Chapter Four

Schedule 25.0: Household Social Consumption: Health

4.0.0 NSS made its first attempt to collect information on health in its 7th Round (October 1953- March 1954). This survey and those conducted in the three subsequent Rounds (the 11th to the 13th, 1956-58) were all exploratory in nature. The aim of these surveys was to evolve an appropriate data collection method to obtain a morbidity profile of India. These surveys were followed up by a pilot survey in the 17th Round (September 1961 - July 1962) to examine alternative approaches of morbidity reporting. With the aid of the findings of these exploratory surveys, a full-scale survey on morbidity was conducted in the 28th Round (October 1973 - June 1974). Since then, the NSSO had not undertaken any separate morbidity survey and data on morbidity became a part of the decennial surveys on social consumption.

4.0.1 Reports based on the data of the NSS surveys of social consumption carried out in the 42nd Round (July 1986 - June 1987) and the 52nd Round (July 1995 - June 1996) gave information on the public distribution system, health services, educational services and the problems of the aged.

4.0.2 As part of the 60th Round of NSS during January-June 2004, a survey on morbidity and health care, including the problems of aged persons, was carried out at the request of the Ministry of Health and Family Welfare and a report (NSS Report No. 507) brought out. Last NSS survey on Social Consumption: Health was carried out in NSS 71st Round during January - June 2014. Key Indicator document and a report (NSS Report No. 574) were published. In 71st Round, the extent of use of AYUSH[1] and cost of treatment by AYUSH was collected and studied for the first time from an NSS survey on health. Moreover, information on childbirth was started collecting in details and was analysed in detail, for the first time.

4.0.3 Apart from the prevalence of ailments, the emphasis of the health survey in 75th round, as in earlier NSS surveys, is on the propensity of the population to seek health care from the public sector, together with the expenditure incurred by households for availing health care services from the public and private sectors. In addition, initiative is also made to collect detailed information on status of immunisation of children (age 0-5 years). Some issues related to hygiene to encompass some features of 'Swachh Bharat Mission' is also included.

4.0.4 **Summary description of Schedule 25.0**: The schedule on Household Social Consumption: Health (Schedule 25.0) for the 75th Round consists of 15 blocks.

[1] AYUSH covers the traditional Indian system of medicine, including Ayurveda, Unani and Siddha medicines, and also covers Homeopathy, Yoga and Naturopathy.

The different blocks of the schedule are:

Block 0: Descriptive identification of sample household
Block 1: Identification of sample household
Block 2: Particulars of field operations
Block 3: Household characteristics
Block 4: Demographic particulars of household members
Block 5: Particulars of former household members who died during the last 365 days
Block 6: Particulars of medical treatment received as in-patient of a medical institution during the last 365 days
Block 7: Expenses incurred during the last 365 days for treatment of members as in-patient of medical institution
Block 8: Particulars of spells of ailment of household members during the last 15 days (hospitalisation and non-hospitalisation cases)
Block 9: Expenses incurred during the last 15 days for treatment of members (not as in-patient of medical institution)
Block 10a: Particulars of economic independence and state of health of persons aged 60 years and above
Block 10b: Expenditure on immunisation, if any, during the last 365 days and status of immunisation of children as on date of survey (age 0-5 years)
Block 11: Particulars of pre-natal and post-natal care for women of age 15-49 years who were pregnant during the last 365 days
Block 12: Remarks by investigator (FI/JSO)
Block 13: Comments by supervisory officer(s)

New Features of 75th Round

- In 71st Round the definition of household was different from the usual NSSO definition of household. But for 75th Round usual definition of NSSO will be followed. Thus, a group of persons normally living together and taking food from a common kitchen constitutes a household. It includes temporary stay-aways (those whose total period of absence from the household is expected to be less than 6 months) but excludes temporary visitors and guests (expected total period of stay less than 6 months).

- In this regard, to derive comparable estimate of childbirth related issues with 71st Round, listing of non-household female members having childbirth during 365 days has been proposed (in a separate section in the block 4 with distinct serial number starting from 81). This list includes the female member for whom the major share of expenditure on childbirth is borne by the household. The child born to these members, however, will not be recorded as a member of this household.
- Block 1 (Identification of sample household) in this round has been shortened and sample (central/state), sector (rural/urban), NSS region, district, stratum, sub-stratum, sub-round, sub-sample are deleted to reduce copying job of FOD.

- To collect detailed delivery type (*normal*/ *Caesarean* /*other*) have been given dummy ailment codes (*87/88/89*) so that each case of childbirth may be treated as an ailment in the blocks where details of treatment and expenditure are recorded. However, childbirths will, as usual, not to be considered in generating estimates of prevalence rate of ailments.

- A new block on status of immunisation and expenditure incurred thereon, for children aged 0-5 years is introduced in order to derive indicator on status of immunization under 'Sustainable Development Goals (SDG)'.

- Information on outbreak of communicable disease will be collected from a list of communicable diseases along with Working/Operational definition as provided by the Department of Maternal and Child Health, All India Institute of Hygiene and Public Health, Kolkata.

- In Block 9, expenses incurred during the last 15 days for treatment of members (not as an in-patient of medical institution, will be recorded for each spell separately in a separate column. In 71st Round the same was recorded person-wise.

Block 0: Descriptive identification of sample household: This block is meant for recording descriptive identification particulars of the sample household and the sample FSU. Items 1 to 7 are to be copied from corresponding entries of Schedule 0.0. Item 8 will be the name of the informant from whom the bulk of information is collected.

Block 1: Identification of sample household

4.1.1 **Items 1 to 3:** The particulars to be recorded in items 2 and 3 have already been printed in the schedule. Item 1 'srl. no. of sample FSU', will be copied from the corresponding item 1 of Block 1 of Schedule 0.0.

4.1.2 **Item 4: sample hg/sb number:** The terms 'hamlet-group (hg)' and 'sub-block (sb)' have been explained in Chapter 1. If the sample household has been selected from hg/sb number 1, code 1 will be recorded against item 4. If the household has been selected from hg/sb number 2, code 2 will be recorded. If there has been no hg/sb formation in the FSU, code 1 will be recorded against item 4.

4.1.3 **Item 5: second stage stratum:** In Block 5B of Sch.0.0, there is one row which contains the particulars of the sample household. This row will first be located, using the house number, name of head of household, etc. Now, if the sample household has been given a tick mark in column 10 of Block 5B, Sch.0.0, then entry '1' (meaning SSS 1) will be made against item 5. If the sample household has been given a tick mark in column 11, then '2' (for SSS 2) will be put against item 5. If the sample household has been given a tick mark in column 12, then code 3 (for SSS 3) will be put against item 5.

4.1.4 **Item 6: sample household number:** The sample household number (also called 'order of selection') of the household is to be copied here from the appropriate column of Block 5B of Sch. 0.0 (col. 13 or 14 or 15 depending on whether the household belongs to SSS 1 or 2 or 3).

4.1.5 **Item 7: serial no. of informant (as in col. 1, Block 4):** This item may be filled in after canvassing Sch. 25.0 in the sample household. The informant is the person who provides the major part of the information for filling the schedule. His or her serial number will be copied from column 1 of Block 4 of this schedule. Note that, for this survey, the informant must be a household member.

4.1.6 **Item 8: response code:** This item is also to be filled in after canvassing the schedule. The entry will indicate the type of informant, in respect of co-cooperativeness and capability in providing the required information.

The codes are:

informant:	co-operative and capable 1	busy 3
	co-operative but not capable 2	reluctant 4
		others..... 9

4.1.7 **Item 9: survey code:** Whether the originally selected sample household has been surveyed or a substituted household has been surveyed will be indicated against this item. Code 1 will be recorded if the originally selected sample household has been surveyed, and code 2 otherwise. If neither the originally selected household nor the substituted household can be surveyed i.e., if the sample household is a casualty, code 3 will be recorded. In such cases only Blocks 0, 1, 2, 12 and 13 will be filled in and on the top of the front page of the schedule the word **'CASUALTY'** will be written and underlined.

4.1.8 **Item 10: reason for substitution of original household**: For an originally selected sample household which could not be surveyed, irrespective of whether a substituted household could be surveyed or not, the reason for not surveying the original household will be recorded against item 10 in code.
The codes are:

informant busy	1
members away from home	2
informant non-cooperative	3
others	9

This item is applicable only if the entry against item 9 is either 2 or 3. Otherwise, this item is to be left blank.

Block 2: Particulars of field operations

4.2.0 The identity of the field officials associated (Field Investigator/ Junior Statistical Officer and Field Officer/ Senior Statistical Officer), date of survey/ inspection/ scrutiny of schedules, despatch, etc., will be recorded in this block against the appropriate items in

the relevant columns. Besides, person codes of field officials are to be recorded against item 1(ii) (for Central sample only). If the schedule is required to be canvassed for more than one day, the first day of survey is to be recorded against the item 2(i). The total time (in minutes) taken for the survey (item 4) should include actual time taken for canvassing the schedule only, and should not include journey time or any time lost due to unavoidable interruptions.

Block 3: Household characteristics

4.3.0 This block will record information on some important characteristics of the household as a whole. Where no reference to any specific period is made in the instructions, the reference period will be "as on the date of survey".

4.3.1 **Item 1: household size:** The size of the sample household will be recorded against this item. For the definition of household and household size see Chapter One, paragraphs 1.7.3 and 1.7.4. This number will be the same as the last serial number recorded in column 1 of Block 4 section A.

4.3.2 **Item 2: whether the household paid major share for childbirth expenses for any non-household female member(s) during last 365 days?:** If household member (s) paid the major share of the expenses incurred on childbirth for any female member who is not a usual member of that household, during last 365 days, code should be 1, otherwise 2. This list includes married daughter(s), married grand-daughter(s), married sister/sister-in-law(s), or any other related or non-related females. This list does not include the child (children) born to these females.

4.3.3 **Item 3: principal industry (NIC-2008):** The description of the principal household industry will be recorded in words in the space provided. The cell for entry against item 3 has been split for recording each digit separately. The appropriate five-digit industry code of the NIC 2008 will be recorded here. The procedure for determination of principal industry has been described in Chapter One, paragraph 1.7.8.

4.3.4 **Item 4: principal occupation (NCO-2004):** The description of the principal household occupation will be recorded in words in the space provided. The appropriate three-digit occupation code of the NCO-2004 is to be recorded in the three cells, which have been provided for recording each digit separately. The procedure for determination of principal occupation has been described in Chapter One, paragraph 1.7.8.

4.3.4.1 Note that determination of principal industry and occupation requires information on the household's income from different sources during the last 365 days. If the income is from non-economic source, '-' should be recorded for items 3 and 4.

4.3.5 **Item 5: household type:** The household type code based on the means of livelihood of a household will be decided on the basis of the sources of the household's major income during the 365 days preceding the date of survey. (For the definition and procedure of

determination of household type, see Chapter One, paragraph 1.7.6) Note that the codes are not the same for rural and urban areas. For rural households, the household type codes are:

self-employed in agriculture	1
self-employed in non-agriculture	2
regular wage/salary earning in agriculture	3
regular wage/salary earning in non-agriculture	4
casual labour in agriculture	5
casual labour in non-agriculture	6
others	9

For urban areas, the household type codes are:

self-employed - 1, regular wage/salary earning - 2, casual labour - 3, others – 9

4.3.6 **Item 6: religion:** The religion of the household will be recorded here in code. If different members of the household belong to different religions, the religion of the head of the household will be considered as the religion of the household. The codes are:

Hinduism	1	Jainism	5
Islam	2	Buddhism	6
Christianity	3	Zoroastrianism	7
Sikhism	4	others	9

4.3.7 **Item 7: social group:** The group among four social groups – Scheduled Tribes, Scheduled Castes, Other Backward Classes, and Others – to which the household belongs to, will be indicated here in code, the codes being:

Scheduled Tribes -1, Scheduled Castes -2, Other Backward Classes -3, Others -9

Those who do not come under any one of the first three social groups will be assigned code 9. In case different members belong to different social groups, the group to which the head of the household belongs will be considered as the social group of the household.

4.3.8 **Item 8: type of latrine usually used**: The information about the type of latrine used by the household (by most of the household members) will be recorded in code. The basic types of latrines are wet and dry, differentiated depending on use of water to divert human excreta. In a wet latrine, water is used to divert human excreta and in dry latrines use very limited or no water for flushing human excreta. Besides these two basic types of latrines, there are latrines like incinerating latrines which burn the human excreta, chemical latrines which are used in a variety of situations like in passenger trains and airplanes, hanging latrines which deposit waste directly into open waterways, bucket latrine in which human excreta are collected in a bucket placed underneath a latrine hole. In the code structure the category 'others' includes latrines like incinerating latrines, chemical latrines, hanging latrines, bucket latrine, etc..

- For collection of data on latrines, the different types of wet latrines which are distinguished in the code structure for types of latrine are (i) flush/pour-flush to piped sewer system (ii) flush/pour-flush to septic tank (iii) flush/pour-flush to pit latrine (iv) flush/pour-flush to elsewhere.
- Different types of pit latrines, which are distinguished in the code structure for types of latrine, are: (i) ventilated improved pit/biogas latrine (ii) pit latrine with slab (iii) pit latrine without slab/open pit. Apart from these composting latrines and dry latrines are other types of latrines.

4.3.8.1 If more than one type of latrine is used by the household members, code corresponding to the latrine type which is used by majority of the household members will be considered. Code 10 will be recorded for the households which do not have any latrine facility or uses open space or field for defecation.

The codes are:

flush /pour flush latrine to: piped sewer system.....01
septic tank.....02
pit latrine 03
elsewhere (open area / street / yard / plot/drainage/ ditch, not known etc.) 04
ventilated improved pit/ biogas latrine 05
pit latrine with slab.....06
pit latrine without slab/open pit.....07
twin pit /composting latrine.....08
others.....09
no latrine facility / use open space or field.....10

4.3.8.2 Descriptions of the different types of latrines are given below:

- *Flush/pour-flush:* Flush latrine uses a cistern or holding tank for flushing water, and a water seal (which is a U-shaped pipe below the seat or squatting pan) that prevents the passage of flies and odours. A pour flush latrine uses a water seal, but unlike a flush latrine, it uses water poured by hand for flushing (no cistern is used). Depending on the system/site where human excreta and wastewater are disposed off, flush/ pour-flush latrine can be of the following types: (i) piped sewer system (ii) septic tank (iii) pit latrine (iv) elsewhere (open drain, open pit, open field, etc.)

- *Piped sewer system:* Piped sewer system is a system of sewer pipes, also called sewerage that is designed to collect human excreta and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater. If the flush/ pour-flush latrine used by the household is connected to piped sewer system, code '01' will be recorded.

- *Septic tank:* Septic tank is an excreta collection device consisting of a water-tight settling tank, which is normally located underground, away from the house or latrine. The

treated effluent of a septic tank usually seeps into the ground through a leaching pit. If the flush/ pour-flush latrine used by the household is connected to septic tank, code '02' will be recorded.

- *Flush/pour-flush to pit latrine:* In this type of flush/pour-flush latrine, human excreta is flushed to a hole in the ground or leaching pit which is covered. If the flush/ pour-flush latrine used by the household is connected to a hole in the ground or leaching pit which is covered, code '03' will be recorded.

- *Flush/pour-flush to elsewhere (open drain, open pit, open field, etc):* This type of latrine refers to the system of flush/pour-flush latrine where excreta is disposed off near the household environment (not into a pit, septic tank, or sewer). Excreta may be flushed to the open drain, open pit, open field, etc. If the household uses this type of latrine, code '04' will be recorded.

- *Pit latrine:* In this type of latrine excreta are deposited without flushing directly into a hole in the ground. It can be of the following types- (i) ventilated improved pit/ biogas (ii) pit latrine with slab (iii) pit latrine without slab/open pit.

- *Ventilated improved pit /biogas latrine:* This is a pit latrine ventilated by a pipe that extends above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting and the inside of the superstructure is kept dark. If the household uses ventilated improved pit latrine, code '05' will be recorded.

- *Pit latrine with slab:* This is a pit latrine that uses a hole in the ground to collect the excreta and a squatting slab or platform that is firmly supported on all sides, easy to clean and raised above the surrounding ground level to prevent surface water from entering the pit. The platform has a squatting hole, or is fitted with a seat. Unlike ventilated pit latrine, in this type of latrine vent pipe is not used. If the household uses pit latrine with slab, code '06' will be recorded.

- *Pit latrine without slab/open pit:* Pit latrine without slab uses a hole in the ground for excreta collection and does not have a squatting slab, platform or seat. If the household uses such latrine, code '07' will be recorded.

- *Twin pit/Composting latrine:* This is a latrine into which carbon-rich material (vegetable wastes, straw, grass, sawdust, ash) are combined to the excreta and special conditions maintained to produce inoffensive compost. If the household uses twin pit/composting latrine, code '08' will be recorded.

- *Others:* If the household uses a latrine which is other than those classified in the codes 01 to 08, code '09' will be recorded. Examples of such latrines are (i) hanging latrine which is built over the sea, a river, or other body of water, into which excreta drops directly (ii) service latrine which are serviced by scavengers.

4.3.9 **Item 9: if code in item 8 is 01-09, access to latrine:** Latrine allows safer and more hygienic disposal of human excreta than open defecation. Access to latrine is defined in terms of the latrine that can be used by the majority of the household members,

irrespective of whether it is being used or not. From the households using some kind of latrine facility i.e. code is any one of 01 to 09 in item 8, information will be collected in this item on access to latrine. The codes relevant to this item are as follows:

exclusive use-.....1 common use of households in the building.....2 public/ community latrine.....3 others.....9

4.3.9.1 If the latrine is for the exclusive use of the household, code 1 will be recorded. If the latrine facility is shared by the household with one or more households in the building, code 2 will be recorded. If the latrine facility is for use of the households in the locality, or is for a specific section of the people with/without payment, it will be considered as public/community latrine. If the household has access to latrine for which any of the codes 1 to 3 is not applicable, code 9 will be recorded. For example, when the households residing in two separate buildings, use the same latrine, code 9 will be recorded.

4.3.10 **Item 10: if code in item 8 is 01-09, how many members use the latrine:** From the households using some kind of latrine facility i.e. code is any one of 01 to 09 in item 8, information on number of usual household members availing latrine facility is to be collected in numbers.

4.3.11 **Item 11: major source of drinking water:** Major source of drinking water of a household has to be recorded in this item in 2-digit codes .

4.3.11.1 A household, especially in rural areas, may use different sources of drinking water in different seasons.

- The major source of drinking water is that source which was most commonly used by household members during the last 365 days (taking all seasons into account).
- If a household uses two sources (say), throughout the year then the source which provides the major share of the water used by the household will be considered the major source.

The codes are:

bottled water.....01	tanker/truck/drum (supplied through container).....06
piped water in dwelling/premises/yard .. 02	protected spring/pond etc. for drinking purpose.....07
piped water outside 03	community RO Plant 08
tube-well/borewell (inside/outside premises).....04	others.....09
protected well (inside/outside premises) 05	all unprotected source (river/canal, spring, pond, well etc.) 10

4.3.11.2 *Bottled drinking water*: Drinking water packaged in bottles, jars, pouches, and similar containers will be classified as bottled drinking water. Generally this packaged drinking water meets certain safety standards and are considered safe for drinking. However, tap water, well water, etc., kept by households in bottles for convenience will not be treated as bottled drinking water. Code '01' will be recorded if the household uses bottled water as their principal source of drinking water.

4.3.11.3 Code '02' will be recorded if an arrangement is made by corporation, municipality, *panchayat* or other local authorities or any private or public housing estate or agency to supply water through pipe for household uses and if the sample household is availing such facility within their dwelling/premises/yard. Code '02' will not be recorded if the arrangement to carry drinking water through pipes from sources like well, tank, river etc. is made by the owner/occupants of the household for its own purposes only. Water obtained from such a source will not be treated as tap water, and the household will get the code appropriate to the actual source from which water is brought through pipes. Code '06' will be recorded if drinking water is supplied through tankers engaged by the municipality or other organisations. The other codes are self-explanatory.

4.3.11.4 **Community RO Plant**: Reverse osmosis (RO) is a water purification technology that uses a semi-permeable membrane to remove ions, molecules, and larger particles from drinking water.

Osmosis is the process by which water passes through a semi-permeable membrane from a dilute solution to a more concentrated solution without any input of energy. Reverse osmosis (RO), however, involves high pressures to force pure (or nearly pure) water through a semi-permeable membrane, leaving behind any dissolved chemicals in the original solution.

This is emerging as an important solution for drinking water treatment in rural Gujarat, Tamil Nadu. RO plants with capacity ranging from 10 litres per hour (lph) to 6000 lph are now supplying drinking water in several hundred villages of these States. Small sized plants with capacity < 20 lph are used by individual families whereas medium to large sized plants (>100 lph) are being used for public consumption.

Local assemblers of treatment plants located in small towns have played a major role in this boom. Some of the plants are by choice restricted to one society or community, whereas others are open access giving rise to several offshoot water suppliers serving surrounding villages.

4.3.12 **Item 12: arrangement of garbage disposal**: Garbage collection arrangements means the arrangement which usually exists to carry away the refuse and waste of households to a final dumping place away from the residential areas. In this item information will be collected regarding the agency that carries away the garbage of households to a final dumping place. The agencies may be panchayet/municipality/ corporation or resident/group of residents or charitable bodies/NGO etc. In some places, the public bodies collect the garbage from the premises of the household or from some fixed points in the locality where the residents put their garbage; in others, residents themselves/group of residents make the arrangement of carrying the garbage to the final

dumping place away from the residential areas without participation of any public body. In the first situation, code 1 will be recorded and code 2 will be recorded in the second situation. 'Others' will include cases where arrangement for collection of garbage is made by charitable bodies, NGO etc. the codes are:

by Panchayet/Municipality/Corporation.....1
by resident/group of residents.....2
others.....9
no arrangement.....3

If the household burn the garbage or if the garbage is dumped in a pit by the household or thrown in the open areas, it will be considered as no arrangement for collection of garbage and code 3 will be recorded in such cases.

4.3.13 **Item 13: primary source of energy for cooking during the last 30 days:** The source of energy, among those in the code list, which was the primary source of energy used by the household for cooking during the last 30 days preceding the date of survey will be recorded in 2-digit code. If more than one type of energy is utilised, the principal source will be identified on the basis of its use. The codes are:

firewood and chips	01	dung cake	07
LPG	02	other biogas	08
other natural gas.....	03	charcoal	10
dung cake.....	04	electricity (incl. generated by solar or wind power generators)	11
kerosene.....	05	others ….....	19
coke ,coal.....	06	no cooking arrangement	12

4.3.14 **Item 14: was there a sudden outbreak of communicable disease (see list* below) in the community afflicting at least one household member during last 365 days?:** If there was a sudden outbreak (please refer to Para 1.7.23.4.1 in Chapter One) of any one of the communicable diseases mentioned in the list in the schedule and any of the household member had suffered from of that, code 1 will be given, otherwise code will be 2. For working/operational definition of communicable diseases and identifying whether this can be treated as 'sudden outbreak', (please refer to page A-21-A-23 and Table 4.1 for details).

4.3.14.1 Major communicable diseases considered in this survey are: Malaria; Viral Hepatitis/Jaundice; Acute Diarrhoeal Diseases/Dysentery; Dengue fever; Chikungunya; Measles; Acute Encephalitis Syndrome. This may be noted that both epidemics and pandemics are to be treated as outbreaks.

4.3.14.2 In a summarise form, working/operational definition of different communicable diseases are given in the following Table 4.1.

TABLE 4.1: Operational definition of communicable diseases

Sr. No	Disease	Working/Operational Definition
1	Acute Diarrheal Disease/Dysentery/ Cholera	Diarrhoea: Passage of 3 or more loose watery stools in the past 24 hours. (with or without vomiting) Dysentery: Acute diarrhoea with visible blood in the stool. Cholera: Passage of stools like Rice water, Cold feet, low blood pressure
2	Viral Hepatitis/Jaundice	Acute illness typically including: ▪ Acute jaundice (Yellowish discoloration of eyes/tongue/nails/palms), ▪ Dark yellow urine, ▪ Reduced food intake, ▪ Severe weakness, ▪ Pain in the right side of upper abdomen
3	Malaria	A case of fever which may be accompanied with any of the following ▪ Headache, ▪ Backache, ▪ Chills/cold, shivering, sweating, ▪ Muscle pain, ▪ Nausea and vomiting ▪ Convulsions/fits, coma
4	Dengue Fever	An acute febrile illness of 2-7 days duration with two or more of the following manifestations: ▪ Headache, ▪ Pain behind eyeballs ▪ Muscle pain ▪ Joint pain ▪ Rash, ▪ Bleeding from nose/mouth/under skin
5	Chikungunya	An acute illness characterised by sudden onset of fever with any of the following symptoms ▪ Headache, ▪ Backache, ▪ Eyes becomes sensitive to light, ▪ Severe pain in joints ▪ Rash
6	Measles	A person having ▪ Fever , ▪ Maculopapular rash with cough or running nose or conjunctivitis/redness of eyes
7	Acute Encephalitis syndrome/Japanese encephalitis	A person of any age, with the acute onset of fever and a change in mental status (symptoms such as confusion, unable to recognize place/person/time, or inability to talk or coma)

4.3.15 **Item 15: amount of medical insurance premium paid for household members during last 365 days (Rs.):** Here the total amount of money paid during the last 365 days as medical insurance premium for all household members will be recorded in whole

number of rupees. This also includes amount of money paid for various health schemes such as CGHS and ESI. The premium may be paid by the household members or by non-household members; in the latter case, the approximate amount paid may be recorded if the exact amount is not known. If no medical insurance was paid, '0' should be entered.

4.3.16 **Item 16: household's usual monthly consumer expenditure (Rs.):** This may be ascertained as follows:

4.3.16.1 The question "What is your usual expenditure for household purposes in a month?" will be put to the informant. Suppose the answer is Rs. A.

4.3.16.2 Next, the purchase value of any household durables (mobile phones, TV sets, fridge, fans, cooler, AC, vehicles, computers, furniture, kitchen equipment, etc.) purchased during the last one year will be ascertained and the expenditure per month obtained by dividing by 12. Let this be Rs. B.

4.3.16.3 Further, it should be quickly ascertained whether there is (usually) any consumption from (i) wages in kind (ii) home-grown stock (iii) free collection. If so, the approximate monthly value of the amount usually consumed in a month will be imputed. Let this be Rs. C.

4.3.16.4 Then the sum of A+B+C is to be entered against item 16 in whole number of rupees.

BOX 1:

I. Cash remittances sent should not be reported in 'A'.

II. Unusual expenditures, such as expenditure on social ceremonies, capitation fees, hospitalization, tours, etc. are to be excluded from 'A'. The general criterion for inclusion of some expenditure in 'A' is whether it is incurred with a monthly regularity.

III. Special procedure for tuition fees, hostel room charges and hostel mess charges. For hostel students, such expenses are often paid semester-wise, or quarterly or annually. Therefore the following procedure is adopted for such expenses.

(a) If these expenses are incurred with a monthly periodicity, they will naturally come under 'A'. But if they are incurred semester-wise, or quarterly or annually, the average expenditure per month is to be calculated and included in 'B'.

(b) Note, however, that in case of hostel students, these expenditures should be accounted in the student's household and not in the "parent" household. This is because rent and tuition fees regularly paid by a household H for a member of another household (usually a hostel student) are covered by the Use Approach.

(c) For simplicity the above procedure will be followed for tuition fees paid for non-hostel students as well. That is, if tuition fees are not paid monthly and therefore not reported in 'A', the monthly average over a year will be included in 'B'.

Block 4: Demographic particulars of household members

4.4.0 Unless otherwise stated, the reference period for any column of this block will be "as on the date of survey". This block has two parts. In part A (Block 4A) all usual members will be listed and in Part B (Block 4B) non-household female members who had undergone childbirth during the last 365 days and the major share of the expenses of the childbirth was borne by this selected household will be listed.

4.4.1 **Column 1: serial number:** All the members of the sample household will be listed in Block 4 using a continuous serial number in column 1. In the list, the head of the household will appear first followed by head's spouse, the first son, first son's wife and their children, second son, second son's wife and their children & so on. After the sons are enumerated, the daughters will be listed followed by other relations, dependants, servants, etc.

Box 2:

In the 75th round, a non-household woman member who had undergone childbirth during the last 365 days will be considered as a special member of the household if the major share of the expenses of the childbirth was borne by the household, irrespective of the place of residence of the woman during the last 365 days. All such members will be listed in the 4B. However, the children born to these non-household members will not be listed. Moreover, Columns 13 to 18 are not to be filled in for females of Section 4B.

To distinguish such members from usual members (with continuous serial numbers starting from1) they will be given special serial number starting from 81, 82 etc. However, if the woman is currently pregnant i.e. child has not yet been delivered then they will not be included in Block 4B even if it is confirmed that major share of the expenses of the childbirth will be borne by parent's household.

4.4.2 **Column 2: name of member:** The names of the members will be recorded in column 2 corresponding to the serial numbers entered in column 1.

4.4.3 **Column 3: relation to head:** The family relationship of each member of the household with the head of the household will be recorded in this column. The codes are:

self	... 1
spouse of head	... 2
married child	... 3
spouse of married child	... 4
unmarried child	... 5
grandchild	... 6
father/mother/father-in-law/mother-in-law	... 7
brother/sister/brother-in-law/sister-in-law/other relatives	... 8
servant/employee/other non-relatives	...9

4.4.4 **Column 4: gender (male -1, female -2, transgender -3):** the sex code of each member is to be recorded with code 1 for male and code 2 for female. Hijras, Eunuchs or transgender are to be treated as "transgender" and in such cases code 3 will be recorded. For the females of section B, code 2 is already printed.

4.4.5 **Column 5: age (years):** Age in completed years of each member will be recorded here. For infants below one year of age at the time of listing, '0' will be entered.

4.4.6 **Column 6: marital status:** The marital status of each member will be recorded here. The codes are:

never married - 1, currently married - 2, widowed - 3, divorced/separated - 4

Couples living together will be treated as *currently married*.

4.4.7 **Column 7: general education level:** Information regarding the level of general education attained by the members of the household listed will be recorded in column 7 in terms of the specified code. A level is attained when the relevant course has been successfully completed. Therefore *a child studying at primary level should NOT get code 07 (primary). Similarly a child studying at secondary level should NOT get code 10 (secondary).*

Box 3:

The general educational level of a person who has studied up to, say, first year B.A., will be 'higher secondary' (code 11).

The general educational level of a person who has studied up to 12th standard but has not appeared for the final examination, or has failed, will be 'secondary' (code 10).

For children studying in Anganwadi Centres, code 03 is applicable.

4.4.7.1 The codes are:

not literate ……..……...	01
literate:	
without any schooling……....	02
without formal schooling:	
through NFEC …….....	03
through TLC/ AEC ……...	04
others …….....	05
with formal schooling:	
below primary ……..	06
primary ……..……	07
upper primary/middle ……..……	08
secondary ……..……	10
higher secondary ……..……	11
diploma/certificate course *(up to secondary)*….	12
diploma/certificate course *(higher secondary)*….	13
diploma/certificate course (*graduation & above).*	14
graduate	15
postgraduate & above……..……	16

4.4.7.2 Persons not able to read and write a simple message with understanding in any language are to be considered as illiterate and will be assigned code 01. Those who acquired this skill without attending any schooling of any kind will be assigned code 02. Those who achieved literacy by attending Non-Formal Education Courses (NFEC) will be given code 03. Persons who have become literate through attending Total Literacy Campaign (TLC) or Adult Education Centres (AEC) are to be given code 04. Persons who are literate through means other than formal schooling not under the above two categories will be given code 05.Those who are by definition literate through formal schooling but are yet to pass primary standard examination will be given code 06. Similarly, codes 07, 08 and codes 10-16 will be assigned to those who have passed the appropriate levels. Persons who have attained proficiency in Oriental languages (e.g., Sanskrit, Persian, etc.) through formal education but not of the general type will be classified appropriately at the equivalent level of general education standard.

4.4.7.3 For those who have completed some diploma or certificate course in general or technical education, which is equivalent to *up to secondary*, code 12 will be assigned. Code 13 will be assigned to those who have completed diploma or certificate course in general or technical education, which is equivalent to *higher secondary* level. Code 14 will be assigned to those who have completed diploma or certificate in general or technical education, which is equivalent to graduation or post-graduation level. Code 15 will be assigned to those having a degree in general or technical education, which is equivalent to graduation level. Similarly, code 16 will be assigned to those having a degree in general or technical education, which is equivalent to post-graduation level and above.

4.4.8 **Column 8: usual principal activity status (code):** The usual principal activity status code of the member is to be recorded here. Please refer concepts and definitions (page A-15-A-17) for details of identifying the usual principal activity status.

The codes are as follows:

worked in h.h. enterprise (self-employed): *own account worker*	***-11***	worked as casual wage labour: *in other types of work*	***-51***	*attended domestic duties and was also engaged in free collection of goods (vegetables, roots, firewood, cattle feed, etc.), sewing, tailoring, weaving, etc. for household use*	***-93***
worked in h.h. enterprise (self-employed): *employer*	***-12***	*did not work but was seeking and/or available for work*	***-81***		
worked as helper in h.h. enterprise (unpaid family worker)	***-21***	*attended educational institution*	***-91***	*rentiers, pensioners , remittance recipients, etc*	***-94***
worked as regular salaried/ wage employee	***-31***	*attended domestic duties only*	***-92***	*not able to work due to disability*	***-95***
worked as casual wage labour*: in public works*	***-41***			*others (including begging, prostitution, etc.)*	***-97***

4.4.9 **Column 9: during last 365 days – whether hospitalised**: A question "Was any member of the household hospitalised during the last 365 days?" will be put to the informant. In case the answer is yes, which member(s) was (were) hospitalised will be ascertained and code 1 will be put against such members in column 9. The other members will get code 2 in column 9. If it is learnt a person who was hospitalised during the last 365 days was then a household member but is now deceased, such a member will not be listed in Block 4 but will be listed in Block 5. By hospitalised will mean *admitted as an in-patient* in a **medical institution** (see paragraph 4.6.0.4). A person who underwent surgery in a temporary camp or day care centre will also be considered to have been 'hospitalised' for the purposes of this survey.

4.4.9.1 In case the household reports a member (child) of age 0, it will be ascertained, while filling up column 9, whether the birth of the baby took place in a medical institution. If so, code 1 should be put in column 9 against the mother if she is a household member in the section A. However, the baby will not be considered to have been hospitalised unless the discharge from hospital was delayed because of illness in the newborn child.

4.4.9.2 On the other hand, for the females listed in section B, it will be ascertained, whether childbirth took place in a medical institution. If so, code 1 should be put in column 9 against her.

4.4.10 **Column 10: if 1 in col. 9, number of times hospitalised**: In the survey, the 'number of times hospitalised' will also be referred to as the 'number of cases of hospitalisation'. Each admission to hospital should be counted as a separate hospitalisation case. For each member with code 1 in column 9, the number of cases of hospitalisation will be reported in column 10.

4.4.11 **Column 11: whether pregnant during last 365 days:** This will be asked to the female member of the household within the child bearing age of 15-49 years whether they were pregnant during any time during last 365 days. All the women in age group 15-49 years who are identified as having been pregnant at any time during the last 365 days will get code 1 in this column. Thus, in case the household reports a member (child) of age 0, code 1 should be put in column 11 against the mother if she is a household member in the section A. For the females of section B code 1 is already printed.

Note: Each female member who reported childbirth (nature of ailment code 87-89) or "pregnancy with complications" (nature of ailment code 49) in Block 6 or Block 8 will be assigned code 1 in col. 11. If reported age in Block 4 of any such member is outside the range 15-49 years, deep probing may please be made to verify the reported age.

4.4.12 **Column 12: if 1 in col. 11, whether household paid major share for the child-birth expenses:** Those having code 1in col. 11 will be asked for this col. 12. For females in section 4A, two types of situation may arise: (a) Childbirth took place and (b) pregnancy is continuing. Thus the code structure for (a) is yes (code 1) & no (code 2) and

for (b) code will be 3, i.e. pregnancy continuing. For females of section B code 1 is already printed. The expense of childbirth does not include expenses of pre and post-natal care.

4.4.13 **Column 13: whether suffered from any communicable disease**: If any member of the household had suffered from sudden outbreak of any communicable diseases during last 365 days as per the list, then the disease from which the household member had suffered has to be recorded in codes.

4.4.13.1 If there is some outbreak of the diseases like Typhoid, Hookworm Infection, Filariasis, Tuberculosis etc., code 9 may be given. For the household member, who did not suffer, code 8 should be given in col. 13.

4.4.13.2 The codes given for this column are:

suffered from:
Malaria.....1
Viral Hepatitis/Jaundice.....2
Acute Diarrhoeal Diseases/ Dysentery...3
Dengue fever.....4
Chikungunya.....5
Measles.....6
Acute Encephalitis syndrome.....7
others.....9
not suffered.....8

4.4.14 **Column 14: whether suffering from any chronic ailment (yes-1, no-2): Ailment – illness or injury:** To make entry in this column following definitions may be important:

4.4.14.1 Ailment, (i.e. illness or injury) means any deviation from the state of physical and mental well-being. To ascertain whether a person suffered an ailment during a particular period, one must ascertain any deviation from physical or mental well-being **was felt**[2] by the person during the period. It must be remembered that,

- An ailment may not cause any necessity of hospitalisation, confinement to bed or restricted activity.
- An ailment may be untreated or treated.

4.4.14.2 For the purpose of this survey, ailments will INCLUDE:

- All types of injuries, such as cuts, wounds, haemorrhage, fractures and burns caused by an accident, including bites to any part of the body.
- Cases of abortion – natural or accidental.

[2] Note that the identification of ailments is necessarily subjective as it depends on the feeling or perception of the person concerned. This is a problem inherent in all surveys of general morbidity or illness.

However, ailments will NOT INCLUDE:

- Cases of sterilisation, insertion of IUD, getting MTP etc.
- A state of normal pregnancy without complications
- Cases of pre-existing visual, hearing, speech and locomotor disabilities.

The questions to be asked for filling up columns 14 to 16 should be put individually to each available household member old enough to report accurately. For other members, they may be asked to an older member.

For ailments of aged persons, that is, those aged 60 years and above, all efforts should be made to obtain information from the aged persons themselves.

4.4.14.3 To make entries in column 14, the following questions should be asked for each household member:

→ Has the member been experiencing symptoms – persisting for more than one month on the date of survey – indicating any problem caused by an ailment affecting any organ of the body? [*Exclusions*: (i) Minor skin ailments (ii) Cases of headache, body ache, and minor gastric discomfort after meals, even if of a long-standing nature, unless the patient insists that they cause restriction of his/her activity (iii) Disabilities such as congenital blindness.]

IF YES, then the member is suffering from a chronic ailment on the date of survey

→ enter 1 in col.14

→ proceed to the next household member.

IF NOT,

→ Has the member been taking a course of treatment on medical advice for a period of one month or more and continuing as on the date of survey, aimed at alleviation of the symptoms of any ailment? (Such treatment may have resulted in non-appearance of symptoms that would otherwise have appeared, during a part of the last one month, or the entire month.) [*There should be no exclusions. Treatment of pre-existing disabilities are also included*.]

IF YES, then the member is suffering from a chronic ailment on the date of survey

→ enter 1 in col.14

→ proceed to the next household member.

OTHERWISE, enter code 2 in col.14

→ proceed to the next household member.

4.4.14.4 A chronic ailment may affect the stomach, lungs, nervous system, circulation system, bones and joints, eye, ear, mouth or any other organ of the body. A list of symptoms associated with various types of diseases and their codes is given in Table 4.2 for better understanding and reference. However, this list is not meant to be exhaustive.

TABLE 4.2: LIST OF CHRONIC AILMENTS AND THEIR SYMPTOMS

Disease of	Symptoms
respiratory system	- Cough with sputum/ with blood - Breathlessness/fever
cardiovascular system	- Breathlessness on exertion and even at rest - Recurrent chest pain - Hypertension
central nervous system	- Persistent convulsions - Paralysis of one or more limbs - Persistent severe head ache with or without vomiting
musculoskeletal system	- Swelling and pain in the joint/muscles
gastrointestinal system	- Repeated episodes of diarrhoea/dysentery - Passing blood in motion - Vomiting/blood in vomit - Persistent abdominal pain - Persistent jaundice - Incontinence in motion
genito-urinary system	- Difficulty in passing urine - Blood stained urine - Colicky pain with difficulty in urination - Incontinence of urine - Bleeding from genital tract in men - In women: irregular vaginal bleeding during reproductive age - Persistent vaginal bleeding after menopause
Skin diseases	- Chronic ulcers - Recurrent rashes
Goitre	- Swelling in front of neck, painless swelling in front of neck
Elephantiasis	- Swelling of foot/leg progressively increasing over the years with thickening of skin
Eye problems / diseases	- Redness and irritation, pain in the eye, discharge from the eye, blurred vision and double vision
ENT problems/ diseases	- Sore throat, hoarseness of voice, discharge from the ear, ringing in the ear, pain in the ear, impaired hearing (inability to hear well but not deafness)
Mouth and dental problems	- Toothache, bleeding/ swelling/ discharge from the gums, ulcers in the mouth / tongue
Endocrine, Metabolic, Nutritional	- Diabetes Type I and Type II
Others	- Other chronic symptoms not covered above

4.4.15 **Column 15: whether suffered/suffering from any other ailment any time during last 15 days besides chronic ailments**: For each member it will be asked.

4.4.15.1 During the last 15 days, did the member feel any problem relating to skin, head, eyes, ears, nose, throat, arms, hands, chest, heart, stomach, liver, kidney, legs, feet or any

other organ of the body? If so, code 1 will be put in col.15, irrespective of how many such ailments the member has suffered from.

4.4.15.2 Note that

- For the purpose of col. 15, chronic ailments will be excluded.
- A disability (e.g. vision loss) whose onset was during the last 15 days will be covered.
- Ailments include injuries as well as illness, and may be treated or untreated.
- A person who took medical advice or was under medication on medical advice for an illness or injury at any time during the reference period, whether he/she felt sick or not, must be considered as ailing (an exception is medicines given as part of routine pre-natal or post-natal care in cases of normal pregnancy without complications).
- Cases of complications arising during pregnancy or after childbirth **will be** considered as ailment.
- Each case of childbirth will be considered as a special case of 'ailment' (of the mother) in this survey to facilitate collection of some important data on childbirth.
- Untreated injuries like cuts, burns, scald, bruise etc. of minor nature (that is, not considered severe by the informant) **will not be** covered.

It should be kept in mind during the canvassing of this schedule that the period "last 15 days" does not include the date of survey. Likewise, the period "last 365 days" does not include the date of survey.

4.4.16 **Column 16: whether suffered/suffering from any other ailment on the day before the date of survey:** The only difference of this question from the question for column 15 is that here the reference period is one day – the day before the date of survey. Codes in this item will be yes-1 or no-2. If the member was ailing on the day before the date of survey, code 1 will be entered for him/her, otherwise code 2 will be entered. Again, just as in case of column 15, only ailments other than chronic ailments will be considered here. Note that if the entry in col.16 is 1, the entry in col.15 too should be 1. Similarly, if the entry in col.15 is 2, the entry in col.16 should be 2 as well.

4.4.17 **Column 17: whether covered by any scheme for health expenditure support:** The reference period for this item is 'as on the date of survey'.

The codes are:

government funded insurance scheme (e.g. RSBY, Arogyasri, etc).....	1
government/PSU as an employer (e.g. CGHS, reimbursement from govt. etc).....	2
employer supported (other than govt./PSU) health protection (e.g. ESIS).....	3
arranged by household with insurance companies	4
others	9
not covered	5

- Code 1 will be recorded for any member covered by any scheme/ insurance plan funded by government such as Rastriya Swasthya Bima Yojana (RSBY), Arogyasri, etc.
- Code 2 will be recorded for those members who are covered under any scheme of *government (central/state/UT) or PSU or Nationalised bank etc. as an employer* such as CGHS, reimbursement.
- Code 3 will be recorded for any member covered by any scheme (ESIS or Other)/ insurance plan as an employee or former employee (or a family member of such an employee) from any employer other than State/Central Government/PSU/Nationalised bank (such as private corporate sector firms, private banks, government-aided or private schools/colleges/ institutions, and any other private sector employer).
- Code 4 will be recorded for any member covered by any health insurance which has been arranged (and for which the premium is paid) by the household (or, in rare cases, by relatives or friends on behalf of the household).
- Code 9 will be recorded if expenditure on health protection support is provided by any other organisation.
- Code 5 will be recorded for a member who is not covered by any such scheme.

For a member for whom more than one code is applicable, the code appearing earliest in the list is to be recorded.

4.4.18 **Column 18: reporting of items under columns 14- 16:** All efforts are to be made to collect information relating to ailments of household members by interviewing all the members who are old enough to provide information themselves. However, collection of information on ailments through personal interviews may not be possible for every member. For some members, information may have to be obtained 'by proxy' (say, from the head of the household) instead of from 'self'. Code 1 is to be recorded under this column in case of self-reporting and code 2 for proxy- (that is, non-self) reporting.

Block 5: Particulars of former household members who died during the last 365 days

4.5.0 This block is for listing the persons who were once members of the sample household but died during the last 365 days. If a female member of block 4A delivered a child who later died before being brought out of the hospital, that child will also be listed here. Particulars of death, such as age at death, medical attention before death, whether hospitalised during the last 365 days or not, etc. are to be recorded in this block. For females, information relating to pregnancy and time of death with respect to pregnancy are also to be collected. This block will not be filled in for the women of Block 4B. The information to be recorded in different columns of the block is explained below:

4.5.1 **Column 1: serial number**: Serial numbers starting from 91 will be used in column 1, Block 5. The serial numbers 91, 92 and 93 are already printed in the rows provided.

Thus the serial numbers in Block 5 will be different from those in Block 4. In case more than 4 deaths in the household are reported, a separate sheet of Block 5 will be used. In that case, the serial number in the second sheet of Block 5 will start from 95.

4.5.2 **Columns 2 & 3: name and gender of the deceased member**: The name of the deceased member will be written in column 2 and the code for his/her gender (male - 1, female - 2, transgender - 3) in column 3.

4.5.3 **Column 4: age at death (years)**: For each deceased person, the age at death in completed years will be recorded against this item. For infants who died before reaching the age of one year, '0' will be entered.

4.5.4 **Column 5: whether medical attention received before death**: Medical attention received by the deceased before death may be from a hospital, nursing home, PHC/CHC, etc. or by registered medical practitioners at home or elsewhere. Examination or treatment by persons other than medically qualified personnel will not be considered as medical attention. For giving code 1, it is not necessary for the person to have received medical attention immediately before death; however, there should be continuity in the medical attention received till death. Thus, if the person was, at the time of death, receiving treatment under medical advice for the ailment which caused death, the entry will be 1. On the other hand, for a person who had discontinued medical treatment two weeks before death and not resumed it, the entry will be 2.

4.5.5 **Column 6: whether hospitalised at least once during last 365 days**: This column will be filled in for those among the deceased who were hospitalised for treatment at least once during the last 365 days. Code 1 will be recorded in case the deceased was hospitalised before death, otherwise code 2 will be recorded. Cases where patients were declared 'brought dead' by the hospital will not be considered.

4.5.6 **Column 7: number of times hospitalised**: For a person with code 1 in column 6, the number of times the person was hospitalised during last 365 days will be recorded here.

4.5.7 **Column 8: reason for non-hospitalisation just before death:** If the person was not hospitalised immediately before death, the reason for non- hospitalisation will be recorded here. The entry will be in following codes:

hospital care was not considered satisfactory.....1
admission to hospital was not done as doctor/medical attendant was not available.....2
ailment was not considered serious enough.....3
financial constraints.....4
due to transportation problem.....5
patient did not want to be hospitalised..... 6
patient died before taking to hospital.....7
others.....9

4.5.8 **Column 9:** (for females) **if age 15-49 years in col.4, whether pregnant any time during last 365 days:** For deceased females aged 15-49 years at death, it will be asked whether they had been pregnant at any time during the last 365 days. Codes will be in either yes (code 1) or no (code 2).

4.5.9 **Column 10: if 1 in col. 9, time of death:** For deaths reported as related to pregnancy/ delivery/ abortion, the time of death in respect of their pregnancy will be enquired upon and the appropriate code among the codes 1-4 will be recorded.
Codes are as follows:

for deaths relating to pregnancy/ delivery/ abortion:
during pregnancy ……..... 1
during delivery ……..…. 2
during abortion …… 3
within 6 weeks of delivery/abortion 4
deaths due to other causes 9

Note that code 4 is applicable only for deaths occurring after delivery/ abortion. Code 9 will be recorded for deaths which are reported as not related to pregnancy/ delivery/ abortion. For deaths occurring more than 6 weeks after delivery/abortion, code 9 is to be recorded even if the death is reported as due to pregnancy/ delivery/ abortion. For those with code 1 in column 9, one of the following codes is to be entered in column 10.

4.6.0 *General instructions for Blocks 6, 7, 8, 9:* These blocks are meant for collecting information on general morbidity, expenditure incurred in medical treatment of ailments and use of medical services by the members of the sample households. The information to be collected relates to ailments suffered by members, the nature of treatment undergone, the extent of utilisation of public health services and private medical agencies, direct and indirect cost incurred by the household for treatment, and the means of meeting the cost.

4.6.0.1 Household members should be interviewed personally as far as possible. Female members may have to be interviewed through intermediaries, if required (e.g. husbands in case of married women). For a child, the mother's presence is very important.

4.6.0.2 In each of Blocks 6, 7, 8 & 9, provision for recording information has been made for only five cases. If the number of cases exceeds the provision made in any of these blocks, extra page(s) of the block may be used and continuous serial/spell numbers (starting from 6) may be given against item 1 of Blocks 6, 7, 8 & 9 in the extra page(s).

Block 6: Particulars of medical treatment received as in-patient of a medical institution during the last 365 days

4.6.0.3 **Medical institution:** This refers to any medical institution having provision for admission of sick persons as in-patients for treatment. Thus it covers all HSC (only for childbirth), PHC, CHC, public dispensaries with facilities for in-patient treatment, any

public/government hospital (district hospital/ state general hospitals/ medical college hospitals etc), and private hospital which are run by NGO/Trust (religious or otherwise) of any kind as well as private nursing home, day care centre, private medical college and hospital, super- speciality hospital, etc. For relevant concepts and definition please refer to page A-17 to A-20 in Chapter One.

4.6.0.4 **Hospitalisation:** Admission as in-patient to a medical institution (as defined above) for treatment of some ailment or injury, or for childbirth, will be called hospitalisation. The birth of a baby in a hospital will not be taken as a case of hospitalisation of the baby. If, however, a baby who has never left the hospital after birth contracts an illness for which it has to stay in hospital, is it to be regarded as a case of hospitalisation. *Surgeries undergone in temporary camps set up for treatment of ailments (say, eye ailments) will be treated as cases of hospitalisation for the purpose of the survey.* (Note: It is possible for admission and discharge to take place on the same day.)

4.6.0.5 **Step-by-Step procedure for blocks 6, 7, 8 and 9**: Please refer Box 4 below to derive the course of action to fill up blocks 6 and 7 and subsequently blocks 8 and 9.

Box 4

Having reached Block 6

I. Any member or deceased former member hospitalised during last 365 days? (code 1 in Bl.4A col.9, or code 1 in Bl.5, col.6)

No → Go to Block 8.

Yes→ Identify the different cases of hospitalisation (different persons hospitalised, same person hospitalised in 2 different hospitals, same person hospitalised in same hospital for 2 different ailments or 2 different spells of ailment)

→ Fill up one column of Block 6 for each case of hospitalisation.

→ Fill up one column of Block 7 (expenditure incurred) for each case of hospitalisation. Follow the same order of cases in Block 7 as in Block 6.

→Go to Block 8.

II. Any member of Block 4B (code 1 in Bl.4B col.9) hospitalised for childbirth?

No → Go to Block 11B.

Yes→ Fill up one column of Block 6 for each case of hospitalisation with code 87 or 88 or 89 in item 4 (nature of ailment).

→ Fill up one column of Block 7 for each case of hospitalisation. Follow the same order of cases in Block 7 as in Block 6.

→Go to Block 11B.

Having reached Block 8

****DO NOT FILL BLOCK 8 AND 9 FOR FEMALES LISTED IN BLOCK 4B****

III. Any member or deceased former member suffered any ailment during last 15 days? (Including those who were hospitalised during last 15 days) (Code 1 in col.14 or col.15 of Block 4A, or died during last 15 days)

No → Go to Block 10a.
Yes → Identify the different spells of ailment suffered during last 15 days (ailments of different persons, 2 ailments of different nature of the same person, two different spells of ailment of the same nature and of the same person)
→ Fill up one column of Block 8 for each spell of ailment suffered during last 15 days.

Do not omit an ailment suffered during last 15 days even if it was a hospitalisation and are already covered in Block 6 & 7 (covers hospitalisation at some time in the last 365 days.)

Note: For each spell of ailment reported during last 15 days, fill up one column of Block 9 (expenditure incurred on account of that spells of ailment suffered by that person during last 15 days). Exclude any expenditure incurred on hospitalisation during the last 15 days.

4.6.0.6 **Blocks 6 and 7 will be filled up if the respondent answers 'yes' (code 1 in Block 4A & 4B (for childbirth only), column 9, or code 1 in Block 5, column 6) to the following question:**

Was any member of the household (or female members from other households for whom the major share of expenses on child birth during last 365 days was borne by the household member or any deceased former member) hospitalised at any time during the last 365 days?

4.6.0.7 **Case of hospitalisation:** Each admission to hospital should be counted as a separate hospitalisation case.
(*Exception*: When the hospitalisation is for the same spell[3] of ailment, the hospital is the same, and no separate account of expenditure is kept, it may be treated as a single case of hospitalisation.)

4.6.0.8 *Identifying the different cases of hospitalisation:* The first step is to examine if there was a single case of hospitalisation, or more than one.

4.6.0.8.1 Two hospitalisation cases arise if (i) two different persons are hospitalised or (ii) the same person is hospitalised in 2 different hospitals or (iii) the same person gets hospitalised in the same hospital for 2 different ailments or 2 different spells of ailment.

- Particulars of each hospitalisation case will be recorded in separate columns of Blocks 6 and 7.
- The particulars of treatment in medical institution recorded here will refer only to the period of hospitalisation contained within the reference period. For instance, if a person was hospitalised 13 months ago for a period of 1 month and 15 days, then particulars of treatment received during the last 15 days will be recorded.

[3] A spell of ailment is a continuous period of sickness due to a specific ailment.

4.6.1 **Item 1: serial number of the hospitalisation case**: The block has 5 columns for making entries, marked with serial numbers (1-5) printed in the row against item 1. Thus, provision has been made for recording information on only five hospitalisation cases in this block. If the number of cases exceeds five, additional pages of Block 6 will be used and continuous serial numbers will be given in the additional pages to record the additional cases.

4.6.2 **Item 2: serial number of member hospitalised**: In Block 4A & 4B, the members who were given code 1 in column 9 are persons who were hospitalised during the last 365 days. Again, in Block 5, the members (deceased at the time of survey) who were given code 1 in column 6 are persons who were hospitalised during the last 365 days. Block 6 will be filled in for the cases of hospitalisation of current members (From Block 4A) or for female members from other households for whom the major share of expenses on child birth during last 365 days was borne by the household member (From 4B) or of deceased former members (Block 5).

4.6.2.1 In each case, it should be checked that the entry in the 'whether hospitalised' column of Block 4A & 4B (column 9) or Block 5 (column 6) is 1 for the member whose serial number is now to be copied to item 2 of Block 6.

4.6.2.2 If a member was hospitalised more than once during the reference period, the serial number of the member will be repeated in this line in each of the columns used for hospitalisation cases of the member.

Box 5

- *For cases of hospitalisation of current members, the serial number is to be taken from column 1 of Block 4A.*
- *For cases of hospitalisation for childbirth of female members from other households for whom the major share of expenses on child birth during last 365 days, was borne by the household member, the serial number is to be taken from column 1 of Block 4B (i.e. 81, 82, etc.).*
- *For cases of hospitalisation of deceased former members, the serial number is to be taken from column 1 of Block 5 (i.e. 91, 92, etc.).*

4.6.3 **Item 3: age**: This is also a transfer entry from Block 4A & 4B (col. 5) or Block 5 (col.4) for the hospitalised member. For the deceased member, age here refers to *age at death.*

4.6.4 **Item 4: nature of ailment**: The nature of ailment for which the member was hospitalised (admitted in medical institution) will be recorded in code against this item. The code list which is given on pages 14-15 of the schedule is also given below on pages D-28 to D-36. Besides Block 6, item 4, it is applicable to Block 8, item 7. The basic guidelines are given below, after the definition of 'availability of reported diagnosis'. **For the female members of block 4B this item should be any one of child birth related code (i.e. 87, 88 or 89).**

4.6.5 **Availability of reported diagnosis:** We shall say that a reported diagnosis is available if it is learnt from the respondents that a qualified doctor in the private or public sector, or any service provider in the public sector who provided them treatment or counselling, told them the diagnosis verbally, or put the diagnosis in writing on a prescription.

4.6.6 Guidelines for determining nature of ailment in a case of hospitalisation:

1. Wherever a "***reported diagnosis***" is available, record the code according to that – but where there is no "reported diagnosis," go by the main symptom for which health care was sought.
2. In case of a few of the codes below a second question is required – for example, if the chief complaint is fever, then one has to ask whether there was loss of consciousness or there was a rash. Or if there is a suicide, one has to ask how it was attempted. But for most codes, this would not be necessary.
3. Care is to be taken to avoid medical diagnosis provided by unqualified/informal health care providers, or opinions formed by relatives, friends, etc. In such cases always go by main symptom.
4. **Some disease descriptions are given in capital letters in the code list. For these diseases, the reported diagnosis is mandatory to give it that code number. In other words, that code cannot be given on the basis of symptoms alone. For other disease codes, a chief symptom is enough if reported diagnosis is not available.**
5. If the symptoms reported do not fit into any of the given categories, code 59 is to be recorded. If the informant is unable even to report the main symptoms, code 60 will be recorded.
6. Note that 'delivery of child' has been given three special dummy ailment codes (codes 87-89), depending on the type of delivery to facilitate collection of some important particulars of childbirths. The birth of a child in hospital is not to be considered a case of hospitalisation of the child. If, however, a baby who has never left the hospital contracts an illness for which it has to stay in hospital, it is to be regarded as a case of treatment received as in-patient, or, in other words, as a case of hospitalisation of the child.

4.6.7 The working definitions of all the ailments and the codes are available below from Table 4.3:

Table 4.3: Working definition of ailments

Code	Reported diagnosis and/or main symptom	Working definition
INFECTIONS		
01	Fever with loss of consciousness or altered consciousness	Any fever which was followed by or accompanied with loss of consciousness or altered consciousness **AND/OR** reported diagnosis of meningitis, encephalitis, high fever with delirium,

Code	Reported diagnosis and/or main symptom	Working definition
		cerebral malaria, typhoid encephalopathy etc.
02	Malaria	**Malaria:** Reported diagnosis **OR** Fever with chills and rigors, profuse sweating, intense headache and presence of malarial parasite in the peripheral blood smear.
03	FEVER DUE TO DIPHTHERIA, WHOOPING COUGH	**Diphtheria:** ***Reported diagnosis only***. (Diagnosis rests on fever, sore throat, and presence of a patch over the tonsils confirmed by the presence of C. diphtheriae on culture through a laboratory test report.) If a doctor's diagnosis or lab report is not there, then such fever should be coded as 'all other fevers – 04'. **Whooping cough**: ***Reported diagnosis only*** (diagnosis rests on fever with bouts of coughing followed by a whoop and confirmed by the presence of *B. pertussis* through lab test.) If a doctor's diagnosis or lab report is not there, then such fever should be coded as 'all other fevers –04'.
04	All other fevers (Includes, typhoid, Fever with rash/eruptive lesions and fevers of unknown origin, all specific fevers that do not have a confirmed diagnosis)	Reported diagnosis of **Chickenpox, Measles and German measles** OR Any Fevers with any eruptive lesions on skin or rashes. **Other known causes of fever – reported diagnosis of** typhoid, viral fever, chikungunya, dengue, flu **OR** any other condition where fever is the main symptom, which does not fit the codes 01, 02, 03 – or does not fit better with any of the other codes given later. **Fever of unknown origin:** where no specific cause of fever is known and no diagnosis was made, or where respondent did not know the diagnosis.
05	TUBERCULOSIS	**Tuberculosis**: ***reported diagnosis only*.** The respondent should have a TB card or a physician's prescription confirming the diagnosis. Can include cases where they report that service provider has verbally communicated this diagnosis. (Usual symptoms are: Cough for 3 weeks or longer duration, and/or chest pain, and/or coughing of blood, and demonstration of Mycobacterium tuberculosis in the sputum). If it could not be confirmed, then such fever should be coded as 'all other fevers – 04'.
06	Filariasis	**Filariasis/Elephantiasis:** Rests on reported diagnosis **OR** on clear history of fever with unilateral/ bilateral swelling of any limb/ gland/ scrotum confirmed by the presence of

Code	Reported diagnosis and/or main symptom	Working definition
		microfilaria in peripheral night blood smear or elephantiasis. If it could not be confirmed, then such fever should be coded as all other fevers – 04.
07	Tetanus	**Tetanus:** Rests on reported diagnosis **OR** a clear history of generalized painful spasms/ jerkiness and stiffness of muscles without loss of consciousness with/without history of injury – usual to be confirmed by a physician's prescription noting the diagnosis. If it could not be confirmed, or if it recurs with a gap of days or months between episodes, then it should be classified under nervous system code 23.
08	HIV/AIDS	**HIV/AIDS:** ***reported diagnosis only***. Symptoms alone, with a professional or laboratory confirmation cannot make the diagnosis.
09	Other sexually transmitted diseases	**Sexually transmitted diseases:** Rests largely on reported diagnosis *only* **OR** sometimes a clear symptoms of urethral discharge or genital ulcers or vaginal discharge, scrotal discharge, painful acute scrotal swelling, swelling in the groin *with* history of sexual exposure. If it could not be confirmed, then it should be classified under 'reproductive tract infection/pelvic inflammatory disease-code 47'.
10	Jaundice	**Hepatitis/jaundice:** Reported diagnosis **OR** presence of yellowish discoloration of eyes, passing high-coloured urine, nausea, and itching. Confirmation by a laboratory test/ physician desirable but not essential. Fever may or may not be present.
11	Diarrheas/ dysentery/ increased frequency of stools with or without blood and mucus in stools	**Amoebiasis/diarrhoea/dysentery/cholera/giardiasis:** Reported diagnosis OR passage of 3 or more semisolid or liquid stools a day with/without fever/abdominal pain. If blood and mucus could be found in stool it is dysentery. A reported specific diagnosis like cholera or gastro-enteritis is also entered here. Diarrhoea or dysentery with fevers is entered under this code, despite the fever.
12	Worms infestation	**Worm infestation:** Either a reported diagnosis **OR** clear history of passing worms with stools or vomitus is required.
CANCERS		
13	CANCERS (known or suspected by a	**Cancer and other tumours: *Reported diagnosis only*.**

Code	Reported diagnosis and/or main symptom	Working definition
	physician) and occurrence of any growing painless lump in the body	(Symptoms are usually non-healing growing ulcer/sores, unusual bleeding and discharge, change in bowel and bladder habits, thickening or lump in breast or any other part of the body, difficulty in swallowing, any obvious change in wart or mole, with documentary evidence of diagnosis.)
BLOOD DISEASES		
14	Anaemia (any cause)	**Anaemia: Reported diagnosis <u>OR</u>** pallor associated with fatigue, general weakness, and palpitation with a confirmatory diagnosis from a laboratory test/ physcian. **Sickle cell disease – *reported diagnosis*.** Any other cause of anemia with a reported diagnosis – e.g., iron deficiency anaemia, thalassemia.
15	Bleeding disorders	Bleeding disorder, hemophilia, etc: Reported diagnosis **<u>OR</u>** a history of recurrent frequent bleeding after even minor injuries, or from one nasal passage or the other.
ENDOCRINE, METABOLIC, NUTRITIONAL		
16	DIABETES	**Diabetes mellitus: *Reported diagnosis only.* (**Symptoms are: Excessive thirst, frequent eating, passing large quantities of urine at frequent intervals associated with impaired glucose tolerance confirmed through a laboratory test/ physician's prescription or taking medication (Tablet Metformin/ Injection Insulin) for diabetes.
17	Under-nutrition	**Under-nutrition:** Reported diagnosis **<u>OR</u>** When the child is very thin built, lethargic and the actual weight is less than weight for age/ weight for height. Reported diagnosis could include weight chart, ICDS records, etc. Symptoms of vitamin deficiency including night blindness, lethargy, ulcers in the angles of the mouth, swelling feet with protruberent stomach also indicate this code.
18	Goitre and other diseases of the thyroid	**Goitre and other thyroid disease:** Reported diagnosis of thyroid disease **<u>OR</u>** Swelling in the front of the neck; with/ without weight gain, swelling of the face or palpitations and tremors in hands. To be confirmed by a physician's diagnosis/ laboratory test or medication.
19	Others (including obesity)	
PSYCHIATRIC AND NEUROLOGICAL		
20	Mental retardation	From birth – lack of normal mental development.
21	Mental disorders	**Psychiatric disorders**: Diseases of longer duration of irregular nature affecting behaviour/ abnormal behaviour

Code	Reported diagnosis and/or main symptom	Working definition
		including excessive fears, anger and violence; depression; detached from reality. **Drug abuse or alcoholism** interfering with the performance of major life activities such as learning, thinking, communicating, sleeping, etc.
22	Headache	**Headache** – if it was a cause of seeking health care. If no health care is sought, then report only if self-reported as a cause of illness without prompting or leading question. **Reported diagnosis** of MIGRAINE also.
23	Seizures or known epilepsy	**Seizures/Epilepsy**: Reported diagnosis **OR** recurrent episodic convulsions, usually with normalcy between episodes.
24	Weakness in limb muscles and difficulty in movements	**Muscular weakness or movement difficulty:** Includes tremors, difficulty in walking, paralysis of both lower limbs, and difficulty in picking up or holding objects with hand(s).
25	Stroke/ Hemiplegia/ Sudden onset weakness or loss of speech in half of body	**Stroke:** Reported diagnosis of stroke or hemiplegia **OR** cerebro-vascular disease **OR** sudden onset of weakness or paralysis of one half of body or even of one limb with or without impairment of speech.
26	Others including, memory loss, confusion	Memory loss, confusion, acquired mental retardation – acute or chronic – especially in the elderly (excluding mental retardation which is a condition persisting from birth).
EYE		
27	Discomfort/ pain in the eye with redness or swellings/ boils	**Conjunctivitis/Corneal Ulcer/Iritis/Infection of eyelids or lacrimal glands/Foreign body in eye/trauma:** Reported diagnosis of any of these **OR** Redness of eyes with watering and foreign body sensation with/without discharge.
28	Cataract	**Cataract**: Reported diagnosis **OR** self-reported with blurring/loss of vision over a period of time most commnly related to ageing with presence of opacity in either or both eyes
29	GLAUCOMA	**Glaucoma:** ***Reported diagnosis only.*** (Symptom**:** Often with pain in the eyes with blurring/loss of vision of sudden onset in either/both eyes and where decreased vision could not be corrected with glasses – needs confirmation by an ophthalmologist's diagnosis. Sometimes glaucoma is slow-onset and painless. Include this too if there is a reported diagnosis.)
30	Decreased vision (chronic) NOT including	**Could be complete or partial blindness – rapid onset or slow:** Retinopathies: Could be diabetic, or having other causes

Code	Reported diagnosis and/or main symptom	Working definition
	where decreased vision is *corrected* with glasses	like retinal detachment, or degenerative. Could have begun with night blindness and progressed. Could be undiagnosed glaucoma or untreated/undiagnosed refractive errors. Exclude those visual defects which wearing glasses/contacts have almost or fully corrected. Those corrected by glasses shall not be counted as illness.
31	Others (including disorders of eye movements – strabismus, nystagmus, ptosis and adnexa)	**Ptosis, nystagmus, strabismus or squint, styes, etc:** Reported diagnosis **OR** drooping of eyelids, inability to close eyes, squints, and other disorders of eye movements or swellings and infections of eyelids.
EAR		
32	Earache with discharge/ bleeding from ear/ infections	**Infections of the ear/ Other ear ailments:** Reported diagnosis of infection to external or internal ear/ discharge from the ear, with/without fever **OR** pain or bleeding from ear of any cause without decreased hearing.
33	Decreased hearing or loss of hearing	**Deafness:** Loss of hearing – partial or full – one ear or both – subsequent to any cause and for any duration.
CARDIO-VASCULAR		
34	HYPERTENSION	**Hypertension**: ***Reported diagnosis only.***
35	Heart Disease: Chest pain, breathlessness	**Heart Disease: Rheumatic, Ischemic, Congenital etc.** **Heart Disease:** Reported diagnosis **OR** has unexplained recurrent or severe chest pain, breathlessness with/without palpitation even on normal activity with/without swelling of legs and feet.
RESPIRATORY		
36	Acute upper respiratory infections (cold, runny nose, sore throat with cough, allergic colds included)	**Upper Respiratory ailments including nose/throat:** Characterized by one or more of the following: Running nose, Cough, Sore throat, with or without fever all of short duration, though it could be recurrent.
37	Cough with sputum with or without fever and NOT diagnosed as TB	**Lower respiratory infections/ Chronic obstructive pulmonary diseases: acute or chronic** – Reported diagnosis **OR** cough as the main symptom, with or without fever, with or without sputum and blood in it, with or without marked breathlessness. Exclude those where there is reported diagnosis of TB.
38	Bronchial asthma/ recurrent episode of wheezing and breath-lessness with or without	**Bronchial Asthma:** Reported diagnosis **OR** chronic, recurrent episodes of difficulty in breathing as main symptom usually with wheezing with or without cough and usually normal or

Code	Reported diagnosis and/or main symptom	Working definition
	cough over long periods or known asthma)	minimal problems between episodes.
GASTRO-INTESTINAL		
39	Diseases of mouth/teeth/gums	**Diseases of the mouth/teeth/gums:** Presence of white elevated curd like patches in the mouth that are difficult to remove/bleeding from the gums/bad breath/pus discharge/tooth ache/decayed/missed/filled tooth/teeth.
40	Pain abdomen: Gastric and peptic ulcers/ acid reflux/ acute abdomen	**Gastritis/ gastric or peptic ulcer:** Pain abdomen, indigestion, acid reflux and burning sensation in the stomach. **Appendicitis/Pancreatitis**, Acute abdomen: severe abdomen pain usually requiring surgery and/or hospitalization.
41	Lump or fluid in abdomen or scrotum	Includes **hydroceles, hernias, abdominal mass** undiagnosed or due to chronic liver, e.g. cirrhosis or intestinal disease or due any cause other than those which have been given specific codes. Unlike for the earlier code, pain is not a feature.
42	Gastrointestinal bleeding	**Hemorrhoids**, **fistula or any bleeding from the anus**, blood mixed in stools due to any cause, or vomiting of blood. (NOT bleeding gums or teeth which is coded 39)
SKIN		
43	Skin infection (boil, abscess, itching) and other skin diseases including leprosy	**Diseases of skin:** Characterized by presence of lesions – raised, rings, blisters, scales, discoloured patches, itching, redness.
MUSCULO-SKELETAL		
44	Joint or bone disease/ pain or swelling in any of the joints, or swelling or pus from the bones	**Disorders of joints and bones:** Reported diagnosis of any arthritis or bone disease **OR** Pain/swelling/stiffness of any joint, or pain, deformities, or pus from any bone – excluding due to injury.
45	Back or body aches	**Back pain or body ache:** which was a cause for seeking medical care/ taking medication, or, if no care sought, was complained of without prompting/ interfered with work, caused significant distress.
GENITO-URINARY		
46	Any difficulty or abnormality in urination	**Diseases of kidney/urinary system:** Difficulty in passing urine and/or burning sensation while passing urine, or passing urine at increased frequent intervals and/or fever and/or passing blood in urine. **Prostatic disorders:** In males, passing small quantities of urine and frequent intervals, sense of incomplete emptying,

Code	Reported diagnosis and/or main symptom	Working definition
		inability to hold urine, with/without pain/burning sensation. **Genital disorders** – problems related to male genitalia with respect to urination
47	Pain the pelvic region/ reproductive tract infection/ pain in male genital area	**Pelvic inflammatory disease/Reproductive tract infections:** In women: As reported diagnosis **OR** and /or lower abdominal pain / pain in pelvic area and / with or without abnormal vaginal discharge in women **OR** just abnormal vaginal discharge (not diagnosed as sexually transmitted diseases) OR genital ulcer. In men: Ulcer or pain in male genital area. (Scrotal swellings reported in 41.)
48	Change/ irregularity in menstrual cycle or excessive bleeding/ pain during menstruation and any other gynaecological or andrological disorders including male/female infertility	**Menstrual disorders:** As reported or irregular menstruation, abnormal lack of menstruation, or excessive bleeding during menstruation; **Other gynaecological/andrological disorders:** Any abnormal bleeding per vaginum /or mass or growth NOT diagnosed as cancer and/or inability to conceive/ infertility **OR** leaking urine/ urinary incontinence.
OBSTETRIC		
49	Pregnancy with complications before or during labour (abortion, ectopic pregnancy, hypertension, complications during labor)	**Pregnancy with complications:** *Before onset of labour pains* – would include abortions, fevers, hypertension, moderate to severe anemia, severe swelling of feet, severe headaches, severe vomiting, or in-utero death of fetus, bleeding from vagina and stillbirths. *After onset of labour pains* – would include prolonged labour, baby born in abnormal positions, bleeding, fits, very high blood pressure and stillbirths – and any reason for which surgery or assisted delivery was resorted to.
50	Complications in mother after birth of child	**Post partum complications**: fits, depression, infections, bleeding, descending uterus, leaking urine etc. that developed from when the child emerged to within 42 days of birth of child.
51	Illness in the newborn/ sick newborn	**Illnesses in the newborn:** Reported diagnosis **OR** (a) Any complications in the newborn arising out of delivery (b) Breathlessness and infections (c) Pre-term or low birth weight (d) Others (digestive system disorders, temperature, congenital anomalies).
INJURIES		
52	Accidental injury, road traffic accidents and falls	Injury which was not deliberate but accidental leading to lacerations, fractures, crushing injuries, injuries to internal organs or multiple body parts.
53	Accidental drowning	---

Code	Reported diagnosis and/or main symptom	Working definition
	and submersion	
54	Burns and corrosions	Any burns, corrosions due to fire, steam/vapour, hot liquids, acids or chemicals leading to boils, abrasions and lacerations.
55	Poisoning	Internal ingestion of excessive inappropriate levels of medicines, any levels of pesticides, insecticides, rat poisons or other chemicals, applications on skin.
56	Intentional self-harm	Intentional self-harm – suicide, attempted suicide or even deliberate self-injury inflicted on oneself for whatever reason.
57	Assault	Harm inflicted deliberately by another human being.
58	Contact with venomous/harm causing animals and plants	Snake-bites, scorpion stings any other insect bite, any other animal bite – dogs, wild animals. Accidental poisoning or contact with plants – excludes that done with suicidal intent.
OTHER		
59	Symptom not fitting into any of above categories	---
60	Could not even state the main symptom	---
(DUMMY AILMENT)		
87	Normal delivery of child	Childbirth (both live birth and stillbirth).
88	Caesarean delivery of child	
89	any other type of delivery of child (e.g. forcep delivery, Vacuum Extraction etc.)	

4.6.8 **Item 5: nature of treatment:** The codes are as follows:

Allopathy……1
Indian system of medicine
(*desi dawai*: ayurveda, unani or siddha)……...2
Homoeopathy……...3
Yoga & Naturopathy……....4
Other……....9

Definitions of the different systems of treatment are provided on pages A-20 and A-21 in Chapter One.

4.6.9 **Item 6: type of medical institution**: The 'type of medical institution' classification incorporates both the public-private distinction. The codes are:

govt./public hospital (incl.HSC/PHC / CHC etc.).....1
Charitable/Trust/NGO run hospital 2
private hospital.....3

Code 1 covers government sources of treatment and codes 2-3, private sources. For definitions, see pages A-17 to A-20.

4.6.10 **Item 7: if code is 2 or 3 in item 6, reason for not availing govt./public hospital:** In cases of hospitalisation where govt./public hospital facility are not availed i.e. code in item 6 is either 2 or 3, reasons for that will be asked. Codes for this item are:

required specific services not available	1	quality satisfactory but involves long waiting	4
available but quality not satisfactory/doctor not available	2	financial constraint	5
quality satisfactory but facility too far	3	preference for a trusted doctor/hospital	6
		others	9

4.6.11 **Item 8: type of ward**: There are usually different classes or types of ward in a hospital. The type of ward where the patient was admitted (for the particular hospitalisation case) will be recorded here in code.

The codes are:

free 1	paying general 2	paying special 3

4.6.11.1 A paying ward with a number of beds will be treated as a paying general ward. A cabin (generally with one or two beds) will be treated as a paying special ward. When a patient is reported to have stayed in more than one type of ward, the code for the type where the patient had stayed for the longest duration will be recorded here. ICUs (Intensive Care Units), HDUs (High Dependency Units), etc. will get code 3.

4.6.12 **Item 9: when admitted**: The time, with respect to the date of survey, when the patient was admitted to the hospital will be recorded here in code. The codes are:

during last 15 days …..... 1
16 days to 365 days ago..... 2
more than 365 days ago 3

4.6.13 **Item 10: when discharged**: The time, with respect to the date of survey, when the patient was discharged from the hospital will be recorded here in code. The codes are:

not yet .....……..... 1
during last 15 days 2
16 days to 365 days ago.....3

4.6.14 **Item 11: duration of stay in hospital (days)**: Only the time within the reference period (last 365 days) will be considered for recording duration of stay. That is, duration of stay within the last 365 days will be recorded, in number of days. For example, if the patient was admitted 40 days ago and discharged 2 days ago, the duration of stay will be 38 days. If the patient was admitted 400 days ago and discharged 350 days ago, the duration of stay will be 15 days.

4.6.15 **Medical services:**

- **Surgery**: Treatment requiring an operation to cut into or to remove or to manipulate tissue or organs or parts of the body.
- **Medicine**: Drugs or preparations used for treating an ailment. For the survey, medicine will include such liquids, syrups, pills, tablets, capsules, injections, ointment, drips etc.
- **X-Ray/ECG/EEG/Scan**: ECG stands for electro-cardiogram, EEG for electro-encephalogram and scan includes CAT scan, all computer aided X-Ray, scanning of body or brain and ultra-sonography.
- **Other diagnostic tests**: Other diagnostic tests include all pathological tests, such as testing urine, stool, blood, sputum, tears, biopsy, all tests of eyes, audiogram for testing loss of hearing, etc.

4.6.16 **Items 12 to 15: details of medical services received**: The entries against these items will be made in code. The codes are:

not received	1
received: free	2
partly free	3
on payment	4

4.16.1 If a particular service is not required or not taken from the hospital, owing to non-availability or other reasons, code 1 will be recorded against it. If it is received free of any charge from the hospital, code 2 will be recorded, and if it is received partly free, code 3 will be recorded. When the patient is required to make full payment for the service received, code 4 will be recorded.

4.16.2 Example: Item 13 (medicine):

- If all the required medicines were received free from the hospital, enter code 2.
- If all the medicines were received on payment (from hospital or elsewhere), enter code 4.
- If some medicines were supplied free by the hospital and the rest purchased, enter code 3.

4.6.17 **Item 16: whether treated on medical advice before hospitalisation:** If any treatment on medical advice is undergone immediately before getting admitted to hospital for the same case of illness which caused hospitalisation, code 1 will be entered against item 16. Otherwise, the entry will be 2. The treatment taken before getting admitted to hospital might have been taken from another hospital, or outdoor department of the same or other hospital, or public dispensary or private clinic or doctor. To record code 1, it is not necessary that the treatment before hospitalisation is taken within the reference period.

4.6.18 Items 17, 18 and 19 will be filled in only if the entry in item 16 is 1.

4.6.19 **Item 17: nature of treatment:** This refers to the nature of treatment availed before hospitalisation. The codes are as for item 5.

4.6.20 **Item 18: level of care**: This refers to the level of care of the treatment availed before hospitalisation. The codes are –

Govt./public hospital (incl. HSC/PHC//CHC etc).....	1	private hospital.....	3
Charitable/ Trust/ NGO run hospital.....	2	private doctor/clinic	4
		informal health care provider.....	5

Note that, healing of illness by witch doctor/tantric should not be considered as medical treatment and should not be included into level of care by 'informal health care provider.

4.6.21 **Item 19: duration of treatment**: The duration of treatment undergone before hospitalisation will be recorded in number of days. The total number of days for which the patient was under this treatment before admission to the medical institution, even if a part of the period falls outside the reference period, will be recorded here.

4.6.22 **Item 20: whether treatment on medical advice continued after discharge from hospital:** Code 1 will be entered here if the patient, after getting discharged from the hospital, has continued treatment on medical advice, and code 2 otherwise. When the patient is not yet discharged from the hospital, a '-' mark will be put against this item.

4.6.23 **Items 21, 22 and 23**: These three items relate to the ***treatment after discharge from hospital***. They are similar to items 17, 18 and 19 respectively, and the same codes are applicable.

Item 21: Codes as in item 17.
Item 22: Codes as in item 18.
Item 23: Codes as in item 19.

Block 7: Expenses incurred during the last 365 days for treatment of members as in-patient of medical institution

4.7.0 For each of the hospitalisation cases recorded in Block 6, expenses incurred during the last 365 days on account of the hospitalisation will be recorded in Block 7. It is important to note that:

- The hospitalisation cases will be taken up in Block 7 in the same order as in Block 6, and the same serial numbers of hospitalisation cases used in Block 6 (item 1) will be used in Block 7 (item 1).
- Total expenditure incurred by households will be recorded even if direct payment to hospital is made by the employer or an insurance company (cashless treatment). Deep

probing should be made to record such expenditure. In this case, the entire amount should also be shown in item 15 (reimbursement) as well.

- If the household makes a payment to the hospital which is later partly or wholly reimbursed by the employer or an insurance company, the payment made to the hospital will be recorded (against items 5 to 11) and the amount reimbursed will be entered against item 15.
- The information on source of finance (items 16 and 17) and amount of reimbursement (item 15) will relate only to the part of the expenses recorded in this block.
- In case some or all of the expenditure was incurred by some other household, efforts have to be made to record the approximate expenditure if the exact amount is not known.

4.7.1 **Item 1: serial number of hospitalisation case**: The serial numbers recorded in item 1 of Block 6 will be copied to item 1 of Block 7 in the same order.

4.7.2 **Items 2 & 3: serial number of member hospitalised** and **age (as in items 2 & 3 of Block 6)**: Again, just as in case of item 1, the entries against items 2 and 3 will be the same in Block 7 as in Block 6.

4.7.3 **Item 4: whether any medical service provided free (fully /partly):** The codes for this item are as follows:

yes:
medical services provided free by
Govt./public 1
private (incl. Charitable / NGO / Trust run hospital)..... 2
both.....3
no ……..... 4

- Expenditure incurred and reimbursed by the employer or any other organisation is not to be regarded as "provided free". In such cases, code 4 will be applicable. Also, if expenditure for treatment is wholly borne by the household, code 4 will be recorded.
- It is possible that, as a part of government scheme, treatment was provided entirely free of cost or partly free. In that case code 1 will be applicable.
- If the person has received the treatment fully/partly free of cost from any private hospital or NGO or any philanthropic organisation, the code will be 2.
- If the treatment is received free from govt. as well as from private sources, code 3 will be entered.

4.7.3.1 It may be noted in this connection that in spite of code 1, 2 or 3 being applicable in item 4, expenditure may have been incurred on one or more of the items 5 to 10.

The following are a few examples of medical services or reimbursement scheme from employer:

(a) Indian Railways run hospitals that provide free medical treatment to its employees and their dependents.

(b) There are private industrialists/PSUs who run hospitals to extend free medical facilities to their employees.

(c) Factory workers are mostly covered under the Employees' State Insurance (ESI) Scheme, which entitles them to receive free medical treatment in ESI hospitals or in dispensaries.

(d) CGHS dispensaries provide free medical services to the Central Government employees and their dependents.

(e) Some employers (e.g. banks, UN offices, corporate bodies) who do not run a hospital or dispensary of their own, but make arrangements with medical institutions for medical treatment of the employees. The expenses are met either entirely or partially by the employer.

4.7.4 **Items 5 to 10: medical expenditure for treatment during stay at hospital (Rs.):** The total expenditure during the last 365 days for medical treatment during the stay in the hospital will be accounted against these items. The following points should be noted:

1. All efforts should be made to record expenditure item-wise. Entry against item 11 (total medical expenditure) will not be acceptable unless the entries against items 5 to 10 in the same column add up to the item 11 entry.
2. Expenses incurred will include all expenditure made by the household ("out-of-pocket" expenditure) even if reimbursed later.
3. Total expenditure incurred by households will be recorded even if direct payment to hospital is made by the employer or an insurance company (cashless treatment). Deep probing should be made to record such expenditure. In this case, the entire amount should also be shown in item 15 (reimbursement) as well.
4. For institutional childbirth, record expenditure excluding pre and post natal care.
5. In case of zero expenditure on any of the items of expenditure (items 5-15), a '-' should be entered in the relevant column against the item.

4.7.5 **Item 5: package component (Rs.):** "Packages" of treatment involving specific surgical or non-surgical medical procedures, inclusive of different items like operation theatre (OT) charges, OT consumables, medicines, doctor's fees, bed charges, etc. are common nowadays in all private hospitals. Normally, packages do not include additional diagnostic tests, attendant charges, physiotherapy, personal medical appliances, blood, oxygen, etc.

4.7.5.1 When some treatment is received as a package (with pre-determined total cost) from the hospital, the information for items 6 to 10, for this treatment, will not be separately available. The total cost of the package treatment received will, however, be known and will be recorded against item 5 as "package component". However, even when treatment has a package component, some extra medical expenses may be incurred over

and above the package component. Therefore, the presence of an entry in item 5 does not necessarily mean that items 6 to 10 will be blank for that particular hospitalisation case (column of Block 7).

4.7.6 **Item 6: doctor's/surgeon's fee**: This will include the total amount paid on account of doctor's/surgeon's fees chargeable for the period of treatment within the reference period during the stay in hospital. It is not necessary that the doctor(s) or surgeon(s) should be attached to the hospital.

4.7.7 **Item 7: medicines:** The total amount paid for medicines (including drips) used for treatment within the reference period during the stay in hospital – whether made available by the hospital or procured from outside – will be recorded here.

4.7.8 **Item 8: diagnostic tests:** The total amount paid for diagnostic tests carried out on the patient during the stay in hospital within the reference period – whether using the hospital's diagnostic facilities or not – will be recorded here.

4.7.9 **Item 9: bed charges:** Amount paid for bed charges during stay in hospital within the reference period will be recorded here. If charges for food cannot be separated out from bed charges, the combined charges may be recorded against 'bed charges'.

4.7.10 **Item 10: Other medical expenses (attendant charges, physiotherapy, personal medical appliances, blood, oxygen, etc.):** This item will include all other expenditure involved in medical treatment.

4.7.10.1 **Attendant charges:** This refers to the expenses on charges for services of hired attendant(s) (caregivers) who stay with the patient in the hospital to attend to their needs. They may be arranged by the hospital or by the patient's relatives. If any household member or relative attends to the patient, no imputation of charges for his/her services is to be made.

4.7.10.2 **Physiotherapy:** If the patient has undergone any physiotherapy during the stay at hospital, the amount chargeable will be included in item 10 irrespective of whether the physiotherapist is the staff of the hospital or not.

4.7.10.3 **Personal medical appliances:** This refers to the expenses on personal medical appliances of durable nature like spectacles, contact lenses, intro-ocular lenses, hearing aids, trusses, crutches, catheter, nebulizer, artificial limbs, pacemaker, etc. for the purpose of treatment of the patient at the hospital.

4.7.10.4 **Blood, oxygen cylinder, etc.:** Charges for blood, oxygen cylinders and other consumables such as gloves, bandages, plaster, etc., supplied by the hospital or procured from outside, will be included in item 10.

4.7.10.5 Apart from these, expenses on any other item used in medical treatment or diagnosis during stay in the hospital, such as thermometer, infra-red lamp, blood pressure

measuring equipment, blood sugar measuring kit, bed-pan, urinal, etc., will be included in item 10 if borne by the household.

4.7.11 **Problem of non-available break-up of medical expenditure:** Positive entry in item 11, with zero entries against items 5 to 10 in that column, is not acceptable. But frequently, the respondents will report that they are unable to provide the break-up of expenditure incurred for treatment in the hospital.

4.7.11.1 If this is due to recall lapse, as when the patient was hospitalised several months ago, all efforts should be made to obtain a rough break-up, however approximate it might be. Even if this break-up differs a lot from the true break-up, it is better than having no break-up.

4.7.11.2 However, if this inability to provide the break-up is because the household paid a lump-sum payment to the hospital without being given any idea as to the details, there may be no alternative but to record the entire amount against item 5: package component (though this does not fit into the meaning of "package component" as explained in paragraph 4.7.5) with a comment. This practice should only be resorted to in extreme cases as an exception, rather than as a rule. Making it a general practice will defeat one of the important objectives of the survey.

4.7.12 **Item 11: medical expenditure (Rs.): total**: The total of entries in items 5 to 10 will be recorded here for each case of admission case. Care is to be taken not to inadvertently omit the package component (item 5 entry), if any, from the total.

4.7.13 **Item 12: transport for patient:** Here the amount paid for transport charges (by ambulance or other vehicle) for the patient – whether accompanied by other household members or not – for the journey to hospital for admission, and for the return journey, will be recorded. In addition, charges for any journey performed on medical advice during the period of stay in hospital (e.g. to undergo a diagnostic test which the hospital advised but did not have the facilities necessary to perform) will be included.

4.7.14 **Item 13: other non-medical expenses incurred by the household (registration fee, food, transport for others, expenditure on escort, lodging charges if any, etc.):** All other non-medical expenses are to be recorded here. Some important ones are:

Registration fee: While getting treated in any hospital (govt./private) registration fee is collected from the patient. This amount may be included in this item.

Food: Item 13 will include expenses incurred on food supplied by the hospital (unless included in ***item 9: bed charges***) or purchased from outside for the patient. The cost of meals supplied from home for the patient will not be included.

Transport (other than ambulance): The transport expenses incurred by household members for travelling to the hospital to visit the patient and attend to the patient's needs, and for return journeys, including travel for procuring medicines, blood, oxygen, etc. for the hospitalised person, will be included in item 13.

Lodging charges of escort(s): Charges for lodging incurred by those household members who were required to stay in a hotel or a lodge for attending to the patient's needs during hospital stay will be included in item 13.

Other expenses incurred by the household: Other incidental charges paid and expenses incurred due to hospitalisation, such as telephone charges made from PCO, and expenditure on soap, towel, toothpaste, etc. for the patient and escort(s), will be included in item 13.

4.7.15 **Item 14: expenditure (Rs.) total**: For each case of hospitalisation (column of Block 7), the total of entries against items 11 to 13 will be recorded against item 14 in the same column.

4.7.16 **Item 15: total amount reimbursed by medical insurance company or employer**: Of the out-of-pocket expenditure recorded in item 14, the amount reimbursed or expected to be reimbursed by the employer (public/private) or any insurance companies (public/private) or any other agencies will be recorded in item 15. Entry will be made only in those situations where the household initially bears the medical expenditure, which the employer or the insurance company subsequently reimburses partly or fully.

4.7.16.1 Types of reimbursement: For some hospitalisation, expenditure made from out of pocket gets reimbursed at a later date. These may include:

- Payment through government sponsored schemes if any, like RSBY, Arogyasri, etc.
- Reimbursement from government as an employer like cases of CGHS beneficiaries, reimbursement from central govt. through AMA (Authorised Medical Attendant) or through other reimbursement process of PSUs, nationalised banks and all state govt.
- Reimbursement from employer supported health protection (other than govt)
- Reimbursement from insurance companies by household.
- Other types of reimbursement (paid by some charitable organisation or other household(s)).

4.7.16.2 Example: A household member was hospitalised twice during the reference period. In one case, the total cost of treatment, Rs. 45,000, was paid by a medical insurance company directly to the hospital under the cashless system. In the second case the cost of treatment was Rs.25,000 and was paid by the household to the hospital (as the sanction for cashless payment had not been obtained) and later fully reimbursed by the company. How will the entries be made?

Answer: For the first case of hospitalisation, Rs 45000 should be recorded against item 5 as well as item 15 with suitable remark. For the second case, the entry against item 11 will be Rs.25,000 and appropriate entries will be made for the break-up of this amount in items 5-10. The entry against item 15 will also be Rs.25,000.

4.7.16.3 Normally, reimbursement cannot exceed the cost of treatment, so the entry in item 15 cannot exceed the entry against item 14. In fact, it will normally be less than the entry against item 11, as non-medical expenditure is usually not reimbursed.

4.7.17 **Items 16 and 17: source of finance for expenses:** The total expenditure exclusive of the amount reimbursed is borne by the household. The money needed for this may be spent from current household income or accumulated household savings. It may be partly or wholly spent from the proceeds of sale of cattle or draught animals, jewellery or other physical assets. It may be partly or wholly financed by borrowing. Part of it may be contributed by friends and relatives as outright assistance. The codes are:

household income/savings-1
borrowings-2
sale of physical assets-3
contribution from friends and relatives-4
other sources-9

4.7.17.1 There are 5 sources of finance listed in the common code list for item 16 (major source of finance for expenses) and item 17 (second most important source of finance). The major source among the sources listed will be identified and the code for it entered against item 16. The second most important source, if any, will also be identified and the code for it entered against item 17. If there is only one source of finance, a dash ('-') will be entered against item 17 in the relevant column.

4.7.17.2 It may be noted that for the childbirth of women listed in Block 4A with entry in col. 12 (whether major share of expenses for the childbirth paid) as 2 and it is reported that parents household had paid for the childbirth, code 4 will be recorded.

4.7.17.3 Money advanced by friends and relatives as interest-free loans will come under 'borrowings'. ***Note that 'other sources' (code 9) does not include reimbursement from medical insurance and reimbursement by employer.*** This is because here we are concerned with the financing of the expenditure excluding the reimbursed amount, if any.

4.7.18 **Item 18: place of hospitalisation:** The place where the person was hospitalised will be recorded against this item. Codes for this item are:

same district (rural area)	1	within state different district (rural area)	3
same district (urban area)	2	within state different district (urban area)	4
		other state	5

If a person was hospitalised in his domicile district in rural area, code 1 will be recorded. If the hospital was in the domicile district but in urban area, code will be 2. If the place of hospitalisation is in rural or urban area but district is different from his/her domicile district, code 3 or 4 will be given respectively. If the place of hospitalisation was different from his/her domicile state, code 5 may be given.

4.7.19 **Item19: if code is 5 in item 18, then state code:** If place of hospitalisation is outside the domicile state, i.e. code in item 18 is 5, the 2-digit state code (given in Page 15 of Vol. 2) will be recoded against this item.

4.7.20 **Item 20: loss of household income, if any, due to hospitalisation (Rs.):** Often ailment of a working member of the household causes loss of household income. Ailment of a non-working member too causes disruption of usual activity of the working member of the household, which in turn results in loss of household income. If it is reported that there was a loss of household income owing to the hospitalisation case, the amount of loss incurred (in Rs.) during the reference period will be recorded against this item in whole number of rupees.

- *Example 1:* A mason fell from the building while working and got his leg broken; for that he was hospitalised for 5 days and took rest for 20 days before he joins work again. Thus he lost 25 working days, from which he could have earned Rs. 500 for each day. Thus in this case the loss of household income is Rs. 500×25 = Rs. 12500
- *Example 2:* A child and her mother were hospitalized for 7 days due to dengue, and during the days of treatment the father could not go for work for 3 days. He usually earns Rs. 300 per day as non-agricultural wage labour. Thus in this case the loss of household income is Rs. 300×3 = Rs. 900. This should be recorded in the first column of hospitalisation, and in the second column 0 should be recorded (with a proper comment).
- *Example 3*: A regular salaried person was hospitalised due to severe neurotic problem and she is suffering for about 9 months. For the first 6 months she got her leave sanctioned and got regular salary of Rs 30000. For the last 3 months she is not getting salary. For such case loss of household income is Rs. 30000×3 = Rs. 90000.

Block 8: particulars of spells of ailment of household members during the last 15 days (hospitalisation and non-hospitalisation cases)

4.8.0 The following are to be kept in mind:

i. For each spell of ailment, a separate column of the block will be used. ***A <u>spell</u> is a continuous period of sickness due to a specific ailment.***
ii. All the hospitalisation cases falling (entirely or partly) within the reference period of last 15 days will be enumerated in this block as well.
iii. Also, if a member died during the last 15 days, particulars of the ailment from which he was suffering will also be recorded in this block.
iv. This block should not be canvassed for the female members of block 4B.

4.8.0.1 ***At this point, for identification of the persons who were ailing during the last 15 days, the investigator is to consult Block 4A, column 14 (whether suffering from any***

chronic ailment) and Block 4A, col.15 (whether suffered/suffering from any other ailment (besides chronic ailment) at any time during the last 15 days).

(a) The members for whom entry in column 14 of Block 4A is 1 were suffering from at least one chronic ailment (on the date of survey)
(b) The members for whom entry in column 15 of Block 4A is 1 had suffered from at least one other (non-chronic) ailment during the last 15 days.

Now, in Block 8, particulars of ailments of both kinds are to be recorded.

4.8.0.2 Note, however, that Block 8 has a separate column for each spell of ailment. Therefore for the same person, there may be more than one column to be filled in Block 8. This is particularly true for aged persons. Again, a person suffering from a chronic ailment may have suffered another ailment in the past 15 days. It is now necessary, therefore, to identify the different spells of ailment suffered during last 15 days.

- Ailments of different persons are always different spells.
- Also, two ailments of different NATURE suffered by the same person are different spells.
- Finally, the same person may have two spells of ailment of the same NATURE (e.g., when a fever lasts for 5 days, then the fever and other symptoms are absent for the next 7 days, but after that the fever returns).
- Note also that an ailment may involve periodic check-ups. These will not be counted as separate spells of ailment.

Having identified the different spells whose particulars are to be recorded in different columns, the investigator may take up the spells one by one and make entries against the items as follows.

4.8.1 **Item 1: serial number of spell of ailment**: Block 8 has 5 columns for making entries, marked with serial numbers (1-5) printed in the row against item 1. Thus, provision has been made for recording information on only five spells of ailments in this block. If the number of spells of ailment exceeds five, additional pages of Block 8 will be used and continuous serial numbers will be given in the additional pages to record the additional spells.

4.8.2 **Item 2: serial number of member reporting ailment (as in col.1 of Blocks 4A/5):** The serial numbers of all members, as recorded in Block 4A, col. 1, with code 1 in column 14 or column 15 of Block 4A (i.e. usual household member who were suffering from a chronic ailment, or had suffered any other ailment during the last 15 days) will be copied and recorded against item 1 of Block 8.[4] For members reported to have died during the last 15 days, the serial number is to be copied from col. 1 of Block 5.

[4] If a member who did not report a chronic/ non-chronic ailment earlier reports it at the time of canvassing Block 8, the entries in Block 4A may be corrected so that there is no inconsistency between Block 4A and Block 8.

4.8.3 **Item 3: age**: The age of the member/deceased member who was ailing during the last 15 days, is to be copied from Block 4A, col. 5, or Block 5, col. 4, and recorded here.

4.8.4 **Items 4, 5 and 6: Number of days within the reference period: ill, on restricted activity, confined to bed:** Illness, restricted activity and confinement to bed owing to a spell of ailment indicate different degrees of severity of the ailment. These three items, therefore, are a means of assessing the severity, during the reference period, of the ailment.

4.8.5 **Item 4: Number of days within the reference period: ill:** This is the number of days of illness suffered due to the particular spell of ailment during the reference period. Days with illness will mean the duration for which the member felt sick. Upper limit of this item is 15.

4.8.6 **Item 5: Number of days within the reference period: on restricted activity:** Restriction of activity refers to the inability of a person to carry out any part of his normal avocation on account of an ailment. For economically employed persons, restricted activity will mean abstention from economic activity. For housewives, it will mean cutting down of the day's chores. In case of retired persons, it will mean the pruning of his/her normal activity. In case of students attending educational institution, it will mean abstention from attending classes. *Only that restriction of activity which occurs due to the ailment will be considered here. If a person is normally inactive due to old age, and there is no (additional) restriction of activity due to the ailment, then the entry against item 5 will be '0'. The same will be true for an infant below 6 months of age.* For this item also, upper limit is 15.

4.8.7 **Item 6: Number of days within the reference period: confined to bed:** A day of confinement to bed is a day on which the ailing person is required or compelled to mostly stay in bed at his/her residence on account of the ailment. For item 6 – number of days confined to bed – the number of days in a hospital within the reference period will also be counted. *Again, only the confinement to bed which occurs because of the ailment will be considered here. For a person normally confined to bed even when not suffering from the ailment, the entry against item 6 will be '0'.* For this item also, upper limit is 15.

4.8.8 Note that period of illness <u>includes</u> the period of restricted activity due to illness, which again <u>includes</u> the period of confinement to bed on account of illness. Thus,

entry in item 4 ≥ entry in item 5 ≥ entry in item 6.

4.8.9 **Item 7: nature of ailment**: The nature of ailment from which the member was suffering will be recorded in code against this item. The code list which is given on pages 14-15 of the schedule is also given above on pages D-28 to D-36. It is the same as the list for classifying ailments in hospitalisation cases (Block 6, item 4). The basic guidelines are given below, after the definition of 'availability of reported diagnosis'. Please refer Para 4.6.5 & 4.6.6 for necessary instruction.

4.8.10 **Item 8: whether chronic**: Following the procedures and explanations given on page D-18 –D-20, it will be ascertained whether the ailment in question is a chronic ailment. If so, code 1 will be entered against item 8 and, if not, code 2.

4.8.11 **Item 9: status of ailment**: The period of the spell of ailment with respect to the reference period will be recorded here in code. The codes are:

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

For the deceased members, the spell will be considered to have ended.

4.8.12 **Item 10: total duration of ailment (days):** The total duration of the ailment in number of days is to be recorded against this item irrespective of the reference period. Here, the duration, from the commencement of the ailment – whether the ailment started before or within the reference period – to its termination or the date of survey if the ailment is continuing, is to be recorded. Thus the total duration of the ailment may be longer than 15 days; it may be much longer for chronic ailments.

4.8.13 **Item 11: nature of treatment:** The codes are the same as for ailments in hospitalisation cases except that an additional code is provided for 'no treatment'. The codes are:

Allopathy	1
Indian system of medicine (desi dawai: ayurveda, unani or siddha)	2
Homoeopathy	3
Yoga & Naturopathy	4
Other	9
no treatment	5

Definitions of the different systems of treatment are provided on pages A-20 to A-21 in Chapter One.

4.8.14 **Item 12: whether hospitalised:** This item will indicate whether the member was hospitalised for the ailment in question. Codes will be in either yes (code 1) or no (code 2). Note that if the entry is 1, it means that the ailment was a hospitalisation case for which a column of Block 6 as well as a column of Block 7 has been filled in. Note, however, that all cases of hospitalisation where the patient was discharged from hospital more than 15 days prior to the date of survey will not appear in Block 8. The member may, however, suffer from a relapse of the ailment during the last 15 days; if so, particulars of this ailment will be entered in Block 8, but the entry against item 12 will be 2 (no).

4.8.15 **Item 13: if 1-4 or 9 in item 11, whether treatment taken on medical advice**: If the treatment given to the ailment was given on medical advice, that is, on the advice of a qualified medical practitioner, the advice having been taken during this spell or earlier,

code 1 will be recorded against this item, even if medical consultation was outside the reference period. If no medical consultation was **ever** taken for this ailment, code 2 will be recorded. In such cases, a dash ('-') is to be entered against items 14 & 15. If entry in item 11 is 5 (no treatment), a dash ('-') is to be made against item 13, 14, 15, 16 and 17.

4.8.16 **Item 14: if 1 in item 13, level of care:** The codes for level of care are:

Govt./public hospital (incl. HSC/PHC/CHC etc.).....1 Charitable/Trust/NGO run hospital.....2 private hospital.....3 private doctor/clinic.....4 informal health care provider.....5

4.8.17 For explanations of the above terms, see pages A-17 to A-20. Note that:

- A private clinic differs from a private hospital in that it has no in-patient facility.
- If, for a particular spell, treatment has been availed of from both government and private sources, the government source should get priority over private.
- Note: In case of no treatment (entry 5 in item 11), or no medical consultation (entry 2 in item 13), a dash ('-') will be put against item 14.

4.8.18 **Item 15: if 2- 5 in item 14, reason for not availing govt. sources:** In case it is reported that treatment was given on the advice received from a private source (hospital/doctor/ clinic) or from informal health care provider i.e. codes 2-5 in item 14, the reason for not seeking medical advice from a government source will be ascertained and recorded in code against item 15. The codes are:

required specific services not available……..…….	1
available but quality not satisfactory	2
quality satisfactory but facility too far……...…....	3
quality satisfactory but involves long waiting…….....	4
financial constraint	5
preference for a trusted doctor/hospital.....	6
others…….....	9

Note: If entry in item 14 is 1 or if entry in item 13 is 2 (no medical advice), or if entry in item 11 is 5 (no treatment), a dash ('-') will be put against item 15.

4.8.19 **Item 16: if 2 in item 13, reason for not seeking medical advice:** If treatment was received (code ≠5 in item 11), but not on medical advice, (code 2 in item 13), the reason for not seeking any medical advice will be recorded against item 16 in code. The codes are:

no medical facility available in the neighbourhood	1
facility too expensive	2
cannot afford to wait long due to domestic/economic engagement	3
ailment not considered serious enough	4
familial/religious systems	5
others	9

Note: In case of no treatment (entry 5 in item 11), and also in case medical advice was taken (entry 1 in item 13), a dash ('-') will be put against item 16.

4.8.20 **Item 17: if 2 in item 13, whom consulted**: In case item 16 is applicable, an entry is also to be made against item 17 by asking on whose advice the treatment had been given and recording the appropriate code. The codes are:

self/other household member/friend.....	1
medicine shop.....……..	2
others.....……	9

Block 9: Expenses incurred for treatment of members during the last 15 days (not as in-patient of medical institution)

4.9.0 The particulars of expenditure incurred during the last 15 days on medical treatment undergone (but not as in-patient of a hospital) for any ailment suffered by the household members will be recorded in this block. It is essential to note the following points for proper collection of information in this block:

- Care should be taken to ***exclude all expenditure for in-patient treatment in hospital*** from this block. However, expenses on medical treatment received before hospitalisation or after discharge from hospital will be covered here if incurred during the last 15 days.
- **For a particular case of hospitalisation (although it is very rare) within last 15 days, if no expenses is incurred during the reference period before or after hospitalisation for *non-in-patient treatment*, only item numbers 1-3 and 21-23 of corresponding column in block 9 should be filled in.**
- For the convenience of data collection, particulars of expenditure for treatment and other details will be recorded **spell-wise in this block,** and not person-wise as was done in 71st Round. So there will be one-to one correspondence between column of block 8 and 9.
- The information recorded on source of finance will relate only to the expenses recorded in the block.

4.9.1 **Item 1: srl. no. of spell of ailment (as in item 1, block 8):** The serial numbers recorded in item 1 of Block 8 will be copied to item 1 of Block 9 in the same order.

4.9.2 **Items 2 and 3: serial number and age of the ailing member (as in items 2 & 3, block 8)**: For every column of Block 8 representing a spell of ailment that was ***treated*** (code 1-4 or 9 in item 11 of Block 8),

i. the serial number of the ailing member is to be copied from item 2 of Block 8 and recorded against item 2 of Block 9, and

ii. the age of the ailing member is to be copied from item 3 of Block 8 and recorded against item 3 of Block 9.

4.9.3 **Item 4: whether any medical service provided free (fully/partly):** The codes for this item are as follows:

yes:	
govt./public …….....	1
pvt. (incl. Charitable/NGO/Trust run hospital)	2
both.....	3
no.....	4

- Expenditure incurred and reimbursed by the employer or any other organisation is not to be regarded as "provided free". In such cases, code 4 will be applicable. Also, if expenditure for treatment is wholly borne by the household, code 4 will be recorded.
- It is possible that, as a part of government scheme, treatment was provided entirely free of cost or partly free. In that case code 1 will be applicable.
- If the person has received the treatment fully/partly free of cost from any private hospital or NGO or any philanthropic organisation, the code will be 2.
- If the treatment is received free for govt. as well as from private sources, code 3 will be entered.

4.9.4 **Items 5 to 9: details of medical services received**: The entries against these items will be made in code. The codes are:

not received .....….....	1
received: free …….....	2
partly free ….....	3
on payment	4

4.9.4.1 If a particular service is not required or not taken, owing to non-availability or other reasons, code 1 will be recorded against it. If it is received free of charge, code 2 will be recorded, and if it is received partly free, code 3 will be recorded. When the patient is required to make full payment for the service received, code 4 will be recorded. For example, if the patient receives all the required medicines free of charge, code 2 will apply. If some of the medicines are supplied free and the remaining are purchased, code 3 will be recorded. When all the prescribed medicines are received on payment, code 4 will be recorded.

4.9.5 **Items 10-14 and 16-17: expenditure for treatment:** The coverage and the instructions for items 10 to 14 (medical expenditure) are similar to that of items 6 to 10 of Block 7, except that separate items (11 & 12) are provided in Block 9 for AYUSH and non-AYUSH medicines. This excludes bed charge as in-patient treatments are not covered here. Likewise, the coverage and the instructions for items 16 and 17 (non-medical expenditure) are similar to that of items 12 and 13 of Block 7. The important points to

note are (i) that the reference period for Block 9 is the last 15 days and the medical expenditure for treatment of an ailing person will relate to each of the treated spells of one person, and (ii) that expenditure for treatment as inpatient of a hospital will be excluded. For detailed instructions on items 10 to 18, instructions on the corresponding items of Block 7 may therefore be referred to (paragraphs 4.7.4 to 4.7.15).

4.9.6 Similarly, for instructions on the items on total amount reimbursed (item 19), and major source of finance (item 20), the instructions in paragraphs 4.7.16 and 4.7.17 on the corresponding items of Block 7 may be referred to.

4.9.7 In case of zero expenditure on any of the items of expenditure (items 10-19), a '-' should be entered in the relevant column against the item.

4.9.8 **Item 21: place of treatment:** The place where the person was treated will be recorded spell-wise against this item. Codes for this item are:

same district (rural area)	1	within state different district (rural area)	3
same district (urban area)	2	within state different district (urban area)	4
		other state	5

If a person was treated in his domicile district in rural area, code 1 will be recorded. If the place of treatment was in the domicile district but in urban area, code will be 2. If the place of treatment is in rural or urban area but district is different from his domicile district, code 3 or 4 will be given respectively. If the place of treatment was different from his domicile state, code 5 may be given.

4.9. 9 **Item 22: if code is 5 in item 21, then state code:** If place of treatment is outside the domicile state, i.e. code in item 21 is 5, the 2-digit state code (given in Page 15 of Vol. 2) will be recoded against this item.

4.9.10 **Item 23: loss of household income, if any, due to treatment (Rs.):** Often ailment of a working member of the household causes loss of household income. Ailment of a non-working member too causes disruption of usual activity of the working member of the household, which in turn results in loss of household income. If it is reported that there was a loss of household income owing to the illness, the amount of loss incurred (in Rs.) during the reference period will be recorded against this item in whole number of rupees.

Block 10a: Particulars of economic independence and state of health of persons aged 60 years and above

4.10.0 As far as possible, the information in this block should be collected from the aged persons themselves. The reference period for the items of this block is "as on the date of survey", unless otherwise specified.

4.10.1 **Item 1: srl. no. as in Block 4A**: The serial number of each household member of age 60 years and above (henceforth referred to as 'aged persons') is to be copied from Block 4A and recorded in this item following the same sequence as they appear there. One column is to be used for each aged person. Provision has been made for recording particulars of 5 aged persons. If there are more than 5 aged persons in the household, an additional sheet of Block 10a is to be attached to the schedule.

4.10.2 **Item 2: age (years) (as in col. 5, Block 4A)**: The age of the member is to be copied here from column 5 of Block 4A.

4.10.3 **Item 3: number of sons living**: The number of sons of the aged person alive on the date of survey is to be recorded here.

4.10.4 **Item 4: number of daughters living**: The number of daughters of the aged persons alive on the date of survey is to be recorded here.

4.10.5 **Item 5: state of economic independence**: An aged person is to be considered ECONOMICALLY DEPENDENT on others if he/she is required to take ***financial help*** from others in order to lead his/her day-to-day normal life. The codes are:

not dependent on others.....…….	1
partially dependent on others.....	2
fully dependent on others.....	3

4.10.6 **Item 6: for code 1 in item 5, no. of dependants**: For an aged person who is not economically dependent on others (i.e. with code 1 in item 5), the number of persons economically dependent on him/her is to be recorded here, with ECONOMICALLY DEPENDENT having the same meaning as in item 5. It may be noted that:

(a) a dependent need not necessarily be a household member.
(b) '0' may be entered for an aged person who does not have anyone dependent on him/her.
(c) Domestic servants, paying guests and employees residing in the household will NOT be counted among the number of dependents.

4.10.7 **Item 7: for code 2 or 3 in item 5, person financially supporting aged person**: For an aged person who is dependent – partially or fully – on others, the relationship to the aged person of the person(s) who financially support(s) him/her will be recorded here. This person need not necessarily be a household member. If more than one person supports the aged person financially, the code corresponding to that person who provides the maximum financial help for meeting the aged person's normal needs will be entered. The codes are:

spouse.....	1,	own children.....	2,	grandchildren.....	3,	others.....	9

4.10.8 **Item 8: place of stay:** If the aged person is living in his owned house (either owned by self or by spouse), code 1 is to be recorded against item 8. Otherwise code will

be '2'. For code 2, the aged person may be living in a rented house, son's house, government quarters, old age home etc.

4.10.9 **Item 9: living arrangement**: The codes for 'living arrangement' are given below. Descriptions of these codes are self-explanatory.

living with spouse and other members	1	living alone: not as an inmate of old age home	6
living with spouse only	2	living alone: as an inmate of old age home	7
living without spouse but with:	3		
children	 4		
other relations	 5		
non-relations			

4.10.10 **Item 10: physical mobility**: Physically immobile persons will include (a) those who are unable to go to the lavatory/latrine on their own (b) those who are able to go to the lavatory/latrine and also able to move within the house but unable to move outside the house (c) those able to move outside the house but only in wheelchairs. The codes are:

physically immobile:	confined to bed	1
	confined to home	2
	able to move outside but only in a wheelchair	3
physically mobile	.....	4

4.10.11 **Item 11: if code 1 or 2 in item 10, person helping**: For a physically immobile person (code 1 or 2 in item 10), information on the person helping him/her will be recorded against this item. The codes are:

household member.....	1
other than household member.....	2
none.....	3

Note: For the purposes of this item, domestic servants, paying guests and hired attendants will get code 2 even if they are not household members according to the NSS definition.

4.10.12 **Item 12: own perception about current state of health**: Current state of health as reported, preferably by the aged person himself/herself, will be entered here in code. The codes are:

excellent/ very good.....	1
good/fair.....	2
poor.....	3

4.10.13 **Item 13: own perception about change in state of health**: In this item, the perception of the aged person about his/her health condition, as compared to the previous year, will be recorded. The codes are:

compared to the previous year:			
much better.....	1	somewhat better.....	2
nearly the same.....	3	somewhat worse.....	4
worse.....	5		

Block 10b: Expenditure on immunisation, if any, during last 365 days and status of immunisation of children as on date of survey (age 0-5 years)

4.10.14 Information as to whether children of age 0-5 years have ever been immunised with BCG, DPT/Pentavalent, OPV, measles vaccines etc., which are administered generally as a course of several doses with one or more booster doses is to be collected and recorded in this block for each such children. This apart, expenditure incurred for immunusation, if any, during last 365 days is to be collected. Immunization Programme is one of the key interventions for protection of children from life threatening conditions, which are preventable. Under the Universal Immunization Programme, Government of India is providing vaccination to prevent some vaccine preventable diseases like (Diphtheria, Pertussis, Tetanus, Polio, Measles, severe form of Childhood Tuberculosis) as per table below:

Table 4.4: National Immunization Schedule

Vaccine	**When to give**	**Route**	**Site**
BCG	At birth or as early as possible till one year of age	Intra -dermal	Left Upper Arm
Hepatitis B Birth dose	At birth or as early as possible within 24 hours	Intramuscular	Anterolateral side of mid thigh-***left***
OPV Birth dose	At birth or as early as possible within the first 15 days	Oral	-
OPV 1,2 & 3	At 6 weeks, 10 weeks & 14 weeks	Oral	-
IPV (inactivated Polio Vaccine)	14 weeks	Intramuscular	Anterolateral side of mid thigh-***right***
Pentavelant 1,2 & 3	At 6 weeks, 10 weeks & 14 weeks	Intramuscular	Anterolateral side of mid thigh-***left***
Rota Virus Vaccine	At 6 weeks, 10 weeks & 14 weeks	Oral	-
Measles 1st Dose	9 completed months-12 months. (give up to 5 years if not received at 9-12 months age)	Subcutaneous	Right Upper Arm
Vitamin A, 1st Dose	At 9 months with measles	Oral	-
DPT 1st booster	16-24 months	Intramuscular	Anterolateral side of mid thigh-***left***
OPV Booster	16-24 months	Oral	

Table 4.4: National Immunization Schedule			
Vaccine	**When to give**	**Route**	**Site**
Measles 2nd dose	16-24 Months	Subcutaneous	Right Upper Arm

4.10.15 I**tems 1 & 2: serial number and age**: Serial number of each child with age 0-5 years will be copied and age will be converted into months from the respective columns of block 4 in the same order as they are listed in block 4A. One column will be used for recording particulars of a child.

4.10.16 **Item 3 to 14: ever received immunisation :** For items 3 to 14 it will be asked about whether ever received immunisation (yes-1. no-2) for each of the vaccine mentioned below:

4.10.17 **Item 3: BCG**: This injection is meant for immunising the child from an attack of tuberculosis, which is usually injected in a single dose at birth or as early as possible till one year of age. The information is to be recorded in codes and these are: yes-1 and no-2.

4.10.18 I**tems 4 to 8 : oral polio vaccine (OPV) doses** : OPV (Oral Polio Vaccine) is given generally as oral liquid and sometimes as injection in 3 or 4 doses at an interval of 4 weeks. The first dose is given at birth or as early as possible within the first 15 days. Booster doses are also given when the child attains the age 16- 24 months. The codes to be used for recording information for each child of age 0-5 years are yes-1 and no-2.

4.10.19 **Items 9 to 12 : DPT/Pentavalent** : **Pentavalent vaccine** contains five antigens i.e. Hepatitis B, Diphtheria + Pertussis + Tetanus (DPT – current trivalent vaccine) and Haemohilus influenza b (Hib) vaccine. Pentavalent vaccination is provided to the children at the age of 6, 10 and 14 weeks as primary dose. The vaccine has replaced DPT and Hep B vaccine in the immunization schedule. However, birth dose of Hep B and two booster doses of DTP (at 16-24 month and 5 years of age) will continue to be given. **DPT** vaccine is usually injected in 3 doses at an interval of 1-2 months for immunising the child from diptheria, whooping cough and tetanus. Generally a booster dose is also injected when the child is in the age of 16-24 months. The information as to whether each child of 0-5 years has taken Pentavalent/DPT or not is to be collected and recorded in codes as: yes-1 and no-2.

4.10.20 **Item 13: Measles:** This vaccine for immunisation against measles is usually given when the child has 9 completed months till reaches 12 months. Otherwise it has to be given up to 5 years if not received at 9-12 months age. The codes to be used for recording information for each child of age 0-5 years are yes-1 and no-2.

4.10.21 **Item 14: other immunization :** There are some more vaccines like hepatitis, Japanese Encephalitis(JE), Inactivated Polio Vaccine (IPV), Vitamin.-A, Rota virus *(Rotavirus is a virus that causes diarrhea, mostly in babies and young children. The diarrhea can be severe, and lead to dehydration. Vomiting and fever are also common in*

babies with rotavirus.) etc., which are included in the uniform immunization chart. If any of these vaccines are administered to the child the code will be (yes) -1, otherwise (no)-2.

4.10.22 **Item 15 : information source of immunisation (code) :** the source through which greater part of the information of items 3 to 14 will be recorded in this item. The codes are:

Mother and Child Protection Card (MCPC)/ Immunisation card.....1, others.....2

4.10.22.1 For all institutional delivery, an immunization card and/or mother and child protection card (MCPC) is issued to the mother and the new born, and for every immunisation listed above there should be entry on this card. If most of the information relating to items 3 to 14 are copied from either of these cards, code 1 should be given. Otherwise code 2 should be given.

4.10.23 **Item 16: source of most immunisation (code**): By source it is meant the type of agency from which most of the vaccines (3 to 14) are received by the children. The information is to be recorded in terms of codes for all the children . The codes are:

from HSC/Anganwari centre.....	1	from private hospital	5
from PHC/dispensary/CHC/mobile medical unit.....	2	from private doctor/clinic....	6
from govt./ public hospital	3	no vaccination was received..	7
from charitable/trust/NGO run hospital...	4		

4.10.23.1 This is reiterated that for this item code 3 excludes HSC, Anganwari centre, PHC, dispensary, CHC, mobile medical unit.

4.10.24 I**tem 17: expenditure on immunisation, if any, during last 365 days:** If a child received any immunisation (any of the item 3 to 14 mentioned above) during last 365 days, the expenditure incurred for the administration of the vaccination is to be recorded under this column in whole rupees. The expenditure will include only the cost of availing the goods and services and not the transport charges, etc.

4.10.25 **Item 18: visit to anganwari center during last 30 days (in days):** Anganwadi is a government sponsored child-care and mother-care centre in India. It caters to children in the age 0-5 years age group. They were started by the Indian government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition. The Anganwadi system is mainly managed by the Anganwadi worker. She is a health worker chosen from the community and given 4 months training in health, nutrition and child-care. She is in-charge of an Anganwadi which covers a population of 1000. They provide outreach services to poor families in need of immunization, healthy food, clean water, clean toilets and a learning environment for infants, toddlers and pre-schoolers. They also provide similar services for expectant and lactating mothers. In item 18, whole number of days (within a reference

period of 30 days) visited by the child in the nearest Anganwari centre (AWC) will be recorded.

Block 11: Particulars of pre-natal and post-natal care for women of age 15-49 years who were pregnant during the last 365 days

4.11.0 This block is for particulars of pre-natal and post-natal care received during last 365 days by the female members of the household of age 15-49 years who were pregnant during last 365 days. Women members of age 15-49 who died during the last 365 days will also be considered only in block 11A.

4.11.1 **Columns 1 & 2: serial no. and age (years) as in Block 4/5:** For each woman of age 15-49 years who were pregnant during last 365 days i.e. code is 1 in col.11 of block 4A or code is 1 in col. 9 block 5, the serial number of the woman is to be copied from column 1 of Block 4A/5 to column 1 of Block 11 A. Similarly, for female members from other households who are included as household member for childbirth only i.e. from Block 4B having srl. no. 81 onwards, serial number of the woman is to be copied from column 1 of Block 4B to column 1 of Block 11 B. After this, her age is to be copied from Block 4A, column 5, or from Block 5, column 4, and copied to column 2, Block 11A and from Block 4B, column 5 to column 2, Block 11B. The women appearing in Block 4A should be listed in the same order as they appear in Block 4A, followed by the women appearing in Block 5. Same is for the women coming from Block 4B. That is, the serial numbers listed in column 1 of Block 11 should be in ascending order.

4.11.2 **Columns 3 to 18:** These columns are mainly for recording details of pre-natal care received by pregnant women and post-natal care received by mothers during the last 365 days, and place of delivery, if any child has been born. Columns 3-10 are meant to capture information on pre-natal care, in columns 11-14 delivery related information are to be recorded and columns 15-17 are related to post-natal care. Concepts of pre-natal and post-natal care are written in the following paragraphs. *If an unmarried woman voluntarily reports pregnancy during the reference period, particulars relating to pre-natal care, post-natal care and information on childbirth will be collected for her as well.*

4.11.2.1 **Pre-natal care**, also known as antenatal care is a type of preventive healthcare with the goal of providing regular check-ups that allow doctors or midwives to treat and prevent potential health problems throughout the course of the pregnancy while promoting healthy lifestyles that benefit both mother and child. Pre-natal care starts with history taking and is followed by examination of the women, which basically includes: recording weight and height, blood test for anaemia, blood pressure measurement, regular abdominal examination etc. She is also provided with Tetanus Toxoid (TT) immunisation and IFA tablets / syrup along with other treatment in case of complication. As per schedule, 1st prenatal care check is to be done within 12 weeks, 2nd check between 14-26 weeks, 3rd check between 28-34 weeks and 4th check between 36-40 weeks, but due to unawareness, mobility, distance etc. the timings of checks may vary.

4.11.2.2 **Post-natal care:** The postnatal period is defined as the first six weeks after birth (42 days) and it is critical to the health and survival of a mother and her new-born which is the most vulnerable time for both. Lack of care in this time period may result in death or disability as well as missed opportunities to promote healthy behaviours, affecting women, new-borns, and children.

4.11.2.3 Ensuring post-natal care within first 24 hours of delivery and subsequent home visits on 3rd, 7th and 42nd day is the important components for identification and management of emergencies occurring during post natal period. The health workers like ANMs and staff nurses are oriented and trained for tackling problems identified during these visits.

4.11.3: **Column 3: serial no. of pregnancy:** Whenever a woman reports only one pregnancy during the last 365 days, the entry in col.3 will be 1. In rare cases, a woman will report two pregnancies during the last 365 days. For such women, two rows will be filled up for recording particulars of the two pregnancies. Serial no. (col. 1) and age (col. 2) will be the same in both rows. In col. 3 the entry will be 1 for the first pregnancy and 2 for the second.

4.11.4 **Column 4: whether received tetanus toxoid vaccine during pregnancy:** This information relates to pre-natal care received by the pregnant woman. Response will be either in yes or in no. If they received tetanus toxoid vaccine during pregnancy, code 1 will be entered, otherwise, 2.

4.11.5 **Column 5: whether consumed Iron and Folic Acid (IFA) during pregnancy:** Women will be asked whether they received iron-and-folic-acid (IFA) tablets during pregnancy or not. IFA tablets are usually given at least once a week throughout the period of pregnancy. Response will be either in yes or in no. If the answer is yes, code 1 will be entered, otherwise, code 2.

4.11.6 **Column 6: if 1 in col. 5, for how many days IFA were consumed?:** If the woman had consumed, IFA during pregnancy, i.e. code in col. 5 is 1, then number of days she had consumed Iron and Folic Acid is to be mentioned in whole number of days in this column.

4.11.7 **Column 7: major source of receiving pre-natal care**: Pre-natal care may involve giving medicines, taking weight, examining blood pressure, examining the abdomen, doing diagnostic tests, etc. Occasional consultation with a doctor or in a hospital during pregnancy for some sudden complication or ailment will NOT be treated as pre-natal care.

The source, from which maximum pre-natal care was received during pregnancy, has to be entered in codes against this column. This is reiterated that for this item code 3 excludes HSC, ANM, ASHA, AWW, PHC, dispensary, CHC and mobile medical unit.

The codes being:

from HSC/ANM/ASHA/AWW …….	1
from PHC/dispensary/CHC/mobile medical unit	2
from govt./public hospital	3
from charitable/trust/NGO run hospital.....	4
from private hospital	5
from private doctor/clinic	6
from informal health care provider.....	7
no care was received	8

4.11.8 **Column 8: nature of pre-natal care:** For those reporting that they received some other pre-natal care – other than tetanus toxoid vaccine and IFA tablets – during pregnancy, the nature of pre-natal care will be recorded. The codes are: AYUSH -1, non-AYUSH -2, both-3. For code 8 in col.7 (no care was received), a dash ('-') should be put in column 8.Codes for this column are:

AYUSH ……1, non-AYUSH……2, both…… 3

4.11.9 **Column 9: if 1-7 in col. 7, no. of pre-natal care visits:** If during pregnancy, pre-natal care was received from any of the sources mentioned in codes 1-7 of column 7, then the total no. of visits (incl. all visits) to any of the sources will be recorded in this column. For code 8 in col.7 (no care was received), a dash ('-') should be put against this column.

4.11.10 **Column 10: total expenditure incurred during last 365 days on pre-natal care (Rs.)**: Expenditure incurred for pre-natal care (goods and/or services) – including any expenditure on tetanus toxoid vaccine and IFA tablets – will be recorded in column 10 in whole number of rupees. If expenditure incurred was zero, '0' will be entered in col.9. For the female non-household members listed in Block 11B, these expenses may be imputed, if not readily available.

4.11.11 **Column 11: outcome of pregnancy (code):** A woman of Block 4A who was pregnant at some time during the last 365 days might still be pregnant on the date of survey. For the remaining females pregnancy may have resulted in one of the following outcomes: live birth, stillbirth and abortion. But this result should be compounded with the status of the mother immediately after delivery/abortion, i.e. whether the mother is dead or alive. The status/outcome of pregnancy will be ascertained and entry will be made in column 11 in code as follows:

pregnancy continuing (for 11A only)....	1
mother alive & live birth.....	2
mother alive & stillbirth.....	3
mother alive & abortion.....	4
mother died & live birth.....	5
mother died & stillbirth.....	6
mother died & abortion.....	7
others.....	9

In cases, where mother died before delivery/abortion for non-pregnancy related causes like accidents, other ailment like heart failure, etc. code 9 may be given.

4.11.12 **Column 12: if code 2-7 in col.11, place of delivery/abortion (code):** For women who underwent delivery (live birth or stillbirth) or abortion (code 2-7 in column 11), the place of delivery/abortion will be recorded in code in this column. The codes are:

in HSC ……	1	in charitable/trust/NGO run hospital.....	4
in PHC/dispensary/CHC/mobile medical unit …	2	in private hospital.....	5
in govt./ public hospital.....	3	at home	6

Abortion done in at any private clinic will be treated as abortion done in private hospital and will be given code 5. "At home" will include childbirth in relatives' or friends' residences, and also childbirth while travelling.

4.11.12.1 This is reiterated that for this item code 3 excludes HSC, ANM, ASHA, AWW, PHC, dispensary, CHC and mobile medical unit.

4.11.13 **Column 13: if code 6, in col. 12, delivery was attended by:** If the delivery was done at home, then to ascertain whether delivery was done by a skilled personal or not this question has to be asked. The codes are:

doctor/nurse.....	1
ANM.....	2
Dai.....	3
others.....	9

If the delivery at home was done by a doctor/nurse code 1 will be entered. If delivery was done by an ANM code will be 2. In cases, where home delivery was done by Dai code 3 will be entered, otherwise code will be 9.

4.11.14: **Column 14: if code 6, in col. 12, expenditure on delivery at home:** Expenditure incurred for delivery of the child at home has to be recorded in whole number of rupees against this item. This item may include doctor's fee, Dai's fee, medicine cost, cost of instruments, if any, and all other related items used for delivery etc. It should not include food/beverages consumed, dresses for new born etc.

4.11.15 **Column 15: major source of receiving post-natal care:** By post-natal care is meant the care, including questions and counselling, provided to a woman in the 6-week period after delivery by a nurse, doctor or midwife. From women who underwent delivery (live birth or stillbirth) or abortion (**codes 2-4 in column 11**), it will be asked whether they received any post-natal care or not. For this item code 3 excludes HSC, ANM, ASHA, AWW, PHC, dispensary, CHC and mobile medical unit. The sources from which maximum pre-natal care was received are to be recorded in codes:

from HSC/ANM/ASHA/AWW …….	1
from PHC/dispensary/CHC/mobile medical unit	2
from govt./public hospital	3
from charitable/trust/NGO run hospital.....	4
from private hospital	5
from private doctor/clinic	6
from informal health care provider.....	7
no care was received	8

4.11.16 **Column 16: if 1-7 in col. 15, nature of post-natal care (:** For those reporting that they received some post-natal care, the nature of post-natal care will be recorded here. The codes are:

AYUSH -1, non-AYUSH -2, both -3

For code 8 in col. 15 (no post-natal care), a dash ('-') should be put in column 16.

4.11.17 **Column 17: if 1-7 in col. 15, expenditure incurred during last 365 days on post-natal care (Rs.)**: For women who report having received any post-natal care, i.e. those with code 1-7 in col. 15, expenditure incurred for such care (in the form of goods or services) will be recorded in column 17 in whole number of rupees. '0' should be entered if expenditure incurred was zero, and a dash ('-') in case of code 8 (no post-natal care) in col.15. . It should not include baby food, dresses, diapers etc. for new born etc. For the female non-household members listed in Block 11B, these expenses may be imputed, if not readily available.

4.11.18: **Column 18: visit to anganwari centre (AWC) during last 30 days (in days):** In item 18, whole number of days (within a reference period of 30 days) visited by the woman in the nearest Anganwari centre (AWC) will be recorded. Refer to Para 4.10.24 for details of anganwari centre.

Block 12: Remarks by investigator (FI/JSO)

4.12.0 Any relevant remarks relating to the problems encountered in collecting the data, attitude of respondents, etc., will be recorded in this block by the investigator. If the investigator feels that certain information given by the informant is of doubtful nature, this may also be indicated in the remarks. Any other comment, which may help to make proper assessment of the entries made in this schedule, should also be recorded here.

Block 13: Comments by supervisory officer(s)

4.13.0 This block will be used by the Supervisory Officer(s) to record their comments and suggestions. They should particularly point out the data which may seem doubtful but which has been investigated by them and found to be correct and having a plausible explanation, which they should also record.

Frequently asked questions (FAQ) and their replies, Sch.25.0

Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
1	Gen-eral	-	-	A working woman, staying in hostel has undergone childbirth during last 365 days. She incurred all the expenditure herself but during childbirth she was staying in parent's household. How to list her in block 4?	(i) If hostel is selected she will be listed in the hostel as a single member household. (ii) If in-laws household is selected she will not be listed in 4A (iii) If parents household is selected, she will not be listed in 4B
2	Gen-eral	-	-	A woman has undergone childbirth in her parent's house during last 365 days and both the households (parent's household & her in-laws' household) have incurred some expenses for the childbirth. On enquiry it was known that parent's household incurred major expenses. In this case what will be the treatment in blocks 4A & 4B?	(i) If in-laws house is selected she will be listed in 4A with entry in col. 12 will be 2 but all her expenses related to childbirth will be recorded in block 6, 7, 11A. (ii) If parent's house is selected she will be listed in 4B with entry in col. 12 will be 1 and all her expenses related to childbirth will be recorded in block 6, 7, 11B.
3	Gen-eral	-	-	Whether the child born to a mother (who is listed in block 4B) is also to be listed in 4B?	No.
4	Gen-eral	-	-	Yearly Sukha Chikitsa is taken from Kottakkal Arya Vaidyasala for keeping the body in perfection, rather than for any ailment. Will this be considered as treatment?	No. The question of treatment arises only if there is an ailment.
5	1	7	-	A non-household member had borne the cost of hospitalisation for a member of the selected household. He was telephoned to fill up the expenditure details of Block 7. Which code is to be given in this item?	It is understood that all information (except Block 7) was collected from a household member. His/her srl. No. should be given.

Frequently asked questions (FAQ) and their replies, Sch.25.0

Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
6	3	15	-	A household member retired from Central Govt. service during the last 365 days. In order to avail CGHS facility for the whole post-retirement period, he paid lumpsum charges of Rs.40,000 during the reference period. Will the whole amount be reported in item 15?	Yes. (There will be no apportioning.)
7	3	15	-	In a household the medical insurance premium is paid by a member of another household. In this case should the amount paid be considered for entry?	Total amount paid for the health expenditure coverage of the household members is to be considered, even if it is paid by non-household members.
8	3	15	-	Whether payment made to CGHS is to be recorded?	Total payment for last 365 days is to be recorded
9	4	-	9	If a baby is born in hospital, is it to be regarded as a case of hospitalisation?	It is hospitalisation case of the mother (with nature of ailment code as 87/88/89), and not for the baby.
10	4	-	9	Can in-patient treatment by illegal/ unqualified persons (quacks) be taken as cases of hospitalisation? This is prevalent in interior rural areas for treatment of emergencies for a few days before hospitalisation in a medical institution.	As places run by quacks cannot be taken as medical institutions, these cases cannot be considered as a case of hospitalisation.
11	4, 6-7	-	-	If a baby who has never left the hospital contracts an illness for which it has to stay in hospital, is it to be regarded as a case of treatment received as in-patient, to be considered for making entries	Yes.

Frequently asked questions (FAQ) and their replies, Sch.25.0

Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
				in Blocks 4, 6 & 7?	
12	4	-	-	A lady has been living with her in-laws. She gave birth to a child and the cost was borne by her father. During the entire period of pregnancy and post-natal care she spent only 4 weeks at her parents' residence. Should she be listed in her father's household?	If in-laws house is selected she will be listed in 4Awith entry in col. 12 as 2. If father's house is selected she will be listed in 4B with entry in col. 12 as 1.
13	4	-	9	For treatment of drug addicts and HIV-plus persons in some Drug Addiction Rehabilitation Centres, the persons are formally admitted and discharged. Are these to be treated as hospitalisation cases?	If these institutes provide medical treatment, they are to be considered.
14	4	-	11	Kindly clarify whether a woman of age 50 years and above who has undergone childbirth during the reference period can be considered for code 1 here for this.	Yes, but this is extremely unlikely. Wrong reporting of age is much more likely.
15	4	-	11	A woman had institutional childbirth while staying in her parent's house in some Public/govt. hospital, for which she need not to pay at all (no medical and non-medical expenditure). Where should she be listed if both the in-laws household and parent's household is selected?	In this case she should be listed in her in-laws house where she is a usual member and blocks 4A, 6, 7, 11A will be filled in. But she will not be listed in 4B in her parent's household.
16	4	-	14	Can the following ailments be treated as chronic ailments? 1. stammering - if treated - if not treated 2. continuous flow of snivel from	Stammering and night blindness will be considered as chronic ailments provided they are under treatment for a month or more, but will otherwise NOT be

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Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
				nose for adults - if treated - if not treated. 3. night blindness - if treated - if not treated	recorded as ailments. Flow of snivel will be considered as a chronic ailment if a person has been taking a course of treatment on medical advice for a period of one month or more.
17	4	-	14, 15	A person is having chronic sinus problem, but for the last 2 months he/ she did not face any such trouble & did not have any medicine. Which code should be given in col. 14 and col. 15?	Code 2 (not chronic)
18	4	-	15	A pregnant woman is taking iron and folic acid tablets on the advice of her doctor. Is she to be given code 1 in col. 15?	No. Normally, if medicines are taken on medical advice during the reference period, the person is considered as ailing irrespective of whether he or she felt sick or not. But an exception to this rule is the medicine given as part of routine pre-natal care or post-natal care, in case of normal pregnancy without complications. Here the woman will not be considered as ailing just because she is taking the prescribed medicines.
19	4	-	17	During hospitalisation a person was not covered under any insurance scheme. But presently the household as on the date of survey is possessing insurance coverage. What code should be given here?	Relevant entry should be made in block 4 (col. 17) and Block 3 (item 15), but item 15 of Block 7 should be blank, with proper comment.
20	5	-	-	If a baby dies before it is brought home from hospital after birth, is the death to be recorded in the	Yes (but stillbirth may be excluded).

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Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
				mother's household (Block 5)?	
21	5	-	5	Will medical attention provided by the paramedical staff in the ambulance be considered here?	No.
22	6	-	-	Where should we record the expenses incurred for the new-born (who are usually given some medication/ immunisation vaccine during that time) for institutional childbirth?	As long as the baby does not have any neo-natal problem, it is not a hospitalisation case for the baby. All medical expenses for childbirth (including the cost of immunisation and medication of the new born child) during hospitalisation of mother should be recorded under the cost of childbirth irrespective of the status of mother belonging to 4A or 4B.
23	6	-	-	A person was hospitalised in one hospital. During the stay in the said hospital, the condition of the person further worsened and he/she was referred to another hospital. He was hospitalised in that referral hospital. Will it considered as hospitalised more than once?	Yes, if the person is admitted afresh in the second hospital, it will be taken as another case of hospitalisation.
24	6	-	-	It is found these days that persons get admitted to hospital for carrying out normal or routine tests. Will this be treated as hospitalisation?	No, it is not to be treated as hospitalisation. However, if the person feels sick and gets admitted to the hospital for tests, etc., it will be treated as hospitalisation.
25	6	4	-	If the informant is not able to describe the symptoms then it is very difficult to record the code for nature of ailment due to lack of knowledge in medical field.	It is true; such problems are encountered in all health surveys. A detailed list of symptoms associated with each ailment is provided in the last column of the

Frequently asked questions (FAQ) and their replies, Sch.25.0

Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
					table on pages D-28 to D-36.
26	6	-	4	If a person is admitted due to multiple symptoms, what will the nature of ailment be? Will it be the ailment which is the primary cause for hospitalization or which involves the largest expenditure for treatment or the ailment which is of the longer duration or should it be based on severity of the ailment ?	The ailment for which he was compelled to be hospitalised may be taken as ailment.
27	6	6	-	What will the level of care be for an eye camp organized by a private institution?	It will code 2 or code 3 depending on the nature of the camp.
28	6	8	-	A patient availed 3 days special ward and 3 days general ward. What code shall be noted?	Code for special ward may be given.
29	6	10	-	Can a person be discharged one or two hours after hospitalisation?	Yes. All cataract operations within a day will be considered as hospitalisation
30	6	9, 10, 11	-	A person has been hospitalized for a day during the reference period, but has been under treatment for the last two years. What should be the duration of treatment?	Only the time within the reference period will be considered for recording duration of stay.
31	6	12-15	-	Will treatment received under cashless Mediclaim scheme be reported as received free?	No. Here service received will be considered from the hospital's point of view, whether they are providing services free or otherwise. In the said case, person received treatment on payment and hence, code 4 will be reported.
32	6	16-	-	If more than one source of treatment was availed of	The source & duration of treatment availed of immediately

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Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
		20		before/after hospitalisation, how will items 16 & 20 be filled in?	before/after hospitalisation will be considered.
33	7	-	-	The head of the household has borne the entire hospitalization expenses of his father, who is not a household member. Will the expenses be entered in Block 7?	No. Also, details of treatment will not be recorded in Block 6. But if the household of the patient had been selected, entries would have been made in Blocks 6 and 7.
34	7	4	-	A family is covered by Arogyasri health scheme, under which in-patient treatment is provided free up to certain specified amount. The expenditure over and above the specified limit is to be borne by the patient. Is this to be treated as free or not?	Yes, it is not partly free. Code 1 may be given. However, total expenditure incurred (including the ceiling amount) is to be recorded in items 5 to 11, and the ceiling amount (up to which treatment was provided free) is to be recorded in item 15.
35	7	5-10	-	A patient has received treatment of an ailment for 30 days, of which 15 days are within the reference period and 15 days are outside the reference period. If entire expenses are paid in the reference period how will expenditure be reported in this block?	This is paid approach. The amount paid for treatment during the reference period may be entered.
36	7	6-11	-	In some State, if you are taking treatment in a government hospital, especially in case of delivery, all kinds of tests and treatment are free under some scheme. In such cases what will be the entry in items 6-11?	'0' may be entered in items 6-11 of Block 7 for the tests and treatment received free with appropriate remarks.
37	7	8	-	A woman took diagnostic tests in Tamil Nadu and later got admitted in a private hospital in Kerala for	No, as the tests were not conducted while admitted in hospital. However, any expenses

Frequently asked questions (FAQ) and their replies, Sch.25.0

Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
				uterus removal operation. Can the expenses on diagnostic tests be recorded against item 8 of Block 7?	incurred on those tests during the last 15 days can be recorded against items 7-8 of Block 9.
38	7	12	-	In transport for patient can we include the expenses incurred while using one's own vehicle like expenses for petrol, charges paid for hired driver, etc. here?	Charges paid for transportation, if any, are to be included but cost of fuel will not be imputed.
39	7	13	-	Will tips paid to ward boys, nurses in hospitals be considered for this item?	No, they will not be considered.
40	7	15	-	What amount will come under reimbursement if bill claimed by the informant is under process?	As claimed by the informant.
41	7	15	-	A female received money under Janani Suraksha Yojana after institutional delivery. Where should we record this amount	This should not be recorded.
42	7	18	-	If a person gets treatment/hospitalization in a foreign country, which code is to be reported?	Treatment outside India is not to be recorded.
43	7	20	-	A real estate agent with irregular income is hospitalised for a few days. How would his loss of income be reported?	The average monthly income may be ascertained and the proportionate amount for the period of hospitalization entered.
44	8	-	-	A patient took treatment in the out-patient section for some days. Later, due to seriousness of condition, he got admitted in the hospital as an in-patient. How will the spells of ailment be demarcated?	(i) Expenses of inpatient treatment will be recorded in Block 7 and other details of inpatient treatment in Block 6. (ii) Particulars of the outpatient treatment will be entered against items. 16-19 of Block 6. (iii) If at least some part of the

Frequently asked questions (FAQ) and their replies, Sch.25.0

Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
					inpatient treatment was within the last 15 days, then a column will be filled in Block 8 giving details of both inpatient treatment and outpatient treatment, if any, during the last 15 days. (iv) Expenses of any outpatient treatment incurred during the last 15 days will come in Block 9.
45	8	4	-	If a person is suffering from chronic ailment, say, of a gastrointestinal nature, but lives his normal routine life, is he considered to be ill for the whole reference period or not?	Minor gastric discomfort after meals will not be considered as an ailment unless medical advice is taken. If medical advice was taken within the last 15 days, OR taken recently for which the prescribed course of medicine is continuing, then it may be treated as 'other ailment' (non-chronic). For a health problem to be classified as a chronic ailment, there should be a course of treatment on medical advice continuing for the last one month, OR symptoms persisting for one month or more, but the second condition is not sufficient in case of gastric discomfort of minor nature which does not restrict the patient's normal activities.
46	8	4-6	-	If a person is confined to bed for four days, will restricted activity be four days or not?	It will be at least 4 days. If a person is confined to bed for 4 days due to illness, then he/she is on restricted activity as well.
47	8	8	-	A household member is suffering from two chronic ailments. Are two columns to be used in this	Yes, Bl. 8 and block 9 should be filled spell wise.

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Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
				block?	
48	8	11		Does (a) magnetotherapy (b) chromotherapy (c) reiki come under AYUSH?	None of them. A list of common treatments that do not come under AYUSH is provided in the instructions. But these can be taken as others (code 9) and corresponding item 14 should be given code 5 (informal service provider).
49	8	4,5, 6	-	Can the total of items 4, 5 and 6 exceed 15 days?	Yes. But the total is not meaningful. Period of illness includes period of restricted activity, which includes the period of confinement to bed. So item 6 ≤ item 5≤ item 4≤15 days.
50	8	7	-	What will be the ailment code for visit to doctor for check-ups (preventive), vaccinations, etc.?	Cases of visits not related to treatment or investigation of specific ailments will not be considered as ailments.
51	8	7	-	What is the ailment code for infertility? Is it the same for males and females?	The ailment code is 48 and may be used for males as well as females.
52	8	10	-	If a person is suffering from chronic ailment for last 8 years, what should be the duration of ailment?	The duration from the commencement of the ailment – whether the ailment started before or within the reference period – to its termination or the date of survey, if the ailment is continuing, is to be recorded.
53	8	11	-	If a person is using homeopathy as well as allopathic medicine for some ailment then which one is considered here?	Priority will be given to the treatment taken on medical advice. If both treatments are taken on medical advice, the source last consulted will be considered.

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Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
					If neither of the treatments is taken on medical advice, the one expected by the informant (as on date) to be more effective will be considered.
54	8	-	14	An individual is getting treatment simultaneously form Govt. hospital and a private doctor. What code is to be given?	The source last consulted may be considered.
55	8	16	-	A person did not seek any medical advice as the timing does not suit him (he has a grocery shop). Which code should be put?	Code 3 may be entered.
56	9	-	-	A person is hospitalised on an emergency basis on the day before date of survey and yet to be discharged. No out-patient treatment was given to him during the reference period. Whether a corresponding col. to be filled in for this person, for whom block 8 is filled in.	Yes, item 1, 2, 3 and item 21, 22, 23 (if applicable) should be filled in the corresponding column. Always there should be one-to – one correspondence with the columns of block 8 & 9.
57	9	10		Will expenditure incurred on paramedical staff be incorporated here?	No. It will come in item 14.
58	9	10-14		A household meeting the expense on medicine at a single lot, out of pension received on the first day of month (outside reference period), goes on consuming medicine during the reference period. Actually no expense was incurred during the reference period? What treatment is to be done in block 9?	No medical expenses will be reported. The ailment details should be recorded in Blocks 8 and 9 and a remark should be entered explaining the absence of medical expenses.

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Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
59	9	23	-	How to calculate the loss of income due to sickness in case of a self-employed person?	Subtract the total income, if any, earned by the person during the days of illness within the reference period from the income that would have been earned during the same period if he/she had not been ill.
60	10A	6	-	A businessman (aged person), who pursues his business with his children, pools this income and runs the household. Are the other persons to be considered as his dependants?	No.
61	10B	15		While giving information on immunisation, some were recorded in MCPC, but rest were told from memory of the mother. What code should be given	if maximum number of vaccines were recorded in MCPC code 1 should be given, otherwise 2 should be given
62	11	-	-	If pre-natal and post-natal care for a woman are received from both PHC and private doctor/clinic, what will be the appropriate code?	Entry will be made depending on the maximum number of pre/post-natal care received
63	11	-	-	A lady delivers a baby in a hospital and total expenditure is borne by her parents. The expenditure-incurred on pre-natal care is borne by her husband at her residence. Is this pre-natal care expenditure to be considered in her parent's household if her parent's household is selected?	Yes, the woman maybe listed in block 4B as non-household member and the pre-natal care also is to be recorded in Block 11B.
64	11		4-10	A mother has delivered a child nine months ago. She has taken pre-natal care for six months	Yes.

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Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
				before childbirth. Should we consider the entire period of prenatal care for recording entries here?	
65	11	-	12	If a woman gives birth to a child on the way to hospital, what code should be given?	This will be considered birth at home and code 6 will be given.

Working/operational definition of communicable diseases

The working/operation definition of the diseases as obtained from WHO are given below:

I. Malaria:

Malaria is a very common disease in developing countries. Malaria is one of the most widespread diseases in the world. Among all infectious diseases, malaria continues to be one of the biggest contributors to disease burden in terms of deaths and suffering. Malaria kills more than one million children a year in the developing world, accounting for about half of malaria deaths globally.

The risk of getting malaria extends to almost the entire population in India (almost 95 percent). The following states that have the highest number of malaria cases are Madhya Pradesh, Maharashtra, Orissa, Karnataka, Rajasthan, Assam, Gujarat and Andhra Pradesh.

II. Viral Hepatitis/Jaundice

IIa. Hepatitis:

Hepatitis is the inflammation of liver. It can be caused by viruses (five different viruses— termed A, B, C, D and E cause viral Hepatitis), bacterial infections, or continuous exposure to alcohol, drugs, or toxic chemicals, such as those found in aerosol sprays and paint thinners, or as a result, of an auto-immune disorder.

Hepatitis results in either damage or reduction in the livers ability to perform life-preserving functions, including filtering harmful, infectious agents from blood, storing blood sugar and converting it into usable energy forms, and producing many proteins necessary for life.

Symptoms seen in Hepatitis differ according to the cause and the overall health of the infected individual. However, at times, the symptoms can be very mild. The commonly seen clinical features are general weakness and fatigue, loss of appetite, nausea, fever, abdominal pain and tenderness. The main feature is the presence of jaundice (yellowing of skin and eyes that occurs when the liver fails to break-down excess yellow- coloured bile pigments in the blood).

Depending on the progress and intensity, Hepatitis can be categorized as acute or chronic. In acute Hepatitis, clinical features often subside without treatment within a few weeks or months. However, about 5 percent of the cases go on to develop into chronic Hepatitis, which may last for years. Chronic Hepatitis slowly leads to progressive liver damage and cirrhosis.

- Hepatitis A: Hepatitis A is a self-limiting disease that is found all across the world. It is usually transmitted through oral ingestion of infected material (mainly water), but sometimes transmitted parenterally; most cases resemble the symptoms of a mild flu attack and jaundice is mild too.

- Hepatitis B: Hepatitis B is an acute vital disease. It primarily spreads parenterally, but sometimes orally as well. However, the main mode of spread is intimate contact and from mother to the new born. Fever, anorexia, nausea, vomiting are the initial symptoms, and they soon lead to severe jaundice, urticarial skin lesions, arthritis, etc. Some patients become carriers or even remain chronically ill, even though most patients recover in about three to four months.
- Hepatitis C: Hepatitis C is a viral disease commonly occurring after transfusion or parenteral drug abuse. It frequently progresses to a chronic form that is usually asymptomatic, but may involve liver cirrhosis.
- Hepatitis D: Hepatitis D or Delta Hepatitis is caused by the Hepatitis D virus. It usually occurs simultaneously with or as a super infection in case of Hepatitis B, thus increasing its severity.
- Hepatitis E: Hepatitis E is transmitted by the oral fecal route; usually by contaminated water. Chronic infection does not occur but acute infection may be fatal in pregnant women.

IIb. Jaundice:

Jaundice, also known as icterus, is a condition, which is characterized by yellowish discolouration of the skin and whites of eyes. It is a symptom or clinical sign, not a disease by itself. The yellow colouration is caused by an excess amount of bile pigment known as bilirubin in the body. Normally, bilirubin is formed by the breakdown of haemoglobin during the destruction of worn-out red blood cells.

III. Acute Diarrhoeal Diseases/Dysentery

IIIa. Diarrhoeal Diseases:

The term gastroenteritis' is most frequently used to describe acute diarrhoea. Diarrhoea is defined as the passage of loose, liquid or watery stools. These liquid stools are usually passed more than three times a day. The attack usually lasts for about 3 to 7 days, but may also last up to 10 to 14 days.

Diarrhoea is a major public health problem in developing countries. Diarrhoeal diseases cause a heavy economic burden on health services. About 15 percent of all pediatric beds in India are occupied by admissions due to gastroenteritis. In India, diarrhoeal diseases are a major public health problem among children under the age of 5 years. In health institutions, up to a third of total paediatric admissions are due to diarrhoeal diseases.

Diarrhoea related diseases are a significant cause of mortality in children less than five years of age. Incidence is highest in the age group of 6 to 11 months. The National Diarrhoeal Disease Control Programme has made a significant contribution in averting deaths among children less than five years of age.

IIIb. Amoebiasis:

Amoebiasis is an infection caused by a parasite 'Entamoeba Histolytica. The intestinal disease varies from mild abdominal discomfort and diarrhoea to acute fulminating dys-entery. Extra intestinal amoebiasis includes involvement of the liver (liver abseess), lungs, brain, spleen, skin, etc.

Amoebiasis is a common infection of the human gastrointestinal tract. It has a worldwide distribution. It is generally agreed that amoebiasis affects about 15 percent of the Indian population. Amoebiasis has been reported throughout India.

IIIc. Cholera:

Cholera is an acute diarrhoeal disease caused by V. Cholera (classical or El T). It is now commonly due to the El T or biotype. The majority of infections are mild or symptomatic. Epidemics of cholera are characteristically abrupt and often create an acute public health problem. They have a high potential to spread fast and cause deaths. The epidemic reaches a peak and subsides gradually as the 'force of infection declines. Often, when time control measures are instituted, the epidemic has already reached its peak and is waning.

IV. Dengue fever

Dengue is fast emerging pandemic-prone viral disease in many parts of the world. Dengue flourishes in urban poor areas, suburbs and the countryside but also affects more affluent neighbourhoods in tropical and subtropical countries. Dengue is a mosquito-borne viral infection causing a severe flu-like illness and, sometimes causing a potentially lethal complication called severe dengue. The full life cycle of dengue fever virus involves the role of mosquito as a transmitter (or vector) and humans as the main victim and source of infection.

The *Aedes aegypti* mosquito is the main vector that transmits the viruses that cause dengue. The viruses are passed on to humans through the bites of an infective female *Aedes* mosquito, which mainly acquires the virus while feeding on the blood of an infected person.

Once infected, humans become the main carriers and multipliers of the virus, serving as a source of the virus for uninfected mosquitoes. The virus circulates in the blood of an infected person for 2-7 days, at approximately the same time that the person develops a fever. Patients who are already infected with the dengue virus can transmit the infection via *Aedes* mosquitoes after the first symptoms appear (during 4-5 days; maximum 12). In humans recovery from infection by one dengue virus provides lifelong immunity against that particular virus serotype.

A person infected by the dengue virus develops severe flu-like symptoms. The disease, also called 'break-bone' fever affects infants, children and adults alike and could be fatal. The clinical features of dengue fever vary according to the age of the patient. Individuals should suspect dengue when a high fever (40°C/ 104°F) is accompanied by two of the following symptoms:

- Severe headache
- Pain behind the eyes
- Nausea, Vomiting
- Swollen glands
- Muscle and joint pains
- Rash

These Symptoms usually last for 2-7 days, after an incubation period of 4-10 days after the bite from an infected mosquito. Severe dengue is a potentially deadly complication due to plasma leaking, fluid accumulation, respiratory distress, severe bleeding, or organ impairment. The warning signs to look out for occur 3-7 days after the first symptoms in conjunction with a decrease in temperature (below 38°C/ 100°F) include:

- Severe abdominal pain
- Persistent vomiting
- Rapid breathing
- Bleeding gums
- Blood in vomit
- Fatigue, restlessness

V. Chikungunya

Chikungunya is a viral disease transmitted to humans by infected mosquitoes. It causes fever and severe joint pain. Other symptoms include muscle pain, headache, nausea, fatigue and rash. Joint pain is often debilitating and can vary in duration. The disease shares some clinical signs with dengue, and can be misdiagnosed in areas where dengue is common. There is no cure for the disease. Treatment is focused on relieving the symptoms. The proximity of mosquito breeding sites to human habitation is a significant risk factor for chikungunya.

Chikungunya is characterized by an abrupt onset of fever frequently accompanied by joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue and rash. The joint pain is often very debilitating, but usually lasts for a few days or may be prolonged to weeks. Hence the virus can cause acute, sub-acute or chronic disease. Most patients recover fully, but in some cases joint pain may persist for several months, or even years. Occasional cases of eye, neurological and heart complications have been reported, as well as gastrointestinal complaints. Serious complications are not common, but in older people, the disease can contribute to the cause of death. Often symptoms in infected individuals are mild and the infection may go unrecognized, or be misdiagnosed in areas where dengue occurs.

The virus is transmitted from human to human by the bites of infected female mosquitoes. Most commonly, the mosquitoes involved are *Aedes aegypti* and *Aedes albopictus*, two species which can also transmit other mosquito-borne viruses, including dengue. These mosquitoes can be found biting throughout daylight hours, though there may be peaks of activity in the early morning and late afternoon. Both

species are found biting outdoors, but *Ae. aegypti* will also readily feed indoors. After the bite of an infected mosquito, onset of illness occurs usually between 4 and 8 days but can range from 2 to 12 days.

VI. Measles

Measles is one of the leading causes of death among young children even though a safe and cost-effective vaccine is available. Measles is a highly contagious, serious disease caused by a virus. The disease remains one of the leading causes of death among young children globally, despite the availability of a safe and effective vaccine. Measles is caused by a virus in the paramyxovirus family and it is normally passed through direct contact and through the air. The virus infects the respiratory tract, then spreads throughout the body. Measles is a human disease and is not known to occur in animals. Accelerated immunization activities have had a major impact on reducing measles deaths.

The first sign of measles is usually a high fever, which begins about 10 to 12 days after exposure to the virus, and lasts 4 to 7 days. A runny nose, a cough, red and watery eyes, and small white spots inside the cheeks can develop in the initial stage. After several days, a rash erupts, usually on the face and upper neck. Over about 3 days, the rash spreads, eventually reaching the hands and feet. The rash lasts for 5 to 6 days, and then fades. On average, the rash occurs 14 days after exposure to the virus (within a range of 7 to 18 days).

Most measles-related deaths are caused by complications associated with the disease. Complications are more common in children under the age of 5, or adults over the age of 20. The most serious complications include blindness, encephalitis (an infection that causes brain swelling), severe diarrhoea and related dehydration, ear infections, or severe respiratory infections such as pneumonia.

The highly contagious virus is spread by coughing and sneezing, close personal contact or direct contact with infected nasal or throat secretions. The virus remains active and contagious in the air or on infected surfaces for up to 2 hours. It can be transmitted by an infected person from 4 days prior to the onset of the rash to 4 days after the rash erupts. Measles outbreaks can result in epidemics that cause many deaths, especially among young, malnourished children. In countries where measles has been largely eliminated, cases imported from other countries remain an important source of infection.

VII. Acute Encephalitis Syndrome

Acute Encephalitis Syndrome (AES) including Japanese Encephalitis (JE) is a group of clinically similar neurologic manifestation caused by several different viruses, bacteria, fungus, parasites, spirochetes, chemical/ toxins etc. There is seasonal and geographical variation in the causative organism. The outbreak of JE usually coincides with the monsoon and post monsoon period when the density of mosquitoes increases while encephalitis due to other viruses especially entero-viruses occurs throughout the year as it is a water borne disease. The case fatality and morbidity is very high among various

viral encephalitis specially in JE or entero-virus encephalitis in various parts of India. For surveillance purposes, all the cases of Acute Encephalitis Cases to be reported under the heading of acute encephalitis.

In the WHO's guidelines for JE surveillance, syndromic surveillance for JE is recommended. This means that all cases of Acute Encephalitis Syndrome (AES) should be reported. Laboratory confirmation of suspected cases can be done where feasible. The following case definition should be used for reporting of suspected AES cases in endemic areas:

Clinically, a case of AES is defined as a person of any age, at any time of year with the acute onset of fever and a change in mental status (including symptoms such as confusion, disorientation, come, or inability to talk) and/or new onset of seizures (excluding simple febrile seizures). Other early clinical findings may include an increase in irritability, somnolence or abnormal behaviour greater than that seen with usual febrile illness.

A case that meets the clinical case definition for AES i.e. suspected case should be classified in one of the following four ways:

a) Laboratory-confirmed JE: A suspected case that has been laboratory-confirmed as JE.

b) Probable JE: A suspected case that occurs in close geographic and temporal relationship to laboratory-confirmed case of JE, in the context of an outbreak.

c) Acute encephalitis syndrome (due to agent other than JE): A suspected case in which diagnostic testing is performed and an etiological agent other than JE virus is identified.

d) Acute encephalitis syndrome (due to unknown agent) A suspected case in which no diagnostic testing is performed or in which testing was performed but no etiological agent was identified or in which the test results were indeterminate.

Japanese Encephalitis (JE) is a mosquito borne zoonotic viral disease is one of the causes under AES. The virus is maintained in animals and birds. The disease affects the central nervous system and can cause severe complications, seizures and even death. The case fatality rate of this disease is very high and those who survive may suffer with various degrees of neurological sequelae. Children suffer the highest attack rates because of lack of cumulative immunity due to natural infection. Meningitis, caused by bacteria, can be treated as soon as possible with antibiotics. Encephalitis, usually caused by a virus, cannot be treated with antibiotics. However, good clinical management is important to reduce the risk of disability or death from the disease.

AN EXPLANATORY NOTE ON AYUSH (as received from M/O AYUSH)

I. AYURVEDA

Desi Medicines prescribed by Vaidji/Vaidya are called Ayurvedic medicines. Ayurveda is a classical system of medicine originating from the *Vedas,* founded around 5000 years ago in India, and currently recognized and practiced in India and many subcontinent countries. The system gives emphasis to preventive, curative and promotive aspects. For therapeutic uses, plants are abundantly used along with some metals and minerals in specially processed forms.

Some popular Ayurvedic medicines used in India are as follows:

1. For cough and cold: Kadha – Kawatha/kasayam e.g. Kadha (decoction) of *Tulsi Patra, Adarakh* (Ginger), *Mulethi, Kali Mirch, Lavanga*, pippali (Black pepper) and honey etc., and Herbal Tea.
2. For fever: Herbal juices, e.g. juice of Aloe Vera (Gvarpatha/ Gheekumari) leaves, Neem leaves and bark, *Tulsi Patra*, Kvatha of *Giloya* (Guduch) stem, Chirayata.
3. For Stomach and digestion related problems: Trifala churna, Hingwashtak churna, Lavanbhaskar Churna, Drakshasava, Hing, Jeera, Pudina, Saindha Namaka, Ajwain, Shuthi (dry ginger).
4. As a tonic (for energy): Chyavanprash and Ashwagandha.
5. For Stri rog: Supari pak, Ashokarishta, Dashmoolarishta.
6. For Indigestion: Hing ki goli.
7. For Constipation: Isabgol, Harde, Gulkand and Trifala Churna.
8. For Body Pain: Guggle Goli, Narayan Tail, Balm.
9. For joint pain and swelling/Gathiya: Guggula ki goli like Yogaraja Guggula, Haldi. powder, Methi beej, Sahajan ke phool and patra, Lahasun (garlic).
10. For Children: Bal Ghutti/ Mugli Ghutti/ Janam Ghutti.
11. For Hair Oil: Bhringraj Tail, Brahmi Amla Tail.
12. For the purpose of soothing the body, tiredness, general weakness, body ache, joint pain, stiffness: massage with various oils like Tila ka Tail, Mahanarayan Tail.
13. For minor injuries: Haldi powder with milk and local application with oil/ghee, leaves of Erand (erandi).
14. For minor eye problems: Gulab Jala.
15. Toothache: Oil of lavanga (Laung ka Tail)
16. Earache: luke warm Sarason ka Tail processed with Lahasuna.
17. For diabetes: juice of Karela, powder of Jamun seeds, Methi seeds, Haldi, Amala fruit, Neem leaves.
18. For skin diseases: oil of neem seeds, Karpur or/and Gandhaka powder mixed with oil of coconut or Sarson.

Panchakarma massage and body massage with oils are very popular practices of Ayurveda for joint pains and promotional health. *Ayurvedic Medicines nowadays are often available in the form of capsules, tablets, syrups, powders and many new forms.*

II. YOGA refers to traditional physical and mental disciplines originating in India. The word "Yoga" came from the Sanskrit word "yuj" which means "to unite or integrate." Yoga is about the union of a person's own consciousness and the universal consciousness. It is a healing system of theory and practice. It is a combination of breathing exercises, physical postures, and meditation that has been practised for more than 5,000 years. The Yogic exercises are the physical postures explained and referred to in Yoga for physical disciplines. The word is also associated with meditative practices.

Some popular YOGA ASANAS used by common people are as follows:

1. For diabetes, stress management: Pranayam, shavasan, ardhamatsyendra asana.
2. For pain, to regulate blood circulation: Different body postures of Yoga.
3. For Psychosomatic Disorders: Yogic Relaxation techniques, kriyas like trataka.
4. For Digestive Disorders: Pavanamuktasana, Vajrasana and Kriyas like Dhauti, Kunjal, Agnisara.

III. NATUROPATHY refers to methods of treating diseases using natural therapeutics viz. Water therapy (Hydrotherapy), Colour therapy (chromotherapy), Fasting therapy, Mud therapy, Magnet therapy and food therapy to assist the natural healing process.

Naturopathic philosophy favours a holistic approach without the use of surgery and drugs and emphasizes the use of natural elements (air, water, heat, sunshine) and physical means (massage, water treatment etc.) to treat illness. It is an eclectic alternative medical system that focuses on the body's vital ability to heal and maintain itself.

Some popular Naturopathy treatments used by common people are as follows:

1. For skin diseases: Mud bath, Sun bath.
2. For pain and tension: Massage therapy.
3. For chronic ailments like Diabetes, Hypertension: Hydrotherapy like Hip bath, Spinal bath, Diet Therapy.
4. For acute diseases like Fever: Fasting, Enema, Cold Packs, Cold Compress.

Some other popular Yoga Asanas and Naturopathy treatments listed below:

1. **Shatkarma** (Six cleansing procedures): Kapalabhati, Neti, Dhouti.
2. **Asana** (psycho-physical postures): Padmasana, Shavasana.
3. **Pranayama** (controlled and regulated breathing): Nadishodhana pranayama, Sitali Pranayama, Bharamari pranayama.
4. **Bandha & Mudra** (Neuromuscular locks and gestures): Jalandhara bandha and Uddiyana bandha.
5. **Dhyana** (Meditation).
6. **Mitahara** (Yogic Diet).

IV. SIDDHA is an ancient system of medicine prevalent in South India. The word Siddha comes from the Tamil word for perfection. Those who attained an intellectual level of perfection were called Siddhas. Siddha literature is in Tamil and the system is

practised largely in the Tamil-speaking part of India and abroad. The Siddha System is largely therapeutic in nature and like Ayurveda, it also advocates the use of plants abundantly along with some metals and minerals with specialized processes of preparation of therapeutic formulations.

Some popular Siddha medicines are as follows:

1. Kudiner.
2. For Fever: Nilavembu Kudineer, Thirikadugu Churnam.
3. For Headache & sinusitis: Neer koavai mathirai (External use).
4. For Stomach and digestion-related problems: Elathi Chooranam, Ashtathi chooram, Thiripala Churnam.
5. As a Tonic (for energy): Thetrankottai legium, Amukkara legium.
6. For Women (menstrual problem): venpoosani legium, venpoosani nei, katrazhai ilagam.
7. For Body pain: Amukkara chooranam, karpoorathy thylam (external use), vatha kesari thylam (external use).
8. For Joint pain: Pinda thylam, Vizha mutty thylam.
9. For Constipation: Thiri pala Churanam, Nilavagai Churanam.
10. For Diarrhea: Thayirchunti Churnam.
11. For Children: Urai Mathirai, Omathener, vallari nei.
12. For Hair Oil: Neeli Bringathy thylam, Karisalai thylam.
13. For Body massage: Asai thailam, vathakesari thylam.
14. For Head massage Chukku thylam & Arakku thylam.

V. UNANI: *Desi* medicines prescribed by Hakims are called Unani medicines. The Unani System of Medicines originated in Greece and is based on the teachings of Hippocrates and Gallen, developed into an elaborate Medical System by Arabs. The Unani system became enriched by imbibing what was best in the contemporary systems of traditional medicines in Egypt, Syria, Iraq, Persia, India, China and other Middle East countries. The literature of the Unani system is mostly found in Arabic, Persian and Urdu languages. In Unani system the plants, metals and minerals are used in specialized forms for therapeutic uses**.**

Some popular Unani medicines are as follows:

1. For cough& cold:Joshanda (Kaadha) made of Adrak, Kaalimirch, Mulethi, Unnab.
2. For stomach-ache: Arak Saunf, Arak Ajawaian.
3. For cough: Sharbat zuffa, Sualin tablet, Lauq-e-Sapistan (Lasode ki chatni).
4. For skin problem (blood purification): Safi, Khoonsafa, Arq-e-Shatra & Chiraita.
5. General tonic: Halwa-e-gheekawar, Cinkara, Roghan-e-Badam.
6. Brain tonic: Khamira-e-Gaozaban, Dimagheen.
7. Liver diseases (Jaundice): Arq-e-Mako, Arq-e-Kasni.
8. Digestive problems: Habb-e-Kabid, Jawarish-e-Jalinos.
9. Constipation: Qurs-e-Mulliyan, Itrifal Zamani.
10. Fever: Sharbat Khaksi (Khub Kalan), Gilow, Tabasheer.

SOWA-RIG-PA, which originated in India and is commonly known as Tibetan or Amchi medicine, is the traditional medicine of many parts of the Himalayan region. *Sowa-Rig-pa* (Bodh-Kyi) means 'science of healing' and the practitioners of this medicine are known as *Amchi* (superior to all).

In India, this system of medicine has been popularly practiced in Ladakh and Paddar-Pangay regions of Jammu and Kashmir, Himachal Pradesh, Arunachal Pradesh, Sikkim, Darjeeling-Kalingpong (WB) and now in Tibetan settlements all over India and abroad.

VI. HOMEOPATHY: The common man understands that the sweet white pills which are dispensed in small globule form contain homoeopathic medicines. Homeopathy was invented over 200 years ago by a German physician, Dr. Samuel Hahnemann, who, after observing many natural phenomena, became convinced that a substance which could cause a disease-like state could also cure a similar condition. The word 'Homoeopathy' means 'similar sufferings' and the system of Homoeopathy is based on 'let likes be treated by likes'.

Homeopathy is a system of medicine that uses highly diluted doses from the plant, mineral and animal kingdoms to stimulate natural defenses in the body. Oral homoeopathic medicine is available in many forms, including the traditional homoeopathic pellets (balls), liquid dilution, tablets (lactose-based) and mother tincture.

Application of Single Remedy: Homoeopathic medicines are usually administered in single, simple and unadulterated form. Even if a patient suffers from several complaints, the homoeopathic physician never prescribes different medicines for each of these ailments; but administers a single medicine at a time, which suits the patient as a whole.

Administration of Medicines: Homoeopathic medicines are prepared in a special way known as Drug Dynamization or Potentisation. Potentised Homoeopathic medicines are dispensed in small globules prepared from lactose (sweet white pills). Mother tinctures, ointments for external use and eye drops & ear drops are also commonly used.

VII. Indian System of Medicines: This includes Ayurveda, Siddha, Unani **and Sowa-Rig-pa** medicines. These medicines are also called *Desi Dawaiyan* in India. Herbal Medicines are also included in the category of these medicines. The practitioners of these systems are called Vaidji, Vaidyas, Siddha Vaidyas and Hakims. (Sometimes people also say *Jadi-Booti wale* Vaidji, Hakimji, etc.) This category also includes Home-made medicines and Gharelu Nuskhe, Herbal Medicines (*Jadi-Bootiyan or Desi Dawa)*, and the medicines given by local Vaidya/Hakim. e.g. Neem leaves for skin diseases, Tulsi leaves for common cold, Haldi (turmeric) for injuries and fracture, Adarak (ginger) for cough, cold, throat problem, Garlic for gathiya/ joint pain, pepper and honey for dry cough, Ashwagandha, Chyawanprash as tonics for energy, Gulab Jal for eye wash, face wash, Saunf for indigestion, Ajowain and Hing for Stomach pain.

VIII. Traditional Medicines: This term is used for curative and preventive practices which are a part of tradition in various sects/cults/tribes/cultures based on the experiences of many generations. In India, the practices described in ancient systems of medicines like Ayurveda, Unani, Siddha, etc. sometimes prevail as a tradition, and may therefore be termed traditional medicines although they are part of a well-recognized system.

IX. Herbals: In our country, many home remedies used for prevention and cure are made up of plant parts and in general referred to as *Jadi-Bootiyan or Desi Dawa*. These plant-based recipes or *Jadi-Bootiyan*, although part of either Ayurveda or Unani or Siddha system of medicines, are not used under these specific names of AYUSH systems, due to ignorance or because they are so universally used.

Frequently, the plants which are used in these home remedies do not find mention in the present regulatory books of AYUSH systems. There are more than 10,000 plants in such use in India but only a few thousand have been incorporated in various Pharmacopeias or regulatory books so far. Hence, the term is used for defining or capturing data on use of those recipes/ Jadi-Bootiyan which, although part of AYUSH, could not be counted/ captured under any specified system of AYUSH due to lack of awareness and other reasons**.**

X. Medicine: Under AYUSH system, Yoga & Naturopathy are drugless systems. For Ayurved, Unani and Siddha, plant-based medicines are sometimes given to patients. Even home-based medicines like kadha[5], tulsi, neem leaves etc. may be prescribed. Some of the common medicines for various diseases have been mentioned under each discipline, viz., Ayurveda, Unani and Siddha. Homeopathic medicines are available in many forms including the traditional Homoeopathic pellets (sweet white balls), liquid dilution, tablets (lactose based) and mother tinctures.

XI. System of Medicine: This term pertains to the recognized systems of medicines, which are used for curative and/or preventive purposes in India such as Ayurveda, Unani, Yoga & Naturopathy, Homeopathy, Allopathy etc., and are regulated in the country by the Deptt. of AYUYSH, Ministry of Health & Family Welfare.

XII. Regarding overlap of different systems of medicines under AYUSH: It needs to be mentioned that due to geographical and cultural diversity in India, the same medicine/ plant is frequently called by different names under different systems of AYUSH. To explain, the same plant may be used in Uttar Pradesh by its Hindi or Sanskrit name by an Ayurveda practitioner (Vaidya) and by its Urdu name under Unani system by a Unani practitioner (Hakim). Furthermore, the same plant may be used in South India by its Tamil name by a Siddha practitioner (called Siddh) under the Siddha system of medicines. Hence it becomes very difficult to draw clear-cut boundaries when self-use of

[5] The term 'Kadha' (decoction) is used for pharmaceutical form of medicine, not as name of medicine itself. It is prepared from various single or multiple herbal medicines for different diseases

a plant is to be classified according to system of medicine. The practice of AYUSH systems is highly culture- and geography- oriented; even then, in many parts of the country, more than one AYUSH system is in practice concurrently. Hence, it is very difficult to demarcate the exact boundaries of Ayurveda, Siddha and Unani systems of medicine, particularly when it pertains to the use of plants. It is for this reason that information on Ayurveda, Unani and Siddha is proposed to be collected under one head, namely, Indian System of Medicine. However, if the plant or medicine is prescribed by a registered practitioner of the specified system of AYUSH, then it can be classified easily. When there is a use of Proprietary or Classical medicines either as over-the-counter (OTC) medicine or through prescription of any specified system of AYUSH, then there is a clear mention of the type of AYSUH system on the label or prescription of the practitioner about the specific system of AYUSH to which the treatment belongs. **Nevertheless, it is clarified that plant-based medicines used in different parts of the country are necessarily part of the Indian System of Medicine (Ayurveda, Unani, Siddha or Sowa-Rigpa).**

Therapies **not included** in AYUSH Systems for the purpose of this survey are:

1. Acupuncture, Aromatherapy, Astrology, Atlas Orthogonal, Auricular Therapy, Alexander Technique, Autogenic Training, Anthroposophical Medicine, Auto-Urine
2. Breathwork, Biofeedback, Bach Flower Remedies
3. Cellular Therapy, Chelation Therapy, Chemotherapy, Chinese (Oriental) Medicine, Colonics, Counseling/Psychotherapy, Cupping, Craniosacral Therapy
4. Dance/Movement Therapies, Dentistry, Dousing
5. Ear Candling, Electropathy
6. Feng Shui, Feldenkrais Method, Flower Essences
7. Gem Therapy
8. Holotropic, Heliotherapy (use of positive effects of the sun in boosting the immune system), Hypnotherapy
9. Kinesiology
10. Lymph Drainage Therapy
11. Midwifery/ Childbirth Support
12. Native American Herbology, Network Chiropractic
13. Ohashiatsu, Oriental Diagnosis, Osteopathic Medicine
14. Physiotherapy, Pyramid Healing
15. Radiesthesia, Radionics, Reconstructive Therapy/ Prolotherapy, Reflexology, Reiki, Rolfing
16. Shiatsu, Sound Therapy