

| Q No. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO | | | | | | | | | | | | |
|-----------------------------|--|--|---------|-----|----|-----------------------------|---|---|--------------------------|---|---|-----------------------------|---|---|--|
| Q101 | Current population of the village: | CENSUS FIGURE.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Copy from the list) CURRENT POPULATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Reported by respondent) | | | | | | | | | | | | | |
| Q102 | Total number of households in the village: | (Copy from the list) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | | |
| Q103 | Name the three major occupation groups in the village | 1 _____ <input type="text"/> <input type="text"/> 2 _____ <input type="text"/> <input type="text"/> 3 _____ <input type="text"/> <input type="text"/> | | | | | | | | | | | | | |
| Q104 | Main source of drinking water in the village | PIPED WATER PIPED INTO DWELLING..... 11 PIPED TO YARD/PLOT..... 12 PUBLIC TAP/STANDPIPE..... 13 TUBE WELL OR BORE WELL..... 21 DUG WELL PROTECTED WELL..... 31 UN PROTECTED WELL..... 32 WATER FROM SPRING PROTECTED SPRING..... 41 UNPROTECTED SPRING..... 42 RAINWATER..... 51 TANKER TRUCK..... 61 CART WITH SMALL TANK..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL)..... 81 BOTTLED WATER..... 91 HAND PUMP..... 92 OTHER _____96 (SPECIFY) | | | | | | | | | | | | | |
| Q105 | Is the drainage facility available in the village? | YES.....1 NO.....2 → Q107 | | | | | | | | | | | | | |
| Q106 | The type of drainage facility in the village: (RECORD ALL MENTION) | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. UNDERGROUND DRAINAGE....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. OPEN WITH OUTLET.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. OPEN WITHOUT OUTLET.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | YES | NO | A. UNDERGROUND DRAINAGE.... | 1 | 2 | B. OPEN WITH OUTLET..... | 1 | 2 | C. OPEN WITHOUT OUTLET..... | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | |
| A. UNDERGROUND DRAINAGE.... | 1 | 2 | | | | | | | | | | | | | |
| B. OPEN WITH OUTLET..... | 1 | 2 | | | | | | | | | | | | | |
| C. OPEN WITHOUT OUTLET..... | 1 | 2 | | | | | | | | | | | | | |
| Q107 | Village electrification: (DOMESTIC PURPOSE) | NOT ELECTRIFIED.....1 LESS THEN 6 HOURS.....2 MORE THEN 6 HOURS3 | | | | | | | | | | | | | |

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| Q108 | Main source of irrigation in the village: | TANK/POND..... 01 STREAM/RIVER..... 02 CANAL..... 03 WELL..... 04 TUBE WELL..... 05 OTHER (SPECIFY)_____ 96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q109 | Major crops grown in the village: | 1 _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> 2 _____ 3 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Q110 | Distance to the nearest town (in kilometers): | NAME OF TOWN_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Q111 | Distance to the district headquarters (in kilometers): | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Q112 | Distance to the nearest railway station (in kilometers): | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Q113 | Distance to the nearest bus station (in kilometers): | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Q114 | Whether village is connected by all-weather road to the health facility? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>SUB CENTER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PRIMARY HEALTH CENTER.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOCK PHC.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMMUNITY HEALTH CENTER/ RURAL HOSPITAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DISTRICT HOSPITAL.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | YES | NO | SUB CENTER..... | 1 | 2 | PRIMARY HEALTH CENTER. | 1 | 2 | BLOCK PHC..... | 1 | 2 | COMMUNITY HEALTH CENTER/ RURAL HOSPITAL | 1 | 2 | DISTRICT HOSPITAL..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUB CENTER..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIMARY HEALTH CENTER. | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| COMMUNITY HEALTH CENTER/ RURAL HOSPITAL | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISTRICT HOSPITAL..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q115 | Educational facilities available in the village: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="2" style="text-align: center;">GOVT.</th> <th colspan="2" style="text-align: center;">PVT.</th> </tr> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>Primary School</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Middle School</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Secondary School</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Higher Secondary School.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>College.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Madarasa</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Non-formal education (Guruji scheme)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | GOVT. | | PVT. | | | YES | NO | YES | NO | Primary School | 1 | 2 | 1 | 2 | Middle School | 1 | 2 | 1 | 2 | Secondary School | 1 | 2 | 1 | 2 | Higher Secondary School..... | 1 | 2 | 1 | 2 | College..... | 1 | 2 | 1 | 2 | Madarasa | 1 | 2 | 1 | 2 | Non-formal education (Guruji scheme) | 1 | 2 | 1 | 2 | Education facilities: If not in the village, distance to nearest govt. facility available <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Primary School.....</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></td> <td>(KM)</td> </tr> <tr> <td>Middle School.....</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></td> <td>(KM)</td> </tr> <tr> <td>Secondary School.....</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></td> <td>(KM)</td> </tr> <tr> <td>Higher Secondary School.....</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></td> <td>(KM)</td> </tr> <tr> <td>College.....</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></td> <td>(KM)</td> </tr> <tr> <td>Madarasa</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></td> <td>(IKM)</td> </tr> <tr> <td>Non-formal education (Guruji scheme).....</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></td> <td>(IKM)</td> </tr> </tbody> </table> | Primary School..... | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> | | | (KM) | Middle School..... | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> | | | (KM) | Secondary School..... | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> | | | (KM) | Higher Secondary School..... | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> | | | (KM) | College..... | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> | | | (KM) | Madarasa | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> | | | (IKM) | Non-formal education (Guruji scheme)..... | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> | | | (IKM) | |
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| | YES | NO | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Middle School | 1 | 2 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Secondary School | 1 | 2 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Higher Secondary School..... | 1 | 2 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Madarasa | 1 | 2 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Q No. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Hospital... | <input type="text"/> | <input type="text"/> | 1 | 2 | G) Govt. Dispensary..... | <input type="text"/> | <input type="text"/> | 1 | 2 | H) Private Clinic..... | <input type="text"/> | <input type="text"/> | 1 | 2 | I) Private Hospital Nursing Home | <input type="text"/> | <input type="text"/> | 1 | 2 | J) AYUSH Health Facility..... | <input type="text"/> | <input type="text"/> | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| B) Sub-Centre..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| F) District/ Govt. Hospital... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G) Govt. Dispensary..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H) Private Clinic..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I) Private Hospital/ Nursing Home | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J) AYUSH Health Facility... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| A) ICDS (Anganwadi)..... | <input type="text"/> | <input type="text"/> | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B) Sub-Centre..... | <input type="text"/> | <input type="text"/> | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C) PHC..... | <input type="text"/> | <input type="text"/> | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| E) CHC/RH..... | <input type="text"/> | <input type="text"/> | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| G) Govt. Dispensary..... | <input type="text"/> | <input type="text"/> | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H) Private Clinic..... | <input type="text"/> | <input type="text"/> | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I) Private Hospital Nursing Home | <input type="text"/> | <input type="text"/> | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J) AYUSH Health Facility..... | <input type="text"/> | <input type="text"/> | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q117 | <p>Availability of health provider in the Village (staying and/or visiting):</p> <table border="0" style="width: 100%;"> <tbody> <tr> <td>A). INTEGRATED CHILD DEVELOPMENT SCHEME / ANGANWADI WORKER</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">IF YES, NUMBER</td> </tr> <tr> <td>B). VILLAGE HEALTH GUIDE (VHG).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>C). ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>D). TRAINED BIRTH ATTENDANT (TBA).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>E). AUXILIARY NURSE MIDWIFE (ANM).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>F). LADY DOCTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>G). PRIVATE DOCTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>H). UNANI DOCTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>I). AYURVEDIC DOCTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>J). HOMEOPATHIC DOCTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>K). SIDHA DOCTOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>L). REGISTERED MEDICAL PRACTITIONER – ALTERNATIVE MEDICINES.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>M). TRADITIONAL HEALER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>N). UNTRAINED DAI.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>O). OTHER _____ (SPECIFY)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="text"/></td> </tr> </tbody> </table> | A). INTEGRATED CHILD DEVELOPMENT SCHEME / ANGANWADI WORKER | YES | NO | IF YES, NUMBER | B). VILLAGE HEALTH GUIDE (VHG)..... | 1 | 2 | <input type="text"/> | C). ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA)..... | 1 | 2 | <input type="text"/> | D). TRAINED BIRTH ATTENDANT (TBA)..... | 1 | 2 | <input type="text"/> | E). AUXILIARY NURSE MIDWIFE (ANM)..... | 1 | 2 | <input type="text"/> | F). LADY DOCTOR | 1 | 2 | <input type="text"/> | G). PRIVATE DOCTOR | 1 | 2 | <input type="text"/> | H). UNANI DOCTOR | 1 | 2 | <input type="text"/> | I). AYURVEDIC DOCTOR | 1 | 2 | <input type="text"/> | J). HOMEOPATHIC DOCTOR | 1 | 2 | <input type="text"/> | K). SIDHA DOCTOR..... | 1 | 2 | <input type="text"/> | L). REGISTERED MEDICAL PRACTITIONER – ALTERNATIVE MEDICINES..... | 1 | 2 | <input type="text"/> | M). TRADITIONAL HEALER..... | 1 | 2 | <input type="text"/> | N). UNTRAINED DAI..... | 1 | 2 | <input type="text"/> | O). OTHER _____ (SPECIFY) | 1 | 2 | <input type="text"/> | | 1 | 2 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| D). TRAINED BIRTH ATTENDANT (TBA)..... | 1 | 2 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| F). LADY DOCTOR | 1 | 2 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G). PRIVATE DOCTOR | 1 | 2 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H). UNANI DOCTOR | 1 | 2 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I). AYURVEDIC DOCTOR | 1 | 2 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J). HOMEOPATHIC DOCTOR | 1 | 2 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K). SIDHA DOCTOR..... | 1 | 2 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L). REGISTERED MEDICAL PRACTITIONER – ALTERNATIVE MEDICINES..... | 1 | 2 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M). TRADITIONAL HEALER..... | 1 | 2 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N). UNTRAINED DAI..... | 1 | 2 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O). OTHER _____ (SPECIFY) | 1 | 2 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Q. No. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---------|----|----------------------------------|---|---|-------------------|---|---|--------------------------------|---|---|--------------|---|---|---------------------------------|---|---|---------------------|---|---|------------------------|---|---|---------------------------|---|---|-------------------|---|---|---------------------|---|---|--------------------------------------|---|---|-------------------------------------|---|---|-------------------------------------|---|---|-----------------------------------|---|---|------------------------------------|---|---|--------------------------------------|---|---|---|---|---|-----------------------------------|---|---|----------------|---|---|--|-------------------------------|---|------|----------------|---|------|---------------------------|---|------|-----------|---|------|--|
| Q118 | Availability of sonography /ultrasound facility in the village or within 5 kms: | YES.....1 NO.....2 DON'T KNOW.....3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q119 | Whether the village was covered by Mobile Health Clinic | YES.....1 NO.....2 → | Q121 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q120 | Number of visits of Mobile Health Clinic in the last three months: | IF NO PUT '0' <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q121 | Number of health or family welfare camps in the last six months in and around the village: | NUMBER OF CAMPS <input type="text"/> <input type="text"/> IF NO PUT '00' | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q122 | <p>Facilities available in the village:</p> <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Post / Telegraph office</td><td>1</td><td>2</td></tr> <tr><td>B. STD Booth.....</td><td>1</td><td>2</td></tr> <tr><td>C. Pharmacy/medical shop</td><td>1</td><td>2</td></tr> <tr><td>D. Bank.....</td><td>1</td><td>2</td></tr> <tr><td>E. Adult Education Center</td><td>1</td><td>2</td></tr> <tr><td>F. Youth Club</td><td>1</td><td>2</td></tr> <tr><td>G. Mahila Mandal</td><td>1</td><td>2</td></tr> <tr><td>H. Self Help Groups</td><td>1</td><td>2</td></tr> <tr><td>I. Paan Shop.....</td><td>1</td><td>2</td></tr> <tr><td>J. Haat/Market.....</td><td>1</td><td>2</td></tr> <tr><td>K. Kirana/ general provision shop...</td><td>1</td><td>2</td></tr> <tr><td>L. Credit Cooperative Society</td><td>1</td><td>2</td></tr> <tr><td>M. Agricultural Cooperative Society</td><td>1</td><td>2</td></tr> <tr><td>N. Milk Cooperative Society</td><td>1</td><td>2</td></tr> <tr><td>O. Fishermen's Cooperative Society</td><td>1</td><td>2</td></tr> <tr><td>P. Computer Kiosk/ e-chaupal /</td><td>1</td><td>2</td></tr> <tr><td>Q. Mills / Small Scale Industries</td><td>1</td><td>2</td></tr> <tr><td>U. Community Television Set</td><td>1</td><td>2</td></tr> <tr><td>R. Other _____</td><td>1</td><td>2</td></tr> </tbody> </table> <p>(SPECIFY)</p> | | YES | NO | A. Post / Telegraph office | 1 | 2 | B. STD Booth..... | 1 | 2 | C. Pharmacy/medical shop | 1 | 2 | D. Bank..... | 1 | 2 | E. Adult Education Center | 1 | 2 | F. Youth Club | 1 | 2 | G. Mahila Mandal | 1 | 2 | H. Self Help Groups | 1 | 2 | I. Paan Shop..... | 1 | 2 | J. Haat/Market..... | 1 | 2 | K. Kirana/ general provision shop... | 1 | 2 | L. Credit Cooperative Society | 1 | 2 | M. Agricultural Cooperative Society | 1 | 2 | N. Milk Cooperative Society | 1 | 2 | O. Fishermen's Cooperative Society | 1 | 2 | P. Computer Kiosk/ e-chaupal / | 1 | 2 | Q. Mills / Small Scale Industries | 1 | 2 | U. Community Television Set | 1 | 2 | R. Other _____ | 1 | 2 | <p>Facilities: If not in a village, distance to nearest facility available</p> <table border="0"> <tbody> <tr> <td>Post / Telegraph office</td> <td><input type="text"/><input type="text"/></td> <td>(KM)</td> </tr> <tr> <td>STD Booth.....</td> <td><input type="text"/><input type="text"/></td> <td>(KM)</td> </tr> <tr> <td>Pharmacy/medical shop ...</td> <td><input type="text"/><input type="text"/></td> <td>(KM)</td> </tr> <tr> <td>Bank.....</td> <td><input type="text"/><input type="text"/></td> <td>(KM)</td> </tr> </tbody> </table> | Post / Telegraph office | <input type="text"/> <input type="text"/> | (KM) | STD Booth..... | <input type="text"/> <input type="text"/> | (KM) | Pharmacy/medical shop ... | <input type="text"/> <input type="text"/> | (KM) | Bank..... | <input type="text"/> <input type="text"/> | (KM) | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Post / Telegraph office | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. STD Booth..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Pharmacy/medical shop | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D. Bank..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E. Adult Education Center | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. Youth Club | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G. Mahila Mandal | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H. Self Help Groups | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I. Paan Shop..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J. Haat/Market..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K. Kirana/ general provision shop... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L. Credit Cooperative Society | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M. Agricultural Cooperative Society | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N. Milk Cooperative Society | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O. Fishermen's Cooperative Society | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P. Computer Kiosk/ e-chaupal / | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q. Mills / Small Scale Industries | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U. Community Television Set | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R. Other _____ | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post / Telegraph office | <input type="text"/> <input type="text"/> | (KM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STD Booth..... | <input type="text"/> <input type="text"/> | (KM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pharmacy/medical shop ... | <input type="text"/> <input type="text"/> | (KM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank..... | <input type="text"/> <input type="text"/> | (KM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q123 | Is there any Health & Sanitation Committee in your village? | YES.....1 NO.....2 → | Q126 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Q No. | QUESTIONS AND FILTERS | CODING CATEGORIES | | SKIP TO | | | | |
|-------|---|--------------------------------|---|---------|--|--|--|--|
| Q124 | <p>Role of Village Health and Sanitation committee:</p> <p>Awareness about essential health programmes...</p> <p>Develop village health plan.....</p> <p>Village level nutritional awareness activities.....</p> <p>Estimation of annual expenditure incurred for management of diseases.....</p> <p>Maintenance of village health register and health information board/calendar.....</p> <p>Oversees the work of health and nutrition functionaries</p> <p>Take into consideration of the problems of the community and suggest mechanisms to solve it.....</p> <p>Discuss every maternal death or neonatal death that occurs in the village.....</p> <p>Suggest necessary action to prevent such death...</p> <p>Get death registered at panchayat.....</p> <p>Managing the village health fund</p> | YES | NO | | | | | |
| | | 1 | 2 | | | | | |
| | | 1 | 2 | | | | | |
| | | 1 | 2 | | | | | |
| | | 1 | 2 | | | | | |
| | | 1 | 2 | | | | | |
| | | 1 | 2 | | | | | |
| | | 1 | 2 | | | | | |
| | | 1 | 2 | | | | | |
| | | 1 | 2 | | | | | |
| Q125 | During the last six months how many times cleaning, fogging drive was undertaken in the village? | CLEANING | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | FOGGING | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Q126 | Are you aware that Government provides "untied fund" of Rs.10, 000/- for improvement of health and sanitation facilities in the village? | YES..... | 1 | | | | | |
| | | NO..... | 2 | → Q128 | | | | |
| Q127 | For what purpose "untied fund" was utilized in the last one year? | HIRING TRANSPORT FACILITY..... | 1 | | | | | |
| | | CAMP ARRANGEMENT..... | 2 | | | | | |
| | | OTHER..... | 3 | | | | | |
| | | (SPECIFY) | | | | | | |
| Q128 | Has Rogi Kalyan Samiti been constituted in the PHC of your area? (STATE SPECIFIC NAME) | YES..... | 1 | | | | | |
| | | NO..... | 2 | | | | | |
| | | Don't know..... | 99 | | | | | |
| Q129 | Have you seen any improvement in the health facilities i.e. Sub Center/ PHCs / CHCs in your area in the last one year? | VERY GOOD..... | 1 | | | | | |
| | | GOOD..... | 2 | | | | | |
| | | NO CHANGE..... | 3 | | | | | |
| Q130 | Whether PHCs located in your area provides health care services/treatment all the days round the clock? | YES..... | 1 | | | | | |
| | | NO..... | 2 | | | | | |
| Q131 | Whether head of panchayat lives in the village? | YES..... | 1 | | | | | |
| | | NO..... | 2 | | | | | |

| Q No. | QUESTIONS AND FILTERS | CODING CATEGORIES | YES | NO |
|-------|--|---|-------------------------------------|-------------------------------------|
| Q136 | Any epidemic/disease reported in the village during the last one year: | MALARIA..... CHOLERA..... KALA-AZAR (BLACK FEVER)..... DENGUE..... CHICKEN POX/ CHIKUN GUINEA..... PLAGUE..... OTHER COMMUNICABLE DISEASES..... _____ (SPECIFY) | 1 1 1 1 1 1 1 | 2 2 2 2 2 2 2 |
| Q137 | Any natural calamity in the village during the last one year: | EARTHQUAKES..... FLOODS... .. CYCLONE..... DROUGHT..... LANDSLIDES..... AVALANCHE..... OTHER _____ (SPECIFY) | 1 1 1 1 1 1 1 | 2 2 2 2 2 2 2 |