

Longitudinal Ageing Study in India

**Survey
Instrument
(2010)**

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Longitudinal Ageing Study in India

HOUSEHOLD QUESTIONNAIRE

HH_A. HOUSEHOLD ROSTER (CS)

CV001_intro.

Household Questionnaire to be administered to the head of the household or any other household member aged 18 years or older who is knowledgeable of the household.

We appreciate your participation. The Longitudinal Aging Study in India (LASI) is interested in learning about important aspects of people's lives, such as their health, financial, and family situations. Our aim is to apply these results to social welfare and labor policy. We are interested in learning about your household.

[Household Roster]

CV002_intro. What is the total number of people who usually live in this household? [The following are NOT considered to be household members:

- A spouse residing separately due to the workplace, etc.
- All children who reside separately
- Temporarily visiting or residing friends or relative(s)
- Non-relatives such as a housemaid, driver, or boarder who live separately from household
- Family members (other than spouse) who reside separately, or are long-term institutionalized]

[Head of household]

CV003. Are you the head of household?

1. Yes
2. No

CV004_intro[1]: [If informant is head of the household, CV003=1] What is your name?
[If informant is not head of the household, CV003=2] What is the name of the head of the household?

Please tell me the complete name, including middle name and surname.
first name middle name last name

CV005[1]. What is the sex of the (OF HEAD OF HOUSEHOLD)?

[Ask only if the person is NOT in front of you OR if distinguishing gender is difficult]

1. Male
2. Female

CV006[1]. What is the age of (OF HEAD OF HOUSEHOLD)? (in completed years)
_____ year-old

- Go to CV008 if R gives a numeric answer for age.
- Go to CV007 if R refuses (RF) or does not know (DK) his or her age,

CV007[1]. [Ask only if R says Don't Know to CV006] Is [OF HEAD OF HOUSEHOLD] younger than 45 years old?

1. Yes
2. No

CV008[1]. What is the current marital status of [NAME OF HEAD OF HOUSEHOLD]?

1. Never married → **Go to CV903[1]**
2. Currently married
3. Separated/deserted → **Go to CV903[1]**
4. Divorced → **Go to CV903[1]**
5. Widowed → **Go to CV903[1]**

CV043[1]: [\[Ask only if household head is married, CV008=2\]](#) Does the spouse of [NAME OF HEAD OF HOUSEHOLD] live in this household?

1. Yes
2. No → **Go to CV903[1]**

CV009_intro[1]. [\[Ask only if household head is married, CV008=2, and spouse lives in the household, CV043==1\]](#) What is the name of the spouse of [NAME OF THE HOUSEHOLD HEAD]?

Please tell me the complete name, including middle name and surname.
first name middle name last name

CV040[1]:[\[Ask only if household head is married, CV008=2, and spouse lives in the household, CV043==1\]](#)What is the age of [NAME OF SPOUSE OF HEAD OF HOUSEHOLD]? (in completed years)

_____ year-old

CV041[1]:[\[IF the age of the spouse of the head of the household is unknown\]](#)Is [NAME OF SPOUSE OF HEAD OF HOUSEHOLD] younger than 45 years old?

1. Yes
2. No

[Household members]

[Loop: For each household member, the following questions are asked: CV903 – CV025](#)

CV903[1]: Are there any other people in your household? [Please remind the informant for this section to include themselves if they are a member of the household and were not already counted as head of the household.]

The following are NOT considered to be household members:

- A spouse residing separately due to the workplace, etc.
- All children who reside separately
- Temporarily visiting or residing friends or relative(s)
- Non-relatives such as a housemaid, driver, or boarder who live separately from household
- Family members (other than spouse) who reside separately, or are long-term institutionalized]

1. Yes
2. No → **Go to CV025**

CV004_intro[2]: Now, please tell me about another person in your household.Let's start with the oldest person. What is this person's or your name?

Please tell me the complete name, including middle name and surname.
first name middle name last name

CV005[2]- CV005[20]. What is the sex of [NAME]?

Ask only if the person is NOT in front of you OR if distinguishing gender is difficult.

1. Male
2. Female

CV006[2]- CV006[20]. What is age of [NAME] (in completed years)?
_____ year-old

→ Go to CV008[2]-CV008[20] if R gives a numeric answer for age.

→ Go to CV008[2]-CV008[20] if R refuses (RF) or does not know (DK) his or her age

CV007[2]-CV007[20]. [Ask only if R says "Don't Know" to CV006[2]-CV006[20]] Is [NAME] younger than age 45?

1. Yes
2. No

CV008[2]-CV007[20]. What is the current marital status of [NAME]?

1. Never married → Go to CV010[2]- CV010[20]
2. Currently married
3. Separated/deserted → Go to CV010[2]- CV010[20]
4. Divorced → Go to CV010[2]- CV010[20]
5. Widowed → Go to CV010[2]-CV010[20]

CV043[2]-CV043[20]: [Ask only if NAME is married, CV008[2]-CV008[20]=2] Does the spouse of [NAME] live in this household?

1. Yes
2. No → Go to CV010[2]-CV010[20]

CV009_intro[2]-CV009_intro[1]. [Ask only if NAME is married, CV008[2]-CV008[20]=2] What is the name of the spouse of [NAME]?

Please tell me the complete name, including middle name and surname.
first name middle name last name

CV040[2]- CV040[20]. [Ask only if NAME is married, CV008[2]-CV008[20]=2] What is age of [NAME OF SPOUSE] ? (in completed years)
_____ year-old

CV041[2]- CV041[20]. [Ask only if NAME is married, CV008[2]-CV008[20]=2 & R does not give a direct respondent to CV040[2]-CV041[20]] Is [NAME OF SPOUSE] younger than 45 years old?

1. Yes
2. No

CV010[2]-CV010[20]. [If informant is head of the household, CV003=1] What is the relationship of [NAME] to the head of household?

CV010[2]-CV010[20]. [If informant is not the head of the household, CV003=2] What is the relationship of [NAME] to you?

1. Spouse/partner
2. Son or daughter (including biological, adopted, and step children)
3. Son- or daughter-in-law
4. Grandchild
5. Parent
6. Parent-in-law
7. Brother or sister (including biological, adopted, and step siblings)
8. Grandparent
9. Other relative
10. Servant
11. Friend
12. Other, non-relative; please specify _____

CV903[2]-CV903[2]: Are there any other people in your household? [Please remind the informant for this section to include themselves if they are a member of the household and were not already counted as head of the household.]

The following are NOT considered to be household members:

- A spouse residing separately due to the workplace, etc.
- All children who reside separately
- Temporarily visiting or residing friends or relative(s)
- Non-relatives such as a housemaid, driver, or boarder who live separately from household
- Family members (other than spouse) who reside separately, or are long-term institutionalized]

1. Yes
2. No → **Go to CV025**

CV004_intro[3]. What is his/her name or your name?

Please tell me the complete name, including middle name and surname.
first name middle name last name

→ Return to CV005_intro[3]-CV005_intro[20]

CV025. You have given me information about [NUMBER OF PEOPLE] member(s) of your household. Are there any other members of the household (for example a small child, infant or any elderly person) about whom you have not given me details?

If NOT ALL MEMBERS ARE REPORTED, PRESS THE BACK BUTTON

[CAPI will display the list of household members for which information was given from the informant or household head]

1. No: All people reported.

→ Return to CV903 if not all members are reported

[Identify respondents for 'Household Interview']

CV028. These are all the questions I wanted to ask you about your household members. Now I would also like to ask who would be the appropriate person to answer a few additional questions about your residence, finances, and consumption.

First, we will be asking some questions about housing and the surrounding physical environment. Who would be the most knowledgeable household member to answer these questions?

01 ~ 20 [CAPI LIST OF PERSONS IN HH]

CV029. We will be asking some questions about household consumption. Who would be the most knowledgeable about this among the household members?

01 ~ 20 [CAPI LIST OF PERSONS IN HH]

CV030. We will be asking some questions about household income, assets and debts, other financial matters. Who would be the most knowledgeable household member to answer these questions?

01 ~ 20 [CAPI LIST OF PERSONS IN HH]

CV035. What is household head's caste or tribe?

1. Caste (specify) _____
2. Tribe (specify) _____
3. No caste or tribe

CV036. Is this a scheduled caste, a scheduled tribe, other backward class, or none of these?

[Not applicable for those who stated "no caste/tribe" in CS300. If R is not able to answer, check the list of castes/tribes and give code]

1. Scheduled caste
2. Scheduled tribe
3. Other backward class (OBC)
4. None of them
5. Other, please specify _____

→Go to Next Section

HH_B. HOUSING & ENVIRONMENT (HE)

This section is asked of a respondent knowledgeable of housing and surrounding environment, identified from household roster CV028.

[Housing]

HE001. How many rooms are in your home? Please do not count bathrooms, porches, balconies, or hallways.

_____ rooms

→ Go to HE002 if >1

→ Go to HE004 if =1

HE002. [Ask if there are at least two rooms in the home, HE001>1] Of these rooms, how many are bedrooms (a room where someone sleeps)?

_____ bedrooms

HE003. [Ask if there are at least two rooms in the home, HE001>1] Do you have a separate room for the kitchen?

1. Yes
2. No

[Toilet facilities]

HE004. What type of toilet facility do members of your household use?

1. Flush or pour flush toilet
2. Pit latrine → Go to HE004b
3. Twin pit/composting toilet → Go to HE005
4. Dry toilet → Go to HE005
5. No facility, use open space or field → Go to HE004c
6. Other, please specify: _____ → Go to HE005

HE004a. [Ask only if R says flush or pour flush toilet, HE004=1] Does the toilet flush to a piped sewer system, septic tank, pit latrine, or somewhere else?

1. Flush to piped sewer system
 2. Flush to septic tank
 3. Flush to pit latrine
 4. Flush to somewhere else
- Go to HE007

HE004b. [Ask only if R says pit latrine, HE004=2] Is the toilet facility a ventilated improved pit (VIP)/biogas latrine; pit latrine with slab; or pit latrine without slab/open pit?

1. Ventilated improved pit (VIP)/biogas latrine
 2. Pit latrine with slab
 3. Pit latrine without slab/open pit
- Go to HE007

HE004c. [If R says no toilet facility, HE004=5] How far is the nearest toilet which you could use? _____ (select distance scale: meters, feet, or kilometers)

→ Go to HE007

HE005. [Ask only if R uses a flush or pour toiler, pit latrine, twin pit/composting toilet, or dry toilet] Do you share this toilet facility with other households?

1. Yes
2. No → **Go to HE007**

HE005a. [Ask only if R says shares toilet facility with other households, HE005=1] How many people use this toilet facility?

_____ people

[Water Supply]

HE007. Is water piped into your dwelling?

1. Yes
2. No → **Go to HE006**

HE007a. [Ask only if R says Yes, HE007=1] Is the water piped into your dwelling, to yard/plot, or to a public tap/standpipe?

1. Piped into dwelling
2. Piped to yard/plot
3. Public tap/standpipe

HE007b. [Ask only if R says Yes, HE007=1] How many hours a day does your household receive water?

_____ hours

HE007c. [Ask only if R says Yes, HE007=1] How many hours a day does your household use the supply of water?

_____ hours

HE007d. [Ask only if R says Yes, HE007=1] Is this the water your household uses for drinking?

1. Yes → **Go to HE009**
2. No

HE006. What is the main source of drinking water for members of your household?

1. Piped water → **Go to HE009**
2. Tube well or borehole → **Go to HE009**
3. Dug well
4. Water from spring → **Go to HE006b**
5. Rainwater → **Go to HE009**
6. Tanker truck → **Go to HE009**
7. Cart with small tank → **Go to HE009**
8. Surface water (river/dam/lake/pond/stream/canal/irrigation channel) → **Go to HE009**
9. Bottled water → **Go to HE008**
10. Other, please specify: _____ → **Go to HE009**

HE006a. [Ask only if R says Dug well, HE006=3] Is the dug well protected or unprotected?

1. Protected
2. Unprotected
→ **Go to HE009**

HE006b. [Ask only if R says Water from spring, HE006=4] Is the spring water protected or unprotected?

1. Protected spring
2. Unprotected spring

HE009. Do you treat your water in any way to make it safer to drink?

1. Yes
2. No → **Go to HE008**

HE009a. [Ask only if R treats water to make it safer to drink, HE009=1] What do you usually do to make it safer to drink? Please check all that apply

1. Boil it
2. Use alum
3. Add bleach/chlorine tablets
4. Strain through a cloth
5. Use water filter (ceramic/sand/composite/other)
6. Use electronic purifier
7. Let it stand and settle
8. Other, please specify: _____

HE008. Where is the major source of water used for cooking, washing, etc. located?

1. In own dwelling → **Go to HE010**
2. In own yard/plot → **Go to HE010**
3. Elsewhere

HE008a. [Ask only if R says Elsewhere to HE008] How long does it take to go there, collect water, and come back?

_____ minutes

HE008b. [Ask only if R says Elsewhere to HE008] How many total trips does one have to make per day to fetch the daily supply of water?

_____ trips

[Utilities]

HE010. Does your residence have electricity?

1. Yes
2. No → **Go to HE011_intro**

HE010a. [Ask only if R says Yes to HE010] How many hours a day do you have electricity?

_____ hours per day

HE011_intro. Does your household have any of the following?

Yes No

HE011: Landline DK/RF

HE012: Mobile Line DK/RF

HE013: Internet Connection DK/RF

[Cooking]

HE014. What is the main source of cooking fuel?

1. Solar energy
2. Coal/Lignite
3. Charcoal
4. Natural gas
5. Liquefied petroleum gas

6. Biogas
7. Kerosene
8. Electric
9. Crop residue
10. Burning wood
11. Dung cake
12. Other, please specify: _____

HE015. In this household, is food cooked on a stove, a chullah, or an open fire?

1. Stove
2. Chullah
3. Open fire
4. Other, please specify: _____

HE016. Is the cooking usually done in the house, in a separate building, or outdoors?

1. In the house
2. In a separate building
3. Outdoors → **Go to HE018**
4. Other, please specify: _____ → **Go to HE018**

HE017. [If cooking is done indoors in the house or separate building, HE016<=2]Is the cooking done under a chimney?

1. Yes
2. No

[Indoor pollution]

HE018. Does any usual member in your household smoke usually inside the home?

1. Yes
2. No

[Neighborhood and social environment]

HE019. Now, we would like to ask a few questions about your neighborhoods. When we talk about neighborhoods, we want you to think about the area around your house. This may include places you shop, religious or public institutions, or a local business district. It is the general area around your house where you might perform routine tasks, such as shopping, going to the park, or visiting with neighbors.

On the whole, how would you rate your neighborhood? Do you like it a lot, like it, dislike it, dislike it a lot, or don't care?

1. Like it a lot
2. Like it
3. Dislike it
4. Dislike it a lot
5. Don't care

HE020_intro. How long have you lived in your neighborhood?

____ years OR
 ____ months OR

Since Birth → **Go to HE023**

OR

Since ____ year (enter 4 digit yr)

HE021. [If R does not select SINCE BIRTH previous questions, HE020] If you moved into the neighborhood as an adult, what was the reason for such a move? Please check all that apply if there is more than one reason that is applicable.

1. To pursue a healthy lifestyle
2. To be closer to work or spouses work
3. To be closer to your children's school
4. Environmental quality
5. Affordability
6. After marriage
7. To find work/employment for myself and/or my spouse
8. To get support from family
9. Other, please specify: _____

→ Go to HE023 if R does not select 1 for HE021

→ Go to HE022 if R selects 1 for HE021

HE022. [If respondent identifies health lifestyle for moving to neighborhood; HE021=1, did not select SINCE BIRTH in HE020] Was your health expectation an explicit reason in selecting your neighborhood?

1. Yes
2. No

HE023. How likely would it be that you would choose to move from this neighborhood to another in the next five years? Would it be very likely, likely, neither likely nor unlikely, unlikely, or very unlikely?

1. Very likely
2. Likely
3. Neither likely nor unlikely
4. Unlikely
5. Very unlikely

HE024-HE025.

	Very well	Well	Not Very Well	DK	RF
HE024. How well are houses in the neighborhood maintained?					
HE025. How well are the public spaces in your neighborhood maintained?					

HE026 How easy is it to walk in your neighborhood?

1. Very easy
2. Easy
3. Not very easy

HE027_intro. [Interviewer to say:] I am going to read some statements about things that people in your neighborhood may or may not do. For each of these statements please tell me whether you strongly agree, agree, disagree, or strongly disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree	DK	RF
HE027. If there is a problem in the neighborhood, neighbors work together to deal with it.						
HE028. People around here are willing to help their neighbors.						
HE029. People in this neighborhood can be trusted.						
HE030. People do favors for each other (e.g.,						

watch your house when you are gone, watch other people's children, lend people things)						
HE031. People volunteer to keep communal places in their neighborhood clean and safe.						

HE032. How would you rate the level of safety in your neighborhood?

1. Extremely safe
2. Safe
3. Not safe
4. Extremely unsafe

[For the interviewer]

HE033. Who answered this section?

[Please identify the respondent from the household roster.]

→ Go to HE034 if R's name is listed

→ Go to HE033_name if R's name is not listed

HE033_name. [If name of the person who answered this section is not listed in HE033] Tell me the name of the person who answered this section?

HE034. How often did the respondent receive assistance in answering this section?

1. Never
2. A few times
3. Most or all of the time

→Go to Next Section

HH_C. HOUSEHOLD CONSUMPTION (CO)

This section is asked of a respondent knowledgeable of the household finances, identified from household roster in CV029

[Food consumption]

CO001. We wish to know your family's food expenditure for the last 30 days. Are you the primary person who purchases food for the household?

[If R is not a main food purchaser, interviewer to say: Please feel free to get some help in answering the following food-related questions.]

1. Yes
2. No

CO002_intro. In the last 30 days, how much (value in rupees) did your household spend on the following? If you prefer to tell us your **average** daily, weekly, or yearly spending instead, that is fine, too. We will first ask you about the amount of food you purchased and then the approximate value of home-grown food and in-kind transfers.

[IF R RECORDS NO CONSUMPTION, PUT ZERO]

	a. Per		b. Purchase amount (Rupees)	
CO002. Staple foods (cereals, grains: rice, wheat, jowar, bajra, etc.)	1. day 2. week 3. month	DK/RF	_____ Rs	DK/RF
CO003. Pulses and legumes (dal, chana, etc.)	1. day 2. week 3. month	DK/RF	_____ Rs	DK/RF
CO004. Milk, milk products, including curd, buttermilk, ghee, butter, mawa, paneer, cheese etc.	1. day 2. week 3. month	DK/RF	_____ Rs	DK/RF
CO005. Vegetables	1. day 2. week 3. month	DK/RF	_____ Rs	DK/RF
CO006. Fruits	1. day 2. week 3. month	DK/RF	_____ Rs	DK/RF
CO007. Spices and oils	1. day 2. week 3. month	DK/RF	_____ Rs	DK/RF
CO008. Sugar and sugar products	1. day 2. week 3. month	DK/RF	_____ Rs	DK/RF
CO009. Egg, fish, meat	1. day 2. week 3. month	DK/RF	_____ Rs	DK/RF
CO010. Non-alcoholic drinks (chai, cokes, etc.) or beverages (coffee, tea, juice etc)	1. day 2. week 3. month	DK/RF	_____ Rs	DK/RF
CO011. All other food items (not mentioned above)	1. day 2. week 3. month	DK/RF	_____ Rs	DK/RF

CO202. Which of the following did you grow at home or receive through in-kind transfers?

1. Staple foods (cereals, grains: rice, wheat, jowar, bajra, etc.)
2. Pulses and legumes (dal, chana, etc.)
3. Milk, milk products, including curd, buttermilk, ghee, butter, mawa, paneer, cheese etc.
4. Vegetables
5. Fruits
6. Spices and oils
7. Sugar and sugar products
8. Egg, fish, meat
9. Non-alcoholic drinks (chai, cokes, etc.) or beverages (coffee, tea, juice etc)
10. All other food items (not mentioned above)
11. No home grown items or in kind transfers → **Go to CO012**

CO203. [If CO0202<11] What is the value in rupees of the home grown food or in-kind transfer in the last 30 days?

Staple foods (cereals, grains: rice, wheat, jowar, bajra, etc.)	_____ Rs DK RF
Pulses and (dal, chana, etc.)	_____ Rs DK RF
Milk, milk products, including curd, buttermilk, ghee, butter, mawa, paneer, cheese etc..	_____ Rs DK RF
Vegetables	_____ Rs DK RF
Fruits	_____ Rs DK RF
Spices and oils	_____ Rs DK RF
Sugar and sugar products	_____ Rs DK RF
Egg, fish, meat	_____ Rs DK RF
Non-alcoholic drinks (chai, cokes, etc.) or beverages (coffee, tea, juice etc)	_____ Rs DK RF
All other food items (not mentioned above)	_____ Rs DK RF

CO012. In the last 30 days, approximately how much did your household spend on food eaten outside of your home, such as dining out, street foods, and snacks?

_____ Rs

[Expenditure during the last 30 days]

CO013_intro. **Please tell me the expenditure last month for your household for the following items.**

In the past month, approximately how much (in rupees) did your household spend on

CO013. Tobacco and tobacco products (cigarettes, bidi, pan, etc.)	_____ Rs DK RF
CO014. Alcoholic beverages	_____ Rs DK RF
CO015. Communication fees, including postage, Internet, telephone, mobile phone, and others	_____ Rs DK RF
CO016. Utilities, such as water, electricity, waste disposal, etc.	_____ Rs DK RF
CO017. Fuels (gas, coal, kerosene, firewood, petrol, diesel, etc.)	_____ Rs DK RF
CO018. Payments for household servants, including cook, maid, driver, security, gardener, etc.	_____ Rs DK RF
CO019. Local transportation (to work place, market etc)	_____ Rs DK RF
CO020. Household items. such as spoons, pots, etc. (purchase of new items)	_____ Rs DK RF
CO021. Personal toiletries and personal care (e.g., soap, toothpaste, toothbrush, cosmetics, beauty salon, etc.)	_____ Rs DK RF
CO022. Entertainment, including books, magazines, newspapers, VCDs, DVDs, cable charges, and going to the cinema/ other shows	_____ Rs DK RF
CO023. Clothing and bedding	_____ Rs DK RF

[Expenditure during the last 12 months]

CO024_intro. In **the last 12 months** how much (in rupees) did your household spend on the following items? If you prefer to tell us your **average** weekly or monthly spending instead of spending over the last 12 months, that is fine, too.

	a. Per		b. Purchase amount (Rupees)	
CO024. Foot wear and umbrella	1. Week 2. Month 3. Year	DK/RF	_____ Rs	DK/RF
CO025. Long distance travel expenses, including travel by train, car, bus, plane, and boat	1. Week 2. Month 3. Year	DK/RF	_____ Rs	DK/RF
CO026. Wedding expenses including gifts	1. Week 2. Month 3. Year	DK/RF	_____ Rs	DK/RF
CO027. Birthdays	1. Week 2. Month 3. Year	DK/RF	_____ Rs	DK/RF
CO028. Funerals	1. Week 2. Month 3. Year	DK/RF	_____ Rs	DK/RF
CO029. Festivals and religious ceremonies, including festival clothes, gifts, foods, etc.	1. Week 2. Month 3. Year	DK/RF	_____ Rs	DK/RF
CO030. Education and training, including tuition, training fees, books, and other related expenses (including hostel/ mess charges related to education)	1. Week 2. Month 3. Year	DK/RF	_____ Rs	DK/RF
CO031. Medication from pharmacy and other places excluding doctor's office	1. Week 2. Month 3. Year	DK/RF	_____ Rs	DK/RF
CO032. All other health care expenses, including doctor's office visits, hospitalization, home nurse, etc.	1. Week 2. Month 3. Year	DK/RF	_____ Rs	DK/RF
CO033. Insurance Premium for life, health, car, etc.	1. Week 2. Month 3. Year	DK/RF	_____ Rs	DK/RF
CO034. Home maintenance and repair expenses	1. Week 2. Month 3. Year	DK/RF	_____ Rs	DK/RF
CO035. Vehicle service charges, including car, truck, bicycles, and other vehicles	1. Week 2. Month 3. Year	DK/RF	_____ Rs	DK/RF
CO036. Taxes, fees, and service charges paid to the government	1. Year	DK/RF	_____ Rs	DK/RF
CO037. Remittance to other households, etc	1. Week 2. Month 3. Year	DK/RF	_____ Rs	DK/RF
CO038. Loan re-payments, including interest	1. Week 2. Month 3. Year	DK/RF	_____ Rs	DK/RF

CO039. Donation to charities, temples, organization, etc.	1. Week 2. Month 3. Year	DK/RF	_____ Rs	DK/RF
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CO040. Please tell me all other expenses that occurred during the past year that we have not already talked about, including expenses for litigation. How much did you spend on these other expenses?

_____ Rs.

→ Go to CO041 if CO040=0

→ Go to CO040_other if CO040>0

CO040_other. [IF CO040>0] Could you please specify what this additional expenditure was for?

CO041. Does your household run a business such as a guest house or other business operating out of your home?

1. Yes
2. No → Goto CO044

CO042. [Ask only if R says Yes to CO041] Did any of expenditures you reported above include the business-related expenditures?

1. Yes
2. No → Goto CO044

CO043. [Ask only if R says Yes to CO042] How much expenditures were incurred for your business (instead of your own consumption)?

_____ Rs

[For the interviewer]

CO044. Who answered this section?

[Identify the respondent from the household roster. If name is not listed, please continue to the next screen CO044_name where space will be provided to enter the name of the respondent for this module.]

→ Go to CO045 if R's name is listed

→ Go to CO044_name if R's name is not listed

CO044_name. Tell me the name of the person who answered this section?

CO045. How often did the respondent receive assistance in answering this section?

1. Never
2. A few times
3. Most or all of the time

→ Go to Next Section

HH_D. INDIVIDUAL INCOME OF ALL HOUSEHOLD MEMBERS (IN)

This section is asked of a respondent knowledgeable of the household finances, identified from household roster in CV030

IN001. Record all household members who are in the household.

[Pre-load household roster on the CAPI display]

The names of all household members, including respondent, are pre-loaded from the household roster information. For each member, whether present or not, answer the following questions in IN002 - IN013.

[Earnings]

IN002_intro. We'd like to ask you some questions about the income and assets of all members of your household.

IN002. Did [NAME] receive any wages or other income from employment or odd jobs in the past 12 months? Please include all wages, including full-time, part-time, side-jobs, odd jobs, or other wages or salaries.

1. Yes
2. No → Go to IN007

IN003. [Ask if R says Yes to IN002] How much did [Name] get paid for work in the past 12 months (including both cash and the value of in-kind payments such as meals)? If it is easier for you, you can tell me the average monthly earnings and how many months did [Name] work during the past year.

IN003. Total earnings: _____ Rs in the past 12 months

OR

IN004. Average monthly earning: _____ Rs

IN005. Number of months earned: _____

→ Go to IN006a if R selects "DON'T KNOW (DK)" or "REFUSED"

→ Go to IN007 if otherwise

IN006a – IN006c. [If R does not give exact answers to IN003 or IN004, ask the following unfolding bracket questions] How much would [NAME] earn in a month on average?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 1,700; Rupees 3,400; Rupees 6,000; Rupees 13,500; Rupees 32,000]

Unfolding Bracket Questions:

Scenario 1, start with threshold 2

- If R says > t_2, then ask t_4
 - If R says > t_4, ask t_5
 - If R says < t_4, ask t_3
 - If R says = t_4, move to the next question
- If R says < t_2, then ask t_1
- If R says = t_2, then move to the next question

Scenario 2, start with threshold 3

- If R says > t_3, then ask t_5
 - If R says > t_5, move to the next question
 - If R says < t_5, ask t_4
 - If R says = t_5, move to the next question
- If R says < t_3, then ask t_1
 - If R says > t_1, ask t_2
 - If R says < t_1, move to the next question
 - If R says = t_1, move to the next question
- If R says = t_3, move to the next question

Scenario 3, start with threshold 4

- If R says > t_4, then ask t_5
- If R says < t_4, then ask t_2
 - If R says > t_2, ask t_3
 - If R says < t_2, ask t_1
 - If R says = t_2, move to the next question
- If R says = t_4 then move to the next question

This structure allows all respondents to be asked with the maximum of 3 questions

[Agricultural work]

IN007. Did [NAME] engage in agricultural work (including cropping, forestry, livestock, and fishing) within the household in the past 12 months?

1. Yes
2. No

[Self-employment Income]

IN008. Did [NAME] engage in any **non-agricultural** self-employment businesses in the past 12 months?

1. Yes
2. No → **Go to IN012**

IN009. [\[Ask if R engages in non-agricultural self-employment in the past year\]](#) Did [NAME] engage in this activity alone or with other household members?

1. Alone
2. With other household members → **Go to IN012**

IN010. [\[Ask if R says alone to IN009\]](#) How much net income after expense did [NAME] earn from self-employed activity in the past 12 months?

_____ Rs

→ **Go to IN010a if R selects “DON’T KNOW (DK)” or “REFUSED”**

→ **Go to IN011 if R gives numeric response**

IN010a – IN010c. [\[If R does not give an estimated amount to IN010\]](#) How much net income after expense did [NAME] earn from self-employed activity in the past 12 months?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 20,000; Rupees 41,000; Rupees 72,000; Rupees 160,000; Rupees 385,000]

IN011. If this business [NAME] owned were sold today, what would be the approximate value of these businesses?

_____ Rs

→ Go to IN011a if R selects “DON’T KNOW (DK)” or “REFUSED”

→ Go to IN012 if R gives numeric response

IN011a – IN011c. [If R did not give exact amount to IN011] If this business [NAME] owned were sold today, what would be the approximate value of these businesses?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 50,000; Rupees 100,000; Rupees 200,000; Rupees 400,000; Rupees 1,300,000]

[Individual Pension Income]

IN012. Did [NAME] receive any income from pension in the past 12 months? Pension includes government employment and private employment based pensions, survival/dependant pension, widows, and elderly payments made by government, payments for freedom fighters, etc.

1. Yes → Go to IN013

2. No → [→ Return to IN002 for the next household member if applicable]

[→ Go to IN101 if loop is completed]

IN013. [Ask only if R says Yes to IN012] How much income did [NAME] receive from pension in the past 12 months?

Total pension: _____ Rs in the past 12 months

OR

Average monthly pension: _____ Rs

Number of months received: _____

→ Go to IN013a if R selects “DON’T KNOW (DK)” or “REFUSED”

→ Return to IN002 for the next household member if applicable

→ Goto IN101 if loop is completed

IN013a – IN013c. [If R does not give an estimated amount to IN013] How much income did [NAME] receive from pension in the last 12 months?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 3,000; Rupees 5,000; Rupees 10,000; Rupees 20,000; Rupees 50,000]

→ Return to IN002 for the next household member if applicable

→ Go to IN101 if loop is completed

HH_E. HOUSEHOLD INCOME (IN)

[Self-employed activities – multiple HH members]

IN101. Did multiple household members engage together in any non-agricultural self-employed activities last year?

1. Yes
2. No → **Go to IN107**

IN102. [If R engaged in non-agricultural self-employed activities with multiple household members, IN101=1] Which types of activities?

1. Services (cooking, sewing, private clinic, etc.)
2. Transportation
3. Construction
4. Mining
5. Processing production
6. Retail or wholesale
7. Other, please specify: _____

IN103. [If R engaged in non-agricultural self-employed activities with multiple household members, IN101=1] Tell me all household members who are engaging in this/these non-agricultural self-employed activities.

[Pre-load household roster]

IN104. [If R engaged in non-agricultural self-employed activities with multiple household members, IN101=1] What is your best estimate of the income earned from these activities by your household members in the past 12 months? (If the activity was conducted jointly with non-household members, report only the income earned by household members.)

Total earnings:

_____ Rs in the past 12 months

→ **Go to IN104a if R selects “DON’T KNOW (DK)” or “REFUSED”**

→ **Go to IN105 if R gives a numeric answer**

IN104a – IN104c. [If R engaged in non-agricultural self-employed activities with multiple household members, IN101=1, and R did not give an estimated amount to IN104] What is your best estimate of the incomes earned by these activities by your household members in the last year?

If the activity was conducted jointly with non-household members, report only the income earned by household members.

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 27,000; Rupees 55,000; Rupees 100,000; Rupees 200,000; Rupees 525,000]

IN105. [If R engaged in non-agricultural self-employed activities with multiple household members, IN101=1] Were any expenses incurred for these activities in the past 12 months? Please include all costs, such as energy, housing or equipment rental charges, taxes or fees, etc.

Total expenses

_____ Rs in the past 12 months

→ Go to IN105a if R selects “DON’T KNOW (DK)” or “REFUSED”
→ Go to IN106 if R gives a numeric answer

IN105a – IN105c. [If R did not give an estimated amount to IN105] Were there any expenses incurred for these activities in the past 12 months? Please include all costs, such as energy, housing or equipment rental charges, taxes or fees, etc.

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 27,000; Rupees 55,000; Rupees 100,000; Rupees 200,000; Rupees 525,000]

IN106. [If R engaged in non-agricultural self-employed activities with multiple household members, IN101=1] If this business that multiple members of your household own were sold today, what would be the approximate value of this business?

If respondent indicated that multiple household members engage in more than one business together, ask them to report the values of all businesses

_____ Rs

→ Go to IN106a if R selects “DON’T KNOW (DK)” or “REFUSED”
→ Go to IN107 if R gives a numeric answer

IN106a – IN106c. [If R engaged in non-agricultural self-employed activities with multiple household members, IN101=1, and R did not give exact amount to IN106] If this business that multiple members of your household own were sold today, what would be the approximate value of this business?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 50,000; Rupees 100,000; Rupees 200,000; Rupees 400,000; Rupees 1,300,000]

[Ration Card/ BPL Card]

IN107. Has your household had a ration card or BPL card in the last 12 months?

1. Yes
2. No → Go to IN109_set

IN108_set. [If R has a ration or BPL card, IN107=1] For what items has your household used a ration card or BPL card in the last 12 months?

1. Rice
2. Wheat
3. Sugar
4. Kerosene
5. Cooking Oil
6. Others, please specify _____

IN108_intro: [\[If R has a ration or BPL card, IN107=1\]](#) In the last 12 months, how much of the following items did your household buy with a ration card or BPL card?

Rice	_____ kg
Wheat	_____ kg
Sugar	_____ kg
Kerosene	_____ litre
Cooking Oil	_____ litre
Other	_____ litre/kg

→ Go to IN108_total if R does not know the amount of any one good they purchased with a BPL or ration card. Otherwise, proceed to IN109_set if the respondent can give an approximate amount for each and every good they purchased.

IN108_total. [\[If R has a ration or BPL card, IN107=1\]](#) What would be your best estimate for the total monetary value of the benefits your household received from the ration card or BPL card in an average month?

_____ Rs

→ Go to IN108_totala if R selects “DON’T KNOW (DK)” or “REFUSED.” Otherwise, proceed to IN109_set if the respondent can give an approximate amount for the total amount of goods bought with a ration or BPL card across all goods.

IN108_totala – IN108_totalc. [\[If R has a ration or BPL card, IN107=1, and R does not give an estimated amount to IN108\]](#) What would be your best estimate for the total monetary value of the benefits your household received from the ration card or BPL card in an average month?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 200; Rupees 400; Rupees 600; Rupees 800; Rupees 1,000]

[Household Income from Government Transfers]

IN109_set. Did your household receive any of the following government subsidies or transfers in the last 12 months?

1. Reforestation
2. Agricultural subsidies
3. Compensation for illness or accident
4. Emergency or disaster relief (flood, earthquake, drought, etc)
5. Debt forgiveness
6. Compensation for re-settlement (slums, dams, road, etc.)
7. Janani Surakhya Yojana
8. Other government transfers
9. None of the above → **Go to IN117**

IN109_intro: [If R selects a type of government subsidies, IN109_set<9]

Household income from Government Transfers

How much was the amount of the subsidy you received in the past 12 months amount to?

Reforestation	_____ Rs.
Agricultural subsidies	
Compensation for illness or accident	
Emergency or disaster relief (flood, earthquake, drought, etc)	
Debt forgiveness	
Compensation for re-settlement (slums, dams, road, etc.)	
Janani Surakhya Yojana	
Other government transfers	

→ Go to IN116 if R does not know the amount of any one government transfer they receive. Otherwise, proceed to IN117 if the respondent can give an approximate amount for each and every subsidy they receive.

IN116. [Ask only if R did not give any direct answers to any question in IN109_intro] What would be your best estimate for the total money value of these government subsidies or transfers in the last 12 months?
_____ Rs

→ Go to IN116a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to IN117 if the respondent can give an approximate amount for the total amount of subsidy they receive.

IN116a – IN116c. [If R did not give an estimated amount to IN116] What would be your best estimate for the total money value of these government subsidies or transfers in the last 12 months?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 1,200; Rupees 2,400; Rupees 4,500; Rupees 9,000; Rupees 24,000]

[Remittances]

IN117. Did your household receive any remittances from anybody living elsewhere?

1. Yes
2. No → Go to IN126

IN118_intro. [If IN117=1] Please tell me about up to three remittances your household has received in the past 12 months. If you would like, you may tell us about the remittances received over the average per week or average per month.

[These questions loop through the all donors, up to 3 total]

IN118. [If IN117=1] Who are the remittances from?
Name _____

IN119. [If IN117=1] What is the relationship of the donor to the household head?

1. Spouse/partner
2. Son or daughter (including biological, adopted, and step children)

3. Son- or daughter-in-law
4. Grandchild
5. Parent
6. Parent-in-law
7. Brother or sister (including biological, adopted, and step siblings)
8. Grandparent
9. Other relative
10. Other, non-relative; please specify _____

IN120. [If IN117=1] Where is the donor residing? Is s/he within the country or abroad?

1. Within India
2. Abroad

IN121. [If IN117=1] Is the donor in urban or rural areas?

1. Urban
2. Rural

IN122. [If IN117=1] How much did the donor send in the last 12 months? You can answer the amount of remittance your household received in average month or average week, if you like.

_____ Rs Per:

Was this in the last 12 months, during an average month, or during an average week?

1. Last 12 months
2. Average month
3. Average week

IN134. [If IN117=1] Was the remittance regular or irregular?

1. Regular
2. Irregular

IN124_donor. [If IN117=1] Is there an additional donor who sent remittance to your household?

1. Yes → **Return to IN118**
2. No

→ Go to IN125 if R does not know the amount of remittance they receive from any one donor. Otherwise, proceed to IN126 if the respondent can give an approximate amount for each and every remittance they receive from each donor.

IN125. [Ask only if R did not report the exact amount to IN125 for any or all donors and if IN117=1] What is the total amount of these remittances that your household received in the last 12 months?

Total Remittances:

_____ Rs the last 12 months

→ Go to IN125a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to IN126 if the respondent can give an approximate amount for the total amount of remittances they receive.

IN125a – IN125c. [If R didn't give an estimated amount to IN124] What is the total amount of these remittances that your household received in the last 12 months?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 4,000; Rupees 8,000; Rupees 15,000; Rupees 30,000; Rupees 75,000]

[Other Private Transfers]

IN126. Did your household receive any gifts, donations, inheritance, transfers of cash, or items such as food from family, friends, charities, or religious or other groups in the last 12 months? Please do not include any remittances you might have already mentioned in the previous question.

1. Yes
2. No → **Go to IN128**

IN127. [If IN126=1] What would be your best estimate for the total money value of these gifts that your household received in the last 12 months?

Total value:

_____ Rs in the past 12 months

→ Go to IN127a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to IN128 if the respondent can give an approximate amount for the total amount.

IN127a – IN127c. [If IN126=1 and R didn’t give an estimated amount to IN127] What would be your best estimate for the total money value of these gifts that your household received in the last 12 months?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 4,000; Rupees 8,000; Rupees 15,000; Rupees 30,000; Rupees 75,000]

[Other HH Income]

IN128. Did your household have any other income in the last 12 months that we have not already discussed?

1. Yes, please specify _____
2. No → **Go to IN130**

IN129. [If IN128=1] What was the total amount of this other income in the last 12 months?

Total value:

_____ Rs in the past 12 months

→ Go to IN129a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to IN130 if the respondent can give an approximate amount for the total amount.

IN129a – IN129c. [If IN128=1 and R did not give an estimated amount to IN129] What was the total amount of this other income in the last 12 months?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 4,000; Rupees 8,000; Rupees 15,000; Rupees 30,000; Rupees 75,000]

[For the interviewer]

IN130. Who answered this section?

[Interviewer: Please identify the respondent from the household roster. If name is not listed, please continue to the next screen IN130_name where space will be provided to enter the name of the respondent for this module.]

IN130_name. Tell me the name of the person who answered this section?

IN131. How often did the respondent receive assistance in answering this section?

1. Never
2. A few times
3. Most or all of the time

IN132. Did the respondent pause for long time before providing an answer or asking for clarification?

1. Yes, pause for long time before providing an answer
2. Yes, asking for clarification
3. No→Go to AG001

IN133. [Ask only if the interviewer said yes to IN132; IN132<3] Please identify the questions that triggered a long pause or clarification.

→Go to Next Section

HH_F. HOUSEHOLD AGRICULTURAL INCOME & ASSETS (AG)

[Land owner]

AG001. Does your household have any cultivated land (not including any land you may rent from others)?

1. Yes
2. No →Go to AG011

AG002. [If AG001=1]What is the legal status of ownership of all your cultivable land?

Please allow for multiple entries as household may have a formal document for some land, but not all.

1. No document
2. Informal document
3. Formal document

AG003. [If AG001=1]Does your household have the right to sell this land or to use it as collateral security?

1. Yes
2. No

AG004_intro. [If AG001=1]How many acres of cultivated land do you own?

Please round to 1 decimal place.

_____ Acres (or other units, please specify _____)

AG005_intro. [If AG001=1] How many acres of these are irrigated?

Please round to 1 decimal place.

_____ Acres (or other units, please specify _____)

AG006.[If AG001=1]How much did you spend on irrigation in the past 12 months?

Total spending: _____ Rs in the past 12 months

OR

Average monthly spending: _____ Rs

Number of months spent: _____

AG008. [If AG001=1]Did you rent out any of your land in the past 12 months?

1. Yes
2. No →Go to AG011

AG009_intro.[If AG001=1 & AG008=1]How much land did you rent out during the past 12 months?

_____ Acres (or other units, please specify _____)

AG010. [If AG001=1 & AG008=1]How much rental income did you earn from land in the past twelve months (before tax)?

Total rental income: _____
Rs in the past 12 months

OR

Average monthly income: _____ Rs
Number of months earned: _____

→ Go to AG010a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AG011 if the respondent can give an approximate amount for the total amount.

AG010a – AG010c. [If R did not give exact amount to AG010] How much rental income did you earn from land in the past twelve months (before tax)?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 25,000; Rupees 50,000; Rupees 75,000; Rupees 100,000; Rupees 300,000]

[Land renter]

AG011. Did you rent any land from others in the past 12 months?

1. Yes
2. No → Go to AG016

AG012_intro. [If AG011=1] How much land did you rent in the past twelve months? Please tell us about both irrigated and non-irrigated land.
Please round answer to 1 decimal place.

AG012. Irrigated: _____ Acres (or other units, please specify _____)

AG013. Not irrigated: _____ Acres (or other units, please specify _____)

AG014. [If AG011=1] How much did you spend on irrigation in the past 12 months? Please do not include the costs of irrigation and land rental that we have already talked about.

_____ Rs in the past 12 months

OR

Average monthly spending: _____ Rs
Number of months: _____

AG015. [If AG011=1] How much land rent did you pay in the past 12 months? Please do not include the costs of irrigation and land rental that we have already talked about.

Total rent paid: _____
Rs in the past 12 months

OR

Average monthly rent: _____ Rs
Number of months paid: _____

→ Go to AG015a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AG016 if the respondent can give an approximate amount for the total amount.

AG015a – AG015c. [If R did not give exact amount to AG015 and if AG011=1]How much land rent did you pay in the past 12 months?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 25,000; Rupees 50,000; Rupees 75,000; Rupees 100,000; Rupees 300,000]

[Farming Assets]

AG016. Next we will ask some questions about your household agricultural income and asset.Does your household own any farming assets, such as farming equipments like tractor, cart, or tools?

1. Yes
2. No → Go to AG021

AG116. [If AG016=1]Which of the following farming assets does your household own?

1. Tractors
2. Ploughing implements
3. Cart
4. Thresher
5. Trolley
6. Folder cutting machine
7. Generator
8. Water pump
9. Other machinery, please specify: _____

AG017_intro. [If AG016=1]

	AG018. How many do you own?	AG019. Any rental income from....
a. Tractor	_____	1. Yes 2. No
b.Ploughing implements		
c. Cart		
d. Thresher		
e. Trolley		
f. Folder cutting machine		
g. Generator		
h. Water pump		
i. Other machinery		

AG020_intro. [If AG016=1]

How much rental income did you earn during the past 12 months?

a. Tractor	_____ Rs
b.Ploughing implements	
c. Cart	
d. Thresher	
e. Trolley	
f.Folder cutting machine	
g. Generator	
h. Water pump	
i. Other machinery	

[Crops growing, forestry, fishing]

AG021.Did your household engage in crop growing, forestry or fishing in the past 12 months?

1. Yes
2. No → **Go to AG025**

AG022_intro. [If AG021=1] When was the most recent harvest?

Year _____

Month _____

AG023. [If AG021=1] What is the value of all crops, forestry products, and fishing produced in the past year including both those sold and those consumed by the household?

_____ Rs

→ Go to AG023a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AG024 if the respondent can give an approximate amount for the total amount.

AG023a – AG023c. [If R did not give an estimated amount to AG023] What is the value of all crops, forestry products, and fishing produced in the past year including both those sold and those consumed by the household?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 30,000; Rupees 55,000; Rupees 90,000; Rupees 200,000; Rupees 500,000]

AG024. [If AG021=1] What was the total cost of producing these crops, forestry products, and fish in the past 12 months (including seeds, fertilizer, transportation, pesticide, etc.)? Please do not include the costs of irrigation and land rental that we already talked about. [Do not include any cost for household member work in the activity unless this pay was covered in the individual income section.]

_____ Rs

→ Go to AG024a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AG025 if the respondent can give an approximate amount for the total cost.

AG024a – AG024c. [If R did not give an estimated amount to AG024] What was the total cost of producing these crops, forestry products, and fish in the past 12 months (including seeds, fertilizer, transportation, pesticide, etc.)? [Do not include any cost for household member work in the activity unless this pay was covered in the individual income section.]

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 20,000; Rupees 40,000; Rupees 80,000; Rupees 160,000; Rupees 400,000]

[Livestock]

AG025. Has your household had any livestock in the past 5 years?

1. Yes
2. No → **Go to AG032**

AG026_set. [If AG025=1] What livestock did you have in the past 5 years?

- a. Cows
- b. Buffalos
- c. Goats
- d. Sheep
- e. Horses
- f. Donkeys
- g. Mules

- h. Camels
- i. Chickens
- j. Bullocks
- k. Other livestock, please specify: _____

[For livestock selected in AG026_set, ask the AG027 and AG034. These questions will appear in a table in CAPI. Animals not selected in AG026_set will not appear in the table]

Livestock in past 5 years

	AG027. How many do you currently own?	AG034. What is the current market value?
a. Cows		_____Rs
b. Buffalos		
c. Goats		
d. Sheep		
e. Horses		
f. Donkeys		
g. Mules		
h. Camels		
i. Chickens		
j. Bullocks		
k. Any other livestock, please specify		

→ Go to AG030 if R does not know the value of livestock they receive from any one donor. Otherwise, proceed to AG031_rent if the respondent can give an approximate value for each and every type of livestock.

AG030. [Ask only if R did not give direct answers to AG027-AG034] What is the market value of your livestock all together?
_____ Rs

→ Go to AG031a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AG031_rent if the respondent can give an approximate amount for the total value.

AG030a – AG030c. [If R did not give an estimated amount to AG030] What is the market value of your livestock all together?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 10,000; Rupees 20,000; Rupees 40,000; Rupees 75,000; Rupees 125,000]

AG031_rent. Is there any rental income from renting out livestock?

- 1. Yes
- 2. No →Go to AG032

AG031_income. [Ask if AG031_rent=1] If so, what was the rental income in the past 12 months?
_____ Rs

AG032. Did your household produce and sell any livestock products such milk, wool, eggs, etc?

- 1. Yes
- 2. No →Go to AG035

AG033. [Ask only if R reported selling livestock products, AG032=1] What was the value of all livestock products sold in the past 12 months, including milk, wool, eggs, etc.?
_____ Rs

→ Go to AG033a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AG034 if the respondent can give an approximate amount for the total value.

AG033a – AG033c. [If R did not give an estimated amount to AG033] What was the value of all livestock products sold in the past 12 months, including milk, wool, eggs, etc.?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 8,000; Rupees 16,000; Rupees 30,000; Rupees 60,000; Rupees 150,000]

AG034. [Ask only if R reported selling livestock products, AG032=1] What was the cost of producing livestock products in the past 12 months, including the value of all feed, medicine, pasture fees, animal pens, wages, etc.? [Do not include any cost for household member work in the activity unless this pay was covered in the individual income section.]
_____ Rs

→ Go to AG034a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AG035 if the respondent can give an approximate amount for the total value.

AG034a – AG034c. [If R did not give an estimated amount to AG034] What was the cost of producing livestock products in the past 12 months, including the value of all feed, medicine, pasture fees, animal pens, wages, etc.? [Do not include any cost for household member work in the activity unless this pay was covered in the individual income section.]

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 5,000; Rupees 11,000; Rupees 20,000; Rupees 40,000; Rupees 100,000]

[For the interviewer]

AG035. Who answered this section?

[Interviewer: Please identify the respondent from the household roster. If name is not listed, please continue to the next screen AG035_name where space will be provided to enter the name of the respondent for this module.]

AG035_name. Tell me the name of the person who answered this section?

AG036. How often did the respondent receive assistance in answering this section?

1. Never
2. A few times
3. Most or all of the time

→Go to Next Section

HH_G.HOUSEHOLD REAL ESTATES (AD)

The financial respondent should answer the following questions on household assets.

[Current residence]

AD001_intro: The following questions pertain to your current residence. (Regardless of whether you own it or not, the housing unit where you live most often is referred to as your residence.)

AD001. When did your family/household members start to live at your current residence? Please give us a rough estimate, if you are not sure.

Mark the year using four digits.

- Since year _____
- Since R is born
- Since R is married

AD002. Is your current residence owned by a household member(s)?

1. Yes →Go to AD009
2. No

[Renters]

Questions AD003 – AD008 are asked only for renters who said No to AD002=2

AD003. Who owns your current residence?

1. Employer of a household member
2. Child (non-household member) of household member
3. Parent (non-household member) of household member
4. Non-resident other relatives →Go to AD005
5. Commercial market rental →Go to AD005
6. Friends →Go to AD005
7. Other, please specify _____ →Go to AD005

AD004. [If AD003<4] Which household member?

[Select household member from pre-loaded list. If HH member does not appear on the roster, select "Name not listed, please enter on next screen" and proceed to AD004_other_HH]

AD004_other_HH. [If AD003<4] Please specify other household member not list on previous screen.

AD005. Do you pay rent for your current residence?

1. Yes
2. No → Go to AD007

AD006.[Ask only if R says Yes to AD005=1] If yes, how much rent do you pay each month?

_____ Rs/month

→ Go to AD006a if R selects "DON'T KNOW (DK)" or "REFUSED". Otherwise, proceed to AD007 if the respondent can give an approximate amount.

AD006a – AD006c. [If R didn't give exact amount to AD006] If yes, how much rent do you pay each month?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 600; Rupees 1,200; Rupees 2,200; Rupees 4,500; Rupees 12,000]

AD007. Was a security deposit required to rent this house?

1. Yes
2. No → **Go to AD013**

AD008. [Please ask if R said Yes to AD007] What is the amount of the security deposit you made for this house?

_____ Rs

→ Go to AD008a if R selects “DON'T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AD013 if the respondent can give an approximate amount.

AD008a – AD008c. [If R didn't give exact amount to AD008] What is the amount of the security deposit you made for this house?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 600; Rupees 1,200; Rupees 2200; Rupees 4500; Rupees 12,000]

[Current Residence: Homeowner]

Questions AD009 – AD012 are asked only for home owners who said Yes to AD002=1

AD009. How did you acquire your current residence? Have you purchased it with a loan, without a loan, inherited it, receive from family or friends, received from the state or by other means?

1. Purchased with a loan
2. Purchased without a loan
3. Inherited
4. Received from family or friends
5. Received from the state
6. Other, please specify _____

AD010. Do you or your household have a deed (evidence of ownership document) registered for this houses? If so, where is it registered?

1. Not, registered
2. Yes, registered in court
3. Yes, registered in local official records
4. Yes, registered in elsewhere, please specify where it is registered _____

AD011. Whose name is on the property title?

[Select name from preloaded list]

AD012. What is the present market value of your house? Or, what is the present market value of a similar housing unit within its neighborhood?

Total price _____ in thousands of Rs

→ Go to AD012a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AD013 if the respondent can give an approximate amount.

AD012a – AD012c. [If R did not give exact amount to AD012] What is the present market value of your house? Or, what is the present market value of a similar housing unit within its neighborhood?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 21,000; Rupees 43,000; Rupees 80,000; Rupees 160,000; Rupees, 410,000]

[Other housing]

AD013. Excluding the house in which you live, do you or any other members of your household own any other residential properties?

1. Yes
2. No → Go to AD017

AD014. How many other housing units do you or members of your household currently own?
_____ Units

AD015. Altogether, what is the total present market value of these other housing units?
Total price _____ Thousands of Rs

→ Go to AD015a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AD016 if the respondent can give an approximate value.

AD015a – AD015c. [If R did not give exact amount to AD022] Altogether, what is the total present market value of these other housing units?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 65,000; Rupees 130,000; Rupees 230,000; Rupees 450,000; Rupees 1,200,000]

AD016. Who owns that/those house(s)?
[Select name from pre-loaded list of household members]

[Rent Out Housing]

AD017. Do you or your household rent out any of those housing units or any part of the house you currently live in?

1. Yes
2. No → Go to AD021

AD018. [Ask if R says Yes to AD017] What was the total rental income you and your household received during the last twelve months?
_____ Rs

→ Go to AD018a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AD019 if the respondent can give an approximate value.

AD018a – AD018c. [If R did not give exact amount to AD018] What was the total rental income you and your household received during the last twelve months?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 7,500; Rupees 15,000; Rupees 26,000; Rupees 55,000; Rupees 150,000]

AD019. [Ask if R says Yes to AD017=1] Did you receive any security deposit when you rent out these properties?

1. Yes
2. No → Go to AD021.

AD020. [Ask if R says Yes to AD019] What was the amount of the security deposit you received?
_____ Rs

→ Go to AD020a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AD021 if the respondent can give an approximate value.

AD020a – AD020c. [If R did not give exact amount to AD020] What was the amount of the security deposit you received?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 7,500; Rupees 15,000; Rupees 26,000; Rupees 55,000; Rupees 150,000]

[For the interviewer]

AD021. Who answered this section?

[Interviewer: Please identify the respondent from the household roster. If name is not listed, please continue to the next screen AD021_name where space will be provided to enter the name of the respondent for this module.]

AD021_name. Tell me the name of the person who answered this section?

AD022. How often did the respondent receive assistance in answering this section?

1. Never
2. A few times
3. Most or all of the time

→Go to Next Section

HH_H. HOUSEHOLD FINANCIAL AND NON-FINANCIAL ASSETS (AD)

[Non-financial assets]

AD101_intro. The following questions pertain to household equipment consumption durables and valuables. Please do not include the business properties you already reported.

AD101_set. Does your household own any of the following?

- a. Cars
- b. Trucks
- c. Any other automobiles, including 3 wheelers
- d. Bicycles
- e. Motorcycles
- f. Scooters
- g. Mopeds
- h. None of the above → Go to AD106_set

AD101_intro2. [If AD101_set is not (h)]First, please tell me any cars, trucks, bicycles, motorcycles, scooters, or mopeds that your household owns. Please do not include the business properties you already reported.

	AD102. How many do you own?	AD104. Any income from renting them apart of income earned from your business or farming income (if applicable?)
a. Cars	_____	a. Yes b. No
b. Trucks		
c. Any other automobiles, including 3 wheelers		
d. Bicycle		
e. Motorcycle		
f. Scooter		
g. Moped		

AD101_rental. [If respondent selected Yes to AD104 for any of the following items] What was the amount of rental income you received in the past 12 months (apart of income earned from your business or farming income) for the following items?

a. Cars	_____ Rs
b. Trucks	
c. Any other automobiles, including 3 wheelers	
d. Bicycle	
e. Motorcycle	
f. Scooter	
g. Moped	

AD106_set. Which of the following assets do you own? Please do not include any equipment that was purchased for running a business.

- a. Refrigerator
- b. Washing machine

- c. Sewing machine
- d. Black and white TV
- e. Color TV
- f. Radio or transistor
- g. Computer
- h. Stereo system
- i. Camera, video camera
- j. Air conditioner
- k. Mobile phone
- l. Other type of telephone
- m. Mixer or grinder
- n. Clock or watch
- o. Mattress
- p. Pressure cooker
- q. Chair
- r. Cot or bed
- s. Table
- t. Electric fan
- u. None of the above → **Go to AD109**

AD106_intro. [If AD106_set is not (u)]How many of the following items do you own and did you purchase them in the last 12 months?

	How many do you own?	Purchased in past 12 months?
a. Refrigerator	_____	1 Yes 2. No
b. Washing machine		
c. Sewing machine		
d. Black and white TV		
e. Color TV		
f. Radio or transistor		
g. Computer		
h. Stereo system		
i. Camera, video camera		
j. Air conditioner		
k. Mobile phone		
l. Other type of telephone		
m. Mixer or grinder		
n. Clock or watch		
o. Mattress		
p. Pressure cooker		
q. Chair		
r. Cot or bed		
s. Table		
t. Electric fan		

AD106_thisyr. [Ask only if R purchased in the past year] How many of them did you purchase in the past 12 months?

a. Refrigerator	
b. Washing machine	
c. Sewing machine	
d. Black and white TV	
e. Color TV	
f. Radio or transistor	
g. Computer	
h. Stereo system	
i. Camera, video camera	
j. Air conditioner	
k. Mobile phone	
l. Other type of telephone	
m. Mixer or grinder	
n. Clock or watch	
o. Mattress	
p. Pressure cooker	
q. Chair	
r. Cot or bed	
s. Table	
t. Electric fan	

AD109. Do you have any jewelry and precious metals, such as gold?

1. Yes
2. No → **Go to AD113_set**

AD110. [Ask only if R said Yes to AD109=1] Can you say what your jewelry and precious metals is worth?
_____ Rs

→ **Go to AD110a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AD111 if the respondent can give an approximate value.**

AD110a – AD110c. [If R did not give exact amount to AD110] Can you say what your jewelry and precious metals is worth?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 2,000; Rupees 10,000; Rupees 50,000; Rupees 100,000 ; Rupees 500,000]

AD111. [Ask only if R said Yes to AD109=1] Did you buy any of them during the past 12 months?

1. Yes
2. No → **Go to AD113_set**

AD112. [Ask only if R said Yes to AD111=1] What would be the approximate value of jewelry and precious metals you purchased in the past year?
_____ Rs

[Financial assets]

AD113_set. Do you or members of your household possess any of the following financial assets?

1. Current accounts
2. Savings accounts, postal accounts, certificate of deposits, or other depository products

3. Stocks or mutual funds
4. Bonds
5. Outstanding balances in kitty parties, chit funds, bishi, etc.
6. Other
7. None of the above →Go to AD122

AD113_intro: [If AD113_set<7]

Financial Assets

What is the approximate value of these assets?

	Approximate asset value
AD113. Current accounts	_____ Rs
AD114. Savings accounts, postal accounts, certificate of deposits, or other depository products	
AD115 .Stocks or mutual funds	
AD116. Bonds	
AD117. Outstanding balances in kitty parties, chit funds, bishi, etc.	
AD118. Other, please specify _____	

AD119. [Ask if R did not give direct answers to AD113a – AD118a] What is your best estimate of the total value of financial assets owned by the household?
_____ Rs

→ Go to AD119a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AD120 if the respondent can give an approximate value.

AD119a – AD119c. [If R did not give exact amount to AD119] What is your best estimate of the total value of financial assets owned by the household?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 4,000; Rupees 7,500; Rupees 13,500; Rupees 27,000; Rupees 70,000]

AD120. Did you or any of your household members receive any interest or dividends from these financial assets during the past year?

1. Yes
2. No →Go to AD122

AD121. [Ask only if R says Yes to AD120] What was the total returns on these financial investments you and your household received during the past year (before tax)?
_____ Rs

→ Go to AD121a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AD122 if the respondent can give an approximate value.

AD121a – AD121c. [If R did not give an exact amount for AD121] What was the total returns on these financial investments you and your household received during the past year (before tax)?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 400; Rupees 750; Rupees 1,400; Rupees 2,700; Rupees 7,000]

[Personal Loans]

AD122. Are you or any of your household members waiting to be repaid for personal loans that you or your household members have made to others? (Please only refer to loans given that have not yet paid to you, not counting any financial gifts that you do not expect to have returned.)

1. Yes
2. No → **Go to AD126**

AD123. What is the total value of the current outstanding loans to family and friends that are still pending (unpaid)?

_____ Rs

→ **Go to AD123a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AD124 if the respondent can give an approximate value.**

AD123a – AD123c. [\[If R did not give exact amount to any of the asset values to AD123\]](#) What is the total value of the current outstanding loans to family and friends that are still pending (unpaid)?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 200; Rupees 400; Rupees 700; Rupees 1,500; Rupees 4,000]

AD124. Did you or any of your household members receive any interest from these personal loans during the past year?

1. Yes
2. No → **Go to AD126**

AD125. What is the total interest you and your household received during the past year (before tax)?

_____ Rs

→ **Go to AD125a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AD126 if the respondent can give an approximate value.**

AD125a – AD125c. [\[If R did not give exact amount to any of the asset values to AD125\]](#) What is the total interest you and your household received during the past year (before tax)?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 200; Rupees 400; Rupees 700; Rupees 1,500; Rupees 4,000]

[\[For the interviewer\]](#)

AD126. Who answered this section?

[\[Interviewer: Please identify the respondent from the household roster. If name is not listed, please continue to the next screen AD126_name where space will be provided to enter the name of the respondent for this module.\]](#)

AD126_name. Tell me the name of the person who answered this section?

AD127. How often did the respondent receive assistance in answering this section?

1. Never
2. A few times
3. Most or all of the time

→Go to Next Section

HH_I. HOUSEHOLD DEBTS (AD)

AD201. Do you OR any of your household members have any outstanding loans from banks and other institutions, such as microfinance, NGOs, government, credit union or cooperatives, employer, local money lenders, family or friends?

1. Yes
2. No →Go to AD215

AD202_set. [If respondent says that they have any outstanding loans in the previous question, AD201=1]

Whom did you or your household members borrow from? Please identify all institutions or individuals you or your household members borrowed money from the list below.

1. Banks
2. Cooperatives or other non-profit organizations
3. Employer
4. Local money lenders
5. Family members or friends
6. Other, please specify _____

AD202_intro. Whom did you or your household members borrow from? Please identify all institutions or individuals you or your household members borrowed money from and how much money you or your household members borrowed from each of them.

	AD203. [Ask only if R borrowed money] How much do you or your household members currently owe?	AD203a. [Ask only if R borrowed money] How much did you or your household members borrow from this lender?	AD203b. [Ask only if R borrowed money] What is the average monthly instalment that you have to pay?	AD203c. [Ask only if R borrowed money] How many months (or years) more you will have to repay your loan?	AD204. Have you or your household members tried to borrow from this source and been denied?	AD205. Could you or your household members borrow from this source if you needed to?
a. Banks	_____ Rs	_____ Rs	_____ Rs/mo.	_____ mo./yrs.	1. Yes 2. No	1. Yes 2. No
b. Cooperatives or other non-profit organizations						
c. Employer						
d. Local money lenders						
e. Family members or friends						
f. Other, please specify _____						

AD206. [Ask only if R did not give direct answers to any of the amount questions, AD203]

What is the total value of all outstanding (unpaid) loans that you and your household have?

_____ Rs

→ Go to AD206a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AD207 if the respondent can give an approximate value.

AD206a – AD206c. [If R did not give exact amount to AD206] What is the total value of all outstanding (unpaid) loans that you and your household have?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 1,500; Rupees 3,000; Rupees 5,500; Rupees 10,800; Rupees 28,000]

[Home loans]

AD207. Are any of these loans for your primary residences?

1. Yes
2. No → Go to AD209

AD208. [Ask only if R says Yes to AD207] How much do you currently owe for home loans?
_____ Rs

→ Go to AD208a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to AD209 if the respondent can give an approximate value.

AD208a – AD208c. [If R did not give exact amount to AD208] How much do you currently owe for home loans?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 1,500; Rupees 3,000; Rupees 5,500; Rupees 10,800; Rupees 28,000]

[Business Loans]

AD209. [If R’s household owns business] Are any of these loans (that you talked about) for your business?

1. Yes
2. No → Go to AD212_set

AD210. [Ask only if R says Yes to AD209] How much do you currently owe for business loans?
_____ Rs

AD211. [Ask only if R says Yes to AD209] Did you account for these loans when we talked about the value of the business owned by you or your household members?

1. Yes
2. No

AD212_set. Were there any other reasons that prompted you to take out the loans? Please identify all reasons.

1. Agriculture
2. Education
3. Daily consumption
4. Medical expenses
5. Consumer durables (TV, radio, refrigerator, etc.)
6. Land, property, cattle
7. Marriage expenses
8. Other, specify: _____
9. None of the above → **Go to AD215**

AD212_intro. [Write in "DK" if rupee amount is not known]

	How much did you originally borrow?	Do you or your household members make any monthly payments on these loans?
Agriculture loan	_____Rs	1. Yes 2. No
Education loan		
Daily consumption loan		
Medical expenses loan		
Consumer durables (TV, radio, refrigerator, etc.) loan		
Land, property, cattle loan		
Marriage expenses loan		
Other, specify: _____		

→ **Go to AD214 if R indicated s/he or his/her household members make any monthly loans on any loan type in AD21_intro**

→ **Go to AD215 if R does not make any monthly payments on any loan listed in AD212_intro**

AD214_intro [Ask if R indicated s/he or his/her household members make any monthly loans on any loan type in AD21_intro]

What is the approximate monthly loan payment for the following loans?

Agriculture loan	_____Rs
Education loan	
Daily consumption loan	
Medical expenses loan	
Consumer durables (TV, radio, refrigerator, etc.) loan	
Land, property, cattle loan	
Marriage expenses loan	
Other, specify: _____	

[Overall economic conditions]

AD215. How well would you say your household is managing financially these days?

1. Living comfortably
2. Doing alright
3. Just about getting by (have to be careful but getting by)

4. Finding it difficult
5. Finding it very difficult

AD216. Would you say your household's overall economic condition has improved, worsened, or stayed about the same compared to two years ago?

1. Improved
2. Worsened
3. About the same

AD217. Comparing your family's income now with your expected income for the next year, which of the following is true?

1. Next year income will go up
2. Next year income will go down
3. About the same

AD218. Compared to other households in this (geographic) community, how do you consider your household?

1. Well below average
2. Below average
3. About the average
4. Well off
5. Very well off

[For the interviewer]

AD219. Who answered this section?

[Interviewer: Please identify the respondent from the household roster. If name is not listed, please continue to the next screen AD019_name where space will be provided to enter the name of the respondent for this module.]

AD019_name. Tell me the name of the person who answered this section?

AD220. How often did the respondent receive assistance in answering this section?

1. Never
2. A few times
3. Most or all of the time

→Go to Next Section

Longitudinal Ageing Study in India

INDIVIDUAL QUESTIONNAIRE

I_A. DEMOGRAPHICS (DM)

DM001. Please tell me your complete name including middle name and surname.
[Identify the respondent from the household roster.]

DM002. PLEASE NOTE THE SEX OF THE RESPONDENT

1. Male
2. Female

DM003. What is your current marital status?

1. Never married → **Go to DM006**
2. Currently married
3. Separated/Deserted
4. Divorced
5. Widowed

DM004. [Ask only if R has ever married, DM002>1] How old were you at the time of your first marriage?

Age _____ OR Years ago _____

- **Go to DM006 if DM003=2**
- **Go to DM003_widow if DM003=5**
- **Go to DM005 if DM003=4 or DM003=3**

DM003_widow. [Ask only if R is widowed, DM002=5] How old were you at the time of your spouse's death?

Age _____ Or Years ago _____ → **Go to DM006**

DM005. [Ask only if R is divorced or separated, DM002=4 or 3] How old were you when your marriage dissolved, or how many years ago was it?

Age _____
OR Years ago _____

DM006. Do you have any children?

2. Yes
3. No

DM007. What is your date of birth? In which year and month were you born?

Year _____ and Month _____

- **Go to DM022_intro if respondent knows birth date**
- **Go to DM008 if respondent does not know (DK) or refuses (RF)**

DM008. [Ask I R says Don't know to DM007] How old are you (in completed years)?
_____ age

- **Go to DM022_intro if respondent gives numeric answer for DM008**
- **Go to DM009 if respondent does not know (DK) or refuses (RF) and is married with children**
- **Go to DM012 if respondent does not know (DK) or refuses (RF) and is married with no children and female**
- **Go to DM016 if respondent does not know (DK) or refuses (RF) and is married with no children and male**

DM009 – DM021: Questions to identify age

[If R says “Don’t know” to DM008, please ask the following questions to identify R’s age. These questions differ by marital status, presence of children, and sex.]

[If R is married with children (for both male and female), ask DM009 – DM011.]

[If R is female and married with no children, ask DM012 – DM015]

[If R is male and married with no children, ask DM016 – DM021.]

DM009. After how many years of marriage was your first child born?
_____ years

→Go to DM022_intro if R refuses (RF) or does not know (DK) the age of their child

DM010. How old is that child now?
_____ years old

→Go to DM022_intro if R refuses (RF) or does not know (DK) the age of their child

DM011. So, you must be about [age at marriage + yrs before first child born + age of the first born] years old. Am I correct? Please correct me.

1. Yes
2. No, correct age is _____

→Go to DM022_intro

[If R is female and married with no children, ask DM012 – DM015]

DM012. For how long have you been married?
_____ years

DM013. Are you still menstruating?

1. Yes → Go to DM015
2. No

DM014. [Ask only if R has answers NO to DM013] For how long have you not been menstruating?
_____ years

→Go to DM022_intro if R refuses (RF) or does not know (DK) how long she has not been menstruating

DM014a. [Assuming menopause at age 45] So, you must be about [45+DM014] years old. Am I correct? Please correct me.

1. Yes
2. No, correct age is _____

→Go to DM022_intro

DM015. [Ask only if R has answers YES to DM013] So, you must be about [DM004 (age at marriage)+DM012 (how long R has been married)] years old. Am I correct? Please correct me.

1. Yes
2. No, correct age is _____

→Go to DM022_intro

[If R is male and married with no children, ask DM016 – DM021.]

DM016. How old were you when you started working?
_____ (years)

DM017. Are you still working or have you stopped working?

1. Still working
2. Stopped working → **Go to DM019**

DM018. [Ask only if R says DM017=1] For how many years have you been working?
_____ years)

DM018a. [Ask only if R says DM017=1] So, you must be about [if R is still working, age= DM016 + DM018] years old. Am I correct? Please correct me.

1. Yes
2. No, correct age is _____

→ **Go to DM022_intro**

DM019. [Ask only if R says DM017=2] How many years did you work before you stopped?
_____ years

DM020. [Ask only if R says DM017=2] For how many years have you not been working?
_____ years

DM021. [Ask only if R says DM017=2] So, you must be about [age= DM016 + DM019 + DM020] years old. Am I correct? Please correct me.

1. Yes
2. No, correct age is _____

[End of age-identifying questions]

DM022_intro. What is your place of birth? Please tell us the name of the state or union territories.

State

- | | | |
|-----------------------|----------------------|---------------------|
| 1. Andhra Pradesh | 2. Arunachal Pradesh | 3. Assam |
| 4. Bihar | 5. Chhattisgarh | 6. Goa |
| 7. Gujarat | 8. Haryana | 9. Himachal Pradesh |
| 10. Jammu and Kashmir | 11. Jharkhand | 12. Karnataka |
| 13. Kerala | 14. Madhya Pradesh | 15. Maharashtra |
| 16. Manipur | 17. Meghalaya | 18. Mizoram |
| 19. Nagaland | 20. Orissa | 21. Punjab |
| 22. Rajasthan | 23. Sikkim | 24. Tamil Nadu |
| 25. Tripura | 26. Uttarakhand | 27. Uttar Pradesh |
| 28. West Bengal | 29. Delhi | |

Union Territories

- | | | |
|---------------------------------|----------------------------------|----------------------------|
| 30. Andaman and Nicobar Islands | 31. Chandigarh | 32. Dadra and Nagar Haveli |
| 33. Daman and Diu | | 34. Lakshadweep |
| 35. Pondicherry | 36. Other, please specify: _____ | |

DM023. What is your mother tongue?

- | | | |
|-------------|------------|-------------|
| 1. Assamese | 2. Bengali | 3. Gujarati |
| 4. Hindi | 5. Kannada | 6. Kashmiri |

- | | | |
|-------------|--------------|---------------------------|
| 7. Konkani | 8. Kokborok | 9. Malayalam |
| 10. Marathi | 11. Manipuri | 12. Mizo |
| 13. Oriya | 14. Punjabi | 15. Tamil |
| 16. Telugu | 17. Urdu | 18. Other, please specify |

DM024. What other languages do you speak?

[Please check all languages R can speak]

- | | | |
|---------------------------|-------------|--------------|
| 1. Assamese | 2. Bengali | 3. English |
| 4. Gujarati | 5. Hindi | 6. Kannada |
| 7. Kashmiri | 8. Konkani | 9. Kokborok |
| 10. Malayalam | 11. Marathi | 12. Manipuri |
| 13. Mizo | 14. Oriya | 15. Punjabi |
| 16. Tamil | 17. Telugu | 18. Urdu |
| 19. Other, please specify | | |

DM025. For most of the time until you were 12 years old, did you live in a city, a town, or a village?

1. City
2. Town
3. Village

DM025a. For most of your adult life, did you live in a city, a town, or a village?

1. City
2. Town
3. Village

DM025b. Do you currently live in a city, a town, or a village?

1. City
2. Town
3. Village

DM026. How long have you been living continuously in this (take filler from DM025b – city/town/village)?

1. Years: _____ years
2. Since birth → **Go to DM028**

DM027. [Ask only if respondent does not answer “Since birth” in the previous question] Just before you moved to current neighborhood, did you live in a city, a town, or a village?

1. City
2. Town
3. Village

DM028. Can you read and write?

If Respondent does not know how to best answer, they will be asked to read sentences from card

1. Able to read only
2. Able to write only
3. Able to both read and write
4. Cannot read nor write

DM029. Have you ever attended school?

1. Yes
2. No → **Go to DM032**

DM030. [Ask only if R attended school, DM029=1] How many years of schooling did you have?

DM031. [Ask only if R attended school, DM029=1] What is the highest level of education that you completed?

1. Less than primary school
2. Primary school completed
3. Secondary school completed
4. High school (or equivalent) completed
5. Less than graduation (including diploma and certificate holders)
6. Collegiate level studies (B.A., B.Sc., B.Com.) completed
7. Professional degree (engineering, medicine, nursing, etc)
8. Post-graduate level or above

DM032. What is your religion?

1. Hindu
2. Muslim
3. Christian
4. Sikh
5. Buddhist /Neo-Buddhist
6. Jain
7. Jewish
8. Parsi/ Zoroastrian
9. No religion
10. Other, please specify:_____

DM033. What is your caste or tribe?

1. Caste (specify) _____
2. Tribe (specify) _____
3. No caste or tribe

DM034. [IF DM033<3] Is this a scheduled caste, a scheduled tribe, other backward class, or none of these?

[If R is not able to answer, check the list of castes/tribes and give code]

1. Scheduled caste
2. Scheduled tribe
3. Other backward class (OBC)
4. None of them
5. Other, please specify _____

[For the interviewer]

DM035. Is this a proxy interview?

1. Yes
2. No → **Go to DM037**

DM036. [Ask if this is a proxy interview] What is your relationship to [NAME OF RESPONDENT]?

1. Spouse/partner
2. Son or daughter (including biological, adopted, and step children)
3. Son- or daughter-in-law
4. Grandchild
5. Parent
6. Parent-in-law
7. Brother or sister (including biological, adopted, and step siblings)

8. Grandparent
9. Other relative
10. Servant
11. Friend
12. Other, non-relative; please specify _____

DM037. How often did the respondent receive assistance in answering this section?

1. Never
2. A few times
3. Most or all of the time

→Go to Next Section

I_B. FAMILY & SOCIAL NETWORK (FS)

Questions FS001-FS010 in this section are asked of those who are currently married or living with a partner, DM002=2.

[Spouse]

FS001. What is your spouse/partner's name?

[Please identify the spouse from preloaded household roster].

→Go to FS001_spouse if spouse/partner's name is not on the household roster

→Go to FS004 if spouse/partner's name is on the household roster

FS001_spouse. [If spouse's name does not appear on the household roster in FS001]What is your spouse/partner's name?

FS002. [Ask only if the spouse's name is not on household roster] I don't see your spouse's name on the household roster. Does your spouse live away or is our record incorrect?

1. Spouse lives away
2. Record is incorrect →Go to FS004

FS003. [Ask only if spouse lives away, FS002=1] What is the primary reason for that? Is it because of his / her job, schooling, health, or some other reason?

1. Due to job
2. Due to schooling
3. Due to health reasons
4. Due to family reasons (taking care of old parents, etc.)
5. Others, please specify _____

FS004. How old is [SPOUSE'S NAME] (completed years)?
_____ years old

FS005. Can [SPOUSE'S NAME] read and write?

1. Able to read only
2. Able to write only
3. Able to both read and write
4. Cannot read nor write

FS006. Has [SPOUSE'S NAME] ever attended school?

1. Yes
2. No →Go to FS009

FS007. [Ask only if respondent's spouse attended school] How many years of schooling has [SPOUSE'S NAME] had?

Number of years: _____

FS008. [Ask only if respondent's spouse attended school] What is the highest level of school that [SPOUSE'S NAME] completed?

1. Less than primary school
2. Primary school completed
3. Secondary school completed

4. High school (or equivalent) completed
5. Less than graduation (including diploma and certificate holders)
6. Collegiate level studies (B.A., B.S., B.Com.) completed
7. Professional degree (engineering, medicine, nursing, etc.)
8. Post-graduate level or above

FS009. What is your spouse's occupation? That is, what kind of work does he/she mainly do?

[Relationship with spouse]

FS010. How close is your relationship with your spouse or partner?

1. Very close
2. Quite close
3. Not very close
4. Not at all close

I_BA. CHILDREN AND GRANDCHILDREN (FS)

FS201. Now I am going to ask you about your children. How many living children do you have?

FS202. How many of your children who were born alive are now deceased?

- Go to FS225 if FS201=0
- Go to FS203_child_name if FS201>0

[Characteristics of children]

Loop Checkpoint: Children Repeat questions FS203 – FS215, for each child. If R doesn't have any children and FS201=0 → Go to FS225. Grandchildren.

FS203_child_name. Now, let's go over the names and some other details about your children. We'll start with the oldest child. What is your CHILD'S NAME?

Please double-check the spelling of the name, if the same name is used in HH_A Coverscreen. If R does not provide the CHILD'S NAME, write down the birth-order of living child, e.g., 'the first born' or 'the second born. Please start with the eldest, in birth order.

FS204. Is [CHILD'S NAME] your son or daughter?

1. Son
2. Daughter

FS205. How old is [CHILD'S NAME] in completed years?

FS210. Does [CHILD'S NAME] reside with you?

1. Yes → Go to FS212 if FS205>10 OR Go to FS206 if FS205<=10
2. No

FS211. [Ask if that child does not reside with respondent, FS210=2] Where does [CHILD'S NAME] live? Does [CHILD'S NAME] live within the community, village/city inside state, outside state, or outside country?

Ask if that child does not reside with respondent

1. Within community
2. Inside (within the) state
3. Outside the state
4. Outside the country

→ Go to FS212 if FS205>10 OR Go to FS206 if FS205<=10

FS212. [If FS205>10] Does [CHILD'S NAME] work for pay?

1. Yes
2. No

→ Go to FS213 if FS205>18 OR Go to FS214

FS213. [If FS205>18] Does [CHILD'S NAME] own a house?

1. Yes
2. No

FS214. [If FS205>10] Is [CHILD'S NAME] married?

1. Never married
2. Currently married or living with partner
3. Separated/deserted
4. Divorced
5. Widowed

FS206. Can [CHILD'S NAME] read and write?

1. Able to read only
2. Able to write only
3. Able to both read and write
4. Cannot read or write

FS207. Has [CHILD'S NAME] ever attended school?

1. Yes
2. No **→ Go to FS203_child_name to continue with the next child, or if finished with the children go to FS215_one_child or FS215.**

FS208. [Ask only if respondent's child attended school] How many years of schooling has [CHILD'S NAME] had?

FS209. [Ask only if R attended school] What is the highest level of school that [CHILD'S NAME] has completed?

1. Less than primary school
2. Primary school completed
3. Secondary school completed
4. High school (or equivalent) completed
5. Less than graduation (including diploma and certificate holders)
6. Collegiate level studies (B.A., B.S., B.Com.) completed
7. Professional degree (engineering, medicine, nursing, etc.)
8. Post-graduate level or above

→ Go to FS203_child_name to continue with the next child, or if finished with the children go to FS215_one_child or FS215.

FS203_child_name. Please tell about your other children, starting with the next oldest. What is your CHILD'S NAME?

[Please double-check the spelling of the name, if the same name is used in HH_A Coverscreen. If R does not provide the CHILD'S NAME, write down the birth-order of living child, e.g., 'the first born' or 'the second born. Please start with the eldest, in birth order.]

→ Return to FS204

END OF LOOP

[Relationship with children]

FS215_one_child: [\[Ask only if FS201==1\]](#) Would you say you have a close relationship with your child?

1. Yes
2. No

FS215. [\[Ask only if FS201>1\]](#) With how many of your children would you say you have a close relationship?

[Grandchildren]

FS225. Do you have any grandchildren?

1. Yes
2. No → **Go to FS301**

FS226. [\[Ask only if respondent has grandchildren\]](#) Do you look after any of these grandchildren?

1. Yes
2. No → **Go to FS301**

FS227. [\[Ask only if respondent looks after grandchildren\]](#) How many hours per week do you care for your grandchildren on average?

_____ hours per week

I_BB. PARENTS, SIBLINGS, AND FRIENDS (FS)

[Father]

FS301. Now I am going to ask you about your father. What is your father's name?

[Please identify R's father from household roster. If father is not in the household, select "Name not listed, please enter on next screen"]

FS301_father: [Ask only if respondent selected "Name not listed, please enter on next screen" in the previous question] Please enter father's name, which was not listed on previous household roster.

FS302. Is he alive?

1. Yes
2. No → **Go to FS304**

FS303. [If respondent's father is alive] How old is he?

_____ years old

→ **Go to FS305**

FS304. [If respondent's father has died] How old was he when he died?

_____ years old

FS305. Can (could) he read and write?

1. Able to read only
2. Able to write only
3. Able to both read and write
4. Cannot read or write

FS306. Has (Did) he ever attend school?

1. Yes
2. No → **Go to FS309 if father is alive OR Go to FS311 if father is not alive**

FS307. [Ask only if respondent's father attended school, FS] How many years of schooling has he completed (did he complete)?

Number of years: _____

FS308. [Ask only if respondent's father attended school] What is (was) the highest level of school that he completed?

1. Less than primary school
2. Primary school completed
3. Secondary school completed
4. High school (or equivalent) completed
5. Less than graduation (including diploma and certificate holders)
6. Collegiate level studies (B.A., B.S., B.Com.) completed
7. Professional degree (engineering, medicine, nursing, etc.)
8. Post-graduate level or above

→ **Go to FS309 if father is alive**

→ **Go to FS311 if father is not alive**

FS309. [Ask if respondent's father is alive] Does your father reside with you?

1. Yes → **Go to FS311**
2. No

FS310. [Ask if respondent does not reside with father and father is alive] If not, does he live alone or with others?

1. Live alone
2. Live with mother or his partner
3. Live with other children
4. Live with others, please specify _____

[Mother]

FS311. Now I have few questions about your mother. What is your mother's name?

[Please identify R's mother from household roster. If mother is not in the household, select "Name not listed, please enter on next screen"]

FS311_mother: [Ask only if respondent selected "Name not listed, please enter on next screen" in the previous question] Please enter mother's name, which was not listed on previous household roster.

FS312. Is she alive?

1. Yes
2. No → **Go to FS314**

FS313. [If respondent's mother is alive] How old is she?

_____ years old

→ **Go to FS315**

FS314. [If respondent's mother had died] How old was she when she died?

_____ years old

FS315. Can (could) she read and write?

1. Able to read only
2. Able to write only
3. Able to both read and write
4. Cannot read or write

FS316. Has (Did) she ever attended school?

1. Yes
2. No → **Go to FS319 if mother is alive OR Go to FS321 if mother is not alive**

FS317. [Ask only if R's mother attended school] How many years of schooling has she completed (did she complete)?

FS318. [Ask only if R's mother attended school] What is (was) the highest level of school that she completed?

1. Less than primary school
2. Primary school completed
3. Secondary school completed
4. High school (or equivalent) completed
5. Less than graduation (including diploma and certificate holders)

6. Collegiate level studies (B.A., B.S., B.Com.) completed
7. Professional degree (engineering, medicine, nursing, etc.)
8. Post-graduate level or above

→ **Go to FS319 if mother is alive**
→ **Go to FS321 if mother is not alive**

FS319. [\[Ask if R's mother is alive\]](#) Does your mother reside with you?

1. Yes → **Go to FS321**
2. No

FS320. [\[Ask if R does not reside with mother, FS318=2\]](#) If not, does she live alone or with others?

1. Live alone
2. Live with father or her partner
3. Live with other children
4. Live with others, please specify _____

[Siblings]

FS321. Now I have some questions about any brothers or sisters you may have. Do you have any living siblings?

1. Yes
2. No → **Go to FS323**

FS322. [\[Ask only if respondent has living siblings\]](#) How many living siblings do you have?

FS323. Have any of your siblings died?

1. Yes
2. No

[Relationship with family members]

FS324. Now I'm going to ask you about your relationship with siblings and other family members. With how many of your family members (siblings, spouse, children, grandchildren, parents, siblings, uncles, aunts, cousins, etc) would you say you have a close relationship?

[Friends]

FS325. Do you have any friends?

1. Yes
2. No → **Go to FS401**

FS325a. [\[Ask if respondent has friends, FS325=1\]](#) How many of these friends would you say you have a close relationship with?

FS326_intro. [\[Ask if respondent has friends, FS325=1\]](#) On average, how often do you do each of the following with any of these friends, not counting any of those who live with you?

	Daily	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year	Never	DK	RF
FS326. Meet up (include both arranged and chance meetings)										
FS327. Speak on the phone										
FS328. Write or email										

I_BC. SOCIAL SUPPORT (FS)

[Financial support]

FS401. Next we are going to ask you about your household's financial help that you may have given or received to or from your family and friends. By financial help we mean giving money, helping pay bills, or covering specific types of costs such as those for medical care or insurance, schooling, marriages in family, religious events, down payment for a home and rent. Costs shared for housing and food excluded.

Did you receive financial help from your family (parents, children, siblings, grandchildren, parents of spouse, or any other family members) or friends during the past 12 months? Financial support includes both monetary and non-monetary support in which annual cost totals more than Rs. 1,000. This does not count regular payment which you reported as remittances earlier in the survey.

1. Yes
2. No → **Go To FS404**

FS402. [\[Ask only if respondent indicates they receive financial help\]](#) From whom did you receive financial help? Please identify all family members or friends who made financial transfers to you.

1. Spouse/partner
2. Son or daughter (including biological, adopted, and step children)
3. Son- or daughter-in-law
4. Grandchild
5. Parent
6. Parent-in-law
7. Brother or sister (including biological, adopted, and step siblings)
8. Grandparent
9. Other relative
10. Friend
11. Other, non-relative; please specify _____

FS403. What is the total value of financial help you received from your family in the past 12 months?
_____ Rs

→ **Go to FS403a if R selects "DON'T KNOW (DK)" or "REFUSED". Otherwise, proceed to FS404 if the respondent can give an approximate value.**

FS403a – FS403c. [\[If R does not give exact answers to previous question, ask the following unfolding bracket questions\]](#) What is the total value of financial help you received from your family in the past 12 months?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 1,000; Rupees 2,000; Rupees 4,000; Rupees 8,000; Rupees 16,000]

FS404. Did you give any financial help to your family (parents, children, siblings, grandchildren, parents of spouse) or friends during the past 12 months? Financial support includes both monetary and non-monetary support in which the annual cost totals more than Rs. 1000.

1. Yes
2. No → **Go to FS407**

FS405. To whom did you give financial help? Please identify all family members or friends to whom you made financial transfers.

1. Spouse/partner
2. Son or daughter (including biological, adopted, and step children)
3. Son- or daughter-in-law
4. Grandchild
5. Parent
6. Parent-in-law
7. Brother or sister (including biological, adopted, and step siblings)
8. Grandparent
9. Other relative
10. Servant
11. Friend
12. Other, non-relative; please specify _____

FS406. What is the total value of financial help you gave to your family or friends in the past 12 months?
_____ Rs

→ Go to FS406a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to FS407 if the respondent can give an approximate value.

FS406a – FS406c. [If R does not give exact answers to previous question; ask the following unfolding bracket questions] What is the total value of financial help you gave to your family or friends in the past 12 months?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 1,000; Rupees 2,000; Rupees 4,000; Rupees 8,000; Rupees 16,000]

[Instrumental care]

FS407. Are there any members of your family (spouse, parents, parents of spouse, siblings, and/or children) who are unable to carry out their basic daily activities?

Basic daily activities refer to everyday routines such as eating, putting on clothes, taking a bath, and using the toilet, etc.

1. Yes
2. No → Go To FS410

FS408. [Ask only if respondent indicates there are members of his or her family who are unable to carry out basic daily activities in the previous question, FS407=1] Do you take care of any of your family who are unable to carry out their basic daily activities?

1. Yes
2. No → Go to FS410

FS408a. [Ask only if respondent indicates he or she takes care of any family members] How often do you take care of your family?

1. Daily
2. Several times a week
3. Once a week
4. Several times a month
5. At least once a month
6. Not in the last month → Go to FS410

FS409. [Ask only if respondent indicates he or she takes care of any family members] For how many hours did you provide such care during the past week? If it is easier you may give the response in hours per day or hours per month.

_____ hours per week/day/month

FS410. Do you care for any other sick or disabled adults?

1. Yes
2. No → **Go to FS515**

FS411. [Ask only if respondent takes care of any other sick or disabled adults] How often do you care for a sick or disabled adult?

1. Daily
2. Several times a week
3. Once a week
4. Several times a month
5. At least once a month
6. Not in the last month → **Go to FS515**

FS412. [Ask only if respondent cares for a sick or disabled adult] For how many hours did you provide such care during the past week? If it is easier you may give the response in hours per day or hours per month.

_____ hours per [week/day/month]

I_Bd. SOCIAL ACTIVITIES (FS)

[Social organization]

FS515. Are you a member of any of these organizations, clubs, or societies?

1. Farmers' association/environmental groups/political party/senior citizen's clubs
2. Tenant groups, neighborhood watch
3. Community/caste organizations
4. Self-help group/NGO/Co-operative/mahila mandal
5. Education, arts or music groups, evening classes
6. Social club
7. Sports clubs, exercise classes
8. Any other organizations, clubs or societies
9. No I am not a member of any organizations, clubs or societies → **GO TO FS503_intro**

FS502_intro. [If FS515<9] Thinking about all the organizations, clubs, or societies that you are a member of, how many committee meetings, if any, do you attend in a year? (If none, please enter 0).

[This entry appears in the table only if selected in previous question]	FS501.Number of committee meetings attended	FS502. Period
a. Farmers' association/environmental groups/political party/senior citizen's clubs	_____	1. Daily 2. Weekly 3. Monthly 4. Yearly
b. Tenant groups, neighborhood watch		
c. Community/caste organizations		
d. Self-help group/NGO/Co-operative/mahila mandal		
e. Education, arts or music groups, evening classes		
f. Social club		
g. Sports clubs, exercise classes		
h. Any other organizations, clubs or societies		

FS503_intro. Now some questions about your social activities. How often, if at all, do you do any of the following activities?

	Twice a month or more for an average month	About once a month for an average month	Every few months	About once or twice a year	Less than once a year	Never	DK	RF
FS503. Go to the cinema								
FS504. Eat out of the house								
FS505. Go to a park/beach								
FS506. Play cards or games								
FS507. Visiting relatives /friends								
FS508. Attending cultural performances /shows								
FS509. Attending religious functions /events (outside home)								

[Civic engagement]

FS510. Did you vote in the last panchayat/municipal/assembly/parliament elections?

1. Yes→**Go to FS512_proxy**
2. No

FS511. [Ask only if respondent did not vote in the previous question, FS510=2] Why didn't you vote?

1. Not registered as a voter (name not on voters list)
2. Inability to move/walk
3. Disenchanted with political parties/ candidates
4. Scared to go out on an election day
5. Any other (specify): _____

FS512_proxy. Is this a proxy interview?

1. Yes
2. No→**Go to FS514.**

FS513.[Ask if this is a proxy interview, FS512_proxy=1]What is your relationship to [NAME OF RESPONDENT]?

1. Spouse/partner
2. Son or daughter (including biological, adopted, and step children)
3. Son- or daughter-in-law
4. Grandchild
5. Parent
6. Parent-in-law
7. Brother or sister (including biological, adopted, and step siblings)
8. Grandparent
9. Other relative
10. Servant
11. Friend
12. Other, non-relative; please specify _____

FS514. How often did the respondent receive assistance in answering this section?

1. Never
2. A few times
3. Most or all of the time.

→ Go to next section (FS601_intro) if FS212_proxy=2

→ Go to HT_random_health_a OR HT_random_health_b if FS212_proxy=1

I_BE. PSYCHOSOCIAL MEASURES (FS)

This section does not allow a proxy interview. Please skip this section, if this is a proxy interview, go to HT001 random health

FS601_intro. The next questions are about how you feel about different aspects of your life. For each one, please say how often you feel that way.

	Hardly ever or never	Some of the time	Often	DK	RF
FS601. How often do you feel you lack companionship?					
FS602. How often do you feel left out?					
FS603. How often do you feel isolated from others?					
FS604. How often do you feel in tune with the people around you?					
FS605. How often do you feel lonely?					
FS606. How often do you feel ill-treated within your family?					
FS607. How often do you feel ill-treated outside your family?					

[Life Satisfaction]

FS608_intro. Please say how much you strongly agree, somewhat agree, slightly agree, neither agree nor disagree, slightly disagree, somewhat disagree or strongly disagree with the following statements.

	Strongly disagree	Somewhat disagree	Slightly disagree	Neither agree nor disagree	Slightly Agree	Somewhat Agree	Strongly Agree	DK	RF
FS608. In most ways my life is close to ideal.									
FS609. The conditions of my life are excellent.									
FS610. I am satisfied with my life.									
FS611. So far, I have gotten the important things I want in life.									
FS612. If I could live my life									

again, I would change almost nothing.									
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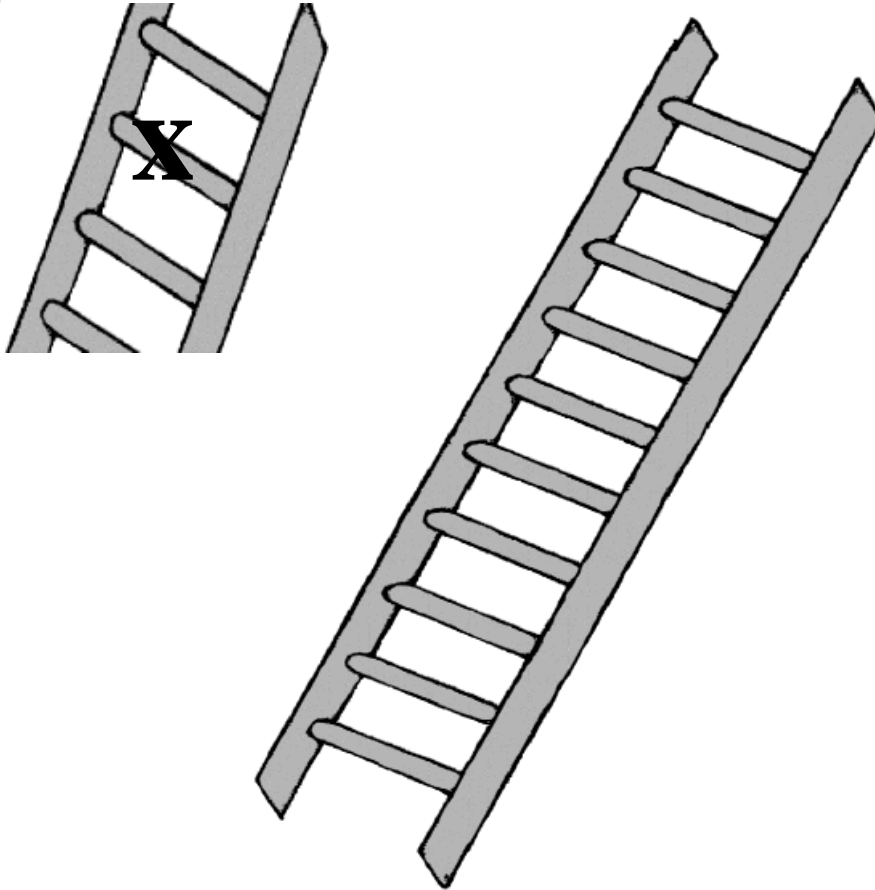
FS613_intro. Please think about your life and situation right now and tell me if you are completely satisfied, very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied with these aspects of your current life:

	Completely satisfied	Very satisfied	Somewhat satisfied	Not very satisfied	Not at all satisfied	DK	RF
FS613. The condition of your house?							
FS614. The condition of your neighborhood?							
FS615. Your village, city, or town?							
FS616. Your daily life and leisure activities?							
FS617. Your family life?							
FS618. Relationship with your spouse?							
FS619. Relationship with your children?							
FS620. Your present financial situation?							
FS621. Your health?							
FS622. Your life as a whole these days?							

FS623. Think of this ladder as representing where people stand in our society. At the top of the ladder are the people who are the best off – those who have the most money, most education, and best jobs. At the bottom are the people who are the worst off – who have the least money, least education, and the worst jobs or no jobs. The higher up you are on this ladder, the closer you are to the people at the very top and the lower you are, the closer you are to the people at the very bottom.

Please mark a cross on the rung on the ladder where you would place yourself.

Example:



[For the interviewer]

FS624. How often did the respondent receive assistance in answering this section?

1. Never
2. A few times
3. Most or all of the time

→Go to Next Section

I_C. HEALTH (HT)

One of the following questions HT001_random_health_a/HT001_random_health_b will be randomly chosen to be placed at the beginning of the HT module; the other at the end of the HT module.

HT001_random_health_a. Now I want to ask you about your health. In general, would you say your health is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

→Go to HT002

HT001_random_health_b. [If not asked HT001_random_health_a] Now I want to ask you about your general health. Overall, how is your health in general? Would you say it is very good, good, fair, poor, or very poor?

1. Very good
2. Good
3. Fair
4. Poor
5. Very poor

[Diagnosed disease: Hypertension]

HT002. Has any health professional ever told you that you have high blood pressure or hypertension?

1. Yes
2. No → Go to HT006

HT003. [If respondent has been told that he or she has or has had high blood pressure of hypertension, Ht002=1] Who first diagnosed you with high blood pressure or hypertension?

1. A doctor (MBBS degree)
2. Ayurvedic, unani, or homeopathic doctor; RMP; siddha
3. Others, please specify: _____

HT004_intro. [If respondent has been told that he or she has or has had high blood pressure of hypertension] When were you first diagnosed with high blood pressure or hypertension?

Year _____ OR Age _____

HT005. [If respondent has been told that he or she has or has had high blood pressure of hypertension] In order to lower your blood pressure or hypertension, are you now taking any medication?

1. Yes
2. No

[Diagnosed disease: Diabetes & High Blood Sugar]

HT006. Has any health professional ever told you that you have diabetes or high blood sugar?

1. Yes
2. No → **Go to HT012**

HT007. [If respondent has been told that he or she has or has had diabetes or high blood sugar] Who first diagnosed you with diabetes or high blood sugar?

1. A doctor (MBBS degree)
2. Ayurvedic, unani, or homeopathic doctor; RMP; siddha
3. Others, please specify: _____

HT008_intro. [If respondent has been told that he or she has or has had diabetes or high blood sugar] When were you first diagnosed with diabetes or high blood sugar?

Year _____ OR Age _____

HT009. [If respondent has been told that he or she has or has had diabetes or high blood sugar] In order to treat or control your diabetes or high blood sugar, are you now taking medications that you swallow?

1. Yes
2. No

HT010. [If respondent has been told that he or she has or has had diabetes or high blood sugar] Are you now using insulin?

1. Yes
2. No → **Go to HT011**

HT010a. [If respondent is now using insulin, HT010=1] If so, which form of insulin are you getting?

1. Injection
2. Inhalable
3. Others

HT011. [If respondent has been told that he or she has or has had diabetes or high blood sugar] Are you following a special diet?

1. Yes
2. No

[Diagnosed disease: Cancer]

HT012. Has any health professional ever told you that you have cancer?

1. Yes
2. No → **Go to HT019**

HT013. [If respondent has been told that he or she has or has had cancer, HT012=1] Who first diagnosed you with cancer?

1. A doctor (MBBS degree)
2. Ayurvedic, unani, or homeopathic doctor; RMP; siddha
3. Others, please specify: _____

HT014_intro. [If respondent has been told that he or she has or has had cancer] When were you first diagnosed with cancer?

Year _____ OR Age _____

HT015. [If respondent has been told that he or she has or has had cancer] During the last two years, have you received any treatment for cancer?

1. Yes

2. No → **Go to HT017**

HT016. [If respondent has been told that he or she has or has had cancer and has received treatment in the past two years] During the last two years, what sort of treatments have you received for cancer?

1. Chemotherapy or medication
2. Surgery
3. Radiation/x-ray
4. Medications and treatments for symptoms (pain, nausea, rashes)
5. None
6. Other, please specify: _____

HT017. [If respondent has been told that he or she has or has had cancer] How many different cancers have you had?

HT018. [If respondent has been told that he or she has or has had cancer] In which organ or part of your body did your cancer(s) start?

1. Brain
2. Oral cavity
3. Larynx
4. Pharynx
5. Thyroid
6. Lung
7. Breast
8. Esophagus
9. Stomach
10. Liver
11. Pancreas
12. Kidney
13. Prostate
14. Testicle
15. Ovary
16. Cervix
17. Endometrium
18. Colon or rectum
19. Bladder
20. Skin
21. Lymphoma
22. Blood
24. Bone/Bone Marrow
25. Other organ

[Diagnosed disease: lung disease]

HT019. Has any health professional ever told you that you have chronic lung disease such as chronic bronchitis or emphysema?

1. Yes
2. No → **Go to HT023**

HT020. [If respondent indicates he or she has ever had a chronic lung disease] Who first diagnosed you with chronic lung disease such as chronic bronchitis or emphysema?

1. A doctor (MBBS degree)
2. Ayurvedic, unani, or homeopathic doctor; RMP; siddha
3. Others, please specify: _____

HT021_intro. [If respondent indicates he or she has ever had a chronic lung disease] When were you first diagnosed with chronic lung disease such as chronic bronchitis or emphysema?

____ Year OR Age ____ years

HT022. [If respondent indicates he or she has ever had a chronic lung disease] Are you receiving physical or respiratory therapy or any other treatment for your lung disease?

1. Yes
2. No

[Chronic disease: Heart disease]

HT023. Has any health professional ever told you that you had/have a heart attack, angina, coronary heart disease, congestive heart failure, or any other heart problems?

1. Yes
2. No → **Go to HT032**

HT024. [If respondent says he or she has ever been diagnosed with heart diseases in previous question, HT023=1] Who first diagnosed you with a heart problem?

1. A doctor (MBBS degree)
2. Ayurvedic, unani, or homeopathic doctor; RMP; siddha
3. Others, please specify: _____

HT025_intro. When you were first diagnosed with a heart problem?

____ Year OR Age ____

HT026. Are you currently taking any medication for your heart problem?

1. Yes
2. No

HT027. In the last two years, have you seen a doctor (MBBS) for your heart problem?

1. Yes
2. No

HT028. In the last two years, have you had a heart attack or myocardial infarction?

1. Yes
2. No → **Go to HT032**

HT029. [If R says Yes to HT028] Have you seen any health professional in connection with this heart attack that occurred in the past two years?

1. Yes
2. No → **Go to HT032**

HT030. [If R says Yes to HT029] Whom did you see for your heart problem?

1. A doctor (MBBS degree)
2. Ayurvedic, unani, or homeopathic doctor; RMP; siddha
3. Others, please specify: _____

[Stroke]

HT032. Has a health professional ever told you that you had a stroke?

1. Yes
2. No → **Go to HT043**

HT033. [If respondent indicates that he or she has ever been diagnosed with a stroke] Who first diagnosed that you had a stroke?

1. A doctor (MBBS degree)
2. Ayurvedic, unani, or homeopathic doctor; RMP; siddha
3. Others, please specify: _____

HT034_intro. [If respondent indicates that he or she has ever been diagnosed with a stroke] When were you first diagnosed with a stroke?

Year _____ OR Age _____

HT034b: [If respondent indicates he or she has ever had a stroke] In the last two years have you had a stroke, or if your first stroke occurred within the previous two years, have you had subsequent strokes?

1. Yes
2. No → **Go to HT036**

HT035. [If respondent indicates he or she has had subsequent strokes] In the last two years, have you seen a doctor in connection with this most recent stroke?

1. Yes
2. No

HT036. [If respondent indicates that he or she has ever been diagnosed with a stroke] Do you still have any remaining problems because of your stroke(s)?

1. Yes
2. No → **Go to HT041**

HT037_intro. [If respondent indicates that he or she has remaining problems because of their stroke, HT036=1] Do you have...

	Yes	No	
HT037. Weakness in your arms and legs, or decreased ability to move or use them?			DK/ RF
HT038. Difficulty speaking or swallowing?			DK/ RF
HT039. Difficulty with your vision?			DK/ RF
HT040. Difficulty in thinking or finding the right words to say?			DK/ RF

HT041. [If respondent indicates that he or she has ever been diagnosed with a stroke] Are you now taking any medications because of your stroke or its complications?

1. Yes
2. No

HT042. [If respondent indicates that he or she has ever been diagnosed with a stroke] Are you receiving physical or occupational therapy because of your stroke or its complications?

1. Yes
2. No

[Chronic disease: Arthritis or rheumatism]

HT043. Has any health professional ever told you that you have arthritis or rheumatism?

1. Yes
2. No → **Go to HT050**

HT044. [If R says Yes to HT043] Who first diagnosed you with arthritis or rheumatism?

1. A doctor (MBBS degree)

2. Ayurvedic, unani, or homeopathic doctor; RMP; siddha
3. Others, please specify: _____

HT045. [If R says Yes to HT043] When were you first diagnosed with arthritis or rheumatism?
 Year _____ OR Age _____

HT046. [If R says Yes to HT043] Do you sometimes have pain, stiffness, or swelling in your joints?

1. Yes
2. No

HT047. [If R says Yes to HT043] Are you currently taking any medication or other treatments for your arthritis or rheumatism?

1. Yes
2. No

HT048. [If R says Yes to HT043] In the last two years, have you had surgery or any joint replacement because of arthritis?

1. Yes
2. No → Go to HT050

HT049. [If R says Yes to HT048] Which joint was that?

1. Hip
2. Knee
3. Hand or wrist
4. Foot or ankle
6. Spine
7. Other, please specify: _____

[Psychiatric problems]

HT050. Has any health professional ever told you that you have any emotional, nervous, mental health, or psychiatric problems?

1. Yes
2. No → Go to HT056

HT051. [If respondent has ever been told she or he has or has had any emotional, nervous, or psychiatric problem] Who first diagnosed your emotional, nervous, or psychiatric problems?

1. A doctor (MBBS degree)
2. Ayurvedic, unani, or homeopathic doctor; RMP; siddha
3. Others, please specify: _____

HT052_intro [If respondent has ever been told she or he has or has had any emotional, nervous, or psychiatric problem] When were you first diagnosed with emotional, nervous, or psychiatric problems?
 _____ Year OR Age _____

HT053. [If respondent has ever been told she or he has or has had any emotional, nervous, or psychiatric problem] Do you now get psychiatric or psychological treatment or therapy for your problems?

1. Yes
2. No

HT054. [If respondent has ever been told she or he has or has had any emotional, nervous, or psychiatric problem] Do you now take tranquilizers, antidepressants, or other types of medication for your nerves or psychiatric problems?

1. Yes

2. No

[High Cholesterol]

HT056. In the past 2 years, have you had a blood test for high cholesterol?

1. Yes
2. No

HT055. Have you been diagnosed with high cholesterol in the last two years?

1. Yes
2. No → **Go to HT087**

HT057_year. [\[If respondent has ever been diagnosed with high cholesterol\]](#) When were you first diagnosed with high cholesterol?

_____ Year OR Age _____ years

HT057_a. [\[If respondent has ever been diagnosed with high cholesterol\]](#) Who first diagnosed your high cholesterol?

1. A doctor (MBBS degree) GO TO HT059
2. Ayurvedic, unani, or homeopathic doctor; RMP; siddha
3. Others, please specify: _____

HT058. [\[If respondent has ever been diagnosed with high cholesterol\]](#) Do you regularly take medications to help lower your cholesterol?

1. Yes
2. No

[Angina]

HT087. Now I'm going to ask you some other questions related to your health. Do you ever have any pain or discomfort in your chest?

1. Yes
2. No → **Go to HT059**

HT088. [\[Ask only if respondent indicates they have some chest pain or discomfort\]](#) When you walk at an ordinary pace on the level does this produce the chest pain?

1. Yes
2. No
3. Unable to walk

HT089. [\[Ask only if respondent indicates they have some chest pain or discomfort\]](#) When you walk uphill or hurry does this produce chest pain?

1. Yes
2. No
3. Unable to walk

[Health event: injury/fall/natural disaster]

HT059. Now we will ask about some other health concerns, such as injury and falls. In the past two years, have you sustained any major injury?

1. Yes
2. No → **Go to HT062**

HT060. [\[If respondent answers Yes to HT059\]](#) Did you receive medical treatment for that injury?

1. Yes
2. No

HT061. [If respondent answers Yes to HT059] What was the cause of this injury? Please check all that apply if more than one any choice is appropriate.

1. Traffic accident
2. Struck by person or object
3. Fire, flames, burn, electric shock
4. Drowning
5. Poisoning
6. Animal attack or bite
7. Other, please specify _____

[Fall]

HT062. In the past two years, how many times did you fall?

1. None → **Go to HT064**
2. 1 or more times

HT063. [If respondent reports that he or she has fallen] In your most recent fall, did you injure yourself seriously enough to need medical treatment?

1. Yes
2. No

HT064. In the last two years, how many times have you fractured a bone?
_____ times

[Natural disaster]

HT065. Now we are going to ask some questions about natural disasters, which may have affected your health as well. In the last two years, has your health been severely affected by natural calamities, disasters such as floods, landslides, adverse cold and hot weather, typhoons, droughts, earth-quakes, tsunamis, or any other natural calamities?

1. Yes
2. No → **Go to HT068_intro**

HT066. [If R says Yes to HT065] Which of these natural disasters affected you?

1. Floods
2. Landslides
3. Adverse weather
4. Typhoon
5. Drought
6. Earthquake, tremors
7. Tsunami
8. Other, please specify _____

HT067. [If R says Yes to HT065] What were the health consequences that you suffered as a result of this/these disaster(s)?

1. Permanent physical disability
2. Psychological trauma and mental health problems
3. Chronic illness
4. Other, please specify: _____

[Diseases endemic in India]

HT068_intro: I am now going to ask you about some other diseases that are common in India. In the past two years, have you had any of these diseases?

	Have you had any of these diseases?	HT071a-HT073a. [For each disease for which respondents selects "Yes"] Who diagnosed you with...?
HT068. Jaundice	1. Yes 2. No	1. A doctor (MBBS degree) 2. Ayurvedic, unani, or homeopathic doctor; RMP; siddha 3. Others, please specify: _____
HT069. Tuberculosis (TB)	1. Yes 2. No	1. A doctor (MBBS degree) 2. Ayurvedic, unani, or homeopathic doctor; RMP; siddha 3. Others, please specify: _____
HT070. Malaria	1. Yes 2. No	1. A doctor (MBBS degree) 2. Ayurvedic, unani, or homeopathic doctor; RMP; siddha 3. Others, please specify: _____

[Illness in the last 30 days]

HT074. Have you had a cold, influenza, pneumonia, or an ear infection that started during the past 30 days?

1. Yes
2. No

[Incontinence]

HT075. [Ask only if R is female] How often do you have difficulty holding your urine until you can get to a toilet?

1. Never
2. Hardly ever
3. Some of the time
4. Most of the time
5. All of the time

[Eyesight]

HT076. Now I have some questions about your eyesight. Do you usually wear glasses, contacts, or corrective lenses?

1. Yes
2. Blind → **Go to HT079**
3. No

HT077. How good is your eyesight for seeing things at a distance, like recognizing a person across the street (or 20 meters away) [whether or not you wear glasses, contacts, or corrective lenses]?

1. Very good
2. Good
3. Fair
4. Poor
5. Very poor

HT078. How good is your eyesight for seeing things up close, like reading ordinary newspaper print, [whether or not you wear glasses, contacts, or corrective lenses]?

1. Very good
2. Good
3. Fair

4. Poor
5. Very poor

[Hearing]

HT079. Have you ever worn a hearing aid?

1. Yes
2. No →Go to HT082

HT080. [If respondent wears a hearing aid, HT079=1] Do you wear a hearing aid now?

1. Yes
2. No →Go to HT082

HT081. [If respondent wears a hearing aid, HT079=1] How often do you usually wear a hearing aid these days?

1. Practically always use it
2. Occasionally or frequently use it
3. Never or almost never use it

HT082. If a person speaks to you in a normal voice, can you usually hear and understand him/her without seeing his/her face, whether or not you wear a hearing aid?

1. Yes
2. No

[Oral health]

HT083. Now, I have some questions about your oral (dental) health. Have you lost all or some of your natural teeth?

1. Yes, lost all of natural teeth
2. Yes, lost some of natural teeth
3. No, did not lose any teeth →Go to HT085

HT084. [Ask if respondent indicates he or she has lost some or all of natural teeth, HT083<3] Do you wear dentures?

1. Yes
2. No

HT085. How well can you chew solid foods such as chapati, apple, guava, or nuts?

1. Very well
2. Pretty well
3. Fair
4. Not well
5. Not at all

→Go to HT086_respondent if FS512_poxy=2

→Go to HT086a if FS512_poxy=1

[Childhood health]

HT086_respondent. [If interview is a proxy interview, FS512_proxy=2] Consider your health while you were growing up, from birth to age 16. Would you say that your health during that time was excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair

5. Poor

→Go to HT090

HT086a. [\[If interview is a proxy interview, FS512_proxy=1\]](#) Consider [his/her] health while [he/she] was growing up, from birth to age 16. Would [he/she] have said that [his/her] health during that time was excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

[Work-limiting health condition]

HT090. Does your health limit your ability to work?

1. Yes
2. No

HT091. [\[Ask only if respondent is currently married, DM003=2\]](#) Does your spouse's health limit your spouse's ability to work?

1. Yes
2. No

→Go to Next Section

I_CA. FOOD SECURITY AND HEALTH BEHAVIOR (HT)

[Food security]

HT201_intro:

Food Security. Now we would like to ask you another type of question about your health.

	Yes	No	
HT201. In the last 12 months, did you (or other adults in your household) ever reduce the size of your meals or skip meals because there wasn't enough money to buy food to eat?			DK/RF
HT202. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food to eat?			
HT203. In the last 12 months, did you lose weight because you didn't have enough money to buy food to eat?			
HT204. In the last 12 months, did you ever not eat for a whole day because there wasn't enough money to buy food to eat?			

[Smoking]

HT205. Have you ever smoked tobacco [cigarette, bidi, cigar, hookah] or used smokeless tobacco [such as chewing tobacco, gutka, pan masala, etc.]?

1. Yes
2. No → **Go To HT214**

HT206. [\[If respondent has ever smoked tobacco or other types of tobacco listed in the previous question\]](#) Do you currently smoke, chew, or sniff tobacco or have you quit? [Select all the apply]

1. Yes, I chew or sniff tobacco products
2. Yes, I smoke tobacco products
3. No, I quit → **Go to HT211_intro**

HT207. [\[If respondent chews or sniffs tobacco products, HT206=1\]](#) Please tell me approximately how many grams of tobacco you normally consumed per day, including chewing tobacco, sniffing tobacco, and other tobacco. If it is easier you can tell me how many grams per week or per month.

_____ grams per day/week/month

→ **Go to HT211_intro if HT207 is >0**

→ **Go to HT207b if HT207 is "DK"**

HT207b. [\[If HT207 is DK\]](#) How many times per day/week do you chew tobacco, pan masala, etc?

[Allow respondent to select either DAY or WEEK and put in a number.](#)

_____ per day/week/month

HT208_intro. [\[If respondent smokes tobacco products, HT206=2\]](#) How many cigarettes, bidis, cigars, or packs do you usually smoke in a day?

_____ number of cigarettes OR _____ number of packs

HT211_intro. How old were you when you first started smoking or using smokeless tobacco?

Age _____ OR Year started smoking _____ OR _____ Years ago

HT213. [If HT206=3] At what age did you totally quit from smoking or consuming tobacco?
Age _____ OR Year quit smoking _____ OR _____ years ago

[Drinking]

HT214. Have you ever consumed any alcoholic beverages such as beer, wine, liquor, country liquor etc.?

1. Yes
2. No, never → **Go to HT218**

HT215. [If HT214=1] Do you currently drink any alcoholic beverages such as beer, wine, liquor, etc.?

1. Yes
2. No, I have quit drinking → **Go to HT218**

HT216. [If HT214=1 & HT215=1] In the past 30 days, on the days that you drink, about how many drinks did you have?

SHOW CARD: number of standard drinks (cc cl)

_____ number of drinks

HT217. [If HT214=1 & HT215=1] In the past 30 days, on average, how many days per week did you had any alcohol to drink? (For example, beer, wine, or any drink, such as country liquor, containing alcohol.)

_____ number of days per week

[Physical activities]

Scale for HT218 – HT219:

0. Every day; 1. More than once a week; 2. Once a week; 3. One to three times per month; 4. Hardly ever or never; 8. Don't know; 9. Refused

HT218. We would like to know the type and amount of physical activity involved in your daily life. How often do you take part in sports or activities that are **vigorous**, such as running or jogging, swimming, going to a health center or gym, cycling, or digging with a spade or shovel, heavy lifting, chopping, farm work, fast bicycling, cycling with loads: everyday, more than once a week, once a week, one to three times a month, or hardly ever or never?

1. Everyday
2. More than once a week
3. Once a week
4. One to three times a month
5. Hardly ever or never → **Go to HT219**

HT220. [If R says 1, 2, 3, or 4 to HT218] Now, think about all the vigorous physical activities that you did in the past 7 days. Did you do any vigorous activity for at least 20 minutes continuously?

1. Yes
2. No → **GoTo HT219**

HT221. [If R says Yes to HT220, ask] During the past 7 days, on how many days did you do vigorous activity for at least 20 minutes?

_____ days

HT222_intro. [If R says Yes to HT220, ask] One the days you did vigorous activity, how much time did you usually spend doing any vigorous activity?

HOURS _____ OR MINUTES _____

HT219. And how often do you take part in sports or activities that are **moderately** energetic such as, cleaning house, washing clothes by hand, fetching water or wood, drawing water from a well, gardening, bicycling at a regular pace, walking at a moderate pace, dancing, floor or stretching exercises: (everyday, more than once a week, once a week, one to three times a month, hardly ever, or never)?

1. Everyday
2. More than once a week
3. Once a week
4. One to three times a month
5. Hardly ever or never → **Go to HT226_assistance**

HT223. [If R says 1, 2, 3, or 4 to HT219, ask] Now, think about all the moderate physical activities that you did in the past 7 days. Did you do any moderate activity for at least 20 minutes continuously?

1. Yes
2. No → **Go to HT226_assistance**

HT224. [If R says Yes to HT223, ask] During the past 7 days, on how many days did you do moderate activity for at least 20 minutes?
_____ days

HT225_intro. [If R says Yes to HT223, ask] How much time did you usually spend doing any moderate activity on an average in a day?
HOURS _____ OR MINUTES _____

[For the interviewer]

HT226_assistance. How often did the respondent receive assistance in answering this section?

1. Never
2. A few times
3. Most or all of the time

HT226_proxy. Is this a proxy interview?

1. Yes
2. No → **Go to HT301_intro**

HT226_relationship. [Ask if this is a proxy interview] What is your relationship to [NAME OF RESPONDENT]?

13. Spouse/partner
14. Son or daughter (including biological, adopted, and step children)
15. Son- or daughter-in-law
16. Grandchild
17. Parent
18. Parent-in-law
19. Brother or sister (including biological, adopted, and step siblings)
20. Grandparent
21. Other relative
22. Servant
23. Friend
24. Other, non-relative; please specify _____

→ **Go to HT401_intro**

I_CB. MENTAL HEALTH (HT)

This section does not allow a proxy interview. If this is a proxy interview, please skip this section, and go to HT401_intro

HT301_intro. Now I would like to know how you have felt and behaved during the last week. Please select the choice that best describes how you have felt over the past week, either rarely or none of the time (about 1 day a week), some or little of the time (about 1 to 2 days a week), occasionally (about 3 to 4 days of the week), or most or all of the time (5 to 7 days of the week).

	Rarely or none of the time; less than 1 day	Some or little of the time; 1 to 2 days	Occasionally or a moderate amount of the time; 3 to 4 days	Most or all of the time; 5 to 7 days	DK	RF
HT301. In the last week, I was bothered by things that don't usually bother me.						
HT302. In the last week, I did not feel like eating; my appetite was poor.						
HT303. In the last week, I felt that I could not shake off the blues even with the help of my family and friends.						
HT304. In the last week, I felt that I was not as good as other people.						
HT305. In the last week, I had trouble keeping my mind on what I was doing.						
HT306. In the last week, I felt depressed.						
HT307. In the last week, I felt that everything I did was an effort.						
HT308. In the last week, I felt hopeful about the future.						
HT309. In the last week, I thought my life had been a failure.						
HT310. In the last week, I felt fearful.						
HT311. In the last week, my sleep was restless.						
HT312. In the last week, I was happy.						
HT313. In the last week, I talked less than usual.						
HT314. In the last week, I felt lonely.						
HT315. In the last week, people were unfriendly.						

HT316. In the last week, I did not enjoy life.						
HT317. In the last week, I had crying spells.						
HT318. In the last week, I felt sad.						
HT319. In the last week, felt that people disliked me.						
HT320. In the last week, I could not get "going".						

→Go to Next Section

I_Cc. FUNCTIONAL LIMITATIONS AND HELPERS (HT)

HT401_intro. **Functional Limitation and helpers.** Here are a few everyday activities. Please tell me if you have any difficulty with these because of a physical, mental, emotional, or memory problem. Please exclude any difficulties you expect to last less than three months.

HT401. Because of a health or memory problem, do you have any difficulty with dressing, including wearing chappals, shoes, etc.?

1. Yes
2. No
3. Can't do
4. Don't want to

HT402. Because of a health or memory problem do you have any difficulty with walking across a room?

1. Yes
2. No → **Go to HT403**
3. Can't do
4. Don't want to → **Go to HT403**

HT402a. [\[If respondent has difficulty walking across a room\]](#) Do you ever use equipment or devices such as a cane, walker, or wheelchair when walking across a room?

1. Yes
2. No

HT403. Because of a health or memory problem do you have any difficulty with bathing?

1. Yes
2. No
3. Can't do
4. Don't want to

HT404. Because of a health or memory problem do you have any difficulty with eating, breaking chappati, mixing rice, etc.??

1. Yes
2. No
3. Can't do
4. Don't want to

HT405. Because of a health or memory problem do you have any difficulty with getting in or out of bed?

1. Yes
2. No
3. Can't do
4. Don't want to

HT405a. [\[If R says Yes to HT405, ask\]](#) Do you ever use equipment or devices such as a cane, walker, or railing, when getting in or out of bed?

1. Yes
2. No → **Go to HT406**

HT405b. [\[If R says Yes to HT405, ask\]](#) What equipment or device do you use for these activities?

1. Railing
2. Walker
3. Cane

4. Crutches
5. Orthopedic shoes
6. Leg/back brace
7. Prosthesis
8. Oxygen/respirator
9. Furniture/walls
10. Wheelchair/cart
11. Other, please specify: _____

HT406. Because of a health or memory problem, do you have any difficulty with using the toilet, including getting up and down?

1. Yes
2. No
3. Can't do
4. Don't want to

CHECKPOINT: If R says [Yes, Can't do, Don't want to] to any of the ADL questions, proceed to ADL Helper questions, HT407-HT412. Otherwise, skip ADL Helper questions and proceed to HT001_random_health_a or HT001_random_health_b.

[ADL Helper questions]

HT407. Does anyone ever help you with these difficulties you mentioned above?

1. Yes
2. No → **Go to HT001_random_health_a OR HT001_random_health_b**

HT407_helpers. How many people usually help you with these activities?

HT408a. Who helps you with that most often?

Select person if helper is a household roster

[CAPI will display HH roster]

_____ Name if helper is not a household member

→ Go to HT410a if helper is on the household roster in HT408a

HT409a [Ask if name of helper is not on the household roster in HT408a]. What is that person's relationship to you?

1. Spouse or partner
2. Son (biologic, in-law, or step son)
3. Daughter (biologic, in-law, or step daughter)
4. Grandchild
5. Father
6. Father of spouse or partner
7. Mother
8. Mother of spouse or partner
9. Brother
10. Brother-in-law
11. Sister
12. Sister-in-law
13. Other relative
14. Non-professional, paid helper
15. Professional (paid or non-paid)
16. Ex spouse or partner
17. Other, please specify: _____

HT410a. During the last month, on about how many days did [NAME OF CARE PROVIDER] assist you?

_____ days in last month (range: 1-31)

HT411a. On the days [NAME OF CARE PROVIDER] assisted you, about how many hours per day was that?

LESS THAN ONE HOUR = 1

_____ hours (range: 1-24)

HT412a. Is [NAME OF CARE PROVIDER] paid to help you?

1. Yes
2. No

HT001_random_health_a. [\[If not asked at the beginning of the health module\]](#) Now I want to ask you about your general health. Overall, would you say your health is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

HT001_random_health_b. [\[If not asked at the beginning of the health module\]](#) Now I want to ask you about your general health. Overall, how is your health in general? Would you say it is very good, good, fair, poor, or very poor?

1. Very good
2. Good
3. Fair
4. Poor
5. Very poor

[Interview Information]

HT413. How often did the respondent receive assistance in answering this section? [\[If it is answered by assistant proxy, choose the respondent's reaction.\]](#)

1. Never
2. A few times
3. Most or all the time

HT413_proxy. Is this a proxy interview?

1. Yes
2. No → **Go to HT501_intro**

HT414. [\[Ask only if Yes to HT413\]](#) What is the proxy's relationship to R? If unknown, please ask the proxy.] What is your relationship to R?

1. Spouse
2. Mother
3. Father
4. Mother-in-law
5. Father-in-law
6. Sibling
7. Brother-in-law, sister-in-law
8. Child

- 9. Spouse of child
- 10. Grandchild
- 11. Other relative
- 12. Helper or other non-relative

→ **Go to HT601**

I_CD. COGNITION (HT)

This section is only asked if not a proxy interview (HT413_proxy=2) If proxy interview, go to I_Ce, PROXY COGNITION.

HT501_intro. Now I'm going to ask several simple questions to test your memory. Some may be easy and some may be hard to answer. Please try to answer as honestly as you can.

Please tell me today's date.

Respondent doesn't have to answer in this order. If respondent is an elderly person and mentioned/marked the date by vernacular, religious, or other calendar, that date is correct if it matches with the solar calendar. You can check the accuracy, using the converter.

HT501. Day [display day number] is correct	1. Yes 2. No
HT501b. Month [display month] is correct	1. Yes 2. No
HT502. Year [display year] is correct	1. Yes 2. No

HT502. Please tell me which day of week is today. Is it Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, or Sunday? [Display day of the week] PLEASE MARK CORRECT OR INCORRECT	1. Correct 2. Incorrect
HT503. What is the name of Indian prime minister? [Display name of the Indian prime minister] PLEASE MARK CORRECT OR INCORRECT	1. Correct 2. Incorrect

HT504. I'll read a set of 10 words and ask you to recall as many as you can. We have purposely made the list long so that it will be difficult for anyone to recall all the words. Most people recall just a few. Please listen carefully as I read the set of words because I cannot repeat them. When I finish, I will ask you to recall aloud as many of the words as you can, in any order. Is this clear?

HT505_animals_list.[One of the following three lists of words will appear on the screen for Interviewer to read]

List 1	List 2	List 3
River Tree Temple School Hospital Dog Cat Radio Chair Gold	Monkey Car Stone Doctor Phone Fire Road Silver Flower Cow	Elephant Bike Kite Teacher House Water Job Book Market Baby

HT505_intro Now please tell me the words you can recall from:

[CAPI displays list of animals from HT505_animals_list].

Permit as much time as R wishes, up to 2 minutes

HT505. Number of words R correctly recalls
_____ number of words

HT508.Please indicate whether any of the following problems occurred in relation to word recall.
Check all that apply.

1. R has difficulty hearing any of the words
2. Interruption occurred while you were reading the list.
3. Other problem, please specify: _____
4. No problem occurred

[Verbal fluency]

HT509_intro. Now we are going to ask you to think of animals and name as many as you can. If you wish you may also include birds along with animals. Count categories of animals (e.g., dogs), as well as specific types (e.g., collie, terrier) as correct. Any members of the animal kingdom, real or mythical, are scored as correct, except repetitions and proper nouns (e.g., Mickey Mouse).I am going to give you one minute and I want to see how many animals you can name.

[If R stops before the end of the minute, encourage them to try to name more animals.If there is a silence of about 15 seconds, prompt them to continue by asking “Anything else?” or repeat the basic instructions.]

Ready?Start:

[Press START/STOP on stopwatch and time for one minute. Write down all animal names.]
[Say “GOOD” when one minute is completed.]

[For the interviewer]

HT509. Total number of animals and/or birds named
_____ number of animals and/or birds named

HT510. Total number of errors, including anything that is not an animal or bird:

_____total number of errors

[Numeric ability]

HT511. For this next question, please try to count backward as quickly as you can from the number I will give you. I will tell you when to stop. Please start with: 20

You may stop now. Thank you.
Please select one of the following

1. R correctly counted (e.g., 19 – 10; 20 – 11) without error
2. R made an error(s) → **Go to HT513**
3. R cannot count → **Go to HT513**

HT512. [\[If R counts correctly HT511, then ask\]](#) Now please try counting backward from a different number. Remember to count as quickly as you can from the number I mention. Please start with: 100. I will give you 2 minutes.

You may stop now. Thank you.

Please select the appropriate answer:

1. R correctly counted (e.g., 100-1, or 99-0). Please specify: up to which number R counted:

2. R made an error(s).
3. R cannot count

[Computation]

HT513. Now let's try some subtraction of numbers. One hundred minus 7 equals what?
Enter the answer R gave:

1. _____
2. R cannot count → **Go to HT518**

HT514.

And 7 from that equals what? Enter the answer R gave	_____
And 7 from that equals what? Enter the answer R gave	_____
And 7 from that equals what? Enter the answer R gave:	_____
And 7 from that equals what? Enter the answer R gave: _____	_____

HT518. A shop is having a sale and selling all items at half price. Before the sale, a sari costs 300 Rs. How much will it cost in the sale? PLEASE SELECT ONE OF THE FOLLOWING	1. R gave the correct answer of 150 Rs. 2. R gave incorrect answer.
HT519. If 5 people all have the winning numbers in the lottery and the prize is 1,000 Rs, how much will each of them get?	1. R gave the correct answer of 200 Rs 2. R gave incorrect answer.

[Long-term memory]

HT520. A little while ago, I read you a list of words and you repeated the ones you could remember. Please tell me any of the words that you remember now.

Permit as much time as R wishes, up to 2 minutes

The list of words is:

[The same list of words will appear on the screen for Interviewer]

List 1	List 2	List 3
River Tree Temple School Hospital Dog Cat Radio Chair Gold	Monkey Car Stone Doctor Phone Fire Road Silver Flower Cow	Elephant Bike Kite Teacher House Water Job Book Market Baby

Number of words R correctly recalls:

HT521_assistance. [For the interviewer] How often did the respondent receive assistance in answering this section?

1. Never
2. A few times
3. Most or all of the time

→ Go to HC001

I_CE. PROXY COGNITION (HT)

This is a proxy interview to measure cognition. Those who completed Cd. Cognition should not answer this section.

HT601. Part of this study is concerned with people's memory, and ability to think about things. First, how would you rate [NAME]'s memory at the present time? Would you say it is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

HT602. Compared to two years ago, would you say [NAME]'s memory is better now, about the same, or worse now than it was then?

1. Better
2. Same
3. Worse

HT603_intro.

Proxy cognition.

	Yes	No	
HT603. Now, thinking about some current behaviors, does [she/he] ever get lost in a familiar environment?			DK/ RF
HT604. Does [she/he] ever wander off and not return by [her-self/him-self]?			
HT605. Can [she/he] be left alone for an hour or so?			
HT606. Does [she/he] ever see or hear things that are not really there?			

→Go to Next Section

I_D. HEALTH CARE UTILIZATION: PAST MONTH (HC)

[Treatments during the past month]

HC001. The next questions pertain to medical facilities or medical providers you may have visited for care during the last 30 days.

Have you been ill or sustained an injury in the past 30 days?

1. Yes
2. No **→Go to HC101_intro**

HC002. Within the past month, have you visited any medical facilities, pharmacists, or healthcare providers (this includes folk healers)?

1. Yes **→Go to HC007_set**
2. No

HC003. [IF HC002=2] What is the main reason for not seeking a visit?

1. Difficult to get to the health care provider
2. Not enough money
3. No use of treatment
4. Illness was not serious
5. Nobody to accompany
6. Not willing to go
7. No quality facilities available
8. Had medicine at home
9. Other

→Go to HC004 if R is male (DM002=1)

→Go to HC004_female if R is female (DM002=2)

HC004. [\[Ask questions HC004, HC005, and HC006 only if HC002==2\]](#) What symptoms did you have back then (i.e. the last time you were ill or sustained an injury but decided not to visit a medical facility)? [\[Allow multiple responses\]](#)

- HC004a. Cough with phlegm
- HC004b. Dry cough
- HC004c. Blood in spit
- HC004d. Fever
- HC004e. Body ache
- HC004f. Weakness/fatigue
- HC004g. Problems with vision
- HC004h. Headache
- HC004i. Back ache
- HC004j. Chest pain
- HC004k. Stomach pain
- HC004l. Swollen ankles or feet
- HC004m. Paralysis (full or partial)
- HC004n. Diarrhea
- HC004o. Vomiting
- HC004p. Worms in stool
- HC004q. Trouble breathing
- HC004r. Genital ulcers
- HC004s. Painful urination
- HC004t. Hearing problems

HC004u. Skin problems
 HC004v. Memory loss
 HC004w. Dizziness or giddiness
 HC004x. Night sweats
 HC004y. Weight loss
 HC004z. Dental/tooth problem
 HC004aa. Dog bite
 HC004bb. Snakebite
 HC004cc. Broken limb or bone
 HC004dd. Bodily injury
 HC004ee. Constipation
 HC004ff. Piles
 HC004gg. Appetite Loss
 HC004hh. Low Blood Pressure
 HC004ii. Alzheimer's
 HC004jj. Parkinson's
 HC004kk. Other: _____

→Go to HC005

HC004_female.[Only ask HC004ee – HC004gg if respondent is female and HC002==2]What symptoms did you have back then (i.e. the last time you were ill or sustained an injury but decided not to visit a medical facility)?

HC004a. Cough with phlegm
 HC004b. Dry cough
 HC004c. Blood in spit
 HC004d. Fever
 HC004e. Body ache
 HC004f. Weakness/fatigue
 CC004g. Problems with vision
 HC004h. Headache
 HC004i. Back ache
 HC004j. Chest pain
 HC004k. Stomach pain
 HC004l. Swollen ankles or feet
 HC004m. Paralysis (full or partial)
 HC004n. Diarrhea
 HC004o. Vomiting
 HC004p. Worms in stool
 HC004q. Trouble breathing
 HC004r. Genital ulcers
 HC004s. Painful urination
 HC004t. Hearing problems
 HC004u. Skin problems
 HC004v. Memory loss
 HC004w. Dizziness or giddiness
 HC004x. Night sweats
 HC004y. Weight loss
 HC004z. Dental/tooth problem
 HC004aa. Dog bite
 HC004bb. Snakebite
 HC004cc. Broken limb or bone
 HC004dd. Bodily injury
 HC004ee. Constipation
 HC004ff. Piles

HC004gg. Appetite Loss
HC004hh. Low Blood Pressure
HC004ii. Alzheimer's
HC004jj. Parkinson's
HC004kk. Pregnancy related problems
HC004ll. Menstrual problems
HC004mm. Discharge
HC004nn. Other: _____

HC005. [Ask if respondent did not visited a medical facility in the past month, HC002=2] When did you last visit a medical facility?

1. Within the last few months
2. Within the last year
3. Over a year ago
4. I have never visited a medical facility. →Goto HC011

HC006a.[Do not ask if respondent has never visited a medical facility] Which health care facility did you visit the last time you received care?

1. Government hospital
2. Community Health Centre/Primary Health Centre
3. NGO/charity hospital/NGO clinic
4. Private hospital
5. Ayush hospital/(ayurvedic/siddha/homeopathy/unani)
6. Pharmacy/drugstore
7. Health post/sub center

HC006b.[Do not ask if respondent has never visited a medical facility]Which health care provider did you visit the last time you went?

1. Doctor (with MBBS)
2. Ayush doctor (ayurvedic/siddha/homeopathy/unani/integrated systems)
3. Private compounder/registered medical practitioner/licensed medical practitioner (without MBBS)
4. Folk healers (tribal medicine/bhopa/jaad fook/magic)
5. Other provider

→ After answering HC006, Go to HC011

[Medical visits during the past month]

HC007_set.[If respondent visited medical facilities, pharmacists, or healthcare providers in the past 30 days, HC002 is YES] Which health care facility did you visit the last time you went?

1. Government hospital
2. Community Health Centre/Primary Health Centre
3. NGO/charity hospital/NGO clinic
4. Private hospital
5. Ayush hospital/(ayurvedic/siddha/homeopathy/unani)
6. Pharmacy/drugstore
7. Health post/sub center
8. None of the above →Goto HC007_set2

HC007_intro.[If respondent visited medical facilities, pharmacists, or healthcare providers in the past 30 days]. How many medical visits did you pay the following facilities in the past month?

Type of Medical Facilities	#visits (past month)
Government hospital (If selected in previous question)	
Community Health Centre/Primary Health Centre (If selected in previous question)	
NGO/charity hospital/NGO clinic (If selected in previous question)	
Private hospital (If selected in previous question)	
Ayush hospital/ (ayurvedic/siddha/homeopathy/unani) (If selected in previous question)	
Pharmacy/drugstore (If selected in previous question)	
Health post/sub center (If selected in previous question)	
None of the above	

HC007_set2. [If respondent visited a medical facilities, pharmacists or healthcare providers in the past 30 days]Which health care provider did you visit the last time you went?

1. Doctor (with MBBS)
2. Ayush doctor (ayurvedic/siddha/homeopathy/unani/integrated systems)
3. Private compounder/registered medical practitioner/licensed medical practitioner (without MBBS)
4. Folk healers (tribal medicine/bhopa/jaad fook/magic)
5. Other, please specify: _____

HC007_intro2.[If respondent visited medical facilities, pharmacists, or healthcare providers in the past 30 days]. How many medical visits did you pay the following facilities in the past month?

Types of Medical Providers	# visits (Past Month)
Doctor (with MBBS)	
Ayush doctor (ayurvedic/siddha/homeopathy/unani/integrated systems)	
Private compounder/registered medical practitioner/licensed medical practitioner (without MBBS)	
Folk healers (tribal medicine/bhopa/jaad fook/magic)	
Other	

HC008. Did a doctor ever recommend that you go to a hospital in the past 30 days?

1. Yes
2. No→Go to HC011

HC009. [If respondent records zero hospitalizations for government hospitals, community health centers, NGO hospitals, Ayush hospitals, or private hospitals, but was recommended to go to a hospital in the past 30 days] What are the reasons you decided against going to a hospital? [R is allowed to choose multiple responses]

1. Difficult to get to the health care provider
2. Not enough money
3. No use of treatment
4. Illness was not serious
5. Nobody to accompany
6. No willingness to go
7. No quality facilities available
8. Had medicine at home
9. Other→Go to HC011

HC010. How many times have you received inpatient care (i.e. spent the night at a hospital) during the past 30 days?

Times

HC011. In the past 30 days, was there any medical care, tests, or treatment that you wanted, but didn't get?

1. Yes
2. No

HT012. During the past 30 days, have you used any of the following self-treatments?

1. Over-the-counter modern medicines
2. Traditional herbs or medicines or ayurvedic products
3. Other method of treatment, please specify _____
4. None of the above

HT013a. [\[For over-the-counter modern medicines\]](#) Were these over the counter modern medicines prescribed for you?

1. Yes
2. No

HT013b. [\[For traditional herbs or medicines or ayurvedic products\]](#) Were these traditional herbs or medicines or ayurvedic products prescribed for you?

1. Yes
2. No

HT013c. [\[For traditional other method\]](#) Was this other method of treatment (inset fill from HT012) prescribed for you?

1. Yes
2. No

I_DA. ACCESS AND HEALTH INSURANCE (HC)

[Access]

HC101_intro. I'm going to ask you some questions on how you would pay for expenses incurred for health care if you were to fall ill or sustain an injury

	Yes	No	Maybe
HC101a. Would it be free?			
HC101b. Would it be paid by you, your family, or your friends?			
HC101c. Would it be paid by your employer?			
HC101d. Would it be paid by an insurance company?			
HC101e. Would it be paid through borrowing?			

→Go to HC106 if NO and/or MAYBE for all HC101a-HC101e

HC102_free. [Ask only if R says YES for HC101a] You said that you do not expect to incur any expenses because the services are provided for free. Why is that?

- a. Because I will obtain services at government facilities
- b. Because I will obtain services at facilities provided by my employer
- c. Because my insurance company will directly provide/pay for the services
- d. Other, please specify: _____

HC103_friends. [Ask only if R says YES for HC101b] You had said earlier that part or all of your expenses would be paid for by you, your family, or your friends. Can you explain? [R can select multiple responses.]

- a. My friends and relatives will pay for my healthcare.
- b. I am listed as a dependent on a relative's job which provides healthcare.
- c. I am listed as a dependent on a relative's health insurance policy.
- d. I will pay for my health care
- e. Other, please specify: _____

HC104_employer. [Ask only if R says YES for HC101c] You had said earlier that part or all of your expenses will be reimbursed by your employer. Can you explain?

- HC104a. Medical allowance is included as part of my salary.
- HC104b. My employer will compensate me for health expenses incurred by me.
- HC104c. My employer offers me health insurance.
- HC104d. Other, please specify: _____

HC105_borrow. [Ask only if R says YES for HC101e] You had said earlier that part or all of your expenses will be financed through borrowing. Who will you borrow from?

- HC105a. I will borrow from family
- HC105b. I will borrow from friends and neighbors
- HC105c. I will borrow from a bank/money lender.
- HC105d. Other _____

[Health Insurance]

HC106: Do you have health insurance?

1. Yes
2. No → **Go to HC110**

HC107. [IF HC106=1] What types of health insurance are you covered by?

- HC107a. I am covered by Employees State Insurance Scheme (ESIS).
- HC107b. I am covered by Central Government Health Scheme (CGHS).
- HC107c. I am covered by some other government health insurance program
- HC107d. I am covered by Community/cooperative health insurance program.
- HC107e. I am covered by other health insurance through an employer.
- HC107f. I am covered by medical reimbursement from an employer.
- HC107g. I am covered by other privately purchased commercial health insurance.
- HC107h. Other, please specify _____

HC108. [IF HC106=1] Who else in the household is covered under this benefit?

- HC108a. Spouse
- HC108b. Children
- HC108c. Parents
- HC108d. Siblings
- HC108e. No one else
- HC108f. Other _____

HC109. [IF HC106=1] What does this health insurance cover?

- HC109a. Surgery
- HC109b. X-Rays, laboratory work, and other tests
- HC109c. Visits to see the physician
- HC109d. Medicines
- HC109e. Dental care
- HC109f. Nursing home care
- HC109g. In-home care
- HC109h. Other _____

HC110. [\[Ask only if respondent does not have health insurance, HC106=2\]](#) What is the main reason for not having health insurance? (Ask respondent question and select single closest answer)

1. I do not know what health insurance is
2. I cannot afford it
3. I do not need it
4. I do not know where to purchase it
5. I tried to get health insurance but was denied it.
6. Other, please specify: _____

HC111. How important are financial issues for you when you decide whether or not to get any medical care?

1. Very important
2. Somewhat important
3. Not important

I_DB. HEALTH CARE UTILIZATION: MOST RECENT VISIT & PROVIDER PREFERENCE (HC)

[Most Recent Visit]

[Only ask HC201a-HC231 if HC002==1]

HC201a. I'd like to ask you some questions about your most recent visit to a medical facility (in the past 30 days), pharmacist, or healthcare provider (including a folk healer).

Which health care facility did you visit the last time you went?

1. Government hospital
2. Community Health Centre/Primary Health Centre
3. NGO/charity hospital/NGO clinic
4. Private hospital
5. Ayush hospital/(ayurvedic/siddha/homeopathy/unani)
6. Pharmacy/drugstore
7. Health post/sub center
8. Home visit
9. Other facility

HC201b. Which health care provider did you visit or came to visit you the last time?

1. Private doctor (with MBBS)
2. Ayush doctor (ayurvedic/siddha/homeopathy/unani/integrated systems)
3. Private compounder/registered medical practitioner/licensed medical practitioner (without MBBS)
4. Folk healers (tribal medicine/bhopa/jaad fook/magic)
5. Other provider

HC202. Were you hospitalized during this visit?

1. Yes
2. No

HC204. [Not asked if HC201a is 8/home visit] How many kilometers is the medical facility from your residence?

_____ km

HC205_intro. [Not asked if HC201a is 8] What is the travel time (one-way) to that facility?

____ Hours ____ Minutes

HC206. [Not asked if HC201a is 8] How did you get there? Select all that apply

1. Walking
2. Car
3. Taxi
4. Bus
5. Train/subway/metro
6. Automotive rickshaw
7. Motorcycle
8. Bicycle
9. Tractor
10. Animal or animal-pulled cart
11. Ambulance

HC207.[Not asked if HC201a is 8]Approximately how much did you pay to get to the facility (including fuel cost or one-way ticket)?

_____Rs

HC208.[Not asked if HC201a is 8] Who accompanied you? Please select the most appropriate response.

1. No one
2. Family member
3. Friend
4. Someone else

HC209_intro. [Not asked if HC201a is 8]Upon arrival, how long did you have to wait to be examined?

If the wait was under an hour, please enter 0 HOURS and the correct number of minutes respondent waited. If respondent waited exactly an hour (or 2, 3, or 4 hours etc) enter 0 minutes.

____ Hours ____ Minutes

HC210. For what reason were you hospitalized or visited?

- a. Immunization
- b. Consultation
- c. Medical check-up
- d. Treatment for illness
- e. Treatment for accident
- e. Other _____

HC212. [Ask only if R HC210=d]Do you know the name of the illness that caused this visit?

1. No
2. Yes, please specify _____

→Go to HC213 if R is male (DM002=1)

→Go to HC213_female if R is female (DM002=2)

HC213.[Ask if R is male, DM002=1]What symptoms led to this home visit, trip to the hospital, or hospitalization?

- HC213a. Cough with phlegm
- HC213b. Dry cough
- HC213c. Blood in spit
- HC213d. Fever
- HC213e. Body ache
- HC213f. Weakness/fatigue
- HC213g. Problems with vision
- HC213h. Headache
- HC213i. Back ache
- HC213j. Chest pain
- HC213k. Stomach pain
- HC213l. Swollen ankles or feet
- HC213m. Paralysis (full or partial)
- HC213n. Diarrhea
- HC213o. Vomiting
- HC213p. Worms in stool

HC213q. Trouble breathing
HC213r. Genital ulcers
HC213s. Painful urination
HC213t. Hearing problems
HC213u. Skin problems
HC213v. Memory loss
HC213w. Dizziness or giddiness
HC213x. Night sweats
HC213y. Weight loss
HC213z. Dental/tooth problem
HC213aa. Snakebite
HC213bb. Broken limb or bone
HC213cc. Bodily injury
HC213dd. Low Blood Pressure
HC213ee. Constipation
HC213ff. Piles
HC213gg. Appetite Loss
HC213hh. Parkinson's
HC213ii. Alzheimer's
HC213jj. Other

→Go to HC214

HC213_female. [\[Ask if R is female, DM002=2\]](#)

What symptoms led to this home visit, trip to the hospital, or hospitalization?

HC213a. Cough with phlegm
HC213b. Dry cough
HC213c. Blood in spit
HC213d. Fever
HC213e. Body ache
HC213f. Weakness/fatigue
HC213g. Problems with vision
HC213h. Headache
HC213i. Back ache
HC213j. Chest pain
HC213k. Stomach pain
HC213l. Swollen ankles or feet
HC213m. Paralysis (full or partial)
HC213n. Diarrhea
HC213o. Vomiting
HC213p. Worms in stool
HC213q. Trouble breathing
HC213r. Genital ulcers
HC213s. Painful urination
HC213t. Hearing problems
HC213u. Skin problems
HC213v. Memory loss
HC213w. Dizziness or giddiness
HC213x. Night sweats
HC213y. Weight loss
HC213z. Dental/tooth problem
HC213aa. Snakebite
HC213bb. Broken limb or bone
HC213cc. Bodily injury
HC213dd. Low Blood Pressure

HC213ee. Constipation
HC213ff. Piles
HC213gg. Appetite Loss
HC213hh. Parkinson's
HC213ii. Alzheimer's
HC213jj. Pregnancy
HC213kk. Menstrual problems
HC213ll. Discharge
HC213mm. Other

HC214. What kind of treatment did you receive? [\[allow multiple responses\]](#)

- a. Medical check-up/consultation
- b. Injection
- c. Laboratory test, X-ray, CT scan, B ultrasonic, MRI
- d. Surgery
- e. Received prescription or medications
- f. Ayurvedic or herbal medication
- g. IV (saline)
- h. Traditional treatment, (e.g. prayer, magic, or sacrifice)
- i. Other: _____

HC215. Approximately how much did you pay for this treatment including any medicines and equipment that you purchased after any insurance benefits were dispensed?

1. _____ Rs.
2. It was free

HC216. Did your provider prescribe medicines or folk remedies at this visit?

1. Yes
2. No → **Go to HC220**

HC217. Did you obtain the medicine?

1. Yes → **Go to HC219**
2. No

HC218. [\[If respondent did not obtain medicine\]](#) Why did you not obtain the medicine?

1. Did not have money
2. Was not able to find medicine
3. Medicine was already available at home
4. Did not think that the medicine was effective
5. Other: _____

→ **Go to HC220**

HC219. [\[If respondent obtained the medicine\]](#) Approximately how much did you pay for medication purchased for this visit or what was the expense, after insurance benefits were dispensed?

1. There was no cost
2. _____ Rs

HC220. How did you pay for this visit? Please include all expenses incurred for this visit, not only medication but also treatment costs, fees paid to doctor/hospital, etc.

- HC220a. Paid by myself or family
- HC220b. Paid by borrowing money
- HC220c. Paid by insurance.

HC220d. I have not paid as yet and do not know how I will pay for this visit.

HC220e. Other _____

HC221_insurance. [Ask only if R said Yes to HC220c paid by insurance] [Please show card 2 to R]What insurance did you use or will you use?

HC221a. I am covered by Employees State Insurance Scheme (ESIS).

HC221b. I am covered by Central Government Health Scheme (CGHS).

HC221c. I am covered by some other government health insurance program

HC221d. I am covered by Community/cooperative health insurance program.

HC221e. I am covered by other health insurance through an employer.

HC221f. I am covered by medical reimbursement from an employer.

HC221g. I am covered by other privately purchased commercial health insurance.

HC221h. Other, _____

HC222_hospital. [Interviewer: ask HC222_hospital only if HC202==1]

Why did you leave the hospital? Allow multiple responses.

HC222a. Recovered from illness

HC222b. No space

HC222c. Poor quality

HC222d. Could not afford to stay

HC222e. I was forced to leave

HC222f. Normal discharge

HC222g. Other _____

HC223. Do you still suffer from the ailment you originally sought treatment for?

1. Yes

2. No

HC225. Was the medical treatment you received worth your money, time, and effort?

1. Yes

2. No

HC226. Overall, how was the quality of medical care that you received during the latest medical treatment that you received from a health provider/facility?

1. Excellent

2. Average

3. Poor

HC227. How affordable was the visit?

1. Affordable

2. Average

3. Expensive

4. Free of cost

HC228. Did the provider spend enough time with you?

1. Yes

2. No

HC229. How polite/respectful was the provider?

1. Very polite

2. Somewhat polite

3. The provider was rude/disrespectful

HC230.How convenient were the facility's working hours?

1. Very convenient
2. Somewhat convenient
3. Inconvenient.

HC231.Did the provider have the medicines you needed?

1. Yes
2. Some of them
3. No

[Provider Preferences]

Questions HC232 – HC242 should be asked of all respondents.

HC234.Now we would like to ask you some questions about your choice of provider.

Have you ever visited a Bhopal, jaad fook, or other type of folk healer?

1. Yes
2. No →Go to HC237

HC235.[If HC234==1, then ask:] Why did you choose this type of healer over a doctor with an MBBS degree? R is allowed to choose multiple responses]

- HC235a.I also went to a doctor with an MBBS degree
- HC235b. This healer is more likely to cure me than an MBBS doctor
- HC235c. This healer treats me more politely
- HC235d. This healer is more affordable
- HC235e. This healer is easier to get an appointment with.
- HC235f.My family feels that I should go to this kind of healer
- HC235g. Other _____

HC236.[If HC234==1, then ask:] Would you go back to a Bhopa, folk healer, or jaad fook if you developed the same symptoms as when you last went to one?

1. Yes
2. No

HC237.Have you ever visited a Compounder?

1. Yes
2. No

HC238.[If HC237==1, then ask:] Why did you choose this type of healer over a doctor with an MBBS degree?[R is allowed to choose multiple responses]

- HC238a. I also went to a doctor with an MBBS degree
- HC238b. This healer is more likely to cure me than an MBBS doctor
- HC238c. This healer treats me more politely
- HC238d.This healer is more affordable
- HC238e.This healer is easier to get an appointment with.
- HC238f.My family feels that I should go to this kind of healer
- HC238g. Other _____

HC239.[If HC237==1, then ask:]Would you go back to a Compounder if you developed the same symptoms?

1. Yes
2. No

HC240. Now we are going to ask about private versus government doctors. Have you ever visited a private doctor with an MBBS?

1. Yes
2. No

HC241. [\[If HC238==1, then ask:\]](#) Why did you choose this type of doctor over a government doctor with an MBBS? [\[R is allowed to choose multiple responses\]](#)

- HC241a. I also went to a government doctor with an MBBS degree
- HC241b. This doctor is more likely to cure me than a government doctor
- HC241c. This doctor treats me more politely
- HC241d. This doctor is more affordable
- HC241e. This doctor is easier to get an appointment with.
- HC241f. My family feels that I should go to this kind of doctor
- HC241g. Other _____

HC242. [\[If HC238==1, then ask:\]](#) Would you go back to a private doctor with an MBBS if you developed the same symptoms?

1. Yes
2. No

HC243. How often did the respondent receive assistance in answering this section?

1. Never → **Go to WE001**
2. A few times → **Go to WE001**
3. Most or all the time → **Go to WE001**
4. The section was done by a proxy reporter (R is absent)

HC244. [\[What is the proxy's relationship to R? If unknown, please ask the proxy.\]](#) What is your relationship to R?

1. Spouse
2. Mother
3. Father
4. Mother-in-law
5. Father-in-law
6. Sibling
7. Brother-in-law, sister-in-law
8. Child
9. Spouse of child
10. Grandchild
11. Other relative
12. Helper or other non-relative

→Go to Next Section

I_E. EMPLOYMENT (WE)

WE001. Now, I am going to ask you some questions about your work and employment.

Did you engage in agricultural work, including crop cultivation, forestry, fishery, and livestock rearing, for more than 10 days in the past year?

1. Yes → **Go to WE201**
2. No

WE002. Did you work for at least one hour last week? (By work, we refer to any farm work, including cropping, forestry, livestock, and fishery, non-agricultural wage/salaried labor, self employed in own/family business, etc. but excluding own household work such as cooking, cleaning, caring for children and washing clothes)?

1. Yes → **Go to WE301**
2. No

WE002a. Are you currently looking for a job?

1. Yes
2. No

WE003. [Ask only if R says No to WE001 and WE002] Did you ever work for pay more than 6 months in your lifetime?

1. Yes → **Go to WE501_intro**
2. No

WE004. [Ask only if R says No to WE003] What would be the best description of your current status?

1. Disabled: unable to work → **Go to WE010**
2. Unemployed: interested in working but unable to find a job
3. Homemaker → **Go to WE606_proxy**
4. Other, please specify _____ → **Go to WE606_proxy**

[Unemployed]

WE005. [Ask only if R is unemployed, WE004=2] Did you search for a new job during the past 30 days?

1. Yes
2. No → **Go to WE606_proxy**

WE005a [Ask only if R says Yes to WE005] The Ministry of Labour operates employment exchanges. At these exchanges, job seekers register themselves and get notified if any vacancy arises that matches their desired job profile. Are you registered with the employment exchange?

1. Yes
2. No

WE006. [Ask only if R says Yes to WE005] During the past 30 days, have you met, called, or contacted in some other way such as through an employment agency, internet job site, etc. with any prospective employers?

1. Yes
2. No → **Go to WE007**

WE006a [Ask only if R says Yes to WE006] Number of employers you met with:

WE006b [Ask only if R says Yes to WE006] Number of employers to whom you called or wrote:

WE006c [Ask only if R says Yes to WE006] Number of employers you indirectly contacted through an agency, etc:

WE007. [Ask only if R says Yes to WE005] Are you looking for jobs in this area, or are you considering jobs that would require you to move?

1. Jobs in this area
2. Jobs in another area
3. Anywhere

WE008. [Ask only if R says Yes to WE005] Are you looking for part-time or full-time work?

1. Part-time work
2. Full-time work
3. Any work, whether it's part-time or full-time

WE009. [Ask only if R says Yes to WE005] If you were offered a job, how high would the wage or salary have to be for you to take it? Please tell me pre-tax wage or salary.

_____ Rs per month → **Go to WE606_proxy**

[Disabled]

WE010. [Ask only if R said 'disabled', WE004=1] In what month and year did you become disabled?

1. _____ month _____ year
2. Since birth → **Go to WE606_proxy**

WE011. [Ask only if R said 'disabled', WE004=1] How did you become disabled?

1. Work-related disability
2. Non-work related accidents (e.g., falls, road traffic injuries)
3. Other (specify) _____

→ **Go to WE606_proxy**

I_EA. AGRICULTURAL WORK (WE)

The questions in this section are for agricultural work. Ask only if R says agricultural work in WE001=1.

WE201. We are interested in learning about your current agricultural work and allied work like horticulture, mining, fisheries, etc. (including work such as agricultural wage labor). How many months did you work on a farm/mine work in the 12 months?

_____ months

WE202. How many days did you work per week on average during a normal work month in the past 12 months?

_____ days

WE203. How many hours did you usually work per day during a normal work day in the past 12 months?

_____ hours

WE204. How many days of agricultural work did you miss last year due to health problems?

[Mark 0 if R did not miss any work days due to health problems.]

_____ days

WE204b. Does your agricultural work require you to be around burning material?

1. Yes
2. No

WE205. In what year did you start your current farm work?

_____ year

WE206. Did you work for at least one hour **last week** in non-agricultural wage or self-employed work?

1. Yes→ **Go to WE301**
2. No

WE207. [Ask only if R says No to WE206] Do you have non-agricultural wage or self-employed work but are temporarily laid-off/on sick/seasonal/or other leave?

1. Yes
2. No→ **Go to WE401_Intro**

WE208. [Ask only if R says Yes to WE207] Do you expect to go back to this job at a definite time in the future or within 6 months?

1. Yes
2. No

I_EB. NON-AGRICULTURAL WORK (WE)

The questions in this section are for non-agricultural work. Ask only if R indicates (1) WE001=1 & WE207=1 OR (2) WE001=2 & WE002=1 OR (3) WE001=1 & WE206=1

WE301. In this section, we would like to learn about your current main job. If you are working on multiple jobs, please refer to the main one.

IF R ASKS FOR CLARIFICATION, MAIN JOB IS THE JOB THAT R SPENDS MOST TIME

Can you describe the place where you mainly work?

1. Own dwelling
2. Employer's dwelling
3. Employer's workplace
4. Construction site
5. Street with fixed location
6. Street without fixed location
7. Other, specify _____

WE302_intro. What is the address and phone number of the place where you mainly work?

Mark 0 if there is no fixed address. Choose from a list of provinces

WE302. Province:	_____
WE303. District:	_____
WE304. City/Town:	_____
WE305. Village/street:	_____

WE306. Phone number: _____

WE307. What kind of business or industry is it—that is, what do they make or do at the place where you work?

WE308. In what year did you start work on this current job?

_____ year

WE309. Were there any months since then you did not work for this [business/employer]?

1. Yes
2. No → **Go to WE311**

WE310. [Ask only if R says Yes to WE309] How many months did you work during the past 12 months?

_____ months

WE311. On average, how many days did you work per week during a normal work month in the past 12 months?

_____ days

WE312. On average, how many hours did you usually work per day during a normal work day in the past calendar year?

_____ hours

WE313. How many days of work did you miss last year due to health problems?

Mark 0 if R didn't miss any work days

_____ days

[Job characteristics]

WE314. Approximately how many years of school would you say are needed to do your job reasonably well?

1. _____ years of schooling
2. No schooling needed

WE315.[Ask is respondent indicates that some years of schooling are required to do his/her job reasonably well] About how much experience do you think it would take to become good at your job?
_____ [WE316. Select: hours, weeks, months, or years]

WE317. On your job, do you make decisions about the pay and promotion of others?

1. Yes
2. No → **Go to WE319_intro**

WE318. [Ask if R says Yes to WE317] For how many people do you make pay and promotion decisions?

_____ persons

WE319_intro. I'll read some statements that are true for some people's jobs but not for other people's jobs. Thinking of your job, please tell me how often these statements are true. Would it be all or almost all of the time, most of the time, some of the time, none or almost none of the time?

	All or almost all of the time	Most of the time	Some of the time	None or almost none of the time	DK	RF
WE319. My job requires a lot of physical effort.						
WE320. (My job requires) lifting heavy loads.						
WE321. (My job requires) stooping, kneeling, or crouching.						
WE322. (My job requires) good eyesight.						
WE323. (My job requires) intense concentration or attention.						
WE324. (My job requires) skill in dealing with other people.						
WE325. (My job requires) me to work with computers.						
WE325b. (My job requires) me to be around burning material, exhaust, or smoke (excluding car exhaust).						

WE326_intro. Here are some (more) statements that are true for some people's jobs but not for others.

(Again) Thinking of your job, [please/this time] indicate how much you strongly agree, agree, disagree, or strongly disagree with each statement.

	Strongly agree	Agree	Disagree	Strongly disagree
WE326. My job involves a lot of stress.				
WE327. As I get older, I would prefer to gradually reduce the hours I work on this job, keeping my pay per hour the same.				
WE328. I really enjoy going to work.				

WE329. For your current (main) job, do you work for someone else or are you self-employed?

1. Employed, non-agricultural wage/salary workers
2. Self-employed → **Go to WE405**
3. Non-paid family worker → **Go to WE437**

I_EB.EMPLOYED. NON-AGRICULTURAL WORK (WE): EMPLOYED

[Current Job: Employed]

The questions in this section are for employed and wage/salary workers. Ask only if R says employed in WE329=1.

[Current Job: Employed – Employer Characteristics]

WE330. Do you receive your wage from the workplace where you currently work, or do you receive it from the dispatch/contract company?

1. Place of work → **Go to WE331**
2. Dispatch/contract company

WE330_dispatch_intro: [For dispatched/contract company worker (WE330=2), prompt the following instruction] The next few questions are about the situation of the employer from when you currently work, not the one that dispatched you.

WE331. Do you work for government (central, state, local), an institution (such as RBI, IRDA, SEBI, NHRC, etc), a firm, an NGO/Trust, Cooperative society, individual farmer, or an individual household?

1. Government
2. Institutions → **Go to WE334**
3. NGO/Trust → **Go to WE336**
4. Cooperative society → **Go to WE336**
5. Firm → **Go to WE335**
6. Farmer → **Go to WE336**
7. Individual household → **Go to WE343**
8. Other, please specify _____ → **Go to WE336**

WE332. [Ask only if R works for government, WE331=1] Do you work for central, state, or local government?

1. Central
2. State
3. Local

WE333. [Ask only if R works for government, WE331=1] Are you a civil servant?

1. Yes
2. No

→ **Go to WE336**

WE334. [Ask only if R says 'institution' to WE331=2] Is your institution operated as an autonomous entity or as a government unit?

1. As an autonomous entity
2. As a government unit

→ **Go to WE336**

WE335. [Ask only if R says 'firm' to WE331=5] What is the ownership type of the business?

1. 100% state-owned firm
2. State-controlled firm (>50% state-owned)
3. 100% collectively/cooperatively-owned firm
4. Collective-controlled firm (>50% collectively/cooperatively owned)
5. 100% private firm
6. Private-controlled firm (>50% privately owned)
7. 100% foreign-owned
8. Joint venture

9. Other joint-ownership
10. Other, please specify _____

WE336. What is the name of your workplace/employer? Please state specifically the name of your company or business.

[Write the name of the household head if R works for a family]

WE337. How many employees work for that company or organization at the location where you work?

_____ employees

WE338. [Ask only if R did not give direct answers to WE337] Was it fewer than 5, 5 to 9, 10 to 19, 20 to 29, 30 to 99, 100 to 499, or 500 or more?

1. Fewer than 5
2. 5 - 9
3. 10 - 19
4. 20 - 29
5. 30 - 99
6. 100 - 499
7. 500 or more

WE339. About how many employees worked for that company or organization at all locations?

_____ employees

WE340. [Ask only if R did not give direct answers to WE339] Was it fewer than 5, 5 to 9, 10 to 19, 20 to 29, 30 to 99, 100 to 499, or 500 or more?

1. Fewer than 5
2. 5 - 9
3. 10 - 19
4. 20 - 29
5. 30 - 99
6. 100 - 499
7. 500 or more

WE341. Does the company or organization that you work for use electricity at the place of work?

1. Yes
2. No

WE342. Is the company or organization that you work for officially registered (under the Factories Act, under the shops and establishments act, with the municipality, or other)?

1. Yes
2. No

[Current Job: Employed – Job Characteristics]

WE343. What sort of work do you do? What is your occupation?

WE345. What is your official rank (or title) at work?

[Please enter "None" if no title.]

Ask WE346 – WE348 only if R is employed but does not work for government, WE331 = 2, 3, 4, 5, 6, or 7.

WE346_intro.

[Please read the definitions of employment type]

Definitions:

Regular worker: refers to the worker whose personnel file is with the employer, has no fixed term of contract, and may choose to work as long as one likes without a predefined contract period.

Contract worker: refers to the worker whose personnel file is not with the employer and who has a fixed term of contract of one year or more.

Temporary worker: refers to the work with an employment contract of more than one month and less than one year or cases in which the work is expected to be completed within one year although there is no predefined period of the employment contract (Yet, cases in which one works in one company for a long time and/or expects to work continuously in the future, but has a contract of less than one year are considered as temporary workers).

Casual worker: refers to the worker with an employment contract of less than one month or without an employment contract, who are hired and paid on a daily/hourly basis, or compensated for the work done in various locations without a designated workplace.

WE346.[If R does not work for government in WE331] What is your employment type at your current workplace? Are you a regular worker, contract worker, temporary worker, or a casual worker?

1. Regular worker
2. Contract worker
3. Temporary worker
4. Casual worker

WE347.[If R does not work for government in WE331] Do you have a personnel file (service book)?

1. Yes
2. No → **Go to WE349**

WE348. [If R does not work for government in WE331] Where is your personnel file kept?

1. With my current employer
2. With the previous work place
3. With the job service center in this city
4. In another city

WE349. Did you receive a labor contract (or employment contract) or appointment order (letter) in written form from your current workplace?

1. Yes
2. No → **Go to WE353**

WE350. What is the agreed period of employment (labor contract period)?

1. _____ years _____ months
2. Not defined → **Go to WE353**
3. Same as the term of the project
4. Until retirement → **Go to WE353**

WE351. Has the current employment contract ever been renewed?

1. Yes
2. No (cases in which the contract is a first) → **Go to WE353**

WE352. For how many times has the contract been renewed?
_____ times

WE353. How long do you expect to work at your current workplace?

1. Less than one year
2. One to two years
3. Two to three years → **Go to WE355**
4. More than three years → **Go to WE355**
5. Until retirement → **Go to WE355**
6. As long as the employer provides employment → **Go to WE355**

WE354. [Ask only if R expects to work less than 2 years, WE353=1 or 2] Why do you expect this?

1. Because the predefined contract period will expire
2. Because typically the contract expires (although there's no written contract)
3. Because I was hired under the condition that I would resign upon the request of the employer
4. Because the current job/project will be completed
5. Because the person for whom I am substituting will return to work
6. Because I can only work during certain seasons
7. Because I plan to find another job that better suits my job aptitude, ability, and preference
8. Because I will reach the retirement age set by regulations/practice
9. Because of family care responsibility, poor health, etc.
10. Other, please specify _____

[Current Job: Employed – Labor Supply]

WE355. Are regular working hours set at your current workplace?

1. Yes
2. No

WE356. On average, how many days per month do you work at your current main job?
_____ days per month

WE357. On average, how many hours do you work per day?
_____ hours

WE358. Except for national/public holidays, how many days of paid vacation do you have at your current workplace?

[Mark 0 if there is no paid vacation.]

_____ days

WE359. How many days of paid sick leave do you have at your current workplace?

[Mark 0 if there is no paid sick leave]

_____ days

WE360. Counting paid vacations and sick leaves as work, how many months did you work during the last calendar year at the current job?
_____ months

[Current Job: Employed – Wage]

WE361_dispatch_intro [Displayed or dispatched worker (WE330=2)] The following questions about salaries and benefits refer to what you receive from the dispatch company.

WE361. How is your wage primarily paid: regularly, contract-based, performance-based, or other?

1. Regularly
2. Contract-based
3. Performance-based
4. Other, please specify _____

WE362. Is your income tax deducted from your salary?

1. Yes
2. No

WE363. What is your current pay before taxes and other deductions?

_____ Rs

- (WE364) Per:
1. Hour
 2. Week
 3. Month
 4. Year

WE365. During the past 12 months, how much did you earn from working on this job? Please give your best estimate of pre-tax income?

_____ Rs

→ Go to WE365a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to WE366 if the respondent can give an approximate value.

WE365a-WE365c. [\[If R refuses to give exact amount to WE364\]](#) During the past 12 months, how much did you earn from working on this job? Please give your best estimate of pre-tax income?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 1700; Rupees 3400; Rupees 6000; Rupees 13,500; Rupees 32,000]

[Current Job: Employed – Benefits]

WE366. The following are fringe benefits which may be provided by a company/employer. Please answer if the following are provided by your current workplace and whether you benefit from the following. Please check all that apply

1. Free lunch
2. Free breakfast
3. Free dinner
4. Electricity
5. Telephone
6. Meal cash subsidizations
7. Transportation cash subsidizations
8. Free accommodation
9. Subsidization of housing
10. Other subsidies
11. None → **Go to WE369**

WE367. How much are the (estimated) value of the subsidies per month?

_____ Rs

WE369. [\[Interviewer to read the following instructions:\]](#) Next are questions about your social insurance. By social insurance, we mean contributory schemes in the following four categories:

pension insurance and/or provident fund schemes, health insurance, unemployment insurance, and worker's injury insurance.

Are you covered by pension scheme and/or provident fund schemes through your employer?

1. Pension only → **Go to WE374**
2. Provident Fund only → **Go to WE374**
3. Pension and Provident Fund → **Go to WE374**
4. Neither

WE369a. [Ask only if R says WE369 = 4] Have you chosen not to participate in pension scheme/provident fund scheme, are unable to participate, or are you contributing to pension/provident fund elsewhere? Please check all that apply.

1. There is no pension scheme/provident fund scheme available through employment in my local area → **Go to WE374**
2. Pension/provident schemes through work are available in my local area but my employer does not provide it to me → **Go to WE374**
3. My employer offers but I am unwilling to join → **Go to WE374**
4. I am in probation → **Go to WE374**
5. I am covered by pension scheme/provident fund scheme from elsewhere
6. Other, please specify _____ → **Go to WE374**

WE370. [Ask only if R is covered by pension scheme/provident fund scheme from elsewhere, WE369a=5] From where do you have pension scheme/provident fund scheme?

1. I am covered through another work unit/employer
2. I contribute through dispatch service/job service center → **Go to WE373**

WE371. [Ask only if R says WE370=1 & WE369=4] You contribute through another work unit/employer: why?

1. I was laid off by this work unit but my employment contract is not terminated
2. I am on leave from this employer
3. I kept my position but do not receive pay from this work unit
4. A friend in this work unit is helping me to do so
5. Other, specify _____

WE372. [If WE369=4] Where is this work unit/employer located?

1. Same town/city
2. Different town/city, same state
3. Different state

→Go to WE374

WE373. [Ask only if R says WE370=2] You contribute through the dispatch service/job service center, who pays?

1. My employer
2. Myself
3. My employer and myself

WE374. Are you covered by health insurance through your employer?

1. Yes → **Go to WE379**
2. No

WE374a. [Ask only if R says WE374=2] Have you chosen not to participate in health insurance, are unable to participate, or are you contributing to health insurance elsewhere? Please check all that apply.

1. There is no health insurance available through employment in my local area → **Go to WE379**

2. Health insurance through work is available in my local area but my employer does not provide it to me → **Go to WE379**
3. My employer offers but I am unwilling to join → **Go to WE379**
4. I am in the trial period → **Go to WE379**
5. I am covered by health insurance from elsewhere
6. Other, please specify _____ → **Go to WE379**

WE375. [Ask only if R reported to receive health insurance from elsewhere, WE374a=5] From where do you have health insurance?

1. I am covered through another work unit/employer → **Go to WE376**
2. I contribute through dispatch service/job service center → **Go to WE377**

WE376. [Ask only if WE375=1] You contribute through another work unit/employer; why?

1. I was laid off by this work unit but my employment contract is not terminated
2. I am on leave from this employer
3. I kept my position but do not receive pay from this work unit
4. A friend in this work unit is helping me to do so
5. Other, specify _____

WE376a. Where is this work unit/employer located?

1. Same town/city
2. Different town/city, same state
3. Different state

WE378. [Ask only if WE375=2] You contribute through the dispatch service/job service center, who pays?

1. My employer
2. Myself
3. My employer and myself

WE379. Are you covered by unemployment allowance through your employer?

1. Yes → **Go to WE384**
2. No

WE379a. [Ask only if R says WE379 = 2] Have you chosen not to participate in unemployment insurance, are unable to participate, or are you contributing to unemployment insurance elsewhere? Please check all that apply

1. There is no unemployment insurance available through employment in my local area → **Go to WE384**
2. Unemployment insurance through work is available in my local area but my employer does not provide it to me → **Go to WE384**
3. My employer offers but I am unwilling to join → **Go to WE384**
4. I am in the trial period → **Go to WE384**
5. I am covered by unemployment insurance from elsewhere
6. Other, please specify _____ → **Go to WE384**

WE380. [Ask only if R reported to receive unemployment insurance from elsewhere, WE379a=5] From where do you have unemployment allowance?

1. I am covered through another work unit/employer
2. I contribute through dispatch service/job service center → **Go to WE383**

WE381. [Ask only if WE380=1] You contribute through another work unit/employer; why?

1. I was laid off by this work unit but my employment contract is not terminated
2. I am on leave from this employer
3. I kept my position but do not receive pay from this work unit
4. A friend in this work unit is helping me to do so

5. Other, specify _____

WE382. [Ask only if WE380=1] Where is this work unit/employer located?

1. Same town/city
2. Different town/city, same province
3. Different province

→Go to WE384

WE383. [Ask only if WE380=2] You contribute through the dispatch service/job service center, who pays?

1. My employer
2. Myself
3. My employer and myself

WE384. Are you covered by worker's injury insurance through your employer?

1. Yes **→Go to WE389**
2. No

WE384a. [Ask only if R says WE384=2] Have you chosen not to participate in worker's injury insurance, are unable to participate, or are you contributing to worker's injury insurance elsewhere? Please check all that apply.

1. There is no worker's injury insurance available through employment in my local area **→Go to WE389**
2. Worker's injury insurance through work is available in my local area but my employer does not provide it to me **→Go to WE389**
3. My employer offers but I am unwilling to join **→Go to WE389**
4. I am in the trial period **→Go to WE389**
5. I am covered by worker's injury insurance from elsewhere
6. Other, please specify _____ **→Go to WE389**

WE385. [Ask only if R reported to receive worker's injury insurance from elsewhere, WE384a=5] From where do you have worker's injury insurance?

1. I am covered through another work unit/employer
2. I contribute through dispatch service/job service center **→Go to WE387**

WE386. [Ask only if R says WE385=1] You contribute through another work unit/employer; why?

1. I was laid off by this work unit but my employment contract is not terminated
2. I am on leave from this employer
3. I kept my position but do not receive pay from this work unit
4. A friend in this work unit is helping me to do so
5. Other, specify _____

WE387. [Ask only if R says WE385=1] Where is this work unit/employer located?

1. Same town/city
2. Different town/city, same province
3. Different province

→Go to WE389

WE387a. [Ask only if R says WE384=2] You contribute through the dispatch service/job service center, who pays?

1. My employer
2. Myself
3. My employer and myself

If R has social insurance through their employer (if WE369 = 1, 2 or 3 or WE374 = 1 or WE379 = 1 or WE384 = 1), or from elsewhere (if WE369a = 5 or WE374a = 5 or WE377a = 5 or WE384a = 5), ask questions WE389 – WE394,

WE389. How much is your own contribution to retirement benefits/unemployment allowance in the last 12 months?

_____Rs

→ Go to WE389a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to WE390 if the respondent can give an approximate value.

WE389a-WE389c. [If R refuses to give exact amount to WE389] How much is your own contribution to retirement benefits/unemployment allowance in the last 12 months?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 2400; Rupees 4,900; Rupees 8,600; Rupees 19,400; Rupees 45,000]

WE390. Is the income you told us about earlier net after paying for the above benefits?

1. Yes
2. No

WE391. On what income base is the contribution to retirement benefits/unemployment allowance determined?

_____Rs/month

WE392. Do you know how much you or your employer (another work unit) contributes to the above benefits?

1. I know the amount by myself and the employer
2. I know the amount by myself but not the employer **→Go to WE394**
3. I do not know either my contribution or my employer’s contribution at all.
→ Go to WE395

WE393. [Ask only if WE392=1] How much is employer’s contribution per month in total?

_____Rs/month

WE394. [Ask only if WE392=1 or 2] How much is your own contribution per month in total?

_____Rs/month

[Current Job: Employed – Job Search]

WE395. Sometimes people look for a different job even when they are currently working. Are you currently looking for another job?

1. Yes
2. No **→ Go to WE402_intro**

WE395a [Ask only if R says Yes to WE395] The Ministry of Labour operates employment exchanges. At these exchanges, job seekers register themselves and get notified if any vacancy arises that matches their desired job profile. Are you registered with the employment exchange?

1. Yes
2. No

WE396. [Ask only if R says Yes to WE395] During the past month, have you met with, called or contacted in some other way any prospective employers?

1. Yes
2. No → **Go to WE397**

WE396a [Ask only if R says Yes to WE396] Number of employers with whom you met:

WE396b [Ask only if R says Yes to WE396] Number of employers to whom you called or wrote to:

WE396c [Ask only if R says Yes to WE396] Number of employers indirectly contacted:

WE397. [Ask only if R says Yes to WE395] Are you looking for jobs in this area, or are you considering jobs that would require you to move? Please check all that apply.

1. Jobs in this area
2. Jobs in another area
3. Anywhere

WE398. [Ask only if R says Yes to WE395] Are you looking for part-time or full-time work?

1. Part-time work
2. Full-time work
3. Any work, whether it's part-time or full-time

WE399. [Ask only if R says Yes to WE395] Are you looking for the same kind of work that you are doing now, or something different?

1. Same as now
2. Something different
3. Does not matter

WE400. [Ask only if R says Yes to WE395] If you were offered another job, how high would the wage or salary have to be for you to take it?

_____ Rs per month

WE402_intro. Here are some (more) statements that are true for some people's jobs but not for others. (Again) Thinking of your job, [please/this time] indicate how much you strongly agree, agree, disagree, or strongly disagree with each statement.

	Strongly agree	Agree	Disagree	Strongly disagree
WE402. In decisions about promotion, my employer gives younger people preference over older people. (Do you strongly agree, agree, disagree, or strongly disagree with that statement?)				
WE403. My co-workers make older workers feel that they ought to retire before age 65.				
WE404. My employer would allow older workers move to a less demanding job with less pay if they wanted to				

→ **Go to WE437**

I_EB.SELF-EMPLOYED. NON-AGRICULTURAL WORK (WE): SELF-EMPLOYED

[Current Job: Self-Employed]

The questions in this section are for self-employed. Ask only if R says self-employed in WE329=2.

[Characteristics of self-employment]

WE405. Do you have any business partners?

1. Yes
2. No → Go to WE411

WE406. [Ask only if R says Yes to WE405] How many business partners do you have?
_____ persons

WE407. [Ask only if R says Yes to WE405] Are your business partner(s) the members of your household, other family member(s) who are not residing with you, or others?

1. Household member → Go to WE409
2. Non-household family member → Go to WE409
3. Other

WE408. [Ask only if R says household member in WE407=1] Who are they? Please check all that apply.

[Identify the respondent from the household roster. If name is not listed, please continue to the next screen WE408_other_HH where space will be provided to enter the name of the respondent for this module.]

WE408_other_HH. Please tell me the complete name, including middle name and surname.
first name middle name last name

WE409. What is your share of ownership in this business?
_____ %

WE410. [Ask only if R does not give direct answer to WE409] Is your ownership less than, equal to, or more than a half of the business?

1. Less than a half
2. More than a half
3. Equal to a half

WE411. Do you have any paid employees other than you (and your business partners)?

1. Yes
2. No → Go to WE413a

WE412. [Ask only if R says Yes to WE411] How many employees do you have? Please exclude those hired during busy seasons only, but include family workers if they are paid in salaries/wage.
_____ persons

→ Go to WE413a if R gives a numeric answer
→ Go to WE413 if R does not know (DK) or refuses (RF)

WE413. [Ask only if R does not give direct answer to WE412] Of the following, which is the closest approximation to the number of employees you have?

1. Fewer than 5
2. 5 - 9
3. 10 - 19
4. 20 - 29
5. 30 - 99
6. 100 - 499
7. 500 - 999
8. 1000 or more

WE413a. Do you have family members, relatives, or friends who work for your business without pay?

1. Yes
2. No → **Go to WE415**

WE414. [\[Ask only if R says Yes to WE413a\]](#) How many non-paid workers do you have at your business? Please exclude those hired during busy seasons only.
_____ persons

WE415. Does your business use electricity?

1. Yes
2. No

WE416. Is the company or organization that you work for officially registered (under the Factories Act, under the shops and establishments act, with the municipality, or other)?

1. Yes
2. No

[Characteristics of job]

WE417. What sort of work do you do in your business?

WE419. What is your official rank (or title) at work?

[\[Please enter "None" if no title.\]](#)

WE420. What is the reason you didn't get a wage job and chose to work on the current job?

WE421. Do you have a regularly scheduled off-day?

1. Yes
2. No → **Go to WE423**

WE422. [\[If R says Yes to WE421\]](#) Which day(s) of month is/are your off-days?
_____ days of month

WE423. Not including business expenses, what is your best estimate of pre-tax profits earned from this business activity in the last 12 months? Remember to consider the following types of business expenses: energy, housing or equipment rental, raw materials, transportation, marketing, wages, and labor costs.

_____ Rs

→ Go to WE423a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to WE424 if the respondent can give an approximate value.

WE423a-c. [If R refuses to give exact amount to WE421] Not including business expenses, what is your best estimate of pre-tax profits earned from this business activity in the last 12 months? Remember to consider the following types of business expenses: energy, housing or equipment rental, raw materials, transportation, marketing, wages, and labor costs.

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 2,700; Rupees 55,000; Rupees 100,000; Rupees 200,000; Rupees 525,000]

WE424. [If R has a partner or other paid employees, WE405=1 or WE411=1] How much of the profits constitute your own income?

_____ Rs

→ Go to WE424a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to WE425_intro if the respondent can give an approximate value.

WE424a-c. [If R refuses to give exact amount to WE424] How much of the profits constitute your own income?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 16,000; Rupees 33,000; Rupees 60,000; Rupees 120,000; Rupees 310,000]

[Social insurance for the self-employed]

WE425_intro. Next are questions about your social insurance. By social insurance, we mean contributory schemes in the following four categories: pension insurance and/or provident fund schemes, health insurance, unemployment insurance, and worker’s injury insurance.

WE426. Are you covered by pension insurance and/or provident fund schemes through your own self-employment?

1. Yes → Go to WE427
2. No

WE426a. [Ask only if R says WE426=2] Have you chosen not to participate in pension/provident fund scheme, are unable to participate, or are you contributing to pension/provident fund elsewhere? Please check all that apply

1. It is not possible for self-employed to participate in pension/provident fund schemes in my local area
2. Pensions/provident fund schemes are available to self-employed but I do not participate
3. I am participating in pensions/provident schemes through another work unit/employer
4. I am participating in pensions/provident schemes through a dispatch service/job service center
5. Other, please specify_____

WE427. Are you covered by health insurance through your own self-employment?

1. Yes → Go to WE428
2. No

WE427a. [Ask only if R says WE427=2] Have you chosen not to participate in health insurance, are unable to participate, or are you contributing to health insurance elsewhere? Please check all that apply

1. It is not possible for self-employed to participate in health insurance in my local area
2. Health insurance is available to self-employed but I do not participate
3. I am participating in health insurance through another work unit/employer
4. I am participating in health insurance through a dispatch service/job service center
5. Other, please specify_____

WE428. Are you covered by unemployment insurance through your own self-employment?

1. Yes → **Go to WE429**
2. No

WE428a. [Ask only if R says WE428=2] Have you chosen not to participate in unemployment insurance, are unable to participate, or are you contributing to unemployment insurance elsewhere? Please check all that apply

1. It is not possible for self-employed to participate in unemployment insurance in my local area
2. Unemployment insurance is available to self-employed but I do not participate
3. I am participating in unemployment insurance through another work unit/employer
4. I am participating in unemployment insurance through a dispatch service/job service center
5. Other, please specify_____

WE429. Are you covered by worker's injury insurance through your own self-employment?

1. Yes → **Go to WE430**
2. No

WE429a. [Ask only if R says WE429=2] Have you chosen not to participate in worker's injury insurance, are unable to participate, or are you contributing to unemployment insurance elsewhere? Please check all that apply

1. It is not possible for self-employed to participate in worker's injury insurance in my local area
2. Worker's injury insurance is available to self-employed but I do not participate
3. I am participating in worker's injury insurance through another work unit/employer
4. I am participating in worker's injury insurance through a dispatch service/job service center
5. Other, please specify_____

If R has social insurance through self-employment, (if any WE426 – WE429 = 1), or through another work unit/employer (if any WE426a – WE429a = 3), or by dispatch service/Job Service Center (if any WE426a – WE429a =4), ask questions WE430 – WE432

WE430. How much is your own contribution to social insurance last 12 months?
_____Rs

→ **Go to WE430a if R selects “DON'T KNOW (DK)” or “REFUSED”. Otherwise, proceed to WE431 if the respondent can give an approximate value.**

WE430a-c. [If R refuses to give exact amount to WE430] How much is your own contribution to social insurance last 12 months?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 2,400; Rupees 4,900; Rupees 8,600; Rupees 19,400; Rupees 45,000]

WE431. Is the income you told us about earlier net after paying for the above benefits?

1. Yes
2. No

WE432. On what income base is the contribution to social insurance determined?

_____Rs/month

If R participates in social insurance through another work unit/employer (if any WE426a – WE429a = 3), or by dispatch service/Job Service Center (if any WE426a – WE429a =4)
ask: WE433 – WE435

WE433. Do you know how much you or that work unit/employer or dispatch service/Job Service Center contributes to the above benefits?

1. I know the amount contributed by both me and my work unit/employer/dispatch service/ Job Service Center
2. I know the amount I contribute but not the contribution of the work unit/employer/dispatch service/Job Service Center → **Go to WE435**
3. I do not know either my contribution or the work unit's/employer's/dispatch service's/Job Service Center's contribution at all → **Go to WE437**

WE434. How much is the work unit's employer's/dispatch service's/Job Service Center's contribution in total?

_____Rs/month

WE435. How much is your own contribution to social insurance provided through another work unit/employer/dispatch service/Job Service Center?

_____Rs/month

I_EB. NON-AGRICULTURAL WORK (WE): SIDE-JOB

[Current Job: Side Job]

WE437. Do you currently have any other jobs in addition to your main job?

This only includes paid jobs. Activities without pay such as volunteer work are not included.

1. Yes
2. No → **Go to WE601**

WE438. **[IF WE437=1]** How many jobs do you currently have in addition to the main job?

WE439. **[IF WE437=1]** How many hours a week do you work on average at your side job(s) only?
_____ hours per week

WE440. **[IF WE437=1]** What is the average pre-tax monthly income or wage that you get from side job(s) only?

_____ Rs per month

→ Go to WE440a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to WE601 if the respondent can give an approximate value.

WE440a–c. **[If R refuses to give exact amount to WE440]** What is the average pre-tax monthly income or wage that you get from side job(s) only?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 1,700; Rupees 3,400; Rupees 6,000; Rupees 13,500; Rupees 32,000]

→ Go to WE601

I_Ec. LAST JOB (WE)

The questions in this section are for those who are NOT currently working but once worked (WE001=2 and WE002=2 and WE003=1).

WE501_intro. In what month and year did you last work?

_____ month AND
_____ year

WE502. Did you work for someone else as a salaried employee (employed), for yourself (self-employed), as a farmer for someone else (farming), or as a non-paid family worker? If you had more than one job, please refer to the main work. [If R says, 'I ran my own business' or 'I farmed my own land', check 'self-employed'.]

1. Employed
2. Self-employed
3. Farming
4. Non-paid family worker

WE503 Can you describe the place where you mainly worked?

1. Own dwelling
2. Employer's dwelling
3. Employer's workplace
4. Construction site
5. Street with fixed location
6. Street without fixed location
7. Farm
8. Other, specify _____

WE504_intro. Where is your former workplace located? What was the address of your former workplace where you were working? Refer only to your main job.

Mark 0 if there is no fixed address.

WE504. State	_____
WE5044. District	_____
WE505. City/town	_____
WE506. Village/street	_____

When you were last employed, what was the name of your workplace/employer? Please state specifically the name of your company or business.

WRITE THE NAME OF THE HOUSEHOLD HEAD IF R WORKS FOR A FAMILY

WE507. What kind of business or industry was it—that is, what do they make or do at the place where you worked?

WE509. About how many total employees worked for your former company or organization at the same location when you worked?
_____ persons

→ Go to WE511 if R gives numeric response.

→ Go to WE510 if R does not know (DK) or refuses (RF)

WE510. [Ask only if R did not give direct answer to WE509] Was it fewer than 4; 5 to 9; 10 to 29; 30 to 49; 50 to 99; 100 to 299; 300 to 499; 500 to 999; or 1000 or more?

1. Fewer than 5
2. 5 - 9
3. 10 - 19
4. 20 - 29
5. 30 - 99
6. 100 - 499
7. 500 - 999
8. 1000 or more

WE511. When you were employed by them, about how many employees worked for that company or organization at all locations?
_____ employees

→ Go to WE513 if R gives numeric response.

→ Go to WE512 if R does not know (DK) or refuses (RF)

WE512. [Ask only if R did not give direct answers to WE511] Was it fewer than 4; 5 to 9; 10 to 29; 30 to 49; 50 to 99; 100 to 299; 300 to 499; 500 to 999; or 1000 or more?

1. Fewer than 5
2. 5 - 9
3. 10 - 19
4. 20 - 29
5. 30 - 99
6. 100 - 499
7. 500 - 999
8. 1000 or more

WE513. Did the company or organization that you worked for use electricity at the place of work?

1. Yes
2. No

WE514. Is the company or organization that you worked for officially registered (under the Factories Act, under the shops and establishments act, with the municipality, or other agency or authority)?

1. Yes
2. No

WE515. In what year did you start working at that job?
_____ year

WE515b. As part of your job, were you required to spend time around smoke, burning material, or exhaust (apart from street exhaust)?

1. Yes
2. No

WE516. What sort of work did you do? What was your occupation?

WE517. What was your official rank (or title) in the workplace when you left the job?

[Please enter "None" if no title.]

WE518. How many days per week did you usually work on average [for that employer/business]?

_____ days per week

WE519. How many hours did you usually work per day during a normal work day?

_____ hours per day

WE520. What were your monthly earnings from this job, before you stopped working there?

[Mark 0 if there is no income.]

_____ Rs per month

→ Go to WE521a if R selects "DON'T KNOW (DK)" or "REFUSED". Otherwise, proceed to WE521 if the respondent can give an approximate value.

WE520a–WE520c. [If R refuses to give exact amount to WE521] What were your monthly earnings from this job, before you stopped working there?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 1700; Rupees 3400; Rupees 6,000; Rupees 13,500; Rupees 32,000]

WE521. Why did you leave that job?

1. Business closed
2. Quit
3. I was laid off
4. I was fired
5. I went to school
6. I went abroad
7. I stopped working for health reasons
8. I stopped working for family reasons
9. My children requested me not to work anymore because they could support me
10. I retired
11. Other, please specify _____

→ Go to WE522 if WE502 is employed

→ Go to WE534 if WE502 is unpaid family worker

[Last Job: Employed]

Ask only if R is NOT currently working but once worked (WE001=2 and WE002=2 and WE003=1) and R was employed on the last job, WE502=1

WE522. [Ask only if R said employed, WE502=1] Is this employer still in existence?

1. Yes
2. No

WE523. [Ask only if R said employed, WE502=1] Did this employer undergo restructuring?

1. Yes
2. No

WE524. [Ask only if R was employed, WE502=1] Were there any unpaid wages, salaries, or bonuses from that job?

1. Yes
2. No

WE525. [Ask only if R said Yes to WE525=1] What was the value of the total unpaid compensation?
_____ Rs

WE526_intro. Were you a regular worker, a contract worker, a temporary worker, or a casual worker?

Definitions:

Regular worker: refers to the worker whose personnel file is with the employer, has no fixed term of contract, and may choose to work as long as one likes without a predefined contract period.

Contract worker: refers to the worker whose personnel file is not with the employer and who has a fixed term of contract of one year or more.

Temporary worker: refers to the work with an employment contract of more than one month and less than one year or cases in which the work is expected to be completed within one year although there is no predefined period of the employment contract (Yet, cases in which one works in one company for a long time and/or expects to work continuously in the future, but has a contract of less than one year are considered as temporary workers).

Casual worker: refers to the worker with an employment contract of less than one month or without an employment contract, who are hired and paid on a daily/hourly basis, or compensated for the work done in various locations without a designated workplace.

1. Regular worker
2. Contract worker
3. Temporary worker
4. Casual worker

WE527. Did you work for the government (central, state, local), an institution (such as RBI, IRDA, SEBI, NHRC, etc), a firm, an NGO/Trust, cooperative society, an individual farmer, or a resident household?

1. Government
2. Institutions → **Go to WE530**
3. NGO/Trust → **Go to WE532**
4. Cooperative society → **Go to WE532**
5. Firm → **Go to WE531**
6. Individual farmer → **Go to WE532**
7. Individual household → **Go to WE532**
8. Other, please specify _____ → **Go to WE532**

WE528. [Ask only if R worked for government, WE527=1] Did you work for central, state, or local government?

1. Central
2. State
3. Local

WE529. [Ask only if R 'worked for government, WE527=1] Were you a civil servant?

1. Yes
2. No

→ **Go to WE532**

WE530. [Ask only if R says 'institution' to WE527=2] When working at that institution, was your institution operated as an autonomous entity or as a government unit?

1. Autonomous entity
2. Government unit

WE531. [Ask only if R says 'firm' to WE527=5] What is the ownership type of the business?

1. 100% state owned firm
2. State-controlled firm (>50% state-owned)
3. 100% collectively/cooperatively-owned firm
4. Collective-controlled firm (>50% collectively/cooperatively owned)
5. 100% private firm
6. Private-controlled firm (>50% privately owned)
7. 100% foreign-owned
8. Joint venture
9. Other joint-ownership
10. Other, please specify _____

WE532. Did you receive any payments other than the legal retirement allowance upon leaving your last job? (For example, leave allowance on workers' compensation)

1. Yes
2. No → **Go to WE534**

WE533_intro. [Ask only if R says Yes to WE532=1] How much was the compensation and for how many years of work?

_____ Rs
For _____ years of work

[Job Search]

WE534. [Ask only if R is NOT currently working but once worked, WE003=1] Did you search for a new job during the past month?

1. Yes
2. No → **Go to WE601**

WE534a [Ask only if R says Yes to WE534] The Ministry of Labour operates employment exchanges. At these exchanges, job seekers register themselves and get notified if any vacancy arises that matches their desired job profile. Are you registered with the employment exchange?

1. Yes
2. No

WE535. [Ask only if R says Yes to WE534] During the past month, have you met with, called, or contacted in some other way any prospective employers?

1. Yes
2. No → **Go to WE536**

WE535a [Ask only if R says Yes to WE535] Number of employers with whom you met:

WE535b [Ask only if R says Yes to WE535] Number of employers to whom you called or wrote:

WE535c [Ask only if R says Yes to WE535] Number of employers indirectly contacted: _____

WE536. [\[Ask only if R says Yes to WE534\]](#) Are you looking for jobs in this area, or are you considering jobs that would require you to move? Please check all that apply

1. Jobs in this area
2. Jobs in another area

WE537. [\[Ask only if R says Yes to WE534\]](#) Are you looking for part-time or full-time work?

1. Part-time work
2. Full-time work
3. Any work, whether it's part-time or full-time

WE538. [\[Ask only if R says Yes to WE534\]](#) Are you looking for work similar to what you have done in the past, or something different?

1. Something similar
2. Something different
3. Does not matter

WE539. [\[Ask only if R says Yes to WE534\]](#) If you were offered a job, how high would the wage or salary have to be for you to take it? Please tell me the after-tax wage or salary.

_____ Rs per month

→ Go to WE601 Work History

I_ED. WORK HISTORY (WE)

WE601. At what age (or which year) did you start working (or farming), excluding working after school or during school breaks while a primary or middle school student?

Age ____ OR Year ____

WE602. [\[Ask only R said Yes to WE602\]](#) Not counting current non-employment or retirement, did you stop working for an extended period of time (more than 1 year) due to reasons of family, health, school, etc.?

1. Yes
2. No → **Go to WE606_proxy**

WE602a. [\[Ask only R said Yes to WE602\]](#) How long, in total, were all the work interruptions?
_____ Total number of months

WE603. [\[Ask only R said Yes to WE602\]](#) How long did you work in total, excluding all interruptions?

_____ years and _____ months

WE604. [\[Ask only R said Yes to WE602\]](#) When was the longest time period your work was interrupted?

From: _____ Year _____ month

To: _____ Year _____ month

WE605. [\[Ask only R said Yes to WE602\]](#) What was the major reason for that interruption?

1. Family
2. Health
3. School
4. Unemployment/layoff
5. Other

[\[For the interviewer\]](#)

WE606_proxy. Is this a proxy interview?

1. Yes
2. No → **Go to WE607**

WE606a. [\[Ask if this is a proxy interview\]](#) What is your relationship to [NAME OF RESPONDENT]?

1. Spouse/partner
2. Son or daughter (including biological, adopted, and step children)
3. Son- or daughter-in-law
4. Grandchild
5. Parent
6. Parent-in-law
7. Brother or sister (including biological, adopted, and step siblings)
8. Grandparent
9. Other relative
10. Servant
11. Friend
12. Other, non-relative; please specify _____

WE607. How often did the respondent receive assistance in answering this section?

1. Never
2. A few times
3. Most or all of the time

→Go to Next Section

I_F. PENSION (PN)

WE401_intro. [Ask only R is currently working or looking for a job; WE001=1 or WE002=1 or WE002a=1] At what age do you plan to stop working? Stopping work in this context shall refer to having stopped all income-related activities and having no intention of engaging in anything more serious than small pastime work.

Please tell me the approximate age. Mark 0 if you plan to keep working until you are physically able.

Years old _____ OR Years later _____

If respondent have never worked for pay for more than 6 months in their lifetime (WE003=2), Go to PNE001. Otherwise, Go to WE608

I_FA. PENSION: OFFICIAL RETIREES (PNA)

WE608. We will now ask you a few questions about pension.
Did you ever officially retire from the organized sector of employment?

1. Yes
2. No → **Go to PNC004_intro if not currently working**
→ **Go to PND001 if currently working**

[Official Retirees: Pension for official retirees only, WE608=1]

PNA005. In what month and year did you take official retirement?

_____ Month
_____ Year

PNA001. Is the work unit/employer that you officially retired from the one you told us about [Preload: Name of last employer if unemployed WE508]?

1. Yes → **Go to PNA004**
2. No

PNA002. [Ask only if R says No to PN001] What is the name of this employer?

PNA003. [Ask only if R says No to PN001] What is the best description of your work unit/employer before retirement?

1. Government/public sector
2. Quasi-government (Life Insurance Corporation, Municipal Corporation, State Transport Corporation, etc.)
3. Private sector
4. Other, please specify _____

PNA004. Was your official retirement: early retirement, at the mandatory retirement age, or later than the mandatory retirement age?

1. Early retirement
2. Mandatory retirement age → **Go to PNA007**
3. Later than the mandatory retirement age → **Go to PNA007**

Ask PNA006 only if R indicated PNA004=1, early retirement.

PNA006. What was the main reason you processed early retirement?

1. Having enough income to get by
2. Having enough income from spouse
3. Didn't like to continue to work
4. To spend more time on leisure
5. To do volunteer work or to pursue hobby
6. My work unit belonged to the category of high risk and hard manual labor thus was eligible for offering early retirement
7. I had completed the minimum number of years required for obtaining pension benefits
8. My work unit was restructuring/bankrupt so offered early retirement
9. Due to poor health of a spouse or another family member
10. Due to my own poor health
11. Due to childrearing or housekeeping
12. Other _____ (specify)

PNA007. What is your best estimate of your pre-retirement salary at the work unit where you officially retired?

_____Rs per month

→ Go to PNA007a if R selects “DON'T KNOW (DK)” or “REFUSED”. Otherwise, proceed to PNA008 if the respondent can give an approximate value.

PNA007a–PNA007c. [If R refuses to give exact amount to PNA007] What is your best estimate of your pre-retirement salary at the work unit where you officially retired?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 1,850; Rupees 3,750; Rupees 6,850; Rupees 13,100; Rupees 34,500]

PNA008. Do you currently receive any pension based on employment at the work unit where you officially retired?

1. Yes **→ Go to PNA010_intro**
2. No

PNA009. Are you eligible to receive a pension from the place you officially retired?

1. Yes, but I have not put in the paper work **→ Go to PNA017_bribe1**
2. Yes, I have put in the paper work, but it is not cleared **→ Go to PNA017_bribe1**
3. No **→ Go to PNA018_recieve**

PNA010_intro. How much were the pension benefits when you first retired officially?

_____ Rs PER MONTH OR
_____ % of salary before retirement

→ Go to PNA010a if R selects “DON'T KNOW (DK)” or “REFUSED”. Otherwise, proceed to PNA011 if the respondent can give an approximate value.

PNA010a–c. [If R refuses to give exact amount to PNA010] How much were the pension benefits when you first retired officially?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 950; Rupees 1,875; Rupees 3,300; Rupees 6,550; Rupees 17,250]

PNA011. How many years of (pension) eligible work did you have at the time of retirement?
_____ years

PNA012. Currently, how much pension do you receive per month based on your job where you officially retired?
_____ Rs

→ Go to PNA012a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to PNA016_retired if the respondent can give an approximate value.

PNA012a–PNA012c. [If R refuses to give exact amount to PNA015] Currently, how much pension do you receive per month based on your job where you officially retired?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 1,150; Rupees 2,250; Rupees 3,950; Rupees 7,900; Rupees 20,500]

PNA016_retired. How long did it take after you officially retired to receive your first pension benefit?
_____ Months

PNA017_bribe1. [IF PNA009=1] Will or did you have to pay anyone to speed up the process for approving your pension?

1. Yes
2. No

→Go to PNA018_recieve

PNA018_recieve. Did you receive the following at the time you officially retired? Please check all that apply

1. A lump sum amount under your provident fund →Go to PNA020
2. A lump sum amount in lieu of gratuity →Go to PNA020
3. A lump sum amount in lieu of accumulated leave →Go to PNA020
4. Other (specify) _____ →Go to PNA020
5. None

PNA019_eligible. [If respondent did not receive any lump sum amount in the previous questions] Are you eligible to receive provident fund, gratuity payments and leave encashment?

1. Yes, but I have not put in the paper work →Go to PNA022_bribe2
2. Yes, I have put in the paper work, but it is not cleared →Go to PNA022_bribe2
3. No →Go to PNC004_intro

PNA020: [Ask if PNA018_recieve is not “None”] What was the total lump sum amount you received from all of the sources you identified in the previous question?
_____ Rs

→ Go to PNA020a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to PNA021_time if the respondent can give an approximate value.

PNA020a–c. [If R refuses to give exact amount to PNA020] What was the total lump sum amount you received from all of the sources you identified in the previous question?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 14,500; Rupees 29,000; Rupees 53,000; Rupees 110,000; Rupees 275,000]

PNA021_time. How long did it take after you officially retired to receive the lump sum payments in PNA018?

_____ Months →Go to PNC004_intro

PNA022_bribe2.[If respondent answered Yes to either of the first options in PNA019]Did you have to pay money anyone to speed up the process for approving your lump sum payments? [If R responded PNA019=1 or 2, ask "Will or did you have to bribe anyone to speed up the process for approving your lump sum payments?"]

1. Yes
2. No

→Go to PNC004_intro

I_FB. PENSION: NON-OFFICIAL RETIREES (PNC)
[Pension for non-official retirees]

PNC004_intro – PNC016: Questions for pension (not-official)

Ask only if R indicated s/he is no longer working (WE001=2 & WE002=2) and once worked(WE003=1)

PNC004_intro. In what month and year did you stop working? [\[Mark the year using four digits. Take down the month as its actual number. For example, write January as “1” not “01”, December as “12”. If do not remember month, fill ‘0’.\]](#)

_____year _____month

PNC001. Are you currently receiving any pension (other than the official pension we already talked about)?

1. Yes
2. No → **Go to PNC013**

PNC002. [\[Ask only if R says YES to PNC001\]](#) What is the name of this employer that gives this pension? [If the R is receiving pension from more than one employer, list all employers up to 3]

PNC003. [\[Ask only if R says YES to PNC001\]](#) What was the type of employer that gives this pension? [If R receives pension from more than one employer, select the type of employer that makes the largest contribution to the respondent's pension]

1. Government/public sector
2. Quasi-government (Life Insurance Corporation, Municipal Corporation, State Transport Corporation, etc.)
3. Private sector
4. Other, please specify _____

PNC005. What is the main reason you stopped working?

1. Had enough income to get by
2. Had enough income from spouse
3. Didn't like to continue to work
4. To spend more time on leisure
5. To do volunteer work or to pursue hobby
6. My work unit belonged to the category of high risk and hard manual labor thus was eligible for offering early retirement
7. I had completed the minimum number of years required for obtaining pension benefits
8. My work unit was restructuring/bankrupt so offered early retirement
9. Due to poor health of a spouse or another family member
10. Due to my own poor health
11. Due to childrearing or housekeeping
12. Other _____ (specify)

PNC006. What is your best estimate of your salary before you stopped working with this employer?
_____ Rs per month

PNC006a–c. [\[If R refuses to give exact amount to PNC006\]](#) Would it be more, or less, or equal to [threshold value randomly chosen from three scenarios]?
[Rupees 1,850; Rupees 3,750; Rupees 6,550; Rupees 13,100; Rupees 34,500]

PNC008. Are these payments/pension received on a more or less regular basis (annually, monthly, weekly, etc.)?

1. Yes
2. No → **Go to PNC013**

PNC009_intro. How much were these pension benefits/regular payments based on work with this employer when you first stopped working?

_____Rs per month or _____% of salary before retirement _____

PNC009a–c. [\[If R refuses to give exact amount to PNC009\]](#) Would it be more, or less, or equal to [threshold value randomly chosen from three scenarios]?

[Rupees 950; Rupees 1,875; Rupees 3,300; Rupees 6,550; Rupees 17,250]

PNC010. Currently, how much of the pension/regular payment related to this job do you receive per month?

_____ Rs

PNC010a–c. [\[If R refuses to give exact amount to PNC10\]](#) Would it be more, or less, or equal to [threshold value randomly chosen from three scenarios]?

[Rupees 1,150; Rupees 2,250; Rupees 3,950; Rupees 7,900; Rupees 20,500]

PNC011. How long did it take after you stopped working to receive your first pension/regular payment?

_____months

PNC012. Did you have to bribe anybody to speed up the process for approving your pension/regular payment?

1. Yes
2. No

PNC013. Did you receive any of the following at the time you stopped working?

1. A lump sum amount under your provident fund
2. A lump sum amount in lieu of gratuity
3. A lump sum amount in lieu of accumulated leave
4. Other (specify) _____
5. Did not receive a lump sum payment → **Go to PNE001**

PNC014.[Ask only if R does not answer 5 in PNC013]What was the total amount of the lump sum payment you received?

_____Rs

PNC014a–c. [\[If R refuses to give exact amount to PNC014\]](#) Would it be more, or less, or equal to [threshold value randomly chosen from three scenarios]?

[Rupees 14,500; Rupees 29,000; Rupees 53,000; Rupees 110,000; Rupees 275,000]

PNC015. How long did it take after you retired to receive the lump sum payments described above?

_____months

PNC016. Did you have to pay anyone money to speed up the process for approving your lump sum payments?

1. Yes
2. No

→ **Go to PNE001**

I_FC. PENSION ENTITLEMENT (PND)
[Pension Entitlement for Current Workers]

PND001-PND013: Questions for Currently Working or Ever Worked

Ask PND001 – PND001 if R indicated currently working (WE001=1 OR WE002=1) or is ever worked (WE003=1)

PND001. Are you currently enrolled in a pension scheme?

1. Yes
2. No → **Go to PNE001**

PND002. Is it through your current employment we just talked about?

1. Yes → **Go to PND004**
2. No

PND003. What is the name of this employer?

PND004. For how many years altogether have you been included in the pension scheme?

_____years

PND005. For how many years altogether will you have been included in this scheme when you stop working?

_____years

PND012. Will this be enough years to be eligible to receive pension?

1. Yes
2. No → **Go to PNE001**

PND013. About how much do you expect your benefits to be (As a percentage of your pay at retirement or as an amount per month)?

_____Rs per month

OR _____% of final pay

PND013a-c.[\[If R refuses to give exact amount to PND013\]](#)Would it be more, or less, or equal to [threshold value randomly chosen from three scenarios]?

[Rupees 3,000; Rupees 5,700; Rupees 10,000; Rupees 20,000; Rupees 52,000]

I_FD. COMMERCIAL PENSION (PNE)

[Commercial pensions]

PNE001 to PNE028, PN249 to PN258: Questions for EVERYBODY ABOUT COMMERCIAL PENSION

PNE001. Now I will ask you about pension schemes from commercial sources such as the Life Insurance Corporation, the Unit Trust of India, Mutual Funds, ICICI, etc. from which you are currently receiving pension or received lump sum amount. Please do not include any pensions that you have already described before.

Are you currently receiving pension under a commercially available pension scheme?

1. Yes
2. No → **Go to PNE002**

PNE003_intro.

List the names of up to three pension schemes

PNE003. Name of the pension/lump sum scheme(s) and organization(s)	PNE004. Who paid the premiums for the commercial pension(s)?	PNE005. When did you start contributing premiums to the commercial pension/lump sum scheme(s)?
_____ Name AND _____ Organization	<ol style="list-style-type: none"> 1. Myself 2. My employer 3. My family or relative 4. The government 5. Other (specify) _____ 	_____ month _____ year
_____ Name AND _____ Organization	<ol style="list-style-type: none"> 1. Myself 2. My employer 3. My family or relative 4. The government 5. Other (specify) _____ 	_____ month _____ year
_____ Name AND _____ Organization	<ol style="list-style-type: none"> 1. Myself 2. My employer 3. My family or relative 4. The government 5. Other (specify) _____ 	_____ month _____ year

PNE006_intro. In what month and year did you start to receive commercial pension benefits?

_____ Month
 _____ Year

PNE007. How much are the commercial pension benefits per month?

_____ Rs/ month

→ Go to PNE007a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to PNE002 if the respondent can give an approximate value.

PNE007a– c.[If R refuses to give exact amount to PNE007] How much are the commercial pension benefits per month?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 1,150; Rupees 2,250; Rupees 3,950; Rupees 7,900; Rupees 20,500]

PNE002. Have you received a lump sum payment under a commercially available scheme such as life insurance or another scheme?

1. Yes
2. No→ Go to PNE010

Ask PNE008 – PNE009 only if R indicated receiving lump sum benefits, that is PNE002=1.
--

PNE008_intro. In what month and year did you receive the lump sum benefits from the commercial scheme?

_____Month
_____Year

PNE009. How much were the lump sum benefits?

_____ Rs/month

→ Go to PNE009a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to PNE010 if the respondent can give an approximate value.

PNE009a–c.[If R refuses to give exact amount to PNE009]How much were the lump sum benefits?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 50,000; Rupees 100,000; Rupees 200,000; Rupees 400,000; Rupees 800,000]

PNE010. Are you (or someone on your behalf) contributing premiums to a commercially available pension scheme?

1. Yes
2. No→ Go to PNF001

PNE011_intro. What is the name of the pension scheme (e.g., ICICI, UTI and LIC, etc.) that you are participating in?

Record organization if name of scheme unavailable

Name of Pension Scheme: _____
Name of Organization: _____

PNE011_add_more. Are there any other names of pension/lump sum schemes and organizations that are providing you with this pension?

1. Yes → **Return to PNE011_intro**
2. No

PNE012. Who paid for the commercial pension insurance? Please check all that apply

1. Myself
2. My current (or former) employer
3. My family or relative
4. The government
5. Other, specify _____

PNE013_intro. When did you start contributing to the commercial pension/lump sum schemes(s)?

Pension Scheme: [Display Scheme name from PNE011_intro]

_____ Month
_____ year

PNE014. How much premium per month do you contribute to the commercial insurance programs?

_____ Rs per Month

PNE015. How many more years do you need to pay the premium before you become eligible to receive the pension?

Put '0' if full premium amount has already been paid

_____ years

PNE016. Have you paid any lump sum amount in lieu of premium to the insurance company?

1. Yes
2. No → **Go to PNF001**

PNE017. [If R says Yes to PNE016] What was the lump sum amount you paid to the insurance company?

_____ Rs

→ **Go to PNE017a if R selects “DON'T KNOW (DK)” or “REFUSED”. Otherwise, proceed to PNE018 if the respondent can give an approximate value.**

PN017a–c. [If R refuses to give exact amount to PN256] What was the lump sum amount you paid to the insurance company?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 50,000; Rupees 200,000; Rupees 300,000; Rupees 400,000; Rupees 500,000]

PNE018. Taken together, how much do you expect to receive from these pension schemes after maturity?

_____ Rs per year OR
_____ Rs lump sum

→ **Go to Next Section**

I_FE. PENSION: PUBLIC PENSION SCHEME (PNF)

[Other pension schemes for everyone]

[PUBLIC PROVIDENT FUND SCHEME]

PNF001 Are you currently enrolled in a public provident fund scheme?

1. Yes
2. No → **Go to PNF004**

PNF002. For how many years altogether have you been included in the provident fund scheme?

[Include years with other jobs if it is the same scheme.]

_____years

PNF002a. For how many years altogether will you have been included in this scheme upon maturity?

[Include years with other employers if the same provident fund scheme.]

_____years

PNF003. About how much do you expect your provident fund to amount to upon maturity?

_____ Rs

→ Go to PNF003a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to PNF004 if the respondent can give an approximate value.

PNF003a–c. [If R refuses to give exact amount to PNF006] About how much do you expect your provident fund to amount to upon maturity?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 15,000; Rupees 30,000; Rupees 55,000; Rupees 110,000; Rupees 270,000]

PNF004 Have you received a lump sum amount from any public provident fund scheme?

1. Yes
2. No → **Go to PNF007 if widowed or PNF009 if currently married or PNF016 if never married/divorced/separated**

PNF005_year. [If PNF004 is YES] In what month and year did you receive the lump sum benefits from this scheme?

_____year _____month

PNF006. [If PNF004 is YES] How much were the lump sum benefits?

_____ Rs

→ Go to PNF006a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to PNF007 if widowed or PNF009 if currently married or PNF016 if never married/divorced/separated

PNF006a–c. [If R refuses to give exact amount to PNF006] How much were the lump sum benefits?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 50,000; Rupees 100,000; Rupees 200,000; Rupees 400,000; Rupees 800,000]

→ Go to PNF007 if widowed or PNF009 if currently married or PNF016 if never married/divorced/separated

[DEPENDENT PENSION/SURVIVAL PENSION]

PNF007. [Ask only if R is widowed] Are you currently receiving any pension from employment of your late spouse?

1. Yes
2. No → Go to PNF016

PNF008. [Ask only if R is widowed and s/he is receiving any pension from employment of late spouse] How much is the amount of pension?

_____Rs. per month → Go to PNF016

PNF009 [Ask only if respondent is currently married]. Is your spouse covered by any pension scheme from his/her employment?

1. Yes
2. No

[Pension Scheme of a Trade Union/Welfare Board]

PNF010. [Ask all] Are you covered by any pension scheme of a trade union/welfare board?

1. Yes
2. No → Go to PNF016

PNF011. [Ask only if PNF010=1] What is the name of the scheme?

PNF012: [Ask only if PNF010=1] For how many years altogether have you been included in the pension scheme?

_____Years

PNF013. [Ask only if PNF010=1] For how many years altogether will you have been included in this program when you stop working?

_____Years

PNF014. [Ask only if PNF010=1] Will this be enough years to be eligible to receive pension?

1. Yes
2. No

PNF015. [Ask only if PNF010=1] About how much do you expect your benefits to be (As a percentage of your pay at retirement or as an amount per month)?

_____Rs per month OR
_____ % of final pay

→ Go to PNF015a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to PNF016 if the respondent can give an approximate value.

PNF015a-c. [If R refuses to give exact amount to PNF015] About how much do you expect your benefits to be (As a percentage of your pay at retirement or as an amount per month)?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 3,000; Rupees 5,700; Rupees 10,000; Rupees 20,000; Rupees 52,000]

Questions for EVERYONE

[Pension schemes for widows, the disabled, agricultural workers, freedom fighters and the elderly]

PNF016. Do you receive any pension from the government under any of the schemes for widows, agricultural workers, freedom fighters, disabled, or the elderly?

1. Yes
2. No → Go to PNF023

PNF017. [IF PNF016 is YES] In what month and year did you start to receive pension benefits from these schemes? [Mark the year using four digits and take down the month as its actual number. For example, write January as “1” not “01”, December as “12”. If do not remember month, fill ‘0’.]

Widow	_____ year _____ month
Freedom Fighters	_____ year _____ month
Disabled	_____ year _____ month
Elderly	_____ year _____ month
Agricultural workers	_____ year _____ month

PNF018. [IF PNF016 is YES] How much are the total benefits per month from these schemes?
_____ Rs

→ Go to PNF018a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to PNF019 if the respondent can give an approximate value.

PNF018a-c. [If R refuses to give exact amount to PNF018] How much are the total benefits per month from these schemes?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 250; Rupees 500; Rupees 900; Rupees 1,800; Rupees 4,600]

PNF019. [IF PNF016 is YES] How do you receive these benefits?

1. By money order
2. By a deposit in a bank account
3. By going to the treasury office
4. From the local Panchayat
5. Other, please specify: _____

PNF020. [IF PNF016 is YES] To whom did you have to apply (or make a petition) to receive these benefits? Please check all that apply

1. Did not apply
2. Applied to the Gram Sabha and/or Village Panchayat
3. Applied to the Panchayat Samiti

4. Applied to the Zilla Parishad
5. Applied to government office
6. Other, please specify: _____

PNF021. **[IF PNF016 is YES]** Did you have to bribe anyone to receive these benefits?

1. Yes
2. No

PNF022_intro. **[IF PNF016 is YES]** How long did it take for from the time of application to the receipt of the first installment of your benefit under each scheme?

Widow _____ number of years
 Freedom Fighters _____ number of years
 Disabled _____ number of years
 Elderly _____ number of years
 Agricultural workers _____ number of years

[OTHER PENSION SCHEMES]

PNF023. In addition to the above, do you or any individual or organization on your behalf, currently contribute to any scheme that will pay you a pension or a lump sum amount in the future that you have not told us about?

1. Yes, specify _____
2. No → **Go to PNF028**

PNF024. **[IF PNF023 is YES]** Who is paying the premiums for these schemes? Please check all that apply

1. Myself
2. My employer
3. My family or relative
4. The government
5. Other, specify _____

PNF025_intro. **[IF PNF023 is YES]** What is the total premium that you currently pay?

_____ Rs per year OR
 _____ Rs lump sum

PNF026_intro. **[IF PNF023 is YES]** When do you expect to receive the pension from these schemes?

At age _____ OR in _____ years

PNF027. **[IF PNF023 is YES]** How much do you expect your benefits to be?

_____ Rs per month/year OR
 _____ Rs lump sum amount

→ **Go to PNF027a if R selects “DON’T KNOW (DK)” or “REFUSED”.** Otherwise, proceed to **PNF028 if the respondent can give an approximate value.**

PNF027a–c. **[If R refuses to give exact amount to PNF027]** How much do you expect your benefits to be?

Does it amount to less than [threshold value randomly chosen], more than [threshold value randomly chosen], or what?

[Rupees 1,150; Rupees 2,250; Rupees 3,950; Rupees 7,900; Rupees 20,500]

PNF028. Whom do you think you can rely on for old-age support? Check the three (3) most important sources of support.

1. Children living abroad
2. Spouse
3. Children living within country
4. Relatives other than children
5. Savings
6. Pension or retirement salary
7. Commercial pension insurance
8. Social pension
9. Income from post-retirement employment
10. Rental income from property
11. Charitable contributions
12. Other
13. Do not know – have not thought about it

Interviewer, please answer questions PNF029 – PNF030.
--

[For the interviewer]

PNF029_proxy. Is this a proxy interview?

1. Yes
2. No

→Go to PNF029_assistance if PN029_proxy is NO
→Go to PN030 if PN029_proxy is YES

PNF030. [Ask if this is a proxy interview, PN029_proxy is YES] What is your relationship to [NAME OF RESPONDENT]?

1. Spouse/partner
2. Son or daughter (including biological, adopted, and step children)
3. Son- or daughter-in-law
4. Grandchild
5. Parent
6. Parent-in-law
7. Brother or sister (including biological, adopted, and step siblings)
8. Grandparent
9. Other relative
10. Servant
11. Friend
12. Other, non-relative; please specify _____

→Go to I_G. THANK YOU & CONTACT INFORMATION

PNF029_assistance. How often did the respondent receive assistance in answering this section?

1. Never
2. A few times
3. Most or all of the time

→Go to I_G. THANK YOU & CONTACT INFORMATION if PNF029_proxy=1
→Go to EV/ES/EE if PNF029_proxy=2

I_G. EXPERIMENTAL MODULES

I_GA. VIGNETTES (EV)

This section does not allow a proxy interview. Please skip this section, if this is a proxy interview.

The questions in this module will be given to 33% of the respondents.

All vignette questions should be asked of all Rs. The only randomization concerns the names of the vignette persons and the order of the vignette questions.

There are two versions. Each has alternating male and female names on the vignettes, but where version 1 has a male name; version 2 has a female name, etc. Version 1 has the order of the questions as given below. Version 2 reverses things: first work disability, then health; domains in reverse order; vignettes in each domain in reverse order. But the self-report always comes before the vignettes (per domain in health, before all domains in work limiting disability).

Please see a list of common male/female names in India.

Common male/female names

Male								
Aditya	Ajay	Amitabh	Anand	Anil	Arun	Arvind	Dinesh	Gopal
Hardhian	Iraj	Jaipal	Khadim	Kiran	Krishnan	Kumar	Mandeep	Manish
Manoharan	Puneet	Rajesh	Ranjit	Ravindran	Sahil	Saleem	Samir	Sanjay
Santosh	Sukumar	Sunil	Suresh	Vikram	Vishnu	Vishu		
Female								
Amrita	Anchal	Anita	Annette	Anusha	Ayesha	Geetha	Gurjeet	Haseena
Hema	Jasleen	Jasmin	Kalpana	Kavita	Lakshmi	Leena	Malini	Nandita
Naveen	Nisha	Pooja	Preeti	Priya	Pushpa	Renuka	Sangeeta	Selina
Shrutika	Selina	Sima	Smita	Sonali	Tejal	Vidya		

We would now like you to evaluate several aspects of your own health, as well as similar aspects of the health of a number of examples of persons with health problems.

Scale: (1) none; (2) mild; (3) moderate; (4) severe; (5) extreme/can't do it

EV001. Overall in the last 30 days, how much of a problem did you have with moving around?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV002. Overall in the last 30 days, how much bodily aches or pains did you have?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV003. In the last 30 days, how much difficulty did you have with sleeping such as struggling to fall asleep, waking up frequently during the night or waking up too early in the morning?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV004. Overall in the last 30 days how much difficulty did you have with concentrating or remembering things?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV005. In the last 30 days, how much of a problem did you have because of shortness of breath?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV006. Overall in the last 30 days, how much of a problem did you have with feeling sad, low, or depressed?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV007. Overall in the last 30 days, how much difficulty did you have with self care such as bathing, washing, grooming, and maintaining your general appearance?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV008. In the last 30 days, how much of a difficulty did you have with personal relationships and participation in the community?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

[HEALTH: Mobility]

I am now going to ask you about another person, [NAME]. I will describe several conditions for [NAME] and would like you to evaluate [his/her] health situation.

EV009. [NAME] is able to walk distances of up to 200 meters without any problems but feels tired after walking one kilometer or climbing more than one flight of stairs. He has no problems with day-to-day activities, such as carrying food from the market. Overall in the last 30 days, how much of a problem did [NAME] have with moving around?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV010. [NAME] does not exercise. He cannot climb stairs or do other physical activities because he is obese. He is able to carry the groceries and do some light household work. Overall in the last 30 days, how much of a problem did [NAME] have with moving around?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV011. [NAME] has a lot of swelling in his legs due to his health condition. He has to make an effort to walk around his home as his legs feel heavy. Overall in the last 30 days, how much of a problem did [NAME] have with moving around?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

[HEALTH: Pain]

EV012. [NAME] has a headache once a month that is relieved after taking a pill. During the headache he can carry on with his day-to-day affairs. Overall in the last 30 days, how much of bodily aches or pains did [NAME] have?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV013. [NAME] has pain that radiates down his right arm and wrist during his day at work. This is slightly relieved in the evenings when he is no longer working on his computer. Overall in the last 30 days, how much of bodily aches or pains did [NAME] have?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV014. [NAME] has pain in his knees, elbows, wrists and fingers, and the pain is present almost all the time. Although medication helps, he feels uncomfortable when moving around, holding and lifting things. Overall in the last 30 days, how much of bodily aches or pains did [NAME] have?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

[HEALTH: Sleep]

I am now going to ask you some more questions about [NAME]. I will describe several conditions for [NAME] and would like you to evaluate [his/her] health situation.

EV015. [NAME] falls asleep easily at night, but two nights a week she wakes up in the middle of the night and cannot go back to sleep for the rest of the night. In the last 30 days, how much difficulty did [NAME] have with sleeping, such as struggling to fall asleep, waking up frequently during the night or waking up too early in the morning?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV016. [NAME] takes about two hours every night to fall asleep. She wakes up once or twice a night feeling panicked and takes more than one hour to fall asleep again. In the last 30 days, how much difficulty did [NAME] have with sleeping, such as struggling to fall asleep, waking up frequently during the night or waking up too early in the morning?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV017. [NAME] wakes up almost once every hour during the night. When she wakes up in the night, it takes around 15 minutes for her to go back to sleep. In the morning she does not feel well-rested. In the last 30 days, how much difficulty did [NAME] have with sleeping such as struggling to fall asleep, waking up frequently during the night or waking up too early in the morning?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

[HEALTH: Cognition]

EV018. [NAME] can concentrate while watching TV, reading a magazine or playing a game of cards or chess. Once a week she forgets where her keys or glasses are, but finds them within five minutes. Overall in the last 30 days, how much difficulty did [NAME] have with concentrating or remembering things?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV019. [NAME] is keen to learn new recipes but finds that she often makes mistakes and has to reread several times before she is able to do them properly. Overall in the last 30 days, how much difficulty did [NAME] have with concentrating and remembering things?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV020. [NAME] cannot concentrate for more than 15 minutes and has difficulty paying attention to what is being said to her. Whenever she starts a task, she never manages to finish it and often forgets what she was doing. She is able to learn the names of people she meets. Overall in the last 30 days, how much difficulty did [NAME] have with concentrating or remembering things? \

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

[HEALTH: Breathing]

EV021. [NAME] has no problems with walking slowly. He feels out of breath easily when climbing uphill for 20 meters or a flight of stairs. In the last 30 days, how much of a problem did [NAME] have because of shortness of breath?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV022. [NAME] suffers from respiratory infections about once every year. He is short of breath 3 or 4 times a week and had to be admitted in hospital twice in the past month with a bad cough that required treatment with antibiotics. In the last 30 days, how much of a problem did [NAME] have because of shortness of breath?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV023. [NAME] has been a heavy smoker for 30 years and wakes up with a cough every morning. He gets short of breath even while resting and does not leave the house anymore. He often needs to be put on oxygen. In the last 30 days, how much of a problem did [NAME] have because of shortness of breath?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

[HEALTH: Affect]

To finish this section, I have a few more questions about [NAME]. Like before, I will describe several conditions for [NAME] and would like you to evaluate [his/her] health situation.

EV024. [NAME] enjoys her work and social activities and is generally satisfied with her life. She gets depressed every 3 weeks for a day or two and loses interest in what she usually enjoys but is able to carry on with her day-to-day activities. Overall in the last 30 days, how much of a problem did [NAME] have with feeling sad, low, or depressed?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV025. [NAME] feels nervous and anxious. She worries and thinks negatively about the future, but feels better in the company of people or when doing something that really interests her. When she is alone she tends to feel useless and empty. Overall in the last 30 days, how much of a problem did [NAME] have with feeling sad, low, or depressed?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

EV026. [NAME] feels depressed most of the time. She weeps frequently and feels hopeless about the future. She feels that she has become a burden on others and that she would be better dead. Overall in the last 30 days, how much of a problem did [NAME] have with feeling sad, low, or depressed?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme/Can't do it

[For the interviewer]

EV027. How often did the respondent receive assistance in answering this section?

1. Never
2. A few times
3. Most or all of the time

I_GB. SOCIAL CONNECTEDNESS (ES)

This section does not allow a proxy interview. Please skip this section, if this is a proxy interview.

The questions in this module will be given to 33% of the respondents.

[Name Generators]

ES001. Looking back over the past 12 months, think of up to three adults (ages 16 and over) who are still alive and with whom you spent the most free time. By free time, we mean time spent for your enjoyment after work or on the weekend. These adults could be family, relatives, friends, including friends from work or others.

Please tell me the first names (or initials, nicknames) of these people.

[If R answers nobody → **Go to ES002.**]

1. _____
2. _____
3. _____

[Interviewer: Please identify these names from household roster or family roster, if they are household members or family members.]

[If fewer than three names, probe: Is there anyone else who you spend free time with? Do not push too hard if they say No.]

ES002. From time to time, most people discuss important matters with others. Looking back over the past 12 months, think of up to three adults (ages 16 and over) with whom you most often discussed important matters. These adults could be relatives, friends, friends from work, or others.

Please tell me the first NAMES (or initials, nicknames) of these people.

1. _____
2. _____
3. _____

[Interviewer: Please identify these names from household roster or family roster, if they are household members or family members.]

[If fewer than three NAMES probe: Is there anyone else with whom you discussed important matters?]
[If R answers nobody, but there are people on the roster generated by **ES001** → **Go to ES001.**]

ES003. Are any of these people with whom you discussed important matters the same people with whom you spent a great deal of time?

1. No → **Go to ES004**
2. Yes → **Go to ES003a**

ES003a. Which of these people did you mention earlier?

[Section 2: Alter Questions]

These questions are asked for each of the Alters identified (up to six).
Do NOT ask ES004 – ES008, if they are R's spouse, children, or parents.

ES004. Is (NAME) male or female? [Interviewer: Ask only if the person is not in front of you or sex is not clear].

1. Male
2. Female

ES005. What is (NAME's) age (in completed years)? [Probe: Your best guess is fine.]

1. Less than 16
2. 16-19
3. 20-29
4. 30-39
5. 40-49
6. 50-59
7. 60-69
8. 70-79
9. 80-89
10. 90 or over

ES006. As far as you know, how many years of schooling did (NAME) receive or what is the highest standard (NAME) completed? [Probe: Your best guess is fine.]

9. Less than primary school
10. Primary school completed
11. Secondary school completed
12. High school (or equivalent) completed
13. Collegiate level studies (B.A., B.S., B.Com.) completed
14. Professional degree (engineering, medicine, nursing, etc.)
15. Post-graduate level or above

ES007. What is (NAME)'s current marital status?

1. Never married
2. Currently married
3. Widowed
4. Divorced/separated

ES008. As far as you know, is (NAME) currently employed by somebody, self-employed, or not working? [Probe: Your best guess is fine.]

1. Working
2. Not working

ES009. Would you say that (NAME)'s religious preference is Hindu, Muslim, Christian, Sikh, some other religion, or no religion? [Probe: Your best guess is fine.]

1. Hindu
2. Muslim
3. Christian
4. Sikh
5. Other
6. None

ES010. As far as you know, would you say that (NAME) currently smokes cigarettes every day, some days, or not at all? [\[Probe: Your best guess is fine.\]](#)

1. Every day
2. Some days
3. Not at all

ES011. As far as you can tell, would you describe (NAME)'s current health as Excellent, Very good, Good, Fair, or Poor? [\[Probe: Your best guess is fine.\]](#)

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

[Section 3: Ego-Alter Questions]

ES012. I will now ask you how the people you have mentioned have a relationship with you. Some people have relationships with each other in more than one way. For example, a man could be your brother and work with you as well. Please tell me whether or not each of the following relationships applies to you and (NAME).

1. Spouse/partner
2. Parent
3. Sibling - including biological, adopted, or stepsibling
4. Son or daughter including biological, adopted, or stepsibling
5. Other relative- including son or daughter-in-law, grandparent, grandchildren, cousins, aunts, uncles, nephews, nieces, other in-laws
6. Co-worker- Someone you work with or usually interact with while working
7. Member of group to which you belong- For example, someone who attends the same religious services as you, or whose children work with your children, or who belongs to the same club
8. Neighbor – Someone who lives within walking distance of your home
9. Friend - Someone with whom you get together for informal social occasions
10. Professional advisor or consultant- A trained expert you turned to for advice; for example, a lawyer or clergy
11. Servant
12. Other

ES013. Please tell me whether you and (NAME) currently live in the same house, street, village, town, or city. If (NAME) does not live in the same city, town or village as you, then where does (NAME) live? _____

ES013a. Thinking over the past year, about how often did you usually interact with (NAME) in person? [\[Interviewer: Read through response choices.\]](#)

1. Every day / nearly every day
2. At least once a week
3. At least once a month
4. Less than once a month
5. Never

ES013b. Thinking over the past year, about how often did you usually interact with (NAME) by phone? [\[Interviewer: Read through response choices.\]](#)

1. Every day / nearly every day
2. At least once a week
3. At least once a month
4. Less than once a month
5. Never

ES013c. Thinking over the past year, about how often did you usually interact with (NAME) electronically, like through email or other internet application such as instant messaging?

[Interviewer: Read through response choices.]

1. Every day / nearly every day
2. At least once a week
3. At least once a month
4. Less than once a month
5. Never

ES013d. Thinking over the past year, about how often did you usually interact with (NAME) by paper mail?

[Interviewer: Read through response choices.]

1. Every day / nearly every day
2. At least once a week
3. At least once a month
4. Less than once a month
5. Never

ES014. Think about how close you feel to (NAME). If the number 10 represents “feeling extremely close to (NAME) or closer than any other person you know” and the number 1 represents “not close to (NAME) at all”, what number between 1 and 10 best describes how close you feel to (NAME).

10 Extremely close/closer than any other person I know

9

8

7

6

5

4

3

2

1 Not close at all

ES015. Think about how much you like (NAME). If the number 10 represents “liking (NAME) a lot or more than any other person you know” and the number 1 represents “not liking (NAME) at all”, what number between 1 and 10 best describes how much you like (NAME)?

10 Like a lot/Like more than any other person I know

9

8

7

6

5

4

3

2

1 Do not like at all

[Section 4: Alter-Alter Questions]

For this next section, I will ask you to think about the relationships between the people you have mentioned and how close they are to each other. Some of them may be total strangers in the sense that they wouldn't recognize each other if they bumped into each other on the street. Others may be as close or closer to each other as they are to you. I will ask you about pairs of people who you have mentioned. For each pair, please answer the following questions about the relationship between them.

ES016.I will now ask you how the people you have mentioned have a relationship with each other. Some people have relationships with each other in more than one way.For example, two people could be siblings as well as work with each other.Please tell me whether or not each of the following describes the current relationship between (NAME X) and (NAME Y).

[Interviewer: Read through response choices A through I.]

- a. No relationship/do not know each other
- b. Married to each other
- c. Relatives with each other
- d. Friends with each other
- e. Co-workers with each other
- f. Involved in a club or organization with each other
- h. Other
- i. Not sure

ES017.Now think about the closeness of the relationship between each pair of people.If the number 10 represents “(NAME X) and (NAME Y) are extremely close or closer than any two people you know” and the number 1 represents “(NAME X) and (NAME Y) are not close at all”, what number between 1 and 10 would best describe how close (NAME X and NAME Y) are to each other?

- 10 Extremely close/closer than any two people I know
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1 Not close at all

[For the interviewer]

ES018. How often did the respondent receive assistance in answering this section?

- 1. Never
- 2. A few times
- 3. Most or all of the time

I GC. EXPECTATIONS (EE)

The questions in this module will be given to 33% of respondents.

[Expectations]

Introduction

I will ask you several questions about the chance or likelihood that certain events are going to happen. There are 10 beans in the cup. I would like you to choose some beans out of these 10 beans and put them in the plate to help me understand what you think the likelihood or chance is of a specific event happening. If you do not put any beans in the plate, it means you are sure that the event will NOT happen. If you add beans, this means that you think the likelihood that the event happens will increase. For example, if you put one or two beans, it means you think the event is not likely to happen but it is still possible. If you pick 5 beans, it means that it is just as likely it happens as it does not happen (fifty-fifty). If you pick 6 beans, it means the event is slightly more likely to happen than not to happen. If you put 10 beans in the plate, it means you are sure the event will happen. One bean represents one chance out of 10. There is not a right or wrong answer; I just want to know what you think.

Let me give you an example. Imagine that you are playing Ludo. Say I was to ask you the chance that you will win the game. Suppose that you think that you would win for sure because you always win, you put all 10 beans in the plate.

Suppose that you think you will never win, you put no beans in the plate.

Suppose you think that you are quite likely to win but you are not sure, since you often win at Ludo, but not always. In fact, suppose you believe that if you were to play for a long time you would win about 7 times for every 10 games and you would lose about 3 times. So you put 7 beans in the plate and leave 3 beans in the cup.

Let me give you another example. Say I was to ask you to think about the chance that you will have a cold in the next year. If you put 4 beans on the plate, it means that out of 10 people who are exactly like you, 4 would have a cold in the next year <Interviewer should put the 4 beans in the plate. Interviewer points to the 6 beans in the cup>. It also means that 6 out of those 10 people would not have a cold in the next year.

Now suppose that you and I decide to play a game of Ludo against each other.

EE001 – EE002. Pick the number of beans that reflects how likely you think it is that...

EE001. You will win the game _____

EE002. You will lose the game _____

If number of beans of EE001+number of beans of EE002==10, go to EE003.

You put [fill=EE001] beans in the plate for the likelihood that you will win the game, which means that if we play for a long time, you would win [fill=EE001] out of 10 games. Look, you left [fills=10- EE001] beans in the cup. Since you can only win or lose, this means that you would lose [fills=10- EE001] out of 10 games if we play for a long time. Let me ask you again.

EE001b – EE002b. Pick the number of beans that reflects how likely you think it is that...

EE001b. You will win the game _____

EE002b. You will lose the game _____

EE003 – EE004. Pick the number of beans that reflects how likely you think it is that...

EE003. you will go to the market at least once within the next 2 days

EE004. you will go to the market at least once within the next 2 weeks

If number of beans of EE004 \geq number of beans of EE003, go to EE005.

Remember, as time goes by, you may find more time to go to the market. Therefore, there is a higher chance that you go to the market within 2 weeks than within 2 days. So you should put more beans for the likelihood of going to the market within 2 weeks than within 2 days. Let me ask you again.

EE003b Pick the number of beans to reflect how likely you think it is that you will go the market at least once within 2 days?

.EE004b. What about the number of beans to reflect how likely you think it is that you will go the market at least once within 2 weeks?

EE005 – EE009. Pick the number of beans that reflects how likely you think it is that...

EE005. the sun will rise tomorrow

EE006. [if currently working] you will still be working in a similar job in 5 years

EE007. [if currently working] you will still be working in a similar job in 10 years

EE008. [if currently working] you will lose your job during the next year

EE009. You will move during the next 2 years

EE012. Pick the number of beans that reflects how likely you think it is that you have the following diseases:

EE012a. You have hypertension

EE012b. You have heart disease

EE012c. You have anemia

EE012d. You have diabetes

Randomize between Survival and Mortality.

[Mortality]

EE013 – EE015. I would like to ask you to consider the likelihood that you and other people may not be alive as time goes by.

Think about 10 people like you (same age, gender, income, etc...). Pick the number of beans that reflects how many

EE013. Will die within a one-year period beginning today.

EE014. Will die within a 5-year period beginning today.

EE015. Will die within a 10-year period beginning today.

EE016 – EE018. Now, I would like to ask you to consider the likelihood that you may not be alive as time goes by. We hope that nothing bad will happen to you, but nevertheless, something unfortunate may occur over the next years despite all precautions that you may take. If you don't want to, you do not need to answer this question. Pick the number of beans that reflects how likely you think it is that

EE016. You will die within a one-year period beginning today.

EE017. You will die within a 5-year period beginning today.

EE018. You will die within a 10-year period beginning today.

[Survival]

EE019 – EE021. I would like to ask you to consider the likelihood that you and other people may be alive as time goes by.

Think about 10 people like you (same age, gender, income, etc...). Pick the number of beans that reflects how many

EE019. Will be alive in one year.

EE020. Will be alive in 5 years.

EE021. Will be alive in 10 years.

EE022 – EE024. Now, I would like to ask you to consider the likelihood that you may be alive as time goes by. We hope that nothing bad will happen to you, but nevertheless, something unfortunate may occur over the next years despite all precautions that you may take. If you don't want to, you do not need to answer this question. Pick the number of beans that reflects how likely you think it is that

EE022. You will be alive in one year.

EE023. You will be alive in 5 years.

EE024. You will be alive in 10 years.

[Ask everyone about work-limiting health problems.](#)

[Work-limiting health problem]

EE025 – EE027. Now, I would like to ask you to consider the likelihood that you may have health problems that limit your ability to work, both paid and unpaid, as time goes by. Please pick the number of beans that reflects how likely you think it is that

EE025. You will have a work-limiting health problem within 6 months.

EE026. You will have a work-limiting health problem within one year.

EE027. You will have a work-limiting health problem within 5 years.

EE028 – EE030. [if married] Now, I would like to ask you to consider the likelihood that your spouse may have health problems that limit his/her ability to work, both paid and unpaid, as time goes by. Please pick the number of beans that reflects how likely you think it is that

EE028. Your spouse will have a work-limiting health problem within 6 months.

EE029. Your spouse will have a work-limiting health problem within one year.

EE030. Your spouse will have a work-limiting health problem within 5 years.

[Ask everyone about inflation expectation.](#)

[Inflationary Expectations]

CO101. During the next 12 months, do you think that prices in general will go up, or go down, or stay where they are now?

1. Go up → **Go to CO106**
2. Stay the same
3. Go down → **Go to CO106**

CO102. [\[Ask only if answer to CO101 = 2, stay the same\]](#) Do you mean that prices will go up at the same rate as now, or that prices in general will not go up during the next 12 months?

1. Will go up at same rate
2. Will not go up

CO106. If you go to the market today, what do you think is the price of 100 g of rice?
_____ Rs

CO107. [Ask only if respondent answers CO106] What do you think it will be 12 months from now?
_____ Rs

CO108 – CO109. [Ask only if respondent did not give exact answer to CO107]

CO108. [If respondent said the price would go up; CO101=1 or CO102=1] Would it be [fill = answer to CO106]*1.05, [fill = answer to CO106]*1.10, or [fill = answer to CO106]*1.15?

1. [fill = answer to CO106]*1.05
2. [fill = answer to CO106]*1.10
3. [fill = answer to CO106]*1.15

CO109. [If respondent said the price would go down; CO101=3] Would it be [fill = answer to CO106]*0.95, [fill = answer to CO106]*0.90, or [fill = answer to CO106]*0.85?

1. [fill = answer to CO106]*0.95
2. [fill = answer to CO106]*0.90
3. [fill = answer to CO106]*0.85

CO110. Think about what you can get for food, housing, utilities, clothing, and other essential goods for 1,000 Rupees today. How many Rupees do you think you would spend to buy the same quantity of goods in 12 months from now?
_____ Rs

CO111 – CO112. [Ask only if respondent did not give exact answer to CO110]

CO111. [If respondent said the price would go up; CO101=1 or CO102=1] Would it be [fill = answer to CO110]*1.05, [fill = answer to CO110]*1.10, or [fill = answer to CO110]*1.15?

1. [fill = answer to CO110]*1.05
2. [fill = answer to CO110]*1.10
3. [fill = answer to CO110]*1.15

CO112. [If respondent said the price would go down; CO101=3] Would it be [fill = answer to CO110]*0.95, [fill = answer to CO110]*0.90, or [fill = answer to CO110]*0.85?

1. [fill = answer to CO110]*0.95
2. [fill = answer to CO110]*0.90
3. [fill = answer to CO110]*0.85

[For the interviewer]

CO114. How often did the respondent receive assistance in answering this section?

1. Never
2. A few times
3. Most or all of the time

I_G. THANK YOU & CONTACT INFORMATION

[Contact Information for Follow-up Interview. The following questions are asked of everyone who has completed an individual interview]

Thank you for your participation, this survey - part of the Longitudinal Aging Study of India - is now completed. It is very important for us to stay in contact with you, so at this stage we would like to ask if there is anyone else we can contact to get in touch with you in the future if your current contact information becomes unavailable. Please note this information will be confidential and only available to LASI researchers.

[PROCEED TO THE NEXT SCREEN]

Please enter the contact information for up to three persons:

Name: _____
Phone: _____
Address: _____

Name: _____
Phone: _____
Address: _____

Name: _____
Phone: _____
Address: _____

I_BM. BIOMARKERS (BM)

BM_Age. We only want to ask a few questions related to age. Please confirm your age for me one more time.

Age of Respondent: _____

[Blood pressure]

BM001. Equipment needed: Omron HEM-780N Monitor, Batteries, Stopwatch

I would like to measure your blood pressure using this monitor and cuff which I will secure around your left arm. I would like to take three blood pressure measures. I will ask you to relax and remain seated and quiet during the measurements. First, I will place the cuff on your left arm. Once the cuff is placed appropriately on your arm and we are ready to begin, I'll ask you to lay your arm on a flat surface palm facing up so that the center of your upper arm is at the same height as your heart. I will then press the Start button. The cuff will inflate and deflate automatically. After we have completed all three measures, I will give you your results.

Demonstrate the measurement.

Insert arm cuff plug into jack on the side of the monitor, place the cuff on your left arm approximately 0.5 cm above the elbow. Position the blue marker over the brachial artery on the inside of the arm. Press the START/STOP button to show how the cuff will inflate automatically.

BM001_space. Is there suitable space to complete this test?

1. Yes
2. No → **Go to BM025**

BM002. Do you have a rash, a cast, edema (swelling) in the arm, open sores or wounds, or a significant bruise where the blood pressure cuff will be in contact?

1. Yes → do not complete this measure and go to BM025
2. No

BM003. Do you understand the directions for this measurement?

1. Yes → do not complete this measure and go to BM025
2. No

BM004. Do you feel it would be safe for you to do this measurement?

1. Yes → do not complete this measure and go to BM025
2. No

[For the interviewer]

[For the interviewer]

BM004_IWER. Do you the IWER feel it would be safe for this respondent to do this measurement?"[IWER: [Click one](#)]

1. Yes → do not complete this measure and go to BM025
2. No

BM006_intro.Record measurements in chart: (Enter 993 in first systolic reading if R tried but was unable to do it. Enter 999 if R chose not to do it.) If the lowest reading obtained is greater than 160 systolic or greater than 110 diastolic, fill out the High-Blood Pressure Card and leave it with the respondent.

Measurement #	Time of Reading	Systolic Reading	Diastolic Reading	Pulse
1	BM006. ____:____ am/pm	BM008. ____ mmHg	BM009. ____ mmHg	BM010.____ P
2	BM011. ____:____ am/pm	BM013. ____ mmHg	BM014. ____ mmHg	BM015.____ P
3	BM016. ____:____ am/pm	BM018. ____ mmHg	BM019. ____ mmHg	(BM020.____ P

BM021. Which arm was used to conduct the measurements?

1. Left arm
2. Right arm

BM023. What was R's position for this test?

1. Standing
2. Sitting
3. Lying down

BM024. Did the R smoke, exercise, consume alcohol or food within the 30 minutes prior to completing the blood pressure test?

1. Yes
5. No
8. Don't Know

BM022. How compliant was R during this measurement?

1. R was fully compliant
2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
3. R was not fully compliant

BM005.Was there a problem with equipment or supplies that prevented this test from being administered or completed?

1. No problem with equipment or supplies
2. Problem with equipment or supplies
3. Other, please specify: _____

[Lung Function Test/Breathing]

BM025. Equipment needed: Spirometer, Disposable mouthpiece, Disposable filter, Nose clip

Next I'm going to ask you to perform a simple task of taking a deep breath and then blow as long and hard as you can into a small tube attached to this machine.The machine measures how long it takes to blow out all the air from your lung.I would like you to perform the measurement three times.When we are ready to begin, I'll ask you to sit up straight.Take as deep a breath as possible.Open your mouth and close your lips firmly around the outside of the mouthpiece, and then blow as hard and as fast as you can into the mouth piece.Like this....

Demonstrate the measurement.

Sit up, take a deep breath, and then place lips around the outside of the mouthpiece.Blow as hard and as fast as you can.

BM025_space. Is there suitable space to complete this test?

1. Yes
2. No → **Go to BM034**

BM026. Do you understand the directions for this measurement?

1. Yes
2. No → Do not complete this measure and go to BM034

BM027. Do you feel it would be safe for you to do this measurement?

1. Yes
2. No → Do not complete this measure and go to BM034

[For the interviewer]

[For the interviewer]

BM027_IWER. Do you the IWER feel it would be safe for this respondent to do this measurement?"

1. Yes
2. No → do not complete this measure and go to BM034

BM029_intro. Record measurement in chart below:

Record 993 if R tried but was unable; or Record 999 if R chose not to do it

Test Result	Trial 1	Trial 2	Trial 3
FVC	____. ____ ____	____. ____ ____	____. ____ ____
FEV 1	____. ____ ____	____. ____ ____	____. ____ ____
FEV 1 %	____. ____ ____	____. ____ ____	____. ____ ____
PEF	____. ____ ____	____. ____ ____	____. ____ ____
FEF 25-75	____. ____ ____	____. ____ ____	____. ____ ____
FET	____. ____ ____	____. ____ ____	____. ____ ____

BM033. What was R's position for this test?

1. Standing
2. Sitting
3. Lying down

BM032. How much effort did R give to this test?

1. R gave full effort
2. R was prevented from giving full effort by illness, pain, or other symptoms or discomforts.
3. R did not appear to give full effort, but no obvious reason for this

BM028. Was there a problem with equipment or supplies that prevented this test from being administered or completed?

1. No problem with equipment or supplies
2. Problem with equipment or supplies
3. Other, please specify: _____

[Grip Strength/Hand Strength]

BM034. Equipment needed: Dynamometer, Stopwatch

Now I would like to assess the strength of your hand in a gripping action. I will ask you to squeeze this handle as hard as you can, just for a couple of seconds and then let go. I will take alternately two measurements from your right and your left hands.

Demonstrate the measurement

Stand, hold the dynamometer at a right angle and squeeze the handle for a few seconds.

BM034_space.: Is there suitable space to complete this test?

1. Yes
2. No → **Go to BM048**

BM035. Before we begin, I'd like to make sure it is safe for you to do this measurement. Have you had surgery or experienced any swelling, inflammation, severe pain, or injury in one or both hands within the last 6 months?

1. Yes
2. No → Skip the next question and go to BM036_IWER

BM036. In which hand (have you had surgery or experienced any swelling, inflammation, severe pain, or injury in the last 6 months)?

1. Both hands → Do not complete this measure and answer question BM048
2. Left hand only → Continue but do not perform measurement on left hand
3. Right hand only → Continue but do not perform measurement on right hand

[For the interviewer]

BM036_IWER. Do you the IWER feel it would be safe for this respondent to do this measurement?"

- 1YES
- 2NO → do not complete this measure and answer BM048

BM037. Do you understand the directions for this measurement?

1. Yes
2. No → Do not complete this measure and answer question BM048

BM038. Do you feel it would be safe for you to do this measurement?

1. Yes
2. No → Do not complete this measure and answer question BM048

BM040. Which is your dominant hand?

1. Right hand
2. Left hand
3. Both hands equally dominant

BM041_intro.

Start measurement from Left hand first.

Record measurement in table below:

Record measurements to the nearest 0.5 kilogram in the table below.

Record 993 if R tried but was unable. Record 999 if R chose not to do it]

Measurement #	Lefthand	Right Hand
1st	BM041.____. kg	BM042.____. kg
2nd	BM043.____. kg	BM044.____. kg

BM045.How much effort did R give to this test?

1. R gave full effort
2. R was prevented from giving full effort by illness, pain, or other symptoms or discomforts
3. R did not appear to give full effort, but no obvious reason for this

BM046. What was R's position for this test?

1. Standing
2. Sitting
3. Lying down

BM047.Did the R rest their arm on a support while performing the test?

1. Yes
2. No

BM039. Was there a problem with the equipment or supplies that prevented this test from being administered or completed?

1. No problem with equipment or supplies
2. Problem with equipment or supplies
3. Other, please specify: _____

[Semi-tendem: All respondents]

BM048. Equipment needed: Stopwatch, Show Card

I would now like you to try to stand in different positions.I will first describe and show each position to you.Then, I'd like you to try to do it.If you cannot do a particular position, or if you feel it would be unsafe to try to do it, tell me and we'll move on to the next one.Let me emphasize that I do not want you to try to do any activity that you feel might be unsafe.

For the first one, I want you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about 10 seconds.You may put either foot in front, whichever is more comfortable for you.Like this...

Demonstrate the measurement.

Stand and place the heel of one foot touching the big toe of the other foot.

BM048_space. Is there suitable space to complete this test?

1. Yes
2. No → **Go toBM057**

BM049. Before we begin, do you have any problems from recent surgery, injury or other health conditions that might prevent you from standing up from a chair and balancing? [\[IWER: click one\]](#)

1. Yes
2. No

BM049_discuss.Discuss with him/her whether s/he should attempt each measurement given his/her physical problems after describing each measurement.Do not assume a respondent is too physically limited to attempt a measurement without discussing it with him/her.

BM050.Do you understand the directions for this measurement? Yes

1. No → do not complete this measure and answer question BM057

BM051. Do you feel it would be safe for you to do this measurement?

1. Yes

2. No → do not complete this measure and answer question BM057

[For the interviewer]

BM051_IWER. Do you the IWER feel it would be safe for this respondent to do this measurement?"

- 1Yes
- 2No → do not complete this measure and answer BM057

BM053. Did R hold semi-tandem stand for a full 10 seconds without stepping out of place or grabbing hold of anything?

1. Yes
2. No (Time in seconds to 2 decimal places): BM054.____.

BM055. Did R use any compensatory movements of his/her trunk, arms or legs to steady him/herself during semi-tandem stand?

1. Yes
2. No

BM052. Was there a problem with the equipment or supplies that prevented this test from being administered or completed?

1. No problem with equipment or supplies
2. Problem with equipment or supplies
3. Other, please specify: _____

[If BM055=2 & BM053=1] If R was able to complete the semi-tandem for the full 10 seconds without stepping out of place or grabbing a hold of anything → **Go to Full-Tandem BM066**

[If BM055=1 OR BM053=2] If R was **not** able to complete the semi-tandem for the full 10 seconds without stepping out of place or grabbing a hold of anything → **Go to Side-by-Side BM057**

[Side-by-side]

BM057. Equipment needed: Stopwatch, Show Card

Now I will show you next movement. I want you to try to stand with your feet together, side-by-side for about 10 seconds. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop. Like this...

Demonstrate the measurement
Stand with feet together.

BM057_space. Is there suitable space to complete this test?

1. Yes
2. No → **Go to BM076**

BM058. Do you understand the directions for this measurement?

1. Yes
2. No → do not complete this measure and answer question BM076

BM059. Do you feel it would be safe for you to do this measurement?

1. Yes
2. No → do not complete this measure and answer question BM076

[For the interviewer]

BM059_IWER. Do you the IWER feel it would be safe for the respondent to do this measurement?

1. Yes
2. No → do not complete this measure and answer question BM076

BM061. Did R hold side-by-side stand for a full 10 seconds without stepping out of place or grabbing hold of anything?

1. Yes
2. No (Time in seconds to 2 decimal places) BM062.__. __

BM063. Did R use any compensatory movements of his/her trunk, arms or legs to steady him/herself during side-by-side stand?

1. Yes
2. No

BM064. Record the type of floor surface that the balance measures were conducted on.

1. Wood
2. Concrete
3. Dirt
4. Not sure
3. Other (specify): _____

BM065. How compliant was R during the balance measurement? (Click one)

1. R was fully compliant
2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
3. R was not fully compliant, but no obvious reason for this

BM060. Was there a problem with the equipment or supplies that prevented this test from being administered or completed?

1. No problem with equipment or supplies
2. Problem with equipment or supplies
3. Other, please specify _____

[Full-tandem]

BM066. Equipment needed: Stopwatch, Show Card

Record eligible time

If Rs age is 70+, tandem time is 30 seconds.

If Rs age is <70, tandem time is 60 seconds.

The full-tandem time for which R is eligible.

1. 30 seconds full-tandem balance measurement
2. 60 seconds full-tandem balance measurement

BM067. Now I want you to try to stand with the heel of one foot in front of and touching the toes of the other foot for about [30/60] seconds. You may put either foot in front, whichever is more comfortable for you. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop. Like this...

Demonstrate the measurement. Stand and place the heel of one foot touching the toes of the other foot.

BM067_space. Is there suitable space to complete this test?

1. Yes
2. No → **Goto BM076**

BM068. Do you understand the directions for this measurement?

1. Yes
2. No → do not complete this measure and answer question BM076

BM069. Do you feel it would be safe for you to do this measurement? [\[IWER: Click one\]](#)

1. Yes
2. No → do not complete this measure and answer question BM076

[\[For the interviewer\]](#)

BM069_safe. Do you the IWER feel it would be safe for the Respondent to do this measurement? [\[IWER: Click one\]](#)

1. Yes
2. No → do not complete this measure and answer question BM076

BM071_IWER: Did R hold full-tandem stand for a full [30/60] seconds without stepping out of place or grabbing hold of anything? [\[IWER: Click one\]](#)

1. Yes
2. No → Enter amount of time R held stand in seconds to two decimal places: BM072. _____

BM073_IWER: Did R use any compensatory movements of his/her trunk, arms or legs to steady him/herself during full-tandem stand? [\[IWER: Click one\]](#)

1. Yes
2. No

BM074_IWER: Record the type of floor surface that the balance measures were conducted on. (Click one)

1. Linoleum/tile/wood
2. Concrete
3. Dirt
4. Not sure
5. Other (Specify): _____

BM075_IWER: How compliant was R during the balance measurements?

1. R was fully compliant
2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
3. R did not appear to be fully compliant, but no obvious reason for this

BM070. Was there a problem with the equipment or supplies that prevented this test from being administered or completed?

1. No problem with equipment or supplies
2. Problem with equipment or supplies
3. Other, please specify _____

[Timed walks]

BM076. Equipment needed: Tape measure, stopwatch, Masking Tape

Is R eligible for walking speed test? R is eligible if R's age is 60 or older.

1. Yes
2. No → **Go to BM087**

BM076_space. Is there suitable space to complete this test?

1. Yes
2. No → **Go to BM087**

BM077. Next, I would like to assess whether you can walk a very short distance comfortably (using a walking stick or other aid if necessary). First, I want to make sure it is safe to carry out the measurement. Do you have any problems from recent surgery, injury, or other health conditions that might prevent you from walking?

1. No apparent restriction
2. Yes, recent surgery → Do not complete this measure and go to question BM087
3. Yes, injury → Do not complete this measure and go to question BM087
4. Yes, other health condition → Do not complete this measure and go to question BM087

BM078. Now let's find a place where we can conduct the measurement. We will need a clear space about 12 feet long in a non-carpeted area, if possible. I'm going to place the measuring tape alongside the space where the walk will take place.

Set up the course (4 meters)

This is our walking course. I am going to time you as you walk the course. I will be asking you to walk the course two times. I'll walk along side you the whole time during the measurement. Now, I'd like to demonstrate how to do the measurement. You will start by lining your feet up at the starting point.

Demonstrate the measurement

BM079. Do you understand the directions for this measurement? [\[IWER: Click one\]](#)

1. Yes
2. No → do not complete this measure and answer question BM087)

BM080. Do you feel it would be safe for you to do this measurement? [\[IWER: Click one\]](#)

1. Yes
2. No → do not complete this measure and answer question BM087

[\[For the interviewer\]](#)

BM080_IWER. Do you the IWER feel it would be safe for the Respondent to do this measurement?

1. Yes
2. No → do not complete this measure and answer question BM087

BM082_intro. I am going to time you as you walk the course at your normal pace. I will be asking you to walk the course at your usual pace a total of two times. I'll walk along side you the whole time during the measurement. I'd like you to stand here with your feet lined up. Start walking when I say "Begin". Walk all the way past the other end of the tape before you stop. Are you ready to go now? Begin."

Repeat the measurement: "Now I want you to repeat the walk. Remember to walk at your usual pace and go all the way past the other end of the course. I'd like you to stand here with your feet lined up. Start walking when I say "Begin". Are you ready to go now? Begin."

Record measurements in table below. Record 993 if R tried but was unable. Record 999 if R chose not to do it. Example 10.15 seconds.

Measurement #	Walking Speed Time
1 st	BM082. _____.____ seconds
2 nd	BM083. _____.____ seconds

BM084. Record type of floor surface

1. Wood
2. Concrete
3. Dirt

4. Not sure
5. Other (specify): _____

BM085. Record type of aid used

1. None
2. Walking stick or cane
3. Elbow crutches
4. Walking frame
5. Other (specify): _____

BM086. How compliant was R during this measurement?

1. R was fully compliant
2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
3. R was not fully compliant, but no obvious reason for this

BM081. Was there a problem with the equipment or supplies that prevented this test from being administered or completed?

1. No problem with equipment or supplies
2. Problem with equipment or supplies
3. Other, please specify: _____

[Vision tests]

BM087. Equipment needed:

Four meter distance vision Tumbling E Logmar Chart
 40 cm near vision Tumbling E Logmar Chart
 Flexible steel measuring tape
 Sticky tape

I am now going to test your distance vision and near vision.

Invite the respondent to sit again - in a chair positioned so that the respondent's head will be 4 meters from the eye chart. Make sure respondent does not lean in closer to the chart during the test.

Demonstrate the measurement.

To measure acuity in the left eye, the right eye is covered with right palm or an eye patch and the subject is asked to respond to each "E" in a row slowly, row by row, with your guidance. Only one reading of a given "E" is allowed.

BM087_space. Is there suitable space to complete this test?

1. Yes
2. No → **Go to BM096**

BM088. Do you understand the directions for this measurement?

1. Yes
2. No → do not complete this measure and answer question BM096

BM089. Do you feel it would be safe for you to do this measurement?

1. Yes
2. No → do not complete this measure and answer question BM096

[For the interviewer]

BM089_IWER. Do you the IWER feel it would be safe for the Respondent to do this measurement?

1. Yes

2. No→do not complete this measure and answer question BM096

BM091_Intro.

Start with the distance vision chart - using the 4 metres measured out for the timed walk.If the respondent makes more than 2 errors in one row, and reads all letters in the row, their result is read as the previous row. Select and record the result from the column labeled "DECIMAL" on the left side of the chart.

We will start with your distance vision - and with your left eye.Would you please cover your right eye with the palm of your right hand?Please read

Now please cover your left eye with left hand so we can test your right eye. Please read....

Record measurements in the table below.Record 993 if R tried but was unable.Record 999 if R chose not to do it.

Measurement #	Distance Vision
Distance Vision - Left Eye	BM091. ____.
Distance Vision - Right Eye	BM092. ____.

BM093_Intro.

Okay, now we would like to test your near vision - starting again with your left eye - please cover your right eye with your right hand.Indicate if the "E" is facing Up, Down, Left or Right.Please read....

Now cover your left eye with left hand so I can test your right eye. Please read....

Have the respondent place the end of the cord attached to the near vision chart between forefinger and middle finger.Then place the palm over the eye with the same hand.The free hand is used to hold the chart.Responses will be verbal (Up, Down, Left, Right).

Measurement #	Near Vision
Near Vision - Left Eye	BM093. ____.
Near Vision - Right Eye	BM094. ____.

BM095.How compliant was R during this measurement?

1. R was fully compliant
2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
3. R was not fully compliant, but no obvious reason for this

BM090. Was there a problem with equipment or supplies that prevented this test from being administered or completed?

1. No problem with equipment or supplies
2. Problem with equipment or supplies
3. Other, please specify: _____

[Height]

BM096.Equipment needed: Stadiometer

Next, I would like to measure your height.To complete this measurement, I'll be asking you to take off your shoes and stand up against a wall.Please stand straight and sturdy, and keep step onto the base of the stadiometer, feet together, heels, buttocks, back and head against the wall, knees straight, look straight ahead, chin tucked to chest slightly, and do not look up.

Demonstrate the measurement

BM096_space.Is there suitable space to complete this test?

1. Yes
2. No → Go to **BM104**

BM097.Do you understand the directions for this measurement?

1. Yes
2. No → do not complete this measure and answer question BM104

BM098.Do you feel it would be safe for you to do this measurement?

1. Yes
2. No → do not complete this measure and answer question BM104

[For the interviewer]

BM098_IWER.Do you the IWER feel it would be safe for the Respondent to do this measurement?

1. Yes
2. No → do not complete this measure and answer question BM104

BM100_Intro. Record measurement in table below.Record R's height in centimeters (rounded to the nearest 0.1 cm)

Measurement #	Measurement
1st	BM100. __. __ cm

BM101.Record type of floor surface.

1. Wood
2. Concrete
3. Dirt
4. Not sure
5. Other (specify): _____

BM102. Was R wearing shoes during the measurement?

1. Yes
2. No

BM103. How compliant was R during this measurement?

1. R was fully compliant
2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
3. R was not fully compliant, but no obvious reason for this

BM099.Was there a problem with equipment or supplies that prevented this test from being administered or completed?

1. No problem with equipment or supplies
2. Problem with equipment or supplies
3. Other, please specify: _____

[Weight]

BM104. Equipment needed: Scale

Is R eligible for weight measures?Weight measures are administered for Rs who weigh less than 120 kilograms.

1. Yes
2. No → **Go to BM113**

BM104_space.Is there suitable space to complete this test?

1. Yes
2. No → **Go to BM113**

BM105. Now, I'd like to measure your weight. To measure your weight, I will ask you to stand on this scale, with your shoes off, while I read the display.

Demonstrate the measurements.

BM106. Do you understand the directions for this measurement?

1. Yes
2. No → do not complete this measure and go to question BM113

BM107. Do you feel it would be safe for you to do this measurement?

1. Yes
2. No → do not complete this measure and go to question BM113

[For the interviewer]

BM107_IWER. Do you the IWER feel it would be safe for the Respondent to do this measurement?

1. Yes
2. No → do not complete this measure and go to question BM113

BM109_intro. Record measurement in table below: Enter 993 if R tried but received an error message. Record R's weight to the nearest 0.1 kg

Measurement #	Weight measurement
1st	BM109.____.____

BM110. Record type of floor surface.

1. Wood
2. Concrete
3. Dirt
4. Not sure
5. Other (specify): _____

BM111. Was R wearing shoes during the measurement?

1. Yes
2. No

BM112. How compliant was R during this measurement?

1. R was fully compliant
2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
3. R was not fully compliant, but no obvious reason for this

BM108. Was there a problem with equipment or supplies that prevented this test from being administered or completed?

- 1.....No problem with equipment or supplies
- 2..... Problem with equipment or supplies
- 3..... Other, please specify: _____

[Waist]

BM113. Equipment needed: Soft tape measure

Next I'm going to ask you to perform a simple measurement of your waist circumference. For this measurement it is important for you to be standing. I will ask you to identify where on your body your

navel (belly button) is located. I will then ask you to place this soft measuring tape around your waist, over your clothing, holding it securely at the level of your navel. Once the tape measure is placed appropriately around your waist then we are ready to begin. I will ask you to take a normal breath and exhale, holding your breath at the end of the exhale. I will then record the measurement.

Demonstrate the measurement.

Stand and locate navel. Place measuring tape over the clothing around the waist at the level of the navel. Take a normal breath and exhale, holding breath at end of exhale and letting the tape out slightly.

BM113_space. Is there suitable space to complete this test?

1. Yes
2. No → **Go to BM123**

BM114. Ask if necessary: Before we begin, do you feel you are able to stand while we do this measurement?

1. Yes
2. No → do not complete this measure and go to question BM123

BM115. Do you understand the directions for this measurement?

1. Yes
2. No → do not complete this measure and go to question BM123

BM116. Do you feel it would be safe for you to do this measurement?

1. Yes
2. No → do not complete this measure and go to question BM123

[For the interviewer]

BM116_IWER. Do you the IWER feel it would be safe for the respondent to do this measurement?

1. Yes
2. No → do not complete this measure and go to question BM123

BM118_intro.

Record measurement in table below: Enter 999 if R chose not to do it. Record R's weight to the nearest 0.1 cm

Measurement #	Waist Measurement
1st	BM118.____.____

BM119. What difficulties occurred during this measurement?

1. None
2. R had breathing difficulties
3. R was unable to hold breath at the end of the exhale
4. R was prevented from giving full effort by illness, pain, or other symptoms or discomforts
5. R did not appear to give full effort, but no obvious reason for this
6. Had difficulty or unable to locate navel
5. Other (Specify): _____

BM121. Who completed this measurement?

1. R completed the measurement
2. IWER completed the measurement

BM122. Was the R wearing bulky clothing during this measurement?

1. Yes
2. No

BM117. Was there a problem with equipment or supplies that prevented this test from being administered or completed?

1.....No problem with equipment or supplies

2.....Problem with equipment or supplies

3..... Other, please specify: _____

[Hip]

BM123. Equipment needed: Soft tape measure

Next I'm going to ask you to perform a simple measurement of your hip circumference. For this measurement it is important for you to be standing. I will ask you to identify where the maximum circumference of your hip. I will then ask you to place this soft measuring tape around your hip, over your clothing, holding it securely. Once the tape measure is placed appropriately around your hip and parallel to floor then we are ready to begin. I will ask you to take a normal breath and exhale, holding your breath at the end of the exhale. I will then record the measurement.

Demonstrate the measurement.

Stand and locate the maximum circumference of hip. Place measuring tape over the clothing around the hip parallel to floor. Take a normal breath and exhale, holding breath at end of exhale and letting the tape out slightly.

BM123_space. Is there suitable space to complete this test?

1. Yes

2. No → **Go to BM133**

BM124. Ask if necessary: Before we begin, do you feel you are able to stand while we do this measurement?

1. Yes

2. No → Do not complete this measure and go to question BM133

BM125. Do you understand the directions for this measurement?

1. Yes

2. No → do not complete this measure and go to question BM133

BM126. Do you feel it would be safe for you to do this measurement?

1. Yes

2. No → do not complete this measure and go to question BM133

[For the interviewer]

BM126_IWER. Do you the IWER feel it would be safe for the Respondent to do this measurement? [\[IWER: Click one\]](#)

1. Yes

2. No → do not complete this measure and go to question BM133

BM128. Record measurement in table below: Enter 999 if R chose not to do it.

Record R's weight to the nearest 0.1 cm

BM128_intro.

Measurement #	Hip measurement
1st	BM128. ____.____

BM129. What difficulties occurred during this measurement?

1. None
2. R had breathing difficulties
3. R was unable to hold breath at the end of the exhale
4. R was prevented from giving full effort by illness, pain, or other symptoms or discomforts
5. R did not appear to give full effort, but no obvious reason for this
6. Had difficulty or unable to locate navel
7. Other (Specify): _____

BM131. Who completed this measurement?

1. R completed the measurement
2. IWER completed the measurement

BM132. Was the R wearing bulky clothing during this measurement?

1. Yes
2. No

BM127. Was there a problem with equipment or supplies that prevented this test from being administered or completed?

1. No problem with equipment or supplies
2. Problem with equipment or supplies
3. Other, please specify: _____

[Blood sample collection]

BM133. Equipment Needed:

- (1) Individual blood kit in a re-sealable plastic (zip lock) bag, including a blood spot card, packet containing 2 gauze pads, alcohol swab, lancet (Monoject - blue and white), desiccant package and humidity indicator card;
- (2) Latex gloves and sharps biohazard container

Blood consent form: Explain and obtain the blood consent form, continue to next question (BM134) to proceed with blood sample collection.

If R did not sign the blood consent form, do not complete this measure. Thank the R and enter the requested information (BM136).

1. R signed the consent form
2. R did not sign the consent form → **Go to BM136.**

BM133_space. Is there suitable space to complete this test?

1. Yes
2. No → **Go to BM148**

BM134. As I mentioned, I'd like to collect a small sample of your blood. I will clean your finger with an alcohol wipe, then using a small instrument I will prick your finger and collect enough blood to fill at least four small circles on collection cards.

Do you understand the directions for this measurement?

1. Yes
2. No → **Go to BM148**

BM135. Do you feel it would be safe for you to do this measurement?

1. Yes
2. No → **Go to BM148**

[For the interviewer]

BM135_IWER. Do you the IWER feel it would be safe for the Respondent to do this measurement?

1. Yes
2. No → **Go to BM148**

BM137_intro.

Collect the blood sample

Record date and time of specimen collection in table below

Specimen #	Date	Time
1 st	BM137. ____ date BM138. ____ month BM139. ____ year	BM140. ____:____ BM141.am/pm

BM142.What, if any, problems occurred during the collection of the blood sample? (Click all that apply)

1. None
2. R became light-headed, fainted, or nauseous
3. R had difficulty getting finger to stop bleeding
4. Unable to obtain enough blood
5. Problem with equipment or supplies
5. Other, please specify: _____

BM143. Who pricked the R's finger(s)?

1. R pricked own finger(s)
2. IWER pricked R's finger(s)
3. Both R and IWER pricked R's finger(s)
4. Someone else pricked R's finger(s) (Specify relationship to R): _____

BM144. How many circles were filled on the first card?

0 1 2 3 4 5

BM146.How many times did the R's finger need to be pricked in order to fill the circles?

1. One time
2. Twice
3. Twice but the R was unable to fill all four circles with blood

BM147. How compliant was R during this measurement?

1. R was fully compliant
2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
3. R was not fully compliant, but no obvious reason for this.

BM136. Was there a problem with equipment or supplies that prevented this test from being administered or completed?

1. No problem with equipment or supplies
2. Problem with equipment or supplies
3. Other, please specify: _____

BM148.Thank you for your cooperation.This concludes the physical measure and biomarkers portion of the interview.