



क्षेत्र कर्मचारियों के लिए अनुदेश

Instructions to Field Staff

खंड / Volume-I

अभिकल्प, संकल्पनाएँ, परिभाषाएँ एवं प्रक्रियाएँ

Design, Concepts, Definitions and Procedures



समाजार्थिक सर्वेक्षण

SOCIO-ECONOMIC SURVEY

2025

रा. प्र. स. 80वां दौर

NSS 80th ROUND

राष्ट्रीय सांख्यिकी कार्यालय

National Statistics Office

सांख्यिकी और कार्यक्रम कार्यान्वयन मंत्रालय

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Chapter One

Coverage, Concepts, Design and Definitions

1.0. INTRODUCTION

- 1.0.1.** The National Sample Survey (NSS) was set up by the Government of India in 1950 to collect socio-economic data employing scientific sampling methods. Till date NSS has conducted 79 rounds of surveys covering a number of subjects of contemporary interests apart from undertaking several ad hoc surveys outside the ambit of NSS rounds and pilot surveys as well as methodological studies.
- 1.0.2.** The first survey on Household Social Consumption: Health was conducted during October 1973 to June 1974 in the 28th round of NSS. Thereafter, six more surveys on the subject were undertaken in different NSS rounds, the last being in the 75th round (July 2017 – June 2018). The present survey on health will be conducted during the calendar year 2025. Along with this, another modular survey for collection of information on telecom related indicators will also be taken up in the first quarter of 2025.

1.1. OBJECTIVE OF THE SURVEY

- 1.1.1.** ‘Household Social Consumption: Health’ (Schedule 25.0): The survey on health aims to generate basic quantitative information on the health sector. A vital component is the information relevant to the determination of the prevalence rate of morbidity among various age-sex groups in different regions of the country. Further, measurement of the extent of use of health services provided by the government is an indispensable part of the exercise. Special attention is given to hospitalization, or medical care received as in-patient of medical institutions. The ailments for which such medical care is sought, the extent of use of government hospitals, and the expenditure incurred on treatment received from public and private sectors, are all to be investigated by the survey. Break-up of expenditure by various heads is to be estimated for expenses on medical care received both as in-patient and otherwise.
- 1.1.2.** The data collected in the survey will also enable assessment of the population who are affected by some widespread communicable diseases. Like the previous round, data will be collected on alternative schools of medicine as well, which enables them to derive the role of these types of medicines in respect of prevalence of use, cost of treatment and type of ailments covered. Besides, the survey will ascertain the extent of use of private and public hospitals for childbirth, the cost incurred, and the extent of receipt of pre-natal

and post-natal care by women who undergo childbirth. Moreover, the status of immunization of children aged 0-5 years will be estimated as on date of survey. Finally, information on certain aspects of the condition of the 60-plus population will be obtained which have a bearing on their state of health, economic independence, and degree of isolation. Primarily, indicators on morbidity (proportion of ailing persons during the last 15 days), hospitalization rates, the utilization of both public and private health care institutions, proportion of institutional childbirth etc. will be attempted to be derived from this survey data with special emphasis on 'out of pocket expense' as well as on access to government financed health insurance programmes.

- 1.1.3. Comprehensive Modular Survey on Telecom (Schedule CMS-T):** The objective of the Comprehensive Modular Survey (CMS) on telecom is to collect and provide information on telecom-related indicators and ICT skills to address the requirements of DoT, MeitY etc. This survey is designed to fill existing data gaps that cannot be met by other sources, such as administrative records, other surveys etc. The collected data will also be used for reporting of global indices by line ministries/ departments.

1.2. OUTLINE OF THE SURVEY

1.2.1. GEOGRAPHICAL COVERAGE OF THE SURVEY:

The survey will cover the whole of the Indian Union *except* the villages in Andaman and Nicobar Islands which remain extremely difficult to access throughout the year.

1.2.2. SURVEY PERIOD

The survey on health will be conducted during the calendar year 2025 while CMS: Telecom will be conducted in the first quarter (*i.e.*, January 2025 – March 2025) of the calendar year 2025.

1.2.3. SUB ROUNDS

The survey period, *i.e.*, January to December 2025 will be divided into four sub-rounds, each of three months duration as mentioned below:

Sub-round	Period
Sub-round 1	January – March 2025
Sub-round 2	April – June 2025
Sub-round 3	July – September 2025
Sub-round 4	October – December 2025

In each of these four sub-rounds, equal number of sample First Stage Units (FSUs) will be allotted for survey with a view to ensure uniform spread of sample FSUs over the entire survey period. Attempt will be made to survey each of the FSUs during the sub-round to which it is

allotted. Because of the arduous field conditions, sub-round restrictions will not be strictly enforced in Andaman and Nicobar Islands, Lakshadweep, Ladakh and rural areas of Arunachal Pradesh and Nagaland.

1.2.4. SCHEDULES OF ENQUIRY:

Computer-assisted personal interviewing (CAPI) software has been developed for collection of information. The CAPI software is based on the following schedules of enquiry

Schedule 0.0	: List of households
Schedule 25.0	: Household Social Consumption: Health
Schedule CMS-T	: Comprehensive Modular Survey-Telecom

1.3. PARTICIPATING STATES

All the States and Union Territories except Andaman & Nicobar Islands, Daman & Diu and Dadra & Nagar Haveli will participate in the survey. The following is the matching pattern of the participating States/UTs in the survey(s):

State/UT	Extent of matching
Manipur, Telangana	Double
Maharashtra (U)	One and half
Remaining States/ UTs	Equal

1.4. CONTENT OF VOLUME I

This volume of instruction contains three chapters. Chapter One gives an overview of the survey operation and discusses the concepts and definitions of important technical terms to be used in the survey. It also describes the sample design and procedure of selection of households. Chapters Two contains instructions for collection of information relating to Schedules 0.0 while detailed guidelines for collection of information in Schedule 25.0 and Schedule CMS-T are discussed in Chapter Three. A list of frequently asked questions (FAQs) has been provided at the end of both Chapter Two and Three.

1.5. SAMPLING DESIGN

1.5.01. OUTLINE OF SAMPLING DESIGN:

A multi-stage stratified sampling design will be used where villages/urban blocks or Sub-Units (SUs) of these are regarded as the First Stage Units (FSU) and the households as the Ultimate Stage Units (USU). Both the FSUs and USUs will be selected with Simple Random Sampling Without Replacement (SRSWOR).

1.5.02. SAMPLING FRAME FOR FIRST STAGE UNIT:

The sampling frame for urban sector is the list of Urban Frame Survey (UFS) blocks as per latest Urban Frame Survey and for rural sector, it is the list of villages as per Census 2011 updated by removing those villages which are urbanized and included in latest UFS (till the time of sample selection). Sometimes, with a view to ensuring uniformity in the size of FSUs and operational convenience, large villages/UFS blocks are notionally divided into smaller units of more or less equal size, known as sub-units depending on a pre-defined criteria based on population in the village or number of households in the UFS block. The sector-specific criteria for sub-unit formation are as below:

1.5.02.1. Rural Sector

- (i) The number of SUs to be formed in the villages (with Census 2011 population of 1000 or more and except some States/UTs) is decided based on projected present population of the village. The criteria for the formation of the SUs are given below:

Projected Population of the village	Number of SUs to be formed
less than 1200	1
1200 to 2399	2
2400 to 3599	3
...	...

- (ii) For rural areas of Himachal Pradesh, Sikkim, Andaman & Nicobar Islands, Ladakh, parts of Uttarakhand (except four districts Dehradun, Nainital, Haridwar and Udham Singh Nagar), Jammu and Kashmir (seven districts Poonch, Rajouri, Udhampur, Reasi, Doda, Kishtwar, Ramban) and Idukki district of Kerala; SU is formed in a village if population as per Census 2011 is more than or equals to 500. The criteria for the number of SUs to be formed are as below:

Projected Population of the village	Number of SUs to be formed
less than 600	1
600 to 1199	2

Projected Population of the village	Number of SUs to be formed
1200 to 1799	3
...	...

1.5.02.2. Urban Sector:

Sub-units are formed in the UFS blocks with number of households 250 or more. The number of SUs to be formed within the UFS blocks is decided by the following criteria:

Number of Households in UFS Block	Number of SUs to be formed
less than 250	1
250 to 499	2
500 to 749	3
...	...

Thus, the list of villages / UFS blocks / SUs (for those villages or UFS blocks where sub-units are formed) together constitute the sampling frame for selection of the First Stage Units.

1.5.03. STRATIFICATION OF FSUs

The primary geographical unit, called basic stratum within a state/UT for rural and urban sectors is a district.

1.5.03.1. Rural Sector:

(i) A **Special Stratum** comprising of all the uninhabited villages as per Census 2011 is formed at all-India level.

(ii) From the remaining villages, two more strata are formed in each basic stratum. i.e., in each district:

(a) Stratum 1: Comprising of the villages within 5 Kms from the district headquarter or from a city/town with more than 5 lakh population. This stratum is not formed if there are very few such villages (less than 50) in the stratum.

(b) Stratum 2: Rest of the villages.

1.5.03.2. Urban Sector:

Two or more strata will be formed in urban areas of each basic stratum with the following criteria:

- (i) Each million plus city as per census 2011 will be considered as a separate stratum.
- (ii) Rest of the urban areas of the district will constitute another stratum.

1.5.04. SUB-STRATIFICATION OF FSUS

In the **rural sector**, three groups of villages are formed within each stratum, except special rural stratum at all-India level, based on the following criteria:

Group	Population of the village (as per Census 2011)
1	all villages (Panchayat wards for Kerala) with Census 2011 population less than 250
2	all villages (Panchayat wards for Kerala) with Census 2011 population more than or equal to 250 but less than 500
3	remaining villages

Further, the sample size for a particular rural stratum is distributed among these 3 groups in proportion to population. Let r_1 , r_2 and r_3 be the allocations to Group 1, Group 2 and Group 3 respectively. The villages within each group will be first arranged in ascending order of number of populations. For all the three groups within each stratum, ' $r_1/8 > 1$ ', ' $r_2/8 > 1$ ' and ' $r_3/8 > 1$ ', will imply formation of 2 or more sub-strata in each group. Sub-strata will be demarcated in Group 1, Group 2 and Group 3 respectively in such a way that each sub-stratum will comprise a group of villages (all SUs of a village considered together) of the arranged frame and have more or less equal population. If the number of FSUs in a particular group is very small or sufficient number of samples is not allocated, no sub-stratum will be formed.

In the **urban sector**, let ' u ' be the sample size allocated for an urban stratum. For all strata, if ' $u/8 > 1$ ', implying formation of 2 or more sub-strata, all the UFS blocks within the stratum will be first arranged in ascending order of total number of households in the UFS blocks as per urban frame. Then sub-strata will be demarcated in such a way that each sub-stratum will comprise a group of UFS blocks (all SUs of a block considered together) having more or less equal number of households. If the number of blocks in a particular stratum is very small, no sub-stratum will be formed in the stratum.

1.5.05. SAMPLE SIZE

17,636 FSUs will be surveyed for the central sample at all-India level for the health survey. The total number of FSUs have been equally distributed among four sub-rounds, each having a sample of 4409 FSUs. CMS: Telecom module will be canvassed only in the first sub-round of the survey along with the survey on health. The state-wise annual allocation of sample FSUs to be surveyed for the health survey is provided in Table 1.

1.5.06. ALLOCATION OF TOTAL SAMPLE TO STATES AND UTS

The total number of sample FSUs will be allocated to the States and UTs in proportion to the projected population figures as on 1st October 2024 as available from the report, 'Population

Projections for India and States 2011-2036' of the Technical Group on Population Projections, Ministry of Health and Family Welfare, Government of India subject to a minimum sample allocation to each State/UT. A minimum of 16 FSUs (8 each for the rural and urban sector) will be allocated to each State/ UT.

1.5.07. ALLOCATION OF STATE / UT LEVEL SAMPLE TO RURAL AND URBAN AREAS

The State/ UT level samples will be allocated between two sectors in proportion to the projected population figures as on 1st October 2024 as available from the report mentioned earlier.

1.5.08. ALLOCATION TO STRATA

Within each sector of a State/ UT, the respective sample size will be allocated to the different strata in proportion to the population as per Census 2011. The stratum level allocation will be adjusted to multiples of 4 with a minimum sample size of 8. For special stratum formed in rural areas, 24 FSUs will be allocated.

1.5.09. ALLOCATION TO SUB-STRATA

Allocation of FSUs for each sub-stratum will be 8 in both rural and urban sectors.

1.5.10. SELECTION OF FSUS WITHIN STRATUM/SUB-STRATUM

The required number of FSUs from each of the stratum / sub-stratum is selected by SRSWOR, independently for each of the sub-rounds.

1.5.11. FORMATION OF SUB-DIVISION

It has been experienced that in some of the selected FSUs, the actual present population is significantly higher than the projected population/Census population that causes operational inconvenience for listing of all the households. In such a situation, the selected FSU is notionally sub-divided into several smaller units, called Sub-division. The criteria for determining the number of Sub-divisions to be formed in the selected rural (except areas mentioned in Point ii Section 1.3.06.1) /urban FSU is given below.

Approx. present population of the selected SU	Number of Sub-divisions to be formed
less than 1500	1
1500 to 2399	2
2400 to 3599	3
3600 to 4799	4
...	...

The criteria for determining the number of Sub-divisions in rural areas mentioned in Point (ii) of Para 1.3.06.1 are as below:

Approx. present population of the selected SU	Number of Sub-divisions to be formed
less than 750	1
750 to 1199	2
1200 to 1799	3
1800 to 2399	4
...	...

Only one Sub-division is selected randomly after forming the required number of Sub-divisions. Further, listing and selection of households are done in the selected Sub-division unit only.

1.5.12. FORMATION OF SECOND STAGE STRATA (SSS)

The criteria for determining the Second Stage Strata (SSS) for 'Health Survey' and 'Telecom Survey' will be different. The composition of the SSS and number of households to be surveyed for different SSS for Schedules 25.0 and 25.2 will be as follows:

SSS	composition of SSS	number of households to be surveyed
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Schedule 25.0

SSS 1	households having at least one child of age less than 1 year	2
SSS 2	from the remaining, households with at least one member (including deceased former member) hospitalised during last 365 days	4
SSS 3	other households	2

There will be no SSS formation for CMS: Telecom schedule. Eight households are to be surveyed for CMS: Telecom in a selected FSU.

1.5.13. SELECTION OF HOUSEHOLDS

The sample households from each SSS are selected by the SRSWOR scheme. If a household is selected for more than one schedule and there is sufficient number of households in the sampling frame of that SSS, only one schedule will be canvassed in the selected household. For the other schedules the already selected household will be replaced by the *next non-selected household* within that SSS. However, if the number of households in the frame of an SSS is inadequate, one or more sample households may be common for different schedules. *In such cases more than one schedule will be canvassed in the same household.*

1.6. CONCEPT AND DEFINATION

Important concepts and definitions used in different schedules of this survey are explained below.

1.6.01. POPULATION COVERAGE

The following rules regarding the population to be covered are to be remembered in listing of households and persons:

1. Under-trial prisoners in jails and indoor patients of hospitals, nursing homes etc., are to be excluded, but residential staff therein will be listed while listing is done in such institutions. The persons of the first category will be considered as members of their parent households and will be counted there. Convicted prisoners undergoing sentence will be outside the coverage of the survey.
2. Floating population, i.e., persons without any normal residence will not be listed. But households residing in open space, roadside shelter, under a bridge, etc., more or less regularly in the same place, will be listed.
3. Neither the foreign nationals nor their domestic servants will be listed, if by definition the latter belong to the foreign national's household. If, however, a foreign national becomes an Indian citizen for all practical purposes, he or she will be covered.
4. Persons residing in barracks of military and paramilitary forces (like police, BSF, etc.) will be kept outside the survey coverage due to difficulty in conduct of survey therein. However, civilian population residing in their neighbourhood, including the family quarters of service personnel, are to be covered. Permission for this may have to be obtained from the appropriate authorities.
5. Orphanages, rescue homes, ashrams and vagrant houses are outside the survey coverage. However, the residential staff of these institutions may be listed. People staying in old age homes will be covered in the survey.

1.6.02. HOUSE:

Every structure, tent, shelter, etc. is a house irrespective of its use. It may be used for residential or non-residential purpose or both or even may be vacant.

1.6.03. HOUSEHOLD:

A group of persons normally living together and taking food from a common kitchen will constitute a household. It will include temporary stay-aways (those whose total period of absence from the household is expected to be less than 6 months during the survey period) but exclude temporary visitors and guests (expected total period of stay less than 6 months during the survey period). Even though the determination of the actual composition of a household will be left to the judgment of the head of the household, the following procedures will be adopted as guidelines.

- (i) Each inmate (including residential staff) of a hostel, mess, hotel, boarding and lodging house, etc., will constitute a single-member household. If, however, a group of persons among them normally pool their income for spending, they will together be treated as forming a single household. For example, a family living in a hotel will be treated as a single household.
- (ii) In deciding the composition of a household, more emphasis is to be placed on 'normally living together' than on 'ordinarily taking food from a common kitchen'. In case the place of residence of a person is different from the place of boarding, he or she will be treated as a member of the household with whom he or she resides.
- (iii) A resident employee, or domestic servant, or a paying guest (but not just a tenant in the household) will be considered as a member of the household with whom he or she resides even though he or she is not a member of the same family.
- (iv) When a person sleeps in one place (say, in a shop or in a room in another house because of space shortage) but usually takes food with his or her family, he or she should be treated not as a single member household but as a member of the household in which other members of his or her family stay.
- (v) If a member of a family (say, a son or a daughter of the head of the family) stays elsewhere (say, in hostel for studies or for any other reason), he/ she will not be considered as a member of his/ her parent's household. However, he/ she will be listed as a single member household if the hostel is listed.

1.6.04. HOUSEHOLD SIZE:

The number of members of a household is its size.

1.6.05. HOUSEHOLD'S USUAL MONTHLY CONSUMER EXPENDITURE (RS.):

This information is collected to classify the households into different UMPCE (Usual Monthly Per Capita Consumption Expenditure) classes. Household consumer expenditure (HCE) is the sum of monetary values of all goods and services consumed (out of purchase or procured otherwise) by the household on domestic account (i.e., all expenditures excluding those for entrepreneurial purposes) during a reference period. Procedure for deciding consumption of goods and services by a household is same as that followed in Consumer Expenditure Survey of NSS. Unusual expenditures, such as expenditure on social ceremonies, capitation fee, hospitalization, etc., are to be excluded for deriving usual monthly consumer expenditure of the household. Further, all types of transfer payments made such as gifts given to beggar, income tax paid, if any, will not be covered under consumer expenditure. However, expenditure on household durable goods is to be included.

Household's usual monthly consumer expenditure will be derived through the following items:

- (i) usual consumer expenditure in a month for household purposes out of purchase (including online purchase) of goods and services excluding items like clothing, footwear (A)
- (ii) imputed value of usual consumption in a month from home grown stock like, rice, cereals, pulses, vegetables, milk, firewood, chips, cow dung, etc. (B)
- (iii) imputed value of usual consumption in a month from wages in kind, free collection, gifts, etc. (C)
- (iv) expenditure on purchase of items like clothing, footwear, etc. during last 365 days (D)
- (v) expenditure on purchase of household durables like bedstead, furniture, vehicles, TV, fridge, fans, cooler, AC, mobile, computer, kitchen equipment, etc. during last 365 days (E)

In (i) to (v) entry will be made in whole number in rupees.

From the entries in (i) to (v), UMPCE will be derived in whole number of rupees rounded to the nearest rupee as: $[A + B + C + (D+E)/12]$

- (a) **Usual consumer expenditure in a month for household purposes out of purchase (including online purchase) of goods and services excluding items like clothing, footwear (A):** Regular monthly expenditure incurred by the household for purchase (including online purchase) of goods and services for household purposes will be included here whereas expenses on items like clothing, footwear and purchase of durable goods will

be excluded from the coverage of this item. Further, cash remittances should not be reported under this item.

- (b) **Imputed value of usual consumption in a month from home grown stock like, rice, cereals, pulses, vegetables, milk, firewood, chips, cow dung, etc. (B):** There are some households, especially in rural areas, who use (i.e., consume) items of household consumer goods like rice, cereals, pulses, vegetables, milk, firewood & chips, cow dung etc., from home grown stock on a regular basis. For households who use items of household consumer goods from home grown stock on regular basis, the imputed value of such usual consumption in a month at ex farm/ ex-factory price will be recorded here.
- (c) **Imputed value of usual consumption in a month from wages in kind, free collection, gifts, etc. (C):** There are some households who regularly consume goods and services that are received in exchange of goods and services provided by them. For wage salaried employees, such services received could be perquisites like free electricity, free telephone services, free medical services, etc. For agricultural labourers, such goods and services received could be food-grains, vegetables, meals etc., as payment for wages in kind. In some cases, it may also happen that household regularly consumes goods and services received as gifts or obtained through free collection. For households who regularly consume goods and services received as (1) wages in kind, (2) in exchange of goods provided by them, (3) as gifts or (4) obtained through free collection, etc., the imputed value of such usual consumption in a month at local retail prices will be recorded here. Mid-day meals received by household members also will be considered for making entries against this item.

Points to remember:

- For households who regularly consume goods and services received as wages in kind, in exchange of goods provided by them, as gifts or obtained through free collection etc.; the imputed value of such usual consumption in a month at local retail prices is to be recorded.
 - Goods and services received as gifts or obtained through free collection or allotted by Government (e.g., fund allotted for students in Government sponsored school) which are regular in nature are only to be considered for reporting.
 - If goods and services received at subsidised rates, local retail price is to be imputed.
 - Rent of leased out land received in kind, and consumed by the household, is to be considered and imputed value of good received is to be recorded.
- (d) **Expenditure on purchase of items like clothing, footwear, etc. during last 365 days (D):** Expenditure on purchase of items like clothing footwear, etc., which generally are not purchased on a regular basis during the last 365 days will be recorded in here.
- (e) **Expenditure on purchase of household durables like bedstead, furniture, vehicles, TV, fridge, fans, cooler, AC, mobile, computer, kitchen equipment, etc. during last 365 days**

(E): Expenditure incurred by the household during the last 365 days for purchase (including online purchase) of household durable goods like, bedstead, furniture, vehicles, TV sets, fridge, fans, cooler, AC, mobile phones, computers, kitchen equipment, etc., will be recorded here. Expenditure for construction of household durable goods will be considered for reporting in this item.

Points to remember:

- If a household purchases a car or any other durable goods on hire purchase basis, the actual amount paid, which may include down payment and/or payment of instalments, during the reference period is to be recorded irrespective of whether such durable goods was purchased during the reference period.
- If a car or any other durable goods is purchased during last 365 days by taking loan from bank and instalments are being paid to the bank as repayment of loan, the full purchase amount of such durable goods is to be considered and reported instead of the amount of instalments paid during the last 365 days.
- Cost of repair/ servicing of vehicle will be considered for reporting in this item.
- Major repair/construction of durable goods which intends to increase the life of the durable goods will be considered for reporting in this item.
- Minor repair of the durable goods or minor repair made for the purpose of beautification of house/flat which will be considered for reporting in this item.

Special procedure for expense on tuition fees, hostel room charges and hostel mess charges: 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 'A'. 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 (parent household) for a member of another household (usually a hostel student) are covered by the Use Approach. 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 'A'.

Points to remember:

- Amount spent for purchase of flats/houses will not be considered for calculating UMPCE excluded as it is treated as an investment/capital expenditure.
- Expenditure incurred for regular medical treatment or diagnosis (e.g., dialysis for kidney impairment, chemotherapy/radiology for cancer) will be considered for calculating UMPCE. However, any expenditure on hospitalisation, which is not of regular nature, will be excluded.

- Expenditure incurred for payment of insurance premium, will be excluded as it is essentially a transfer payment, and all types of transfer payments are outside the purview of consumer expenditure.

1.6.06. HOUSEHOLD TYPE:

The household type, based on the means of livelihood of a household, is decided on the basis of the sources of the household's income during the 365 days preceding the date of survey. For this purpose, only the household's income (net income and not gross income) from economic activities is to be considered; but the incomes of servants and paying guests are not to be taken into account.

In *rural areas* a household will belong to any one of the following seven household types –

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

For *urban areas*, the household types are

<i>self-employed-1</i>	<i>casual labour-3</i>
<i>regular wage/salary earning-2</i>	<i>others-9</i>

1.6.06.1. PROCEDURE FOR DETERMINING HOUSEHOLD TYPE IN RURAL AREAS:

The broad household types in rural areas to be used in this round are *self-employed*, *regular wage/salary earning*, *casual labour* and *others*.

Firstly, the households, which do not have any income from economic activities, shall be classified under “*others*”.

Out of the remaining households, the household’s income from economic activities will be considered. A household will be first categorized as ‘*self-employed*’, *regular wage/salary earning*’ or ‘*casual labour*’ depending on the single major source of its income during the last 365 days from self-employment, regular wage/ salaried employment or casual labour employment, respectively.

For a household, which has a major income from self-employment (i.e., income from self-employment is more than the earning of each of regular wage/salary and casual labour), the broad household type will be *self-employed*.

For a household, which has major income from regular wage/salary, the broad household type will be *regular wage/salary earning*.

For a household, which has a major income from casual labour, the broad household type will be *casual labour*.

Within each of the broad categories of *self-employed*, *regular wage/salary earning* and *casual labour* households, two specific household types, viz., 'in agriculture' and 'in non-agriculture' will be distinguished, depending on their major income from agricultural activities (sections A of NIC-2008) and non-agricultural activities (rest of the NIC-2008 sections, excluding section A) during last 365 days. However, **working in fisheries is excluded** from the purview of agricultural activities.

The specific household types for the households whose major source of income during last 365 days is from self-employment are "*self-employed in agriculture*" and "*self-employed in non-agriculture*".

Similarly, the specific household types for the households whose major source of income during last 365 days is from *regular wage/salary earning* are "*regular wage/salary earning in agriculture*" and "*regular wage/salary earning in non-agriculture*".

Also, the specific household types for the households whose major source of income during last 365 days is from employment as casual labour are "*casual labour in agriculture*" and "*casual labour in non-agriculture*".

1.6.06.2. PROCEDURE FOR DETERMINING HOUSEHOLD TYPE IN URBAN AREAS:

The different household types correspond to four sources of household income, unlike the rural sector where seven sources are considered. An urban household will be assigned the type self-employed, regular wage/salary earning, casual labour or others corresponding to the major source of its income from economic activities during the last 365 days. A household which does not have any income from economic activities will be classified under others.

1.6.07. MANUAL WORK:

A job essentially involving physical labour is considered as manual work. However, jobs essentially involving physical labour but also requiring a certain level of general, professional, scientific or technical education are not to be termed as 'manual work'. On the other hand, jobs not involving much of physical labour and at the same time not requiring much educational (general, scientific, technical or otherwise) background are to be treated as 'manual work'. Thus, engineers, doctors, dentists, midwives, etc., are not considered manual workers even though their jobs involve some amount of physical labour. But, peons, chowkidars, watchman, etc. are

considered manual workers even though their work might not involve much physical labour. A few examples of manual workers are cooks, waiters, building caretakers, sweepers, cleaners and related workers, launderers, dry cleaners and pressers, hairdressers, barbers, beauticians, watchmen, gate keepers, agricultural labourers, plantation labourers and related workers.

The household type along with the nature of work as manual or non-manual will identify 'agricultural labour' households and 'other labour' households in rural areas. 'Agricultural labour' households and 'other labour' households together constitute 'rural labour' households.

1.6.08. WORKER (OR EMPLOYED):

Persons who, during the reference period, are engaged in any economic activity or who, despite their attachment to economic activity, have temporarily abstained from work for reasons of illness, injury or other physical disability, bad weather, festivals, social or religious functions or other contingencies constitute workers. Unpaid helpers who assist in the operation of an economic activity in the household farm or non-farm activities are also considered as workers. All the workers are assigned one of the detailed activity statuses under the broad activity category 'working or being engaged in economic activity'.

It may be noted that workers have been further categorized as *self-employed*, *regular wage/salaried employee* and *casual wage labourer*. These categories are defined in the following paragraphs.

1.6.09. BROAD STATUSES IN EMPLOYMENT:

Three broad statuses in employment are *self-employed*, *regular salaried/wage employee* and *casual wage labour*. Definitions of these statuses in employment are given below:

1.6.09.1. SELF EMPLOYED:

Persons who operate their own farm or non-farm enterprises or are engaged independently in a profession or trade on own-account or with one or a few partners are deemed to be self-employed in household enterprises. The essential feature of the self-employed is that they have *autonomy* (i.e., how, where and when to produce) and *economic independence* (i.e., market, scale of operation and money) for carrying out their operation. The remuneration of the self-employed consists of a non-separable combination of two parts: a reward for their labour and profit of their enterprise.

The self-employed persons are further categorized into the following three groups:

- (i) *own-account workers*: They are the self-employed who operate their enterprises on their own account or with one or a few partners and who during the reference period by and large, run their enterprise without hiring any labour. They may, however, have unpaid helpers to assist them in the activity of the enterprise.

(ii) *employers*: The self-employed persons who work on their own account or with one or a few partners and by and large run their enterprise by hiring labour are the employers.

(iii) *helpers in household enterprise*: The helpers are a category of self-employed persons who keep themselves engaged in their household enterprises, working full or part time and do not receive any regular salary or wages in return for the work performed. They do not run the household enterprise on their own but assist the related person living in the same household in running the household enterprise.

1.6.09.2. There is a category of workers who work at a place of their choice which is outside the establishment that employs them or buys their product. Different expressions like ‘home workers’, ‘home based workers’ and ‘out workers’ are generally used synonymously for such workers. For the purpose of this survey, all such workers will be categorized as ‘self-employed’. The ‘home workers’ have *some degree of autonomy* and *economic independence* in carrying out the work, and their work is not directly supervised, as is the case for the *employees*. Like the other self-employed, these workers have to meet certain costs, like actual or imputed rent on the buildings in which they work, costs incurred for heating, lighting and power, storage or transportation, etc., thereby indicating that they have some tangible or intangible means of production. It may be noted that *employees* are not required to provide such inputs for production.

1.6.09.3. It may further be elaborated that the ‘putting out’ system prevalent in the production process in which a part of production which is ‘put out’ is performed in different household enterprises (and not at the employers’ establishment). For example, *bidi* rollers obtaining orders from a *bidi* manufacturer will be considered as home workers irrespective of whether or not they were supplied with raw material (leaves, *masala*, etc.), equipment (scissors) and other means of production. The fee or remuneration received consists of two parts - the share of their labour and profit of the enterprise. In some cases, the payment may be based on a piece rate. Similarly, a woman engaged in tailoring or embroidery work on order from a wholesaler, or making *pappad* on order from some unit/ contractor/ trader at her home will be treated as ‘home worker’. On the other hand, if she does the work in the employers’ premises, she will be treated as *an employee*. Again, if she is not undertaking these activities on orders from outside, but markets the products by herself/ other household members for profit, she will be considered as an own account worker, if of course, she does not employ any hired help more or less on a regular basis.

1.6.09.4. REGULAR WAGE / SALARIED EMPLOYEE:

Persons working in other’s farm or non-farm enterprises (both household and non-household) and getting in return salary or wages on a regular basis (and not on the basis of daily or periodic renewal of work contract) are the regular wage/ salaried employees. *This category not only*

includes persons getting time wage but also persons receiving piece wage or salary and paid apprentices, both full time and part-time.

1.6.09.5. CASUAL WAGE LABOUR:

A person casually engaged in other's farm or non-farm enterprises (both household and non-household) and getting in return wage according to the terms of the daily or periodic work contract is a casual wage labour. Usually, in the rural areas, one category of casual labourers can be seen who normally engage in '*public works*' activities.

1.6.10. HOSPITALISATION

Admission as in-patient to a medical institution (as defined below) for treatment of some ailment or injury, or for childbirth, will be called hospitalization. The birth of a baby in a hospital will not be taken as a case of hospitalization 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 hospitalization. Surgeries undergone in temporary camps set up for treatment of ailments (say, eye ailments) will be treated as cases of hospitalization for the purpose of the survey.

Note: It is possible that admission to any medical institution as in-patient and discharge from there take place on the same day.

1.6.11. MEDICAL INSTITUTION / LEVEL OF CARE:

This refers to any medical institution having provision for admission of sick persons as in-patients for treatment as well as provides treatment to a person as out-patient. 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. The definitions as well as explanation of different terms associated with different types of medical institutions and level of cares are given below:

1.6.11.1. ASHA (ACCREDITED SOCIAL HEALTH ACTIVIST):

ASHAs are local women trained to act as health educators and promoters in their communities. There is one ASHA for every 1000 population. Their tasks include motivating women to give birth in hospitals, bringing children to immunization clinics, encouraging family planning (e.g., usage of condoms, IUDs, surgical sterilization), treating basic illness and injury with first aid, keeping demographic records, and improving village sanitation. They have a drug kit – which has tablets like paracetamol, anti-malarial, oral contraceptives, co-trimoxazole (an antibiotic), ORS packets etc.

1.6.11.2. AWW (ANGANWADI WORKER):

These are the staff of the Anganwadi centre in the village. There is one Anganwadi centre for every 1000 population. These centres provide supplementary nutrition, non-formal pre-school education, nutrition and health education, immunization, health check-up and referral services. They are provided with a drug kit and may give tablets for about 1 to 3 children in a day.

1.6.11.3. HSC (HEALTH SUB-CENTRE):

This is the most peripheral facility in the primary health care system. There is one sub-centre for every 3000 population in hilly/tribal/difficult areas and 5000 population in plains. Each Sub-Centre is staffed by one or two **Auxiliary Nurse Midwives (ANM¹)** (female health worker) and may have a male health worker. No doctor is posted in such Sub centre. The main task of these ANM (as perceived) is to provide immunization to children and antenatal care. Some sub-centres also conduct normal delivery, but they have no beds and the sub-centre is not considered as an institution with in-patients. They perform some outpatient care largely in the form of treatment for basic illnesses. Any treatment taken from ANM during her visit to the village can be considered as treatment taken at sub-centre.

1.6.11.4. DISPENSARY:

“Dispensary” is the consulting place/ chamber, which does not generally have facilities for treatment of in-patients. A dispensary is a public institution that dispenses medicine or medical aids or an office in a hospital, school or other institution from which medical supplies, preparations, and treatments are dispensed. Hospitals without bed may be treated as Dispensaries.

1.6.11.5. PHC (PRIMARY HEALTH CENTRE):

It is staffed by a Medical Officer (MBBS or AYUSH) and Para medical staff. They provide curative OPD services and ante natal checkups and deliveries. They usually have 4-6 beds to conduct delivery. They may or may not have facilities for in-patient treatment. There is one PHC for every 30000 population in the plains and for every 20,000 populations in hilly/tribal/difficult areas. The terms ‘additional PHC’, ‘mini-PHC’ and ‘new PHC’ are considered synonymous to ‘PHC’. PHCs in Bihar and Uttar Pradesh are the equivalent of CHCs in other States that their area of coverage is a block and may even have 30 beds. Admissions/in-patients are always there in this facility type. Their equivalent of a PHC in these States is called an additional PHC.

1.6.11.6. CHC (COMMUNITY HEALTH CENTRE):

CHC is usually located at block/division or *taluk* level and serves as a referral centre for PHCs. It is to be staffed by medical specialists and medical officers and AYUSH doctors – but in practice

¹ An ANM is a nurse, usually with 18 months training, who is expected to provide a range of services as required in a health sub-centre. In some States the post is called village health nurse, or junior public health nurse.

there are usually only medical officers. It always has provision for in-patients and 10 to 30 beds. It usually has an OT, X-Ray, Labour room and laboratory facilities.

1.6.11.7. GOVERNMENT / PUBLIC HOSPITAL:

All other government hospitals, including district hospitals in the district headquarters town (which acts as referral site for all the CHCs and PHCs and sub-centres), government medical college hospitals, ESI hospitals, other government hospitals like maternity hospitals, cancer hospitals, TB or leprosy hospitals, railway hospitals, etc. run by the government will come under the category 'govt. /public hospital' for the purposes of this survey.

1.6.11.8. CHARITABLE / NGO / TRUST RUN HOSPITAL:

Some hospitals which are run by presumable NGO/ religious or other trust with a basic motive to offer health facility at a lower cost. Some examples are Sri Sathya Sai Institute of Higher Medical Sciences (SSSIHMS) '*Prasanthi gram hospital*' through Sri Sathya Sai Central Trust. The CMC hospitals of Vellore and Chandigarh, which are voluntary non-profit organisation, medical services offered by Ramakrishna Mission with 15 major hospitals, 125 dispensaries and 60 mobile dispensaries etc.

1.6.11.9. PRIVATE HOSPITAL, PRIVATE CLINIC:

Any other hospital/ nursing home/ day care centre with facilities for in-patient treatment will be called a private hospital. A private clinic has facilities for consultation with private doctor(s) but no in-patient facility.

1.6.11.10. INFORMAL HEALTH PROVIDER (IP):

Informal Health Provider is a heterogeneous group of providers of informal health facilities with different type of training, regulatory frameworks, and services provided as follows:

The set of definitional criteria include:

(a) **Training:** IPs include those who have not received formally recognized training with a defined curriculum from an institution (i.e. government, NGO, or academic institution). IPs, however, typically have some level of informal training through apprenticeships, seminars, workshops etc. and are typically not mandated by any formal institution.

(b) **Payment:** IPs collect payment from patients served, not from institutions. One notable exception to this criterion involves NGO or other sponsored voucher programs, where informal providers exchange services or goods for payment from a sponsoring body in the form of reimbursement vouchers. Payment is usually, but not always, un-documented and tendered in cash. IPs are mainly entrepreneurs.

(c) **Registration and regulation:** IPs are not typically registered with any government regulatory body and operate outside of the purview of regulation, registration, or oversight by the government or other institutions.

(d) **Professional affiliation:** IP professional associations, if they exist, are primarily focused on networking and business activities and conduct minimal self-regulation. Thus, in general, IP may be defined as a variety of health service providers who are untrained and work outside regulatory frameworks.

1.6.12. NATURE OF TREATMENT

1.6.12.1. ALLOPATHY:

In this survey the term ‘allopathy’ is used to refer to the broad category of medical practice that is sometimes called Western medicine, biomedicine, evidence-based medicine, or modern medicine. According to MedTerms Dictionary, allopathic medicine is defined as ‘the system of medical practice which treats disease by the use of remedies which produce effects different from those produced by the disease under treatment’. The term ‘allopathy’ was coined in 1842 by C.F.S. Hahnemann to designate the usual practice of medicine (allopathy) as opposed to homeopathy.

1.6.12.2. AYUSH:

This term pertains to the recognized systems of medicines, which are used for curative and/or preventive purposes in India such as Ayurveda, Unani, Siddha, Sowa-Rigpa, Yoga & Naturopathy, and Homoeopathy. These systems of medicines are regulated in the country by the Ministry of AYUSH.

1.6.12.3. AYURVEDA:

‘Ayurveda’ literally means “Science of Life”. Ayurveda is evolved from the various Vedic hymns rooted in the fundamental philosophies about life, disease and health. Ayurveda treatment is based more on the prevention process. Ayurvedic treatment focuses more on bringing a balance in the health of an individual rather than treating the disease. By promoting the overall health, Ayurveda indirectly prevents the disease and cures the sickness. An Ayurvedic health system is a holistic approach which involves a variety of measures that can be taken by an individual prior to the onset of any disease. This can be achieved by using ayurvedic medicines, suitable diet, activity and regimen for restoring the balance. Moreover, this process helps in strengthening the mechanism of the human body to prevent the recurrence of the disease.

1.6.12.4. YOGA:

Yoga is a discipline that dates back to thousands of years and is regarded as one of the best practices known to calm the inner self. It refers to traditional physical and mental disciplines originating in India. It 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 practiced for more than 5,000 years as part of healthy lifestyle and has become part of our spiritual heritage. The practice aims to attain self-realization, by improving the inherent power of an individual in a balanced way. The main objectives of Yoga are health, happiness, harmony, spiritual quest, personality development etc. The components of Yoga are Yama, Niyama, Pratyahara, Dharana, Asana, Pranayama, Dhyana and Samadhi. These components bring about physical discipline, help in the regulation of breath, restraining the sense organs, and promote contemplation and meditation. These techniques play an important role in the prevention of diseases such as psychosomatic disorders and promote overall health.

1.6.12.5. NATUROPATHY:

Naturopathy is the most ancient health care mechanism that amalgamates modern scientific knowledge with traditional and natural forms of medicine. Relying on the healing power of nature, Naturopathy stimulates the human body's ability to heal itself. 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 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. It is the science of disease diagnosis, treatment, and cure using natural therapies including dietetics, botanical medicine, fasting, exercise, lifestyle counselling, detoxification, and chelation, clinical nutrition, hydrotherapy, naturopathic manipulation, spiritual healing, environmental assessment, health promotion, and disease prevention.

1.6.12.6. UNANI:

Unani is a comprehensive medical system that deals with the treatment of various states of health and ailments. Desi medicines prescribed by Hakims are called Unani medicines. It focuses on promotive, curative, preventive, and rehabilitative healthcare. The diagnosis and treatment of this system of medicine are based on various holistic concepts and scientific principles of health and healing. In the Unani system of medicine, the temperament of an individual plays an important role. In the diagnosis and treatment of the Unani system, temperament acts as the base. The classification and evaluation of various temperaments are based on the amalgamation of four humors in the blood in different quantities that are: phlegm, blood, black bile, and yellow bile. Humors are the fluids in the human body that produce energy, and trigger growth, nutrition, and repair. The humors also perform the function of maintaining moisture in different organs of the human body. Any imbalance in the equilibrium of humor causes disease, which can be treated with medication and consuming a balanced diet. In this system, a lot of importance is given to the diet and state of digestion of an individual for both health and disease.

1.6.12.7. SIDDHA:

Siddha is one of the ancient systems of medicine in India which has a close association with Dravidian culture. Siddha Medicine is a traditional medicine having its roots in Tamil Nadu, India. Siddha Medicine focuses on making the human body perfect and varies hugely from the other conservative forms of medicine. The fundamental and applied principles and doctrines of the Siddha System have a close resemblance to Ayurveda, with a specialty in Iatro-chemistry. Siddha system emphasizes on the patient's age, sex, race, habits, mental framework, habitat, diet, appetite, physical condition, physiological constitution of the diseases for its treatment, environment which is individualistic in nature. Diagnosis of the diseases is done through examination of pulse, urine, eyes, study of voice, colour of body, tongue and status of the digestion of individual patients. This system is very effective for women during pre-natal and post-natal care and also for menstrual issues. The Siddha System is also effective in treating the chronic cases of liver, anemia, rheumatic issues, bleeding piles, prostate enlargement, peptic ulcer, and skin disorders specifically Psoriasis. The Siddha Medicines containing mercury, lead, silver, sulfur, and arsenic are found to be very effective in curing a number of infectious disorders as well as venereal disorders. This system has unique treasure for conversion of metals and minerals as drugs without any side effects.

1.6.12.8. SOWA-RIGPA/AMCHI:

Sowa-Rigpa/Amchi is a system of medicine that is one of the oldest medical traditions across the world. The term Sowa-Rigpa means Knowledge of Healing and derives its meaning from the Bhoti Language. This system was reinforced in the Trans-Himalayan region and is popular in the Himalayan societies such as Ladakh, Himachal Pradesh (Spiti and Lahoul), Jammu and Kashmir, West Bengal (Darjeeling), Arunachal Pradesh, and Sikkim. Sowa-Rigpa has been recognized and promoted by the Government of India as a traditional medical system. Sowa-Rigpa is perceived to be similar to Ayurvedic Philosophy. Many medicines of the Indian-origin such as Ashwagandha, Guggulu, Triphala, Ashok, Haridra, etc. are used in the Sowa-Rigpa system for treatment purposes. The system of Sowa-Rigpa emphasizes the importance of the cosmological elements in the formation of the human body, the nature of disorders and remedial measures.

1.6.12.9. HOMEOPATHY:

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

1.6.13. COMMUNICABLE DISEASE

Communicable diseases are diseases that as a result of the causative organism which are spreading from one person to another or from animals/insects/birds etc. to people. These diseases affect people of all ages but more children due to their exposure to environmental conditions that

support the spread. Communicable diseases are preventable based on interventions placed on various levels of transmission of the disease. India is also facing new and emerging diseases which are challenging public health as never before. Unfortunately, many of these diseases affect the poor and marginalized sections of society and contribute not only to ill health and poverty at micro-level but also have serious socio-economic implications at the macro-level. Health workers have an important role to play in the control of these diseases by applying effective and efficient management, prevention and control measures. Health workers need to be equipped with capacity to target communicable diseases for eradication.

1.6.13.1. COMMUNICABLE DISEASES CHARACTERISTICS OF IMPORTANCE:

The characteristics are

- (a) very common,
- (b) may cause death and disability,
- (c) may cause epidemics,
- (d) most are preventable by fairly simple interventions and
- (e) mainly affect infants and children.

1.6.13.2. CLASSIFICATION OF COMMUNICABLE DISEASE:

There are various ways of classifying communicable diseases; the classification below is the one that is considered to be best for ease of understanding.

- Vector borne diseases – Malaria, Dengue, Chikungunya
- Diseases caused by Faecal – Bacillary dysentery, Amoebiasis, Cholera, Enteric Fevers, Viral Hepatitis.
- Helminthic diseases – Hookworm
- Airborne diseases – Tuberculosis and Leprosy.
- Zoonotic diseases (diseases of contact with animals or animal products) – Anthrax, Rabies, Japanese Encephalitis.

1.6.13.3. COMMON COMMUNICABLE DISEASE FOUND IN INDIA:

Common communicable diseases found in India are as follows: Malaria; Viral Hepatitis/Jaundice; Acute Diarrhoeal Diseases/Dysentery; Dengue fever; Chikungunya; Measles; Acute Encephalitis Syndrome.

1.6.13.4. COMMUNICABLE DISEASE OUTBREAK:

A disease outbreak is the occurrence of disease in excess of normal expectancy. The number of cases varies according to the disease-causing agent, and the size and type of previous and existing exposure to the agent. Disease outbreaks are usually caused by an infection, transmitted through person-to-person contact, animal-to-person contact, or from the environment or other

media. Water, sanitation, food and air quality are vital elements in the transmission of communicable diseases and in the spread of diseases prone to cause epidemics. A single case of a communicable disease long absent from a population or caused by an agent (e.g. bacterium or virus) not previously recognized in that community or area, or the emergence of a previously unknown disease, may also constitute an outbreak and should be reported and investigated.

1.6.13.4.1. OUTBREAKS, EPIDEMICS AND PANDEMICS:

An outbreak is the sudden occurrence of a disease in a community, which has never experienced the disease before or when cases of that disease occur in numbers greater than expected in a defined area.

An epidemic is the occurrence of a group of illnesses of similar nature and derived from a common source, in excess of what would be normally expected in a community or region. A classic example of an epidemic would be Severe Acute Respiratory Syndrome (SARS). The epidemic killed about 774 people out of 8,098 that were infected. It started as an outbreak in Asia and then spread to more countries and took the form of an epidemic.

A pandemic on the other hand refers to a worldwide epidemic, which could have started off as an outbreak, escalated to the level of an epidemic and eventually spread to a number of countries across continents.

Endemic Diseases can remain active in a given area for years. A disease is described as endemic when it is habitually present within a given geographic area. For example, Dengue, which is spread by mosquitoes, is endemic in more than 100 countries. But it is not considered a pandemic yet. The point to consider here is that the dengue cases are not from a common source. Mosquitoes do not fly beyond a few hundred meters, so the cases in each country are from a different source. Rotavirus-induced infant diarrhoea is another example of an endemic disease, which is rampant in developing countries.

State Name	Central Sample			State Sample		
	Rural	Urban	Total	Rural	Urban	Total
Andhra Pradesh	372	240	612	372	240	612
Arunachal Pradesh	180	160	340	180	160	340
Assam	348	284	632	348	284	632
Bihar	768	348	1116	768	348	1116
Chhattisgarh	272	308	580	272	308	580
Delhi	56	204	260	56	204	260
Goa	16	16	32	16	16	32
Gujarat	420	344	764	420	344	764
Haryana	200	192	392	200	192	392
Himachal Pradesh	100	80	180	100	80	180
Jharkhand	340	236	576	340	236	576
Karnataka	428	356	784	428	356	784
Kerala	184	248	432	184	248	432
Madhya Pradesh	544	516	1060	544	516	1060
Maharashtra	740	668	1408	1110	1002	2112
Manipur	176	148	324	352	296	648
Meghalaya	116	80	196	116	80	196
Mizoram	88	108	196	88	108	196
Nagaland	108	104	212	108	104	212
Odisha	424	244	668	424	244	668
Punjab	204	204	408	204	204	408
Rajasthan	508	452	960	508	452	960
Sikkim	80	52	132	80	52	132
Tamil Nadu	400	432	832	400	432	832
Telangana	264	300	564	528	600	1128
Tripura	168	80	248	168	80	248
Uttarakhand	108	112	220	108	112	220
Uttar Pradesh	1200	700	1900	1200	700	1900
West Bengal	588	428	1016	588	428	1016
Andaman and Nicobar Islands	28	20	48	28	20	48
Chandigarh		24	24		24	24
Dadra and Nagar Haveli and Daman & Diu	24	24	48	24	24	48
Jammu and Kashmir	164	180	344	164	180	344
Ladakh	16	16	32	16	16	32
Lakshadweep	8	16	24	8	16	24
Puducherry	16	32	48	16	32	48
Uninhabited*	24	-	-	-	-	-
All India	9680	7956	17636	10478	8738	19216

*A special rural stratum at all-India level has been formed comprising all uninhabited villages.

Chapter Two

Schedule 0.0: List of Households

2.0.0 Introduction:

Schedule 0.0 is meant for listing of all the houses and households residing in the sample first stage unit (FSU). In this schedule some information on household size and other household particulars like whether or not the household have child aged 1 year or less; at least one member (including deceased former member) has been hospitalized or not as in-patient during last 365 days etc. are collected. The auxiliary information will be used for grouping the households into different second-stage-strata (SSS) for Health Survey. The sampling frames for selection of households will be prepared and details of the selection of sample households will be recorded in this schedule. Whenever Sub-Units (SUs) are required to be formed, particulars relating to the formation of SUs and identification of the selected SU are also to be recorded in this schedule. Concepts and definitions of various items have been given in Chapter One.

2.0.1 Structure of the schedule:

Schedule 0.0 contains the following blocks:

Block 0:	descriptive identification of sample FSU
Block 1:	identification of sample FSU
Block 2:	particulars of field operations
Block 3:	sketch map for sub-units (SU) formation
Block 3.1:	sketch map of sub-division formation
Block 4.1:	list of hamlets (only for rural samples with SU formation)
Block 4.2:	list of sub-units (SU) and identification of selected SU
Block 4.2A:	identification of selected sub-unit and formation of sub-division
Block 4.3:	list of sub-divisions of selected SU with population equal to or more than 1500 (750 for special cases) and selection and identification of selected sub-division
Block 5:	list of households and record and selection of households for Schedule on Health
Block 5A:	selection of households for Schedule CMS
Block 6:	particulars of sampling of households
Block 7:	remarks by field enumerators (FE) / junior statistical officer (JSO)
Block 8:	remarks by field supervisor (FS) / senior statistical officer (SSO)

2.0.2 Unit of survey:

The first stage unit (FSU) is the village/UFS block/SU depending on the sampling frame. The Junior Statistical Officer (JSO)/Survey Enumerator (SE), on arrival at a sample FSU, will ascertain the exact boundaries of the village/UFS block which contains the SU. This may be done with the help of the village officials like patwari, panchayat authorities etc. for rural areas and with the help of UFS maps/ ward maps/ town maps in the urban areas.

2.0.3 Formation of sub-units in rural areas:

Sub-unit formation will be resorted to in the villages with census 2011 population equal to or more than 1000. A village will be divided into a certain number (D) of sub-units (SUs). The number of SUs to be formed (i.e., the value of D) will be mentioned in the sample list. The criterion for deciding the number of SUs to be formed in a village has been discussed in detail in Chapter One.

The procedure for listing of hamlets and forming sub-units is outlined below.

2.0.3.1 Procedure: In a large village, there usually exists a few localities or pockets where the houses of the village tend to cluster together. These are called 'hamlets'. If there are no such recognised hamlets in the village, the census sub-divisions of the village (e.g., enumeration blocks or groups of census house numbers or geographically distinct blocks of houses) may be treated as 'hamlets'. Large hamlets may be divided artificially to achieve more or less equal population content for the purpose of SU formation. The procedure for formation of SU is best described, perhaps, by listing sequentially the steps involved:

- (i) Identify the hamlets as described above.
- (ii) Ascertain approximate present population of each hamlet.
- (iii) Draw a notional map in Block 3 showing the approximate location of the hamlets and number them in a serpentine order starting from the northwest corner and proceeding southwards. While drawing this map, uninhabited area (non-*abadi* area) of the village will be included as part of nearby hamlet, so that no area of the village is left out. The boundaries of the hamlets may be defined with the help of some landmarks like canals, footpaths, railway lines, roads, cadastral survey plot numbers etc., so that it would be possible to identify and locate the geographical boundaries of the SUs to be formed in the village.
- (iv) List the hamlets in Block 4.1 in the order of their numbering. Indicate the present population content in terms of percentages.
- (v) Group the hamlets into D number of SUs. The criteria to be adopted for SU formation are *equality of population content and geographical contiguity* (numbering of hamlets is not to be adopted as a guideline for grouping). In case there is a conflict between the two aspects, *geographical contiguity is to be given priority*. However, the difference between

the population of the smallest and the largest SU (in terms of population content) formed may be kept at minimum to the extent possible. Indicate the grouping in the map.

- (vi) Number the SUs serially in column (1) of Block 4.2. The SU containing hamlet number 1 will be numbered as 1, the SU with next higher hamlet number not included in SU 1 will be numbered as 2 and so on. Indicate the numbers also in the notional map. It is quite possible that an SU may not be constituted of hamlets with consecutive serial numbers.

2.0.4 Formation of SUs in urban areas:

If an UFS block has 250 or more households, it will be necessary to form SUs. Procedure for formation of SU is the same as that for the formation of SUs in the case of villages. Here the SUs are to be formed artificially by dividing the block into a certain number (say, D) of groups *by more or less equalizing the population giving priority to geographical compactness* within each SU as per the criterion specified in section 2.0.3.1. The number of SUs to be formed (i.e. the value of D) will be provided in the sample list. SUs will be numbered serially in column (1) of Block 4.2.

2.0.5 Formation of Sub-divisions of SU:

After formation of SUs in the sample village/block, the selected sample SU will be identified as per the sample list. If the approximate present population of selected SU is found to be equal to or more than 1500 (750 for some special cases in rural areas), Sub-divisions will be formed in the selected SU to control the workload of listing. The selected SU will be divided into a number of Sub-divisions (D_1) depending on the approximate population of the SU. The procedure will be similar to the formation of SU within the block as described in para 2.0.3 and 2.0.4. *Each of the Sub-divisions will have more or less equal population and will be geographically compact.*

2.0.6 Starting point for listing

Having determined the area unit to be surveyed, the JSO/FI will proceed to list the houses and households in this area unit. The listing may be done in the same order as that of the 2011 Census order of house listing. If the census order of house listing is not available, the listing may be started from the *northwest corner of the FSU* and proceeding southwards in serpentine order. While listing the households, some essential particulars about the households will be collected for the purpose of formation of second stage strata.

2.0.7 The procedures to be followed for filling up the various blocks of the Schedule 0.0 are described in the following paragraphs. Before filling in blocks, it is necessary to put tick-marks in the appropriate boxes at left hand and right-hand top corners of the first page of the schedule.

2.0. Block 0: Descriptive identification of sample FSU

2.0.8 General: This block is meant for recording descriptive identification particulars of the sample FSU. State/UT, district, sub-district/ tehsil/ town name (to be tick-marked appropriately), village name, investigator unit no., block no., sample SU no. are to be auto populated in CAPI from the sample list for Central Sample. A dash (-) may be recorded against not applicable items (e.g., item 4 i.e. village name is not applicable for urban sample and items 5 and 6 i.e. investigator unit and block are not applicable for rural sample). Most of the information in this block will be copied from the sample list for State Sample.

2.1 Block 1: Identification of sample FSU

2.1.0 General: This block is meant for recording the identification particulars of the sample FSU in terms of codes or numbers. The particulars relating to all the items will be recorded in box spaces provided in the block against each item (except for items 2 & 3, the codes of which are already printed). For multiple cells, the rightmost cell shall be used for recording the digit of the unit place, the next left cell for the tenth-place digit and so on. *Items 1, 4 to 13 and 15 shall be copied from the sample list for State Sample.* Items 1, 4 to 13 and 15 will be auto populated in CAPI from sample list for central sample.

2.1.1 Item 11: FOD sub-region:

The four-digit code corresponding to the FOD sub-region to which the sample FSU belongs will be recorded against item 11. A ‘-’ will be put against this item for the state samples and for the Central Samples in respect of the states of Arunachal Pradesh, Manipur, Mizoram, and Tripura for which field work is carried out by the respective States.

2.1.2 Item 12: frame code:

The different types of frames used for selection of FSUs are indicated by 'frame code' available in the sample list. Entry against item 12 shall be auto populated from the sample list for Central Sample. The frame codes to be used are:

Rural: Census 2011 – 16

Urban: ‘UFS 2007–12’ – 15, ‘UFS 2012-17’ - 17, ‘UFS 2017-22’ - 18, ‘UFS 2022-27’ - 19

2.1.3 Item 13: population of village/ number of households of UFS block:

Census 2011 population of the village (in which the sample SU is located) or the number of households of the UFS block (in which the sample SU is located) as given in the sample list will be copied here.

2.1.4 Item 14: approximate present population:

The JSO/SE will first ascertain the approximate present population of the entire village/UFS block containing the sample SU taking into consideration the normal growth of population along with any abnormal influx of population into or exodus of population from the village/UFS block. This may be ascertained mainly from the knowledgeable persons by putting certain probing questions. The starting point can be 2011 Census population. In the case of large difference with census population, it may be asked whether there has been any abnormal influx into or exodus from the village after the census or the village has been split or partly merged with other village/ urban area. If so, the approximate increase or decrease of population due to such events or any new settlements that have come up in the rural/urban area after the census is to be ascertained. **In the case of large difference between frame population and approximate present population, adequate remarks for such differences should be recorded in Block 7 or 8.**

2.1.5 Item 15: total number of SUs to be formed (D):

The total number of sub-units to be formed in the village/UFS block will be given in the sample list and it will be auto populated from the sample list it will be used in Block 4.2 as the value of 'D'.

2.1.6 Item 16: Survey code:

The survey codes are:

selected FSU surveyed:	
inhabited	1
uninhabited	2
zero case	3
originally selected FSU not surveyed but substitute FSU surveyed:	
inhabited	4
uninhabited	5
zero case	6
selected FSU casualty	7

Some examples of zero cases are: FSUs comprising wholly the barracks of military and paramilitary forces (like CRPF, BSF etc.), rural areas declared as urban areas and now forming part of UFS frame used for urban sampling, FSUs wholly submerged under water in a dam or FSUs with the whole population evicted because of acquisition of land to construct a new factory or other project work etc. with no chance of habitation in future. As against this, the FSU where the entire population has shifted elsewhere due to some natural calamities like fire, cyclone etc., but is likely to return in the future, will be considered as uninhabited FSU and will be given code 2 or 5 as the case might be. If the substitute FSU cannot be surveyed, survey code will be 7. ***If a substitute FSU is surveyed (i.e. survey codes 4 – 6), the name of the village, its frame population must be mentioned in Block 7/8.***

2.1.7 Item 17: Reason for substitution of original sample (for codes 4 – 7 in item 16):

In all the cases where the *originally* selected sample FSU is a casualty irrespective of whether it has been substituted and subsequently surveyed or not surveyed (i.e. for codes 4 to 7 against item 16), the reason for it is becoming a casualty will be recorded in terms of code against item 17.

The codes are:

Original sample FSU:

not identifiable/ traceable.....	1
not accessible.....	2
restricted area (not permitted to survey)	3
others (specify).....	9

A ‘-’ may be put against this item if the entry against item 16 is 1 or 2 or 3. *Cases of FSUs comprising wholly the barracks of military and paramilitary forces will not be considered as restricted area for providing code 3 against item 17. As stated earlier, such cases will be considered as surveyed and will be treated as zero cases.*

2.2 Block 2: Particulars of field operations:

2.2.0. General: The details of field operations will be recorded in this block. In the serial number 1(a) and 1(b), names of the Junior Statistical Officer (JSO)/ Survey Enumerator (SE)/ Senior Statistical Officer (SSO)/ Survey Supervisor (SS), codes (permanent employee code in case of regular employees and temporary codes, if available, for other staff) and signatures will be recorded. All other items are self-explanatory.

For recording the entry in column (3) and (4) corresponding to serial number 2 (i) and (ii), following procedure may be adopted. For entering date of commencement of survey/ inspection the date when commencement of identification of FSU was started will be recorded. But while entering date of completion of survey/inspection, the date when completion of listing and selection of households was done will be recorded. However, the minor part relating to columns (7) to (10) of Block 6 may be ignored.

2.3 Block 3: Sketch map for sub-units (SU) formation

2.3.0 General: For villages/UFS blocks requiring SU formation, the space provided in the block shall be used to draw a free hand sketch-map of the village/UFS block showing the boundaries of

the hamlets and SUs formed so that they may be identifiable in the field afterwards with the help of this map. It need not be drawn to scale. For villages, the serial numbers of the hamlets as given in column (1) of Block 4.1 will be written down on the map against each hamlet. The SU number given in column (1) of Block 4.2 to which the hamlet belongs will also be shown against each hamlet within brackets on the right side of the hamlet number. For urban areas also, the SUs will be numbered in the map. The area for the selected SU shall be shaded in the map. In CAPI module sketch map of sub-unit will be uploaded in this block.

2.4 Block 3.1: Sketch map of Sub-division formation

2.4.0 General: For SU requiring formation of Sub-divisions, a freehand sketch map of the SU showing the boundaries of the Sub-divisions will be shown in the map. The number of Sub-divisions will be marked against each Sub-division corresponding to the number in column (1) of block 4.3. The area of selected Sub-division will be shaded in the map. In CAPI module sketch map of sub-division will be uploaded in this block.

2.5 Block 4.1: List of hamlets (only for rural samples with SU formation)

2.5.0 General: This block is to be filled in only for the villages requiring formation of SU (i.e. for $D > 1$). All the hamlets located in the village will be listed in the specified order.

2.5.1 Columns (1) to (3): A running serial number for the hamlets will be given in column (1). Name of the hamlets will be written in column (2). Present population of each hamlet expressed as percentage of the total village population will be given in column (3) in whole numbers. Entries in column (3) should add up to 100.

2.6 Block 4.2: List of sub-units (SU) and identification of selected SU

2.6.0 General: This block is meant for recording the details of formation of SUs and their selection (i.e. with $D > 1$). Reference may be made to paragraphs 2.0.3, 2.0.3.1 and 2.0.4 for the procedures of formation and numbering of SUs. *Selected SU will be identified in this block.*

2.6.1 Column (1): serial no. of SU: The SUs formed will be given a running serial number (starting from 1) in column (1) as per the guidelines given in paragraphs 2.0.3, 2.0.3.1 and 2.0.4. The last serial number in this column will be the value of 'D' which is mentioned in the sample list and copied in item 15 of block 1 and also against 'D' below the block heading of 4.2. In CAPI module number of rows to be generated in this block as per entry in item 15 of block 1.

2.6.2 Column (2): serial no. of hamlet(s) in the SU (rural only): This column is to be filled up only for rural FSUs. The serial numbers of the hamlets recorded in column (1) of Block 4.1 constituting each SU are to be recorded in column (2) separated by commas.

2.6.3 Column (3): percentage (%) of population in the SU: Approximate present population of the SU in terms of percentage to total village/UFS block population will be recorded in column (3) in whole number. Entries in this column should always add up to 100.

2.6.4 Column (4): selected SU: '1' will be recorded against the selected SU (as given in item 7 of Block 0) in this column. *The row corresponding to the selected SU number corresponding to entry '1' in column (4) needs to be highlighted.*

2.6.5 Block 4.2 A: Information on selected sub-unit and formation of sub-division

2.6.5.1 In this block selected sub-unit number will be recorded along with approximate present population of selected sub-unit. Based on approximate present population of selected sub-unit number of sub-divisions needs to be formed will be determined on this block.

2.6.5.2. Item (1): sample sub-unit number: Sub-unit which is identified in block 4.2 column 4 as selected sub-unit will be auto populated here in the CAPI.

2.6.5.2. Item (2): approximate present population of the SU: Approximate present population of the selected Sub-unit will be recorded here.

2.1.7 Item 17: number of Sub-divisions of SU to be formed (D₁): The total number of Sub-divisions to be formed will be determined according to the criterion given in Chapter One and recorded here as the value of D₁. This will be recorded in the heading of block 4.3 also.

2.7 Block 4.3: List of Sub-divisions of selected SU with population equal to or more than 1500 (750 for special cases) and identification of selected Sub-division

2.7.0 General: This block is meant for recording the details of formation of Sub-divisions and their selection within the selected SU. Reference may be made to paragraph 2.0.5 for the procedures of formation of Sub-divisions. The criterion of formation of Sub-division is described in Chapter One. D₁ number of Sub-divisions will be formed.

Note that if entire Village/UFS Block has been selected (Sub-Unit has not been formed) as FSU, then also if the approximate present population of village/UFS block is 1500 or more (750 for special rural area) Sub-division will be formed.

2.7.1 Column (1): serial no. of Sub-divisions: The Sub-divisions formed will be given a running serial number (starting from 1) in column (1). The numbering of the Sub-divisions will be same as in case SUs in villages/UFS blocks. The last serial number in this column will be the value of 'D₁' which is to be recorded against 'D₁' below the block heading of 4.3.

2.7.2 Column (2): percentage (%) of population in the Sub-divisions: Approximate present population of the Sub-divisions in terms of percentage to selected FSU (Village or UFS block or selected SU wherever it is formed) population will be recorded in column (2) in whole number. Entries in this column should always add up to 100.

2.7.3 Column (3): selected Sub-division: One sub-division will be selected randomly in CAPI module and highlighted here. Listing of households and selection of households for detail canvassing will be done in selected sub-division only. '1' will be recorded against the selected Sub-division in this column. *The row corresponding to the selected Sub-divisions having number corresponding to entry '1' in column (3) needs to be highlighted.*

2.8 Block 5: list of households and record of selection of households for Schedules Household Surveys

2.8.0.1 In this block, various information is to be recorded for selected SU/Sub-divisions of SU.

2.8.0.2 Listing of all the houses and households along with collection of a few particulars for identification, preparation of sampling frame for Schedule Health Survey 2025 and CMS 2025 and formation of second stage strata for Schedule Health Survey 2025 is to be carried out in this block.

2.8.0.3 It is essential to ensure that there is no omission or duplication of any house or household. A house-to-house enquiry will be made to list all the houses and households. *Households, which are found to be locked at the time of listing (including such households which are absent in the present place for a period of less than six months during last one year) are also to be listed and included in the frame of households before sample selection.* After obtaining from the neighbours as much details as possible about the absentee households, attempt should be made to contact the households at the appropriate hours (even outside the normal working hours of the JSO/SE) and if required, by revisiting the households during the survey period in the sample FSU. While listing a house the JSO/SE shall find out how many households (including locked households) reside there and list all of them. After this, the JSO/SE will proceed to list the next house. In order to ensure complete listing of houses/ households, it is better to follow some definite order for listing. The order followed in 2011 Population Census may be adopted, wherever possible, taking care that any house that has come up later is not omitted; otherwise, listing may be done in serpentine manner starting from the north-west corner and moving southwards.

Various columns of Block 5 are described below:

2.8.1 Column (0): serial number of row: The serial numbers of rows are printed in column (0) of Block 5, for each page of the block. This is to facilitate transfer some entries from block 5 to block 5A.

2.8.2 Column (1): house number: All houses including vacant ones shall be listed by giving a house number. The 2011 Population Census house number or the number given by the local panchayat, municipality or other local bodies, may be used if available. The houses without such numbers will be given a separate running serial number starting from 1 within brackets. Wherever house numbers are available, even if not for all the houses, the actual house numbers shall be recorded without any bracket. After listing all the households associated with a house, the next house shall be listed. If the house is used solely for non-residential purposes or is vacant, the purpose to which it is put will be written across the line, e.g. temple, vacant structure, etc. For family living under a tree or bridge etc. (i.e. without any house), a ‘-’ may be put in this column.

2.8.3 Column (2): household serial number: The household(s) normally residing in the house or in a fixed location (e.g. under a tree/ bridge/ open space etc.) listed in column (1) will be numbered in column (2). All households (including those found temporarily absent) will be given a running serial number in this column starting from 1. In case of persons staying in, say, hostels and forming single member households, each of them will be listed in separate lines giving a household serial number. Continuous serial number starting from 1 will be given in column (2) for the households in the FSU. This column will be left blank for the lines meant for vacant houses, non-residential buildings, etc.

For identification of residential houses, a question is placed in the questionnaire (Column 2.1), in which if the household respond that the house is not used only for non-residential purpose, (for each value '2' corresponding to Column 2.1), distinct household serial number will be given.

2.8.4 Column (3): name of head of the household: For a household having serial number in column (2), the name of head of the household shall be recorded here.

2.8.5 Column (4): household size: The size of each household will be recorded in this column. Two small box spaces are provided against this column at the end of each page to record the current page total for this column and the cumulative total for the pages.

2.8.6 Column (5): whether household have any child member aged less than 1 year (yes-1, no-2). If any member of household has age less than 1 years, then code 1 will be given else code 2 will be recorded here. For locked household, investigator will try to collect this information telephonically or from neighbour and if information is not available with neighbour, then code 2 will be given. All the households with code 1 will form second stage stratum 1 for Health Survey.

2.8.7 Column (6): For code 2 in col. (5), household with any member (including deceased former member) hospitalized during last 365 days (yes-1, no-2) If code 2 is given in col. 5, check whether any member (including deceased former member) of the household hospitalized in last 365 days, if yes then code 1, else code 2 will be given. For locked household, investigator will try to collect this information telephonically or from neighbour and if information is not available with neighbour, then code 2 will be given. All the households with code 1 will form the second stage stratum 2 for health survey and all household with code 2 will be in second stage stratum 3 for health survey.

Note: In case of dialysis, coronary angiogram etc. if all process related to admission as in-patient has been done and in-patient ID has been created then it will be treated as hospitalization even if patient is discharged after 4-5 hours. Duration of stay in hospital is not the criteria for determining hospitalization; if in-patient ID is created then it will be treated as a case of hospitalization.

2.8.8. Column (9): SSS no. for Schedule Health Survey: The SSS formation for Schedule Health Survey will be based on the entry in column (5) and column (6) of Block 5 for both rural and urban samples. The following table needs to be followed while allotting SSS no. to a particular household

Criteria	SSS no. in col. (7)
Entry in col. (5) is '1'	1
Entry in col. (6) is '1'	2

Criteria	SSS no. in col. (7)
Entry in col. (6) is '2'	3

2.8.9 Column (10-12): sampling serial no (Health Survey): For Schedule Health Survey, three Second Stage Strata (SSS) will be formed. Columns (10), (11) and (12) will provide the sampling frame of households for SSS 1, 2 and 3 respectively. Column 10, 11 and 12 will be automatically generated in CAPI as per entry in Column 9 of block 5 for central sample. Each household will be tick-marked (✓) in one and only one of these columns for State sample.

The households with code 1, 2 and 3 in column (9) will be tick-marked in column (10), column 11) and column (12) respectively. Then all the tick-marks will be given a running serial number from the top starting with 1 in each column independently. Columns (10), (11) and (12) will provide the sampling serial numbers for SSS1, SSS2 and SSS3 respectively. The highest serial number in each of these columns will be the value of 'H' for the respective SSS for the schedule. This value will be recorded against 'H' in the space provided in the column heading.

In the CAPI module, sampling serial number will be assigned in each and every residential household as per SSS number of the household entered in column 9 of Block 5.

2.8.10 Column (13-15): sample household number (Health Survey) for SSS1/SSS2/SSS3: The number of households to be selected from each SSS of Health Survey is given under sample design in Chapter One. Two households will be selected from SSS 1, four households will be selected from SSS 2 and two households will be selected from SSS 3 for Health Survey from each selected FSU. However, it may be necessary to modify this number if there is a shortfall in the number of households in any SSS. The final number of sample households, will be the value of 'h' for respective SSS. These values will be recorded against 'h' in the space provided in the column headings.

Sample households are to be selected by SRSWOR from each SSS. **For central sample, required number of households needs to be surveyed in each second stage strata (SSS) of Health Survey will be selected automatically in CAPI.** For selecting the sample households for State Sample of any particular SSS by SRSWOR, the following procedure will be followed: Suppose 'H' denotes the total number of households in the frame of SSS 1 [i.e. the highest entry in column (10) of Block 5] and 'h' the number of households to be selected. If $H = h$, all the households will be selected and no random number needs to be drawn. If $H > h$, first draw a random number, say R_1 , between 1 and H. Next, draw another random number, say, R_2 , also between 1 and H. If $R_2 = R_1$, then reject R_2 and draw a fresh unit. Continue this way till requisite number of distinct R's [i.e., R_1, R_2, \dots, R_h] have been drawn. Then the households with sampling serial numbers R_1, R_2, \dots, R_h in column (10) will be the selected households and be given sample household numbers as 1, 2, ..., h in column (13). Similarly, households will be selected for SSS 2 by using sampling serial numbers of column (11) and sample household numbers will be given in columns (14)

respectively. Households from SSS 3 will be selected using similar sampling design from column (12) and sample household numbers will be given in column (15).

Encircle the sampling serial numbers in columns (10) / (11) / (12) for the selected households.

2.9 Block 5A: selection of households for Schedule CMS: Telecom module

2.9.0. In this block, some information will be copied from Block 5. Formation of SSS and record of selection of households will be done for Schedule CMS 2025. For the columns of Block 5A entries may be copied only for those households which have running serial numbers in column (2) of Block 5.

Various columns of Block 5A are described below:

2.9.1. Columns (0) and (2): Entries for these columns will be auto populated from the columns (0) and (2) of Block 5 for every page. Copying may be started from first household serial number in the relevant page of Block 5 and continuing without omission or duplication in the corresponding page of Block 5A. Care must be taken to copy the entries correctly.

2.9.2. Column (16): SSS number for Schedule CMS: Telecom – There will be no SSS formation for Schedule CMS: Telecom module.

The highest serial number in the column (2) will be the value of ‘H’ for the schedule. This value will be recorded against ‘H’ in the space provided in the column heading.

2.9.3. Columns (17): Schedule CMS – sampling serial number: For Schedule CMS, there will be no Second Stage Strata (SSS). The number of households to be selected is given under sample design in Chapter One. However, it may be necessary to modify this number if there is a shortfall in any of the SSS. The final number of sample households, after compensation, will be the value of ‘h’. These values will be recorded against ‘h’ in the space provided in the column heading.

Sample households are to be selected by SRSWOR. For central sample, required number of households needs to be surveyed will be selected automatically in CAPI. For selecting the sample households for State Sample of any particular SSS by SRSWOR, the following procedure will be followed: Suppose ‘H’ denotes the total number of households in the frame [i.e. the highest entry in column (16) of Block 5A] and ‘h’ the number of households to be selected. If $H = h$, all the households will be selected and no random number needs to be drawn. If $H > h$, first draw a random number, say R_1 , between 1 and H. Next, draw another random number, say, R_2 , also between 1 and H. If $R_2 = R_1$, then reject R_2 and draw a fresh unit. Continue this way till requisite number of distinct R’s [i.e., R_1, R_2, \dots, R_h] have been drawn. Then the households with sampling serial numbers R_1, R_2, \dots, R_h in column (16) will be the selected households and be given sample

household numbers as 1, 2, ..., h in column (17). Encircle the sampling serial numbers in columns (16) for the selected households.

If the sample household is found to have been already selected for Schedule Health Survey, it will be *replaced* by the next non-selected household in the frame. The household selected after replacement will be treated as an originally selected household. The sampling serial number of this household will be encircled twice. However, if the number of households is inadequate and *replacement* is not possible, same households may be selected for both the schedules. In such cases both schedules will be canvassed in the same household.

2.10 Shortfall and compensation for Schedules Health Survey and CMS:

Three SSS have been formed for Health Survey. Allocation of sample households for each SSS has been discussed in Chapter One. However, there may be a situation where number of households in the frame of an SSS is less than the required allocation leading to a shortfall.

The procedure of compensation is to be implemented by following the steps described below:

Step 1: Allocate the required number of households to each SSS wherever possible and identify the SSS having shortfall.

Step 2: Find the SSS where additional households are available following the priority order given as follows and compensate.

SSS having shortfall		priority order of SSS for compensation
Schedule: 25.0		
Description	SSS Number	
households having at least one child of age less than 1 year	1	2, 3
households with at least one member (including deceased former member) hospitalized (including institutional childbirth) during last 365 days	2	1, 3
remaining households	3	2, 1

Find the SSS where additional households are available as per the above priority order of SSS and compensate. The step may be repeated for all SSS having shortfall after Step 1.

The resulting number of households (h) for each SSS will be entered at the top of relevant column(s) of Block 5, 5A and also in column (5) against the relevant SSS number of Block 6 of Schedule 0.0.

Example 1: Compensation of shortfall for Schedule Health Survey

SSS	no. of households to be surveyed	H	Step 1	Step 2	h
1	2	1	1*(1)	C (SSS 2)	1
2	4	8	4	1	5
3	2	12	2		2
<i>total</i>	8	21	7	1	8
Shortfall			1	0	×

* indicates the SSS having shortfall (the number of shortfall);

C – indicates compensation made (SSS from which compensation is made)

Example 2: Compensation of shortfall for Schedule Health Survey

SSS	no. of households to be surveyed	H	Step 1	Step 2	h
1	2	12	2		2
2	4	32	4	1	5
3	2	1	1*(1)	C (SSS 1)	1
<i>total</i>	8	45	7	1	8
Shortfall			1	0	×

* indicates the SSS having shortfall (the number of shortfall);

C – indicates compensation made (SSS from which compensation is made)

2.11 Block 6: particulars of sampling of households

2.11.0 Particulars of sampling of households will be recorded in this block for selected FSU for different schedules.

All the requisite information pertaining to this block will be auto populated in CAPI for central sample.

2.11.1 Column (2): population: Population as obtained by summing up the page totals of household sizes in column (4) of Block 5 over all the listed households may be auto populated in this column against Schedule Health Survey for both rural and urban samples.

2.11.2 Columns (4) – (10): number of households: Total number of households listed in the each SSS for schedule Health Survey and CMS will be recorded in the corresponding cells of column (4). Number of selected households will be copied in column (5) for Schedules Health Survey and CMS from the relevant columns of Blocks of 5 and 5A.

Columns (6), (7) and (9) of Block 6 may be filled up on the basis of survey codes given in Block 1 of both Schedules Health Survey and CMS. The entries in columns (6), (7) & (9) will be the number of filled-in schedules with the survey codes 1, 2 & 3 for respective schedule and SSS. Total number households surveyed will be entered in column (8). It may be seen that -

$$\text{column (8)} = \text{column (6)} + \text{column (7)} \text{ and (ii) } \text{column (9)} = \text{column (5)} - \text{column (8)}.$$

Entry against 'all (9)' will be sum of entries in SSS 1 – 3 for Schedule Health Survey.

2.11.3 Column (10): number of households replaced: Total number of households replaced for Schedule CMS (being already selected for Schedule Health Survey) will be reported against the rows for Schedule CMS. Entries will be the number of double circles in columns (19), (20) and (21) of Block 5A. Entry against 'all (9)' will be sum of entries of all SSS of Schedule CMS.

2.12 Block 7: remarks by investigators (JSO/FI):

The Junior Statistical Officer (JSO)/ Field Investigator (FI) may give remarks here on any abnormal situation or entry in the schedule.

2.13 Block 8: comments by supervisory officer(s):

The supervising officer inspecting the work relating to this schedule may give comments here.

2.14 Substitution of sample households:

If a sample household of a particular schedule cannot be surveyed due to some reason or the other, it will be substituted by the next non-selected household, i.e. the one which has not already been selected for any other schedule, having higher sampling serial number of the same SSS. The substitute for the one having last sampling serial number of an SSS will be the one having smallest sampling serial number within the same SSS. If the substituted household becomes a casualty, it will be substituted by another in the same manner. This process will continue till required number of sample households is available in a sample FSU (or SSS wherever applicable).

It is to be noted that in the case of a substitution of a household, the word "SUBSTITUTED" should be written at the top of the front page of schedule.

2.15 Substitution of sample FSU:

(a) If a sample FSU cannot be surveyed due to say, it being not uniquely identifiable or traceable, not accessible or for any other reason, it will be substituted. All such cases will be referred to:

The Deputy Director General (Co-ordination), Household Survey Division,
NSO, Ministry of Statistics and Programme Implementation
Mahalanobis Bhawan, 164, Gopal Lal Tagore Road,
Kolkata- 700108
e-mail address: tc.sdrd-mospi@gov.in
fax: 033-25776439

If the substituted FSU has same problem as the original, correspondences may be made immediately so that another substitute can be provided to prevent stratum/sub-stratum from being void. In case no substitute FSU could be surveyed even with best efforts [i.e. code 7 in item 16, Block 1], a blank Schedule 0.0 will be submitted with only Blocks 0, 1, 2, 7 and 8 filled in. The word 'CASUALTY' is to be written at the top of the front page of the schedule in such cases.

All efforts must be made to ensure that at least one FSU is always surveyed from each stratum/sub-stratum so as to prevent occurrences of void strata.

(b) If a sample FSU is found to be depopulated at the time of survey, or its population has shifted elsewhere due to some natural calamity, or it is treated as a "zero-case", it will not be substituted. It will be treated as a valid sample and blank Schedule 0.0 with only Blocks 0, 1, 2, 7 and 8 filled in will be submitted in such cases. The word 'UNINHABITED' or 'ZERO CASE', as appropriate will be written on the top of the front page of the schedule in such cases. However, in Arunachal Pradesh and possibly elsewhere also in the hill tracts of North Eastern States where, for example, jhum cultivation is prevalent, whole village may shift from place to place. In such cases the sample village will be surveyed in the place where it is currently located and not treated as uninhabited if found absent in its original location.

(c) If a village in which the sample FSU is situated is found to have been declared as urban (as a town by itself or as merged in another town) either by State Govt. notification or by census authorities after Census 2011 and if it is covered in the urban frame used for selection of FSUs, it will be treated as a zero case and the procedure given in the previous para will be followed in this case. However, if it is not included in the urban frame, it is to be surveyed as per the rural programme. If the boundaries of the original village are not identifiable, it may be substituted. If

only a part of the village has been merged in the town, the remaining part will be surveyed as per rural programme even in this situation. *It is suggested* to write to the Technical Coordination, HSD before treating any sample as a zero case.

(d) *It is important* to note that a listing schedule has to be submitted for every sample FSU irrespective of whether it is surveyed/ substituted (including uninhabited and zero cases) or a casualty.

2.16 Selection of more than one SU from same village/UFS block:

If more than one SU belonging to a particular village/UFS block is selected as sample, each of them will be treated as an independent sample.

2.16.1 If more than one SU is selected from same village/UFS block *in same sub-round*, formation of SUs may be done when listing schedule for the first of the sample FSUs of the village/UFS block is filled-in. That is, *Block 3, 4.1, 4.2 and 4.3 may be filled-in for the first instance and when any other SU is selected from the same village/UFS block, information may be copied from Blocks 3, 4.1, 4.2 and 4.3 of the previously filled-in the listing schedule.*

2.16.2 If, however, the SUs are canvassed in different sub-rounds, they are to be surveyed just like a new sample with fresh SU formation, listing and sample selection.

[5] list of households and record of selection of households												
serial number of rows	house number	household serial number	name of head of the household	household (hh) size	household with child aged less than 1 year (yes-1, no-2)	for code 2 in col. (5), household with any member# hospitalized during last 365 days (yes-1, no-2)	SSS					
							sampling serial number			sample household number		
							1	2	3	1	2	3
							code 1 in col. (5)	code 2 in col. (6)	code 3 in col. (6)	h=2	h=4	h=2
(0)	(1)	(2)	(3)	(4)	(5)	(6)	(10)	(11)	(12)	(13)	(14)	(15)
1		1			2	1		(√1)			4	
2		2			1	-	√1					
3		3			2	2			√1			
4		-										
5		4			2	1		√2				
6		5			1	-	√2					
7		6			2	2			√2			
8		7			2	1		√3				
9		8			2	1		√4				
10		9			2	2			√3			
page total										R ₁	R ₂	R ₃
cumulative page total										04 08	06 09 14 01	12 07

[5A] list of households and record of selection of households					
serial number of rows	household serial number	household with child aged less than 1 year (yes-1, no-2)	for code 2 in col. (5), household with any member# hospitalized during last 365 days (yes-1, no-2)	Schedule CMS (Telecom: January – March 2025)	
				sampling serial number	sample household number
				H = 37	h = 8
(0)	(2)	(5)	(6)	(16)	(17)
1	1	2	1	1	
2	2	1	-	((2))	7
3	3	2	2	(3)	3
4	-			-	
5	4	2	1	4	
6	5	1	-	5	
7	6	2	2	6	
8	7	2	1	7	
9	8	2	1	8	
10	9	2	2	9	
					R = 37 12 03 13 34 25 01 18

[5] list of households and record of selection of households												
serial number of rows	house number	household serial number	name of head of the household	household (hh) size	household with child aged less than 1 year (yes-1, no-2)	for code 2 in col. (5), household with any member# hospitalized during last 365 days (yes-1, no-2)	SSS					
							sampling serial number			sample household number		
							1	2	3	1	2	3
							code 1 in col. (5)	code 1 in col. (6)	code 2 in col. (6)	h=2	h=4	h=2
(0)	(1)	(2)	(3)	(4)	(5)	(6)	(10)	(11)	(12)	(13)	(14)	(15)
1		10			1	-	√3					
2		-										
3		11			2	1		√5				
4		12			2	2			√4			
5		13			1	-	(√4)			1		
6		14			1	-	√5					
7		15			2	1		(√6)			1	
8		16			2	1		√7				
9		17			2	2			√5			
10		18			2	2			√6			
page total												
cumulative page total												

[5A] list of households and record of selection of households					
serial number of rows	household serial number	household with child aged less than 1 year (yes-1, no-2)	for code 2 in col. (5), household with any member# hospitalized during last 365 days (yes-1, no-2)	Schedule CMS (Telecom: January – March 2025)	
				sampling serial number	sample household number
				H=	h=
(0)	(2)	(5)	(6)	(16)	(17)
1	10	1	-	10	
2	-			-	
3	11	2	1	11	
4	12	2	2	(12)	2
5	13	1	-	13	
6	14	1	-	((14))	4
7	15	2	1	15	
8	16	2	1	16	
9	17	2	2	17	
10	18	2	2	(18)	8

[5] list of households and record of selection of households												
serial number of rows	house number	household serial number	name of head of the household	household (hh) size	household with child aged less than 1 year (yes-1, no-2)	for code 2 in col. (5), household with any member# hospitalized during last 365 days (yes-1, no-2)	SSS					
							sampling serial number			sample household number		
							1	2	3	1	2	3
							code 1 in col. (5)	code 1 in col. (6)	code 2 in col. (6)	h=2	h=4	h=2
(0)	(1)	(2)	(3)	(4)	(5)	(6)	(10)	(11)	(12)	(13)	(14)	(15)
1		19			2	2			(√7)			2
2		20			2	1		√8				
3		21			2	1		(√9)			2	
4		22			1	-	√6					
5		23			2	2			√8			
6		24			1	-	√7					
7		25			2	2			√9			
8		-										
9		26			1	-	(√8)				2	
10		27			2	1		√10				
page total												
cumulative page total												

[5A] list of households and record of selection of households					
serial number of rows	household serial number	household with child aged less than 1 year (yes-1, no-2)	for code 2 in col. (5), household with any member# hospitalized during last 365 days (yes-1, no-2)	Schedule CMS (Telecom: January – March 2025)	
				sampling serial number	sample household number
				H=	h=
(0)	(2)	(5)	(6)	(16)	(17)
1	19	2	2	19	
2	20	2	1	20	
3	21	2	1	21	
4	22	1	-	22	
5	23	2	2	23	
6	24	1	-	24	
7	25	2	2	(25)	6
8	-			-	
9	26	1	-	26	
10	27	2	1	27	

[5] list of households and record of selection of households													
serial number of rows	house number	household serial number	name of head of the household	household (hh) size	household with child aged less than 1 year (yes-1, no-2)	for code 2 in col. (5), household with any member# hospitalized during last 365 days (yes-1, no-2)	SSS						
							sampling serial number			sample household number			
							1	2	3	1	2	3	
							code 1 in col. (5)	code 1 in col. (6)	code 2 in col. (6)	h=2	h=4	h=2	
(0)	(1)	(2)	(3)	(4)	(5)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	
1		28			1	-	√9						
2		29			2	1		√11					
3		30			2	1		√12					
4		31			2	2			√10				
5		32			2	2			√11				
6		33			1	-	√10						
7		34			2	1		√13					
8		35			2	2			(√12)				1
9		36			2	1		(√14)			3		
10		37			2	1		√15					
page total													
cumulative page total													

[5A] list of households and record of selection of households					
serial number of rows	household serial number	household with child aged less than 1 year (yes-1, no-2)	for code 2 in col. (5), household with any member# hospitalized during last 365 days (yes-1, no-2)	Schedule CMS (Telecom: January – March 2025)	
				sampling serial number	sample household number
				H=	h=
(0)	(2)	(5)	(6)	(16)	(17)
1	28	1	-	28	
2	29	2	1	29	
3	30	2	1	30	
4	31	2	2	31	
5	32	2	2	32	
6	33	1	-	33	
7	34	2	1	(34)	4
8	35	2	2	35	
9	36	2	1	36	
10	37	2	1	(37)	1

FREQUENTLY ASKED QUESTIONS AND THEIR REPLIES

Schedule 0.0: List of Households

Sl.	block	Item	col.	query	reply
(1)	(2)	(3)	(4)	(5)	(6)
1.		Concepts, Definitions		How to treat a census village for this survey, if the village is urbanized after census 2011?	If the urbanised village is not yet included in the urban frame survey (UFS), it should be surveyed as a rural FSU.
2.		Concepts, Definitions		A whole village is to be listed and census 2011 listing order is unavailable. In this situation, if it is difficult to find out the starting house for listing, can the listing be started from northwest corner of the village?	Yes, first we have to try our best to follow census 2011 listing order. If the census order is not available, listing may be done in serpentine manner starting from north-west corner and moving southwards.
3.		Concepts, Definitions		When a sample FSU needs to be substituted?	If a sample FSU cannot be surveyed because of not being uniquely identifiable or traceable or not accessible or for any other reason, it will be substituted.
4.		Concepts, Definitions		What are the criteria of paying guest?	A person will be considered as a paying guest only when he/she stays with the household, takes breakfast and major meals from the household. He/she should also pay a lump sum amount for the expenses.
5.		Concepts, Definitions		If some students living in a hostel and pool their income for expenditure on food and other consumable items, will they constitute a single household?	No, the students will be treated as single member households.
6.		Concepts, Definitions		Will use under advice of friends/relatives/ acquaintances who are not doctors/practitioners be considered as 'use'?	Yes.

Sl.	block	Item	col.	query	reply
(1)	(2)	(3)	(4)	(5)	(6)
7.	Concepts, Definitions			Are bio-chemic formulations part of homeopathic medicines?	Yes
8.	Concepts, Definitions			If a person is hospitalized abroad, will he be considered as hospitalized for making entry in column (6) of Block 5?	No. In schedule 0.0, hospitalization is considered only when a person is admitted as an inpatient in a hospital in Indian territory.
9.	Concepts, Definitions			Whether cases, such as a person normally going to hospital for dental care (like root canal etc.), should be considered as hospitalization?	No. If the person is admitted as inpatient in the hospital, only then this will be treated as a case of hospitalization.
10.	5		4	Will the deceased member of a family be counted in the household size?	No.
11.	5		6	Whether childbirth cases will be treated as cases of hospitalization?	Yes. Childbirth will be regarded as hospitalization case of the mother but not for the baby.
12.	5	-	6	If a baby, before leaving the hospital, contracts an illness for which it has to stay in the hospital, will it be treated as a case of hospitalization?	Yes, for this case, it will be treated as hospitalization case of the baby.
13.	5	-	6	A household member was hospitalized before 365 days and discharged within 365 days of listing. Will it be treated as hospitalization?	Yes, it will be treated as hospitalization and code 1 will be recorded in Col. 6.
14.	5	-	6	If a person is admitted in a hospital to donate kidney, whether it will be treated as case of hospitalization?	Yes.
15.	5	-	56	A person is admitted in the hospital for family planning purpose. Will he be treated as hospitalized?	Since family planning operation is not considered as a treatment of any ailment, the person will not be treated as hospitalized.
16.	5	-	6	A person was admitted in the hospital during last 365 days but is not a member of the household on the date of listing due to some reason. Whether	Only the member (including deceased former member) of the household as on the date of survey will be considered while determining the case of hospitalization.

Sl.	block	Item	col.	query	reply
(1)	(2)	(3)	(4)	(5)	(6)
				such hospitalization will be considered?	
17.	5	all	1	A household is living under tent. Whether house number is to be assigned to this household structure?	A '-' may be put.
18.	5	-	2	A truck driver stays away from home for more than six months continuously or otherwise during the reference year. Will he be listed as a normal household member?	No, he will not be listed.
19.	5	-	4	A family member is a student and residing in a students' hostel for the past one year. While recording the household size, whether this member is to be considered?	No. The student will be listed as single member household in the students' hostel where he is presently residing.
20.	5	-	4	Five single member households are staying with a family which provides them food and accommodation. Whether the five members will be listed as single member households or will they be clubbed with the family as paying guest?	They will be treated as paying guest of the family and will be listed as members of the household with which they are staying as paying guest. However, if the situation is more like a mess or hostel, then each member may be treated as single member household. It may be noted that a person will not be considered as a paying guest unless he/she takes breakfast and major meals from the household.
21.	5	-	4	What entry will be provided in household size in case of locked households?	If possible, information may be collected from neighbors. Otherwise, a '-' may be recorded in this column.
22.	5	-	4	Will a new born baby be considered for determining household size?	Yes. The new born baby will be considered as a member of that household in which the mother is a usual member.

Sl.	block	Item	col.	query	reply
(1)	(2)	(3)	(4)	(5)	(6)
23.	5	-	5	A child of age less than one year was hospitalized due to some reason during the last 365 days preceding the date of survey. Will he be considered for Col. 5 or Col. 6?	In this case the child will be considered for Col. 5 and code 1 will be recorded in Col. 5.
24.	5	-	6	One person was admitted in a rural private clinic which has provision for inpatient treatment only in emergency situations. He was discharged after two days. Whether this can be treated as hospitalization?	Yes. This case can be treated as hospitalization even though that private clinic has provision for inpatient treatment in emergency situations only.
25.	5	-	6	Children are taken to hospital for nebulization. They stay in hospital for few hours. Can this be considered as a case of hospitalization?	If the patient is admitted as inpatient in the hospital for nebulization, it will be treated as a case of hospitalization.
26.	5	-	6	One member of a household was found to be hospitalized on the day of listing. Whether this member is to be considered as hospitalized?	No, this will not be considered as a case of hospitalization and code 2 will be entered in Col. 6.
27.	5	-	6	A person was admitted in the hospital and discharged within few hours. Whether it will be considered as hospitalization for the listing purpose?	Yes, it will be considered as hospitalization and code 1 will be given in Col. 6.
28.	5	-	6	A person because of his difficulties to get admitted in the hospital has been taking treatment at home with similar facilities in the hospital at his residence. Would it be treated as hospitalization?	No, it will not be treated as hospitalization and code 2 will be recorded in Col. 6.
29.	5	-	6	It is found these days that persons get admitted to hospital for carrying out normal or routine tests. Will this be treated as hospitalization?	No, such cases will not be considered as hospitalization. However, if the person feels sick and gets admitted to the hospital for conducting some tests etc., it will be treated as hospitalization.

Chapter Three

Schedule 25.0: Household Social Consumption: Health

3.0 Introduction

3.0.0 NSS made its first attempt to collect information on health in its 7th Round (October 1953- March 1954). Thereafter, three more surveys during 11th to 13th round (1956-58) were conducted with the objective of preparation of a morbidity profile of India. A follow-up pilot survey was conducted in the 17th Round (September 1961 - July 1962) to examine alternative approaches of morbidity reporting. The experiences gained in these surveys were utilized to plan and conduct, a full-scale survey on morbidity in the 28th Round (October 1973 - June 1974).

3.0.1 Thereafter, almost on a regular basis, NSS has undertaken surveys on health in the 52nd round (July 1995-June 1996), the 60th round (January 2004-June 2004), the 71st round (January 2014-June 2014), and the 75th round (July 2017-June 2018). Over the years, the survey has evolved and become the main source of data for estimation of out-of-pocket medical expenditure of the households and compilation of National Health Account. A Key Indicator document and detailed report (NSS Report No. 586) were published based on the information collected in the last survey conducted in the 75th round.

3.0.2 The Rangarajan Commission recommended that NSO should undertake comprehensive quinquennial survey to capture data on availing health facilities and expenditure by the households. In compliance to the said recommendation, the latest survey on household social consumption: health has been planned to be conducted in the calendar year 2025 beginning from January 2025.

3.0.3 Like its predecessors, the present survey has been planned to gather basic quantitative information on the health sector. Determining the prevalence rate of general morbidity by age-group and gender, as well as of specific categories of ailment at state and national level, is a major objective of the survey. Measurement of the extent of use of health services provided by the government is another important aspect. As in the previous surveys, special emphasis has been placed on collection of information related to ailments requiring hospitalization, that is, treatment as an in-patient of a medical institution. The survey will ascertain the nature of ailments for which people of various ages were hospitalized.

3.0.4 Apart from the prevalence of ailments, 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 will also be gathered in the line with the previous rounds. Provision for collection of information on the incidence and

nature of ante-natal and post-natal care, place of childbirth, and expenditure incurred on childbirth and on maternal care, among women who had experienced pregnancy during the last one year has also been made in the survey schedule.

3.1 Summary Description of the Schedule

3.1.0 The schedule on Household Social Consumption: Health (Schedule 25.0) for the 80th Round consists of 13 blocks.

The different blocks of the schedule are:

Block 1:	Identification of sample household
Block 2:	Particulars of field operations
Block 3:	Demographic particulars of household members
Block 4:	Particulars of former household members who died during the last 365 days
Block 5:	General household characteristics
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 10:	Expenditure on vaccination, if any, during the last 365 days
Block 11:	Particulars of ante-natal and post-natal care for women of age 15-49 years who were pregnant during the last 365 days
Block 12:	Remarks by Survey Enumerator (SE)/Junior Statistical Officer (JSO)
Block 13:	Remarks by Survey Supervisor (SS)/Senior Statistical Officer (SSO)

3.2 Major Changes in 80th round

- ❖ Upto 75th round, the Survey on Social Consumption: Health was conducted in Pen-and-Paper Personal Interview (PAPI) mode., However, NSS has started using Computer Assisted in Person Interview (CAPI) for data collection in recent surveys and consistent with the practice followed, the 80th round will also be conducted in CAPI mode.
- ❖ The Ministry of Health & Family Welfare (MoHFW) has initiated the Longitudinal Ageing Study in India (LASI) in 2017-18 as a scientific investigation of the health, economic, and social determinants and consequences of population aging in India. LASI has been envisioned to be conducted every 5 years covering population of adults aged

45 years and above across all states and union territories in India. Thus, in view of the availability of information from a dedicated survey, the block included in 75th round for collecting information on aged person (60 years & above) has been dropped from Schedule 25.0 in this round.

- ❖ In 75th round, a block on status of immunization and expenditure incurred thereon, for children aged 0-5 years was introduced to compile indicator on status of immunization under ‘Sustainable Development Goals (SDG)’. However, in view of the fact that the status of immunization of children is also collected in the National Family Health Survey (NFHS), the provision for recording information on status of immunization has been done away with in this survey.
- ❖ With a view to cover the entire gamut of health expenditure as exhaustive as possible, provision for collection of information on expenditure incurred on vaccination of household members of all age-groups during last 365 days has been made in this survey.

3.3 Block 1: Identification of sample household

3.3.0 This block contains identification particulars of the sample household. Information related to items 1 to 8 and 11 will be available from the sample list. Information on items 12 to 14 will be available from the listing schedule (Schedule 0.0).

3.3.1 Item 15: survey code

3.3.1.0 The survey codes are as follows:

household, surveyed: original	1
household, surveyed: substitute	2
household, casualty	3

If the originally selected sample household has been surveyed, code ‘1’ will be selected. However, if the originally selected household could not be surveyed, a substituted household will be surveyed and, in such cases, code ‘2’ will be selected. If neither the originally selected household nor the substituted household could be surveyed, i.e., if the sample household is a casualty, code ‘3’ will be selected. In such cases, only Blocks 1, 2, 12 & 13 will be filled in.

Item 16 is applicable, if code 2 or 3 is reported in item 15.

3.3.2 Item 16: reason for substitution/casualty of original household

3.3.2.0 This item is applicable if, entry in item 15 is either code 2 or 3. Otherwise, this item is to be left blank. In case, the originally selected sample household could not be surveyed,

the reason for not surveying the original household will be selected, irrespective of whether or not a substituted household could be surveyed.

The codes are as follows:

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







3.4 Block 3: Details of the household members

3.4.0 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 3A) all usual members will be listed and in Part B (Block 3B) 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.

3.4.1 Columns (1) & (2): serial number & name of the household member

3.4.1.0 In these columns, the serial number and name of the household members will be listed. Serial number of the members will be generated automatically in Column 1.

3.4.1.1 While listing the members of the household the following may be considered:

-  All the members of the sample household will be listed and a continuous serial number starting with 01 will be automatically generated.
-  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 and so on.
-  After the sons are enumerated, the daughters will be listed followed by other relations, dependents, servants, etc.
-  Paying guests, domestic servants, other relations and non-relations who are normally living together for six months or more or are expected to stay for six months or more and taking food from a common kitchen will be considered as members of the selected household.
-  Temporary stay-aways (i.e., persons whose total period of absence from the household is expected to be less than 6 months) will be included in members of the selected household.
-  Temporary visitors and guests (expected total period of stay in the household less than 6 months) will not be included in members of the selected household.

Note: 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 Block 3B. However, the child born to these non-household members will not be listed. Moreover, Columns 13 to 17 are not to be filled in for females of Block 3B.

To distinguish such members from usual members (with continuous serial numbers starting from 1) 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 3B even if it is confirmed that major share of the expenses of the childbirth will be borne by parent's household.

3.4.2 Column (3): relation to head

3.4.2.0 This is for recording the relationship of the household member with the head of the household. For the head of the household, code 1 will be automatically generated. The list of codes for relation to the head of the household is as follows:

self (i.e., head of the household)	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

3.4.4 Column (4): gender

3.4.4.0 The gender of each member of the household is to be recorded in code as mentioned below:

male- 1, female-2, transgender (hijras, eunuchs)- 3

For female of non-household (Block 3B), code 2 will be auto-populated in col. 4.

3.4.5 Column (5): age (years)

3.4.5.0 The age in completed years of all the members listed will be ascertained and recorded in this column in whole number of years. For infants below one year of age, '0' will be entered.

3.4.6 Column (6): marital status

3.4.6.0 The marital status of each member will be recorded in code in this column. Couples living together will be treated as *currently married*. The codes are:

never married	1
currently married (incl. living together)	2
widowed	3
divorced/separated	4

3.4.7 Column (7): highest educational level attained

3.4.7.0 Highest level of education successfully completed by the household member (and not the education level currently attending, if the household member is currently attending education) will be ascertained and to be recorded in terms of the following codes:

Highest level of education	Code
not literate (i.e., not able to read or write a simple message with understanding in any language)	01
literate with non-formal education (like, NFEC, AEC, TLC, Anganwadi centres, literate without any schooling, etc.)	02
<i>literate with formal education</i>	
below primary	03
primary	04
upper primary/middle	05
secondary	06
higher secondary	07
diploma /certificate course (upto secondary)	08
diploma/certificate course (higher secondary)	10
diploma/certificate course (graduation & above)	11
graduate	12
post graduate and above	13

3.4.7.1 A person is considered as literate if he/she can read and write a simple message in any language with understanding. Persons who are not able to read and write a simple message with understanding in at least one language is to be considered as not literate and would be assigned code 01. The following table describes how to assign the codes of highest education level:

Code	Highest level of education	Description
01	Illiterate	Persons who are not able to read and write a simple message with understanding in at least one language is to be considered as not literate

Code	Highest level of education	Description
02	Literate with non-formal education or without any schooling, etc.	Persons who are literate with non-formal education or without any schooling. Non-formal education includes education with Non-formal Education Courses (NFEC), Total Literacy Campaign (TLC), Adult Education Centres (AEC), etc.
03	Below primary	Persons who are literate through formal education but who are yet to pass primary standard examination.
03 - 08, 10 - 13	Literate with formal education	Persons, who are literate with formal education or attained proficiency in oriental languages (e.g., Sanskrit, Persian, etc.) through formal but not through the general type of education will be classified appropriately at the equivalent level of general education standard.
12	Graduation	Persons who have obtained degree, which is equivalent to graduation level.
13	Post-graduation & above	Persons who have obtained degree, which is equivalent to post graduation level and above

It may be noted that for the purpose of this survey, the primary level is defined as Class I-V for all the States/UTs uniformly.

3.4.8 Column (8): whether received any vaccine during last 365 days?

3.4.8.0 If a member of the household has been administered with any vaccine during last 365 days, code 1 will be recorded, otherwise code 2 will be recorded. It may be noted that under the Universal Immunization Programme (UIP), Government of India is providing vaccination to prevent some vaccine preventable diseases like Diphtheria, Pertussis, Tetanus, Polio, Measles, severe form of Childhood Tuberculosis. Vaccines covered under this programme are given below at Sl. nos. 1-8. Vaccines which are not covered under UIP are given at Sl. nos. 9-22.

Sl. no.	Name of vaccine	Sl. no.	Name of vaccine
1	Bacillus Calmette Guerin (BCG), Oral Polio Vaccine (OPV)-0 dose, Hepatitis B birth dose	2	OPV-1, Pentavalent-1, Rotavirus Vaccine (RVV)-1, Fractional dose of Inactivated Polio Vaccine (fIPV)-1, Pneumococcal Conjugate Vaccine (PCV) -1
3	OPV-2, Pentavalent-2, RVV-2	4	OPV-3, Pentavalent-3, fIPV-2, RVV-3, PCV-2

Sl. no.	Name of vaccine	Sl. no.	Name of vaccine
5	Measles & Rubella (MR)-1, JE-1, PCV-Booster, fIPV 3	6	MR-2, JE-2, Diphtheria, Pertussis & Tetanus (DPT) Booster-1, OPV-Booster
7	Tetanus & adult Diphtheria (Td), Td booster	8	DPT-Booster-2
9	Hepatitis A, Hepatitis B booster	10	Diphtheria, Tetanus, and whole cell Pertussis (DTwP) / Diphtheria, Tetanus, and Pertussis (DTaP)
11	IPV, Measles, Mumps, and Rubella (MMR)	12	Human Papillomavirus (HPV)
13	Pneumococcal Conjugate vaccine (Sickle cell anaemia)	14	Herpes zoster
15	Varicella vaccine	16	Pneumococcal polysaccharide conjugate vaccine (PSV23)
17	Oral Cholera Vaccine (during epidemics)	18	Yellow fever vaccines (travel vaccination)
19	Rabies vaccines (pre and post exposure prophylaxis vaccination)	20	COVID- 19 booster vaccination
21	Meningococcal vaccine (international travellers, during outbreaks, students going abroad and travellers to Haj and Sub-Saharan Africa)	22	Annual Influenza Vaccine

3.4.9 Column (9): whether hospitalized during last 365 days

3.4.9.0 A member of the household will be considered as **'hospitalized'** if she/he has been admitted as an *in-patient* in a **medical institution** (see paragraph 3.8.0). A person who underwent surgery in a temporary camp or day care centre will also be considered to have been 'hospitalized' for the purposes of this survey.

3.4.9.1 It is to be ascertained from all the members of the household whether one or more member(s) was/were hospitalized during the last 365 days and accordingly code 1 will be put in column 9 against such member(s) who was (were) hospitalised. For other members code 2 will be recorded in column 9.

3.4.9.2 There may be situations where a member of the household was hospitalized during the last 365 days and died prior to the date of the survey. Such a person, being not a member of the household as on the date of the survey will not be listed in Block 3. Details of such former household members who died during the last 365 days will be recorded in Block 4.

3.4.9.3 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 or not. If 'yes', code 1 should be put in column 9 against the mother if she is a household member in the Section A of Block 3. However, the baby will not be considered to have been

hospitalized unless the discharge from hospital was delayed because of illness of the newborn child.

3.4.9.4 On the other hand, for the females listed in Section B of Block 3, it will be ascertained, whether childbirth took place in a medical institution. If so, code 1 should be put in column 9 against her.

Column 10 is applicable only if, entry in column 9 is 1.

3.4.10 Column (10): number of times hospitalized

3.4.10.0 For this survey, ‘number of times hospitalized’ will be referred to as the ‘number of cases of hospitalization’. Each admission to hospital should be counted as a separate case of hospitalization. For each member with code 1 in column 9, the number of cases of hospitalization will be reported in column 10.

Column 11 is applicable only if, entry in column 4 is 2 and entry in column 5 is in between 15-49 years.

3.4.11 Column (11): whether pregnant during last 365 days (yes-1, no-2)

3.4.11.0 This question will be asked to the female members of the household within the child bearing age of 15-49 years- whether they were pregnant any time during last 365 days. For all women in age group 15-49 years who have been pregnant at any time during the last 365 days, code 1 will be recorded in this column. Thus, in case the household reports a member (child) of age 0, code 1 should be put in column 11 of Section A of Block 3 against the mother if she is a member of the household. For female members of Section B of Block 3, code 1 will be auto-populated.

To be noted:

- 👉 *If reported age (column 5) in Block 3 of any such member is outside the range 15-49 years, deep probing may please be made to verify the reported age.*
- 👉 *Each female member who reported childbirth (nature of ailment code 87, 88 & 89) or “pregnancy with complications” (nature of ailment code 50) in Block 6 or Block 8 will be assigned code 1 in col. 11.*

Column 12 is applicable only if, entry in column 11=1.

3.4.12 Column (12): whether household paid major share for the childbirth expenses

3.4.12.0 For females listed in section A of Block 3, two types of situations 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 listed in section B, code 1 will be auto-populated. It may be noted that the expense of childbirth does not include expenses of ante-natal and post-natal care. Also, only the cases of livebirth or stillbirth are to be considered. Cases of abortion will not be considered.

3.4.13 Column (13): whether suffered from any communicable disease

3.4.13.0 If any member of the household had suffered from sudden outbreak of any communicable diseases during the last 365 days as per the list, then the disease from which the household member had suffered is to be recorded in terms of codes. For the household member, who did not suffer, code 19 should be given in col. 13. The operational definition of communicable diseases is given in Table 3.1. Detailed definitions of communicable diseases are given after the FAQs on pages C-80 to C-86.

3.4.13.1 The applicable codes for this column are:

Suffered from	Code
Malaria	01
Viral Hepatitis with Jaundice	02
Viral Hepatitis without Jaundice	03
Acute Diarrhoeal Diseases/ Dysentery	04
Dengue fever	05
Chikungunya	06
Measles	07
Acute Encephalitis syndrome	08
HIV/AIDS	10
Sexual Transmitted Infection (STI)/Reproductive Tract Infection (RTI)	11
Leprosy	12
Others (Typhoid, Worm Infestation, Filariasis, Tuberculosis, Kala azar, etc.)	09
Not suffered	19

TABLE 3.1: OPERATIONAL DEFINITION OF COMMUNICABLE DISEASES

SI. no.	Disease	Working/Operational Definition
1	Malaria	A case of fever which may be accompanied with any of the following <ul style="list-style-type: none"> ▪ Cough and other signs of respiratory infection ▪ Running nose and other signs of cold ▪ Diarrhoea ▪ Pelvic inflammation indicated by severe low back ache, with or without vaginal

SI. no.	Disease	Working/Operational Definition
		<ul style="list-style-type: none"> ▪ discharge and urinary symptoms ▪ Skin rash suggestive of eruptive illness ▪ Bernina micturition ▪ Skin in Tections e.g. bo'ls, abscess, infected wounds ▪ Painful swelling of joints ▪ Ear discharge
2	Viral Hepatitis/Jaundice	<p>Acute illness typically including:</p> <ul style="list-style-type: none"> ▪ 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	Acute Diarrheal Disease/Dysentery/C holera	<p>Diarrhoea: Passage of 3 or more loose watery stools in the past 24 hours. (with or without vomiting)</p> <p>Dysentery: Acute diarrhoea with visible blood in the stool.</p> <ul style="list-style-type: none"> ▪ Cholera: Passage of stools like Rice water, Cold feet, low blood pressure
4	Dengue Fever	<p>An acute febrile illness of 2-7 days duration with two or more of the following manifestations:</p> <ul style="list-style-type: none"> ▪ Headache, ▪ Pain behind eyeballs ▪ Muscle pain ▪ Joint pain ▪ Rash, ▪ Bleeding from nose/mouth/under skin
5	Chikungunya	<p>An acute illness characterised by sudden onset of fever with any of the following symptoms</p> <ul style="list-style-type: none"> ▪ Headache, ▪ Backache, ▪ Eyes becomes sensitive to light, ▪ Severe pain in joints ▪ Rash
6	Measles	<p>A person having</p> <ul style="list-style-type: none"> ▪ Fever, ▪ Maculopapular rash with cough or running nose or conjunctivitis/redness of eyes
7	Acute Encephalitis syndrome/Japanese encephalitis	<p>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)</p>
8	Leprosy	<p>Skin patches with loss of sensation or as numbness and tingling in hands or feet/loss of sensation of the eyes/lagophthalmos (paralysis of the eyelids), ulceration of the cornea, exposure keratitis. OR Deformities and disabilities in eyes, hands and feet such as claw hands,</p>

SI. no.	Disease	Working/Operational Definition
		absorption of the digits, foot drop, inversion of the foot, clawing of the toes, etc
9	Worm infestation	Symptoms: abdominal pain, diarrhoea, fatigue, fever, gas, itchy rash, loss of appetite, nausea, vomiting, and pale skin
10	Kala azar	Fever with more than two weeks not responding to antimalarial: - <ul style="list-style-type: none"> ▪ Irregular fever ▪ Weight loss ▪ Enlargement of liver and spleen ▪ Loss of apatite ▪ Weakness ▪ Fatigue

3.4.14 Column (14): whether suffering from any chronic ailment (yes-1, no-2)

3.4.14.0 Ailment (i.e., illness or injury) refers to any deviation from the state of physical and mental well-being. To ascertain whether a person has suffered from an ailment during a particular period, one must ascertain about feeling of any deviation from physical or mental well-being by the person during the period. In this context, the following may be noted:

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

To be noted: The identification of ailments is necessarily subjective as it depends on the feeling or perception of the person concerned.

3.4.14.1 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.

3.4.14.2 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.

To be noted:

- ☞ 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, these may be ascertained from 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 persons concerned.

To record entry in column 14

To make entries in col. 14, the following questions should be asked to 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**, the member should be regarded as 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, for 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 should be considered as 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 and continue till the last member is covered.

3.4.14.3 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 3.2 for better understanding and reference. However, there may be symptoms not included in this list.

TABLE 3.2: LIST OF CHRONIC AILMENTS AND THEIR SYMPTOMS

Disease of	Symptoms
Respiratory system	<ul style="list-style-type: none"> - Cough with sputum/ with blood - Breathlessness/fever
Cardiovascular system	<ul style="list-style-type: none"> - Breathlessness on exertion and even at rest - Recurrent chest pain - Hypertension
Central nervous system	<ul style="list-style-type: none"> - Persistent convulsions - Paralysis of one or more limbs - Persistent severe head ache with or without vomiting
Musculoskeletal system	<ul style="list-style-type: none"> - Swelling and pain in the joint/muscles
Gastrointestinal system	<ul style="list-style-type: none"> - Repeated episodes of diarrhoea/dysentery - Passing blood in motion - Vomiting/blood in vomit - Persistent abdominal pain - Persistent jaundice - Incontinence in motion
Genito-urinary system	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Chronic ulcers - Recurrent rashes
Goitre	<ul style="list-style-type: none"> - Swelling in front of neck, painless swelling in front of neck
Elephantiasis	<ul style="list-style-type: none"> - Swelling of foot/leg progressively increasing over the years with thickening of skin
Eye problems / diseases	<ul style="list-style-type: none"> - Redness and irritation, pain in the eye, discharge from the eye, blurred vision and double vision
ENT problems/ diseases	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Toothache, bleeding/ swelling/ discharge from the gums, ulcers in the mouth / tongue

Disease of	Symptoms
Endocrine, Metabolic, Nutritional	- Diabetes Type I and Type II
Others	- Other chronic symptoms not covered above

3.4.15 Column (15): whether suffered/suffering from any other ailment any time during last 15 days (other than chronic ailments)

3.4.15.0 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 recorded in col.15, irrespective of how many such ailments the member has suffered from.

To be noted

- 👉 *For the purpose of col. 15, chronic ailments will be excluded.*
- 👉 *Any 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 ante-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.*

Note: *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.*

3.4.16 Column (16): whether suffered/suffering from any other ailment on the day before the date of survey

3.4.16.0 The only difference of this question from the question of col. 15 is that here the reference period is one day – the day before the date of survey. 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 col. 15, only ailments other than chronic ailments will be considered here.

Note: 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.

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.

3.4.17 Column (17): whether covered by any scheme for health financing scheme

3.4.17.0 If any member of the household is covered by any health financing scheme as on the date of the survey, the same is to be recorded against the respective member of the household. The details of different health financing schemes are as follows:

3.4.17.1 Ayushman Bharat - Pradhan Mantri Jan Aarogya Yojana (PMJAY): This is a component of Ayushman Bharat scheme of Government of India which aims at providing health cover of Rs. 5 lakhs per family per year for secondary and tertiary healthcare hospitalization to poor and vulnerable families (approximately 50 crore beneficiaries) that form the bottom 40% of the Indian population. The households included in this scheme are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. Recently, Government of India has announced extension of the coverage of PMJAY health scheme to all senior citizens aged 70 and above regardless of their income. This extended scheme has been named as Ayushman Vaya Vandana.

3.4.17.2 ESIS/ESIC (Employee's State Insurance Scheme (ESIS)/Employee's State Insurance Corporation (ESIC)): The promulgation of Employees' State Insurance Act, 1948 (ESI Act), by the Parliament was the first major legislation on social Security for workers in independent India. The ESI Act 1948, encompasses certain health related eventualities that the workers are generally exposed to; such as sickness, maternity, temporary or permanent disablement, Occupational disease or death due to employment injury, resulting in loss of wages or earning capacity-total or partial. Social security provision made in the Act to counterbalance or negate the resulting physical or financial distress in such contingencies, are thus, aimed at upholding human dignity in times of crises through protection from deprivation, destitution and social degradation while enabling the society the retention and continuity of a socially useful and productive manpower.

3.4.17.3 CGHS/ECHS/Other Central Govt. Health Scheme (of Railways, etc.): Central Government Health Scheme (CGHS) provides comprehensive medical care to the Central Government employees and pensioners enrolled under the scheme. It caters to the healthcare needs of eligible beneficiaries covering all four pillars of democratic set up in India namely

Legislature, Judiciary, Executive and Press. CGHS is the nodal health care facility provider for Central Government employees & Pensioners and is unique of its kind due to the large volume of beneficiary base, and open-ended generous approach of providing health care. CGHS provides health care through the systems of Medicine: Allopathic, Homoeopathic, Indian system of medicine, Ayurveda, Unani, Siddha and Yoga.

Ex-Servicemen Contributory Health Scheme (ECHS) of Department of Ex-Servicemen Welfare (ESW), M/o Defence was launched with effect from 01 April, 2003. This is a contributory social health insurance scheme, for every personnel of the armed forces, after retirement. The member has to make one time contribution to the scheme according to his pay scale. Ex-servicemen pensioners and their dependants who were only entitled for treatment in service hospital were authorised for treatment, not only in service hospitals, but also in those civil/private hospitals which are specifically empanelled with the ECHS.

Any other health schemes of Central Government such as Health schemes of M/o Railways are also to be included under this category.

3.4.17.4 State Health Insurance Scheme: Any specific health insurance scheme launched by State Government is to be covered under this category. For e.g., Swasthya Sathi health insurance scheme of Government of West Bengal, Biju Swasthya Kalyan Yojana of Government of Odisha, Karunya Health Scheme of Government of Kerala, etc.

3.4.17.5 PSU as an employer (both Central and State): Any specific health insurance scheme which is provided to all the employees working in Public Sector Undertakings (PSUs) of Central and State Government will be covered here.

3.4.17.6 Other Health Insurance through employer/medical reimbursement by employer (excluding government and PSU): Any other health insurance scheme provided by employer/medical reimbursement by employer excluding government and PSU, which does not cover under any of the categories mentioned above, will be recorded under this category.

3.4.17.7 Privately purchased commercial schemes/insurances: Any health insurance scheme purchased directly from an insurance company will be reported under this category.

3.5 Block 4: Particulars of former household members who died during the last 365 days

3.5.0 This block is meant 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 3A 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 related 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 3B. The information to be recorded in different columns of the block is explained below:

3.5.1 Column (1): serial number

3.5.1.0 Serial numbers starting from 91 will be used in column 1, Block 4. The serial numbers 91, 92 and 93 will be auto-populated in the rows provided. Thus, the serial numbers in Block 4 will be different from those in Block 3.

3.5.2 Columns (2) & (3): name and gender of the deceased member

3.5.2.0 The name of the deceased member will be written in col. 2 and the code for his/her gender (male - 1, female - 2, transgender - 3) in col. 3.

3.5.3 Column (4): age at death (years)

3.5.3.0 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.

3.5.4 Column (5): whether medical attention received before death

3.5.4.0 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.*

3.5.4.1 For recording 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 at least two weeks before death and not resumed it, the entry will be 2.

3.5.5 Column (6): whether hospitalized at least once during last 365 days

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

Column 7 is applicable only if, entry in column 6=1.

3.5.6 Column (7): number of times hospitalized

3.5.6.0 For a person with code 1 in col. 6, the number of times the person was hospitalized during last 365 days will be recorded here.

Column 8 is applicable only if, entry in column 6=2.

3.5.7 Column (8): reason for non-hospitalization just before death

3.5.7.0 If the person was not hospitalized immediately before death, the reason for non-hospitalization will be recorded here. The entry will be made in one of the following codes:

Reason	Code
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 hospitalized	6
patient died before taking to hospital	7
others	9

3.5.8 Column (9): if died during last 15 days, whether suffered from any chronic ailment (yes-1, no-2)

3.5.8.0 If the deceased member was suffering from any chronic ailment before death (if died during last 15 days), then code 1 is to be recorded here, otherwise code 2 will be recorded. Please refer paras. 3.4.14.0 – 3.4.14.4 above for detailed guidelines for recording chronic ailment.

3.5.9 Column (10): if died during last 15 days, whether suffered from any other ailment (other than chronic ailments) during last 15 days?

3.5.9.0 During the last 15 days, if the deceased member suffered from any ailment days before death related to skin, head, eyes, ears, nose, throat, arms, hands, chest, heart, stomach, liver, kidney, legs, feet or any other organ of the body, then code 1 will be recorded in col.10, irrespective of how many such ailments the member had suffered from. Please refer para. 3.4.15.1 for more details.

3.5.10 Column (11): whether pregnant any time during last 365 days

3.5.10.0 For deceased females aged 15-49 years at death, it will be enquired whether they had been pregnant at any time during the last 365 days. Response will be recorded in either 'yes' (code 1) or 'no' (code 2).

Column 12 is applicable only if, entry in column 11=1.

3.5.11 Column (12): time of death

3.5.11.0 For deaths reported to have occurred due to pregnancy/ delivery/ abortion, the time of death in respect of their pregnancy will be enquired upon and an appropriate code among the codes 1-4 will be recorded. For those with code 1 in col. 11, one of the following codes is to be entered in col.12.

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

3.5.11.1 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 after 6 weeks of delivery/abortion, code 9 is to be recorded even if the death is reported as due to pregnancy/ delivery/ abortion.*

3.6 Block 5: General Household Characteristics

3.6.1 Question 1: Household size

3.6.1.0 The size of the sample household i.e., the total number of persons normally residing together and taking food from the same kitchen (including temporary stay-aways and excluding temporary visitors) will be recorded against this item. This number will be the same as the last serial number recorded in col. 1 of Block 3A and will be auto-populated.

3.6.2 Question 2: Religion

3.6.2.0 Religion of the head of the household will be recorded against this question.

The applicable codes are:

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

3.6.3 Question 3: Social group

3.6.3.0 Social group of the head of the household will be recorded against this question.

The applicable codes are:

Schedule Tribe (ST)	1
Schedule Caste (SC)	2
Other Backward Class (OBC)	3
Others	9

Those who do not come under any one of the first three social groups will be assigned code 9.

3.6.4 Question 4: Household type

4.5.4.0 The household type code is based on the means of livelihood of a household and will be decided on the basis of the sources of the household's major income from an economic activity during the 365 days preceding the date of survey (For the definition and procedure of determination of household type see Chapter One). 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

3.6.5 Question 5: was there a sudden outbreak of communicable disease in the community afflicting at least one household member during last 365 days?

3.6.5.0 If there was a sudden outbreak (please refer to Para 1.6.14 in Chapter One) of any one of the communicable diseases mentioned in the list in the schedule and any of the household members 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-28-A-30 and Table 3.1 for details).

3.6.5.1 Major communicable diseases considered in this survey are: Malaria; Viral Hepatitis with Jaundice; Viral Hepatitis without Jaundice; Acute Diarrhoeal Diseases/Dysentery; Dengue fever; Chikungunya; Measles; Acute Encephalitis Syndrome, HIV/AIDS, STI/RTI, Leprosy, Typhoid, filariasis, Tuberculosis, etc. It may be noted that both epidemic and pandemic are to be treated as outbreaks.

3.6.5.2 In a summarised form, working/operational definitions of different communicable diseases are given in Table 3.1 and the detailed definitions are given after FAQs.

3.6.6 Question 6: amount of medical insurance premium paid for household members during last 365 days (Rs.)

3.6.6.0 In this question, 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, ESI or any privately purchased health scheme. 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.

3.6.7 Usual monthly consumption expenditure of the household (Rs.)

3.6.7.0 This information is collected to classify the households into different UMPCE (Usual Monthly Per Capita Consumption Expenditure) classes. Household consumption expenditure (HCE) is the sum total of monetary values of all goods and services consumed (out of purchase or procured otherwise) by the household on domestic account (i.e., all expenditures excluding those for entrepreneurial purposes) during a reference period. Procedure for deciding consumption of goods and services by a household is same as that followed in usual Consumption Expenditure Survey of NSS. Further, all types of transfer payments made such as gifts given to beggar, income tax paid, if any, will not be covered

under consumption expenditure. However, expenditure on household durable goods is to be included. This to be noted that in Q7-Q11, entries to be made in whole number. Q12 will be generated automatically. The composition of household's usual monthly consumption expenditure is as follows:

Question 7: Usual consumption expenditure in a month for household purposes out of purchase (including online purchase) of goods and services excluding items like clothing, footwear (A)

3.6.7.1 Regular monthly expenditure incurred by the household for purchase (including online purchase) of goods and services for household purposes will be included here *whereas expenses on items like clothing, footwear and purchase of durable goods will be excluded from the coverage of this item*. Further, cash remittances should not be reported under this item.

Question 8: Imputed value of usual consumption in a month from home grown stock like, rice, cereals, pulses, vegetables, milk, firewood, chips, cow dung, etc. (B)

3.6.7.2 There are some households, especially in rural areas, who use (i.e., consume) items of household consumption goods like rice, cereals, pulses, vegetables, milk, firewood & chips, cow dung etc., from home grown stock on a regular basis. For households who use items of household consumption goods from home grown stock on *regular basis*, the imputed value of such usual consumption in a month at ex-farm/ex-factory price will be recorded here.

Question 9: Imputed value of usual consumption in a month from wages in kind, free collection, gifts, etc. (C)

3.6.7.3 There are some households who regularly consume goods and services that are received in exchange of goods and services provided by them. For wage salaried employees, such services received could be perquisites like free electricity, free telephone services, free medical services, etc. For agricultural labourers, such goods and services received could be food-grains, vegetables, meals, etc., as payment for wages in kind. In some cases, it may also happen that the household regularly consumes goods and services received as gifts or obtained through free collection. For households who regularly **consume goods and services received** as (i) wages in kind (ii) in exchange of goods provided by them (iii) as gifts or (iv) obtained through free collection, etc., the imputed values of all such usual consumption in a month at local retail prices will be recorded here. Mid-day meals received free by household members also will be considered for making entries against this item.

To be noted:

👉 For households who regularly consume goods and services received as wages in kind, in exchange of goods provided by them, as gifts or obtained through free

collection etc.; the imputed value of such usual consumption in a month at local retail prices is to be recorded.

- 👉 Goods and services received as gifts or obtained through free collection or allotted by Government (e.g., fund allotted for students in Government sponsored school) which are regular in nature are only to be considered for reporting.
- 👉 If goods and services received at subsidized rates, local retail price is to be imputed.
- 👉 Rent of leased out land received in kind, and consumed by the household, is to be considered and imputed value of good received is to be recorded.

Question 10: Expenditure on purchase (including online purchase) of items like clothing, footwear, etc., during last 365 days (D)

3.6.7.4 Expenditure incurred on purchase (including online purchase) of items like clothing footwear, etc., which generally are not purchased on a regular basis during the last 365 days will be recorded here.

Question 11: Expenditure on purchase (including online purchase) of household durables like bedstead, furniture, vehicles, TV, fridge, fans, cooler, AC, mobile, computer, kitchen equipment etc., during last 365 days (E)

3.6.7.5 Expenditure incurred by the household during the last 365 days for purchase (including online purchase) of household durable goods like, bedstead, furniture, vehicles, TV sets, fridge, fans, cooler, AC, mobile phones, computers, kitchen equipment, etc., will be recorded here. Expenditure for construction/repair of household durable goods will also be considered for reporting in this item which may include cost of raw materials, labour.

To be noted:

- 👉 If a household purchases a car or any other durable goods on hire purchase basis, the actual amount paid, which may include down payment and/or payment of instalments, during the reference period is to be recorded irrespective of whether such durable goods was purchased during the reference period or not.
- 👉 If a car or any other durable goods is purchased during last 365 days by taking loan from bank and installments are being paid to the bank as repayment of loan, the full purchase amount of such durable goods is to be considered and reported instead of the total amount paid in one or more installments during the last 365 days.
- 👉 Cost of repair/ servicing of vehicle will be considered for reporting in this item.
- 👉 Major repair/construction of durable goods which intends to increase the life of the durable goods will be considered for reporting in this item.
- 👉 Minor repair of the durable goods or minor repair made for the purpose of beautification of house/flat which will be considered for reporting in this item.

Question 12: Usual monthly household consumption expenditure = [A + B + C + (D+E)/12]

3.6.7.6 Q7 to Q11 are for collecting information on different components of household's usual monthly consumption expenditure and from the entries in Q7 to Q11, household's usual monthly consumption expenditure will be generated automatically in Q12 in whole number of rupees rounded to the nearest rupee.

3.6.7.7 Special procedure for expense on tuition fees, hostel room charges and hostel mess charges:

- ➔ 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 'A'.
- ➔ 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 (parent household) for a member of another household (usually a hostel student) are covered by the Use Approach.
- ➔ 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, the monthly average over a year will be included in 'A'.

To be noted:

- 👉 In Q7, Q10 and Q11, online expenditure is also to be considered.
- 👉 Amount spent for purchase of flats/houses will not be considered for calculating UMPCE as it is treated as an investment/capital expenditure.
- 👉 Expenditure incurred for regular medical treatment or diagnosis (e.g., dialysis for kidney impairment, chemotherapy/radiology for cancer) will be considered for calculating UMPCE. However, any expenditure on hospitalization, which is not of regular nature, will be excluded.
- 👉 Expenditure incurred for payment of insurance premium, will be excluded as it is essentially a transfer payment and all types of transfer payments are outside the purview of consumption expenditure.

3.7 General instructions for Blocks 6, 7, 8, 9

3.7.0 These blocks are meant for collecting information on general morbidity, expenditure incurred on medical treatment of ailments and use of medical services by the members of the sample households. The information to be collected are related 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.

3.7.1 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.

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

To be noted

For recording Block 6

I. Applicable for a member or deceased former member hospitalized during last 365 days (code 1 in Block 3A col.9, or code 1 in Block 4, col.6)

If available → Identify the different cases of hospitalization (different persons hospitalized, same person hospitalized in 2 different hospitals, same person hospitalized in same hospital for 2 different ailments or 2 different spells of ailments)

→ Blocks 6 & 7 are to be filled for each person separately who were hospitalized during last 365 days.

→ Fill up one column of Block 6 for each case of hospitalization of a person.

→ Fill up one column of Block 7 (expenditure incurred) for each case of hospitalization.

→ Repeat the process, if there is more than one case of hospitalization for a person.

→ Go to Block 8.

II. Applicable for a member of Block 3B (code 1 in Block 3B col.9) hospitalized for childbirth

If available → Fill up one column of Block 6 for each case of hospitalization with code 87 or 88 or 89 in item 5 (nature of ailment).

→ Fill up one column of Block 7 for each case of hospitalization.

→ Go to Block 11B.

For recording Block 8

****DO NOT FILL BLOCK 8 AND 9 FOR FEMALES LISTED IN BLOCK 3B****

III. Applicable for a member or deceased former member suffered from any ailment during last 15 days? (Including those who were hospitalized during last 15 days) (Code 1 in col.14 or col.15 of Block 3A, or Code 1 in col. 9 or col. 10 of Block 4)

If available → 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 hospitalization and are already covered in Blocks 6 & 7 (covers hospitalization at some time in the last 365 days.)

Note: *For each spell of ailment reported during last 15 days in Block 8, 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 hospitalization during the last 15 days.*

Note: *Blocks 6 and 7 will be filled up if the respondent answers 'yes' (code 1 in Block 3A & 3B (for childbirth only), col. 9, or code 1 in Block 4, col. 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) hospitalized at any time during the last 365 days?

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

3.8.0 Medical institution: This refers to any medical institution having provision for admission of sick persons as in-patients for treatment as well as provides treatment to a person as out-patient. 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-21 to A-25 in Chapter One.

3.8.1 Hospitalization: Admission as in-patient to a medical institution (as defined above) for treatment of some ailment or injury, or for childbirth, will be considered as hospitalization. The birth of a baby in a hospital will not be taken as a case of hospitalization 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 to be regarded as a case of hospitalization. *Surgeries undergone in temporary camps set up for treatment of ailments (say, eye ailments) will be treated as cases of hospitalization for the purpose of the survey.*

Note: *It is possible that admission to any medical institution as in-patient and discharge from there take place on the same day.*

3.8.2 Case of hospitalization: Each admission to hospital should be counted as a separate hospitalisation case.


Exception: When the hospitalization is for the same spell¹ of ailment, the hospital is the same, and no separate account of expenditure is kept, it may be treated as a single case of hospitalization.


Identifying the different cases of hospitalization

The first step is to examine if there was a single case of hospitalization, or more than one.

Two hospitalization cases will arise if

- (i) two different persons are hospitalized or*
- (ii) the same person is hospitalized in 2 different hospitals or*
- (iii) the same person gets hospitalized in the same hospital for 2 different ailments, either 2 ailments together or one ailment followed by the other or for 2 different spells of ailments.*

 *Particulars of each hospitalization 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 hospitalization 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.*

3.8.3 Item 1: serial number of the hospitalization case

3.8.3.0 A running serial number of the hospitalization cases will be auto-populated against item 1 for each person reporting hospitalization and total number of hospitalization cases

¹ A spell of ailment is a continuous period of sickness due to a specific ailment.

for a person should be equal to the entry made in col. 10 of Block 3A/3B or col. 7 of Block 4.

3.8.4 Item 2: serial number of member hospitalized

3.8.4.0 This entry will be auto-populated from col. 1 of Block 3A/3B for the members who were given code 1 in col. 9, i.e., persons who were hospitalized during the last 365 days and from col. 1 of Block 4, for the members (deceased at the time of survey) who were given code 1 in col. 6, i.e., persons who were hospitalized during the last 365 days.

3.8.4.1 If a member was hospitalized 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 hospitalization cases of the member.

To be noted:

- 👉 *For cases of hospitalisation of current members, the serial number is to be taken from col. 1 of Block 3A.*
- 👉 *For cases of hospitalization 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 col. 1 of Block 3B (i.e., 81, 82, etc.).*
- 👉 *For cases of hospitalization of deceased former members, the serial number is to be taken from col. 1 of Block 4 (i.e., 91, 92, etc.).*

3.8.5 Item 3: age (years)

3.8.5.0 This will also be auto-populated from the entry of Block 3A & 3B (col. 5) or Block 4 (col.4) for the hospitalized member. For the deceased member, age refers to *age at death*.

3.8.6 Item 4: age (in days)

3.8.6.0 This item is applicable only for child of age 0 year. For those children, age in days is to be recorded.

3.8.7 Item 5: nature of ailment

3.8.7.0 The nature of ailment for which the member was hospitalized (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 on pages C-31 to C-39. Besides Block 6, item 5, this code list is applicable to Block 8, item 5. The basic guidelines for determination of nature of ailment are given in the box below. **For the female members of Block 3B this item should be any one of childbirth related code (i.e., 87, 88 or 89).**

3.8.8 Availability of reported diagnosis: A reported diagnosis is to be considered as 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.

Guidelines for determining nature of ailment in a case of hospitalization:

- ☞ 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.
- ☞ In case of a few of the codes for nature of ailment a response to a second question is required – for example, if the symptom 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.
- ☞ Care is to be taken **to avoid recording information on the basis of medical diagnosis provided by unqualified/informal health care providers, or opinions formed by relatives, friends, etc.** In such cases always go by main symptom.
- ☞ **Some disease descriptions are given in capital letters in the code list in Table 3.3. For these diseases, the reported diagnosis is mandatory to give that code for a number. In other words, for such diseases code cannot be given on the basis of symptoms alone. For other disease codes, a main symptom is enough if reported diagnosis is not available.**
- ☞ If the symptoms reported do not fit into any of the given categories, code 61 is to be recorded. If the informant is unable even to report the main symptoms, code 62 will be recorded.
- ☞ 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 hospitalization of the child. If, however, a baby who has never left the hospital contracts an illness for which it has to stay in hospital, is to be regarded as a case of treatment received as in-patient, or, in other words, as a case of hospitalization of the child.

3.8.9 The working definitions of all the ailments and the codes are available in Table 3.3:

Table 3.3: 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, cerebral malaria, typhoid encephalopathy etc.
02	Malaria	<p>Malaria: Reported diagnosis OR A case of fever which may be accompanied with any of the following</p> <ul style="list-style-type: none"> ▪ Cough and other signs of respiratory infection ▪ Running nose and other signs of cold ▪ Diarrhoea ▪ Pelvic inflammation indicated by severe low back ache, with or without vaginal discharge and urinary symptoms ▪ Skin rash suggestive of eruptive illness ▪ Bernina micturition ▪ Skin infections e.g. boils, abscess, infected wounds ▪ Painful swelling of joints ▪ Ear discharge
03	FEVER DUE TO DIPHTHERIA, WHOOPING COUGH	<p>Diphtheria: <i>Reported diagnosis only.</i> (Diagnosis rests on fever, sore throat, and presence of a patch over the tonsils confirmed by the presence of <i>C. diphtheriae</i> 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'.</p> <p>Whooping cough: <i>Reported diagnosis only</i> (diagnosis rests on fever with bouts of coughing followed by a whoop and confirmed by the presence of <i>B. pertussis</i> through lab test.)</p> <p>If a doctor's diagnosis or lab report is not there, then such fever should be coded as 'all other fevers –04'.</p>
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)	<p>Reported diagnosis of Chickenpox, Measles and German measles OR Any Fevers with any eruptive lesions on skin or rashes.</p> <p>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.</p> <p>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.</p>

Code	Reported diagnosis and/or main symptom	Working definition
05	TUBERCULOSIS	<p>Tuberculosis: <i>reported diagnosis only.</i> 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).</p> <p>If it could not be confirmed, then such fever should be coded as 'all other fevers – 04'.</p>
06	Filariasis	<p>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 microfilaria in peripheral night blood smear or elephantiasis.</p> <p>Acute Case: A person presenting with Axillary/inguinal Lymphadenopathy, Swelling, Pain and Red Streak in the affected Limb, residing in or travel history from I-F endemic areas with/without fever and chills and tested positive for Mf/Ag by NBS/FTS</p> <p>Chronic Case: Person presenting with Lymphoedema/Elephantiasis, Hydrocele in I-F endemic area due to no other obvious cause</p> <p>If it could not be confirmed, then such fever should be coded as all other fevers – 04.</p>
07	Tetanus	<p>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.</p> <p>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.</p>
08	HIV/AIDS	<p>HIV/AIDS: <i>reported diagnosis only.</i> Symptoms alone, with a professional or laboratory confirmation cannot make the diagnosis.</p> <p>Anyone with 1 or more of the following symptoms should be screened for HIV test,</p> <ul style="list-style-type: none"> ▪ Unexplained weight loss in the last few months. ▪ Persistent fever for more than two weeks without a known cause ▪ Frequently experience night sweats (waking up drenched in sweat)

Code	Reported diagnosis and/or main symptom	Working definition
		<ul style="list-style-type: none"> ▪ Painful/painless swollen lymph nodes (e.g., in the neck, armpits, or groin) for more than a month <p>Prolonged diarrhoea (lasting more than a week) without an identifiable cause</p>
09	Other sexually transmitted diseases	<p>Sexually transmitted diseases: Rests largely on reported diagnosis <i>only</i> OR sometimes a clear symptom of urethral discharge or genital ulcers or vaginal discharge, scrotal discharge, painful acute scrotal swelling, swelling in the groin <i>with</i> history of sexual exposure.</p> <p>If it could not be confirmed, then it should be classified under 'reproductive tract infection/pelvic inflammatory disease- code 48'.</p>
10	Jaundice	<p>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.</p> <p>Acute illness typically including:</p> <ul style="list-style-type: none"> ▪ Jaundice (yellow eyes/skin), ▪ Malaise (weakness), ▪ Fever and ▪ Vomiting
11	Diarrhoeas/ dysentery/ increased frequency of stools with or without blood and mucus in stools	<p>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.</p>
12	Worm infestation	<p>Worm infestation: Either a reported diagnosis OR clear history of passing worms with stools or vomitus is required.</p>
CANCERS		
13	CANCERS (known or suspected by a physician) and occurrence of any growing painless lump in the body	<p>Cancer and other tumours: <i>Reported diagnosis only.</i></p> <p>(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.)</p>

Code	Reported diagnosis and/or main symptom	Working definition
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/ physician.
15	Bleeding disorders	Bleeding disorder, haemophilia, etc: Reported diagnosis <u>OR</u> a history of recurrent frequent bleeding after even minor injuries, or from one nasal passage or the other.
16	Sickle cell anaemia, Thalassaemia and other relevant condition	Sickle cell disease – reported diagnosis. Any other cause of anaemia with a reported diagnosis – e.g., iron deficiency anaemia, thalassaemia.
ENDOCRINE, METABOLIC, NUTRITIONAL		
17	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.
18	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 protuberant stomach also indicate this code.
19	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.
20	Others (including obesity)	
PSYCHIATRIC AND NEUROLOGICAL		
21	Mental retardation	From birth – lack of normal mental development.
22	Mental disorders	Psychiatric disorders: Diseases of longer duration of irregular nature affecting behaviour/ abnormal behaviour 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.

Code	Reported diagnosis and/or main symptom	Working definition
23	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.
24	Seizures or known epilepsy	Seizures/Epilepsy: Reported diagnosis OR recurrent episodic convulsions, usually with normalcy between episodes.
25	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).
26	Stroke/ Hemiplegia/ Sudden onset weakness or loss of speech in half of body	Stroke: Reported diagnosis of stroke or hemiplegia OR cerebrovascular disease OR sudden onset of weakness or paralysis of one half of body or even of one limb with or without impairment of speech.
27	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		
28	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.
29	Cataract	Cataract: Reported diagnosis OR self-reported with blurring/loss of vision over a period of time most commonly related to ageing with presence of opacity in either or both eyes
30	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.)
31	Decreased vision (chronic) NOT including where decreased vision is <i>corrected</i> with glasses	Could be complete or partial blindness – rapid onset or slow: Retinopathies: Could be diabetic, or having other causes 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.
32	Others (including disorders of eye movements – strabismus,	Ptosis, nystagmus, strabismus or squint, styes, etc: Reported diagnosis OR drooping of eyelids, inability to close eyes, squints,

Code	Reported diagnosis and/or main symptom	Working definition
	nystagmus, ptosis and adnexa)	and other disorders of eye movements or swellings and infections of eyelids.
EAR		
33	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.
34	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		
35	HYPERTENSION	Hypertension: <i>Reported diagnosis only.</i>
36	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		
37	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.
38	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.
39	Bronchial asthma/ recurrent episode of wheezing and breathlessness with or without cough over long periods or known asthma)	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 minimal problems between episodes.
GASTRO-INTESTINAL		
40	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.

Code	Reported diagnosis and/or main symptom	Working definition
41	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.
42	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.
43	Gastrointestinal bleeding	Haemorrhoids, 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		
44	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		
45	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.
46	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		
47	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, inability to hold urine, with/without pain/burning sensation. Genital disorders – problems related to male genitalia with respect to urination
48	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.)

Code	Reported diagnosis and/or main symptom	Working definition
49	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		
50	Pregnancy with complications before or during labour (abortion, ectopic pregnancy, hypertension, complications during labor)	Pregnancy with complications: <i>Before onset of labour pains</i> – would include abortions, fevers, hypertension, moderate to severe anaemia, severe swelling of feet, severe headaches, severe vomiting, or in-utero death of fetus, bleeding from vagina and stillbirths. <i>After onset of labour pains</i> – 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.
51	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.
52	Illness in the newborn/ sick newborn/infant	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		
53	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.
54	Accidental drowning and submersion	---
55	Burns and corrosions	Any burns, corrosions due to fire, steam/vapour, hot liquids, acids or chemicals leading to boils, abrasions and lacerations.
56	Poisoning	Internal ingestion of excessive inappropriate levels of medicines, any levels of pesticides, insecticides, rat poisons or other chemicals, applications on skin.
57	Intentional self-harm	Intentional self-harm – suicide, attempted suicide or even deliberate self-injury inflicted on oneself for whatever reason.
58	Assault	Harm inflicted deliberately by another human being.
59	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.

Code	Reported diagnosis and/or main symptom	Working definition
60	KIDNEY FAILURE	<i>Reported diagnosis only</i>
OTHER		
61	Symptom not fitting into any of above categories	---
62	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.)	

3.8.10 Item 6: nature of treatment

3.8.10.0 In this item, the discipline in which a member has taken treatment as in-patient of the medical institution during the last 365 days is to be recorded in terms of the following codes:

Allopathy	1
Ayurveda/Yoga/Naturopathy/Unani/Siddha/Sowa-Rigpa/Homoeopathy	2
Both 1 & 2	3
Other	9

Definitions of the different systems of treatment are provided on pages A-25 and A-28 in Chapter One.

3.8.11 Item 7: type of medical institution

3.8.11.0 The medical institution(s) where a member of the household was hospitalized once or more for taking treatment during the reference period of last 365 days will be ascertained here in terms of codes as given below, the 'type of medical institution' includes both public and private institutions.

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

It is reiterated that, code 1 includes Ayushman Arogya Mandir (AAM), Health Sub Centres (HSC), Primary Health Centres (PHC), Community Health Centres (CHC), Health and Wellness Centres, District hospitals, Sub-district hospitals, medical colleges, General

hospitals, Mother and Child hospitals, Municipal hospitals, etc. For detailed definitions, see pages A-21 to A-25.

Item 8 is applicable only if, entry in item 7 is code 2 or 3

3.8.12 Item 8: reason for not availing govt./public hospital

3.8.12.0 In cases of hospitalization where govt./public medical facility are not availed i.e., code in item 7 is either 2 or 3, reasons for not availing govt./public medical facility will be asked. Codes for this item are:

required specific services not available	1
available but quality not satisfactory/doctor not available	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

3.8.13 Item 9: type of ward

3.8.13.0 There are usually different classes or types of wards in a hospital/medical facility. The type of ward where the patient was admitted (for the particular hospitalization case) will be recorded here in code. The codes are:

free	1
paying general	2
paying special	3

3.8.13.1 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 be given code 3.

3.8.14 Item 10: when admitted

3.8.14.0 The time, with respect to the date of survey, when the patient was admitted to the hospital will be recorded against this item in code. Here, the date of survey will not be considered while recording time of admission. The codes are:

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

3.8.15 Item 11: when discharged

3.8.15.0 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

3.8.16 Item 12: duration of stay in hospital (days)

3.8.16.0 In this item, 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.

3.8.17 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.

3.8.18 Items 13 to 16: details of medical services received:

3.8.18.0 The entries against these items will be made in code for the person who have availed the medical services. The codes are:

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

3.8.18.1 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 cost 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.

3.8.18.2 Example: Item 14 (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.

3.8.19 Item 17: whether treated on medical advice before hospitalization

3.8.19.0 If any treatment on medical advice has taken immediately before getting admitted to hospital for the same case of illness which caused hospitalization, code 1 will be entered against item 17, otherwise, the entry will be 2. The treatment taken before getting admitted to a 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. It is not necessary that the treatment before hospitalization is taken within the reference period for recording code 1 in item 17.

Items 18-20 are applicable only if, entry in item 17 is code 1

3.8.20 Item 18: nature of treatment

3.8.20.0 This refers to the discipline in which the treatment was availed by a patient before hospitalization. The codes for this item are same as mentioned for item 6.

3.8.21 Item 19: level of care

3.8.21.0 This refers to the healthcare service provider from where the treatment was availed before hospitalization. The codes are –

Govt./public hospital (incl. AAMs/HSC/PHC /CHC etc.)	1
Charitable/Trust/NGO run hospital	2
Private hospital	3
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’.

3.8.21.1 It is reiterated that, code 1 includes Ayushman Arogya Mandir (AAM), Health Sub Centres (HSC), Primary Health Centres (PHC), Community Health Centres (CHC), Health

and Wellness Centres, District hospitals, Sub-district hospitals, medical colleges, General hospitals, Mother and Child hospitals, Municipal hospitals, etc. For detailed definitions, see pages A-21 to A-25.

3.8.21.2 It may be noted that a private clinic differs from a private hospital in that it has no in-patient facility.

3.8.21.3 If, for a particular spell, treatment has been availed of from two sources, then the source which is last consulted may be considered.

3.8.22 Item 20: duration of treatment

3.8.22.0 The duration of treatment undergone by a patient before hospitalization 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.

Item 21 is applicable only if, entry in item 11 is code 2 or 3

3.8.23 Item 21: whether treatment on medical advice continued after discharge from hospital

3.8.23.0 Code 1 will be recorded against item 21 if the patient, after getting discharged from the hospital, has continued treatment on medical advice, otherwise code 2 will be recorded.

3.8.24 Items 22-24: Items 22, 23 & 24 are related to the *treatment taken after discharge from hospital*. The item of enquiries are similar to items 18, 19 & 20 respectively, and the similar code structure as mentioned below has been used for recording entries against items:

Item 22: Codes as in item 18.

Item 23: Codes as in item 19.

Item 24: Instruction as in item 20. (The duration of treatment undergone after discharge from the hospital will be recorded in number of days.).

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

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

To be noted:

- 👉 *Expenditure incurred only for the cases of hospitalization during the period of last 365 days will be considered here for recording. The expenses incurred before hospitalization and after discharge from the hospital/medical institution will not be considered here for recording and the same is to be reported in Block 9 (as out-patient treatment), if incurred during last 15 days.*
- 👉 *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 16 (reimbursement) as well.*
- 👉 *The information on source of finance (item 17) and amount of reimbursement (item 16) 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.*

3.9.1 Items 1-4

3.9.1.0 Entries against items 1-4 of Block 7 will be auto-populated from Block 6 in the same order as it is recorded in Block 6.

3.9.2 Item 5: whether any medical service provided free (fully /partly)

3.9.2.0 If the medical services have been received free or partly free for in-patient treatment in a medical institution during the last 365 days, then the same is to be recorded using the following codes:

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

To be noted

- 👉 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.
- 👉 It may be noted in this connection that in spite of code 1, 2 or 3 being applicable in item 5, expenditure may have been incurred on one or more of the items 6 to 11.
- 👉 Under the PMJAY scheme, secondary and tertiary healthcare services are provided free of cost to the members of the beneficiary households with health cover of Rs. 5 lakhs per family per year.
- 👉 Recently, the coverage of PMJAY has been extended to provide free healthcare services to all senior citizens aged 70 and above regardless of their income with a cap of treatment cost of Rs. 5 lakhs per annum.

3.9.2.1 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 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.

3.9.3 Items 6 to 11: medical expenditure for treatment during stay at hospital (Rs.)

3.9.3.0 The total expenditure incurred during the last 365 days for medical treatment during the stay in the hospital will be accounted for against these items. The following points should be noted:

To be noted:

- 👉 *All efforts should be made to record expenditure item-wise and in whole number of rupees. Entry against item 12 (total medical expenditure) will be auto-populated from the entries of items 6-11.*
- 👉 *Expenses incurred will include all expenditure made by the household (“out-of-pocket” expenditure) even if reimbursed later.*
- 👉 *Total expenditure incurred by the 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 16 (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 6 to 11) and the amount reimbursed will be entered against item 16.*
- 👉 *In case some or all of the expenditure was incurred by some other household, efforts should be made to record the approximate expenditure if the exact amount is not known.*
- 👉 *For institutional childbirth, record expenditure excluding ante-natal /post-natal care.*
- 👉 *It may also be noted that expenditure will not be 0 (zero), if code 4 is reported in item 5.*

3.9.3.1 Item 6: package component

3.9.3.1.0 “Packages” in respect of hospitalization cases, inclusive of 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.

3.9.3.1.1 When some treatment is received as a package (with pre-determined total cost) from the hospital, the information for items 7 to 11, 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 6 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 6 does not necessarily mean that items 7 to 11 will be blank for that particular hospitalization case (column of Block 7).

3.9.3.2 Item 7: doctor's/surgeon's fee

3.9.3.2.0 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.

3.9.3.3 Item 8: medicines

3.9.3.3.0 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.

3.9.3.4 Item 9: diagnostic tests

3.9.3.4.0 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 from outside – will be recorded here.

3.9.3.5 Item 10: bed charges

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

3.9.3.6 Item 11: Other medical expenses (attendant charges, physiotherapy, personal medical appliances, blood, oxygen, etc.)

3.9.3.6.0 This item will include all other expenditure involved in medical treatment.

3.9.3.6.1 Attendant charges: This refers to the expenses on charges for services of hired attendant(s) (caregivers) who stays 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.

3.9.3.6.2 Physiotherapy: If the patient has undergone any physiotherapy during the stay at hospital, the amount chargeable will be included in item 11 irrespective of whether the physiotherapist is the staff of the hospital or not.

3.9.3.6.3 Personal medical appliances: This refers to the expenses incurred 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.

3.9.3.6.4 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 11.

3.9.3.6.5 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 11, if borne by the household.

3.9.4 Problem of non-available break-up of medical expenditure

3.9.4.0 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.

3.9.4.1 If the inability to provide the break-up is because the household paid a lump-sum payment to the medical institution/clinic without being given any idea as to the details, there may be no alternative but to record the entire amount against item 6: package component (though this does not fit into the meaning of “package component” as explained in paragraph 3.9.3.1) with a comment.

To be noted:

The practice to record the lump-sum payment made for medical expenses 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 to record the break-up of medical expenses incurred by the household. Thus, all efforts should be made to record the medical expenses by its break-up (as provided against items 7-11).

3.9.5 Item 12: medical expenditure (Rs.): total

3.9.5.0 This will be auto-populated from the entries recorded against items 6-11.

3.9.6 Item 13: transport for patient:

3.9.6.0 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.

3.9.7 Item 14: other non-medical expenses incurred by the household (registration fee, food, transport for others, expenditure on escort, lodging charges if any, etc.):

3.9.7.0 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 14 will include expenses incurred on food supplied by the hospital (unless included in *item 10: 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 hospitalized person, will be included in item 14.

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 14.

Other expenses incurred by the household: Other incidental charges paid and expenses incurred due to hospitalization, expenditure on toiletries, etc. for the patient and escort(s), will be included in item 14.

3.9.8 Item 15: expenditure (Rs.) total:

3.9.8.0 This will be auto-populated from the entries recorded against items 12-14.

3.9.9 Item 16: total amount reimbursed by medical insurance company or employer

3.9.9.0 Of the out-of-pocket expenditure recorded in item 15, 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 16. 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.

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

- 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.

- Other types of reimbursement (paid by some charitable organisation or other household(s)).

3.9.9.2 **Example:** A household member was hospitalized 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 6 as well as item 16 with suitable remark. For the second case, the appropriate entries will be made for the break-up of this amount in items 6-11. The entry against item 16 will also be Rs.25,000.

To be noted:

Normally, reimbursement cannot exceed the cost of treatment, so the entry in item 16 cannot exceed the entry against item 15. In fact, it will normally be less than the entry against item 12, as non-medical expenditure is usually not reimbursed.

3.9.10 Item 17: major source of finance for expenses

3.9.10.0 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 for recording major source of finance for expenses are:

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

3.9.10.0 It may be noted that for the childbirth of women listed in Block 3A with entry in col. 12 (whether major share of expenses for the childbirth paid) as 2 and it is reported that parent's household had paid for the childbirth, code 4 will be recorded.

3.9.10.1 Money paid by friends and relatives as interest-free loans will come under borrowings.

To be noted:

It is to be noted that 'other sources' (code 9) does not include reimbursement from medical insurance and reimbursement by employer. This item of enquiry is only concerned with the financing of the expenditure excluding the reimbursed amount, if any.

Also, if entry against item 15 (total expenditure) and item 16 (reimbursement) is same then, this information against this item (17) may not be recorded. (In CAPI it will not appear.)

3.9.11 Item 18: place of hospitalization

3.9.11.0 The place where the person was hospitalized will be recorded against this item. Codes for this item are:

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

3.9.11.1 If a person was hospitalized 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 hospitalization 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 hospitalization was different from his/her domicile state, code 5 may be given.

Item 19 is applicable only if, entry in item 18 is code 5.

3.9.12 Item 19: state code

3.9.12.0 If place of hospitalization is outside the domicile state, i.e., code in item 18 is 5, the 2-digit state code (given in Page 15 of Vol. II) will be recoded against this item.

3.9.13 Item 20: loss of household income, if any, due to hospitalization (Rs.):

3.9.13.0 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 hospitalization case, the amount of loss incurred (in Rs.) during the reference period will be recorded against this item in whole number of rupees. Some examples are given for reference below:

- *Example 1:* A mason fell from the building while working and got his leg broken; for that he was hospitalized 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. $500 \times 25 = \text{Rs. } 12500$
- *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. $300 \times 3 = \text{Rs. } 900$. This is to be recorded against one of the hospitalized persons, preferably the adult one.
- *Example 3:* A regular salaried person was hospitalized 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 any salary. For such case loss of household income is Rs. $30000 \times 3 = \text{Rs. } 90000$.

3.10 Block 8: Particulars of spells of ailment of household members during the last 15 days (hospitalization and non-hospitalization cases)

The following are to be kept in mind:

- ☞ *This block will be applicable only for those members who were ailing during the last 15 days, i.e., the members for whom entry in column 14 of Block 3A is 1 (suffering from at least one chronic ailment on the date of survey) and/or for those members for whom entry in column 15 of Block 3A is 1 (suffered from at least one other (non-chronic)) ailment during the last 15 days.*
- ☞ *This block will also be applicable for those deceased members who died during last 15 days and suffered from chronic ailment i.e., for whom entry in column 9 of Block 4 is 1 and/or for those members for whom entry in column 10 of Block 4 is 1 (suffered from at least one other (non-chronic), if died during last 15 days).*
- ☞ *In this block, particulars of ailments of both kinds are to be recorded.*
- ☞ *For each spell of ailment, separate column of the block will be used. Therefore, for the same person, there may be more than one column to be filled in. A **spell is a continuous period of sickness due to a specific ailment.***
- ☞ *All the hospitalization cases falling (entirely or partly) within the reference period of last 15 days will be enumerated in this block as well.*
- ☞ ***This block should not be canvassed for the female members of block 3B.***

3.10.0 It may be noted that a person suffering from a chronic ailment may have suffered another ailment in the past 15 days. It is, therefore, necessary to identify the different spells of ailment suffered during last 15 days.

- Ailments of different persons are always treated as different spells.

- Also, two ailments of different NATURE suffered by the same person are different spells.
- It is also possible that 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 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 spells may be taken up one by one and entries are to be made against the items as follows.

3.10.1 Item 1: serial number of spell of ailment:

3.10.1.0 A continuous serial number starting from 1 for spell of ailment suffered by a member/deceased member will be auto-populated here. This is to be followed for each person separately.

3.10.2 Item 2: serial number of member reporting ailment (as in col.1 of Blocks 3A/4):

3.10.2.0 The serial numbers of all members, as recorded in Block 3A, col. 1, with code 1 in column 14 and/or column 15 of Block 3A (i.e., usual household member who were suffering from a chronic ailment, or had suffered from any other ailment during the last 15 days) will be auto-populated and recorded against item 2 of Block 8. For members reported to have died during the last 15 days, the serial number is to be copied from col. 1 of Block 4.

3.10.3 Item 3: age:

3.10.3.0 The age of the member/deceased member who was ailing during the last 15 days, will be auto-populated from Block 3A, col. 5, or Block 4, col. 4.

3.10.4 Item 4: age (in days)

3.10.4.0 This item is applicable for child of age 0 years. The age of child of age 0 years is to be recorded in number of days.

3.10.5 Item 5: nature of ailment

3.10.5.0 The nature of ailment from which the member was suffering/suffered will be recorded in code against this item. The code list which is given on pages 14-15 of the schedule is also given on pages C-31 to C-39. It is the same as the list for classifying ailments in hospitalization cases (Block 6, item 5). The basic guidelines are given in the box in para 3.8.8 on page C-30.

3.10.6 Item 6: whether chronic:

3.10.6.0 Following the procedures and explanations given on pages C-12–C-15, it will be ascertained whether the ailment in question is a chronic ailment. If so, code 1 will be entered against item 6 and, if not, code 2.

To be noted:

It may be noted that if code 1 is recorded against col. 14 of Block 3A or col. 9 of Block 4, then entry in any one column (spell of ailment for a person) of Block 8 must have entry in item 6 as code 1.

3.10.7 Item 7: status of ailment

3.10.7.0 The period of the spell of ailment with respect to the reference period will be recorded against item 7 in code. The applicable 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 (died during last 15 days), the spell will be considered to have ended, thus only codes 2 or 4 are applicable for those members. Also, if entry in item 6 = 1, then code 1 is to be recorded against the respective ailment.

3.10.8 Item 8: total duration of ailment (days)

3.10.8.0 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.

To be noted:

Total duration of ailment should not be more than 15 days if code 3 or 4 is recorded in item 7 and it should be more than 15 days if code 1 is recorded in item 7. Also, if code 1 is recorded in item 6 (chronic ailment) then it should be more than 30 days.

3.10.9 Item 9: nature of treatment

3.10.9.0 The discipline in which treatment has been taken during last 15 days is to be recorded against item 9. The codes for recording nature of treatment are the same as mentioned for ailments in the case of hospitalization, except those codes, an additional code is provided for 'no treatment'. The codes are:

Allopathy	1
Ayurveda/Yoga/Naturopathy/Unani/Siddha/Sowa-Rigpa/Homoeopathy	2
Both 1 & 2	3
Other	9
No treatment	5

Definitions of the different systems of treatment are provided on pages A-25 to A-28 in Chapter One.

3.10.10 Item 10: whether hospitalized

3.10.10.0 This item will indicate whether the member was hospitalized for the ailment during the last 15 days. Codes for recording this item is code 1 or code 2. Note that if the entry is 1, it means that the ailment was a case of hospitalization for which a column of Block 6 as well as a column of Block 7 has been filled in. However, all the cases of hospitalization 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 10 will be code 2 (no).

Item 11 is applicable only if, entry in item 9 is code 1-3 or 9.

3.10.11 Item 11: whether treatment taken on medical advice

3.10.11.0 If the treatment taken for the ailment was 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.

Item 12 is applicable only if, entry in item 11 is code 1.

3.10.12 Item 12: level of care:

3.10.12.0 If the treatment was taken on medical advice, then from which healthcare service provider (level of care) treatment was availed. The codes are –

Govt./public hospital (incl. AAMs/HSC/PHC /CHC etc.)	1
Charitable/Trust/NGO run hospital	2
Private hospital	3
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.'

3.10.12.1 For explanations of the above terms, see pages A-21 to A-25. 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 two sources, then the source which is last consulted may be considered.

3.10.12.2 It is reiterated that, code 1 includes Ayushman Arogya Mandir (AAM), Health Sub Centres (HSC), Primary Health Centres (PHC), Community Health Centres (CHC), Health and Wellness Centres, District hospitals, Sub-district hospitals, medical colleges, General hospitals, Mother and Child hospitals, Municipal hospitals, etc. For detailed definitions, see pages A-21 to A-25.

Item 13 is applicable only if, entry in item 12 is code 2-5

3.10.13 Item 13: reason for not availing government sources

3.10.13.0 In case it is reported that treatment was taken on the advice from a charitable/private source (hospital/doctor/ clinic) or from informal health care provider i.e., codes 2-5 in item 12, the reason for not seeking medical advice from a government source will be ascertained and recorded in code against item 13. 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

Items 14 & 15 are applicable only if, entry in item 11 is code 2.

3.10.14 Item 14: reason for not seeking medical advice:

3.10.14.0 If treatment was received (i.e., entry in item 9 ≠5), but not on medical advice, (i.e., code 2 is recorded in item 11), the reason for not seeking any medical advice will be recorded against item 14 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

3.10.15 Item 15: whom consulted:

3.10.15.0 If the treatment was not taken on medical advice, then it may be enquired on whose advice the treatment had been taken and the appropriate code may be recorded against item 15. The codes are:


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

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

3.11.0 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.

To be noted:

- ☞ Care should be taken to **exclude all expenditure for in-patient treatment in hospital** from this block. However, expenses on medical treatment received before hospitalization or after discharge from hospital will be covered here if incurred during the last 15 days.
- ☞ For a particular case of hospitalization (although it is very rare) within last 15 days, if no expenses are incurred during the reference period before or after hospitalization for **out-patient treatment**, only item numbers 1-4 and 22-23 of corresponding column in Block 9 should be filled in.
- ☞ The particulars of expenditure for treatment and other details will be recorded **spell-wise in this block**, and not person-wise. So, there will be one-to one correspondence between columns of Blocks 8 and 9.

 *The information recorded on source of finance will relate only to the expenses recorded in the block.*

3.11.1 Items 1-4: serial number of spell, serial number of ailing member and age





3.11.1.0 For every column of Block 8 representing a spell of ailment that was **treated** (code 1-3 or 9 in item 9 of Block 8), the serial number of spell, serial number of the ailing member, age of ailing member and age (in days) will be auto-populated from items 1-4 of Block 8 and recorded against items 1-4 of Block 9 with the same entry as recorded in Block 8.

3.11.2 Item 5: whether any medical service provided free (fully/partly):

3.11.2.0 If the medical services have been received free or partly free for out-patient treatment from a medical institution during the last 15 days, then the same is to be recorded using the following codes:

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

To be noted

-  *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.*

3.11.3 Items 6-10: details of medical services received

3.11.3.0 The details on medical services such as doctor’s/surgeon’s fee, medicines, diagnostic tests, X-ray, ECG, etc., received for an out-patient treatment during the last 15 days will be recorded against items 6-10 using the following codes:

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

3.11.3.1 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.

3.11.4 Items 11-19: expenditure for treatment

3.11.4.0 The coverage and the instructions for items 11 to 15 (medical expenditure) are similar to that of items 7 to 11 of Block 7, except that separate items (12 & 13) are provided in Block 9 for Ayush and non-Ayush medicines. Bed charge as in-patient treatments are not covered here. Likewise, the coverage and the instructions for items 17 and 18 (non-medical expenditure) are similar to that of items 13 and 14 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 spell of one person, and (ii) that expenditure for treatment as in-patient of a medical institution will be excluded. For detailed instructions on items 11 to 19, the write up on the corresponding items of Block 7 may be referred to (paragraphs 3.9.3.1 – 3.9.8).

To be noted:

It may be noted that item 11 must be greater than zero (0), if any one of code 3 or 4 is recorded in item 6. Similarly, entry in items 12, 13 and 14 must be greater than zero (0), if any one of code 3 or 4 is recorded in item 7, 8 & 9 respectively.

3.11.5 Items 20 & 21: reimbursement & source of finance

3.11.5.0 For instructions on the items on total amount reimbursed (item 20), and major source of finance (item 21), the instructions in paragraphs 3.9.9 and 3.9.10 on the corresponding items of Block 7 may be referred to.

To be noted:

Normally, reimbursement cannot exceed the cost of treatment, so the entry in item 20 cannot exceed the entry against item 19. In fact, it will normally be less than the entry against item 16, as non-medical expenditure is usually not reimbursed.

3.11.6 Item 22: place of treatment:

3.11.6.0 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
same district (urban area)	2
within state different district (rural area)	3
within state different district (urban area)	4
other state	5

3.11.6.1 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.

Item 23 is applicable only if, entry in item 22 is code 5.

3.11.7 Item 23: state code

3.11.7.0 If place of treatment is outside the domicile state, i.e., code in item 23 is 5, the 2-digit state code (given in Page 15 of Vol. II) will be recoded against this item.

3.11.8 Item 24: loss of household income, if any, due to treatment (Rs.)

3.11.8.0 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 of 15 days will be recorded against this item in whole number of rupees.

3.12 Block 10: expenditure on vaccination, if any, during the last 365 days

3.12.0 This block is applicable only for those members who received any vaccine during last 365 days i.e., if code 1 is recorded in col. 8 against that member in Block 3A/3B.

3.12.1 It may be noted that under the Universal Immunization Programme (UIP), Government of India is providing vaccination to prevent some vaccine preventable diseases like (Diphtheria, Pertussis, Tetanus, Polio, Measles, severe form of Childhood Tuberculosis). Codes applicable for vaccines covered under this programme are 01-09 in the code list of vaccines mentioned at page no. 10 of schedule. Remaining codes, are not covered under this

programme and thus some amount of expenditure may be incurred, if any vaccine of these categories (as mentioned against codes 10-27) is administered to any household member.

To be noted:

This block is to be filled in for each member separately, who have received any vaccine during the last 365 days. The details of vaccine administered by a member are to be recorded in each column one by one individually.

3.12.3 Items 1-3: serial number and age:

3.12.3.0 In item 1, serial number of vaccine administered to each member (for whom code 1 is reported in col. 8 of Block 3A/3B) in the last 365 days will appear automatically. Also, in items 2 & 3, serial number of the corresponding member along with age will be auto-populated from col. 1 & col. 5, Block 3A/3B respectively.

3.12.4 Item 4: type of vaccine

3.12.4.0 In item 4, name of the vaccine which was administered to the member is to be recorded. The codes (01-27) for type of vaccines along with applicable age is given page 10 of schedule.

3.12.5 Item 5: source of vaccination



3.12.5.0 The source from where the member has taken a particular vaccine is to be recorded in item 5 using the following codes:

Govt./ public hospital (incl. AAMs/HSC/PHC/CHC etc.)	1
Charitable/trust/NGO run hospital	2
Private doctor/clinic	3
Private hospital	4

3.12.6 Item 6: whether expenditure incurred on vaccine

3.12.6.0 If any expenditure was incurred on one or more vaccine during the last 365 days, then code 1 is to be recorded against item 6, otherwise code 2 is to be recorded.

To be noted:

-  If code 3 or 4 is recorded in item 5 for any vaccine, then entry in item 6 must be code 1 for that particular vaccine.
-  If codes 01-09 are recorded in item 4, then it may possible that no expenditure was incurred for administration of that vaccine. Also, if codes 10-27 are recorded in item

4, then some amount of expenditure must have been incurred on vaccination, thus entry may not be code 2 in item 6 for codes 10-27 in item 4.

Item 7 is applicable only if, entry in item 6 is code 1.

3.12.7 Item 7: expenditure on vaccination (Rs.)

3.12.7.0 If code 1 is recorded in item 6, the expenditure incurred during last 365 days for the administration of the vaccination is to be recorded under item 7 in whole number of rupees. The expenditure will include only the cost of vaccine and administering the same and not transport charges, etc.

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

3.13.0 This block is for recording particulars of ante-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. Female members of age 15-49 who died during the last 365 days will be considered only in block 11A.

3.13.1 Columns (1) & (2): serial no. and age (years):

3.13.1.0 For each woman of age 15-49 years who were pregnant during last 365 days i.e., code 1 is entered in col.11 of Block 3A or col. 11, Block 4, the serial number along with age of the female member will be auto-populated in cols. 1 & 2 of Block 11A from col. 1 & col. 5 of Block 3A and col. 1 & col. 4 of Block 4, respectively. Similarly, for female members from other households who are included as household member for childbirth only i.e., from Block 3B having srl. no. 81 and onwards, serial number along with age of the female member will be auto-populated in cols. 1 & 2 of Block 11B from col. 1 & col. 5 of Block 3B respectively.

3.13.2 Columns (3) – (13): These columns are mainly for recording details of ante-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 4-6 are meant to capture information on ante-natal care, in columns 7-10 delivery related information are to be recorded and columns 11-13 are related to post-natal care. Concepts of ante-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 ante-natal care, post-natal care and information on childbirth will be collected for her as well.*

3.13.3 Ante-natal 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. It starts with taking history 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. Tetanus Toxoid (TT) immunisation and IFA tablets / syrup are also provided along with other treatment in case of complication. As per schedule, 1st ante-natal 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.

3.13.4 Post-natal care: The post-natal period is defined as the first six weeks after delivery (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. Post-natal care includes questions and counselling provided to a woman in the 6-week period after delivery by a nurse, doctor or midwife. Care taken by a woman after abortion will also be included here.

3.13.5 Column (3): serial no. of pregnancy

3.13.5.0 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.

3.13.6 Column (4): major source of receiving ante-natal care

3.13.6.0 Ante-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 ante-natal care.

3.13.6.1 The source, from which maximum ante-natal care was received during pregnancy, has to be entered in codes against this column. If no care was received, then code 8 is to be recorded. The codes are as follows:

Govt./ public hospital (incl. AAMs/HSC/PHC/CHC etc.)	1
Charitable/trust/NGO run hospital	2
Private hospital	3
Private doctor/clinic	4
Informal healthcare provider	5
No care was received	8

3.13.6.2 Code 1 covers Government sources of treatment such as Ayushman Arogya Mandir (AAM), Health Sub Centres (HSC), Primary Health Centres (PHC), Community Health Centres (CHC), Health and Wellness Centres, District hospitals, Sub-district hospitals, Medical colleges, General hospitals, Mother and Child hospitals, Municipal hospitals, etc. For definitions, see pages A-21 to A-25.

Columns 5 & 6 are applicable only if, entry in Column 4 is code 1-5.

3.13.7 Column (5): nature of ante-natal care

3.13.7.0 For those female members reporting that they received some ante-natal during pregnancy, the nature of ante-natal care will be recorded against col. 8. The codes for recording are:

Ayush	1
Non-Ayush	2
Both	3

3.13.8 Column (6): total expenditure incurred during last 365 days on ante-natal care (Rs.)

3.13.8.0 Expenditure incurred for ante-natal care (goods and/or services) – including any expenditure on tetanus toxoid vaccine and IFA tablets – will be recorded in col. 6 in whole number of rupees. If expenditure incurred was zero, '0' will be entered in col. 6. For the female non-household members listed in Block 11B, these expenses may be imputed, if not readily available.

3.13.9 Column (7): outcome of pregnancy

3.13.9.0 A woman of Block 3A who was pregnant at some time during the last 365 days might still be pregnant on the date of survey. For the remaining female, 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 col. 7 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

3.13.9.1 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.

Column 8 is applicable only if, entry in Column 7 is code 2-7.

3.13.10 Column (8): place of delivery/abortion

3.13.10.0 For women who underwent delivery (live birth or stillbirth) or abortion (i.e., code 2-7 is recorded in col. 7), the place of delivery/abortion will be recorded in code in this column. The codes are:

Govt./ public hospital (incl. AAMs/HSC/PHC/CHC etc.)	1
Charitable/trust/NGO run hospital	2
Private hospital (incl. private doctor/clinic)	3
At home	4

3.13.10.1 Abortion done in at any private clinic will be treated as abortion done in private hospital and will be given code 3. “At home” will include childbirth in ‘relatives’ or ‘friends’ residences and also childbirth while travelling.

3.13.10.2 It is reiterated that for this item, code 1 includes Ayushman Arogya Mandir (AAM), Health Sub Centres (HSC), Primary Health Centres (PHC), Community Health Centres (CHC), Health and Wellness Centres, District hospitals, Sub-district hospitals, Medical colleges, General hospitals, Mother and Child hospitals, Municipal hospitals, etc.

Columns 9 & 10 are applicable only if, entry in Column 8 is code 4.

3.13.11 Column (9): delivery was attended by

3.13.11.0 If the delivery was done at home, then it is to be ascertained whether delivery was done by a skilled personal or not. The codes for recording the information are as follows:

doctor/nurse	1
ANM	2
dai	3
others	9

3.13.12 Column (10): expenditure on delivery at home

3.13.12.0 If the delivery was done at home, then the expenditure incurred for delivery of the child at home has to be recorded in whole number of rupees against this column. This 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.

Columns 11-13 are applicable only if, entry in Column 7 is code 2-4.

3.13.13 Column (11): major source of receiving post-natal care

3.13.13.0 By post-natal care it 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 7**), it will be asked whether they received any post-natal care or not. The sources from which maximum pre-natal care was received are to be recorded in codes. The code structure for source of post-natal care is same as mentioned for ante-natal care. Please refer paras 3.13.6.1 & 3.13.6.2 for details.

Columns 12 & 13 are applicable only if, entry in Column 11 is code 1-5

3.13.14 Column (12): nature of post-natal care

3.13.14.0 For those female members reporting that they received some post-natal during pregnancy, the nature of post-natal care will be recorded against col. 12. The codes for recording are:

Ayush	1
Non-Ayush	2
Both	3

3.13.15 Column (13): expenditure incurred during last 365 days on post-natal care (Rs.):

3.13.15.0 For women who reported to have received any post-natal care, i.e., those with code 1-5 in col. 11, expenditure incurred for such care (in the form of goods or services) will be recorded in col. 13 in whole number of rupees. '0' should be entered if expenditure incurred was zero. It should not include baby food, dresses, diapers etc. for new born. For the female non-household members listed in Block 11B, these expenses may be imputed, if not readily available.

3.14 Block 2: Particulars of field operations**3.14.1 Item 1(a) and Item 1(b): Details of field Official**

3.14.1.0 In column 3 details (name, code, etc.) of Survey Enumerator (SE)/ Junior Statistical Officer (JSO) and in column 4 details (name, code, etc.) of Survey Supervisor (SS)/ Senior Statistical Officer (SSO) will be recorded.

3.14.2 Item 2: Dates of survey operation

3.14.2.0 In column 3/column 4, dates of survey/ inspection, receipt, scrutiny, despatch, as applicable will be recorded.

3.14.3 Item 3: Total time taken to canvass the Schedule by the team of enumerators

3.14.3.0 Entry in item 3 will be made in whole number and in minutes. The time required to canvass the schedule should be the actual time taken by the enumerator(s) to canvass the schedule and will not include the time needed by the enumerator(s) to finalize the schedule.

3.14.4 Item 4: Number of enumerators (SE/JSO) in the team who canvassed the Schedule

3.14.4.0 Number of enumerators (SE/JSO) in the team who canvassed the Schedule will be recorded in Item 4.

3.14.5 Item 5: Whether any remark has been entered by SE/JSO/SS/SSO

3.14.5.0 In this item, information will be recorded on whether remarks are recorded in Block 9/10 i.e. comments boxes provided in the paper schedule or text box provided in Computer assisted Personal Interview (CAPI) etc., by selecting the appropriate codes in column 3/4 of Item 5.

3.14.6 Item 6: Name of the informant

3.14.6.0 Informant is the person from whom the bulk of the information on the Schedule is collected. It is always desirable to collect information from one of the household members. In extreme cases, where this cannot be done, information may be collected from a non-household member who is supposed to know the requisite information. In Computer assisted Personal Interview (CAPI) mode, serial number and name of the household member as listed in Cols.1 and 2 of Block 3A will appear along with an option 'not a household member' against 'srl. no. of the household member' '99' for selecting the informant. The enumerator should select the 'informant' from that list as given below.

Srl no. of the household member	Name	Select the informant
		<input type="radio"/>
		<input type="radio"/>
99	not a household member	<input type="radio"/>

In Pen-and-Paper Personal Interview (PAPI) mode: Serial number of the household member as listed in Col.1 of Block 3A is to be copied. In some rare cases, if it is not possible to collect information from the household member(s), information may be collected from the person(s) who is not a member of the household and in such a case, entry '99' is to be recorded against this item.

3.14.7 Item 7: Mobile number of informant/any other household member who can be contacted

3.14.7.0 The 10 digit mobile number of the informant or any other household member who can be contacted is to be recorded in this item. If the household does not possess a mobile number or deny to provide the same, then '999' is to be recorded here.

3.14.8 Item 8: Landline number of household, if any (Start with STD code)

3.14.8.0 The 11 digit landline number starting the STD code as applicable, of the household, if exists in the household is to be recorded in this item. If the household does not possess a landline or deny to provide the same, then '999' is to be recorded here.

3.14.9 Item 9: Response code

3.14.9.0 This item 9 is meant to categorize the informant according to the degree of his/her co-operation as well as his/her capability to provide the required information in the Schedule. Information on the type of informant will be collected in terms of the following codes:

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

3.16 Block 12: Remarks by enumerator (SE/JSO)

3.16.0 Any relevant remarks relating to the problems encountered in collecting the data, attitude of respondents, etc., will be recorded in this block by the enumerator. If the enumerator 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.

3.17 Block 13: Comments by supervisory officer (SS/SSO)

3.17.0 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 (FAQs), Sch.25.0

Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
1	General	-	-	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.
2	2	6	-	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.
3	3A/3 B	-	-	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 3?	(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 3A (iii) If parent's household is selected, she will not be listed in 3B
4	3A/3 B	-	-	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 3A & 3B?	(i) If in-laws house is selected, she will be listed in 3A 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 3B with entry in col. 12 will be 1 and all her expenses related to childbirth will be recorded in block 6, 7, 11B.
5	3A/3 B	-	-	Whether the child born to a mother (who is listed in block 3B) is also to be listed in 3B?	No.

FREQUENTLY ASKED QUESTIONS (FAQs), Sch.25.0

Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
6	3	-	9	If a baby is born in hospital, is it to be regarded as a case of hospitalization?	It is hospitalization case of the mother (with nature of ailment code as 87/88/89), and not for the baby.
7	3	-	9	Can in-patient treatment by illegal/unqualified persons (quacks) be taken as cases of hospitalization? This is prevalent in interior rural areas for treatment of emergencies for a few days before hospitalization in a medical institution.	As places run by quacks cannot be taken as medical institutions, these cases cannot be considered as a case of hospitalization.
8	3, 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 in Blocks 3, 6 & 7?	Yes.
9	3	-	-	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 3A with entry in col. 12 as 2. If father's house is selected, she will be listed in 3B with entry in col. 12 as 1.
10	3	-	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 hospitalization cases?	If these institutes provide medical treatment, they are to be considered.
11	3	-	11	A woman had institutional childbirth while staying in her parent's house in some public/govt.	In this case she should be listed in her in-law's house where she is a

FREQUENTLY ASKED QUESTIONS (FAQs), Sch.25.0

Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
15	3	-	17	During hospitalization 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 3 (col. 17) and Block 5 (item 6), but item 16 of Block 7 should be blank, with proper comment.
16	4	-	-	If a baby dies before it is brought home from hospital after birth, is the death to be recorded in the mother's household (Block 4)?	Yes (but stillbirth may be excluded).
17	4	-	5	Will medical attention provided by the paramedical staff in the ambulance be considered here?	No.
18	5	6	-	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 6?	Yes. (There will be no apportioning.)
19	5	6	-	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.
20	5	6	-	Whether payment made to CGHS is to be recorded?	Total payment for last 365 days is to be recorded
21	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 hospitalization case for the baby. All medical expenses for childbirth (including the cost of immunisation and medication of the new born child) during hospitalization of mother should

FREQUENTLY ASKED QUESTIONS (FAQs), Sch.25.0

Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
					be recorded under the cost of childbirth irrespective of the status of mother belonging to 3A or 3B.
22	6	-	-	A person was hospitalized 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 hospitalized in that referral hospital. Will it considered as hospitalized more than once?	Yes, if the person is admitted afresh in the second hospital, it will be taken as another case of hospitalization.
23	6	-	-	It is found that persons get admitted to hospital for carrying out normal or routine tests. Will this be treated as hospitalization?	No, it is not to be treated as hospitalization. However, if the person feels sick and gets admitted to the hospital for tests, etc., it will be treated as hospitalization.
24	6	5	-	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.	A detailed list of symptoms associated with each ailment is provided in the last column of the table 3.3 on pages C-31 to C-39 for understanding and reference.
25	6	5	-	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 hospitalized may be taken as ailment.
26	6	7	-	What will the type of medical institution be for an eye camp organized by a private institution?	It will code 2 or code 3 depending on the nature of the camp.

FREQUENTLY ASKED QUESTIONS (FAQs), Sch.25.0

Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
27	6	9	-	A patient availed 3 days special ward and 3 days general ward. What code shall be noted?	Code for special ward may be given.
28	6	11	-	Can a person be discharged one or two hours after hospitalization?	Yes. For example, in case of cataract operations which happens within a day will be considered as hospitalization.
29	6	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, also only the duration during which a person is hospitalized is to be recorded in duration of stay.
30	6	13-16	-	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.
31	6	18-20 & 22-24	-	If more than one source of treatment was availed of before/after hospitalisation, how will items 18-20 & 22-24 be filled in?	The source & duration of treatment availed of immediately before/after hospitalization will be considered.
32	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.
33	7	5	-	A family is covered by Ayushman Bharat 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	Yes, it is to be considered as free/partly free and code 1 may be given. However, expenditure incurred over and above the ceiling limit is

FREQUENTLY ASKED QUESTIONS (FAQs), Sch.25.0

Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
				patient. Is this to be treated as free or not?	to be recorded in items 6 to 11 or 13-14, if any.
34	7	6-11	-	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.
35	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?	If expenditure was not incurred, the it may not be recorded. Appropriate remarks may be provided in such cases.
36	7	9	-	A woman took diagnostic tests in one state and later got admitted in a private hospital in another state for uterus removal operation. Can the expenses on diagnostic tests be recorded against item 9 of Block 7?	No, as the tests were not conducted while admitted in hospital. However, any expenses incurred on those tests during the last 15 days can be recorded against items 9-10 & 14-15 of Block 9.
37	7	13	-	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.
38	7	14	-	Will tips paid to ward boys, nurses in hospitals be considered for this item?	No, they will not be considered.
39	7	16	-	What amount will come under reimbursement if bill claimed by the informant is under process?	As claimed by the informant.
40	7	16	-	A female received money under Janani Suraksha Yojana after	This should not be recorded.

FREQUENTLY ASKED QUESTIONS (FAQs), Sch.25.0

Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
				institutional delivery. Where should we record this amount	
41	7	19	-	If a person gets treatment/hospitalization in a foreign country, which code is to be reported?	Treatment outside India is not to be recorded.
42	7	21	-	A real estate agent with irregular income is hospitalized for a few days. How would his loss of income be reported?	If the member reports any loss of household income, then only it is to be recorded. If the exact amount is not known, the average monthly income may be ascertained and the proportionate amount for the period of hospitalization may be recorded.
43	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?	<p>(i) Expenses of in-patient treatment will be recorded in Block 7 and other details of in-patient treatment in Block 6.</p> <p>(ii) Particulars of the out-patient treatment will be entered against items. 17-20 (treatment before hospitalization) of Block 6.</p> <p>(iii) If at least some part of the in-patient treatment was within the last 15 days, then a column will be filled in Block 8 giving details of both in-patient treatment and out-patient treatment, if any, during the last 15 days.</p> <p>(iv) Expenses of any out-patient treatment incurred during the last 15 days will come in Block 9.</p>
44	8	5	-	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.

FREQUENTLY ASKED QUESTIONS (FAQs), Sch.25.0

Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
45	8	5	-	What is the ailment code for infertility? Is it the same for males and females?	The ailment code is 49 and may be used for males as well as females.
46	8	6	-	A household member is suffering from two chronic ailments. Are two columns to be used in this block?	Yes, block 8 and block 9 should be filled spell wise.
47	8	8	-	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.
48	8	9		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 at the end of this Chapter. But these can be recorded as others (code 9) and corresponding item 12 should be given code 5 (informal service provider).
49	8	9	-	If a person is using homoeopathy 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. 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.
50	8	12	-	An individual is getting treatment simultaneously from Govt. hospital and a private doctor. What code is to be given?	The source last consulted may be considered.

FREQUENTLY ASKED QUESTIONS (FAQs), Sch.25.0

Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
51	8	14	-	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.
52	9	-	-	A person is hospitalized 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, items 1-4 and items 22-23 (place of treatment, if applicable) should be filled in the corresponding column. Always there should be one-to – one correspondence with the columns of block 8 & 9 for the treated spell of ailments.
53	9	11		Will expenditure incurred on paramedical staff be incorporated here?	No. It will come in item 15 (other medical expenditure).
54	9	11-15		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.
55	9	24	-	How to calculate the loss of income due to sickness in case of a self-employed person?	If the informant is unable to report, 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.
56	10	-	-	If a member has been administered with 5 different vaccines during the reference period, then how to record this?	Details of each vaccine is to be recorded in separate columns of Block 10, if administered during last 365 days.

FREQUENTLY ASKED QUESTIONS (FAQs), Sch.25.0

Sl. No.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
57	11	-	-	If ante-natal and post-natal care for a woman are received from both govt. and private doctor/clinic, what will be the appropriate code?	Entry will be made depending on the maximum number of ante/post-natal care received
58	11	-	-	A lady delivers a baby in a hospital and total expenditure is borne by her parents. The expenditure-incurred on ante-natal care is borne by her husband at her residence. Is this ante-natal care expenditure to be considered in her parent's household if her parent's household is selected?	Yes, the woman may be listed in block 3B as non-household member and the details of ante-natal care is also to be recorded in Block 11B.
59	11		4-6	A mother has delivered a child nine months ago. She has taken ante-natal care for six months before childbirth. Should we consider the entire period of ante-natal care for recording entries here?	Yes.
60	11	-	8	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 4 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:

A suspected malaria case is a patient with fever in an endemic area during transmission season, or who has recently visited an endemic area, without any other obvious cause of fever like:

- o Cough and other signs of respiratory infection
- o Running nose and other signs of cold
- o Diarrhoea
- o Pelvic inflammation indicated by severe low back ache, with or without vaginal discharge and urinary symptoms
- o Skin rash suggestive of eruptive illness
- o Bernina micturition
- o Skin in Tections e.g. bo'ls, abscess, infected wounds
- o Painful swelling of joints
- o Ear discharge

A confirmed malaria case (or infection) is one in which the parasite has been detected by a diagnostic test, i.e. microscopy, rapid diagnostic test, or molecular diagnostic test. Malaria is a parasitic disease caused by parasite Plasmodium having five known species namely, Plasmodium vivax (P. vivax falciparum), Plasmodium malariae (P. malariae), Plasmodium falciparum (P. falciparum), Plasmodium ovale (P. ovale) and Plasmodium knowlesi (P. knowlesi). It is transmitted by the infective bite of falciparum mosquito. Two species of the parasite, P. vivax and P. falciparum are commonly reported from India. P. falciparum is the cause for complications and leads to death, if not treated immediately.

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 with/without Jaundice

Viral Hepatitis is the inflammation of liver due to infection with hepatotropic viruses (A, B, C, D & E). Viral hepatitis can be acute or chronic. Hepatitis A and Hepatitis E mostly present as acute viral hepatitis and are transmitted through fecal-oral route. They present usually with jaundice (yellow eyes/skin), malaise, fever and vomiting. The disease is mostly self-limiting and gradual recovers over a few days to weeks. The common Hindi name for jaundice is pilia. Hepatitis B / hepatitis C are usually chronic in nature and asymptomatic (without jaundice). The infection leads to chronic disease of the liver which remains silent (asymptomatic) for many years and may lead to liver cirrhosis and cancer if left untreated.

Hepatitis B is mostly transmitted from infected mother to the child which can be prevented by vaccination. Hepatitis C is mostly transmitted through percutaneous route and unsafe injections are an important mode of transmission. Hepatitis D infection usually occurs simultaneously with or as a super infection in case of Hepatitis B, thus increasing its severity. If detected early, hepatitis B can be managed with lifelong treatment and hepatitis C can be cured with 3 to 6 months of treatment. Viral hepatitis due to hepatitis C is commonly known as kala pilia.

III. Acute Diarrhoeal Diseases/Dysentery

a. 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 paediatric 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.

b. Amoebiasis:

Amoebiasis is an infection caused by a parasite 'Entamoeba Histolytica. The intestinal disease varies from mild abdominal discomfort and diarrhoea to acute fulminating dysentery. Extra intestinal amoebiasis includes involvement of the liver (liver abscess), 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.

c. 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 human 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) is a group of neurologic manifestations with similar clinical features caused by various pathogens, including viruses, bacteria, fungi, parasites, spirochetes, chemicals, and toxins. There is seasonal and geographical variation in the causative organisms. The outbreak of Japanese Encephalitis (JE) usually coincides with the monsoon and post-monsoon period when mosquito density increases. On the other hand, encephalitis caused by other viruses, especially enteroviruses, occurs throughout the year, as they are waterborne diseases. The case fatality rate and morbidity are particularly high for viral encephalitis, with JE and enterovirus encephalitis contributing significantly to the burden in various parts of India.

For surveillance, all cases of Acute Encephalitis Syndrome should be reported under the general category of Acute Encephalitis. According to the WHO guidelines for JE surveillance, syndromic surveillance is recommended meaning all AES cases should be reported. Laboratory confirmation of suspected cases is encouraged where feasible. The following case definition should be used for reporting suspected AES cases in endemic areas:

Clinical Definition of AES: A person of any age, at any time of the year, with the acute onset of fever and a change in mental status (such as confusion, disorientation, coma, or inability to talk) and/or new-onset seizures (excluding simple febrile seizures). Other early clinical findings may include increased irritability, somnolence, or abnormal behaviour that is more severe than what is typically seen in a usual febrile illness. Japanese Encephalitis (JE)

Japanese Encephalitis (JE) is a mosquito-borne zoonotic viral disease that primarily affects the central nervous system. The disease is caused by the Japanese Encephalitis virus (JEV), which is maintained in animals, particularly pigs and birds. The mosquito species *Culex tritaeniorhynchus* is the primary vector for JEV transmission.

The virus can lead to severe neurological complications including seizures, encephalitis, and even death. The case fatality rate of JE is very high, and survivors may experience long-term neurological sequelae, such as cognitive impairments or motor disabilities. Children

are more vulnerable due to their lack of cumulative immunity from previous infections. The disease usually peaks during the monsoon and post-monsoon periods, when the mosquito population is at its highest.

There is no specific antiviral treatment for JE. However, supportive care is crucial in managing the disease and improving outcomes. Vaccination is the most effective measure to prevent JE, and it is recommended in endemic areas. 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
- d. An etiologica agent other than JE virus is identified. 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.

IX. Leprosy

Leprosy is a chronic infectious disease which is caused by a type of bacteria called *Mycobacterium leprae*. The disease affects the skin, the peripheral nerves, mucosa of the upper respiratory tract, and the eyes. Leprosy is curable and treatment in the early stages can prevent disability. Apart from the physical deformity, persons affected by leprosy also face stigmatization and discrimination. Leprosy is transmitted through droplets from the nose and mouth. Prolonged, close contact over months with someone with untreated leprosy is needed to catch the disease. The diagnosis of leprosy is done clinically. Laboratory-based services such as Slit Skin Smear (SSS) Examination may be required in cases that are difficult to diagnose. The disease manifests commonly through skin lesion and peripheral nerve involvement. Leprosy is diagnosed by finding at least one of the following cardinal signs: (1) definite loss of sensation in a pale (hypopigmented) or reddish skin patch; (2) thickened or enlarged peripheral nerve, with loss of sensation and/or weakness of the muscles supplied by that nerve; (3) microscopic detection of bacilli in a slit-skin smear.

X. Kala-azar

Visceral Leishmaniasis commonly known as Kala-azar (KA) is a parasitic disease, caused by *Leishmanala donovani*. It spreads through the bite of female sandfly *Phlebotomus argentipes*. It is a chronic disease characterised by prolonged fever of more than 14 days, if not diagnosed and treated in time may be fatal.

Kala-azar affects socially marginalized and the poorest communities. It is characterized by irregular bouts of fever weight loss, enlargement of the spleen and liver, and anaemia. 5-10% of kA treated patients may develop a skin condition called Post-Kala-Azar Dermal Leishmaniasis (PKDL).

Kala-azar is at present endemic in 54 districts of four States, 33 districts in Bihar, 4 districts in Jharkhand, 11 districts in West Bengal and 6 districts of eastern Uttar Pradesh. However, few sporadic cases are also reported from Kerala, Sikkim, Uttarakhand and Himachal Pradesh. The state of Bihar alone is contributing more than 72% of total KA reported from the country. An estimated 135 million population are at risk of Kala-azar.

Kala-azar is diagnosed using rapid diagnostic kits (rk-39) and treated with a single-day, single-dose regimen of Liposomal amphotericin B (LAMB). Diagnosis and treatment are provided free of cost at PHCs, district hospitals, accretionary care centers in endemic states.

AN EXPLANATORY NOTE ON AYUSH

I. AYURVEDA: ‘Ayurveda’ literally means “Science of Life”. Ayurveda is evolved from the various Vedic hymns rooted in the fundamental philosophies about life, disease and health. Ayurveda treatment is based more on the prevention process. Ayurvedic treatment focuses more on bringing a balance in the health of an individual rather than treating the disease. By promoting the overall health, Ayurveda indirectly prevents the disease and cures the sickness. An Ayurvedic health system is a holistic approach which involves a variety of measures that can be taken by an individual prior to the onset of any disease. This can be achieved by using ayurvedic medicines, suitable diet, activity and regimen for restoring the balance. Moreover, this process helps in strengthening the mechanism of the human body to prevent the recurrence of the disease.

Some popular Ayurvedic medicines used in India to cure the illness or for prevention are as follows:

- For cough and cold: Kadha – Kwatha/kasayam e.g., Kadha (decoction) of Tulsi Patra, Adarakh (Ginger), Mulethi (Licorice), Kali Mirch (black pepper), Lavanga (cloves), pippali (long pepper), and honey etc., and Herbal Tea.
- For fever: Herbal juices, e.g. juice of Aloe Vera (Gvarpatha/ Gheekumari) leaves, Neem leaves and bark, Tulsi Patra, Kvatha of Giloy (Guduch) stem, Chirayata.
- For Stomach and digestion related problems: Trifala churna, Hingwashtak churna, Lavanbhaskar Churna, Drakshasava, Hing (Asafoetida), Jeera (Cumin), Pudina (Mint), Saindha Namaka (Pink salt), Ajwain (Carom seeds), Shuthi (dry ginger).
- As a tonic (for energy): Chyavanprash and Ashwagandha.
- For Stri rog: Supari pak, Ashokarishta, Dashmoolarishta.
- For Indigestion: Hing (Asafoetida) ki goli, Ajwain (Carom seeds), Saunf (fennel seeds).
- For Constipation: Isabgol, Harde, Gulkand and Trifala Churna.
- For Body Pain: Guggule Goli, Narayan Tail, Balm.
- For joint pain and swelling/Gathiya: Guggula ki goli like Yogaraja Guggula, Haldi (Turmeric) powder, Methi beej (fenugreek seeds), Sahajan (Moringa) ke phool and patra, Lahasun (garlic).
- For Children: Bal Ghutti/ Mugli Ghutti/ Janam Ghutti.
- For Hair Oil: Bhringraj Oil, Brahmi Amla Oil.
- For the purpose of soothing the body, tiredness, general weakness, body ache, joint pain, stiffness: massage with various oils like Til ka Oil, Mahanarayan Oil.
- For minor injuries: Haldi powder with milk and local application with oil /ghee, leaves of Erand (erandi).

- For minor eye problems: Gulab Jala.
- Toothache: Oil of Cloves (Laung oil)
- Earache: luke warm Sarason ka Tail processed with Lahasuna.
- For diabetes: juice of Karela (bitter gourd), powder of Jamun (black plum) seeds, Methi (fenugreek) seeds, Haldi (Turmeric), Amala (Indian gooseberry) fruit, Neem leaves.
- For skin diseases: oil of neem seeds, Karpur (Camphor) or/and Gandhaka powder mixed with oil of coconut or sarson (mustard).

Panchakarma massage and body massage with oils are very popular practices of Ayurveda for joint pains and promotional health.

Ayurvedic medicines now-a-days are often available in the form of capsules, tablets, syrups, powders and many new forms.

II. YOGA: Yoga is a discipline that dates back to thousands of years and is regarded as one of the best practices known to calm the inner self. It refers to traditional physical and mental disciplines originating in India. It 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 practiced for more than 5,000 years as part of healthy lifestyle and has become part of our spiritual heritage. The practice aims to attain self-realization, by improving the inherent power of an individual in a balanced way. The main objectives of Yoga are health, happiness, harmony, spiritual quest, personality development etc. The components of Yoga are Yama, Niyama, Pratyahara, Dharana, Asana, Pranayama, Dhyana and Samadhi. These components bring about physical discipline, help in the regulation of breath, restraining the sense organs, and promote contemplation and meditation. These techniques play an important role in the prevention of diseases such as psychosomatic disorders and promote overall health.

Some popular Yoga Aasans used by common people are as follows:

- For diabetes, stress management: Pranayam, shavasan, ardhmatsyendra aasana
- For pain, to regulate blood circulation: Different body postures of Yoga
- For Psychosomatic Disorders: Yogic Relaxation techniques, kriyas like trataka
- For Digestive Disorders: Pavanamuktasana, Vajrasana and Kriyas like Dhauti, Kunjal, Agnisara
- **Shatkarma** (Six cleansing procedures): Kapalabhati, Neti, Dhouti
- **Asana** (psycho-physical postures): Padmasana, Shavasana
- **Pranayama** (controlled and regulated breathing): Nadishodhana pranayama, Sitali Pranayama, Bharamari pranayama

- **Bandha & Mudra** (Neuromuscular locks and gestures): Jalandhara bandha and Uddiyana bandha
- **Dhyana** (Meditation)
- **Mitahara** (Yogic Diet)

III. NATUROPATHY: Naturopathy is the most ancient health care mechanism that amalgamates modern scientific knowledge with traditional and natural forms of medicine. Relying on the healing power of nature, Naturopathy stimulates the human body's ability to heal itself. 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 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. It is the science of disease diagnosis, treatment, and cure using natural therapies including dietetics, botanical medicine, fasting, exercise, lifestyle counseling, detoxification, and chelation, clinical nutrition, hydrotherapy, naturopathic manipulation, spiritual healing, environmental assessment, health promotion, and disease prevention.

Some popular Naturopathy treatments used by common people for illness or prevention are as follows:

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

IV. UNANI: Unani is a comprehensive medical system that deals with the treatment of various states of health and ailments. Desi medicines prescribed by Hakims are called Unani medicines. It focuses on promotive, curative, preventive, and rehabilitative healthcare. The diagnosis and treatment of this system of medicine are based on various holistic concepts and scientific principles of health and healing. In the Unani system of medicine, the temperament of an individual plays an important role. In the diagnosis and treatment of the Unani system, temperament acts as the base. The classification and evaluation of various temperaments are based on the amalgamation of four humors in the blood in different quantities that are: phlegm, blood, black bile, and yellow bile. Humors are the fluids in the human body that produce energy, and trigger growth, nutrition, and repair. The humors also perform the function of maintaining moisture in different organs of the human body. Any imbalance in the equilibrium of humor causes disease, which can be treated with medication and consuming a balanced diet. In this system, a lot of importance is given to the diet and

state of digestion of an individual for both health and disease.

Some popular Unani medicines to cure the illness or for prevention care/self-medication are as follows:

- For cough and cold: Joshanda (Kaadha) made of Adrak (Ginger), Kali mirch (black pepper), Mulethi (Licoric), Unnab (Jujube berries/Indian plum).
- For stomach-ache: Arak Saunf (fennel seeds), Arak Ajawin (fenugreek seeds).
- For cough: Sharbat zuffa, Sualin tablet, Lauq-e-Sapistan (Lasode ki chatni).
- For skin problem (blood purification): Safi, Khoonsafa, Arq-e-Shatra & Chiraita.
- General tonic: Halwa-e-gheekawar, Cinkara, Roghan-e-Badam.
- Brain tonic: Khamira-e-Gaozaban, Dimagheen.
- Liver diseases (Jaundice): Arq-e-Mako, Arq-e-Kasni.
- Digestive problems: Habb-e-Kabid, Jawarish-e-Jalinos.
- Constipation: Qurs-e-Mulliyan, Itrifal Zamani.
- Fever: Sharbat Khaksi (Khub Kalan), Giloy, Tabasheer.

V. SIDDHA: Siddha is one of the ancient systems of medicine in India which has a close association with Dravidian culture. Siddha Medicine is a traditional medicine having its roots in Tamil Nadu, India. Siddha Medicine focuses on making the human body perfect and varies hugely from the other conservative forms of medicine. The fundamental and applied principles and doctrines of the Siddha System have a close resemblance to Ayurveda, with a specialty in iatro-chemistry. Siddha system emphasizes on the patient's age, sex, race, habits, mental framework, habitat, diet, appetite, physical condition, physiological constitution of the diseases for its treatment, environment which is individualistic in nature. Diagnosis of the diseases is done through examination of pulse, urine, eyes, study of voice, colour of body, tongue and status of the digestion of individual patients. This system is very effective for women during pre-natal and post-natal care and also for menstrual issues. The Siddha System is also effective in treating the chronic cases of liver, anemia, rheumatic issues, bleeding piles, prostate enlargement, peptic ulcer, and skin disorders specifically Psoriasis. The Siddha Medicines containing mercury, lead, silver, sulfur, and arsenic are found to be very effective in curing a number of infectious disorders as well as venereal disorders. This system has unique treasure for conversion of metals and minerals as drugs without any side effects.

Some popular Siddha medicines to cure the illness or for prevention care/self-medication are as follows:

- Kudiner
- For Fever: Nilavembu Kudiner, Thirikadugu Churnam

- For Headache & sinusitis: Neer koavai mathirai (External use)
- For Stomach and digestion-related problems: Elathi Churnam, Ashtathi churnam, Thiripala Churnam
- As a Tonic (for energy): Thetrankottai legium, Amukkara legium
- For Women (menstrual problem): venpoosani legium, venpoosani nei, katrazhai ilagam
- For Body pain: Amukkara chooranam, karpoorathy thylam (external use), vatha kesari thylam (external use).
- For Joint pain: Pinda thylam, Vizha mutty thylam.
- For Constipation: Thiri pala Churanam, Nilavagai Churanam.
- For Diarrhea: Thayirchunti Churnam.
- For Children: Urai Mathirai, Omathener, vallari nei.
- For Hair Oil: Neeli Bringathy thylam, Karisalai thylam.
- For Body massage: Asai thailam, vathakesari thylam.
- For Head massage Chukku thylam & Arakku thylam.

VI. SOWA-RIGPA/AMCHI: Sowa-Rigpa is a system of medicine that is one of the oldest medical traditions across the world. The term Sowa-Rigpa means Knowledge of Healing and derives its meaning from the Bhoti Language. This system was reinforced in the Trans-Himalayan region and is popular in the Himalayan societies such as Ladakh, Himachal Pradesh (Spiti and Lahoul), Jammu and Kashmir, West Bengal (Darjeeling), Arunachal Pradesh, and Sikkim. Sowa-Rigpa has been recognized and promoted by the Government of India as a traditional medical system. Sowa-Rigpa is perceived to be similar to Ayurvedic Philosophy. Many medicines of the Indian-origin such as Ashwagandha, Guggulu, Triphala, Ashok, Haridra, etc. are used in the Sowa-Rigpa system for treatment purposes. The system of Sowa-Rigpa emphasizes the importance of the cosmological elements in the formation of the human body, the nature of disorders and remedial measures.

VII. HOMOEOPATHY: 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'. The common man understands that the sweet white pills which are dispensed in small globule form contain homoeopathic medicines. 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. Homoeopathic medicines do not have any toxic or poisonous side effects. It is a very economic system of

medicine.

Therapies which are **not considered** in Ayush System for the purpose of this survey are:

- ➡ Acupuncture, Aromatherapy, Astrology, Atlas Orthogonal, Auricular Therapy, Alexander Technique, Autogenic Training, Anthroposophical Medicine, Auto -Urine Therapy
- ➡ Biofeedback, Bach Flower Remedies
- ➡ Cellular Therapy, Chelation Therapy, Chemotherapy, Chinese (Oriental) Medicine, Colonics, Counseling/Psychotherapy, Craniosacral Therapy
- ➡ Dance/Movement Therapies, Dentistry, Dowsing
- ➡ Ear Candling, Electropathy
- ➡ Feng Shui, Feldenkrais Method, Flower Essences
- ➡ Gem Therapy
- ➡ Holotropic, Heliotherapy (use of positive effects of the sun in boosting the immune system), Hypnotherapy
- ➡ Kinesiology
- ➡ Lymph Drainage Therapy
- ➡ Native American Herbology, Network Chiropractic
- ➡ Ohashiatsu, Oriental Diagnosis, Osteopathic Medicine
- ➡ Pyramid Healing
- ➡ Radiesthesia, Radionics, Reconstructive Therapy/Prolo therapy, Reiki, Rolfing, Reflexology
- ➡ Shiatsu, Sound Therapy

It may be noted that treatments or use of materials for beauty care or routine personal care and use of substances for flavouring of food or as mouth fresheners may be considered if it is used with specific intention and knowledge about effects otherwise, will be excluded from the coverage of this survey.

VIII. Medicine (Ayush): Under Ayush system, Yoga & Naturopathy are drugless systems. For Ayurveda, Unani and Siddha, plant-based medicines are sometimes given to patients. Even home-based medicines like kadha², 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

² 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

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, Homoeopathy, Allopathy etc., and are regulated in the country by the Department of Ayush, Ministry of Health & Family Welfare.

APPENDIX - I**LIST OF NSS REGIONS AND THEIR COMPOSITION**

Sl. No.	State / U.T. (Code)	NSS Region		Detailed Composition of Region		
		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.	Andaman & Nicobar Islands (35)	351	Andaman & Nicobar Islands	1.	Nicobar	(01)
				2.	North & Middle Andaman	(02)
				3.	South Andaman	(03)
2.	Andhra Pradesh (28)	281	Coastal Northern	4.	Srikakulam	(01)
				5.	Vizianagaram	(02)
				6.	Visakhapatnam	(03)
				7.	East Godavari	(04)
				8.	West Godavari	(05)
				9.	Alluri Sitharama Raju	(20)
				10.	Anakapalli	(21)
				11.	Dr. Br Ambedkar Konaseema	(22)
				12.	Eluru	(23)
				13.	Kakinada	(24)
				14.	Parvathipuram Manyam	(25)
3.		282	Coastal Southern	15.	Krishna	(06)
				16.	Guntur	(07)
				17.	Prakasam	(08)
				18.	Sri Potti Sriramulu Nellore	(09)
				19.	Palnadu	(14)
				20.	Bapatla	(15)
				21.	Ntr	(26)
				22.	Tirupathi	(16)
				12.	Eluru	(23)
4.		283	Inland Southern	23.	Y.S.R. (Cuddapah)	(10)
				24.	Kurnool	(11)
				25.	Ananthapuramu	(12)
				26.	Chittoor	(13)
				27.	Annamayya	(17)
				28.	Nandyal	(18)
				29.	Sri Satya Sai	(19)
				22.	Tirupathi	(16)
5.	Arunachal Pradesh (12)	121	Arunachal Pradesh	30.	Tawang	(01)
				31.	West Kameng	(02)
				32.	East Kameng	(03)
				33.	Papum Pare	(04)
				34.	Upper Subansiri	(05)
				35.	West Siang	(06)
				36.	East Siang	(07)
				37.	Upper Siang	(08)
				38.	Changlang	(09)
				39.	Tirap	(10)
				40.	Lower Subansiri	(11)
				41.	Kurung Kumey	(12)

Sl. No.	State / U.T. (Code)	NSS Region		Detailed Composition of Region		
		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				42.	Dibang Valley	(13)
				43.	Lower Dibang Valley	(14)
				44.	Lohit	(15)
				45.	ANJAW	(16)
				46.	Lepa Rada	(17)
				47.	Namsai	(18)
				48.	Longding	(19)
				49.	Siang	(20)
				50.	Lower Siang	(21)
				51.	Shi Yomi	(22)
6.	Assam (18)	181	Plains Eastern	52.	Lakhimpur	(08)
				53.	Dhemaji	(09)
				54.	Tinsukia	(10)
				55.	Dibrugarh	(11)
				56.	Sivasagar	(12)
				57.	Jorhat	(13)
				58.	Golaghat	(14)
				59.	Charaideo	(30)
				60.	Majuli	(33)
7.		182	Plains Western	61.	Kokrajhar	(01)
				62.	Dhubri	(02)
				63.	Goalpara	(03)
				64.	Barpeta	(04)
				65.	Bongaigaon	(20)
				66.	Chirang	(21)
				67.	Kamrup	(22)
				68.	Kamrup Metropolitan	(23)
				69.	Nalbari	(24)
				70.	Baksa	(25)
				71.	South Salmara Mankachar	(31)
				72.	Tamulpur	(34)
8.		183	Cachar Plain	73.	Karbi Anglong	(15)
				74.	Dima Hasao	(16)
				75.	Cachar	(17)
				76.	Karimganj	(18)
				77.	Hailakandi	(19)
				78.	West karbi Anglong	(29)
9.		184	Central Brahmaputra Plains	79.	Morigaon	(05)
				80.	Nagaon	(06)
				81.	Sonitpur	(07)
				82.	Darrang	(26)
				83.	Udalguri	(27)
				84.	Hojai	(28)
				85.	Biswanath	(32)
10.	Bihar (10)	101	Northern	86.	Pashchim Champaran	(01)
				87.	Purba Champaran	(02)
				88.	Sheohar	(03)
				89.	Sitamarhi	(04)

Sl. No.	State / U.T. (Code)	NSS Region		Detailed Composition of Region		
		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				90.	Madhubani	(05)
				91.	Supaul	(06)
				92.	Araria	(07)
				93.	Kishanganj	(08)
				94.	Purnia	(09)
				95.	Katihar	(10)
				96.	Madhepura	(11)
				97.	Saharsa	(12)
				98.	Darbhanga	(13)
				99.	Muzaffarpur	(14)
				100.	Gopalganj	(15)
				101.	Siwan	(16)
				102.	Saran	(17)
				103.	Vaishali	(18)
				104.	Samastipur	(19)
				105.	Begusarai	(20)
				106.	Khagaria	(21)
11.		102	Central	107.	Bhagalpur	(22)
				108.	Banka	(23)
				109.	Munger	(24)
				110.	Lakhisarai	(25)
				111.	Sheikhpura	(26)
				112.	Nalanda	(27)
				113.	Patna	(28)
				114.	Bhojpur	(29)
				115.	Buxar	(30)
				116.	Kaimur (Bhabua)	(31)
				117.	Rohtas	(32)
				118.	Aurangabad	(33)
				119.	Gaya	(34)
				120.	Nawada	(35)
				121.	Jamui	(36)
				122.	Jehanabad	(37)
				123.	Arwal	(38)
12.	Chandigarh (04)	041	Chandigarh	124.	Chandigarh	(01)
13.	Chhattisgarh (22)	221	Northern Chhattisgarh	125.	Korea	(01)
				126.	Surguja	(02)
				127.	Surajpur	(26)
				128.	Balrampur-Ramanujganj	(27)
				129.	Manendragarh-Chirmiri- Bharat	(28)
14.		222	Mahanadi Basin	130.	Jashpur	(03)
				131.	Raigarh	(04)
				132.	Korba	(05)
				133.	Janjgir-Champa	(06)
				134.	Bilaspur	(07)
				135.	Kabeerdham	(08)
				136.	Rajnandgaon	(09)
				137.	Durg	(10)

Sl. No.	State / U.T. (Code)	NSS Region		Detailed Composition of Region		
		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				138.	Raipur	(11)
				139.	Mahasamund	(12)
				140.	Dhamtari	(13)
				141.	Balodabazar-Bhatapara	(19)
				142.	Gariyaband	(20)
				143.	Bemetara	(23)
				144.	Balod	(24)
				145.	Mungeli	(25)
				146.	Sarangarh-Bilaigarh	(29)
				147.	Sakti	(30)
				148.	Gaurella-Pendra-Marwahi	(31)
				149.	Khairagarh-Chhuikhad	(32)
				150.	Mohla-Manpur-Ambagar	(33)
15.		223	Southern Chhattisgarh	151.	Uttar Bastar Kanker	(14)
				152.	Bastar	(15)
				153.	Narayanpur	(16)
				154.	Dakshin Bastar Dantewada	(17)
				155.	Bijapur	(18)
				156.	Kondagaon	(21)
				157.	Sukma	(22)
16.	Dadra & Nagar Haveli and Daman and Diu (25)	251	Dadra & Nagar Haveli and Daman and Diu	158.	Diu	(01)
				159.	Daman	(02)
				160.	Dadra & Nagar Haveli	(03)
17.	Delhi (07)	071	Delhi	161.	North West	(01)
				162.	North	(02)
				163.	North East	(03)
				164.	East	(04)
				165.	New Delhi	(05)
				166.	Central	(06)
				167.	West	(07)
				168.	South West	(08)
				169.	South	(09)
				170.	Shahdara	(10)
				171.	South East	(11)
18.	Goa (30)	301	Goa	172.	North Goa	(01)
				173.	South Goa	(02)
19.	Gujarat (24)	241	South Eastern	174.	Panch Mahals	(17)
				175.	Dohad	(18)
				176.	Vadodara	(19)
				177.	Narmada	(20)
				178.	Bharuch	(21)
				179.	Dang	(22)
				180.	Navsari	(23)
				181.	Valsad	(24)
				182.	Surat	(25)
				183.	Tapi	(26)
				184.	Chhota Udepur	(29)
				185.	Mahisagar	(32)

Sl. No.	State / U.T. (Code)	NSS Region		Detailed Composition of Region		
		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
20.		242	Plains Northern	186.	Mahesana	(04)
				187.	Sabar Kantha	(05)
				188.	Gandhinagar	(06)
				189.	Ahmadabad	(07)
				190.	Anand	(15)
				191.	Kheda	(16)
				192.	Arvalli	(27)
21.		243	Dry areas	193.	Banas Kantha	(02)
				194.	Patan	(03)
22.		244	Kachchh	195.	Kachchh	(01)
23.		245	Saurashtra	196.	Surendranagar	(08)
				197.	Rajkot	(09)
				198.	Jamnagar	(10)
				199.	Porbandar	(11)
				200.	Junagadh	(12)
				201.	Amreli	(13)
				202.	Bhavnagar	(14)
				203.	Botad	(28)
				204.	Devbhumi Dwarka	(30)
				205.	Gir Somnath	(31)
				206.	Morbi	(33)
24.	Haryana (06)	061	Eastern	207.	Panchkula	(01)
				208.	Ambala	(02)
				209.	Yamunanagar	(03)
				210.	Kurukshetra	(04)
				211.	Kaithal	(05)
				212.	Karnal	(06)
				213.	Panipat	(07)
				214.	Sonipat	(08)
				215.	Rohtak	(14)
				216.	Jhajjar	(15)
				217.	Gurugram	(18)
				218.	Nuh (Mewat)	(19)
				219.	Faridabad	(20)
				220.	Palwal	(21)
25.		062	Western	221.	Jind	(09)
				222.	Fatehabad	(10)
				223.	Sirsa	(11)
				224.	Hisar	(12)
				225.	Bhiwani	(13)
				226.	Mahendragarh	(16)
				227.	Rewari	(17)
				228.	Charkhi Dadri	(22)
26.	Himachal Pradesh (02)	021	Central	229.	Kangra	(02)
				230.	Kullu	(04)
				231.	Mandi	(05)
				232.	Hamirpur	(06)

Sl. No.	State / U.T. (Code)	NSS Region		Detailed Composition of Region		
		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				233.	Una	(07)
27.		022	Trans Himalayan & Southern	234.	Chamba	(01)
				235.	Lahul & Spiti	(03)
				236.	Bilaspur	(08)
				237.	Solan	(09)
				238.	Sirmaur	(10)
				239.	Shimla	(11)
				240.	Kinnaur	(12)
28.	Jammu & Kashmir (01)	011	Mountainous	241.	Kathua	(07)
				242.	Jammu	(21)
				243.	Samba	(22)
29.		012	Outer Hills	244.	Poonch	(05)
				245.	Rajouri	(06)
				246.	Doda	(16)
				247.	Ramban	(17)
				248.	Kishtwar	(18)
				249.	Udhampur	(19)
				250.	Reasi	(20)
30.		013	Jhelam Valley	251.	Kupwara	(01)
				252.	Budgam	(02)
				253.	Baramulla	(08)
				254.	Bandipore	(09)
				255.	Srinagar	(10)
				256.	Ganderbal	(11)
				257.	Pulwama	(12)
				258.	Shopian	(13)
				259.	Anantnag	(14)
				260.	Kulgam	(15)
31.	Jharkhand (20)	201	Ranchi Plateau	261.	Garhwa	(01)
				262.	Lohardaga	(11)
				263.	Purbi Singhbhum	(12)
				264.	Palamu	(13)
				265.	Latehar	(14)
				266.	Ranchi	(19)
				267.	Khunti	(20)
				268.	Gumla	(21)
				269.	Simdega	(22)
				270.	Pashchimi Singhbhum	(23)
				271.	Saraikela-Kharsawan	(24)
32.		202	Hazaribagh Plateau	272.	Chatra	(02)
				273.	Koderma	(03)
				274.	Giridih	(04)
				275.	Deoghar	(05)
				276.	Godda	(06)
				277.	Sahibganj	(07)
				278.	Pakur	(08)
				279.	Dhanbad	(09)
				280.	Bokaro	(10)

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		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				281.	Hazaribagh	(15)
				282.	Ramgarh	(16)
				283.	Dumka	(17)
				284.	Jamtara	(18)
33.	Karnataka (29)	291	Coastal & Ghats	285.	Uttara Kannada	(09)
				286.	Udupi	(15)
				287.	Dakshina Kannada	(21)
34.		292	Inland Eastern	288.	Shivamogga	(14)
				289.	Chikkamagaluru	(16)
				290.	Hassan	(20)
				291.	Kodagu	(22)
35.		293	Inland Southern	292.	Tumakuru	(17)
				293.	Bengaluru (Urban)	(18)
				294.	Mandya	(19)
				295.	Mysuru	(23)
				296.	Chamarajanagar	(24)
				297.	Kolar	(27)
				298.	Chikkaballapura	(28)
				299.	Bengaluru (Rural)	(29)
				300.	Ramanagara	(30)
36.		294	Inland Northern	301.	Belagavi	(01)
				302.	Bagalkote	(02)
				303.	Bijapur	(03)
				304.	Bidar	(04)
				305.	Raichur	(05)
				306.	Koppal	(06)
				307.	Gadag	(07)
				308.	Dharwad	(08)
				309.	Haveri	(10)
				310.	Ballari	(11)
				311.	Chitradurga	(12)
				312.	Davanagere	(13)
				313.	Kalaburagi	(25)
				314.	Yadgir	(26)
				315.	Vijayanagara	(31)
37.	Kerala (32)	321	Northern	316.	Kasaragod	(01)
				317.	Kannur	(02)
				318.	Wayanad	(03)
				319.	Kozhikode	(04)
				320.	Malappuram	(05)
				321.	Palakkad	(06)
38.		322	Southern	322.	Thrissur	(07)
				323.	Ernakulam	(08)
				324.	Idukki	(09)
				325.	Kottayam	(10)
				326.	Alappuzha	(11)
				327.	Pathanamthitta	(12)
				328.	Kollam	(13)

Sl. No.	State / U.T. (Code)	NSS Region		Detailed Composition of Region		
		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				329.	Thiruvananthapuram	(14)
39.	Ladakh (37)	371	Ladakh	330.	Leh	(01)
				331.	Kargil	(02)
40.	Lakshadweep (31)	311	Lakshadweep	332.	Lakshadweep	(01)
41.	Madhya Pradesh (23)	231	Vindhya	333.	Tikamgarh	(07)
				334.	Chhatarpur	(08)
				335.	Panna	(09)
				336.	Satna	(12)
				337.	Rewa	(13)
				338.	Umaria	(14)
				339.	Shahdol	(43)
				340.	Anuppur	(44)
				341.	Sidhi	(45)
				342.	Singrauli	(46)
				343.	Niwari	(51)
				344.	Mauganj	(54)
				345.	Maihar	(55)
42.		232	Central	346.	Sagar	(10)
				347.	Damoh	(11)
				348.	Vidisha	(26)
				349.	Bhopal	(27)
				350.	Sehore	(28)
				351.	Raisen	(29)
43.		233	Malwa	352.	Neemuch	(15)
				353.	Mandsaur	(16)
				354.	Ratlam	(17)
				355.	Ujjain	(18)
				356.	Shajapur	(19)
				357.	Dewas	(20)
				358.	Dhar	(21)
				359.	Indore	(22)
				360.	Rajgarh	(25)
				361.	Jhabua	(47)
				362.	Alirajpur	(48)
				363.	Agar Malwa	(52)
44.		234	South	364.	Katni	(33)
				365.	Jabalpur	(34)
				366.	Narsimhapur	(35)
				367.	Dindori	(36)
				368.	Mandla	(37)
				369.	Chhindwara	(38)
				370.	Seoni	(39)
				371.	Balaghat	(40)
				372.	Pandhurna	(53)
45.		235	South Western	373.	Khargone (West Nimar)	(23)
				374.	Barwani	(24)

Sl. No.	State / U.T. (Code)	NSS Region		Detailed Composition of Region		
		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				375.	Betul	(30)
				376.	Harda	(31)
				377.	Narmadapuram	(32)
				378.	Khandwa (East Nimar)	(49)
				379.	Burhanpur	(50)
46.		236	Northern	380.	Sheopur	(01)
				381.	Morena	(02)
				382.	Bhind	(03)
				383.	Gwalior	(04)
				384.	Datia	(05)
				385.	Shivpuri	(06)
				386.	Guna	(41)
				387.	Ashoknagar	(42)
47.	Maharashtra (27)	271	Coastal	388.	Thane	(21)
				389.	Mumbai Suburban	(22)
				390.	Mumbai	(23)
				391.	Raigad	(24)
				392.	Ratnagiri	(32)
				393.	Sindhudurg	(33)
				394.	Palghar	(36)
48.		272	Inland Western	395.	Pune	(25)
				396.	Ahmednagar	(26)
				397.	Solapur	(30)
				398.	Satara	(31)
				399.	Kolhapur	(34)
				400.	Sangli	(35)
49.		273	Inland Northern	401.	Nandurbar	(01)
				402.	Dhule	(02)
				403.	Jalgaon	(03)
				404.	Nashik	(20)
50.		274	Inland Central	405.	Nanded	(15)
				406.	Hingoli	(16)
				407.	Parbhani	(17)
				408.	Jalna	(18)
				409.	Chhatrapati Sambhajinagar	(19)
				410.	Beed	(27)
				411.	Latur	(28)
				412.	Dharashiv	(29)
51.		275	Inland Eastern	413.	Buldhana	(04)
				414.	Akola	(05)
				415.	Washim	(06)
				416.	Amravati	(07)
				417.	Wardha	(08)
				418.	Nagpur	(09)
				419.	Yavatmal	(14)
52.		276	Eastern	420.	Bhandara	(10)
				421.	Gondia	(11)

Sl. No.	State / U.T. (Code)	NSS Region		Detailed Composition of Region		
		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				422.	Gadchiroli	(12)
				423.	Chandrapur	(13)
53.	Manipur (14)	141	Plains	424.	Bishnupur	(04)
				425.	Thoubal	(05)
				426.	Imphal West	(06)
				427.	Imphal East	(07)
				428.	Jiribam	(10)
				429.	Kakching	(13)
54.		142	Hills	430.	Senapati	(01)
				431.	Tamenglong	(02)
				432.	Churachandpur	(03)
				433.	Ukhrul	(08)
				434.	Chandel	(09)
				435.	Kangpokpi	(11)
				436.	Tengnoupal	(12)
55.	Meghalaya (17)	171	Meghalaya	437.	West Garo Hills	(01)
				438.	East Garo Hills	(02)
				439.	South Garo Hills	(03)
				440.	West Khasi Hills	(04)
				441.	Ribhoi	(05)
				442.	East Khasi Hills	(06)
				443.	North Garo Hills	(08)
				444.	South West Garo Hills	(09)
				445.	South West Khasi Hills	(10)
				446.	West Jaintia Hills	(11)
				447.	East Jaintia Hills	(12)
				448.	Eastern West Khasi Hills	(13)
56.	Mizoram (15)	151	Mizoram	449.	Mamit	(01)
				450.	Kolasib	(02)
				451.	Aizwal	(03)
				452.	Champhai	(04)
				453.	Serchhip	(05)
				454.	Lunglei	(06)
				455.	Lawngtlai	(07)
				456.	Saiha	(08)
57.	Nagaland (13)	131	Nagaland	457.	Mon	(01)
				458.	Mokokchung	(02)
				459.	Zunheboto	(03)
				460.	Wokha	(04)
				461.	Dimapur	(05)
				462.	Phek	(06)
				463.	Tuensang	(07)
				464.	Longleng	(08)
				465.	Kiphire	(09)
				466.	Kohima	(10)
				467.	Peren	(11)
				468.	Niuland	(12)
				469.	Chumukedima	(13)

Sl. No.	State / U.T. (Code)	NSS Region		Detailed Composition of Region		
		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
58.	Odisha (21)	211	Coastal	470.	Baleshwar	(08)
				471.	Bhadrak	(09)
				472.	Kendrapara	(10)
				473.	Jagatsinghapur	(11)
				474.	Cuttack	(12)
				475.	Jajapur	(13)
				476.	Nayagarh	(16)
				477.	Khordha	(17)
				478.	Puri	(18)
59.		212	Southern	479.	Ganjam	(19)
				480.	Gajapati	(20)
				481.	Kandhamal	(21)
				482.	Boudh	(22)
				483.	Subarnapur	(23)
				484.	Balangir	(24)
				485.	Nuapada	(25)
				486.	Kalahandi	(26)
				487.	Rayagada	(27)
				488.	Nabarangpur	(28)
				489.	Koraput	(29)
				490.	Malkangiri	(30)
60.		213	Northern	491.	Bargarh	(01)
				492.	Jharsuguda	(02)
				493.	Sambalpur	(03)
				494.	Deogarh	(04)
				495.	Sundargarh	(05)
				496.	Kendujhar	(06)
				497.	Mayurbhanj	(07)
				498.	Dhenkanal	(14)
				499.	Anugul	(15)
61.	Puducherry (34)	341	Puducherry	500.	Yanam	(01)
				501.	Puducherry	(02)
				502.	Mahe	(03)
				503.	Karaikal	(04)
62.	Punjab (03)	031	Northern	504.	Gurdaspur	(01)
				505.	Kapurthala	(02)
				506.	Jalandhar	(03)
				507.	Hoshiarpur	(04)
				508.	Shahid Bhagat Singh Nagar	(05)
				509.	Amritsar	(15)
				510.	Tarn Taran	(16)
				511.	Rupnagar	(17)
				512.	Sahibzada Ajit Singh Nagar	(18)
				513.	Pathankot	(21)
63.		032	Southern	514.	Fatehgarh Sahib	(06)
				515.	Ludhiana	(07)
				516.	Moga	(08)
				517.	Ferozepur	(09)

Sl. No.	State / U.T. (Code)	NSS Region		Detailed Composition of Region		
		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				518.	Sri Muktsar Sahib	(10)
				519.	Faridkot	(11)
				520.	Bathinda	(12)
				521.	Mansa	(13)
				522.	Patiala	(14)
				523.	Sangrur	(19)
				524.	Barnala	(20)
				525.	Fazilka	(22)
64.	Rajasthan (08)	081	Western	526.	Bikaner	(03)
				527.	Jodhpur	(15)
				528.	Jaisalmer	(16)
				529.	Barmer	(17)
				530.	Jalore	(18)
				531.	Sirohi	(19)
				532.	Pali	(20)
				533.	Jodhpur(Rural)	(43)
				534.	Balotra	(44)
				535.	Sanchore	(45)
				536.	Phalodi	(48)
65.		082	North- Eastern	537.	Alwar	(06)
				538.	Bharatpur	(07)
				539.	Dholpur	(08)
				540.	Karauli	(09)
				541.	Sawai Madhopur	(10)
				542.	Dausa	(11)
				543.	Jaipur	(12)
				544.	Ajmer	(21)
				545.	Tonk	(22)
				546.	Bhilwara	(24)
				547.	Khairthal Tijara	(36)
				548.	Kotputli-Behror	(37)
				549.	Deeg	(38)
				550.	Gangapur City	(39)
				551.	Jaipur(Rural)	(40)
				552.	Dudu	(41)
				553.	Beawar	(46)
				554.	Kekri	(47)
				555.	Shahpura	(49)
66.		083	Southern	556.	Rajsamand	(25)
				557.	Dungarpur	(26)
				558.	Banswara	(27)
				559.	Udaipur	(32)
				560.	Salumber	(50)
67.		084	South- Eastern	561.	Bundi	(23)
				562.	Chittorgarh	(28)
				563.	Kota	(29)
				564.	Baran	(30)
				565.	Jhalawar	(31)
				566.	Pratapgarh	(33)

Sl. No.	State / U.T. (Code)	NSS Region		Detailed Composition of Region		
		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
68.		085	Northern	567.	Sri Ganganagar	(01)
				568.	Hanumangarh	(02)
				569.	Churu	(04)
				570.	Jhunjhunu	(05)
				571.	Sikar	(13)
				572.	Nagaur	(14)
				573.	Anupgarh	(34)
				574.	Neem ka thana	(35)
				575.	Didwana-Kuchaman	(42)
69.	Sikkim (11)	111	Sikkim	576.	Mangan District	(01)
				577.	Soreng District	(02)
				578.	Namchi District	(03)
				579.	Gangtok District	(04)
				580.	Pakyong District	(05)
				581.	Gyalshing District	(06)
70.	Tamil Nadu (33)	331	Coastal Northern	582.	Thiruvallur	(01)
				583.	Chennai	(02)
				584.	Kancheepuram	(03)
				585.	Vellore	(04)
				586.	Tiruvannamalai	(05)
				587.	Viluppuram	(06)
				588.	Cuddalore	(16)
				589.	Chengalpattu	(33)
				590.	Kallakurichi	(34)
				591.	Ranipet	(35)
				592.	Tirupathur	(36)
71.		332	Coastal	593.	Karur	(12)
				594.	Tiruchirappalli	(13)
				595.	Perambalur	(14)
				596.	Ariyalur	(15)
				597.	Nagapattinam	(17)
				598.	Thiruvarur	(18)
				599.	Thanjavur	(19)
				600.	Pudukkottai	(20)
				601.	Mayiladuthurai	(38)
72.		333	Southern	602.	Dindigul	(11)
				603.	Sivaganga	(21)
				604.	Madurai	(22)
				605.	Theni	(23)
				606.	Virudhunagar	(24)
				607.	Ramanathapuram	(25)
				608.	Thoothukudi	(26)
				609.	Tirunelveli	(27)
				610.	Kanniyakumari	(28)
				611.	Tenkasi	(37)
73.		334	Inland	612.	Salem	(07)
				613.	Namakkal	(08)
				614.	Erode	(09)
				615.	The Nilgiris	(10)

Sl. No.	State / U.T. (Code)	NSS Region		Detailed Composition of Region		
		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				616.	Dharmapuri	(29)
				617.	Krishnagiri	(30)
				618.	Coimbatore	(31)
				619.	Tiruppur	(32)
74.	Telangana (36)	361	Inland	620.	Adilabad	(01)
			North Western	621.	Kumuram Bheem Asifabad	(02)
				622.	Mancherial	(03)
				623.	Nirmal	(04)
				624.	Nizamabad	(05)
				625.	Kamareddy	(15)
				626.	Sangareddy	(16)
				627.	Medak	(17)
				628.	Siddipet	(18)
				629.	Medchal-Malkajgiri	(21)
				630.	Hyderabad	(22)
				631.	Rangareddy	(23)
				632.	Vikarabad	(24)
				633.	Mahbubnagar	(25)
				634.	Jogulamba Gadwal	(26)
				635.	Wanaparthy	(27)
				636.	Nagarkurnool	(28)
				637.	Narayanpet	(33)
75.		362	Inland North Eastern	638.	Jagtial	(06)
				639.	Peddapalli	(07)
				640.	Jayashankar Bhupalpally	(08)
				641.	Bhadradi Kothagudem	(09)
				642.	Mahabubabad	(10)
				643.	Warangal	(11)
				644.	Hanamkonda	(12)
				645.	Karimnagar	(13)
				646.	Rajanna Sircilla	(14)
				647.	Jangaon	(19)
				648.	Yadadri Bhuvanagiri	(20)
				649.	Nalgonda	(29)
				650.	Suryapet	(30)
				651.	Khammam	(31)
				652.	Mulugu	(32)
76.	Tripura (16)	161	Tripura	653.	West Tripura	(01)
				654.	South Tripura	(02)
				655.	Dhalai	(03)
				656.	North Tripura	(04)
				657.	Unakoti	(05)
				658.	Khowai	(06)
				659.	Sepahijala	(07)
				660.	Gomati	(08)
77.	Uttarakhand (05)	051	Uttarakhand	661.	Uttarkashi	(01)
				662.	Chamoli	(02)
				663.	Rudraprayag	(03)
				664.	Tehri Garhwal	(04)

Sl. No.	State / U.T. (Code)	NSS Region		Detailed Composition of Region		
		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				665.	Dehradun	(05)
				666.	Pauri Garhwal	(06)
				667.	Pithoragarh	(07)
				668.	Bageshwar	(08)
				669.	Almora	(09)
				670.	Champawat	(10)
				671.	Nainital	(11)
				672.	Udham Singh Nagar	(12)
				673.	Haridwar	(13)
78.	Uttar Pradesh (09)	091	Northern Upper Ganga Plains	674.	Saharanpur	(01)
				675.	Muzaffarnagar	(02)
				676.	Bijnor	(03)
				677.	Moradabad	(04)
				678.	Rampur	(05)
				679.	Shamli	(72)
				680.	Sambhal	(74)
79.		092	Central	681.	Amroha	(06)
				682.	Meerut	(07)
				683.	Baghpat	(08)
				684.	Ghaziabad	(09)
				685.	Gautam Buddha Nagar	(10)
				686.	Sitapur	(23)
				687.	Hardoi	(24)
				688.	Unnao	(25)
				689.	Lucknow	(26)
				690.	Rae Bareli	(27)
				691.	Kanpur Dehat	(32)
				692.	Kanpur Nagar	(33)
				693.	Fatehpur	(41)
				694.	Bara Banki	(45)
				695.	Hapur	(73)
				696.	Amethi	(75)
80.		093	Eastern	697.	Pratapgarh	(42)
				698.	Kaushambi	(43)
				699.	Prayagraj	(44)
				700.	Ayodhya	(46)
				701.	Ambedkar Nagar	(47)
				702.	Sultanpur	(48)
				703.	Bahraich	(49)
				704.	Shrawasti	(50)
				705.	Balrampur	(51)
				706.	Gonda	(52)
				707.	Siddharthnagar	(53)
				708.	Basti	(54)
				709.	Sant Kabir Nagar	(55)
				710.	Maharajganj	(56)
				711.	Gorakhpur	(57)
				712.	Kushinagar	(58)
				713.	Deoria	(59)
				714.	Azamgarh	(60)
				715.	Mau	(61)

Sl. No.	State / U.T. (Code)	NSS Region		Detailed Composition of Region		
		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				716.	Ballia	(62)
				717.	Jaunpur	(63)
				718.	Ghazipur	(64)
				719.	Chandauli	(65)
				720.	Varanasi	(66)
				721.	Sant Ravidas Nagar (Bhadohi)	(67)
				722.	Mirzapur	(68)
				723.	Sonbhadra	(69)
				696.	Amethi	(75)
81.		094	Southern	724.	Jalaun	(34)
				725.	Jhansi	(35)
				726.	Lalitpur	(36)
				727.	Hamirpur	(37)
				728.	Mahoba	(38)
				729.	Banda	(39)
				730.	Chitrakoot	(40)
82.		095	Southern Upper Ganga Plains	731.	Bulandshahr	(11)
				732.	Aligarh	(12)
				733.	Hathras	(13)
				734.	Mathura	(14)
				735.	Agra	(15)
				736.	Firozabad	(16)
				737.	Mainpuri	(17)
				738.	Budaun	(18)
				739.	Bareilly	(19)
				740.	Pilibhit	(20)
				741.	Shahjahanpur	(21)
				742.	Kheri	(22)
				743.	Farrukhabad	(28)
				744.	Kannauj	(29)
				745.	Etawah	(30)
				746.	Auraiya	(31)
				747.	Etah	(70)
				748.	Kasganj	(71)
				680.	Sambhal	(74)
83.	West Bengal (19)	191	Himalayan	749.	Darjeeling	(01)
				750.	Jalpaiguri	(02)
				751.	Cooch Behar	(03)
				752.	Alipurduar	(20)
				753.	Kalimpong	(21)
84.		192	Eastern Plains	754.	Uttar Dinajpur	(04)
				755.	Dakshin Dinajpur	(05)
				756.	Malda	(06)
				757.	Murshidabad	(07)
				758.	Birbhum	(08)
				759.	Nadia	(10)
85.		193	Southern Plains	760.	North Twenty Four Parganas	(11)
				761.	Kolkata	(16)
				762.	South Twenty Four Parganas	(17)

Sl. No.	State / U.T. (Code)	NSS Region		Detailed Composition of Region		
		Code	Description	Sl. No.	Name of District	Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
86.		194	Central Plains	763.	Purba Bardhaman	(09)
				764.	Hooghly	(12)
				765.	Howrah	(15)
				766.	Paschim Bardhaman	(23)
87.		195	Western Plains	767.	Bankura	(13)
				768.	Purulia	(14)
				769.	Paschim Medinipur	(18)
				770.	Purba Medinipur	(19)
				771.	Jhargram	(22)

APPENDIX - II

LIST OF FOD SUB-REGIONS

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1.	Cuddapah (281)	1.	Cuddapah	2810	1.	Y.S.R. (Cuddapah)	10	Andhra Pradesh (28)
					2.	Chittoor	13	
					3.	Annamayya	17	
					4.	Tirupathi	16	
		2.	Anantapur	2811	5.	Ananthapuramu	12	
					6.	Sri Satya Sai	19	
		3.	Guntur	2812	7.	Guntur	07	
					8.	Palnadu	14	
					9.	Bapatla	15	
		4.	Kurnool	2813	10.	Kurnool	11	
					11.	Nandyal	18	
		5.	Nellore	2814	12.	Prakasam	08	
					13.	Sri Potti Sriramulu Nellore	09	
2.	Vijayawada (282)	10.	Vijayawada	2820	14.	West Godavari	05	Andhra Pradesh (28)
					15.	Krishna	06	
					16.	Eluru	23	
					17.	Ntr	26	
		11.	Kakinada	2821	18.	East Godavari	04	
					19.	Dr. Br Ambedkar Konaseema	22	
					20.	Kakinada	24	Puducherry (34)
					21.	Yanam	01	
		12.	Visakhapatnam	2822	22.	Srikakulam	01	Andhra Pradesh (28)
					23.	Vizianagaram	02	
					24.	Visakhapatnam	03	
					25.	Alluri Sitharama Raju	20	
					26.	Anakapalli	21	
					27.	Parvathipuram Manyam	25	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
3.	Guwahati (181)	13.	Guwahati	1810	28.	Kokrajhar	01	Assam (18)
					29.	Dhubri	02	
					30.	Goalpara	03	
					31.	Barpeta	04	
					32.	Bongaigaon	20	
					33.	Chirang	21	
					34.	Kamrup	22	
					35.	Kamrup Metropolitan	23	
					36.	Nalbari	24	
					37.	Baksa	25	
					38.	South Salma Mankachar	31	
					39.	Tamulpur	34	
		14.	Silchar	1811	40.	Karbi Anglong	15	
					41.	Dima Hasao	16	
					42.	Cachar	17	
					43.	Karimganj	18	
					44.	Hailakandi	19	
					45.	West Karbi angling	29	
4.	Dibrugarh (182)	15.	Dibrugarh	1820	46.	Tinsukia	10	Assam (18)
					47.	Dibrugarh	11	
		16.	Jorhat	1821	48.	Morigaon	05	
					49.	Nagaon	06	
					50.	Sivasagar	12	
					51.	Jorhat	13	
					52.	Golaghat	14	
					53.	Hojai	28	
					54.	Charaideo	30	
					55.	Majuli	33	
		17.	Tezpur	1822	56.	Sonitpur	07	
					57.	Lakhimpur	08	
					58.	Dhemaji	09	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					59.	Darrang	26	
					60.	Udalguri	27	Assam (18)
					61.	Biswanath	32	
5.	Muzaffarpur (101)	18.	Muzaffarpur	1010	62.	Sheohar	03	Bihar (10)
					63.	Sitamarhi	04	
					64.	Muzaffarpur	14	
					65.	Saran	17	
					66.	Vaishali	18	
		19.	Darbhanga	1011	67.	Madhubani	05	
					68.	Darbhanga	13	
					69.	Samastipur	19	
					70.	Begusarai	20	
		20.	Motihari	1012	71.	Pashchim Champaran	01	
					72.	Purba Champaran	02	
					73.	Gopalganj	15	
					74.	Siwan	16	
		21.	Purnia	1013	75.	Supaul	06	
					76.	Araria	07	
					77.	Kishanganj	08	
					78.	Purnia	09	
					79.	Katihar	10	
					80.	Madhepura	11	
					81.	Saharsa	12	
					82.	Khagaria	21	
6.	Patna (102)	22.	Patna	1020	83.	Nalanda	27	Bihar (10)
					84.	Patna	28	
					85.	Bhojpur	29	
					86.	Buxar	30	
					87.	Kaimur (Bhabua)	31	
					88.	Rohtas	32	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		23.	Bhagalpur	1021	89.	Bhagalpur	22	Bihar (10)
					90.	Banka	23	
					91.	Munger	24	
					92.	Lakhisarai	25	
					93.	Sheikhpura	26	
					94.	Jamui	36	
		24.	Gaya	1022	95.	Aurangabad	33	
					96.	Gaya	34	
					97.	Nawada	35	
					98.	Jehanabad	37	
					99.	Arwal	38	
7.	Raipur (221)	25.	Raipur	2210	100.	Raipur	11	Chhattisgarh (22)
					101.	Mahasamund	12	
					102.	Dhamtari	13	
					103.	Uttar Bastar Kanker	14	
					104.	Bastar	15	
					105.	Narayanpur	16	
					106.	Dakshin Bastar Dantewada	17	
					107.	Bijapur	18	
					108.	Balodabazar-Bhatapara	19	
					109.	Gariyaband	20	
					110.	Kondagaon	21	
					111.	Sukma	22	
		26.	Ambikapur	2211	112.	Korea	01	
					113.	Surguja	02	
					114.	Jashpur	03	
					115.	Surajpur	26	
					116.	Balrampur-Ramanujganj	27	
					117.	Manendragarh-Chirmiri-Bharat	28	
		27.	Bilaspur	2212	118.	Raigarh	04	
					119.	Korba	05	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					120.	Janjgir-Champa	06	Chhattisgarh (22)
					121.	Bilaspur	07	
					122.	Mungeli	25	
					123.	Sarangarh-Bilaigarh	29	
					124.	Sakti	30	
					125.	Gaurella-Pendra-Marwahi	31	
					126.	Khairagarh-Chhuikhad	32	
		28.	Durg	2213	127.	Kabeerdham	08	
					128.	Rajnandgaon	09	
					129.	Durg	10	
					130.	Bemetara	23	
					131.	Balod	24	
					132.	Mohla-Manpur-Ambagar	33	
8.	Ahmedabad (241)	29.	Ahmedabad	2410	133.	Gandhinagar	06	Gujarat (24)
					134.	Ahmadabad	07	
		30.	Bhavnagar	2411	135.	Amreli	13	
					136.	Bhavnagar	14	
					137.	Botad	28	
					138.	Diu	01	D & N Haveli and Daman & Diu (25)
		31.	Jamnagar	2412	139.	Jamnagar	10	Gujarat (24)
					140.	Porbandar	11	
					141.	Devbhumi Dwarka	30	
		32.	Rajkot	2413	142.	Rajkot	09	
					143.	Junagadh	12	
					144.	Gir Somnath	31	
					145.	Morbi	33	
		33.	Surendranagar	2414	146.	Kachchh	01	
					147.	Surendranagar	08	
9.	Vadodara (242)	34.	Vadodara	2420	148.	Panch Mahals	17	Gujarat (24)
					149.	Dohad	18	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					150.	Vadodara	19	Gujarat (24)
					151.	Narmada	20	
					152.	Bharuch	21	
					153.	Chhota Udepur	29	
					154.	Mahisagar	32	
		35.	Mahesana	2421	155.	Banas Kantha	02	
					156.	Patan	03	
					157.	Mahesana	04	
		36.	Nadiad	2422	158.	Sabar Kantha	05	
					159.	Anand	15	
					160.	Kheda	16	
					161.	Arvalli	27	
		37.	Surat	2423	162.	Dang	22	
					163.	Surat	25	
					164.	Tapi	26	
		38.	Valsad	2424	165.	Navsari	23	
					166.	Valsad	24	
					167.	Daman	02	D & N Haveli and Daman & Diu (25)
					168.	Dadra & Nagar Haveli	03	
10.	Panaji (301)	39.	Panaji	3010	169.	North Goa	01	Goa (30)
					170.	South Goa	02	
11.	Chandigarh (061)	40.	Chandigarh	0610	171.	Chandigarh	01	Chandigarh (04)
					172.	Panchkula	01	Haryana (06)
		41.	Ambala	0611	173.	Ambala	02	
					174.	Yamunanagar	03	
					175.	Kurukshetra	04	
					176.	Kaithal	05	
		42.	Hisar	0612	177.	Fatehabad	10	
					178.	Sirsa	11	
					179.	Hisar	12	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					180.	Bhiwani	13	Haryana (06)
					181.	Charkhi Dadri	22	
		43.	Karnal	0613	182.	Karnal	06	
					183.	Panipat	07	
					184.	Sonipat	08	
					185.	Jind	09	
		44.	Rohtak	0614	186.	Rohtak	14	
					187.	Jhajjar	15	
					188.	Mahendragarh	16	
					189.	Rewari	17	
		45.	Faridabad	0615	190.	Gurugram	18	
					191.	Nuh (Mewat)	19	
					192.	Faridabad	20	
					193.	Palwal	21	
12.	Shimla (021)	46.	Shimla	0210	194.	Solan	09	Himachal Pradesh (02)
					195.	Sirmaur	10	
					196.	Shimla	11	
					197.	Kinnaur	12	
		47.	Hamirpur	0211	198.	Hamirpur	06	
					199.	Una	07	
					200.	Bilaspur	08	
		48.	Dharamshala	0212	201.	Chamba	01	
					202.	Kangra	02	
		49.	Mandi	0213	203.	Lahul & Spiti	03	
					204.	Kullu	04	
					205.	Mandi	05	
13.	Jammu (011)	50.	Jammu	0110	206.	Poonch	05	Jammu & Kashmir (01)
					207.	Rajouri	06	
					208.	Kathua	07	
					209.	Jammu	21	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					210.	Samba	22	Jammu & Kashmir (01)
		51.	Udhampur	0111	211.	Doda	16	
					212.	Ramban	17	
					213.	Kishtwar	18	
					214.	Udhampur	19	
					215.	Reasi	20	
14.	Srinagar (012)	52.	Srinagar	0120	216.	Budgam	02	Jammu & Kashmir (01)
					217.	Srinagar	10	
					218.	Ganderbal	11	
					219.	Leh	01	Ladakh (37)
					220.	Kargil	02	
		53.	Anantnag	0121	221.	Pulwama	12	Jammu & Kashmir (01)
					222.	Shopian	13	
					223.	Anantnag	14	
					224.	Kulgam	15	
		54.	Baramula	0122	225.	Kupwara	01	
					226.	Baramulla	08	
					227.	Bandipore	09	
15.	Ranchi (201)	55.	Ranchi	2010	228.	Lohardaga	11	Jharkhand (20)
					229.	Ranchi	19	
					230.	Khunti	20	
					231.	Gumla	21	
					232.	Simdega	22	
		56.	Dumka	2011	233.	Deoghar	05	
					234.	Godda	06	
					235.	Sahibganj	07	
					236.	Pakur	08	
					237.	Dumka	17	
		57.	Hazaribagh	2012	238.	Chatra	02	
					239.	Koderma	03	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					240.	Hazaribagh	15	Jharkhand (20)
					241.	Ramgarh	16	
		58.	Jamshedpur	2013	242.	Purbi Singhbhum	12	
					243.	Pashchimi Singhbhum	23	
					244.	Saraikela-Kharsawan	24	
		59.	Daltonganj	2014	245.	Garhwa	01	
					246.	Palamu	13	
					247.	Latehar	14	
		60.	Dhanbad	2015	248.	Giridih	04	
					249.	Dhanbad	09	
					250.	Bokaro	10	
					251.	Jamtara	18	
16.	Bangalore (291)	61.	Bangalore	2910	252.	Tumakuru	17	
					253.	Bengaluru (Urban)	18	
					254.	Kolar	27	
					255.	Chikkaballapura	28	
					256.	Bengaluru (Rural)	29	
					257.	Ramanagara	30	
		62.	Mangalore	2911	258.	Udupi	15	
					259.	Hassan	20	
					260.	Dakshina Kannada	21	
					261.	Kodagu	22	
		63.	Mysore	2912	262.	Mandya	19	
					263.	Mysuru	23	
					264.	Chamarajanagar	24	
		64.	Shimoga	2913	265.	Shivamogga	14	
					266.	Chikkamagaluru	16	
17.	Hubli (292)	65.	Hubli	2920	267.	Gadag	07	Karnataka (29)
					268.	Dharwad	08	
					269.	Uttara Kannada	09	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					270.	Haveri	10	Karnataka (29)
					271.	Davanagere	13	
		66.	Belgaum	2921	272.	Belagavi	01	
					273.	Bagalkote	02	
					274.	Bijapur	03	
		67.	Bellary	2922	275.	Raichur	05	
					276.	Koppal	06	
					277.	Ballari	11	
					278.	Chitradurga	12	
					279.	Vijayanagara	31	
		68.	Gulbarga	2923	280.	Bidar	04	
					281.	Kalaburagi	25	
					282.	Yadgir	26	
18.	Kozhikode (321)	69.	Kozhikode	3210	283.	Wayanad	03	Kerala (32)
					284.	Kozhikode	04	
					285.	Malappuram	05	
					286.	Mahe	03	Puducherry (34)
		70.	Kannur	3211	287.	Kasaragod	01	Kerala (32)
					288.	Kannur	02	
		71.	Palakkad	3212	289.	Palakkad	06	
		72.	Thrissur	3213	290.	Thrissur	07	
19.	Thiruvananthapuram (322)	73.	Thiruvananthapuram	3220	291.	Thiruvananthapuram	14	Kerala (32)
		74.	Kochi	3221	292.	Ernakulam	08	
					293.	Lakshadweep	01	Lakshadweep (31)
		75.	Kollam	3222	294.	Alappuzha	11	Kerala (32)
					295.	Pathanamthitta	12	
					296.	Kollam	13	
		76.	Kottayam	3223	297.	Idukki	09	
					298.	Kottayam	10	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
20.	Bhopal (231)	77.	Bhopal	2310	299.	Vidisha	26	Madhya Pradesh (23)
					300.	Bhopal	27	
					301.	Sehore	28	
					302.	Raisen	29	
					303.	Narmadapuram	32	
		78.	Chhindwara	2311	304.	Betul	30	
					305.	Harda	31	Madhya Pradesh (23)
					306.	Chhindwara	38	
					307.	Balaghat	40	
					308.	Pandhurna	53	
		79.	Indore	2312	309.	Dhar	21	
					310.	Indore	22	
		80.	Khandwa	2313	311.	Khargone (West Nimar)	23	
					312.	Barwani	24	
					313.	Khandwa (East Nimar)	49	Madhya Pradesh (23)
					314.	Burhanpur	50	
21.	Gwalior (232)	81.	Gwalior	2320	315.	Sheopur	01	
					316.	Morena	02	
					317.	Bhind	03	
					318.	Gwalior	04	
					319.	Datia	05	
		82.	Ratlam	2321	320.	Neemuch	15	
					321.	Mandsaur	16	
					322.	Ratlam	17	
					323.	Jhabua	47	
					324.	Alirajpur	48	
		83.	Shivpuri	2322	325.	Shivpuri	06	
					326.	Tikamgarh	07	
					327.	Chhatarpur	08	
					328.	Guna	41	
					329.	Ashoknagar	42	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					330.	Niwari	51	Madhya Pradesh (23)
		84.	Ujjain	2323	331.	Ujjain	18	
					332.	Shajapur	19	
					333.	Dewas	20	
					334.	Rajgarh	25	
					335.	Agar Malwa	52	
22.	Jabalpur (233)	85.	Jabalpur	2330	336.	Katni	33	Madhya Pradesh (23)
					337.	Jabalpur	34	
					338.	Dindori	36	
					339.	Mandla	37	
		86.	Rewa	2331	340.	Panna	09	
					341.	Satna	12	
					342.	Rewa	13	
					343.	Umaria	14	
					344.	Shahdol	43	
					345.	Anuppur	44	
					346.	Sidhi	45	
					347.	Singrauli	46	
					348.	Mauganj	54	
					349.	Maihar	55	
		87.	Sagar	2332	350.	Sagar	10	
					351.	Damoh	11	
					352.	Narsimhapur	35	
					353.	Seoni	39	
23.	Aurangabad (271)	88.	Aurangabad	2710	354.	Jalna	18	Maharashtra (27)
					355.	Chhatrapati Sambhajnagar	19	
					356.	Beed	27	
		89.	Jalgaon	2711	357.	Nandurbar	01	
					358.	Dhule	02	
					359.	Jalgaon	03	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		90.	Nanded	2712	360.	Nanded	15	Maharashtra (27)
					361.	Hingoli	16	
					362.	Parbhani	17	
					363.	Latur	28	
		91.	Nashik	2713	364.	Nashik	20	
24.	Mumbai (272)	92.	Mumbai	2720	365.	Mumbai Suburban	22	Maharashtra (27)
					366.	Mumbai	23	
		93.	Thane	2721	367.	Thane	21	
					368.	Raigad	24	
					369.	Palghar	36	
25.	Nagpur (273)	94.	Nagpur	2730	370.	Wardha	08	Maharashtra (27)
					371.	Nagpur	09	
					372.	Bhandara	10	
					373.	Gondia	11	
					374.	Gadchiroli	12	
					375.	Chandrapur	13	
		95.	Akola	2731	376.	Buldhana	04	
					377.	Akola	05	
					378.	Washim	06	
		96.	Amravati	2732	379.	Amravati	07	
					380.	Yavatmal	14	
26.	Pune (274)	97.	Pune	2740	381.	Pune	25	Maharashtra (27)
					382.	Ahmednagar	26	
					383.	Satara	31	
					384.	Ratnagiri	32	
		98.	Kolhapur	2741	385.	Sindhudurg	33	
					386.	Kolhapur	34	
					387.	Sangli	35	
		99.	Solapur	2742	388.	Dharashiv	29	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					389.	Solapur	30	Maharashtra (27)
27.	Shillong (171)	100.	Shillong	1710	390.	West Khasi Hills	04	Meghalaya (17)
					391.	Ribhoi	05	
					392.	East Khasi Hills	06	
					393.	South West Khasi Hills	10	
					394.	West Jaintia Hills	11	
					395.	East Jaintia Hills	12	
					396.	Eastern West Khasi Hills	13	
		101.	Tura	1711	397.	West Garo Hills	01	Meghalaya (17)
					398.	East Garo Hills	02	
					399.	South Garo Hills	03	
					400.	North Garo Hills	08	
					401.	South West Garo Hills	09	
28.	Aizawl (151)	102.	Mizoram	1510	402.	Mamit	01	Mizoram (15)
					403.	Kolasib	02	
					404.	Aizwal	03	
					405.	Champhai	04	
					406.	Serchhip	05	
					407.	Lunglei	06	
					408.	Lawnglai	07	
					409.	saiha	08	
29.	Agartala (161)	103.	Agartala	1712	410.	West Tripura	01	Tripura (16)
					411.	South Tripura	02	
					412.	Dhalai	03	
					413.	North Tripura	04	
					414.	Unakoti	05	
					415.	Khowai	06	
					416.	Sephijala	07	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					417.	Gomati	08	Tripura (16)
30.	Kohima (131)	104.	Kohima	1310	418.	Mon	01	Nagaland (13)
					419.	Mokokchung	02	
					420.	Zunheboto	03	
					421.	Wokha	04	
					422.	Dimapur	05	
					423.	Phek	06	
					424.	Tuensang	07	
					425.	Longleng	08	
					426.	Kiphire	09	
					427.	Kohima	10	
					428.	Peren	11	
					429.	Niuland	12	
					430.	Chumukedima	13	
31.	Bhubaneswar (211)	105.	Bhubaneswar	2110	431.	Nayagarh	16	Odisha (21)
					432.	Khordha	17	
					433.	Puri	18	
		106.	Baripada	2111	434.	Kendujhar	06	
					435.	Mayurbhanj	07	
					436.	Baleshwar	08	
		107.	Berhampur	2112	437.	Ganjam	19	
					438.	Gajapati	20	
					439.	Kandhamal	21	
					440.	Baudh	22	
		108.	Cuttack	2113	441.	Bhadrak	09	
					442.	Kendrapara	10	
					443.	Jagatsinghapur	11	
					444.	Cuttack	12	
					445.	Jajapur	13	
					446.	Dhenkanal	14	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					447.	Anugul	15	Odisha (21)
32.	Sambalpur (212)	109.	Sambalpur	2120	448.	Bargarh	01	Odisha (21)
					449.	Jharsuguda	02	
					450.	Sambalpur	03	
					451.	Deogarh	04	
					452.	Sundargarh	05	
					453.	Subarnapur	23	
					454.	Balangir	24	
		110.	Bhawanipatna	2121	455.	Nuapada	25	
					456.	Kalahandi	26	
					457.	Rayagada	27	
					458.	Nabarangapur	28	
					459.	Koraput	29	
					460.	Malkangiri	30	
33.	Jalandhar (031)	111.	Jalandhar	0310	461.	Kapurthala	02	Punjab (03)
					462.	Jalandhar	03	
					463.	Shahid Bhagat Singh Nagar	05	
					464.	Pathankot	21	
		112.	Amritsar	0311	465.	Gurdaspur	01	
					466.	Amritsar	15	
		113.	Hoshiarpur	0312	467.	Hoshiarpur	04	
					468.	Tarn Taran	16	
34.	Mohali (032)	114.	Mohali	0320	469.	Fatehgarh Sahib	06	Punjab (03)
					470.	Patiala	14	
					471.	Rupnagar	17	
					472.	Sahibzada Ajit Singh Nagar	18	
		115.	Ludhiana	0321	473.	Ludhiana	07	
					474.	Sangrur	19	

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SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					475.	Barnala	20	Punjab (03)
		116.	Bhatinda	0322	476.	Sri Muktsar Sahib	10	
					477.	Bathinda	12	
					478.	Mansa	13	
		117.	Faridkot	0323	479.	Moga	08	
					480.	Ferozepur	09	
					481.	Faridkot	11	
					482.	Fazilka	22	
35.	Ajmer (081)	118.	Ajmer	0810	483.	Nagaur	14	Rajasthan (08)
					484.	Ajmer	21	
					485.	Bhilwara	24	
					486.	Didwana-Kuchaman	42	
					487.	Beawar	46	
					488.	Kekri	47	
					489.	Shahpura	49	
		119.	Jodhpur	0811	490.	Jodhpur	15	
					491.	Jaisalmer	16	
					492.	Barmer	17	
					493.	Jalore	18	
					494.	Pali	20	
					495.	Jodhpur(Rural)	43	
					496.	Balotra	44	
					497.	Sanchore	45	
					498.	Phalodi	48	
		120.	Udaipur	0812	499.	Sirohi	19	
					500.	Rajsamand	25	
					501.	Dungarpur	26	
					502.	Banswara	27	
					503.	Chittorgarh	28	
					504.	Udaipur	32	
					505.	Pratapgarh	33	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					506.	Salumber	50	Rajasthan (08)
36.	Jaipur (082)	121.	Jaipur	0820	507.	Churu	04	Rajasthan (08)
					508.	Jhunjhunu	05	
					509.	Dausa	11	
					510.	Jaipur	12	
					511.	Sikar	13	
					512.	Tonk	22	
					513.	Neem ka thana	35	
					514.	Jaipur(Rural)	40	
					515.	Dudu	41	
		122.	Alwar	0821	516.	Alwar	06	
					517.	Bharatpur	07	
					518.	Dholpur	08	
					519.	Khairthal Tijara	36	
					520.	Kotputli-Behror	37	
					521.	Deeg	38	
		123.	Sri Ganganagar	0822	522.	Sri Ganganagar	01	
					523.	Hanumangarh	02	
					524.	Bikaner	03	
					525.	Anupgarh	34	
		124.	Kota	0823	526.	Karauli	09	
					527.	Sawai Madhopur	10	
					528.	Bundi	23	
					529.	Kota	29	
					530.	Baran	30	
					531.	Jhalawar	31	
					532.	Gangapur City	39	
37.	Gangtok (111)	125.	Gangtok	1110	533.	Mangan	01	Sikkim (11)
					534.	Gyalshing	06	
					535.	Soreng	02	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					536.	Namchi	03	Sikkim (11)
					537.	Gangtok	04	
					538.	Pakyong	05	
38.	Coimbatore (331)	126.	Coimbatore	3310	539.	Erode	09	Tamil Nadu (33)
					540.	The Nilgiris	10	
					541.	Coimbatore	31	
					542.	Tiruppur	32	
		127.	Dharmapuri	3311	543.	Dharmapuri	29	
					544.	Krishnagiri	30	
		128.	Salem	3312	545.	Salem	07	
					546.	Namakkal	08	
		129.	Tiruchirappalli	3313	547.	Karur	12	
					548.	Tiruchirappalli	13	
					549.	Perambalur	14	
					550.	Ariyalur	15	
					551.	Pudukkottai	20	
39.	Chennai (332)	130.	Chennai	3320	552.	Thiruvallur	01	Tamil Nadu (33)
					553.	Chennai	02	
					554.	Kancheepuram	03	
					555.	Chengalpattu	33	
		131.	Cuddalore	3321	556.	Viluppuram	06	
					557.	Cuddalore	16	
					558.	Kallakurichi	34	
		132.	Vellore	3322	559.	Vellore	04	
					560.	Tiruvannamalai	05	
					561.	Ranipet	35	
					562.	Tirupathur	36	Tamil Nadu (33)
		133.	Puducherry	3323	563.	Puducherry	02	Puducherry (34)
					564.	Karaikal	04	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
40.	Madurai (333)	134.	Madurai	3330	565.	Dindigul	11	Tamil Nadu (33)
					566.	Madurai	22	
					567.	Theni	23	
		135.	Thanjavur	3331	568.	Nagapattinam	17	
					569.	Thiruvarur	18	
					570.	Thanjavur	19	
					571.	Mayiladuthurai	38	
		136.	Tirunelveli	3332	572.	Thoothukudi	26	
					573.	Tirunelveli	27	
					574.	Kanniyakumari	28	
					575.	Tenkasi	33	
		137.	Virudhunagar	3333	576.	Sivaganga	21	
					577.	Virudhunagar	24	
					578.	Ramanathapuram	25	
41.	Hyderabad (361)	138.	Hyderabad	3610	579.	Yadadri Bhuvanagiri	20	Telangana (36)
					580.	Medchal-Malkajgiri	21	
					581.	Hyderabad	22	
					582.	Rangareddy	23	
					583.	Vikarabad	24	
					584.	Mahbubnagar	25	
					585.	Jogulamba Gadwal	26	
					586.	Wanaparthy	27	
					587.	Nagarkurnool	28	
					588.	Nalgonda	29	
					589.	Suryapet	30	
					590.	Narayanpet	33	
		139.	Karimnagar	3611	591.	Jagtial	06	
					592.	Peddapalli	07	
					593.	Karimnagar	13	
					594.	Rajanna Sircilla	14	
					595.	Sangareddy	16	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					596.	Medak	17	Telangana (36)
					597.	Siddipet	18	
		140.	Nizamabad	3612	598.	Adilabad	01	
					599.	Kumuram Bheem Asifabad	02	
					600.	Mancherial	03	
					601.	Nirmal	04	
					602.	Nizamabad	05	
					603.	Kamareddy	15	
		141.	Warangal	3613	604.	Jayashankar Bhupalpally	08	
					605.	Bhadradri Kothagudem	09	
					606.	Mahabubabad	10	
					607.	Warangal	11	
					608.	Hanamkonda	12	
					609.	Jangaon	19	
					610.	Khammam	31	
					611.	Mulugu	32	
42.	Dehradun (051)	142.	Dehradun	0510	612.	Uttarkashi	01	Uttarakhand (05)
					613.	Chamoli	02	
					614.	Rudraprayag	03	
					615.	Tehri Garhwal	04	
					616.	Dehradun	05	
					617.	Pauri Garhwal	06	
					618.	Haridwar	13	
		143.	Almora	0511	619.	Pithoragarh	07	
					620.	Bageshwar	08	
					621.	Almora	09	
					622.	Champawat	10	
					623.	Nainital	11	
					624.	Udham Singh Nagar	12	
43.	Agra (091)	144.	Agra	0910	625.	Mathura	14	Uttar Pradesh (09)
					626.	Agra	15	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					627.	Firozabad	16	Uttar Pradesh (09)
					628.	Mainpuri	17	
					629.	Farrukhabad	28	
					630.	Kannauj	29	
					631.	Etawah	30	
					632.	Auraiya	31	
		145.	Aligarh	0911	633.	Bulandshahr	11	
					634.	Aligarh	12	
					635.	Hathras	13	
					636.	Etah	70	
					637.	Kasganj	71	
		146.	Meerut	0912	638.	Meerut	07	
					639.	Baghpat	08	
					640.	Ghaziabad	09	
					641.	Gautam Buddha Nagar	10	
					642.	Hapur	73	
44.	Allahabad (092)	147.	Allahabad	0920	643.	Pratapgarh	42	Uttar Pradesh (09)
					644.	Kaushambi	43	
					645.	Prayagraj	44	
		148.	Azamgarh	0921	646.	Azamgarh	60	
					647.	Mau	61	
					648.	Ballia	62	
					649.	Jaunpur	63	
		149.	Faizabad	0922	650.	Ayodhya	46	
					651.	Ambedkar Nagar	47	
					652.	Sultanpur	48	
					653.	Siddharthnagar	53	
					654.	Basti	54	
					655.	Amethi	75	
		150.	Gorakhpur	0923	656.	Sant Kabir Nagar	55	
					657.	Mahrajganj	56	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					658.	Gorakhpur	57	Uttar Pradesh (09)
					659.	Kushinagar	58	
					660.	Deoria	59	
		151.	Varanasi	0924	661.	Ghazipur	64	
					662.	Chandauli	65	
					663.	Varanasi	66	
					664.	Sant Ravidas Nagar (Bhadohi)	67	
					665.	Mirzapur	68	
					666.	Sonbhadra	69	
45.	Bareilly (093)	152.	Bareilly	0930	667.	Budaun	18	Uttar Pradesh (09)
					668.	Bareilly	19	
					669.	Pilibhit	20	
					670.	Shahjahanpur	21	
		153.	Moradabad	0931	671.	Bijnor	03	
					672.	Moradabad	04	
					673.	Rampur	05	
					674.	Amroha	06	
					675.	Sambhal	74	
		154.	Saharanpur	0932	676.	Saharanpur	01	
					677.	Muzaffarnagar	02	
					678.	Shamli	72	
		155.	Sitapur	0933	679.	Kheri	22	
					680.	Sitapur	23	
					681.	Hardoi	24	
46.	Lucknow (094)	156.	Lucknow	0940	682.	Unnao	25	Uttar Pradesh (09)
					683.	Lucknow	26	
					684.	Bara Banki	45	
		157.	Fatehpur	0941	685.	Rae Bareli	27	
					686.	Banda	39	
					687.	Chitrakoot	40	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					688.	Fatehpur	41	Uttar Pradesh (09)
		158.	Gonda	0942	689.	Bahraich	49	
					690.	Shrawasti	50	
					691.	Balrampur	51	
					692.	Gonda	52	
		159.	Jhansi	0943	693.	Jalaun	34	
					694.	Jhansi	35	
					695.	Lalitpur	36	
					696.	Hamirpur	37	
					697.	Mahoba	38	
		160.	Kanpur	0944	698.	Kanpur Dehat	32	
					699.	Kanpur Nagar	33	
47.	Barddhaman (191)	161.	Barddhaman	1910	700.	Purba Bardhaman	09	
					701.	Paschim Bardhaman	23	
		162.	Bankura	1911	702.	Bankura	13	
					703.	Purulia	14	
		163.	Chinsura	1912	704.	Nadia	10	
					705.	Hooghly	12	
		164.	Medinipur	1913	706.	Paschim Medinipur	18	
					707.	Purba Medinipur	19	
					708.	Jhargram	22	
48.	Kolkata (192)	165.	Kolkata	1920	709.	North Twenty Four Parganas	11	West Bengal (19)
					710.	Kolkata	16	
					711.	South Twenty Four Parganas	17	
		166.	Howrah	1921	712.	Howrah	15	
49.	Maldah (193)	167.	Maldah	1930	713.	Uttar Dinajpur	04	West Bengal (19)
					714.	Dakshin Dinajpur	05	
					715.	Malda	06	
		168.	Barhampur	1931	716.	Murshidabad	07	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					717.	Birbhum	08	West Bengal (19)
		169.	Siliguri	1932	718.	Darjeeling	01	
					719.	Jalpaiguri	02	
					720.	Cooch Behar	03	
					721.	Alipurduar	20	
					722.	Kalimpong	21	
50.	Port Blair (351)	170.	Port Blair	3510	723.	Nicobar	01	A & N Islands (35)
					724.	North & Middle Andaman	02	
					725.	South Andaman	03	
51.	Delhi (071)	171.	Delhi	0710	726.	North West	01	Delhi (07)
					727.	North	02	
					728.	North East	03	
					729.	East	04	
					730.	New Delhi	05	
					731.	Central	06	
					732.	West	07	
					733.	South West	08	
					734.	South	09	
					735.	Shahdara	10	
					736.	South East	11	
52.	Itanagar (121)	172.	Itanagar	1210	737.	Tawang	01	Arunachal Pradesh (12)
					738.	West Kameng	02	
					739.	East Kameng	03	
					740.	Papum Pare	04	
					741.	Upper Subansiri	05	
					742.	West Siang	06	
					743.	East Siang	07	
					744.	Upper Siang	08	
					745.	Changlang	09	

Regional office		Sub-regional Office			Name of district & Code			State/ U.T. Name & Code
SI No	Name (Code)	SI No	Name	Code	SI No	Name	Code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					746.	Tirap	10	Arunachal Pradesh (12)
					747.	Lower Subansiri	11	
					748.	Kurung Kumey	12	
					749.	Dibang Valley	13	
					750.	Lower Dibang Valley	14	
					751.	Lohit	15	
					752.	Anjaw	16	
					753.	Lepa Rada	17	
					754.	Namsai	18	
					755.	Longding	19	
					756.	Siang	20	
					757.	Lower Siang	21	
					758.	Shi Yomi	22	
53.	Imphal (141)	173.	Imphal	1410	759.	Senapati	01	Manipur (14)
					760.	Tamenglong	02	
					761.	Churachandpur	03	
					762.	Bishnupur	04	
					763.	Thoubal	05	
					764.	Imphal West	06	
					765.	Imphal East	07	
					766.	Ukhrul	08	
					767.	Chandel	09	
					768.	Jiribam	10	
					769.	Kangpokpi	11	
					770.	Tengnoupal	12	
					771.	Kakching	13	