

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

CONFIDENTIAL  
For Research  
Purposes Only

INDIA

IDENTIFICATION																																																																	
STATE _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																
DISTRICT _____																																																																	
TEHSIL/TALUK _____																																																																	
CITY/TOWN/VILLAGE _____																																																																	
URBAN/RURAL (urban=1, rural=2).....																																																																	
LARGE CITY/SMALL CITY/TOWN/RURAL AREA..... (large city=1, small city=2, town=3, rural area=4)																																																																	
PSU NUMBER.....																																																																	
HOUSEHOLD NUMBER.....																																																																	
NAME OF HOUSEHOLD HEAD _____																																																																	
ADDRESS OF HOUSEHOLD _____																																																																	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE _____	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
				MONTH <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
				YEAR 1 <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> 9 <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
INTERVIEWER'S NAME _____	_____	_____	_____	NAME CODE <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
RESULT* _____	_____	_____	_____	RESULT CODE <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
NEXT VISIT: DATE _____ TIME _____	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT THE TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>  TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>  LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>

	SUPERVISOR <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	FIELD EDITOR <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	OFFICE EDITOR <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	KEYED BY <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
DATE _____	_____	_____	_____	_____
NAME _____	_____	_____	_____	_____



HOUSEHOLD SCHEDULE (CONTINUED)

(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
			YES NO	YES NO	M F	IN YEARS	CM NG S DS D W NM		YES NO	YES NO	REASON	GRADE	YES NO	REASON
09			1 2	1 2	1 2		1 2 3 4 5 6 7	09	1 2	1 2			1 2	
10			1 2	1 2	1 2		1 2 3 4 5 6 7	10	1 2	1 2			1 2	
11			1 2	1 2	1 2		1 2 3 4 5 6 7	11	1 2	1 2			1 2	
12			1 2	1 2	1 2		1 2 3 4 5 6 7	12	1 2	1 2			1 2	
13			1 2	1 2	1 2		1 2 3 4 5 6 7	13	1 2	1 2			1 2	
14			1 2	1 2	1 2		1 2 3 4 5 6 7	14	1 2	1 2			1 2	
15			1 2	1 2	1 2		1 2 3 4 5 6 7	15	1 2	1 2			1 2	
16			1 2	1 2	1 2		1 2 3 4 5 6 7	16	1 2	1 2			1 2	
TICK HERE IF CONTINUATION SHEET USED			TOTAL NUMBER OF ELIGIBLE WOMEN											

\* CODES FOR Q.4

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

\*\*\* CODES FOR Q.9

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

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

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

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

- GRADE:
- 00= LESS THAN 1 YEAR COMPLETED

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

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

\*\* CODES FOR Q.8

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



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

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

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

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

- 1) Are there any other persons such as small children or infants that we have not listed? YES  → ENTER EACH IN TABLE NO
- 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES  → ENTER EACH IN TABLE NO
- 3) Do you have any guests or temporary visitors staying here, or anyone else who stayed here last night? YES  → ENTER EACH IN TABLE NO

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

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





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

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

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