

RURAL		*
URBAN		

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

CENTRAL		*
STATE		

**SEVENTY-FIRST ROUND: JANUARY TO JUNE, 2014
HOUSEHOLD SCHEDULE 25.0: SOCIAL CONSUMPTION: HEALTH**

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

[0] descriptive identification of sample household	
1. state/u.t.:	5. hamlet name:
2. district:	6. investigator unit /block:
3. tehsil/town:*	7. name of head of household:
4. village name:	8. name of informant:

[1] identification of sample household							
item no.	item	code			item no.	item	code
1.	srl. no. of sample village/ block				10.	sub-round	
2.	round number	7		1	11.	sub-sample	
3.	schedule number	2	5	0	12.	FOD sub-region	
4.	sample (<i>central-1, state-2</i>)				13.	sample hg/sb number	
5.	sector (<i>rural-1, urban-2</i>)				14.	second-stage stratum number	
6.	NSS region				15.	sample household number	
7.	district				16.	serial number of informant (as in column 1 of block 4)	
8.	stratum				17.	response code	
9.	sub-stratum				18.	survey code	
					19.	reason for substitution of original household	

CODES FOR BLOCK 1

item 17: **response code:** informant: *co-operative and capable -1, co-operative but not capable -2, busy -3, reluctant -4, others -9.*

item 18: **survey code:** *original -1, substitute -2, casualty -3.*

item 19: **reason for substitution of original household:** *informant busy -1, members away from home -2, informant non-cooperative -3, others -9.*

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

[12] remarks by investigator (FI/ASO)

[13] comments by supervisory officer(s)

[3] household characteristics									
1. household size						6. social group (code)			
2. principal industry (NIC-2008)	description:					7. type of latrine (code)			
	code (5-digit)								8. type of drainage (code)
3. principal occupation (NCO-2004)	description:					9. major source of drinking water (code)			
	code (3-digit)								10. primary source of energy for cooking during the last 30 days (code)
4. household type (code)						11. amount of medical insurance premium paid for household members in last 365 days (Rs.)			
5. religion (code)						12. household's usual consumer expenditure (Rs.) in a month			

CODES FOR BLOCK 3

item 4: household type: for rural areas: self-employed in agriculture -1, self-employed in non-agriculture -2, regular wage/salary earning -3, casual labour in agriculture -4, casual labour in non-agriculture -5, others-9

for urban areas: self-employed -1, regular wage/salary earning -2, casual labour -3, others -9

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

item 6: social group: Scheduled Tribes-1, Scheduled Castes -2, Other Backward Classes -3, Others- 9

item 7: type of latrine: latrine: service -1, pit -2, septic tank/flush system -3, others -9; no latrine -4

item 8: type of drainage; drainage: open kutchha -1, open pucca-2, covered pucca -3, underground -4; no drainage -5

item 9: major source of drinking water: bottled water -1, tap -2, tube-well/hand pump-3, tankers -4, pucca well -5, tank/pond reserved for drinking -6, river/canal -7, others -9

item 10: primary source of energy for cooking: coke, coal -01, firewood and chips -02, LPG -03, gobar gas -04, dung cake -05, charcoal -06, kerosene -07, electricity -08, others -09; no cooking arrangement -10

[5] particulars of former household members who died during the last 365 days								
srl. no.	name of deceased member	sex (male -1, female-2)	age at death (years)	whether medical attention received before death (yes-1, no-2)	whether hospitalised (yes-1, no-2)	if 1 in col. 6, no. of times hospitalised	*if 2 in col. 3 and age 15-49 in col.4,	
							whether pregnant any time during last 365 days (yes-1, no-2)	if 1 in col. 8, time of death (code)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
91								
92								
93								

*information not to be sought for unmarried females, but may be recorded if voluntarily provided

CODES FOR BLOCK 5

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

other deaths -9

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

*For item 6, code 4 is not applicable. Code 1 is also not applicable, except for ailment code 88.

CODES FOR BLOCK 6

item 5, 16, 20: nature of treatment:

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

items 6, 17, 21: level of care:

<i>HSC/ANM/ASHA/AWW</i>	-1	<i>private doctor/clinic</i>	-4
<i>PHC/dispensary/CHC/mobile medical unit</i>	-2	<i>private hospital</i>	-5
<i>public hospital</i>	-3		

item 8: when admitted: during last 15 days - 1, 16 days to 365 days ago - 2, more than 365 days ago - 3

item 9: when discharged: not yet -1, during last 15 days -2, 16 days to 365 days ago -3

[7] expenses incurred during the last 365 days for treatment of members as in-patient of medical institution						
1.	srl. no. of the hospitalisation case (as in item 1, block 6)	1	2	3	4	5
2.	srl. no. of member hospitalised (as in item 2, block 6)					
3.	age (years) (as in item 3, block 6)					
4.	whether any medical service provided free (yes: Govt. -1, private -2; no -3)					
expenditure for treatment during stay at hospital (Rs.)						
5.	package component (Rs.)					
non-package component (Rs.):		#####				
6.	doctor's/ surgeon's fee (hospital staff/ other specialists)					
7.	medicines					
8.	diagnostic tests					
9.	bed charges					
10.	other medical expenses (attendant charges, physiotherapy, personal medical appliances, blood, oxygen, etc.)					
11.	medical expenditure (Rs.): total (items 5-10)					
12.	transport for patient					
13.	other non-medical expenses incurred by the household (Rs.) (food, transport for others, expenditure on escort, lodging charges if any, etc.)					
14.	expenditure (Rs.): total (items 11-13)					
15.	total amount reimbursed by medical insurance company or employer (Rs.)					
16.	major source of finance for expenses (code)					
17.	2 nd most important source of finance (code)					
18.	place of hospitalisation (state code)					

CODES FOR BLOCK 7**items 16, 17: source of finance for expenses:**

household income/ savings -1
 borrowings -2
 sale of physical assets -3

contributions from friends and relatives -4
 other sources -9

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

CODES FOR BLOCK 8

item 9: status of ailment:

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

item 11: nature of treatment:

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

item 14: level of care:

HSC/ANM/ASHA/AWW -1 private doctor/clinic -4
 PHC/dispensary/CHC/mobile medical unit -2 private hospital -5
 public hospital -3

item 15: reason for not availing govt. sources:

required specific services not available -1 quality satisfactory but involves long waiting -4
 available but quality not satisfactory -2 financial constraint -5
 quality satisfactory but facility too far -3 other -9

item 16: reason for not seeking medical advice:

no medical facility available in the neighbourhood -1 facility of satisfactory quality involves long waiting -4
 facility of satisfactory quality not available -2 ailment not considered serious -5
 facility of satisfactory quality too expensive -3 other -9

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

[9] expenses incurred during the last 15 days for treatment of members (not as in-patient of medical institution)						
1.	srl. no. of ailing member (as in item 2, block 8)					
2.	age (years) (as in item 3, block 8)					
3.	whether any medical service provided free (yes: Govt. -1, Pvt. - 2; no - 3)					
details of medical services received (not received - 1; received: free - 2, partly free - 3, on payment - 4)						
4.	surgery					
5.	medicine received (AYUSH)					
6.	medicine received (other than AYUSH)					
7.	X-ray/ECG/EEG/Scan					
8.	other diagnostic tests					
medical expenditure for treatment (Rs.)						
9.	doctor's/ surgeon's fee (hospital staff/ other specialists)					
10.	medicines: AYUSH					
11.	medicines: other than AYUSH					
12.	diagnostic tests					
13.	other medical expenses (attendant charges, physiotherapy, personal medical appliances, blood, oxygen, etc.)					
14.	medical expenditure (Rs.): total (items 9-13)					
15.	transport for patient					
16.	other expenses (Rs.) incurred by the household (food, transport for others, expenditure on escort, etc.)					
17.	expenditure (Rs.): total (items 14-16)					
18.	total amount reimbursed by medical insurance company or employer (Rs.)					
19.	major source of finance for expenses (code)					
20.	2 nd most important source of finance for expenses (code)					
21.	place of treatment (state code)					

CODES FOR BLOCK 9**items 19, 20: source of finance for expenses:**

household income/ savings

-1

contributions from friends and relatives

-4

borrowings

-2

other sources

-9

sale of physical assets

-3

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

CODES FOR BLOCK 10

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

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

Item 8: living arrangement:

living alone:as an inmate of old age home -1	living with spouse and other members - 4
living alone:not as an inmate of old age home -2	living without spouse but with: children -5
living with spouse only - 3	other relations - 6
	non-relations - 9

item 9: physical mobility: physically immobile: confined to bed - 1, confined to home - 2, able to move outside but only in a wheelchair - 3; physically mobile - 4

item 11: own perception about current state of health: excellent/very good - 1, good/fair - 2, poor - 3

item 12: own perception about change in state of health: compared to previous year: much better - 1, somewhat better - 2, nearly the same - 3, somewhat worse - 4, worse - 5

[11] particulars of pre-natal and post-natal care for women of age 15-49 years during the last 365 days													
for women aged 15-49 years													
serial no. (as in block 4/5)	age (years) (as in block 4/5)	whether pregnant any time during last 365 days (yes-1, no-2)	if 1 in col. 3										
			serial no. of pregnancy (1/2)	whether received tetanus toxoid vaccine during pregnancy (yes-1, no-2)	whether taken IFA during pregnancy (yes-1, no-2)	whether any other pre-natal care received (code)	if 1-6 in col. 7	total expenditure incurred on pre-natal care (Rs.)	out-come of pregnancy (code)	if 1-3 in col. 10		if 1-6 in col. 12	
							nature of pre-natal care (AYUSH-1, non-AYUSH-2, both-3)			place of delivery/abortion (code)	whether any post-natal care received (code)	nature of post-natal care (AYUSH-1, non-AYUSH-2, both-3)	expenditure incurred on post-natal care (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

CODES FOR BLOCK 11

cols. 7, 12: *whether any other pre-natal/ any post-natal care received:*

<i>yes, from HSC/ANM/ASHA/AWW</i>	-1	<i>yes, from private doctor/clinic</i>	-4
<i>yes, from PHC/dispensary/CHC/mobile medical unit</i>	-2	<i>yes, from private hospital</i>	-5
<i>yes, from public hospital</i>	-3	<i>no</i>	-8

col. 10: *outcome of pregnancy: live birth -1, stillbirth -2, abortion-3, pregnancy continuing -4*

col. 11: *place of delivery/ abortion:*

<i>in HSC</i>	-1	<i>in private clinic</i>	-4
<i>in PHC/dispensary/CHC/mobile medical unit</i>	-2	<i>in private hospital</i>	-5
<i>in public hospital</i>	-3	<i>at home</i>	-6

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

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

<i>Reported Diagnosis and/or Main Symptom</i>	<i>Code</i>	<i>Reported Diagnosis and/or Main Symptom</i>	<i>Code</i>
GENITO-URINARY		INJURIES	
<i>Any difficulty or abnormality in urination</i>	46	<i>Accidental injury, road traffic accidents and falls</i>	52
<i>Pain the pelvic region/reproductive tract infection/ Pain in male genital area</i>	47	<i>Accidental drowning and submersion</i>	53
<i>Change/irregularity in menstrual cycle or excessive bleeding/pain during menstruation and any other gynaecological and andrological disorders incl. male/female infertility</i>	48	<i>Burns and corrosions</i>	54
		<i>Poisoning</i>	55
		<i>Intentional self-harm</i>	56
		<i>Assault</i>	57
		<i>Contact with venomous/harm-causing animals and plants</i>	58
OBSTETRIC		<i>Symptom not fitting into any of above categories</i>	59
<i>Pregnancy with complications before or during labour (abortion, ectopic pregnancy, abortion, hypertension, complications during labour)</i>	49	<i>Could not even state the main symptom</i>	60
<i>Complications in mother after birth of child</i>	50	<i>Childbirth – Caesarean/ normal/ any other (for both live birth and stillbirth)</i>	88
<i>Illness in the newborn/ sick newborn</i>	51		