIME.	HOUR..... <input style="width: 20px; height: 15px;" type="text"/> MINUTES..... <input style="width: 20px; height: 15px;" type="text"/>
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