

RURAL	*
URBAN	

**GOVERNMENT OF INDIA**  
**NATIONAL SAMPLE SURVEY OFFICE**  
**SOCIO-ECONOMIC SURVEY**

CENTRAL	*
STATE	

**SEVENTY FIFTH ROUND: JULY 2017 - JUNE 2018**

**SCHEDULE 25.0: HOUSEHOLD SOCIAL CONSUMPTION: HEALTH**

<b>[0] descriptive identification of sample household</b>			
1. state/UT.:		5. hamlet name:	
2. district:		6. investigator unit no. /block no. :	
3. sub-district/tehsil/town:*		7. name of head of household:	
4. village name:		8. name of informant:	

<b>[1] identification of sample household</b>							
item no.	item	code			item no.	item	code
1.	srl. no. of sample FSU				6.	sample household number	
2.	round number	7		5	7.	serial number of informant (as in column 1 of block 4)	
3.	schedule number	2	5	0	8.	response code	
4.	sample hg/sb number				9.	survey code	
5.	second-stage stratum number				10.	reason for substitution of original household (code)	

**CODES FOR BLOCK 1**

*item 8: response code:* informant: *co-operative and capable -1, co-operative but not capable -2, busy -3, reluctant -4, others -9.*

*item 9: survey code:* *original -1, substitute -2, casualty -3.*

*item 10: reason for substitution of original household:* *informant busy -1, members away from home -2, informant non-cooperative -3, others -9.*

\* tick mark (✓) may be put in the appropriate place

<b>[2] particulars of field operations</b>										
sl. no.	item	Field Investigator (FI) / Junior Statistical Officer (JSO)				Field Officer (FO)/ Senior Statistical Officer (SSO)				
(1)	(2)	(3)				(4)				
1.(a)	(i) name (block letters)									
	(ii) code									
	(iii) signature									
1.(b)	(i) name (block letters)									
	(ii) code									
	(iii) signature									
2.	<b>date(s) of:</b>	DD	MM	YY	DD	MM	YY			
	(i) survey/ inspection									
	(ii) receipt									
	(iii) scrutiny									
	(iv) despatch									
3.	number of additional sheet(s) attached									
4.	total time taken to canvass the schedule by the team of investigators (FI/JSO) (in minutes) [no decimal point]									
5.	number of investigators (FI/JSO) in the team who canvassed the schedule									
6.	whether any remark has been entered by FI/JSO/supervisory officer (yes-1, no-2)	(i) in block 12/13								
		(ii) elsewhere in the schedule								

<b>[12] remarks by investigator (FI/JSO)</b>

<b>[13] comments by supervisory officer(s)</b>

[3] household characteristics										
1. household size						8. type of latrine usually used (code)				
2. whether the household paid major share for childbirth expenses for any non-household female member(s) during last 365 days? (yes-1, no-2)						if code in item 8 is 01-09	9. access to latrine: <i>exclusive use-1, common use of households in the building-2, public/community latrine-3, others-9</i>			
3. principal industry (NIC-2008)	description:						10. how many members use the latrine?			
	code (5-digit)						11. major source of drinking water (code)			
4. principal occupation (NCO-2004)	description:						12. arrangement of garbage disposal (code)			
	code (3-digit)						13. primary source of energy for cooking during the last 30 days (code)			
5. household type (code)							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? (yes-1, no-2)			
							15. amount of medical insurance premium paid for household members during last 365 days (Rs.)			
6. religion (code)						16. household's usual monthly consumer expenditure (Rs.)				
7. social group (code)										

### CODES FOR BLOCK 3

**item 5: household type: for rural areas:** 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:** self-employed -1, regular wage/salary earning - 2, casual labour -3, others -9

**item 6: religion:** Hinduism -1, Islam -2, Christianity -3, Sikhism-4, Jainism -5, Buddhism -6, Zoroastrianism -7, others -9

**item 7: social group:** Scheduled Tribes (ST)-1, Scheduled Castes (SC) -2, Other Backward Classes (OBC) -3, Others- 9

**item 8: type of latrine usually used:** 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;

Pit latrine: 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

**item 11: major source of drinking water:** bottled water – 01, piped water in dwelling/premises/yard – 02, piped water outside -03, tube-well/borewell (inside or outside premises)-04, protected well (inside or outside premises)-05, tanker/truck/drum(supplied through container)-06, protected spring/pond etc.for drinking purpose -07, Community RO Plant-08, others – 09, all unprotected source (river/canal, spring, pond, well etc.) - 10

**item 12: arrangement of garbage disposal:** by Panchayet/Municipality/Corporation-1, by resident/group of residents-2, others-9, no arrangement-3

**item 13: primary source of energy for cooking:** firewood and chips-01, LPG-02, other natural gas -03, dung cake-04, kerosene-05, coke/coal-06, gobar gas-07, other biogas -08, charcoal-10, electricity(incl. generated by solar or wind power generators) -11, others-19, no cooking arrangement-12

**\*list of diseases (for item 14):** Malaria; Viral Hepatitis/Jaundice; Acute Diarrhoeal Diseases/Dysentery; Dengue fever; Chikungunya; Measles; Acute Encephalitis Syndrome; and others (Typhoid, Hookworm Infection, Filariasis, Tuberculosis, etc.)

<b>[4] demographic particulars of household members</b>																	
sl. no.	name of member	relation to head (code)	gender (code)	age (yrs)	marital status (code)	genl. education (code)	usual principal activity (code)	during last 365 days					whether suffering from any chronic ailment (yes -1, no -2)	whether suffered/suffering from any other ailment? (besides chronic ailment)		whether covered by any scheme for health exp. support (code)	reporting of columns 14-16 (self -1, proxy-2)
								whether hospitalised (yes-1, no-2)	if 1 in col. 9, no. of times hospitalised	whether pregnant* (yes-1, no-2)	(if 1 in col. 11) whether paid major share for child-birth expenses# (code)	whether suffered from any communicable disease (code)		any time during last 15 days (yes-1, no-2)	on the day before the date of survey (yes -1, no -2)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
<b>A: usual members</b>																	
<b>B: 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(s)</b>																	
81			2							1	1						
82			2							1	1						
83			2							1	1						
84			2							1	1						

\* for female member(s) of age 15 to 49 years

# childbirth expenses excluding expenses on pre/post natal care

**CODES FOR BLOCK 4**

**col. 3: relation to head:** 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/employees/other non-relatives - 9

**col 4 gender:** male-1, female-2, transgender-3

**col. 6: marital status:** never married - 1, currently married - 2, widowed - 3, divorced/separated- 4

**col. 7: general education:** not literate -01,  
 literate without any schooling -02,  
 literate without formal schooling: through NFEC -03, literate through TLC/AEC -04, others -05;  
 literate with formal schooling: below primary -06, primary -07, upper primary/middle -08, secondary -10, higher secondary -11,  
 diploma /certificate course (upto secondary)-12, diploma/certificate course(higher secondary)-13,  
 diploma/certificate course(graduation & above) -14, graduate -15, post graduate and above -16

**col. 8: usual principal activity status:**

worked in h.h. enterprise (self-employed): own account worker	<b>-11</b>	worked as casual wage labour: in public works	<b>-41</b>	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	<b>-93</b>
worked in h.h. enterprise (self-employed): employer	<b>-12</b>	worked as casual wage labour: in other types of work	<b>-51</b>		
worked as helper in h.h. enterprise (unpaid family worker)	<b>-21</b>	did not work but was seeking and/or available for work	<b>-81</b>	rentiers, pensioners , remittance recipients, etc.	<b>-94</b>
worked as regular salaried/ wage employee	<b>-31</b>	attended educational institution	<b>-91</b>	not able to work due to disability	<b>-95</b>
		attended domestic duties only	<b>-92</b>	others (including begging, prostitution, etc.)	<b>-97</b>

**col 12: whether household paid major share for childbirth expenses:** yes-1, no-2, pregnancy continuing-3

**col. 13: whether suffered from any communicable disease :**

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 (Typhoid, Hookworm Infection, Filariasis, Tuberculosis etc.)  
 not suffered -8

**col. 17: whether covered by any scheme for health expenditure support:** government sponsored (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

<b>[5] particulars of former household members who died during the last 365 days</b>									
srl. no.	name of deceased member	gender (code)	age at death (years)	whether medical attention received before death (yes-1, no-2)	whether hospitalised at least once during last 365 days (yes-1, no-2)	if 1 in col. 6, no. of times hospitalised	reason for non-hospitalisation just before death (code)	if 2 in col. 3 and age 15-49 years in col.4	
								whether pregnant any time during last 365 days (yes-1, no-2)	if 1 in col. 9, time of death (code)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
91									
92									
93									
94									
95									

*\*for female members of 4B this block should not be filled in*

**CODES FOR BLOCK 5:**

**col. 3: gender:** male -1, female-2, transgender-3

**col. 8: reason for non-hospitalisation:** 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

**col.10: time of death:** deaths related to pregnancy: during pregnancy -1, during delivery -2, during abortion -3, within 6 weeks of delivery/ abortion -4, deaths due to other causes -9

<b>[6] particulars of medical treatment received as in-patient of a medical institution during the last 365 days</b>						
1.	sr1. no. of the hospitalisation case	1	2	3	4	5
2.	srl. no. of member (as in col. 1, block 4A/5 & 4B) hospitalised					
3.	age (years) (as in col.5, block 4A & 4B/ col.4, block 5)					
4.	nature of ailment (code list on pages 14-15)*					
5.	nature of treatment (code)					
6.	type of medical institution (code)					
7.	<b>if code is 2 or 3 in item 6</b> , reason for not availing govt./public hospital					
8.	type of ward (free -1, paying general -2, paying special -3)					
9.	when admitted (code)					
10.	when discharged (code)					
11.	duration of stay in hospital (days)					
<b>details of medical services received</b> (not received -1; received: free -2, partly free -3, on payment -4)						
12.	surgery					
13.	medicine					
14.	X-ray/ECG/EEG/Scan					
15.	other diagnostic tests					
16.	whether treated on medical advice before hospitalisation (yes -1, no-2)					
<b>if 1 in item 16</b>	17.	nature of treatment (code)				
	18.	level of care (code)				
	19.	duration of treatment (days)				
20.	whether treatment on medical advice continued after discharge from hospital (yes -1, no-2)					
<b>if 1 in item 20</b>	21.	nature of treatment (code)				
	22.	level of care (code)				
	23.	duration of treatment (days)				

\*for female members of 4B ailment codes 87, 88 or 89 are only applicable

#### CODES FOR BLOCK 6

##### items 5, 17, 21: nature of treatment:

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

##### item 6: type of medical institution:

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

##### item 7: reason for not availing govt./public hospital:

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

##### item 9: when admitted: during last 15 days - 1, 16 days to 365 days ago - 2, more than 365 days ago - 3

##### item 10: when discharged: not yet -1, during last 15 days -2, 16 days to 365 days ago -3

##### items 18 & 22: level of care:

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

<b>[7] expenses incurred during the last 365 days for treatment of members as in-patient of medical institution</b>						
1.	srl. no. of the hospitalisation case (as in item 1, block 6)	1	2	3	4	5
2.	srl. no. of member hospitalised (as in item 2, block 6)					
3.	age (years) (as in item 3, block 6)					
4.	whether any medical service provided free (fully/partly) (yes: govt./public -1, pvt.(incl. Charitable/NGO/Trust run hospital) - 2, both-3; no - 4)					
<b>expenditure for treatment during stay at hospital (in whole number of Rs.)</b>						
5.	package component (Rs.)					
<b>non-package component (Rs.)</b>		#####				
6.	doctor's/ surgeon's fee (hospital staff/ other specialists)					
7.	medicines					
8.	diagnostic tests					
9.	bed charges					
10.	other medical expenses (attendant charges, physio-therapy, personal medical appliances, blood, oxygen, etc.)					
11.	<b>medical expenditure (Rs.): total (items 5-10)</b>					
<b>transport for patient (Rs.)</b>						
12.	transport for patient (Rs.)					
13.	other non-medical expenses incurred by the household (registration fee, food, transport for others, expenditure on escort, lodging charges if any, etc.) (Rs.)					
14.	<b>expenditure (Rs.): total (items 11-13)</b>					
15.	total amount reimbursed by medical insurance company or employer (Rs.)					
16.	major source of finance for expenses (code)					
17.	2 <sup>nd</sup> most important source of finance for expenses (code)					
18.	place of hospitalisation (code)					
19.	<b>if code is 5 in item 18, then state code (page 15)</b>					
20.	loss of household income, if any, due to hospitalisation (Rs.)					

**CODES FOR BLOCK 7****item 16 & 17 : source of finance for expenses:**

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

**item 18:**

<b>place of hospitalisation:</b>			
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



<b>[8] particulars of spells of ailment of household members during the last 15 days (hospitalisation and non-hospitalisation cases)</b>							
1.	srl. no. of spell of ailment		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
2.	srl. no. of member reporting ailment (as in col.1 of block 4A/5)						
3.	age (years) (as in col.5, block 4A/ col.4, block 5)						
<b>no. of days within the ref. period</b>	4.	ill					
	5.	on restricted activity					
	6.	confined to bed					
7.	nature of ailment (code list on pages 14-15)						
8.	whether chronic (yes-1, no-2)						
9.	status of ailment (code)						
10.	total duration of ailment (days)						
11.	nature of treatment (code)						
12.	whether hospitalised (yes-1, no-2)						
13.	<b>if 1-4 or 9 in item 11</b> , whether treatment taken on medical advice (yes -1, no -2)						
<b>if 1 in item 13</b>	14.	level of care (code)					
	15.	<b>if 2-5 in item 14</b> , reason for not availing govt. sources (code)					
<b>if 2 in item 13</b>	16.	reason for not seeking medical advice (code)					
	17.	whom consulted (code)					

*\*for female members of 4B this block should not be filled in*

#### **CODES FOR BLOCK 8**

##### **item 9: status of ailment:**

*started more than 15 days ago and is continuing -1      started within 15 days and is continuing -3*  
*started more than 15 days ago and has ended -2      started within 15 days and has ended -4*

##### **item 11: nature of treatment:**

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

##### **item 14: level of care:**

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

##### **item 15: reason for not availing govt. sources:**

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

##### **item 16: reason for not seeking medical advice:**

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

##### **item 17: whom consulted: self/ other household member/ friend - 1, medicine shop - 2, others - 9**

<b>[9] expenses incurred during the last 15 days for treatment of members (not as in-patient of medical institution)</b>						
1.	srl. no. of spell of ailment (as in item 1, block 8)	1	2	3	4	5
2.	srl. no. of member reporting ailment (as in col.2 of block 8)					
3.	age (years) (as in item 3, block 8)					
4.	whether any medical service provided free (fully/partly) (yes: govt./public -1, pvt.(incl. Charitable/NGO/Trust run hospital) - 2, both-3; no - 4)					
<b>details of medical services received (not received - 1; received: free - 2, partly free - 3, on payment - 4)</b>						
5.	surgery					
6.	medicine received (AYUSH)					
7.	medicine received (other than AYUSH)					
8.	X-ray/ECG/EEG/Scan					
9.	other diagnostic tests					
<b>medical expenditure for treatment (in whole number of Rs.)</b>						
10.	doctor's/ surgeon's fee (hospital staff/ other specialists)					
11.	medicines: AYUSH					
12.	medicines: other than AYUSH					
13.	diagnostic tests					
14.	other medical expenses (attendant charges, physiotherapy, personal medical appliances, blood, oxygen, etc.)					
15.	<b>medical expenditure (Rs.): total (items 10-14)</b>					
16.	transport for patient (Rs.)					
17.	other expenses incurred by the household (registration fee, food, transport for others, expenditure on escort, etc.) (Rs.)					
18.	<b>expenditure (Rs.): total (items 15-17)</b>					
19.	total amount reimbursed by medical insurance company or employer (Rs.)					
20.	major source of finance for expenses (code)					
21.	place of treatment (code)					
22.	<b>if code is 5 in item 21, then state code (page 15)</b>					
23.	loss of household income, if any, due to treatment (Rs.)					

*\*for female members of 4B this block should not be filled in*

#### **CODES FOR BLOCK 9**

**item 20: major source of finance for expenses:**

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

**item 21: place of treatment:**

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

<b>[10a ] particulars of economic independence and state of health of persons aged 60 years and above</b>						
1.	srl. no. of member (as in col. 1, block 4A)					
2.	age (years) (as in col. 5, block 4A)					
3.	number of sons living					
4.	number of daughters living					
5.	state of economic independence (code)					
6.	<b>if 1 in item 5</b> , no. of dependents					
7.	<b>if 2 or 3 in item 5</b> , person financially supporting aged person (code)					
8.	place of stay (owned house (self/spouse)-1, other's house-2)					
9.	living arrangement (code)					
10.	physical mobility (code)					
11.	<b>if 1 or 2 in item 10</b> , person helping ( <i>household member -1, other than household member -2, none -3</i> )					
12.	own perception about current state of health (code)					
13.	own perception about change in state of health (code)					

**CODES FOR BLOCK 10a**

**item 5:** *state of economic independence: not dependent on others - 1, partially dependent on others - 2, fully dependent on others - 3*

**item 7:** *person financially supporting aged person: spouse -1, own children -2, grandchildren -3, others -9*

**Item 9:** *living arrangement:*

*living with spouse and other members - 1*

*living with spouse only - 2*

*living without spouse but with: children -3*

*other relations - 4*

*non-relations - 5*

*living alone: not as an inmate of old age home -6*

*living alone: as an inmate of old age home -7*

**item 10:** *physical mobility: physically immobile: confined to bed - 1, confined to home - 2, able to move outside but only in a wheelchair - 3; physically mobile - 4*

**item 12:** *own perception about current state of health: excellent/very good - 1, good/fair - 2, poor - 3*

**item 13:** *own perception about change in state of health: compared to previous year: much better - 1, somewhat better - 2, nearly the same - 3, somewhat worse - 4, worse - 5*

[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)						
1.	srl. no. as in block 4					
2.	age in months					
<b>for item 3 to 14 ever received immunisation (yes-1, no-2)</b>						
3.	BCG					
4.	Oral Polio Vaccine (OPV) doses	birth dose				
5.		OPV1				
6.		OPV 2				
7.		OPV 3				
8.		booster dose				
9.	DPT /Pentavalent doses	DPT-1/ Pentavalent-1				
10.		DPT-2/ Pentavalent -2				
11.		DPT-3/ Pentavalent -3				
12.		booster dose				
13.	measles					
14.	other immunisation*					
15.	information source of immunisation (code)					
16.	source of most immunisation (code)					
17.	expenditure on immunisation, if any, during last 365 days					
18.	visit to anganwari center during last 30 days (in days)					

\*Hepatitis, Japanese Encephalitis(JE), Inactivated Polio Vaccine (IPV), Vitamin.-A etc.

### CODES FOR BLOCK 10b

**item 15: information source of immunisation:** Mother and Child Protection Card ( MCPC)/ Immunisation card-1, others-2

**item 16: source of most immunisation :**

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

[11] particulars of pre-natal and post-natal care for women of age 15-49 years who were pregnant during the last 365 days																	
sl. no. (as in block 4/5)	age (years) (as in block 4/5)	serial no. of pregnancy (1/2)	pre-natal care							delivery				post-natal (42 days after delivery) care (if 2-4 in col. 11)			visit to anganwari centre (AWC) during last 30 days (in days)
			whether received tetanus toxoid vaccine during pregnancy (yes-1, no-2)	whether consumed Iron and Folic Acid (IFA) during pregnancy (yes-1, no-2)	if 1 in col. 5, for how many days IFA were consumed?	major source of receiving pre-natal care (code)	if 1-7 in col. 7			outcome of pregnancy (code)	if 2-7 in col. 11			major source of receiving post-natal care (code)	if 1-7 in col. 15		
							nature of pre-natal care	no. of pre-natal care visits*	expenditure incurred during last 365 days on pre-natal care (Rs.)		place of delivery/abortion (code)	if code 6, in col. 12, delivery was attended by (code)			expenditure on delivery at home (Rs.)	nature of post-natal care	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
A. usual members (with code 1 in col.11 of block 4A/code 1 in col. 9 block 5)																	
B: members from other households who are included as household member for childbirth only (from Block 4B with serial no. 81 onwards)																	

\*incl. all visits to any of the sources

**CODES FOR BLOCK 11**

cols. 7, 15: major source of receiving pre-natal/ post-natal care:

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

cols. 8, 16: nature of pre-natal / post-natal care: AYUSH-1, non-AYUSH-2, both-3

col. 11: outcome of pregnancy: pregnancy continuing-1(for 11A only); mother alive &amp; live birth -2; mother alive &amp; stillbirth -3; mother alive &amp; abortion-4; mother died &amp; live birth -5; mother died &amp; stillbirth -6; mother died &amp; abortion-7; others (e.g. mother died before delivery/abortion for non-pregnancy related causes)-9

col. 12: place of delivery/ abortion:

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

col. 13: delivery was attended by: doctor/nurse-1, ANM-2, Dai-3, others-9

**CODES FOR “NATURE OF AILMENT”****Block 6: item 4; Block 8: item 7**

<b>Reported Diagnosis and/or Main Symptom</b>	<b>Code</b>	<b>Reported Diagnosis and/or Main Symptom</b>	<b>Code</b>
<b>INFECTION</b>		<b>EYE</b>	
<i>Fever with loss of consciousness or altered consciousness</i>	01	<i>Discomfort/pain in the eye with redness or swellings/ boils</i>	27
<i>Malaria</i>	02	<i>Cataract</i>	28
<i>Fever due to DIPHTHERIA, WHOOPING COUGH</i>	03	<i>GLAUCOMA</i>	29
<i>All other fevers</i>	04	<i>Decreased vision (chronic) NOT including where decreased vision is corrected with glasses</i>	30
<i>(Includes typhoid, Fever with rash/ eruptive lesions and fevers of unknown origin, all specific fevers that do not have a confirmed diagnosis)</i>		<i>Others (including disorders of eye movements – strabismus, nystagmus, ptosis and adnexa)</i>	31
<b>TUBERCULOSIS</b>	05	<b>EAR</b>	
<i>Filariasis</i>	06	<i>Earache with discharge/bleeding from ear/ infections</i>	32
<i>Tetanus</i>	07	<i>Decreased hearing or loss of hearing</i>	33
<i>HIV/AIDS</i>	08	<b>CARDIO-VASCULAR</b>	
<i>Other sexually transmitted diseases</i>	09	<i>HYPERTENSION</i>	34
<i>Jaundice</i>	10	<i>Heart disease: Chest pain, breathlessness</i>	35
<i>Diarrheas/ dysentery/ increased frequency of stools with or without blood and mucus in stools</i>	11	<b>RESPIRATORY</b>	
<i>Worms infestation</i>	12	<i>Acute upper respiratory infections (cold, runny nose, sore throat with cough, allergic colds included)</i>	36
<b>CANCERS</b>		<i>Cough with sputum with or without fever and NOT diagnosed as TB</i>	37
<i>CANCERS (known or suspected by a physician) and occurrence of any growing painless lump in the body</i>	13	<i>Bronchial asthma/ recurrent episode of wheezing and breathlessness with or without cough over long periods or known asthma)</i>	38
<b>BLOOD DISEASES</b>		<b>GASTRO-INTESTINAL</b>	
<i>Anaemia (any cause)</i>	14	<i>Diseases of mouth/teeth/gums</i>	39
<i>Bleeding disorders</i>	15	<i>Pain in abdomen: Gastric and peptic ulcers/ acid reflux/ acute abdomen</i>	40
<b>ENDOCRINE, METABOLIC, NUTRITIONAL</b>		<i>Lump or fluid in abdomen or scrotum</i>	41
<b>DIABETES</b>	16	<i>Gastrointestinal bleeding</i>	42
<i>Under-nutrition</i>	17	<b>SKIN</b>	
<i>Goitre and other diseases of the thyroid</i>	18	<i>Skin infection (boil, abscess, itching) and other skin disease</i>	43
<i>Others (including obesity)</i>	19	<b>MUSCULO-SKELETAL</b>	
<b>PSYCHIATRIC &amp; NEUROLOGICAL</b>		<i>Joint or bone disease/ pain or swelling in any of the joints, or swelling or pus from the bones</i>	44
<i>Mental retardation</i>	20	<i>Back or body aches</i>	45
<i>Mental disorders</i>	21	<b>INJURIES</b>	
<i>Headache</i>	22	<i>Accidental injury, road traffic accidents and falls</i>	52
<i>Seizures or known epilepsy</i>	23	<i>Accidental drowning and submersion</i>	53
<i>Weakness in limb muscles and difficulty in movements</i>	24		
<i>Stroke/ hemiplegia/ sudden onset weakness or loss of speech in half of body</i>	25		
<i>Others including memory loss, confusion</i>	26		
<b>GENITO-URINARY</b>			
<i>Any difficulty or abnormality in urination</i>	46		
<i>Pain the pelvic region/reproductive tract infection/ Pain in male genital area</i>	47		

<i>Reported Diagnosis and/or Main Symptom</i>	<i>Code</i>	<i>Reported Diagnosis and/or Main Symptom</i>	<i>Code</i>
<i>Change/irregularity in menstrual cycle or excessive bleeding/pain during menstruation and any other gynaecological and andrological disorders incl. male/female infertility</i>	48	<i>Burns and corrosions</i>	54
		<i>Poisoning</i>	55
		<i>Intentional self-harm</i>	56
		<i>Assault</i>	57
<b>OBSTETRIC</b>		<i>Contact with venomous/harm-causing animals and plants</i>	58
<i>Pregnancy with complications before or during labour (abortion, ectopic pregnancy, hypertension, complications during labour)</i>	49	<i>Symptom not fitting into any of above categories</i>	59
<i>Complications in mother after birth of child</i>	50	<i>Could not even state the main symptom</i>	60
<i>Illness in the newborn/ sick newborn</i>	51	<i>Childbirth(for both live birth and stillbirth)</i>	
		<i>normal delivery</i>	87
		<i>Caesarean</i>	88
		<i>other types of delivery</i>	89

### **CODES FOR "STATE"**

#### **Block 7: item 19; Block 9: item 22**

<i>State Name</i>	<i>Code</i>	<i>State Name</i>	<i>Code</i>	<i>State Name</i>	<i>Code</i>
<i>Andhra Pradesh</i>	28	<i>Karnataka</i>	29	<i>Tamil Nadu</i>	33
<i>Arunachal Pradesh</i>	12	<i>Kerala</i>	32	<i>Tripura</i>	16
<i>Assam</i>	18	<i>Madhya Pradesh</i>	23	<i>Telangana</i>	36
<i>Bihar</i>	10	<i>Maharashtra</i>	27	<i>Uttar Pradesh</i>	09
<i>Chhattisgarh</i>	22	<i>Manipur</i>	14	<i>Uttarakhand</i>	05
<i>Delhi</i>	07	<i>Meghalaya</i>	17	<i>West Bengal</i>	19
<i>Goa</i>	30	<i>Mizoram</i>	15	<i>A &amp; N Islands</i>	35
<i>Gujarat</i>	24	<i>Nagaland</i>	13	<i>Chandigarh</i>	04
<i>Haryana</i>	06	<i>Odisha</i>	21	<i>Dadra &amp; Nagar Haveli</i>	26
<i>Himachal Pradesh</i>	02	<i>Punjab</i>	03	<i>Daman &amp; Diu</i>	25
<i>Jammu &amp; Kashmir</i>	01	<i>Rajasthan</i>	08	<i>Lakshadweep</i>	31
<i>Jharkhand</i>	20	<i>Sikkim</i>	11	<i>Puducherry</i>	34

**Flow Chart for Canvassing Sch. 25.0 (Blocks 3 to 11)**

