

LONGITUDINAL AGEING STUDY IN INDIA (LASI)

Main Wave I, (2017-18)

Individual Schedule

Nodal Institution for LASI Project

INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES (IIPS)

MUMBAI - 400088

National Collaborating Institutions

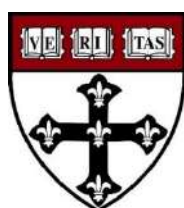
- ❖ Regional Geriatric Centers (RGC, MoHFW)
- ❖ National AIDS Research Institute (NARI)

International Collaborating Institutions

- ❖ Harvard T. H. Chan School of Public Health (HSPH)
- ❖ University of Southern California (USC)
- ❖ University of California, Los Angeles, (UCLA)
- ❖ RAND Corporation, USA



(स्थापना/ Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future



**HARVARD
T.H. CHAN
SCHOOL OF PUBLIC HEALTH**



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Longitudinal Ageing Study in India (LASI)
International institute for Population Sciences (IIPS)

INDIVIDUAL INFORMED CONSENT FORM

Namaste! My name is _____ and I am working with (Name of the Organization). We are conducting a nationwide survey, **Longitudinal Ageing Study in India (LASI)** to understand the health and socio-economic well-being of the older adults in India. The **Ministry of Health and Family Welfare, Government of India**, has entrusted the **International Institute for Population Sciences**, Mumbai, with the responsibility of conducting LASI project. This study will be conducted every two years for the next 25 years. LASI is supported by the Government of India, the National Institute of Ageing (USA) and the United Nations Population Fund (UNFPA)-India.

You have been selected as an age eligible respondent for this study. We will be collecting information on your demographics, health, family and social network, economic condition and your access to health care services. The information will be valuable for the Government to formulate health and economic policies and in improving health care services for the elderly people in the country. The interview will take approximately 70-75 minutes.

We will also be conducting some physical measures like height, weight, hip circumference and waist circumference, and physiological measures like blood pressure, lung function, grip strength, timed walk, and vision test. These tests would take approximately 30 minutes. We will be giving you a result card of all these tests for your reference.

The information you will provide us will be kept strictly confidential. The data will only be used for research and planning purposes without any personal identification. The survey team may re-contact you only if it is necessary to complete the information on the survey. The survey team will also be contacting you again during the follow up waves of LASI. Your participation is entirely voluntary and you can withdraw from the survey at any point of time even after having agreed to participate. You are free to refuse to answer any question that is asked in the questionnaire.

Should you have any question about the survey please feel free to ask me or contact the concerned authority (Interviewer: Provide Card).

Director / Project Coordinators,
International institute for Population Sciences (IIPS)
Govandi Station road, Deonar, Mumbai-400088.
Tel : 022-42372-682/ 401/ 422/ 417/ 419, Fax: 022-42372401.

(Interviewer: Answer any questions asked by the respondent).

We request that you give your signature or thumb impression in this form in order to verify your consent.

Signature / thumb impression: _____

Circle the answer:

1. Consent given along with signature/ thumb impression for interview, physical & functional measures
2. Consent given but without signature/thumb impression for interview, physical & functional measures
3. Consent Refused

Interviewer's Name: _____

Date: ____ / ____ / ____

(If answer is 1 or 2, start the interview.)

Longitudinal Ageing Study in India (LASI)
International Institute for Population Sciences (IIPS)

Additional Consent Form for Blood Sample Collection for Storage and Future Use

This is in continuation with your individual consent that you have already given. Further, we would like to inform you that as a part of this longitudinal ageing study, we want to collect few drops of your blood sample using finger prick. The blood sample will be used to test anemia, diabetes, and chronic infections. Your blood sample will be extremely useful to plan special health care services for the older population in the country.

The test uses new, disposable sterile instruments that are clean and completely safe in use. I will prick your finger to draw few drops of blood. These drops will be soaked on a piece of filter paper. These pieces of paper will be used to check the various health conditions. There is no to minimal risk in the procedure of blood collection like pain at the finger prick site or light headedness. The blood sample will be sent to National AIDS Research Institute (NARI) for analysis, which is a premier institute devoted to health research.

The information you will provide will be kept strictly confidential. The results of the blood test will only be used for research and planning purposes without any personal identification. However, if you decide not to provide a blood sample, it is your right and we will respect your decision.

Should you have any question about the survey please feel free to ask me or contact the concerned authority (Interviewer: Provide Card).

Director / Project Coordinators
International Institute for Population Sciences (IIPS)
Govandi Station Road, Deonar, Mumbai-400 088.
Tel: 022-42372-682/ 401/ 682/ 417/ 422, Fax: 022-42372401.

Do you agree to provide consent for giving few drops of blood sample?

(Circle one of the response)

1. Consent given along with signature/ thumb impression for blood sample collection
2. Consent given but without signature/thumb impression for blood sample collection
3. Consent Refused

Signature / thumb impression: _____

(If answer is 1 or 2, then ask, "Would you give permission for your blood sample to be stored for up to 20 years for future testing for the same study OR would you like your blood sample to be destroyed after tests".)

- ☐ I give permission for my blood sample to be stored for up to 20 years for future testing for the same study.

☐ I want my blood sample to be destroyed after tests.

Interviewer's Name: _____ Date: ____ / ____ / ____

I_A. Demographics (DM)

DM001. Please tell me your complete name including middle name and surname.

[Instruction for the interviewer: Identify the respondent from the household roster]

Household Person ID _____

[Instruction for the interviewer: If incorrect name is entered in the cover screen, write the correct full name in the space provided]

DM002. Please think about your life as a whole. How satisfied are you with it? Are you completely satisfied, very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied?

- | | |
|-------------------------|-------------------------|
| 1. Completely satisfied | 4. Not very satisfied |
| 2. Very satisfied | 5. Not at all satisfied |
| 3. Somewhat satisfied | |

DM003. [Instruction for the interviewer: Record sex of the respondent. If not clear to the interviewer, please ask the respondent about his/her sex.]

1. Male
2. Female
3. Transgender [Voluntary]

DM004. In which month and year were you born?

- | | |
|-----------------------|-----------------------------|
| A. Birth Month: _____ | 98. Don't know birth month |
| B. Birth Year: _____ | 9998. Don't know birth year |

DM005. How old were you at your last birthday?

Age in complete years: ____ years old

[Instruction for CAPI: CAPI should prompt if DM004 and DM005 are inconsistent; then interviewer should check with the respondent for the age or birth date and correct it]

[CHECK; if the age identified in DM004 or DM005 is < 45 years for the main age eligible respondent and his/her spouse is also <45 years of age, then end the interview. Please continue the interview if the spouse of the respondent is age eligible]

I_Aa. Education

DM006. Have you ever attended school?

1. Yes
2. No → Go to DM009

DM007. [Ask only if DM006=1] How many years of schooling have you had?
_____ Years

DM008. [Ask only if DM006=1] What is the highest level of education that you completed?

1. Less than Primary school(Standard 1-4)
2. Primary school Completed (Standard 5-7)
3. Middle school Completed (Standard 8- 9)
4. Secondary School/Matriculation completed
5. Higher Secondary/Intermediate/Senior Secondary completed
6. Diploma and certificate holders
7. Graduate degree (B.A., B.Sc., B. Com.) completed
8. Post-graduate degree or (M.A., M.Sc., M. Com.) above (M.Phil, Ph.D.,Post-Doc) completed
9. Professional course/degree (B.Ed, BE, B.Tech, MBBS, BHMS, BAMS, B. Pharm, BCS, BCA, BBA, LLB, BVSc., B. Arch, M.Ed, ME, M.Tech, MD, M.Pharm, MCS, MCA, MBA, LLM, MVSc., M. Arch, MS, CA, CS, CWA)

DM009. [Ask if DM006 =2 or DM007 ≤ 5 years of schooling] Can you read and write?

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

DM009a. [Ask only if DM009= 1 or 3] Show the sentence appearing on the CAPI screen to the respondent.

Now I would like you to read this sentence. [Instruction for the interviewer: If respondent is not able to read the whole sentence, ask if he/she can read any part of the sentence shown in CAPI]

1. Cannot read at all
2. Able to read only part of sentence
3. Able to read whole sentence
4. Blind/visually impaired

I_Ab. Religion/Caste

DM010. What is your religion?

1. None
2. Hindu
3. Muslim
4. Christian
5. Sikh
6. Buddhist/neo-Buddhist
7. Jain
8. Jewish
9. Parsi/Zoroastrian
10. Other, please specify _____

DM010a – DM010c. [\[Ask only if DM010>1\]](#) Now please tell me how often do you engage in the following religious activities?

| | In the past year, how often have you ... | |
|---|---|---|
| a | Done pooja or prayer? | 1. Every day 2. More than once a week 3. Once a week 4. 1 to 3 times a month 5. 1 or more times a year 6. Not at all |
| b | Attended religious services (at temple/mosque/church, etc.)? | 1. Every day 2. More than once a week 3. Once a week 4. 1 to 3 times a month 5. 1 or more times a year 6. Not at all |
| c | Involved yourself in satsang/bhajan/kirtan/any religious gathering? | 1. Every day 2. More than once a week 3. Once a week 4. 1 to 3 times a month 5. 1 or more times a year 6. Not at all |

DM011. How important would you say religion is in your life?

1. Very important
2. Somewhat important
3. Not too important

DM012. What is your caste or tribe?

1. Caste, specify: _____
2. Tribe, specify: _____
3. No Caste/Tribe
4. Don't Know

DM013. [\[Ask only if DM012< 3\]](#) Do you belong to a scheduled caste, a scheduled tribe, other backward class, or none of these?

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

I_Ac. Language

DM014. What is your mother tongue?

1. Assamese
2. Bengali
3. Gujarati
4. Hindi
5. Kannada
6. Kashmiri
7. Konkani
8. Malayalam
9. Manipuri
10. Marathi
11. Nepali
12. Oriya
13. Punjabi
14. Rajasthani
15. Sindhi
16. Tamil
17. Telugu
18. Urdu
19. English
20. Other, please Specify _____

DM015. What other languages do you speak? [Multiple answers are allowed]

- | | |
|--------------|-------------------------------|
| a. Assamese | l. Oriya |
| b. Bengali | m. Punjabi |
| c. Gujarati | n. Rajasthani |
| d. Hindi | o. Sindhi |
| e. Kannada | p. Tamil |
| f. Kashmiri | q. Telugu |
| g. Konkani | r. Urdu |
| h. Malayalam | s. English |
| i. Manipuri | t. Other, please specify_____ |
| j. Marathi | u. None |
| k. Nepali | |

I_Ad. Migration

DM016. How many years have you been living (continuously) in this area?

[Instruction for the interviewer: If less than 1 year, enter '0']

YEARS _____ OR SINCE BIRTH 9993

DM017. [Ask only if DM016 ≠ 9993] Where is your place of birth? [Instruction for the Interviewer: Record the name of the village or town, district, state or union territories.] [Instructions for CAPI: If Country is not INDIA then do not show name of state, district, village and town]

Name of COUNTRY (drop down list of all countries) _____
Name of STATE (drop down list of all states) _____
Name of DISTRICT (drop down list of districts in each state) _____
VILLAGE.....1 TOWN.....2

DM018 [Ask only if DM016 ≠ 9993] Where were you living before coming to this place (place of last residence)? [Instruction for CAPI: If Country is not INDIA then do not show name of state, district, village and town]

Same as DM017 → Go to DM019

Name of COUNTRY (drop down list of all countries) _____
Name of STATE (drop down list of all states) _____
Name of DISTRICT (drop down list of districts in each state) _____
VILLAGE.....1 TOWN.....2

DM019. [Ask only if DM016 ≠ 9993] Where have you lived for **most of your childhood** (up to age 14)?
[Instruction for CAPI: If Country is not INDIA then do not show name of state, district, village and town]

Same as:

1. DM017 → Go to DM020
2. DM018 → Go to DM020
3. Current residence → Go to DM020

Name of COUNTRY (drop down list of all countries) _____
Name of STATE (drop down list of all states) _____
Name of DISTRICT (drop down list of districts in each state) _____
VILLAGE.....1 TOWN.....2

DM020. [Ask only if DM016 ≠ 9993] Where have you lived for **most of your adult life**? [Instruction for CAPI: If Country is not INDIA then do not show name of state, district, village and town]

Same as:

1. DM017 → Go to DM021
2. DM018 → Go to DM021
3. DM019 → Go to DM021

Current Residence → Go to DM021

Name of COUNTRY (drop down list of all countries) _____
Name of STATE (drop down list of all states) _____
Name of DISTRICT (drop down list of districts in each state) _____
VILLAGE.....1 TOWN.....2

I_Ae. Marriage

DM021. What is your **current (latest)** marital status?

1. Currently married →Go to DM022
2. Widowed
3. Divorced
4. Separated
5. Deserted
6. Live-in relationship
7. Never married →Go to DM031

DM021a. When did you get widowed/divorced/separated/deserted (with respect to your most recent marriage)?

Number of YEARS: ____ AND Number of MONTHS: ____

DM022. [Ask only if DM0021=1] Do you currently have one spouse or more than one spouse?

1. Only one spouse
2. More than one spouse

DM023. [Ask only if DM0022=2] In total, how many spouses do you have?

Number of spouses

DM024. Please tell me the name of each of your spouse/spouses, (starting with the one you married first) [Instruction for CAPI: Column for name & line number for spouse will appear as per the response given in DM023]

1. Line number of the spouse: ____ / Name of your spouse: ____
2. Line number of the spouse: ____ / Name of your spouse: ____

[Instruction for CAPI: Loop questions DM025-DM027 for each spouse as per the fill of DM023]

DM025. [Ask only if DM021=1] Is your SPOUSE living with you now, or is (he/she) staying elsewhere?

1. Living with spouse
2. Staying elsewhere

DM026. [Ask only if DM025=2] For how long have you not been living with your spouse?

Number of YEARS: ____ AND Number of MONTHS: ____

DM027. [Ask only if DM025=2] What is the **primary reason** that you are not living with your spouse?

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

DM028a. [Ask if DM021=1 & DM022=1] Have you ever been married to any man/woman other than your current spouse?

[Instruction for CAPI: CAPI will generate total number of marriages after calculating]

1. Yes If yes, please specify the number of marriages you have had
[Interviewer: Exclude the current marriage]
2. No

OR

DM028b. [Ask if DM021= 1 & DM022=2] Have you ever been married to any other man/women in addition to those you have told me?

1. Yes If yes, please specify the number of marriages you have had
[Interviewer: Exclude the current marriage]
2. No

OR

DM028c. [Ask if DM021=2/3/4/5] Were you ever been married before the marriage that ended in Divorced/Widowed/Separated/Deserted?

1. Yes If yes, please specify the number of marriages you have had
[Interviewer: Exclude the current marriage]

2. No

DM028_display. In total, you have been married times.

1. Yes
2. No

[Instructions for CAPI: show the total number of marriages here]

[Instruction for interviewer/CAPI: If answer to DM028_display is 'Yes', go to DM029, else, CAPI will take you to DM028a/b/c, to modify the number of marriages]

DM029. [Ask only if DM028_display=1] In which year and month did you get married?

OR

[Ask only if DM028_display>1] Now I would like to ask about when you married your first spouse. In what month and year was that?

YEAR: _____
Don't Know (For YEAR): 9998

MONTH: ____ [Hard check: 1.....12 months]
Don't Know (For MONTH): 98

DM030: [Ask only if DM021≠6 or 7] How old were you when you (first) got married?

Completed Age in Years: _____ Don't Know 9998

[For the interviewer]

DM031. How often did the respondent receive assistance in answering this section?

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

DM032. [Ask only if DM031>1] Who helped the respondent in answering this section?

1. Spouse/partner
2. Son
3. Daughter
4. Son-in-law
5. Daughter-in-law
6. Grandchild
7. Parent
8. Parent-in-law
9. Brother
10. Sister
11. Grandparent
12. Other relative
13. Servant
14. Friend
15. Other, please specify _____

→Go to Next Sections

I_B. WORK, RETIREMENT& PENSION

I_Ba. Ever Worked & Current Work

[Ever Worked]

WE001. Now, I am going to ask you some questions about your work and employment. **Have you ever worked for at least 3 months during your lifetime?** Work includes agricultural work, wage work, self-employed activities, and unpaid family business work. Work also includes all kinds of labor, excluding doing your own housework, whether you earn wages or not.

1. Yes
2. No

WE002. [Ask only if WE001=1] At what age (or which year) did you start working (or farming), excluding working after school or during school breaks while you were a primary or middle school student?

Age ____ OR Year ____

WE003. [Ask only if WE001=2] What is the **main reason** for you not to have worked in your lifetime?

1. Unemployed: interested in working but unable to find a job
2. Disabled and unable to work
3. Homemaker
4. Other, please specify _____

WE004. Are you currently working?

1. Yes
2. No

WE005. [Ask if WE001=1 and WE004 =2] Why did you stop working? Would any of the following apply to you?

1. Temporarily laid off, on sick or other leave, or in job training
2. Unemployed and looking for job
3. Disabled
4. Homemaker
5. Other, please specify _____

WE006. [Ask if DM003=2 and DM021<6 and WE001 =1] Did you work before your marriage, after your marriage, or both?

1. Worked before marriage only
2. Worked after marriage only
3. Worked both before and after marriage

WE007. [Ask only if WE001=1] Have you ever stopped working for one year or more at a time due to reasons of family, health, education, economic recession, natural disasters, etc.?

1. Yes
2. No

WE008. [Ask only if WE007=1] What was the **main reason** for this interruption?

- | | |
|--------------------|--------------------------------|
| 1. Marriage | 5. Other family related reason |
| 2. Childcare | 6. Layoff/closure of work unit |
| 3. Health problems | 7. Natural disaster |
| 4. Education | 8. Other, please specify _____ |

[Current Work]

The questions in this section (WE012-WE028) are for those who are currently working or on a temporary leave. [Ask only if R indicates WE004=1 or WE005 =1]

WE012–WE015. [Ask if WE004=1 or WE005=1] Please tell me about your current work.

| | | |
|--------|---|--|
| WE012. | First, do you engage in agricultural work , including cropping, forestry, livestock, and fishery? | 1. Yes 2. No |
| | a. [Ask only if WE012=1] Are you working for your own (in your name) or your family's farm/fishery/forestry, or are you working for another person's farm/fishery/forestry? | 1. Own farm/fishery/forestry 2. Family's farm/fishery/forestry 3. Other people's farm/fishery/forestry |
| | b. [Ask only if WE012a>1] Are you paid with cash and/or in-kind? | 1. Cash only 2. In-kind only 3. Both cash & in-kind 4. Unpaid |

| | | |
|--------|---|---|
| WE013. | Are you self-employed ? Or do you own a non-agricultural business? | 1. Yes 2. No |
| | a. [Ask only if WE013=1] What is the nature of your self-employment ? Are you an own account worker (i.e., self-employed without employees), or a non-agricultural business owner? | 1. Own account worker 2. Non-agricultural business owner |

| | | |
|--------|---|--|
| WE014. | Do you receive any wages or salaries from full-time or part-time employment? | 1. Yes 2. No |
| | a. [Ask only if WE014=1] Do you have full-time employment? | 1. Yes 2. No |
| | b. [Ask only if WE014a=2] What kind of job is it: part-time, contract-based, temporary or seasonal? | 1. Part-time 2. Contract-based 3. Temporary 4. Seasonal 5. Other, please specify _____ |

| | | |
|--------|---|--|
| WE015. | Do you help out your family member's non-agricultural business ? | 1. Yes 2. No |
| | a. [Ask only if WE015=1] Are you paid with cash and/or in-kind? | 1. Cash only 2. In kind only 3. Both cash & in-kind 4. Unpaid |

WE016. [Ask only if R reported multiple work types; that is, R works in own farm/fishery/forestry (own/family WE012a=1 or 2); works as agriculture laborer (WE012a=3); non-agricultural self-employment (WE013=1); and, salaried work/employment (WE014=1); paid family work (WE015a=4)]. What is your **main job**? Main job is defined as the **paid** job at which you work the longest hours.

1. Farm/fishery/forestry (own/family)
2. Agricultural laborer
3. Non-agricultural business owner
4. Own account worker
5. Wage-salaried worker
6. Paid family worker

CHECKPOINT:

Classify R's Main_Job into: (1) Farm/fishery/forestry (own/family), (2) Agricultural laborer, (3) Non-agricultural business owner, (4) Own account worker, (5) Wage-salary worker, (6) Paid family worker based on WE012 – WE016.

If R reported yes only once to WE012, or WE013, or WE014, or WE015 then R's main job is WE012a, WE013a, WE014, or WE015.

If R reported multiple jobs, then their main job is based on the answer to WE016

CAP will then create the variable, "WE016_main_job" to be used later for the skip pattern

WE017. How many side jobs do you currently have in addition to the main job? [Enter "0" if none]

Number of side jobs: _____ [Soft check: <=10]

WE018 – WE019. How many hours a week do you work on average at your main job and how many hours at your side job?

WE018. Main job: _____ hours per week [Hard check: >168]

WE019. [Ask only if WE017>0] Side job: _____ hours per week [Hard check: >= number of hours reported in WE018]

WE020–WE021. What are your typical earnings from your main job, and from your side job?

WE020. Main job: ____ Rs [Soft check: <=100 /Day, <=700/Week, <=3000/Month] Per: Day/Week/Month/Year (annually)

WE021. [Ask only if WE017>0] side job(s): ____ Rs [Soft check: <=100 /Day, <=700/Week, <=3000/Month]

Per: Day/Week/Month/Year (annually)

[Characteristics of Main Job]

WE022. I would like to ask a few additional questions about your current main job. Can you describe the place where you mainly work?

- | | |
|-------------------------|---------------------------------|
| 1. Own dwelling | 5. Construction site |
| 2. Own farm or business | 6. Place with fixed location |
| 3. Employer's dwelling | 7. Place without fixed location |
| 4. Employer's workplace | 8. Other, please specify _____ |

WE023. What kind of business or industry is it—that is, what do they make or do at the place where you work? Please specify.

1. Agriculture, forestry, and fishing
2. Mining and quarrying
3. Manufacturing
4. Electricity, gas, steam, or air conditioning supply
5. Water supply: sewerage, waste management and remediation activities
6. Construction
7. Wholesale and retail trade
8. Transportation and storage
9. Accommodation and food service activities
10. Information and communication
11. Financial and insurance activities
12. Real estate activities
13. Professional, scientific, and technical activities
14. Administrative and support service activities
15. Public administration and defense; compulsory social security
16. Education
17. Human health and social work activities
18. Art, entertainment, and recreation
19. Other service activities
20. Activities of households as employers: undifferentiated goods/services-producing activities of households for own use
21. Activities of extraterritorial organizations and bodies
22. Other, please specify _____

WE024. How long have you been working on this main job, for how many months/years?

[Instruction for the Interviewer: If the work is being reported in “number of days”, i.e. worked for less than 1 month then enter “0” in “number of months”, and if the work is reported as 1 year 4 months then enter 16 months in number of months box.]

Number of years _____ [Hard check: >R’s current age]
OR Number of months _____

WE025. Do you work the same number of hours nearly every week for the weeks you work, or do the hours you work vary a lot from week to week?

1. Same each week
2. Vary a little from season to season
3. Vary a lot from season to season
4. Vary a lot across week within a season

WE026. How many months in a year do you usually work on this job?

Total number of work months _____ [Hard check: >12]

WE027. What is your occupation? Please specify.

1. Legislators, senior officials and Managers
 - 1.1. Legislators and senior officials
 - 1.2. Corporate managers
 - 1.3. General managers
2. Professionals
 - 2.1. Physical, mathematical and engineering science professionals
 - 2.2. Life science and health professionals
 - 2.3. Teaching professionals
 - 2.4. Other professionals
3. Technicians and associate professionals
 - 3.1. Physical and engineering science associate professionals
 - 3.2. Life sciences and health associate professionals
 - 3.3. Teaching associate professionals
 - 3.4. Other associate professionals
4. Clerks
 - 4.1. Office clerks
 - 4.2. Customer service clerks
5. Service workers and shop and market sales workers
 - 5.1. Personal and protective service workers
 - 5.2. Models, sales persons and demonstrators
6. Skilled agricultural and fishery workers

- 6.1. Market oriented skilled agricultural and fishery workers
- 6.2. Subsistence agricultural and fishery workers
7. Craft and related trade workers
 - 7.1. Extraction and building trades workers
 - 7.2. Metal, machinery and related trades workers
 - 7.3. Precision, handicraft, printing and related trade workers
8. Plant and machine operators and assemblers
 - 8.1. Stationary plant and related operators
 - 8.2. Machine operators and assemblers
 - 8.3. Drivers and mobile-plant operators
9. Elementary occupations
 - 9.1. Sales and services elementary occupations
 - 9.2. Agricultural, fishery and related laborers
 - 9.3. Laborers in mining, construction, manufacturing and transport
10. Workers not classified anywhere
 - 10.1. Workers reporting occupations unidentified or inadequately described
 - 10.2. Workers not reporting any occupation
11. Other, please specify _____

WE028. I will read some statements that are true for some people's jobs but not for other people's jobs. Thinking of your main job, please tell me how often these statements are true.

| | My job requires ... | 1.All or almost all of the time | 2.Most of the time | 3.Some-times | 4.None of the time or almost never |
|---|---|---------------------------------|--------------------|--------------|------------------------------------|
| A | a lot of physical effort | | | | |
| B | lifting heavy loads | | | | |
| C | stooping, kneeling, or crouching | | | | |
| D | good eyesight | | | | |
| E | intense concentration or attention | | | | |
| F | skill in dealing with other people | | | | |
| G | me to be around burning material, exhaust, or smoke (excluding car exhaust) | | | | |
| H | me to be close to chemicals/pesticides/herbicides | | | | |
| I | me to be close to noxious odor | | | | |

I_Bb. Employed only: Current Main Job

The questions in this section (From WE101-WE110) are for wage/salary workers.

Ask only if R's Main Job is a salaried/wage job [Ask if WE016_CHECKPOINT=5]

WE101. For what type of employer do you work?

- | | |
|---|--------------------------------|
| 1. Government sector | 4. NGO/ Trust |
| 2. Private sector/organization/entrepreneur | 5. Individual household |
| 3. Cooperatives | 6. Other, please specify _____ |

WE102. Approximately how many people work at the location (office/work place) where you work?

_____ Persons

WE103. [Ask only if R does not give direct answer to WE102] Would it be less than 6, 6 and above but less than 10, 10 and above but less than 20, 20 and above, not known?

- | | |
|----------------------------------|-----------------|
| 1. less than 6 | 4. 20 and above |
| 2. 6 and above but less than 10 | 5. Not known |
| 3. 10 and above but less than 20 | |

WE104. Do you have any documentary evidence for your employment, such as an appointment letter, salary slip, id card, etc.?

1. Yes
2. No

WE105. How much longer do you expect to work at your current workplace?

- | | |
|--------------------------|--|
| 1. Less than one year | 5. Until retirement |
| 2. One to two years | 6. As long as the employer provides employment |
| 3. Two to three years | 7. Uncertain/not sure |
| 4. More than three years | |

WE106. [Ask only if WE105=1 or 2] Why do you **mainly** 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 substituted, 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 responsibility, poor health, etc.
10. Other, please specify _____

WE107. How is your wage **primarily paid**: regularly, contract-based, performance-based, or in any other mode?

1. Regularly
2. Contract-based
3. Performance-based
4. Other, please specify _____

WE108. The following are benefits that may be provided by a company/employer. Please specify if the following are provided to you by your current employer. [Multiple answers are allowed]

[Hard check: If WE108=n, no other options can be selected. If WE108≠n, n cannot be selected]

- a. Paid vacation
- b. Paid sick leave
- c. Free food
- d. Telephone
- e. Meal cash subsidizations
- f. Transportation cash subsidizations
- g. Free housing/subsidization of housing
- h. Medical reimbursement/ hospitalization cost/health insurance
- i. Other subsidies (such as electricity)
- j. Travel allowance
- k. Maternity/paternity benefits
- l. Child education
- m. Others, please specify _____
- n. None

WE109. At your job, do you make decisions about the pay, promotion, hiring or firing of others? If so, how many others does that include? [Instruction for the interviewer: If none, enter "0".]

Number of people under promotion decision _____

WE110. On your job, do you supervise others? If so, how many? [Instruction for the interviewer: If none, enter "0".]

Number of people under supervision _____

I_Bc. Farm/Business Owners: Current Main Job

The questions in this section (WE111-WE115) are for those whose Main Job is as a farm or business owner.
[Ask if WE016_CHECKPOINT=1 or 3]

WE111. Do you have any farm/business partners? If so, how many? [Instruction for the interviewer: If none, enter '0']
_____ Persons

WE112. [Ask only if WE111>0] Are your business partner(s) members of your household, other family member(s) who are not residing with you, or others?

- a. Household member
- b. Non-household family member
- c. Other

WE113. [Ask only if WE111>0] What is your approximate share of ownership in this business?
_____ % [Hard check: >100%]

WE113a. [Ask only if R does not give direct answer to WE113] 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

WE114. About how many employees do you have? Please exclude those hired during busy seasons only, but include family workers if they are paid salaries/wages.

_____ Persons [Soft check: >300]

WE114a. [Ask only if R does not give direct answers to WE114] Are they less than 6, 6 and above but less than 10, 10 and above but less than 20, 20 and above, not known?

1. less than 6
2. 6 and above but less than 10
3. 10 and above but less than 20
4. 20 and above
5. Not known

WE115. Do you have family members, relatives, or friends who work for your business without pay?

1. Yes
2. No

WE116. [Ask only if WE115=1] How many non-paid workers do you have at your business? Please exclude those hired during busy seasons only.

_____ Workers

I_Bd. Job Search

The questions in this section (WE201-WE208) are for all who ever worked. [Ask if WE001=1]

WE201. [Ask only if WE001=1] Sometimes people look for a different job even when they are currently working or retired. Are you currently looking for another job?

1. Yes
2. No

WE202. [Ask only if WE201=1] The Ministry of Labour operates employment exchanges. At these exchanges, job seekers register and are notified if any vacancy arises that matches their desired job profile. Are you registered with the employment exchange?

1. Yes
2. No

WE203. [Ask if SSU = "Rural" and WE201 =1] Have you registered with the National Rural Employment Guarantee Act any time after 2005-06?

1. Yes
2. No

WE204. [Ask only if WE201=1] Are you looking for jobs in this area, or are you considering jobs that would require you to move?

[Multiple answers are allowed]

- a. Jobs in this area
- b. Jobs in other specific area
- c. Anywhere

WE205. [Ask only if WE201=1] Are you looking for part-time or full-time work?

1. Part-time work
2. Full-time work
3. Any work, whether it is part-time or full-time

WE206. [Ask only if WE201=1] Are you looking for the same kind of work that you are doing now/did in the past, or something different?

1. Same as now
2. Something different
3. Does not matter

WE207. [Ask only if WE201=1] If you were offered another job, what would be your expected salary?

_____ Rs per month

WE208. [Ask only if WE201=1] During the past month, have you met with, called, or contacted in some other way any prospective employers?

1. Yes
2. No

I_Be. Last Job of Current Non-Workers

The questions in this section (WE301-WE315) are for those who are NOT currently working
[Ask only if WE004=2]

WE301– WE302. Now I would like to ask you about your last job. In what month and year did you stop working?

WE301. Year _____

WE302. Month _____

WE303. Did you earn a wage or did you run your own business or farm, farming for someone else, or work for family without pay? If you are working on multiple jobs, please refer to the **main one**. The main job is defined as the job at which you worked the most hours.

1. Running own farm/mine/fishery
2. Working for family's farm/mine/fishery
3. Agricultural laborer, working for someone else's farm/mine/fishery
4. Business owners, running own non-agricultural business
5. Self-employed or own account worker
6. Salaried/wage worker
7. Unpaid family worker

WE304. 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, please specify _____

WE305. What kind of business or industry was it—that is, what do they make or do at the place where you worked?

- | | |
|--|---|
| 1. Agriculture, forestry, and fishing | 13. Professional, scientific, and technical activities |
| 2. Mining and quarrying | 14. Administrative and support service activities |
| 3. Manufacturing | 15. Public administration and defense; compulsory social security |
| 4. Electricity, gas, steam, or air conditioning supply | 16. Education |
| 5. Water supply: sewerage, waste management and remediation activities | 17. Human health and social work activities |
| 6. Construction | 18. Art, entertainment, and recreation |
| 7. Wholesale and retail trade | 19. Other service activities |
| 8. Transportation and storage | 20. Activities of households as employers: undifferentiated goods/services-producing activities of households for own use |
| 9. Accommodation and food service activities | 21. Activities of extraterritorial organizations and bodies |
| 10. Information and communication | 22. Other, please specify _____ |
| 11. Financial and insurance activities | |
| 12. Real estate activities | |

WE306. About how many total employees worked for your former company or organization at the same location where you worked?

Total Number of employees _____

WE307. In what year and month did you start working at that job?

Year _____ Month _____

WE308. What was your occupation? Please specify.

1. Legislators, senior officials and Managers
 - 1.1. Legislators and senior officials
 - 1.2. Corporate managers
 - 1.3. General managers
2. Professionals
 - 2.1. Physical, mathematical and engineering science professionals
 - 2.2. Life science and health professionals
 - 2.3. Teaching professionals
 - 2.4. Other professionals
3. Technicians and associate professionals
 - 3.1. Physical and engineering science associate professionals
 - 3.2. Life sciences and health associate professionals
 - 3.3. Teaching associate professionals
 - 3.4. Other associate professionals
4. Clerks
 - 4.1. Office clerks
 - 4.2. Customer service clerks
5. Service workers and shop & market sales workers
 - 5.1. Personal and protective service workers
 - 5.2. Models, sales persons and demonstrators
6. Skilled agricultural and fishery workers
 - 6.1. Market oriented skilled agricultural and fishery workers
 - 6.2. Subsistence agricultural and fishery workers
7. Craft and related trade workers
 - 7.1. Extraction and building trades workers
 - 7.2. Metal, machinery and related trades workers
 - 7.3. Precision, handicraft a, printing and related trade workers
8. Plant and machine operators and assemblers
 - 8.1. Stationary plant and related operators
 - 8.2. Machine operators and assemblers
 - 8.3. Drivers and mobile-plant operators
9. Elementary occupations
 - 9.1. Sales and services elementary occupations
 - 9.2. Agricultural, fishery and related laborers
 - 9.3. Laborers in mining, construction, manufacturing and transport
10. Workers not classified anywhere
 - 10.1. Workers reporting occupations unidentified or inadequately described
 - 10.2. Workers not reporting any occupation
11. Other, please specify _____

WE309. How many hours a week did you work on an average at your job?

_____ Hours per week [Soft check >60]

WE310. Did you work the same number of hours nearly every week for the weeks you work, or did the hours you worked vary a lot from week to week?

1. Same each week
2. Vary a lot from season to season
3. Vary a lot across week within a season

WE311. How many weeks a year did you usually work on that job?

Total number of work weeks _____ [Hard check: >52]

WE312. What were your monthly earnings from that job, before you stopped working there?

[Instruction for the Interviewer: Enter "0" if there is no income.]

_____ Rs. per month

WE313. I will 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 were 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?

| | My job required ... | 1. All or almost all of the time | 2. Most of the time | 3. Some times | 4. None or almost none of the time |
|---|---|----------------------------------|---------------------|---------------|------------------------------------|
| A | a lot of physical effort | | | | |
| B | lifting heavy loads | | | | |
| C | stooping, kneeling, or crouching | | | | |
| D | good eyesight | | | | |
| E | intense concentration or attention | | | | |
| F | skill in dealing with other people | | | | |
| G | me to be around burning material, exhaust, or smoke (excluding car exhaust) | | | | |
| H | me to be close to chemicals/pesticides/herbicides | | | | |
| I | me to be close to noxious odor | | | | |

WE314. [Ask if WE303=3 or 6] For what type of employer did you work?

1. Government
2. Private sector/organization/entrepreneur
3. Cooperatives
4. NGO/Trust
5. Individual household
6. Other, please specify _____

WE315. Why did you leave that job?

1. Business closed
2. Not satisfied
3. I was laid off
4. I was fired
5. I went to school/ study purpose
6. I moved to another village/town/city within India
7. I went abroad
8. I stopped working for health reasons
9. I stopped working for family reasons
10. My children requested me not to work anymore because they could support me
11. I retired
12. Because of age
13. Other, please specify _____

I_Bf. Social Insurance: Current Main Job or Past Job

The questions in this section are for those who once worked. [Ask only if WE001=1]

WE316 – WE318. Next are questions about your social insurance provided by the employer/company/organization. By social insurance, we mean contributory schemes in the following categories: work related pension / provident fund/Health insurance/medical re-imbursement/Worker's employment insurance/worker's injury insurance.

| | Insurance provided by the employer/company/organization... | WE316. Are/were you covered with ...? 1. Yes 2. No | WE317. [Ask only if WE316=2] Why not? 1. Not aware of the scheme 2. No scheme available 3. Available, but not offered 4. Available, but not opted 5. Not Applicable | WE318. [Ask only if WE316=1] Whether the coverage is/was paid by you fully or paid by company fully or partially by you and partially by company? 1. Paid by myself fully 2. Paid by company fully 3. Partially paid by self and partially by company |
|---|--|---|---|---|
| a | Work Related Pension | | | |
| b | Provident fund | | | |
| c | Health insurance (company health insurance, but not LIC) | | | |
| d | Medical re-imbursement from employer | | | |
| e | Worker's employment insurance | | | |
| f | Worker's injury insurance | | | |
| g | Other work related pension, please specify_____ | | | |
| H | Other work related pension, please specify_____ | | | |
| i | Other work related pension, please specify_____ | | | |

I_Bg. Retirement & Pension

WE401. [Ask only if R is currently working or temporarily not working: WE004=1 OR WE005=1] At what age do you plan to stop working? Stopping work in this context shall refer to having stopped all income-related activities on a regular basis and having no intention of engaging in any income related activities seriously.

Please tell me the approximate age. [Instruction for the Interviewer: Enter "0" if R plans to retire in less than a year]

Years old _____ [Soft check < 55] OR Years in the future _____ OR R plans to keep working as long as he/she is physically capable (voluntary)

WE402. [Ask only if WE001=1] Did you ever officially retire from the organized sector of employment?

1. Yes
2. No

WE402_a. [Ask only if WE402=1] Was the job you retired from your lifetime main job?

1. Yes
2. No

WE403. [Ask only if WE402=1] Is the work unit/employer that you officially retired from the one you told us about?

1. Yes
2. No

WE404– WE405. [Ask only if WE403=2] In which month and year did you take official retirement from your last job?

WE404. Year _____

WE405. Month _____

WE406. [Ask only if WE403=2]What was the best description of your work unit/employer before retirement?

- | | |
|---|--------------------------------|
| 1. Government sector | 4. NGO/ Trust |
| 2. Private sector/organization/entrepreneur | 5. Individual household |
| 3. Cooperatives | 6. Other, please specify _____ |

WE406a. [Ask only if WE403=1]What kind of business or industry was it—that is, what do they make or do at the place where you worked? Please specify.

- | | |
|--|---|
| 1. Agriculture, forestry, and fishing | 14. Administrative and support service activities |
| 2. Mining and quarrying | 15. Public administration and defense; compulsory social security |
| 3. Manufacturing | 16. Education |
| 4. Electricity, gas, steam, or air conditioning supply | 17. Human health and social work activities |
| 5. Water supply; sewerage, waste management and remediation activities | 18. Art, entertainment, and recreation |
| 6. Construction | 19. Other service activities |
| 7. Wholesale and retail trade | 20. Activities of households as employers: undifferentiated goods/services-producing activities of households for own use |
| 8. Transportation and storage | 21. Activities of extraterritorial organizations and bodies |
| 9. Accommodation and food service activities | 22. Other, please specify _____ |
| 10. Information and communication | |
| 11. Financial and insurance activities | |
| 12. Real estate activities | |
| 13. Professional, scientific, and technical activities | |

WE406b. [Ask only if WE403=1]What was your occupation? Please specify.

1. Legislators, senior officials and Managers
 - 1.1. Legislators and senior officials
 - 1.2. Corporate managers
 - 1.3. General managers
2. Professionals
 - 2.1. Physical, mathematical and engineering science professionals
 - 2.2. Life science and health professionals
 - 2.3. Teaching professionals
 - 2.4. Other professionals
3. Technicians and associate professionals
 - 3.1. Physical and engineering science associate professionals
 - 3.2. Life sciences and health associate professionals
 - 3.3. Teaching associate professionals
 - 3.4. Other associate professionals
4. Clerks
 - 4.1. Office clerks
 - 4.2. Customer service clerks
5. Service workers and shop & market sales workers
 - 5.1. Personal and protective service workers
 - 5.2. Models, sales persons and demonstrators
6. Skilled agricultural and fishery workers
 - 6.1. Market oriented skilled agricultural and fishery workers
 - 6.2. Subsistence agricultural and fishery workers
7. Craft and related trade workers
 - 7.1. Extraction and building trades workers
 - 7.2. Metal, machinery and related trades workers
 - 7.3. Precision, handicraft a, printing and related trade workers
8. Plant and machine operators and assemblers
 - 8.1. Stationary plant and related operators
 - 8.2. Machine operators and assemblers
 - 8.3. Drivers and mobile-plant operators
9. Elementary occupations
 - 9.1. Sales and services elementary occupations
 - 9.2. Agricultural, fishery and related laborers
 - 9.3. Laborers in mining, construction, manufacturing and transport
10. Workers not classified anywhere
 - 10.1. Workers reporting occupations unidentified or inadequately described
 - 10.2. Workers not reporting any occupation
11. Other, please specify _____

WE407. [Ask only if WE402=1]What is the mandatory retirement age at the work unit you retired from in the last job?

Age _____

WE408. [Ask only if WE402=1] 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
3. Later than the mandatory retirement age

WE409. [Ask only if WE408=1] What was the **main** reason you chose for early retirement?

1. Got better job opportunity
2. Already had enough income to get by
3. Had enough income from spouse
4. Didn't want to continue to work
5. To spend more time on leisure
6. To do volunteer work or to pursue hobbies
7. My job was classified as high-risk or hard manual labor, and therefore I was eligible for early retirement
8. I completed the minimum number of years required for obtaining pension benefits
9. My work unit was restructuring/bankrupt, so I was offered early retirement
10. Due to poor health of a spouse or another family member
11. Due to my own poor health
12. Due to childrearing or housekeeping
13. Other, please specify _____

WE410. [Ask only WE402=1] What is your best estimate of your pre-retirement salary (last drawn monthly pay) at the work unit from which you officially retired?

_____ Rs in last month

I_Bh. Pension

WE411. [Ask only if WE402=1] How many years of (pension) eligible work did you have at the time of retirement?

_____ Years **[Soft check: >65]**

[All questions below are applicable for those who retired from organized sector or currently working in organized sector]

WE412. [Ask only if WE004=1 or WE402=1] Please tell me, whether you are currently receiving pension or expect to receive pension in future.

1. Currently receiving
2. Expected to receive in future
3. Neither currently receiving nor expected to receive in future →Go to WE420

[Instruction for the Interviewer: Read out all sources of pension]

| | WE412a. Type of pension | WE413. [Ask if WE412 < 3] How much pension income did you receive every month (all together)/ or expect to receive in future after retirement? | WE414. [Ask if WE412< 3] Please specify the name of the pension scheme. (Select from the drop down list in CAPI*) |
|---|---|--|---|
| A | Central government pension schemes (e.g. Central Civil Service Pension Scheme, Civil Service Provident Fund, retiring pension etc.) Superannuation, etc.) | ____ Rs per month amount currently receiving or expected to receive in future | |
| B | State government pension schemes | | |
| C | Employer funded pension schemes | | |
| D | Other work related pension, please specify _____ | | |
| E | Other work related pension, please specify _____ | | |
| F | Other work related pension, please specify _____ | | |

*Drop down options for WE414 (Name of the Pension)

1. Superannuation (retired on attaining retirement age)
2. Retiring Pension (retires before attaining age of superannuation)
3. Voluntary Retirement pension (after the completion of twenty years of service)
4. Invalid Pension (retirement from the service on account of any bodily or mental infirmity)
5. Compensation Pension (retires before attaining the age of Superannuation)
6. Compulsory Retirement Pension (compulsorily retired from service as a penalty)
7. None
8. Other, please specify _____

WE415. [Ask only if WE412=1] How long did it take after you officially retire to receive your first pension benefit?
 _____Months

WE416. [Ask only if WE402=1 or WE016 =5] Have you received any lump sum payments at the time you officially retired, or do you expect to receive any lump sum payments in the future?

1. Have received
2. Expected to receive
3. Neither received nor expected to receive →Go to WE420

WE417.[Ask only if WE416=1]Did you receive any of the following lump sum payments at the time you officially retired?

| Sl. no. | | Yes | No |
|---------|--|-----|----|
| a. | A lump sum amount under your provident fund | 1 | 2 |
| b. | A lump sum amount in lieu of gratuity | 1 | 2 |
| c. | A lump sum amount in lieu of accumulated leave | 1 | 2 |
| d. | Other, please specify ____ | 1 | 2 |

WE418.[Ask only if WE416=2]Will you receive any of the following lump sums at the time of you will retire?

| Sl. no. | | Yes | No |
|---------|--|-----|----|
| a. | A lump sum amount under your provident fund | 1 | 2 |
| b. | A lump sum amount in lieu of gratuity | 1 | 2 |
| c. | A lump sum amount in lieu of accumulated leave | 1 | 2 |
| d. | Other, please specify ____ | 1 | 2 |

WE419. [Ask if WE417a/d=1 or WE418a/d=1] What was/is the total lump sum amount you received or expected to receive from all of the sources you identified in the previous question (WE417 or WE418)? [Instruction for the interviewer: If the pension received from more than one source then amount received should be reported including all sources]

_____Rs **[Soft check: >Rs.25,00,000]**

[For the interviewer]

WE420. How often did the respondent receive assistance in answering this section?

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

WE421.[Ask only if WE420>1] Who helped the respondent in answering this section?

- | | |
|--------------------|---------------------------------|
| 1. Spouse/partner | 9. Brother |
| 2. Son | 10. Sister |
| 3. Daughter | 11. Grandparent |
| 4. Son-in-law | 12. Other relative |
| 5. Daughter-in-law | 13. Servant |
| 6. Grandchild | 14. Friend |
| 7. Parent | 15. Other, please specify _____ |
| 8. Parent-in-law | |

→Go to Next Section

I_C. Health (HT)

I_Ca. Diseases and Health Conditions

Instruction for CAPI: One of the following questions HT001_a/HT001_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__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

HT001_b. [If HT001_a was not asked] 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 chronic conditions or diseases

HT002 – HT010. Has any health professional ever diagnosed you with the following chronic conditions or diseases?

| | Has any health professional ever told you that you have...? | |
|-------|--|-----------------|
| HT002 | Hypertension or high blood pressure | 1. Yes 2. No |
| HT003 | Diabetes or high blood sugar | 1. Yes 2. No |
| HT004 | Cancer or a malignant tumor | 1. Yes 2. No |
| HT005 | Chronic lung disease such as asthma ,chronic obstructive pulmonary disease/Chronic bronchitis or other chronic lung problems | 1. Yes 2. No |
| HT006 | Chronic heart diseases such as Coronary heart disease (heart attack or Myocardial Infarction), congestive heart failure, or other chronic heart problems | 1. Yes 2. No |
| HT007 | Stroke | 1. Yes 2. No |
| HT008 | Arthritis or rheumatism, Osteoporosis or other bone/joint diseases | 1. Yes 2. No |
| HT009 | Any neurological, or psychiatric problems such as depression , Alzheimer's/Dementia, unipolar/bipolar disorders, convulsions, Parkinson's etc. | 1. Yes 2. No |
| HT010 | High cholesterol | 1. Yes 2. No |

[Diagnosed disease: Hypertension]

HT002a. [Ask only if HT002=1] Who first diagnosed you with high blood pressure or hypertension?

1. A doctor (MBBS degree)
2. Ayurvedic/Unani/ Homeopathic/ Siddha
3. Other, please specify_____

HT002b. [Ask only if HT002=1] When were you first diagnosed with high blood pressure or hypertension?

Year _____ [Hard check: HT002b_year > current year and HT002b<R's Birth Year]

OR

Age _____ [Hard check: HT002b_age > R's current age]

HT002c. [Ask only if HT002=1] In order to control your blood pressure or hypertension, are you currently taking any medication?

1. Yes
2. No

HT002d. [Ask only if HT002=1] In order to control your blood pressure, are you under salt or other diet restrictions?

1. Yes
2. No

[Diagnosed disease: Diabetes and High Blood Sugar]

HT003a. [Ask only if HT003=1] Who first diagnosed you with diabetes or high blood sugar?

1. A doctor (MBBS degree)
2. Ayurvedic/Unani/ Homeopathic/ Siddha
3. Other, please specify _____

HT003b. [Ask only if HT003=1] When were you first diagnosed with diabetes or high blood sugar?

Year _____ [Hard check: HT003b_year is > current year and HT003b<R's Birth Year]

OR

Age _____ [Hard check: HT003b_age is > R's current age]

HT003c. [Ask only if HT003=1] In order to treat or control your diabetes or high blood sugar, are you currently taking medications that you swallow?

1. Yes
2. No

HT003d. [Ask only if HT003=1] Are you currently using insulin shots/injections?

1. Yes
2. No

HT003e. [Ask only if HT003=1] In order to control your diabetes, are you following a special diet?

1. Yes
2. No

[Diagnosed disease: Cancer]

HT004a. [Ask only if HT004=1] Who first diagnosed you with cancer?

1. A doctor (MBBS degree)
2. Ayurvedic/Unani/ Homeopathic/ Siddha
3. Other, please specify: _____

HT004b. [Ask only if HT004=1] When were you first diagnosed with cancer?

Year _____ [Hard check: HT004b_year is > current year and HT004b<R's Birth Year]

OR

Age _____ [Hard check: HT004b_age is > R's current age]

HT004c. [Ask only if HT004=1] Have you been diagnosed with more than one type of cancer?

1. Yes
2. No

HT004d-e. In which organs or parts of your body have you been diagnosed with cancer? Please identify all organs or parts of your body, starting with the first diagnosis.

HT004d. [Ask only if HT004=1] first diagnosed organ/body part: ____ [CAPI will provide drop down list for single answer]
[Instruction for interviewer: Please refer HT004e for organs or parts of the body diagnosed with cancer]

HT004e. [Ask only if HT004c=1] all other organs/body parts: _____ [CAPI will provide drop down list] [Multiple answers are allowed]

| | | | | | |
|----------------|--|-------------|--|----------------------------|--|
| a. Brain | | b. Stomach | | c. Endometrium / Uterus | |
| d. Oral cavity | | e. Liver | | f. Colon or rectum | |
| g. Larynx | | h. Pancreas | | i. Urinary Bladder | |
| j. Pharynx | | k. Kidney | | l. Skin | |
| m. Thyroid | | n. Prostate | | o. Spinal cord | |
| p. Lung | | q. Testicle | | r. Blood / Lymphoid tissue | |
| s. Breast | | t. Ovary | | u. Bone tumor | |
| v. Esophagus | | w. Cervix | | x. Bone Marrow | |
| y. Others | | | | | |

HT004f. [Ask only if HT004=1] During the last two years, what type of treatments have you received for cancer? [Multiple answers are allowed] [Hard check: if response is "None", freeze all other option categories]

- a. Chemotherapy or medication
- b. Surgery
- c. Radiation
- d. Medications and treatments for symptoms (pain, nausea, rashes)
- e. Other, please specify _____
- f. None

HT004g. [Ask if HT004f=f and HT004c=1] for which cancer(s) have you received the treatment? [Multiple answers allowed]

| | | | | | |
|----------------|--|-------------|--|----------------------------|--|
| a. Brain | | b. Stomach | | c. Endometrium / Uterus | |
| d. Oral cavity | | e. Liver | | f. Colon or rectum | |
| g. Larynx | | h. Pancreas | | i. Urinary Bladder | |
| j. Pharynx | | k. Kidney | | l. Skin | |
| m. Thyroid | | n. Prostate | | o. Spinal cord | |
| p. Lung | | q. Testicle | | r. Blood / Lymphoid tissue | |
| s. Breast | | t. Ovary | | u. Bone tumor | |
| v. Esophagus | | w. Cervix | | x. Bone Marrow | |
| y. Others | | | | | |

[Diagnosed disease: Lung disease]

HT005a. [Ask only if HT005=1] Who first diagnosed you with chronic lung disease?

1. A doctor (MBBS degree)
2. Ayurvedic/Unani/ Homeopathic/ Siddha
3. Other, please specify _____

HT005b. [Ask only if HT005=1] When were you first diagnosed with a chronic lung disease such as asthma, chronic obstructive pulmonary disease/chronic bronchitis or other chronic lung problems?

Year _____ [Hard check: HT005b_year is > current year and HT005b<R's Birth Year]

OR

Age _____ [Hard check: HT005b_age>R's current age]

HT005c. [Ask only if HT005=1] Are you receiving physical or respiratory therapy, or any other treatment for your lung disease?

1. Yes
2. No

HT005d. [Ask only if HT005=1] Which type of chronic lung disease do you have? [Multiple answers are allowed]

- a. Chronic obstructive pulmonary disease (COPD)
- b. Chronic Bronchitis
- c. Asthma
- d. Other, please specify _____

[Chronic disease: Heart disease]

HT006a. [Ask only if HT006=1] Have you ever had a heart attack?

1. Yes
2. No → Go to HT006d

HT006b. [Ask only if HT006a=1] When did you first have a heart attack?

Year _____ [Hard check: HT006b_year > current year and HT006b < R's Birth Year]

OR

Age _____ [Hard check: HT006b_age > R's current age]

HT006c. [Ask only if HT006a=1] Was this the time when you were first diagnosed with a heart disease?

1. Yes
2. No

HT006d. [Ask only if HT006c=2] When were you first diagnosed with a heart disease?

Year _____ [Hard check: HT006d_year is > current year and HT006d < R's Birth Year]

OR

Age _____ [Hard check: HT006d_age is > R's current age]

HT006e. [Ask only if HT006=1] Who first diagnosed you with heart disease?

1. A doctor (MBBS degree)
2. Ayurvedic/Unani/ Homeopathic/ Siddha
3. Other, please specify: _____

HT006f. [Ask if HT006 =1] What kind of heart related conditions have you been diagnosed with? [Multiple answers are allowed]

- a. Rheumatic heart disease
- b. Congenital / Structural Disorders
- c. Conduction Disorders / Cardiac arrhythmias
- d. Congestive heart failure
- e. Coronary Heart Disease/Blockage
- f. Other heart conditions please specify _____

HT006g. [Ask only if HT006a=1 and current age of respondent- (minus) respondents age in HT006b > 2] In the last two years, have you had a heart attack?

1. Yes
2. No

HT006h. [Ask only if HT006=1] Are you currently taking any medication for your heart disease?

1. Yes
2. No

[Stroke]

HT007a. [Ask only if HT007=1] Who first diagnosed you with a stroke?

1. A doctor (MBBS degree)
2. Ayurvedic/Unani/ Homeopathic/ Siddha
3. Other, please specify _____

HT007b. [Ask only if HT007=1] When were you first diagnosed with a stroke?

Year _____ [Hard check: HT007b_year > current year and HT007b < R's Birth Year]

OR

Age _____ [Hard check: HT007b_age > R's current age]

HT007c. [Ask only if HT007=1] Are you currently taking any medications because of your stroke or its complications?

1. Yes
2. No

HT007d. [Ask only if HT007=1] Are you receiving physical or occupational therapy because of your stroke or its complications?

1. Yes
2. No

HT007e. [Ask only if HT007=1] Have you had any subsequent stroke after the first diagnosed stroke you just told me about?

1. Yes
2. No

HT007f. [Ask only if HT007e=1] In the last two years, have you consulted a doctor in connection with this most recent stroke?

1. Yes
2. No

HT007g. [Ask only if HT007=1] Do you still have any remaining problems because of your stroke(s), such as difficulty in moving or speaking?

1. Yes
2. No

HT007h-HT007k. [Ask only if HT007g=1] Because of this stroke, do you have...

| | | |
|---------|---|-----------------|
| HT007h. | Weakness in your arms and legs, or decreased ability to move or use them? | 1. Yes 2. No |
| HT007i. | Difficulty in speaking or swallowing? | 1. Yes 2. No |
| HT007j. | Difficulty with your vision? | 1. Yes 2. No |
| HT007k. | Difficulty in thinking or finding the right words to say? | 1. Yes 2. No |

[Chronic disease: Arthritis, rheumatism, osteoporosis, or other bone diseases]

HT008a. [Ask only if HT008=1] Have you ever been diagnosed with the following bone/joint diseases/problems?

[Multiple answers are allowed]?

- a. Arthritis
- b. Rheumatism
- c. Osteoporosis
- d. Other, please specify _____

HT008b. [Ask if HT008a= a or b] Who first diagnosed you with arthritis or rheumatism?

1. A doctor (MBBS degree)
2. Ayurvedic/Unani/ Homeopathic/ Siddha
3. Other, please specify _____

HT008c. [Ask if HT008a=a or b] When were you first diagnosed with arthritis or rheumatism?

Year _____ [Hard check: HT008c_year > current year and HT008c < R's Birth Year]

OR

Age _____ [Hard check: HT008c_age > R's current age]

HT008d. [Ask only if HT008a=c] Who first diagnosed you with osteoporosis?

1. A doctor (MBBS degree)
2. Ayurvedic/Unani/ Homeopathic/ Siddha
3. Other, please specify _____

HT008e. [Ask only if HT008a=c] When you were first diagnosed with osteoporosis?

Year _____ [Hard check: HT008e_year > current year and HT008e < R's Birth Year]

OR

_____ Age [Hard check: HT008e_age > R's current age]

HT008f. [Ask only if HT008=1] Are you currently taking any medication or receiving other treatments for your arthritis, rheumatism or osteoporosis?

1. Yes
2. No

[Diagnosed neurological and Psychiatric Conditions]

HT009a. [Ask only if HT009=1] Which type of neurological or psychiatric problem(s) have you been diagnosed with [Multiple answers are allowed]?

- a. Depression
- b. Alzheimer's disease, Dementia
- c. Psychiatric problems such as unipolar/bipolar disorder, schizophrenia etc.
- d. Neurological problems such as neuropathy, convulsions, migraine, Parkinson's etc.
- e. Other, please specify _____

HT009b. [Ask only if HT009=1] Who first diagnosed you with your neurological, or psychiatric problems or conditions?

1. A doctor (MBBS degree)
2. Ayurvedic/Unani/ Homeopathic/ Siddha
3. Other, please specify _____

HT009c. [Ask only if HT009=1] When were you first diagnosed with this problem?

_____ Year [Hard check: HT009c_year > current year and HT009c<R's Birth Year]

OR

_____ Age [Hard check: HT009b_age > R's current age]

HT009d. [Ask only if HT009=1] Are you currently taking any psychiatric or psychological treatment or therapy for your condition?

1. Yes
2. No

HT009e. [Ask only if HT009=1] Are you currently taking tranquilizers, antidepressants, or other types of medication for neurological or psychiatric problem (s)?

1. Yes
2. No

[High Cholesterol]

HT010a. [Ask only if HT010=1] Who first diagnosed you with high cholesterol?

1. A doctor (MBBS degree)
2. Ayurvedic/Unani/ Homeopathic/ Siddha
3. Other, please specify _____

HT010b. [Ask only if HT010=1] When were you first diagnosed with high cholesterol?

Year _____ [Hard check: HT010b_year > current year and HT010b<R's Birth Year]

OR

Age _____ [Hard check: HT010b_age > R's current age]

HT010c. [Ask only if HT010=1] Do you regularly take medications to help lower your cholesterol?

1. Yes
2. No

HT010d. [Ask ALL respondents] In the past 2 years, have you had a blood test for cholesterol?

1. Yes
2. No

Other Chronic Conditions

HT011. Now I would like to ask about other chronic conditions. Have you ever been diagnosed with any of the following chronic conditions or diseases? [Multiple answers are allowed]

- a. Thyroid disorder
- b. Gastrointestinal problems (GERD, constipation, indigestion, piles, peptic Ulcer)
- c. Skin diseases
- d. Other, please specify _____
- e. None

Urogenital

HT012. Have you ever been diagnosed with any of the following urogenital conditions or diseases? [Multiple answers are allowed]
[Instruction for CAPI: Freeze all other option if HT012 = e]

- a. Chronic Renal Failure
- b. Incontinence
- c. Kidney Stones
- d. BPH (Benign Prostatic Hyperplasia) [Instruction for Interviewer: Ask only if R is male]
- e. None

HT013. [Ask only if HT012=a] In last two years, have you been on dialysis?

1. Yes
2. No

HT014. Do you ever pass urine while sneezing, coughing, laughing or lifting heavy objects?

1. Yes
2. No

Eyesight

HT015. Now I have some questions about your eyesight. Have you ever been diagnosed with any eye or vision problem or condition, including ordinary nearsightedness or farsightedness?

1. Yes
2. No -> **Go to HT019**

HT016. [Ask only if HT015 =1] Were you diagnosed with an eye or vision problem or condition in one or both eyes?

1. One eye
2. Both eyes

HT017. [Ask only if HT015=1] With which problem or condition were you diagnosed? [Multiple answers are allowed]

- a. Presbyopia
- b. Cataract
- c. Glaucoma
- d. Myopia (Nearsightedness)
- e. Hypermetropia (Farsightedness)
- f. Other, please specify _____

HT018. [Ask only if HT015=1] Have you ever undergone any treatment or corrective surgery for an eye problem or condition?

1. Yes, please specify for which condition _____
2. No

HT019. 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 | 4. Poor |
| 2. Good | 5. Very poor |
| 3. Fair | |

HT020. 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

HT021. Have you ever been diagnosed with any hearing or ear-related problem or condition?

1. Yes
2. No -> **Go to HT024**

HT022. [Ask only if HT021=1] Were you diagnosed with an ear or hearing problem or condition in one or both ears?

1. One ear
2. Both ears

HT023. [Ask only if HT021 =1] Have you ever undergone any treatment or corrective surgery for ear-related problem or condition?

1. Yes (If Yes, please Specify the treatment received) _____
2. No

Oral health

HT024. Now, I have some questions about your oral (dental) health. In the last 12 months, have you ever been diagnosed with or suffered from any of the following oral problem(s)? [Multiple answers are allowed]

- | | |
|---------------------------------------|--|
| a. Painful teeth | f. Dental cavity/dental caries |
| b. Ulcers lasting more than two weeks | g. Soreness or cracks in the corner of the mouth |
| c. Bleeding gums | h. Other, please specify |
| d. Swelling gums | i. None |
| e. Loose teeth | |

HT025. Have you lost some or all of your natural teeth?

1. Yes, lost all natural teeth
2. Yes, lost some natural teeth
3. No, have not lost any teeth

HT026. How well can you chew solid foods such as chapati, apple, guava, or nuts?

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

Health event: Injury/fall

HT101. Now we will ask about some other health concerns, such as injuries and falls. In the past two years, have you sustained any major injury?

1. Yes
2. No → Go to HT103

HT102. [Ask only if HT101=1] Did you receive medical treatment for that injury?

1. Yes
2. No

HT102a. [Ask only if HT101=1] What was the cause of that injury? [Multiple answers are allowed]

- | | |
|---------------------------------------|--------------------------------|
| a. Traffic accident | e. Poisoning |
| b. Struck by person or object | f. Animal attack or bite |
| c. Fire, flames, burn, electric Shock | g. Fall |
| d. Drowning | h. Other, please specify _____ |

HT103. [Ask only if HT102a ≠ g] In the past two years, have you fallen down?

1. Yes
2. No → Go to HT104

HT103a. [Ask if HT102a=g or HT103=1] How many times have you fallen in the last 2 years?

Number of times: ____ [Hard check: HT103a >30]

HT103b. [Ask only if HT102a=g or HT103=1] In that fall/in any of these falls, did you injure yourself seriously enough to need medical treatment?

1. Yes
2. No

HT104. In the past 2 years, have you fractured any of your bones/joints?

1. Yes
2. No

HT105. In the past 2 years, have you undergone any surgery related to bones or joints?

1. Yes
2. No → Go to HT106

HT105a. [Ask only if HT105=1] Which bone or joint have you undergone surgery for? [Multiple answers are allowed]

- | | |
|-------------|---------------------------------|
| a. Shoulder | f. Spine |
| b. Wrist | g. Hip replacement surgery |
| c. Hip | h. Knee replacement surgery |
| d. Knee | i. Shoulder replacement surgery |
| e. Ankle | j. Other, please specify |

Disasters

HT106. Now we are going to ask some questions about natural disasters, which may have affected your health as well. In the last five years, has your health been severely affected by disasters such as floods, landslides, extreme cold and hot weather, cyclone/typhoons, droughts, earthquakes, tsunamis, or any other natural calamities?

1. Yes
2. No → Go to HT107

HT106a. [Ask only if HT106=1] Which of these natural disasters affected your health? Please identify all natural disasters that affected you. [Multiple answers are allowed]

- | | |
|-------------------------|---------------------------------|
| a. Floods | e. Tsunami |
| b. Landslides | f. Droughts |
| c. Cyclone/Typhoon | g. Other, please specify: _____ |
| d. Earthquakes, tremors | |

HT107. In the last five years, has your health been severely affected by man-made incidents such as riots, terrorism, building collapses, fires, traffic accidents or any other man-made incidents?

1. Yes
2. No → Go to HT201

HT107a. [Ask only if HT107=1] Which of these man-made disasters affected your health? Please identify all man-made incidents that affected you. [Multiple answers are allowed]

- | | |
|-----------------------|---------------------------------|
| a. Riots | d. Fires |
| b. Terrorism | e. Traffic accidents |
| c. Building collapses | f. Other, please specify: _____ |

HT108. [Ask if HT106=1 or HT107=1] What were the health consequences that you suffered as a result of these disasters or incidents? [Multiple answers are allowed]

- a. Permanent physical disability
- b. Psychological trauma and mental health problems
- c. Chronic illness
- d. Other, please specify _____

Diseases endemic in India

HT201 - HT210. I am now going to ask you about other acute diseases that are common in India. In the **past 2 years**, have you had any of the following diseases? Please identify all diseases you have had in **past 2 years**. [Diseases diagnosed by health professional]

| | | In the past 2 years, have you had..... | a. [Ask only if HT201-HT210=1] Was this disease treated by a health professional?? |
|-------|-----------------------------|--|--|
| HT201 | Jaundice/ Hepatitis | 1. Yes 2. No | 1. Yes 2.No |
| HT202 | Tuberculosis (TB) | 1. Yes 2. No | 1. Yes 2.No |
| HT203 | Malaria | 1. Yes 2. No | 1. Yes 2.No |
| HT204 | Diarrhea/gastroenteritis | 1. Yes 2. No | 1. Yes 2.No |
| HT205 | Typhoid | 1. Yes 2. No | 1. Yes 2.No |
| HT206 | Urinary Tract Infection | 1. Yes 2. No | 1. Yes 2.No |
| HT207 | Anemia | 1. Yes 2. No | 1. Yes 2.No |
| HT208 | Chikungunya | 1. Yes 2. No | 1. Yes 2.No |
| HT209 | Dengue | 1. Yes 2. No | 1. Yes 2.No |
| HT210 | Other, please specify _____ | 1. Yes 2. No | 1. Yes 2.No |

Immunization

HT211. Have you ever received any immunizations for adults, such as the influenza vaccine, pneumococcal vaccine, hepatitis B vaccine, or typhoid vaccine? [Multiple answers are allowed] [Instruction for CAPI: If option “g” is selected, other given options should be freeze]

- Influenza vaccine
- Pneumococcal vaccine
- Hepatitis B vaccine
- Typhoid vaccine
- Diphtheria and Tetanus (dT)
- Other, please specify _____
- None

Angina

HT212. Do you ever have any pain or discomfort in your chest?

- Yes
- No →Go to HT219

HT213. [Ask only if HT212=1] Do you get this pain or discomfort when you walk uphill or hurry?

- Yes
- No
- Unable to walk [voluntary] →Go to HT219

HT214. Do you get it when you walk at an ordinary pace on the level?

- Yes
- No

HT215. When you get any pain or discomfort in your chest while walking or moving, what do you do?

- Stop
- Slow down
- Continue at the same pace

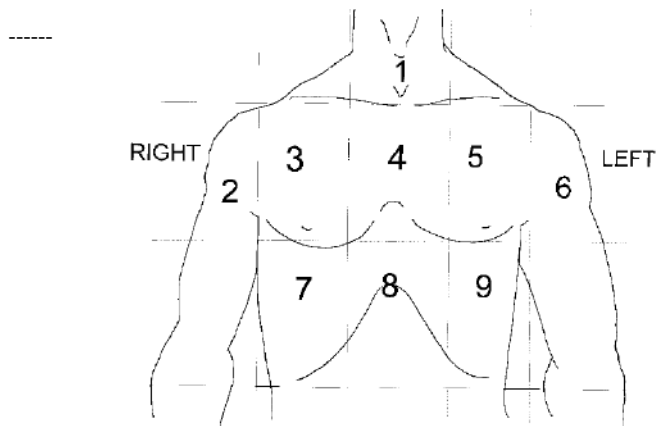
HT216. Does it go away when you stop moving?

- Yes
- No

HT217. How quickly the pain subsides when it occurs?

1. 10 minutes or less
2. More than 10 minutes

HT218. Where do you get this pain or discomfort? [Multiple answers are allowed]



Sleep

HT219 – HT222. Now I would like to ask you a few questions about your sleep during the past 1month.

| | | |
|--------|--|---|
| | How often do you...? Would you say Never, Rarely (1-2 nights per week), Occasionally (3-4 nights per week), or Frequently (5 or more nights per week)? | <ol style="list-style-type: none"> 1. Never 2. Rarely (1-2 nights per week) 3. Occasionally (3-4 nights per week) 4. Frequently (5 or more nights per week) |
| HT219 | How often do you have trouble falling asleep? | |
| HT220 | How often did you wake up during the night and had trouble getting back to sleep? | |
| HT221 | How often did you wake up too early in the morning and were not being able to fall asleep again? | |
| HT222 | How often did you feel unrested during the day, no matter how many hours of sleep you had? | |
| HT222a | How often did you take a nap during the day? | |

HT223. In the past 1 month, have you taken any medications or used other treatments to help you sleep?

1. Yes
2. No

HT224. [Ask only if HT223=1] Were these medications or other treatments recommended to you by a doctor?

1. Yes
2. No

Pain

HT225. Are you often troubled with pain?

1. Yes
2. No → Go to HT229

HT226. [Ask only if HT225 =1] How frequently do you experience pain?

1. Rarely (1-2 days per week)
2. Occasionally (3-4 days per week)
3. Frequently (5 or more days per week)

HT227. [Ask only if HT225=1] Do you take any medication or therapy to get relief from the pain [Multiple answers are allowed]?

- a. Yes, analgesics (Oral/ Injectable)
- b. Yes, therapy(ies)
- c. Local/external application (Ointment, cream, gel, balm, spray, oil, etc.)
- d. None

HT228. [Ask only if HT225=1] Does the pain make it difficult for you to do your usual activities such as household chores or work?

1. Yes
2. No

Symptoms

HT229. Have you had any of the following persistent or troublesome problems **in past two years**? [Multiple answers are allowed]

- a. Pain or Stiffness in joints
- b. Persistent swelling in feet or ankles
- c. Shortness of breath while awake
- d. Persistent dizziness or light headedness
- e. Back pain or problem
- f. Persistent headaches
- g. Severe fatigue or exhaustion
- h. Wheezing or whistling sound from the chest
- i. Cough with or without phlegm
- j. None

HT230. Aside from any hospital or nursing home stays, about how many days did you stay in bed more than half day because of illness or injury during the last 30 days? Use 0 for none.

Number of days: ____ [Hard check: HT247 >31]

Childhood health

HT231. [Ask only if interview is NOT a proxy interview] Now I want to ask you about your overall childhood health up to age 16. In general, would you say your childhood health was very good, good, fair, poor or very poor on the basis of what you remember, or what you heard or perceived from your parents?

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

HT232_proxy. [Ask only if interview is a proxy interview] 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 very good, good, fair, poor or very poor?

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

HT233. When you were growing up, before you were 16 years old, were you ever bedridden for a month or more because of a health problem?

1. Yes
2. No

HT234. [Ask only if DM006=1] When you were growing up, before you were 16 years old, did you ever miss a month or more of school because of a health problem?

1. Yes
2. No

HT235. Now think about your family when you were growing up, from birth to age 16. Compared to other families in your community, would you say your family during that time was pretty well off financially, about average, or poor?

1. Pretty well off financially
2. Average
3. Poor
4. Varied [voluntary]

Women's Health [Questions from HT236-HT242 should be asked, only If DM003=2]

HT236. When did you have your last menstrual bleeding /period”?

_____ Year and _____ month **[Soft check: HT236_year <= Birth year +30]** **[Hard check: HT236> current year and HT236< Birth year]**

HT237. **[Ask only if DM005 < 60years]** In the last 12 months, have you had any of the following health problem(s)? **[Multiple answers are allowed]**

- a. Hot flashes
- b. Per vaginal bleeding
- c. Foul smelling vaginal discharge
- d. Uterus prolapses
- e. Mood swings/Irritability
- f. Fibroid/Cyst
- g. Dry vagina causing painful intercourse **[Instruction for Interviewer: Ask only to married womenDM021=1]**
- h. Other, please specify.....
- i. None

HT238. **[Ask only if HT237≠i]** Did you seek doctor's consultation or treatment for any of these health problems?

- 1. Yes
- 2. No

HT239. Have you undergone an operation to remove your uterus (hysterectomy)?

- 1. Yes
- 2. No

HT240 **[Ask only if HT239= 1]** What were the reason(s) for undergoing hysterectomy? **[Multiple responses are allowed]** **[Instruction for CAPI: If option “h” is selected, other given options should be freeze]**

- a. Excessive menstrual bleeding/Pain
- b. Fibroids/cysts
- c. Uterine disorders (Rupture)/ Injury
- d. Cancer
- e. Uterine prolapse
- f. Severe Postpartum hemorrhage
- g. Other, please specify.....
- h. Reason not known

HT241. In the last 2 years, have you had a PAP smear test?

- 1. Yes
- 2. No

HT242. In the last 2 years, have you had a mammogram?

- 1. Yes
- 2. No

I_Cb. Functional Limitations and Helpers (HT)

[Work-limiting health condition]

HT300. [Ask only WE004=1 or WE005=1] Now I want to ask how your health affects paid work activities. Do you have any impairment or health problem that limits the kind or amount of paid work you can do?

1. Yes
2. No
3. Too old to work [Voluntary]

HT301. Do you have any form of physical or mental impairment?

1. Yes
2. No → Go to HT303

HT302. [Ask only if HT301= 1] Which form of impairment do you have? [Multiple answers are allowed]

- a. Physical impairment such as lower body or upper body
- b. Mental impairment such as intellectual, cognition, or learning impairment
- c. Hearing impairment
- d. Visual impairment
- e. Speech impairment such as speech production, language comprehension

[Mobility]

HT303 – HT311. Because of physical or health problems, do you have difficulty doing any of the activities? Exclude any difficulties that you expect to last less than three months.

| | Do you have difficulty with...? | |
|-------|---|-----------------|
| HT303 | Walking 100 yards | 1. Yes 2. No |
| HT304 | Sitting for 2 hours or more | 1. Yes 2. No |
| HT305 | Getting up from a chair after sitting for long period | 1. Yes 2. No |
| HT306 | Climbing one flight of stairs without resting | 1. Yes 2. No |
| HT307 | Stooping, kneeling or crouching | 1. Yes 2. No |
| HT308 | Reaching or extending arms above shoulder level (either arm) | 1. Yes 2. No |
| HT309 | Pulling or pushing large objects | 1. Yes 2. No |
| HT310 | Lifting or carrying weights over 5 kilos, like a heavy bag of groceries | 1. Yes 2. No |
| HT311 | Picking up a coin from a table | 1. Yes 2. No |

[ADL/IADL]

HT401-HT413. Now, I will ask you about 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.

| | Because of a health or memory problem, do you have any difficulty with...? | |
|-------|--|-----------------|
| HT401 | Dressing, including putting on chappals, shoes, etc. | 1. Yes 2. No |
| HT402 | Walking across a room | 1. Yes 2. No |
| HT403 | Bathing | 1. Yes 2. No |
| HT404 | Eating, difficulties | 1. Yes 2. No |
| HT405 | Getting in or out of bed | 1. Yes 2. No |

| | | |
|-------|--|-----------------|
| HT406 | Using the toilet, including getting up and down | 1. Yes 2. No |
| HT407 | Preparing a hot meal (cooking and serving) | 1. Yes 2. No |
| HT408 | Shopping for groceries | 1. Yes 2. No |
| HT409 | Making telephone calls | 1. Yes 2. No |
| HT410 | Taking medications | 1. Yes 2. No |
| HT411 | Doing work around the house or garden | 1. Yes 2. No |
| HT412 | Managing money, such as paying bills and keeping track of expenses | 1. Yes 2. No |
| HT413 | Getting around or finding address in unfamiliar place | 1. Yes 2. No |

HT414. Are you using any aid or supportive device(s) to assist you in the activities of daily living? Examples of supportive devices include spectacles and dentures, and devices to help you in moving or sitting.

1. Yes
2. No → **Go to HT424**

HT415—HT423. Here are a few aids/instrument listed. Please tell me which of the following device(s), you have been using to assist you in the activities of daily living?

| | | |
|-------|------------------------------------|----------------|
| HT415 | Hearing Aid | 1.Yes 2. No |
| HT416 | Spectacles/contact lenses | 1.Yes 2. No |
| HT417 | Denture | 1.Yes 2. No |
| HT418 | Walker/ walking Sticks | 1.Yes 2. No |
| HT419 | Wheel chairs | 1.Yes 2. No |
| HT420 | Adjustable shower stools /Commodes | 1.Yes 2. No |
| HT421 | Back/ neck collar | 1.Yes 2. No |
| HT422 | Orthosis and prosthesis | 1.Yes 2. No |
| HT423 | Other, please specify..... | 1.Yes 2. No |

CHECKPOINT: If R says [Yes] to any of the ADL/IADL questions, proceed to Helper questions, HT424-HT430. Otherwise, skip Helper questions.

[Helper questions]

HT424. Does anyone help you with these difficulties you mentioned above?

1. Yes
2. No → **Go to HT431**

HT425. How many people usually help you with these activities?

_____ **[Hard check: HT425 > 20]**

HT426. Who helps you with that most often?

Select person if helper is a household member

[CAPI will show HH person IDs]

_____ Name if helper is not a household member

HT427 [Ask only if helper is not a household member] What is that person's relationship to you?

- | | |
|--------------------------------|-------------------------------------|
| 1. Spouse or partner | 10. Brother-in-law |
| 2. Son | 11. Sister |
| 3. Daughter | 12. Sister-in-law |
| 4. Grandchild | 13. Other relative |
| 5. Father | 14. Non-professional, paid helper |
| 6. Father of spouse or partner | 15. Professional (paid or non-paid) |
| 7. Mother | 16. Ex-spouse or partner |
| 8. Mother of spouse or partner | 17. Other, please specify_____ |
| 9. Brother | |

HT428. During the last month, on about how many days did [NAME OF CARE PROVIDER] assist you?

_____ days in last month [Hard check: >31]

HT429. On the days [NAME OF CARE PROVIDER] assisted you, about how many hours per day was that?

[Instruction for Interviewer: Enter 0 if LESS THAN ONE HOUR]

_____ hours [Hard check: >24]

HT430. Is [NAME OF CARE PROVIDER] paid to help you?

1. Yes
2. No

[For the interviewer]

HT431. How often did the respondent receive assistance in answering this section?

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

HT432. [Ask only if HT431>1] Who helped the respondent in answering this section?

- | | |
|--------------------|---------------------------------|
| 1. Spouse/partner | 9. Brother |
| 2. Son | 10. Sister |
| 3. Daughter | 11. Grandparent |
| 4. Son-in-law | 12. Other relative |
| 5. Daughter-in-law | 13. Servant |
| 6. Grandchild | 14. Friend |
| 7. Parent | 15. Other, please specify _____ |
| 8. Parent-in-law | |

→Go to Next Section

I_Cc. Family Medical History (FM)

FM301. [Ask only if DM021 < 6] Is your current or former spouse related to you by blood (like a cousin)?

1. Yes
2. No

FM302. [Ask only if DM021 < 6] How many times have you / your spouse been pregnant?

FM302 a. Number of pregnancies: _____

FM302 b. Number of live births.....

FM302c. Number of still births.....

FM302 d. Number of Spontaneous abortions /miscarriages

FM302 e. Number of Medical Termination of Pregnancy (MTP)/induced abortion.....

[Soft check: FM302b+FM302c+FM302d+FM302e>FM302a, Hard check: FM302b+FM302c+FM302d+FM302e<FM302a]

[Hard check: FM302a > 25, FM302b>25, FM302c>25, FM302d>25, FM302e> 25]

FM303 - FM310. We would like to know about the medical history of your family. Could you tell me if your father, mother, brother, sister, children, grandchildren, has ever been diagnosed with the following diseases? Please only refer to blood-related family members

| | | a. Father | b. Mother | c. Brother | d. Sister | e. Children | f. Grandchildren | g. None |
|-------|---------------------|--------------|--------------|------------|-----------|-------------|------------------|---------|
| FM303 | Hypertension | | | | | | | |
| FM304 | Diabetes | | | | | | | |
| FM305 | Heart disease | | | | | | | |
| FM306 | Stroke | | | | | | | |
| FM307 | Cancer | | | | | | | |
| FM308 | Alzheimer's disease | | | | | | | |
| FM309 | Parkinson's disease | | | | | | | |
| FM310 | Psychotic Disorder | | | | | | | |

[Birth defects and congenital disorders]

FM311. Does your family have a history of birth defects or congenital disorders in children?

1. Yes
2. No → Go to FM 313

FM312. [Ask only if FM311=1] Does your family have a history of any of the following? [Multiple answers are allowed].

- a. Intellectual disability/developmental delay
- b. Short stature (as opposed to average height in your family)
- c. Vision/hearing loss detected shortly after birth
- d. Blood disorders
- e. Congenital Heart Defects
- f. Congenital Metabolic Disorders
- g. Physical anomalies (absence of any body part)

[For the interviewer]

FM313. Who was present while interviewing this module? [Multiple answers are allowed].

- | | |
|--------------------|--------------------------------|
| a. Spouse/partner | i. Brother |
| b. Son | j. Sister |
| c. Daughter | k. Grandparent |
| d. Son-in-law | l. Other relative |
| e. Daughter-in-law | m. Servant |
| f. Grandchild | n. Friend |
| g. Parent | o. Other, please specify _____ |
| h. Parent-in-law | p. No one |

FM314. How often did the respondent receive assistance in answering this section?

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

FM315. [Ask only if FM314>1] Who helped the respondent in answering this section?

- | | |
|--------------------|---------------------------------|
| 1. Spouse/partner | 9. Brother |
| 2. Son | 10. Sister |
| 3. Daughter | 11. Grandparent |
| 4. Son-in-law | 12. Other relative |
| 5. Daughter-in-law | 13. Servant |
| 6. Grandchild | 14. Friend |
| 7. Parent | 15. Other, please specify _____ |
| 8. Parent-in-law | |

→Go to Next Section

Instruction for Interviewer: This section is for measuring cognition.

[ORIENTATION]

MH001_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.

MH002 – MH004. Please tell me today's date.

[Instruction for Interviewer: Respondent doesn't have to answer in this order. If respondent 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]

| | |
|----------------------------------|----------------------------|
| MH002. Date [display day number] | 1. correct 2. incorrect |
| MH003. Month [display month] | 1. correct 2. incorrect |
| MH004. Year [display year] | 1. correct 2. incorrect |

MH005. Please tell me which day of week is today. Is it Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, or Sunday?

[Instruction for CAPI: Display day of the week]

1. Correct
2. Incorrect

MH006. What is this place used for?

[Instruction for Interviewer: plausible answers are specific answers such as living room, house, apartment, hospital, market, etc.]

1. Correct
2. Incorrect

MH007 – MH009. What is your address? Please tell me the name of village/town/city and street number/district (if applicable).

| | |
|---|----------------------------|
| MH007. Name of village/town/city | 1. Correct 2. Incorrect |
| MH008. Street number/ colony name/landmark/neighbourhood | 1. Correct 2. Incorrect |
| MH009. What is name of your district? | 1. Correct 2. Incorrect |

[Word Recall]

MH010_Intro. I will 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?

MH011. [Instructions for Interviewer: 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 Butter Book Market Baby |

[Instruction for CAPI: Display which list appeared on the screen]

1. List 1
2. List 2
3. List 3

MH012 – MH013. Now please tell me the words you can recall from:

[Instruction for CAPI : Display list of words from MH011] [Instruction for Interviewer: Permit as much time as R wishes, up to 2 minutes]

MH012. Number of words R correctly recalls: _____ [Hard check: MH012>10]

MH013. Number of words R incorrectly recalls: _____ [Soft check:MH013 > 15]

[Instruction for Interviewer: Please enter “0”, if respondent does not recall incorrect word]

MH014. Please indicate whether any of the following problems occurred in relation to word recall.

[Multiple answers are allowed] [Instructions for CAPI: if MH014=d then freeze other options]

- a. R has difficulty hearing any of the words
- b. Interruption occurred while you were reading the list.
- c. Other problem, please specify _____
- d. No problem occurred

[Verbal fluency]

MH015_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. I am going to give you one minute and I want to see how many animals you can name.

[Instructions for Interviewer: Count Categories of animals (e.g., dogs), as well as specific types (e.g., Doberman, Shepherd) as correct. Any members of the animal kingdom, real or mythical, are scored as correct, except repetitions and proper nouns (e.g., Mickey Mouse)]

[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:

[Instruction for Interviewer: Press START/STOP on stopwatch and time for one minute]

[Say “GOOD” when one minute is completed.]

[Instructions for Interviewer: tap each time respondent named an animal – do NOT tap when respondent repeated the same animal name or incorrectly named it (e.g., name something other than an animal)]

MH016. Total number of animals and/or birds named [this number is generated from CAPI]: _____

MH017. [Instructions for Interviewer: If ‘R’ did incorrect naming, anything that is not an animal or bird]:

Was there incorrect naming?

1. Yes
2. No

MH018. [Instructions for Interviewer: If ‘R’ did repetition, giving the same animal name more than once]

Was there repetition?

1. Yes
2. No

[Object Naming]

MH019. [Instructions for Interviewer: pointing to item #1] What is this?

[Instructions for Interviewer: Items can be anything from cell phones, gloves, hats, rings, and umbrella that can be within close reach.]

1. Correct
2. Incorrect

MH020. [Instructions for Interviewer: pointing to item #2] What is this?

1. Correct
2. Incorrect

[Number Series]

MH021_intro. Now I am going to show you a sequence of numbers. Could you guess what would be the missing value in the blank space? For example,

Practice 1. Can you fill the missing value in the empty box?

[Instruction for CAPI: These examples appear one at a time]

| | | | |
|---|---|---|--|
| 3 | 4 | 5 | |
|---|---|---|--|

Practice 2. Can you fill the missing value in the empty box?

| | | | |
|---|---|--|---|
| 7 | 6 | | 4 |
|---|---|--|---|

[Instructions for Interviewer: Practices above are to help respondent to get used to the format of the real task and how to respond appropriately. Once the practice items have been completed with respondents giving the correct responses, they may move onto the real task items. Please record each answers of respondents, including if respondent refuse to answer items]

MH021a. Can we now proceed to do similar tests?

- a. Yes
- b. No → Go to MH036
- c. Refused → Go to MH036

STARTING BLOCK: 4, 7, 11 FOR ALL RESPONDENTS

[In CAPI, each question will appear one at a time]

| | | | | | |
|-------|-----|----|----|----|----|
| MH021 | 04. | 7 | 8 | | 10 |
| MH022 | 07. | 8 | | 12 | 14 |
| MH023 | 11. | 18 | 10 | 6 | 3 |

Checkpoint:

CAPI will display only one Question Block based on the responses in previous questions.

If R got 0 question correct → Go to Question Block 1

If R got 1 question correct → Go to Question Block 2

If R got 2 questions correct → Go to Question Block 3

If R got 3 questions correct → Go to Question Block 4

QUESTION BLOCK 1:

1, 2, 3 FOR RESPONDENTS WHO GOT 0 (ZERO) QUESTION CORRECT IN STARTING BLOCK

| | | | | | |
|-------|-----|----|---|----|----|
| MH024 | 01. | 1 | 2 | 3 | |
| MH025 | 02. | 6 | 5 | 4 | |
| MH026 | 03. | 12 | | 16 | 18 |

QUESTION BLOCK 2:

5, 6, 8 FOR RESPONDENTS WHO GOT 1 (ONE) QUESTION CORRECT IN STARTING BLOCK

| | | | | | |
|-------|-----|---|---|----|---|
| MH027 | 05. | 5 | | 3 | 2 |
| MH028 | 06. | 4 | 7 | 10 | |
| MH029 | 08. | | 4 | 6 | 8 |

QUESTION BLOCK 3:**9, 10, 12 FOR RESPONDENTS WHO GOT 2 (TWO) QUESTIONS CORRECT IN STARTING BLOCK**

| | | | | | | | | |
|-------|-----|----|---|----|----|----|---|--|
| MH030 | 09. | 1 | 3 | 3 | 5 | 7 | 7 | |
| MH031 | 10. | 3 | | 8 | 12 | 17 | | |
| MH032 | 12. | 17 | | 12 | 8 | | | |

QUESTION BLOCK 4:**13, 14, 15 FOR RESPONDENTS WHO GOT 3(ALL) QUESTIONS CORRECT IN STARTING BLOCK**

| | | | | | | | | |
|-------|-----|----|----|----|---|---|---|--|
| MH033 | 13. | 10 | | 3 | 1 | | | |
| MH034 | 14. | 18 | 17 | 15 | 8 | | | |
| MH035 | 15. | 3 | 3 | 4 | 6 | 6 | 7 | |

[Numeric ability]

MH036 – MH037. 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.

MH036. [\[Instructions for Interviewer: Please select one of the following\]](#)

1. R correctly counted (e.g., 19 – 10; 20 – 11) without error
2. R made an error(s)
3. R cannot count → **Go to MH040**

MH037. [\[Ask if MH036=1 or 2\]](#) The time taken for backward counting ____secs

MH038 – MH039. [\[Ask only if MH036=1\]](#) 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.

MH038. [\[Instruction for Interviewer: Please select the appropriate answer\]](#)

1. R correctly counted, up to (please specify the number): from 100to ____
[Hard check: MH038_1 > 100]
2. R made an error(s), but counted correctly from 100 to ____
3. R cannot count

MH039. [\[Ask if MH038= 1or 2\]](#) The time taken for backward counting ____secs **[Hard check: >120 secs]**

[Serial 7s]

MH040. 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 MH046**

MH041. And 7 from that equals what?

[\[Interviewer: enter the answer R gave\]](#) ____

MH042. And 7 from that equals what?

[\[Interviewer: enter the answer R gave\]](#) ____

MH043. And 7 from that equals what?

[\[Interviewer: enter the answer R gave\]](#) ____

MH044. And 7 from that equals what?

[\[Interviewer: enter the answer R gave\]](#) ____

MH045. [\[CAPI generated score\]](#) ____

[Computation]

MH046. 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?

1. R gave the correct answer of 150 Rs
2. R gave incorrect answer

MH047. 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

[Literacy & Executive Function]

MH048. [Instruction for Interviewer: Make sure R doesn't see the test paper with the words "Close your eyes" written before asking the question. Make sure that someone doesn't read the sentence to R] I will show you a sentence. Please read the sentence aloud and act it out.

1. R read the sentence but did not close eyes/ R did not read sentence but closed eyes.
2. R read the sentence AND closed eyes
3. R did not complete any task
4. R is Illiterate (Voluntary) → Go to MH050

MH049.[Ask if MH048 ≠ 4] [Instruction for Interviewer: Give R a pen and point to the blank part of the paper] Please write one sentence about how you are feeling today or today's weather.

[Instruction for Interviewer: spelling error is OK, as long as you can understand the meaning of the sentence written]

1. Wrote a sentence
2. Couldn't write a sentence
3. R is illiterate (Voluntary)

MH050. Now, listen carefully and follow my direction. Are you ready?

When I give you a piece of paper, please turn it over, fold it in half, and give it back to me.

[Instruction for Interviewer: (1) Tidy up the surroundings (especially the front) so it doesn't interfere with the respondent. (2) Do not repeat the question in the middle of the process. (3) Do not give out the paper in advance. (4) Directions can be repeated if the respondent seems unable to understand the directions or if the respondent asks you to repeat the directions. In this case, the paper first given out should be collected and the process should start over]

1. One of the tasks – turning/folding/returning actions is completed successfully
2. Two of the tasks – turning/folding/returning actions are completed successfully
3. All of the tasks – turning/folding/returning actions are completed successfully
4. None of the tasks – turning/folding/returning actions is completed successfully

[Drawing]

MH051. [Instruction for Interviewer: Show the picture of two pentagons overlapped] Do you see this picture? Please draw that picture on this paper.

1. Drew picture
2. Failed to draw picture
3. Not applicableGo to MH055

MH052 – MH054. Now, could you draw picture of clock, showing ten past eleven?

[Instruction for Interviewer: check contour, numbers, and hands]

| | | |
|-------|-------------------|---|
| MH052 | Contour looks OK? | <ol style="list-style-type: none">1. Yes2. No3. Didn't draw |
| MH053 | Number looks OK? | <ol style="list-style-type: none">1. Yes2. No3. Didn't draw |
| MH054 | Hands look right? | <ol style="list-style-type: none">1. Yes2. No3. Didn't draw |

[Long-term memory]

MH055_intro. 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. [\[Instruction for Interviewer: Permit as much time as R wishes, up to 2 minutes\]](#)

The list of words is:

[\[The same list of words will appear on the screen for Interviewer\]](#)

| List 1 | List 2 | List 3 |
|----------|--------|----------|
| River | Monkey | Elephant |
| Tree | Car | Bike |
| Temple | Stone | Kite |
| School | Doctor | Teacher |
| Hospital | Phone | House |
| Dog | Fire | Water |
| Cat | Road | Butter |
| Radio | Silver | Book |
| Chair | Flower | Market |
| Gold | Cow | Baby |

MH056. Number of words R correctly recalls _____

[Hard check: MH056>10]

MH057. [\[For the interviewer\]](#) Was there any interruptions or noise that could distract the respondent during administering this module?

1. Yes
2. No

MH058. [\[For the interviewer\]](#) How often did the respondent receive assistance in answering this section?

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

MH059. [\[Ask only if MH058>1\]](#) Who helped the respondent in answering this section?

- | | |
|--------------------|---------------------------------|
| 1. Spouse/partner | 9. Brother |
| 2. Son | 10. Sister |
| 3. Daughter | 11. Grandparent |
| 4. Son-in-law | 12. Other relative |
| 5. Daughter-in-law | 13. Servant |
| 6. Grandchild | 14. Friend |
| 7. Parent | 15. Other, please specify _____ |
| 8. Parent-in-law | |

→ Go to Next Section

This is a proxy interview to measure cognition.

[Memory Rating]

MH101. 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 | 4. Fair |
| 2. Very good | 5. Poor |
| 3. Good | |

MH102. Now we want you to remember what your friend or relative was like 10 years ago and to compare it with what he/she is like now. Ten years ago was [Year]. Compared to ten years ago, would you say [R's NAME]'s memory is better now, about the same, or worse now than it was then?

1. Better
2. Same
3. Worse

[Jorm IQCODE]

MH103_intro. I will present situations where this person has to use his/her memory or intelligence and I want you to indicate whether this has improved, stayed the same or got worse than in that situation over the past 10 years. Note the importance of comparing his/her present performance with 10 years ago. So if 10 years ago this person always forgot where he/she had left things and he/she still does this, then this would be considered 'Not much change'. Please indicate the changes you have observed by giving the appropriate answer.

| | | 1 | 2 | 3 | 4 | 5 |
|-------|--|---------------|----------------|-----------------|-------------|------------|
| MH104 | Remembering things about family and friends, e.g. occupations, birthdays, addresses | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| MH105 | Remembering things that have happened recently | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| MH106 | Recalling conversations a few days later | Much improved | A bit improved | Not much change | A bit worse | Much Worse |
| MH107 | Remembering her/his address and telephone number | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| MH108 | Remembering what day and month it is | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| MH109 | Remembering where things are usually kept | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| MH110 | Remembering where to find things which have been put in a different place from usual | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| MH111 | Knowing how to work familiar machines around the house | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| MH112 | Learning to use a new gadget or machine around the house | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| MH113 | Learning new things in general | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| MH114 | Following a story in a book or on TV | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| MH115 | Making decisions on everyday matters | Much improved | A bit improved | Not much change | A bit worse | Much worse |

| | | | | | | |
|-------|--|---------------|----------------|-----------------|-------------|------------|
| MH116 | Handling money for shopping | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| MH117 | Handling financial matters, e.g. the pension, dealing with the bank | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| MH118 | Handling other everyday arithmetic problems, e.g. knowing how much food to buy, knowing how long between visits from family or friends | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| MH119 | Using his/her intelligence to understand what's going on and to reason things through | Much improved | A bit improved | Not much change | A bit worse | Much worse |

IQCODE [CAPI generated variable = (sum of MH104 – MH119)/16]

[Behavior Problems]

MH120_intro. Now, please think about [R's NAME] some current behaviors,

| | | 1 | 2 |
|-------|--|-----|----|
| MH121 | Does [she/he] ever get lost in a familiar environment? | Yes | No |
| MH122 | Does [she/he] ever wander off and not return by [her-self/him-self]? | | |
| MH123 | Can [she/he] be left alone for an hour or so? | | |
| MH124 | Does [she/he] ever see or hear things that are not really there? | | |

MH125. During the past week, how often has [R's NAME] become angry or hostile without reason? Was it most of the time, some of the time, or never?

1. Most of the time
2. Some of the time
3. Never

[Proxy Interview]

MH126. How often did the proxy receive assistance in answering this section?

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

MH127. [Ask only If MH126>1] What is the relationship of this person to [R name] who has provided assistance while answering this section?

- | | |
|--------------------|---------------------------------|
| 1. Spouse/partner | 9. Brother |
| 2. Son | 10. Sister |
| 3. Daughter | 11. Grandparent |
| 4. Son-in-law | 12. Other relative |
| 5. Daughter-in-law | 13. Servant |
| 6. Grandchild | 14. Friend |
| 7. Parent | 15. Other, please specify _____ |
| 8. Parent-in-law | |

→Go to Next Section

I_Ce. Depression

[CIDI]

MH201. [Screening Question] During the last 12 months, was there ever a time when you felt sad, blue, or depressed **for two weeks or more in a row**?

1. Yes
2. No

MH202. [Ask only if MH201=1] Please think of the two-week period during the last 12 months when these feelings were worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

1. All day long
2. Most of the day
3. About half the day
4. Less than half the day

MH203. [Ask if MH202=1 or 2] During those two weeks, did you feel this way every day, almost every day, or less often than that?

1. Every day
2. Almost every day
3. Less often

MH204 – MH211. [Ask if MH203=1 or 2] Thinking about those same two weeks,

| | Thinking about those same two weeks, | |
|-------|---|-----------------|
| MH204 | Did you lose interest in most things? | 1. Yes 2. No |
| MH205 | Did you ever feel more tired out or low in energy than is usual for you? | 1. Yes 2. No |
| MH206 | Did you lose your appetite? | 1. Yes 2. No |
| MH207 | [Ask only if MH206=2] Did your appetite increase during those same two weeks? | 1. Yes 2. No |
| MH208 | During the same two-week period did you have a lot more trouble concentrating than usual? | 1. Yes 2. No |
| MH209 | People sometimes feel down on themselves, and no good or worthless. During that two-week period, did you feel this way? | 1. Yes 2. No |
| MH210 | Did you think a lot about death – either your own, someone else's, or death in general – during those two weeks? | 1. Yes 2. No |
| MH211 | Did you have more trouble falling asleep than you usually do during those two weeks? | 1. Yes 2. No |

CIDI_1. [CAPI generated score =sum of Yes to MH204 – MH211; if MH204 is skipped out and this is not a proxy interview, CIDI_1=0]

MH212. [Ask only if MH211=1] Did the problem with falling asleep happen every night, nearly every night, or less often during those two weeks?

1. Every night
2. Nearly every night
3. Less often

MH213. [Ask only if CIDI_1 > 0] About how many weeks altogether – out of 52 – did you feel sad, blue, or depressed during the last 12 months?

Number of weeks

[Hard check: MH213<2 &>52]

MH214. [Screening Question] During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

1. Yes
2. No

MH215. [Ask only if MH214=1] Please think of the two-week period during the last 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

1. All day long,
2. Most of the day,
3. About half the day,
4. Less than half the day

MH216. [Ask if MH215 = 1 or 2] Did you feel this way every day, almost every day, or less often during the two weeks?

1. Every day
2. Almost every day
3. Less often

MH217 – MH222. [Ask if MH216 = 1 or 2] During those two weeks, did you experience the following?

| | During those two weeks... | |
|-------|--|-----------------|
| MH217 | Did you feel tired out or low on energy all the time? | 1. Yes 2. No |
| MH218 | During those same two weeks, did you lose your appetite? | 1. Yes 2. No |
| MH219 | During those two weeks, did you have more trouble concentrating than usual? | 1. Yes 2. No |
| MH220 | People sometimes feel down on themselves, no good or worthless. Did you feel this way during that two-week period? | 1. Yes 2. No |
| MH221 | Did you think a lot about death during those two weeks – either your own, someone else's, or death in general? | 1. Yes 2. No |
| MH222 | During those same two weeks, did you have more trouble falling asleep than you usually do? | 1. Yes 2. No |

CIDI_2. [CAPI generated score =sum of Yes to MH217 – MH222; if MH217 is skipped out and this is not a proxy interview, CIDI_2=0]

MH223. [Ask only if CIDI_2>0] About how many weeks altogether – out of 52 – did you lose interest in most things like hobbies, work, or activities that usually give you pleasure during the last 12 months?

____ Number of weeks

[Hard check: MH223 <2 &>52]

→Go to Next Section

I_Cf. Health Behavior (HB)

[Smoking]

HB001. Have you ever smoked tobacco (cigarette, bidi, cigar, hookah, cheroot) or used smokeless tobacco (such as chewing tobacco, gutka, pan masala, etc.)?

1. Yes,
2. No → Go To HB101

HB002. [Ask only if HB001=1] How old were you when you first started smoking or using smokeless tobacco?

Age ____ OR Year started smoking or consume smokeless tobacco ____ OR ____ Years ago

[Soft check: HB002_age < 5 years, HB002_Years ago > Current age -5years]

[Hard check: HB002_year started smoking<R's Birth year, HB002_age > current age, HB002_year started smoking > current year, HB002_years ago > current age]

HB003. [Ask only if HB001 = 1] What type of tobacco product have you used or consumed?

1. Smoke tobacco
2. Smokeless tobacco (such as chewing tobacco, gutka, pan masala, etc.)
3. Both Smoke and smokeless tobacco

HB003_a. [Ask if HB001=1 and HB003=1 or 3] Do you currently smoke any tobacco products (cigarettes, bidis, cigars, hookah, cheroot, etc.)?

1. Yes
2. No, I quit → Go to HB005

HB004. [Ask if HB003=1 or 3] How many cigarettes, bidis, cigars, cheroot etc. do you usually smoke in a day?

____ Number of cigarettes/bidis/cigars/ cheroot etc. [Soft check: HB004_Number of cigarettes bidis/cigars/cheroots>=30]

HB005. [Ask only if HB003_a=2] At what age did you completely stop smoking?

Age _____ OR Year quit smoking _____ OR _____ years ago

[Soft check: HB005_Age < 5 years, HB005_years ago > R's current age-5 years]

[Hard check: HB005_year quit smoking < R's Birth year, HB005_age > current age, HB005_year quit smoking > current year, HB005_years ago > current age]

HB006. [Ask if HB001=1 AND HB003=2 or 3] Do you currently consume any smokeless tobacco products such as chewing tobacco, gutka, or pan masala?

1. Yes, smokeless tobacco products
2. No, I quit → Go to HB011

HB007 – HB008. [Ask only if HB006=1] Please tell me approximately how many grams of tobacco you normally consume per day, including chewing tobacco, sniffing tobacco, and other tobacco products. If it is easier, you can tell me how many grams per week. If R's response is don't Know [DK] → Go to HB009-HB010

HB007. Grams: _____ HB008. Per: day/week

[Soft Check: HB007 > 100gm per day and 250 gm per week]

HB009 – HB010. [Ask only if HB007 is DK] How many times per day/week do you chew tobacco, pan masala, etc.?

[Interviewer: Allow respondent to select either DAY or WEEK and put in a number.]

HB009: Times: _____ HB010. Per: day/week

[Soft Check: HB009 > 25 times per day and 50 times per week]

HB011. [Ask only if HB006=2] At what age did you totally stop consuming smokeless tobacco?

Age _____ OR Year quit consuming smokeless tobacco _____ OR _____ years ago

[Soft check: HB011_Age < 5 years, HB011_years ago > R's current age-5 years]

[Hard check: HB011_year quit smokeless tobacco < R's Birth year, HB011_age > current age, HB011_year quit smokeless tobacco > current year, HB011_years ago > current age]

[Drinking]

HB101. Have you ever consumed any alcoholic beverages such as beer, wine, liquor, country liquor etc.?

1. Yes
2. No, never → Go to HB211

HB102. [Ask only if HB101=1] At what age did you first consume alcoholic beverages?

Age----- OR -----Year

[Soft Check: HB102_age < 5 years]

[Hard check: HB102_year started consuming alcohol < R's Birth year, HB102_year started consuming alcohol < current year]

HB103. [Ask only if HB101=1] In the past three months, on an average, how frequently [on how many days], have you had at least one alcoholic drink? (For example, beer, wine, or any drink, such as country liquor, containing alcohol.)

- 0 None
- 1 Less than once a month
- 2 One to three days per month
- 3 One to four days per week
- 4 Five or more days per week

HB104. [Ask only if HB103>0] What type of drinks do you usually drink?

1. Beer
2. Wine
3. Distilled spirits/liquor/Arrack
4. Toddy/ Tadi (Palm wine)
5. Country Liquor/ Desi Sharab
6. Other, please specify _____

HB105. [Ask only if HB103>0] In the past 3 months, on the days you drank alcoholic beverages; about how many drinks did you have on average?

[SHOW CARD: number of standard drinks (cc cl/ unit in ml)]

_____ Number of drinks

HB106. [Ask only if HB103>0] In the last 3 months, how frequently on average, have you had at least 5 or more drinks on one occasion?

0. None
1. Less than once a month
2. One to three days per month
3. One to four days per week
4. Five or more days per week
5. Daily

HB107 – HB110. [Ask only if HB106>0]

| | | |
|-------|--|-----------------|
| | I have few more questions about drinking alcohol. | |
| HB107 | Have you ever felt that you should cut down on drinking? | 1. Yes 2. No |
| HB108 | Have people ever annoyed you by criticizing your drinking? | 1. Yes 2. No |
| HB109 | Have you ever felt bad or guilty about drinking? | 1. Yes 2. No |
| HB110 | Have you ever taken a drink first thing in the morning to steady your nerves or get rid of a hangover? | 1. Yes 2. No |

[Physical activities]

HB211. 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 **vigorous activities**, 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. Every day
2. More than once a week
3. Once a week
4. One to three times a month
5. Hardly ever or never → Go to HB213

HB212. [Ask only if HT211<5] On the days you did vigorous activity, how much time did you usually spend doing any vigorous activity?

MINUTES _____

[Soft check: HB212<0 or HB212 > 480]

HB213. 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. Every day
2. More than once a week
3. Once a week
4. One to three times a month
5. Hardly ever or never

HB214. [Ask only if HB213<5] How much time did you usually spend doing any moderate activity on an average in a day?

MINUTES _____

[Soft check: HB214<0 or HB214 > 480]

HB215. How often do you engage in any of the following activities like yoga, meditation, asana, pranayama or similar?

1. Every day
2. More than once a week
3. Once a week
4. One to three times a month
5. Hardly ever or never

HB216. [Ask only if HB215<5] How much time do you usually spend doing these activities on an average in a day?

MINUTES _____

[Soft check: HB216<0 or HB216 > 480]

[For the interviewer]

HB217. How often did the respondent receive assistance in answering this section?

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

HB218. Who helped the respondent in answering this section?

- | | |
|--------------------|---------------------------------|
| 1. Spouse/partner | 9. Brother |
| 2. Son | 10. Sister |
| 3. Daughter | 11. Grandparent |
| 4. Son-in-law | 12. Other relative |
| 5. Daughter-in-law | 13. Servant |
| 6. Grandchild | 14. Friend |
| 7. Parent | 15. Other, please specify _____ |
| 8. Parent-in-law | |

HB219. [Ask only if HB217>1] What is his/her relationship to [NAME OF RESPONDENT]?

1. Spouse/partner
2. Son
3. Daughter
4. Son-in-law
5. Daughter-in-law
6. Grandchild
7. Parent
8. Parent-in-law
9. Brother
10. Sister
11. Grandparent
12. Other relative
13. Servant
14. Friend
15. Other, please specify _____

I.Cg. Food security [FO]

FO230. [Now we would like to ask you questions about household food availability. In India many people have uncertain access to adequate quantity and quality of food due to constrained resources, either temporary or on a chronic basis. Also food availability, variety, and quality are often not enough to meet household needs. As a result, some policy discussions are going on to ensure food and nutrition security for the people of our country. We would very much appreciate your honest participation in this section. (For the interviewer: Please ensure that the respondent is alone while answering this section)].

In the last 12 months, did you ever **reduce the size of your meals** or skip meals because there was not enough food at your household?

1. Yes
2. No

FO231. In the last 12 months, did you **eat enough food of your choice**? Please exclude fasting/food related restrictions due to religious or health related reason.

1. Yes
2. No

FO232. In the last 12 months, were you **hungry but didn't eat** because there was not enough food at your household? Please exclude fasting/food related restrictions due to religious or health related reasons.

1. Yes
2. No

FO233. In the past 12 months did you ever **not eat for a whole day** because there was not enough food at your household? Please exclude fasting/food related restrictions due to religious or health related reasons.

1. Yes
2. No

FO234. Do you think that you have lost weight in the last 12 months because there was not enough food at your household?

1. Yes
2. No

[For the interviewer]

FO235. How often did the respondent receive assistance in answering this section?

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

FO236. [Ask only if FO235>1] Who helped the respondent in answering this section?

- | | |
|--------------------|---------------------------------|
| 1. Spouse/partner | 9. Brother |
| 2. Son | 10. Sister |
| 3. Daughter | 11. Grandparent |
| 4. Son-in-law | 12. Other relative |
| 5. Daughter-in-law | 13. Servant |
| 6. Grandchild | 14. Friend |
| 7. Parent | 15. Other, please specify _____ |
| 8. Parent-in-law | |

→ Go to Next Section

I_D. Health Care Access and Utilization (HC)

I_Da. Healthcare Utilization in the Past 12 Months

HC001_intro. The next questions pertain to medical facilities or medical providers you may have visited for care during **the last 12 months**.

HC002. In the past 12 months, have you visited any health care facility or any health professional has visited you? [Please identify ALL the facilities that you have visited] [Instruction for CAPI: If response is 'p' freeze all other options]

Public facility:

- | | |
|--|--|
| a. Health post/sub centers | i. NGO/Charity/Trust/Church-run hospital |
| b. Primary health center/Urban Health Center | j. Private AYUSH hospital |
| c. Community health center | |
| d. District / Sub-district hospital | |
| e. Government/tertiary hospital | |
| f. Govt. AYUSH hospital | |

Others:

- k. Health camp
l. Mobile healthcare unit
m. Pharmacy/drugstore
n. Home visit
o. Other, please specify _____
p. None

Private facility:

- g. Private hospital/nursing home
h. Private clinic (OPD based services)

HC003. In the past 12 months, have you consulted any health care provider? [Please identify ALL healthcare providers that you have visited] [Instruction for CAPI: If response is 'i', freeze all other options]

- a. Doctor (with MBBS, including surgeon, physician, gynecologist, psychiatrist, ophthalmologist and orthopedician)
b. AYUSH practitioner (Ayurveda /unani/ siddha /homeopathy)
c. Dentist
d. Nurse/midwife
e. Physiotherapist
f. Pharmacist
g. Traditional /Folk healers (tribal medicine/bhopa/jhaad-fook/black magic)
h. Other, please specify _____
i. None

HC004. [Ask only if HC002 ≤ o or HC003 ≤ h] What were the reasons of your **last visit** to the healthcare facility? [Multiple answers are allowed]

- a. Preventive checkup
b. Regular treatment/checkup/routine follow-up visit
c. Sickness
d. Injury/Violence
e. Others, please specify _____

HC005. [Ask if HC002=p and HC003=i] What was your main reason for not seeking a visit?

- | | |
|---|---|
| 1. Did not get sick | 7. Nobody to accompany |
| 2. Needed to work | 8. No quality facilities available nearby |
| 3. Didn't want to give up a day's work | 9. Had medicine at home |
| 4. Not enough money or cost was too high | 10. Family member(s) decided it wasn't required |
| 5. Treatment was unlikely to be effective | 11. No healthcare facility nearby |
| 6. Illness was not serious | 12. Other, please specify _____ |

HC006. [Ask only if HC003 < i] In the past 12 months, did a health care provider ever recommend you to go to the hospital?

1. Yes
2. No → Go to HC101

HC007. [Ask if HC002=a, k,l,m,n,o and HC006=1] What were the reasons you decided against going to a hospital? [Multiple answers are allowed]

- a. Needed to work
b. Didn't want to give up a day's work
c. Not enough money or cost was too high
d. Treatment was unlikely to be effective
e. Illness was not serious
f. Nobody to accompany
g. No quality facilities available nearby
h. Had medicine at home
i. Family member(s) decided it wasn't required
j. Difficult to get to the health care provider
k. Other, please specify _____

I_Db. Health Insurance

[Instruction for CAPI: If the respondent of this module is the same as that of household health insurance section then a **pop-up** should appear which will read:]

As you know in the household section we have asked questions related to health insurance of all the family members. Now, I would like to ask you about your individual health insurance.

If the respondent is not same as household section then there is no need to read the pop-up.

HC101_intro. I am 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.

HC102. Are you covered by health insurance?

[Instruction for the interviewer: Interviewer should explain about health insurance as a type of insurance coverage that pays for medical and surgical expenses that are incurred by the insured. Health insurance can either reimburse the insured for expenses incurred from illness or injury or pay the care provider directly.]

1. Yes
2. No → Go to HC109

HC103. [Ask only if HC102=1] What types of health insurance are you covered by? [Multiple answers are allowed]

- a. Central Government Health Scheme (CGHS)
- b. Employees State Insurance Scheme (ESIS)
- c. Rashtriya Swasthya Bima Yojana (RSBY)
- d. Other Central government health insurance schemes, please specify
- e. State health government health insurance schemes, please specify [instruction for CAPI: Preload customized drop down list of insurance schemes based on state]
- f. Community/cooperative health insurance schemes, please specify
- g. Medical reimbursement from an employer
- h. Health insurance through an employer, please specify
- i. Privately purchased commercial health insurance, please specify
- j. Others, please specify _____

HC104. [Ask only if HC102=1] What does this health insurance cover? [Multiple answers are allowed] [Instruction to the Interviewer: Record the covered services as per the respondents answer]

- | | |
|--|--------------------------------|
| a. Surgery | f. In-home care |
| b. Tests (e.g. X-Rays, MRI, CT scan, lab tests) | g. Hospitalization charges |
| c. Doctor visits | h. Other, please specify _____ |
| d. Medicines | |
| e. Dental care | |

HC105. [Ask only if HC102=1] In which month and year did you first purchase/enroll in the health insurance policy which provides?

_____ Month [Hard check: if < 1or >12] _____ Year [Hard check: if < 1954]

HC106. [Ask only if HC102=1] When did this health insurance benefit begin?

_____ Month [Hard check: if < 1or >12] _____ Year [Hard check: if < 1954]

HC107. [Ask only if HC102=1] What was the amount of last premium (per year) paid for this policy (In rupees)?

[Instruction for the interviewer: Enter '0' if no premium paid per year]

_____ Rs/year [Soft check: > 35,000 Rs.]

HC108. [Ask only if HC102=1] What is the maximum amount of insurance coverage (in rupees)?

[Instruction for the interviewer: Enter '9' if total amount will be reimbursed by the organization/company where he/she works]

_____ Rs. [Soft check: > 50, 00, 000 Rs.]

HC109. [Ask only if HC102=2] What is the main reason for not having health insurance?

1. I am not aware about health insurance
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. My family decided not to purchase it
7. Other, please specify _____

I_Dc. Hospitalization in the past 12 months

HC201_intro. The following questions pertain to **hospitalization (inpatient care)** that you have had during the **past 12 months**.

HC202. Over the last 12 months, how many times you were admitted as patient to a hospital/long-term care facility for at least one night? *[Instruction for the interviewer: If R did not stay at hospital, enter '0' for]*

_____ Times **[Soft check: >10]** **[Instruction for CAPI: If HC202 =0 Go To → HC301_intro.]**

HC203. **[Ask only if HC202 ≥ 1]** How many nights have you spent in the hospital during the past 12 months?

Number of nights _____ **[Hard check: <1]**

HC204. **[Ask only if HC202 ≥ 1]** For the last hospitalization, how many months ago were you admitted to the hospital?

[Instruction for the interviewer: This question asks 'how many months ago' and not in which month the respondent was admitted. Please be careful while filling the answer, enter '0' if less than one month]

Months ago _____ **[Hard check: if < 1 or >12]** **[Hard check: if < 1 or >=53]**

HC205. **[Ask only if HC202 ≥ 1]** Which type of facility did you visit during your last hospitalization?

1. Government hospital
2. Private hospital /Nursing home
3. NGO/Charity/Trust/Church-run hospital
4. Private (partial) and /Government (partial)/NGO (partial)
5. Other, please specify _____

HC206. **[Ask only if HC202 ≥ 1]** How many nights did you spend in the hospital during your last hospitalization?

Number of nights _____ **[Hard check: > 1]**

HC207. **[Ask only if HC206 ≥ 1]** Why were you hospitalized?

1. Sickness
2. Injury/accident
3. Violence
4. Other, please specify _____

HC208. What is the **main reason** of your last hospitalization?

1. Cancer
2. Chronic pain in your joints/arthritis/rheumatism/osteoporosis (joints, back, neck)
3. Dengue or other vector-borne disease (Chikungunya, Filariasis)
4. Depression or anxiety/tension/sleep problem
5. Diabetes or related complications
6. Fever/Pyrexia of unknown reason
7. Fracture/Muscle rupture
8. Gastroenteritis or other diarrheal illness
9. High blood pressure (hypertension)
10. HIV/AIDS
11. Injury/accident (non-occupational)
12. Liver diseases (hepatitis, alcoholic liver disease, cirrhosis)
13. Malaria
14. Maternal or Prenatal Conditions (pregnancy-related problem or gynecological problems)
15. Occupation/work-related accident/injury
16. Other acute/chronic communicable diseases
17. Problems with your breathing (asthma/chronic obstructive pulmonary disease [COPD])
18. Problems with your heart, including unexplained pain in chest (angina, myocardial infarction [M.I.], heart-related surgery)
19. Stroke/sudden paralysis of one side of body
20. Surgery for abdominal causes (appendix, hernia, gall bladder, kidney)
21. Surgery for genitourinary (prostate, piles, incontinence)
22. Surgery for ophthalmic cause (cataract, glaucoma, retina, cornea)
23. Surgery for other causes
24. Tuberculosis
25. Upper Respiratory Tract Infection (URTI/URI) or Lower Respiratory Tract Infection (LRTI)
26. Urinary Tract Infection (UTI) / Reproductive Tract Infection (RTI)
27. Other, please specify _____

HC209. [Ask only if HC206≥1] During your last hospitalization, what kind of treatment/services did you receive?
[Multiple answers are allowed]

- Medical check-up (under observation/routine checkup)
- Injection & IV (drip infusion)
- Laboratory test (Blood/Urine/Stool/Sputum/Saliva)
- Endoscopy or colonoscopy
- Surgery
- X-ray, CT scan, B ultrasonic, MRI
- Medications (allopathic)
- Medications (AYUSH)
- Traditional treatment (massage, acupuncture)
- Other, please specify _____

HC210. [Ask only if HC206≥1] In your recent visit, how much did you or your household pay for:
[Instruction for the Interviewer: Only one response for each category is possible. Either fill the amount or enter '0' if service is free or enter 998 for "Don't know" and 999 for "Not applicable".]

| | HC210a. Amount (In Rs.) Enter '0' if service is free; or enter 998 for "Don't know" and 999 for "Not applicable" |
|--|---|
| 1. Health care provider's fees (consultation charges) | |
| 2. Medicines from hospital | |
| 3. Medicines from outside | |
| 4. Tests/investigation | |
| 5. Hospital and nursing home charges including bed charges, food | |
| 6. Operation theater charges, surgery charges and related expenses | |
| 7. Blood, oxygen cylinder | |
| 8. Transportation | |
| 9. Expenses of the accompanying person(s) (food / accommodation) | |
| 10. Expenditure not elsewhere reported (others) | |

HC210b. [Ask if respondent answered 'Don't know' or 'Refused' to any of the category in HC210a] What was the total amount that you or your household spent on this visit?

Total expenditure _____ [Hard check: HC210b < sum of HC210a (1-10)]

[Instruction for CAPI: IF HC202>1, then CAPI should prompt HC205, HC206, HC207, HC208, HC209, HC210a and HC210b for second last and third last visit to the health care facility] [If HC202>3, CAPI should again prompt HC210b and interviewer should ask for the aggregated healthcare cost for the fourth and more hospitalizations.]

[Instruction for the interviewer: The following questions in this section from HC211 through HC230 are to be asked for the last hospitalization]

HC211. What were the sources through which you met the expenses for health care and what is the amount covered?
[Instruction for the interviewer: According to the applicable categories, ask how much respondent paid for or else enter 998 for "Don't know" and 999 for "Not applicable"] [Multiple answers are allowed]

| | Sources | Amount (In Rs.) |
|----|--|-----------------|
| a. | Personal income | |
| b. | Household income excluding personal income | |
| c. | Savings | |
| d. | Loans (bank/friends/relatives) | |
| e. | Contribution from friends/relatives | |
| f. | Selling assets/property | |
| g. | Insurance coverage | |
| h. | Reimbursement from employer | |
| i. | Other, please specify _____ | |

HC212. Who took care of you most of the time when you were admitted in the hospital?

- | | |
|--------------------|---------------------------|
| 1. Spouse | 10. Sister |
| 2. Son | 11. Grandparent |
| 3. Daughter | 12. Other relative |
| 4. Son-in-law | 13. Friends |
| 5. Daughter-in-law | 14. Caregivers |
| 6. Grandchild | 15. Other, please specify |
| 7. Parent | 16. No one |
| 8. Parent-in-law | _____ |
| 9. Brother | |

HC213. [Ask only if HC206≥1] Were you working at the time when you were last hospitalized?

1. Yes
2. No

HC214. Could you say how many person (work) days you and the person(s) accompanying you lost due to sickness? [Enter '0' if the respondent did not miss any working days]

[Ask only if HC213=1] Yours _____

[Ask only if HC 212<16] Accompanying person(s) _____

HC215. [Ask only if HC206≥1] What was your health status when you left the hospital?

1. Recovered from illness, received doctor's approval
2. Did not recover from illness, but received doctor's approval
3. Did not recover from illness, requested to leave without doctor's approval
4. Patient's condition can be managed on OPD
5. Other, please specify _____

HC216. [Ask only if HC215≠ 1 or 4] Why did you want to leave the hospital before you were recovered? [Multiple answers are allowed]

- a. Couldn't recover from illness
- b. Ran out of money; couldn't afford anymore
- c. Pushed out; no space in the hospital
- d. Poor quality and service from health care providers
- e. Other, please specify _____

HC217. [Ask only if HC206≥1] Do you still suffer from the ailment you originally sought treatment for?

1. Yes
2. No

HC218. Did your treatment continue after discharge?

1. Yes
2. No

→Go to HC220

HC219. [Ask only if HC218=1] How long was the duration of treatment after discharge?

[Hard check: Allow to enter number only for one option and at the same time freeze remaining options]

1. Days completed _____ [Hard check: It should not be greater than 365 days]
2. Days to be continued _____
3. Continuing for lifelong

Instruction for the interviewer: Now I want to know more about your most recent overnight stay, or long-term care facility, related to distance, transport, and waiting time.

HC220. How many kilometers from your residence is the health care facility in which you were most recently admitted?

Distance to health care facility: _____ km

[Soft check: >1000 km]

HC221. What is your travel time (one-way) to that facility?

_____ Hours AND _____ minutes

[Hard check (For Minutes): Should not be >59 minutes]

HC222. What was the main transportation mode you used last time when you visited that facility?

- | | |
|-------------------------------------|----------------------------------|
| 1. Walk | 7. Motorcycle or scooter |
| 2. Auto-rickshaw | 8. Train |
| 3. Bus | 9. Flight |
| 4. Car/Taxi | 10. Animal or animal-pulled cart |
| 5. Ambulance | 11. Boat/ship |
| 6. Bicycle or other manual vehicles | 12. Other, please specify _____ |

HC223. [Ask only if HC206≥1] After hospitalization, what was the change in your health condition?

[Instruction for the interviewer: Read options to respondent]

1. Got much better
2. Got better
3. Have no change
4. Got worse
5. Got much worse

[Ask only if HC206≥1] I would like to ask you about your impressions of your last overnight stay. I would like you to rate your experiences using the following questions.

| For your last hospitalization or stay at long-term care facility, how would you rate the following: | | VERY GOOD | GOOD | MODERATE | BAD | VERY BAD |
|--|--|-----------|------|----------|-----|----------|
| HC224 |your experience about the length of the time you waited before being attended to | 1 | 2 | 3 | 4 | 5 |
| HC225 | ...your experience of being treated respectfully | 1 | 2 | 3 | 4 | 5 |
| HC226 | ...your experience of how clearly health care providers explained things to you | 1 | 2 | 3 | 4 | 5 |
| HC227 | ...your experience the way the health care staff ensured that you could talk privately to providers | 1 | 2 | 3 | 4 | 5 |
| HC228 | ...your experience of seeing a health care provider of your choice | 1 | 2 | 3 | 4 | 5 |
| HC229 | ...your experience of the cleanliness in the health facility | 1 | 2 | 3 | 4 | 5 |

HC230. [Ask only if HC206≥1] Overall, how satisfied were you with healthcare you received during the hospital stay?

1. Very satisfied
2. Satisfied
3. Neither satisfied nor dissatisfied
4. Dissatisfied
5. Very dissatisfied

I_Dd. Most Recent Outpatient Visit

HC301_intro. [Ask only if HC003<i>] I would like to ask you some questions about your consultation with a healthcare provider including folk healers (outpatient) in the past 12 months.

HC302. [Ask only if HC003<i>] In past 12 months, how many times did you receive healthcare or consultation from a healthcare provider (including home visits)?

____Times If HC302 =0 → Go to HC329 [Soft check: >10 times]

HC303. [Ask only if HC302>0] In which month and year was your most recent visit?

Month: ____ [Hard check: 1...12] Year: ____ [2015...2016]

HC304. [Ask only if HC302>0] Which type of health care provider did you visit, or came to visit you, most recently in the past 12 months?

- | | |
|--|--|
| 1. Doctor (with MBBS, including surgeon, physician, gynecologist, psychiatrist, and ophthalmologist) | 4. Nurse/midwife |
| 2. Dentist | 5. Physiotherapist |
| 3. AYUSH practitioner (ayurvedic /yoga/siddha/unani /homeopathy) | 6. Pharmacist |
| | 7. Traditional/Folk healers (tribal medicine/bhopa/jhaad-fook/Black magic) |
| | 8. Other, please specify ____ |

HC305. [Ask only if HC302>0] Which type of facility did you **last** visit to see that healthcare provider?

Public facility:

1. Health post/sub centers
2. Primary health center
3. Community health center
4. District hospital/ Sub-district hospital
5. Government/tertiary hospital
6. Govt. AYUSH hospital

Private facility:

7. Private hospital/Nursing home
8. Private clinic (OPD based service)
9. NGO/Charity/Trust/Church-run hospital

10. Private AYUSH hospital

Others:

11. Health camp
12. Mobile healthcare unit
13. Pharmacy/drugstore
14. Home visit
15. Other, please specify _____

HC306. [Ask only if HC302>0] What was the main purpose of your visit?

1. Immunization
2. Consultation
3. Medical check-up (under observation/routine checkup)
4. Treatment for illness
5. Treatment for injury/ accident
6. Other, please specify _____

HC307. What is the **main reason** of your recent outpatient visit? [Instruction for the interviewer: Please ask to see the medical records if available]

- | | |
|---|---|
| 1. Cancer | 16. Nutritional malfunctions |
| 2. Chronic pain in your joints/arthritis/rheumatism/osteoporosis (joints, back, neck, muscle) | 17. Occupation/work-related accident/injury |
| 3. Dengue or other vector-borne disease (Chikungunya, Filariasis) | 18. Other acute/chronic communicable diseases |
| 4. Depression or anxiety/tension/sleep problem | 19. Problems with your breathing |
| 5. Diabetes or related complications | 20. Problems with your ears |
| 6. Fever/pyrexia of unknown cause | 21. Problems with your eyes |
| 7. Follow-up for any surgery | 22. Problems with your heart, including unexplained pain in chest (angina, Myocardial Infarction [M.I.], heart-related surgery) |
| 8. Gastroenteritis or other diarrheal illness | 23. Problems with your mouth/teeth/gum/lips/swallowing/throat |
| 9. Generalized pain (stomach, headache, migraine, or other nonspecific pain) | 24. Skin diseases |
| 10. High blood pressure (hypertension) | 25. Stroke/sudden paralysis of one side of body |
| 11. HIV/AIDS | 26. Tuberculosis |
| 12. Injury/accident (non-occupational) | 27. Upper respiratory tract infection (URI/URTI) or lower respiratory tract infection (LRTI) |
| 13. Liver diseases (hepatitis, alcoholic liver disease, cirrhosis) | 28. Urinary tract infection (UTI) |
| 14. Malaria | 29. Gastritis/acidity |
| 15. Maternal or prenatal conditions (pregnancy-related problem or gynecological problems) | 30. Other, please specify _____ |

HC308. What kind of treatment and/or diagnostics did you receive?

[Multiple answers are allowed]

- | | |
|---|---|
| a. Medical check-up (under observation/routine checkup) | f. Surgery |
| b. Injection, IV (saline) | g. Medications or received prescription |
| c. Laboratory test (Blood/Urine/Stool/Sputum/Saliva) | h. Ayurvedic or herbal medication |
| d. X-ray, CT scan, B ultrasonic, MRI | i. Traditional treatment (e.g. prayer, magic, or sacrifice) |
| e. Endoscopy or colonoscopy | j. Other, please specify _____ |

HC309. [Ask only if HC302>0] In your last visit how much you or your household pays for:
 [Instruction for the interviewer: Only one response for each category is possible. Either fill the amount or enter '0' if service is free or enter 998 for "Don't know" and 999 for "Not applicable".]

| | HC309a. Amount (In Rs.) Enter '0' if service is free or enter 998 for "Don't know" and 999 for "Not applicable". |
|--|---|
| 1. Health care provider's fees (consultation charges) | |
| 2. Medicines from hospital | |
| 3. Medicine from outside | |
| 4. Tests/investigation | |
| 5. Hospital and nursing home charges including food charges etc. | |
| 6. Operation theater charges, surgery charges and related expenses | |
| 7. Blood, Oxygen, Cylinder | |
| 8. Transport | |
| 9. Expenses of the accompanying person(s) (food, accommodation) | |
| 10. Expenditure not elsewhere reported (others) | |

HC309b. [Ask if respondent 'Don't know' or 'Refused' to answer any of the category in HC309a] What was the total amount that you or your household spent on this visit?

Total expenditure _____

[Hard check: HC309b < sum of HC309a (1-10)]

HC310. [Ask only if HC302>0] What are the sources through which you meet the expenses for health care and the amount covered? [Instruction for the interviewer: According to the applicable categories, ask how much Respondent paid for or else enter 998 for "Don't know" and 999 for "Not applicable"] [Multiple answers are allowed]

| | Sources | Amount (In Rs.) |
|----|--|-----------------|
| a. | Personal Income | |
| b. | Household income excluding personal income | |
| c. | Saving | |
| d. | Loans (bank/friends/relatives) | |
| e. | Contribution from friends/relatives | |
| f. | Selling assets/property | |
| g. | Insurance coverage | |
| h. | Reimbursement from employer | |
| i. | Other, please specify _____ | |

HC311. [Ask only if HC302>0] Could you say how many person (work) hours you and the person(s) accompanying you lost due to the sickness associated with your last hospital visit? [Instruction for the interviewer: Please enter '0' if the respondent did not miss any working hour]

Yours _____

Accompanying person(s) _____

HC312. Who accompanied you during your most recent outpatient visit?

- | | |
|--------------------|---------------------------------|
| 1. Spouse | 9. Brother |
| 2. Son | 10. Sister |
| 3. Daughter | 11. Grandparent |
| 4. Son-in-law | 12. Other relative |
| 5. Daughter-in-law | 13. Friends |
| 6. Grandchild | 14. Caregivers |
| 7. Parent | 15. Other, please specify _____ |
| 8. Parent-in-law | 16. No one |

HC313. [Ask only if HC306≠a] Do you still suffer from the ailment you originally sought treatment for?

1. Yes
2. No

HC314. [Ask only if HC305 ≠ 14] How many kilometers is the health care facility from your residence?

Distance to medical facility: _____ km [Soft check: >50 Km]

HC315. [Ask only if HC305 ≠ 14] What was your travel time (one-way) to that facility?

_____ Hours AND _____ minutes [Hard check (For Minutes): Should not be >60 minutes]

HC316. [Ask only if HC305 ≠ 14] What was the main transportation mode you used last time you visited that facility?

- | | |
|-------------------------------------|----------------------------------|
| 1. Walk | 7. Motorcycle or scooter |
| 2. Auto-rickshaw | 8. Train |
| 3. Bus | 9. Flight |
| 4. Car | 10. Animal or animal-pulled cart |
| 5. Ambulance | 11. Boat/ Ship |
| 6. Bicycle or other manual vehicles | 12. Other, please specify _____ |

HC317. [Ask only if HC306≠a] What was the outcome of your most recent visit to the health care provider?

[Instruction for the interviewer: Read options to respondent]

1. Got much better
2. Got better
3. Had no change
4. Got worse
5. Got much worse

[Ask only if HC302>0] I would like to ask you about your impressions of your last outpatient visit. I would like you to rate your experiences using the following questions.

| For your last visit to a hospital or health care facility, how would you rate the following: | | VERY GOOD | GOOD | MODERATE | BAD | VERY BAD |
|---|--|-----------|------|----------|-----|----------|
| HC318 | ...your experience about the length of time you waited before being attended to | 1 | 2 | 3 | 4 | 5 |
| HC319 | ...your experience of being treated respectfully | 1 | 2 | 3 | 4 | 5 |
| HC320 | ...your experience how clearly health care providers explained things to you | 1 | 2 | 3 | 4 | 5 |
| HC321 | ...your experience of the way the health care staff is ensured that you could talk privately to providers | 1 | 2 | 3 | 4 | 5 |
| HC322 | ...your experience of getting a health care provider of your choice | 1 | 2 | 3 | 4 | 5 |
| HC323 | ...your experience about the cleanliness in the health facility | 1 | 2 | 3 | 4 | 5 |

HC324. [Ask only if HC302>0] Overall, how satisfied were you with health care you received at this visit?

1. Very Satisfied
2. Satisfied
3. Neither satisfied nor dissatisfied
4. Dissatisfied
5. Very dissatisfied

HC325. [Ask only if HC302>0] How much in total did you spend on all your outpatient visits to health care facilities/providers (including your most recent visit) during last 12 months?

_____ Rs. (total amount spent) [Soft check: > 5000 Rs.] [Hard check: <Sum of HC309a (1-10) or <HC309b]

HC326. During the past 12 months, have you used any of the following medications or health supplements without consulting a healthcare provider? Do not include the medicines you have already mentioned earlier in inpatient and outpatient sections.

[Multiple answers are allowed]

[Instruction for CAPI: If response is 'd', freeze all other options]

- a. Modern medicines/Allopathic medicine
- b. AYUSH medicines/Traditional herbs or medicines
- c. Other health supplements
- d. None

HC327. [Ask only if HC326<d] How much did you pay for these medications or health supplements during last 12 months?

[Instruction for the interviewer: If R did not pay anything, enter '0']

Total money spent _____ Rs. [Soft check: > 5000 Rs.]

HC328. [Ask only if HC327>0] How much of this amount was reimbursed by:

[Instruction for CAPI: If response is '5', freeze all other options]

| Source | Amount (Rs.) |
|------------------------------|--------------|
| 1. Government employer | |
| 2. Private Employer | |
| 3. Medical Insurance Company | |
| 4. Other Agencies | |
| 5. None | |

[For the Interviewer]

HC329. How often did the respondent receive assistance in answering this section?

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

HC330. [Ask only if HC329>1] Who helped the respondent in answering this section?

- | | |
|--------------------|---------------------------------|
| 1. Spouse/partner | 9. Brother |
| 2. Son | 10. Sister |
| 3. Daughter | 11. Grandparent |
| 4. Son-in-law | 12. Other relative |
| 5. Daughter-in-law | 13. Servant |
| 6. Grandchild | 14. Friend |
| 7. Parent | 15. Other, please specify _____ |
| 8. Parent-in-law | |

→ Go to next section

I_E. Family & Social Networks (FS)

I_Ea. Spouse

FS101_intro. [Instruction to the interviewer: If spouse is a household member and currently staying in the house, enter the spouse's household person ID from pre-loaded household roster and skip question FS101 and FS102 and if the spouse is not a household member, then start from FS101].

1. Spouse's Household Person ID _____
2. Not co-residing in the household → **Go to FS101**

Instruction for CAPI: FS101-FS103 will be asked all spouse as mentioned in DM022 or DM023

FS101. [Ask if DM021=1 and DM025=2] Has your spouse ever attended school?

1. Yes
2. No

FS102. [Ask if DM021=1 and DM025=2 and FS101=1] What is the highest level of education that your spouse has completed?

1. Less than primary school (Standard 1-4)
2. Primary school completed (Standard 5-7)
3. Middle school completed (Standard 8-9)
4. Secondary school/Matriculation completed
5. Higher Secondary/Intermediate/Senior secondary completed
6. Diploma and certificate holders
7. Graduate degree (B.A., B.Sc., B. Com.) completed
8. Post-graduate degree or (M.A., M.Sc., M. Com.) above (M.Phil, Ph.D., Post-Doc) completed
9. Professional course/degree (B.Ed, BE, B.Tech, MBBS, BHMS, BAMS, B.Pharm, BCS, BCA, BBA, LLB, BVSc., B. Arch, M.Ed, ME, M.Tech, MD, M.Pharm, MCS, MCA, MBA, LLM, MVSc., M. Arch, MS, CA, CS, CWA) completed

FS103. [Ask only if DM021=1] Is your spouse employed (either working for someone else or for him/herself)?

1. Employed
2. Self-employed (including farming on your own farm)
3. Unemployed
4. Housewife/Homemaker
5. Retired
6. Other, please specify _____

I_Eb. Children and Grandchildren

FS201 – FS202. Now I am going to ask you about your children. How many children (including biological, adopted, and step-children) do you have? Please tell me how many of them are deceased and how many are alive.

FS201 _____ alive [Hard check: FS201=FS201a+FS201b+FS201c]

FS201a _____ Number of biological children alive

FS201b _____ Number of adopted children alive

FS201c _____ Number of step-children alive

FS202 _____ deceased [Hard check: FS202=FS202a+FS202b+FS202c]

FS202a _____ Number of biological children deceased

FS202b _____ Number of adopted children deceased

FS202c _____ Number of step-children deceased

[Characteristics of children]

Loop Checkpoint: Repeat questions FS203 – FS213, for each child.

FS203. Now, let's go over the names and some other details about your children. We will start with the eldest child. What is your eldest CHILD'S NAME? Is this child a current member of your household?

[Instruction for CAPI: If the child is a household member, enter household person ID from pre-loaded household roster. If not, enter the child's full name. If R does not provide the CHILD'S NAME, write down the birth-order of child, e.g., 'the first born' or 'the second born. Please start with the eldest, in birth order.]

1. Household Person ID: _____
2. Not co-residing in the household → Name of the child/order of the child: _____

FS203a. [Ask if(FS201 ≠ 0 or FS202 ≠ 0) and FS203=2]Is [CHILD'S NAME/birth-order] alive or deceased?

1. Alive
2. Deceased

FS204. [Ask only if FS203=2]Is[CHILD'S NAME/ birth-order]your son or daughter?

1. Son
2. Daughter

FS205. [Ask if FS203 =2 and FS203a=1] How old is [CHILD'S NAME/ birth-order]in completed years?
[Enter '0' if child has not completed 1 year of age]

Age _____ [Soft check: <(Respondent's age + 10)]

FS205a. [Ask if FS203 =2 and FS203a=2] I am sorry to hear you lost your child. How old was [CHILD'S NAME/ birth-order] when she/he passed away?

[Enter '0' if child has died before completing 1 year of age]

Age_____

[If FS205a <=7, go to next child or FS213]

FS206. [Ask only if FS203 =2]Can/could [CHILD'S NAME/ birth-order] read or write?

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

FS207. [Ask only if FS203 =2]Has [CHILD'S NAME/ birth-order] ever attended school?

1. Yes
2. No

FS208. [Ask if FS203 =2 andFS207=1] How many years of schooling has [CHILD'S NAME/birth-order] had?

Years of schooling _____

FS209. [Ask if FS203 =2 and FS207=1] What is the highest level of education that [CHILD'S NAME/birth-order] has completed?

1. Less than primary school (Standard 1-4)
2. Primary school completed (Standard 5-7)
3. Middle school completed (Standard 8-9)
4. Secondary school/Matriculation completed
5. Higher Secondary/Intermediate/Senior secondary completed
6. Diploma and certificate holders
7. Graduate degree (B.A., B.Sc., B. Com.) completed
8. Post-graduate degree or (M.A., M.Sc., M. Com.) above (M.Phil, Ph.D.,Post-Doc) completed
9. Professional course/degree (B.Ed, BE, B.Tech, MBBS, BHMS, BAMS, B.Pharm, BCS, BCA, BBA, LLB, BVSc.,B. Arch, M.Ed, ME, M.Tech, MD, M.Pharm, MCS, MCA, MBA,LLM, MVSc., M. Arch, MS, CA, CS, CWA) completed

FS210. [Ask if FS203 =2 and FS203a=1] Where does [CHILD'S NAME] live? Does [CHILD'S NAME] live within the village/city, village/city inside the state, outside the state, or outside the country?

1. Within village/city
2. Inside (within the) state
3. Outside the state
4. Outside the country

FS211. [Ask only if FS205>10] Is [CHILD'S NAME/birth-order] employed (either working for someone else or for him/herself)

- 1.Studying
- 2.Employed
- 3.Self-employed
- 4.Unemployed
- 5.Retired
- 6.Other, please specify_____
- 7.None

FS212.[Ask only if FS205>18]Does[CHILD'S NAME/birth-order] own a house?

1. Yes
2. No

Go to FS203 to continue with the next child, or if finished with the children, go to FS213.

END OF LOOP

Grandchildren

FS213. Do you have any grandchildren?

1. Yes
2. No → **Go to FS301**

FS214. [Ask only if FS213=1] How many grandchildren do you have?

| | |
|--|--|
| | |
|--|--|

FS215. [Ask only if FS213=1] Do you look after any of these grandchildren?

1. Yes
2. No → **Go to FS301**

FS216. [Ask only if FS215=1] How many of your grandchildren do you look after?

| | |
|--|--|
| | |
|--|--|

FS217. [Ask only if FS215=1] How many hours per week do you look after/care for your grandchildren on average?

_____ Hours per week [Hard check: $1 \leq \text{FS217} < 168$]

FS218. [Ask only if FS215=1] Why are you responsible for their care? [Multiple answers are allowed]

- a. Child's parents are away
- b. Child is orphaned
- c. Child prefers to live with you
- d. Child's parents are separated
- e. Child's mother/father is working
- f. Other, please specify _____

I_Ec. Parents, Siblings, and Friends

[Father]

FS301. Now I am going to ask you about your father. Is your father household member?

[Instruction for CAPI: Please identify R's father from household roster. If father is household member, enter father's household ID and skip from FS302-FS309 and if father is not in the household, enter father's name and ask from FS302-FS309]

1. Yes, Father is household member, Father's Household Person ID _____ **Go to FS311**
2. Not co-residing in the household → Father's name _____

FS302. [Ask only if FS301=2] Is he alive?

1. Yes
2. No → **Go to FS304**

FS303. [Ask if FS301=2 and FS302=1] How old is he? [Soft check: $\geq \text{Respondent's Age} + 13$]

_____ Years old → **Go to FS305**

FS304. [Ask if FS301=2 and FS302=2] How old was he when he died?

_____ Years old [Soft check: $> 25 \& \leq 120$]

FS305. [Ask only if FS301=2] Can (could) he read and write?

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

FS306. [Ask only if FS301=2] Did he ever attend school?

1. Yes
2. No

FS307. [Ask only if FS306=1] How many years of schooling has he completed (did he complete)?

Number of years _____

FS308.[Ask only if FS306=1] What is (was) the highest level of education that he completed?

1. Less than primary school (Standard 1-4)
2. Primary school completed (Standard 5-7)
3. Middle school completed (Standard 8-9)
4. Secondary School/Matriculation completed
5. Higher Secondary/Intermediate/Senior Secondary completed
6. Diploma and certificate holders
7. Graduate degree (B.A., B.Sc., B. Com.) completed
8. Post-graduate degree or (M.A., M.Sc., M. Com.) above (M.Phil, Ph.D., Post-Doc) completed
9. Professional course/degree (B.Ed, BE, B.Tech, MBBS, BHMS, BAMS, B.Pharm, BCS, BCA, BBA, LLB, BVSc., B. Arch, M.Ed, ME, M.Tech, MD, M.Pharm, MCS, MCA, MBA,LLM, MVSc., M. Arch, MS, CA, CS, CWA) completed

FS309.[Ask if FS301=2 and FS302=1] Does he live alone or with others?

1. Lives alone
2. Lives with your mother or his partner
3. Lives with other children
4. Lives in old age home
5. Lives with others, please specify _____

[Mother]

FS310.Now I have few questions about your mother. Is your mother a household member?

[Instruction for CAPI: Please identify R's mother from household roster. If mother is household member, enter mother's household ID and skip FS311-FS318 and if mother is not a household member, enter mother's name and ask from FS311-FS318]

1. Yes, mother is household member, Mother's Household Person ID _____ →Go to FS319
2. Not co-residing in the household → Mother's name _____

FS311.[Ask only if FS310=2] Is she alive?

1. Yes
2. No →Go to FS313

FS312.[Ask if FS310=2 and FS311=1] How old is she? [Soft check: \geq Respondent's Age + 13]

_____ Years old →Go to FS314

FS313.[Ask only if FS311=2] How old was she when she died? [Soft check: <25 OR >100]

_____ Years old

FS314.[Ask only if FS310=2] Can (could) she read and write?

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

FS315. [Ask only if FS310=2] Did she ever attend school?

1. Yes
2. No

FS316. [Ask only if FS315=1] How many years of schooling has she completed (did she complete)?

Number of years _____

FS317. [Ask only if FS315=1] What is (was) the highest level of education that she completed?

1. Less than primary school (Standard 1-4)
2. Primary school completed (Standard 5-7)
3. Middle school completed (Standard 8-9)
4. Secondary School/Matriculation completed
5. Higher Secondary/Intermediate/Senior Secondary completed
6. Diploma and certificate holders
7. Graduate degree (B.A., B.Sc., B. Com.) completed
8. Post-graduate degree or (M.A., M.Sc., M. Com.) above (M.Phil, Ph.D., Post-Doc) completed
9. Professional course/degree (B.Ed, BE, B.Tech, MBBS, BHMS, BAMS, B.Pharm, BCS, BCA, BBA, LLB, BVSc., B.Arch, M.Ed, ME, M.Tech, MD, M.Pharm, MCS, MCA, MBA, LLM, MVSc., M. Arch, MS, CA, CS, CWA) completed

FS318. [Ask if FS310=2 and FS311=1] Does she live alone or with others?

1. Lives alone
2. Lives with your father or her partner
3. Lives with other children
4. Lives in old age home
5. Lives with others, please specify _____

[Siblings]

FS319. Now I have some questions about any brothers or sisters you may have, accounting for both deceased and living. Are you the only child or do you have any siblings?

1. Only child
2. Have siblings

FS320 – FS322. [\[Ask only if FS319=2\]](#) What is your birth order?

FS320. Birth order: 1st/2nd/3rd/4th...

Please tell me about all your older and younger brothers or sisters you have, both deceased and living. [\[Instructions for CAPI: If FS320 = 1, CAPI should fill in FS321a and FS322a with 0\]](#)

| | a. Older, alive | b. Older, deceased | c. Younger, alive | d. Younger, deceased |
|----------------------------|--------------------|-----------------------|----------------------|-------------------------|
| FS321. Number of brother/s | | | | |
| FS322. Number of sister/s | | | | |

Relationship with Family Members

FS323. Among your family members/friends with whom would you say you have a close relationship with?

[\[Multiple answers are allowed\]](#)

- | | |
|--------------------|--------------------------------|
| a. Father | i. Daughter-in-law |
| b. Mother | j. Grandchildren |
| c. Brother/s | k. Grand parents |
| d. Sister/s | l. Parent-in-law |
| e. Spouse/ partner | m. Other relatives |
| f. Son/s | n. Friends |
| g. Daughter/s | o. Other, please specify _____ |
| h. Son-in-law | p. None |

[Friends]

FS324. Do you have any friends?

1. Yes
2. No → **Go to FS328**

FS325. [\[Ask only if FS324=1\]](#) With how many of these friends would you say you have a close relationship?

| | |
|--|--|
| | |
|--|--|

FS326. [\[Ask only if FS324=1\]](#) On average, how often do you meet up with friends?

1. Daily
2. At least once in a week
3. At least once in a month
4. At least once in a year
5. Never

FS327. [\[Ask only if FS324=1\]](#) On average, how often do you speak on the phone or mail/e-mail with friends?

1. Daily
2. At least once in a week
3. At least once in a month
4. At least once in a year
5. Never

FS328. With whom do you share **most** of your personal matters?

- | | |
|--------------------|---------------------------------|
| 1. Father | 9. Daughter-in-law |
| 2. Mother | 10. Grandchildren |
| 3. Brother/s | 11. Grand parents |
| 4. Sister/s | 12. Parent-in-law |
| 5. Spouse/ partner | 13. Other relatives |
| 6. Son/s | 14. Friends |
| 7. Daughter/s | 15. Other, please specify _____ |
| 8. Son-in-law | 16. None |

I_Ed. Living arrangements

FS329. Are you satisfied with your current living arrangements?

1. Strongly satisfied
2. Satisfied
3. Neither satisfied nor dissatisfied
4. Dissatisfied
5. Strongly dissatisfied

FS330. Who **mainly** decided about your current place of residence?

- | | |
|--------------------|---------------------------------|
| 1. Self | 10. Daughter-in-law |
| 2. Father | 11. Grandchildren |
| 3. Mother | 12. Grand parents |
| 4. Brother/s | 13. Parent-in-law |
| 5. Sister/s | 14. Other relatives |
| 6. Spouse/ partner | 15. Friends |
| 7. Son/s | 16. Other, please specify _____ |
| 8. Daughter/s | 17. None |
| 9. Son-in-law | |

FS331. Do you have any intention of changing your living arrangement in the future?

1. No intention to change
2. Yes, prefer to live alone
3. Yes, prefer to live with spouse only
4. Yes, prefer to live with other child
5. Yes, prefer to live with other relatives
6. Yes, prefer to live with my own family (spouse and children) only
7. Yes, prefer to move into old age home
8. Other, please specify _____

I_Ee. Social Support

[Financial support]

FS401. Now we are going to ask you about financial support that you may have given, or received from, your family and friends. By financial support we mean giving money, helping to 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 buying a home, and rent. **Costs shared for housing and food excluded.**

Have you received financial help/support 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 monetary support in which annual cost totals more than Rs. 1,000.

1. Yes
2. No → Go to FS404

FS402. [Ask only if FS401=1] From whom did you receive financial help? Please identify all family members or friends who gave financial support/help to you. All family members include biological, adopted, and step children and siblings. [Multiple answers are allowed]

- | | |
|---------------------|--------------------------------|
| a. Spouse/partner | i. Brother/s |
| b. Son/s | j. Sister/s |
| c. Daughter/s | k. Grandparents |
| d. Sons-in-law | l. Other relatives |
| e. Daughters-in-law | m. Friends |
| f. Grandchildren | n. Other, please specify _____ |
| g. Parents | |
| h. Parents-in-law | |

FS402a. [Ask only if FS401=1] For what purpose/s did your family members/friends financially help you?

[Multiple answers are allowed]

- | | |
|-----------------------------|---|
| a. Daily living expenses | e. Rent/household repairs/purchase of house |
| b. Meeting medical expenses | f. Purchase of consumer durables |
| c. Education | g. Festivals/religious events |
| d. Marriage expenses | h. Other, please specify _____ |

FS403. [Ask only if FS401=1] What is the total value of the financial help you received from your family or friends in the past 12 months?

_____ Rs.

[Instruction for CAPI: Go to FS403a-FS403c 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 amount in FS403, 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 5,000; Rupees 10,000; Rupees 50,000; Rupees 1, 00,000]

FS404. Have you given any financial help/support to your family (parents, children, siblings, grandchildren, parents of spouse) or friends during the past 12 months? Financial support includes 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 gave financial help. All family members include biological, adopted, step children and siblings.

[Multiple answers are allowed]

- | | |
|---------------------|--------------------------------|
| a. Spouse/partner | i. Brother/s |
| b. Son/s | j. Sister/s |
| c. Daughter/s | k. Grandparents |
| d. Sons-in-law | l. Other relatives |
| e. Daughters-in-law | m. Servants |
| f. Grandchildren | n. Friends |
| g. Parents | o. Other, please specify _____ |
| h. Parents-in-law | |

FS405a. For what purposes did you financially help your family members/friends? [Multiple answers are allowed]

- a. For daily living expenses
- b. Meeting medical expenses
- c. Education
- d. Marriage expenses
- e. Towards rent/household repairs/purchase of house/ construction of house
- f. Purchase of consumer durables
- g. Festivals / Religious events
- h. Other, please specify-----

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

[Instruction for CAPI: Go to FS406a if R selects “DON’T KNOW (DK)” or “REFUSED”. Otherwise, proceed to FS406d if the respondent can give an approximate value]

FS406a – FS406c. [If R does not give exact amount in FS406; 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 5,000; Rupees 10,000; Rupees 50,000; Rupees 1,00,000]

I_Ef. 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 bath, and using toilet, etc.

1. Yes
2. No → Go to FS411

FS408. [Ask only if FS407=1] Do you take care of any of your family members who are unable to carry out their basic daily activities?

1. Yes
2. No → Go to FS411

FS409. [Ask only if FS408=1] How often do you take care of your family member(s)?

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 FS411

FS410. [Ask only if FS408=1] For how many hours did you provide such a care in the past week?
 _____ Hours past week [Soft check: FS410>140]

FS411. Do you care for any other sick or disabled adults other than your family members?

1. Yes
2. No

FS412. [Ask only if FS411=1] How often do you care for a sick or disabled adult outside 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 FS418

FS413. [Ask only if FS411=1] For how many hours did you provide such a care in the past week?
 _____ Hours past week [Soft check: FS410>140]

FS414. [Ask if FS408=1 or FS411=1] What is your relationship to the primary person for whom you provide care? The primary person for whom you provide care is your.....

1. Spouse/partner
2. Parents
3. Parents-in-law
4. Brothers/Sisters
5. Children
6. Other relatives
7. Not related

FS415. [Ask if FS408=1 or FS411=1] Which of the following activities do you usually do as part of the care you provide to the recipient? [Multiple answers are allowed]

- a. Personal care activities, like getting in and out of bed, walking across the room, bathing, using toilet
- b. Other activities of daily life, like shopping, preparing meals, housekeeping
- c. Specific health care, like managing medications, changing bandages
- d. Watching them while doing other things
- e. Social or emotional support, like spending time with them, giving them company
- f. Financial care like paying for their medical or other expenses
- g. Accompanying the person/s to medical appointments (the hospital, clinic, getting medical tests, X-rays, etc.)

FS416. [Ask if FS408=1 or FS411=1] Please tell me how much you agree or disagree with the following statements about your care giving role.

| | Providing help to (care recipient) has... | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---|---|-------------------|----------|----------------------------|-------|----------------|
| 1 | Made me feel more needed | 1 | 2 | 3 | 4 | 5 |
| 2 | Made me feel good about myself | 1 | 2 | 3 | 4 | 5 |
| 3 | Made me feel restricted | 1 | 2 | 3 | 4 | 5 |

FS417. [Ask if FS408=1 or FS411=1] People occupy several roles at once, like that of a spouse, son/daughter or friend. We would like to know whether your current care giving role interferes with any of the roles you may have. [Multiple answers are allowed]

- | | |
|-----------------------------------|---|
| a. Role as spouse | g. Homemaker |
| b. Parent | h. Friend |
| c. Child | i. Relative |
| d. Son-in-law or daughter-in-law | j. Neighbor |
| e. Mother-in-law or father-in-law | k. None of the above/caregiving does not interfere with any roles |
| f. Work outside home | |

I_Eg. Intra-Household Decision-Making

FS418. Who usually makes the following decisions? Please describe your role in decision-making. Do you have no role, or you make the decision alone, or with your spouse, your children, or others?

| | Makes decision for: | No role | Decide alone | Contribute to decision-making | Not applicable |
|----|---|---------|--------------|-------------------------------|----------------|
| a. | Marriage of son/daughter | 1 | 2 | 3 | 4 |
| b. | Buying and selling of property | 1 | 2 | 3 | 4 |
| c. | Gifts to children, grandchildren, other relatives | 1 | 2 | 3 | 4 |
| d. | Education of the family member | 1 | 2 | 3 | 4 |
| e. | Arrangement of social or religious events | 1 | 2 | 3 | 4 |

FS419. Are you **usually** involved in the following household activities? [Multiple answers are allowed]

- Cooking
- Shopping for the household
- Payment of bills and settling of financial matters
- Taking care of household chores
- Giving advice to the children
- Settling disputes
- Other, please specify _____
- None

I_Bh. Social Activities

[Social organization]

FS501. Are you member of any social organizations, religious groups, clubs or societies?

- Yes
- No → Go to FS504_intro

FS502. [Ask only if FS501=1] Are you a member of any of these organizations, religious groups, clubs, or societies? [Multiple answers are allowed]

- Farmers' association/environmental groups/political party
- Tenant groups, neighborhood watch, resident welfare association
- Community/caste organizations
- Self-help group/NGO/Co-operative/mahilamandal
- Religious/spiritual group
- Education, arts or music groups, evening classes
- Social club
- Sports clubs, exercise classes, yoga classes
- Senior citizen's association/clubs
- Gram Panchayat
- Other, please specify _____

FS503. [Ask only if FS501 = 1] Thinking about all the organizations, clubs, or societies that you are a member of, how many meetings/regular gathering, if any, do you attend in a year?

- Daily or almost every day
- Once or twice a week
- Once or twice a month
- Every other month or so
- Once or twice a year
- Never

FS504_intro. Now I will ask some questions about your social activities.

| How often, if at all, do you do any of the following activities? | Frequency 1. Daily 2. Several times a week 3. Once a week 4. Several times a month 5. At least once a month 6. Rarely/Once in a year 7. Never/Not relevant |
|---|---|
| FS504. Eat out of the house (Restaurant/Hotel) | |
| FS505. Go to park/beach for relaxing/entertainment | |
| FS506. Play cards or indoor games | |
| FS507. Play out door games/sports/exercise/jog/yoga | |
| FS508. Visit relatives /friends | |
| FS509. Attend cultural performances /shows/Cinema | |
| FS510. Attend religious functions /events such as bhajan/satsang/prayer | |
| FS511. Attend political/community/organization group meetings | |
| FS512. Read books/newspapers/magazines | |
| FS513. Watch television/listen radio | |
| FS514. Use a computer for e-mail/net surfing etc. | |

[Civic engagement]

FS515. Did you vote in the last panchayat/municipal/assembly/parliament elections?

1. Yes
2. No

FS516. [Ask only if FS515=2] Why you did not 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. Didn't have time/was busy
6. Other, please specify _____

[For the interviewer]

FS517. Who is present while interviewing this module? [Multiple answers are allowed]

- | | |
|--------------------|--------------------------------|
| a. Spouse/partner | i. Brother |
| b. Son | j. Sister |
| c. Daughter | k. Grandparent |
| d. Son- in-law | l. Other relative |
| e. Daughter-in-law | m. Servant |
| f. Grandchild | n. Friend |
| g. Parent | o. Other, please specify _____ |
| h. Parent-in-law | p. No one |

FS518. How often did the respondent receive assistance in answering this section?

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

FS520. [Ask only if FS518>1] Who helped the respondent in answering this section?

- | | |
|--------------------|---------------------------------|
| 1. Spouse/partner | 9. Brother |
| 2. Son | 10. Sister |
| 3. Daughter | 11. Grandparent |
| 4. Son-in-law | 12. Other relative |
| 5. Daughter-in-law | 13. Servant |
| 6. Grandchild | 14. Friend |
| 7. Parent | 15. Other, please specify _____ |
| 8. Parent-in-law | |

I.Ei Psychosocial Measures (FS)

This section does not allow a proxy interview.
Please skip this section, if this is a proxy interview, go to experimental module

[Everyday Discrimination]

FS521 – FS526. In your day-to-day life, how often have any of the following things happened to you?

| | | |
|--------|---|---|
| FS521. | You are treated with less courtesy or respect than other people | 1=Almost every day 2=At least once a week 3=A few times a month 4=A few times a year 5=Less than once a year 6=Never |
| FS522. | You receive poorer service than other people at restaurants or stores | |
| FS523. | People act as if they think you are not smart | |
| FS524. | People act as if they are afraid of you | |
| FS525. | You are threatened or harassed | |
| FS526. | You receive poorer service or treatment than other people from doctors or hospitals | |

FS527. [Ask if any of FS521-FS526 are < 6] What do you think were the reasons why these experiences happened to you? [Multiple answers allowed]

- | | |
|------------------|---|
| a. Your age | f. A physical disability |
| b. Your gender | g. Other aspect of your physical appearance |
| c. Your religion | h. Your financial status |
| d. Your caste | i. Other, please specify_____ |
| e. Your weight | |

[Ill Treatment]

FS601. Have you felt that you were ill-treated in the past year?

1. Yes
2. No → Go to FS606

FS602. [Ask only if FS601=1] How often did you feel that way?

1. Frequently
2. Occasionally
3. Only few times

The next two questions [FS604-FS605] can only be asked if nobody is around the respondent.

FS603. [Instruction for the interviewer: Is anyone else besides the respondent present in the room? Do not ask to the respondent, observe and mark the options which is applicable]

1. Yes → Go to FS606
2. No

FS604. [Ask only if FS603=2] Who are the persons, ill-treated you during the last one year?

[Multiple answers are allowed]

- a. Spouse/partner
- b. Son/s
- c. Daughter/s
- d. Son-in-law
- e. Daughter-in-law
- f. Grandchildren
- g. Brother
- h. Sister
- i. Other Relatives
- j. Neighbors
- k. Other, please specify _____

FS605. [Ask only if FS603=2] What kind of ill-treatment did you face during the last one year?

| Sr. no | Type of ill-treatment | Within Household | Outside Household |
|--------|-------------------------|------------------|-------------------|
| a. | Physical | 1. Yes 2. No | 1. Yes 2. No |
| b. | Verbal /Disrespect | 1. Yes 2. No | 1. Yes 2. No |
| c. | Economic exploitation | 1. Yes 2. No | 1. Yes 2. No |
| d. | Emotional/Psychological | 1. Yes 2. No | 1. Yes 2. No |
| e. | Neglect | 1. Yes 2. No | 1. Yes 2. No |

FS606. In general, how safe from crime and violence do you feel when you are alone at home?

1. Completely safe
2. Safe
3. Not very safe
4. Not safe at all

FS607. How safe do you feel when walking down your street/locality alone after dark?

1. Completely safe
2. Safe
3. Not very safe
4. Not safe at all

FS608. In the last 12 months, have you been the victim of a violent crime, such as assault/mugging/ threat to life/others?

1. Yes
2. No

[Life Satisfaction]

FS609_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 |
|--|-------------------|-------------------|-------------------|----------------------------|----------------|----------------|----------------|
| a. In most ways my life is close to ideal. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| b. The conditions of my life are excellent. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| c. I am satisfied with my life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| d. So far, I have got the important things I want in life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| e. If I could live my life again, I would change almost nothing. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

[Spirituality/Religiosity]

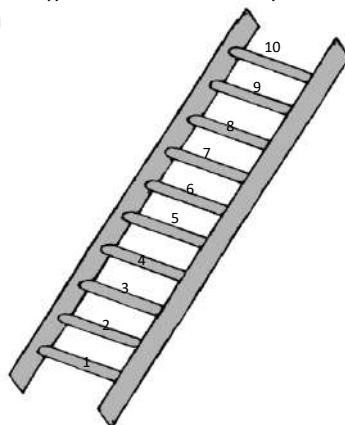
FS610_intro. Now, I will ask a few questions on spirituality and religiosity: Religion focuses on the content of one's belief and the outworking of that belief; while spirituality's focus on the process of becoming more attuned to unworldly affairs. It is possible to be religious without being spiritual and spiritual without being religious. A religious person accepts a certain set of beliefs as true and observes a certain set of rituals. Spirituality is the fact of being spiritual and is usually evidenced by the act of doing spiritual things. Praying, meditating, reading scripture, and giving to a charity are all things that a "spiritual" person might do. For being spiritual, you don't necessarily need to attach yourself with a religion.

FS611. Now I would like to know your opinion about the following. Identify the frequency with which the following statements/questions apply to you: 1) every day in a week 2) Some days in a week 3) Once in a week 4) Occasionally 5) Never

| How often..... | Every day in a week | Some days in a week | Once in a week | Occasionally | Never |
|---|------------------------|---------------------------|-------------------|--------------|-------|
| a. do you think that you have a feeling of deep inner peace? | 1 | 2 | 3 | 4 | 5 |
| b. do you think that you are spiritually touched by the beauty of creation? | 1 | 2 | 3 | 4 | 5 |
| c. do you think that you are thankful for whatever you received in your life? | 1 | 2 | 3 | 4 | 5 |
| d. do you think that you are selflessly caring for others? | 1 | 2 | 3 | 4 | 5 |

FS612. 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 of your society.

Please indicate the number given on the rung on the ladder where you would place yourself. [Interviewer needs to fill the number in the box given in the side of the ladder]



L_Ej. CESD

FS701_intro. Now think about the **past week** and the feelings you have experienced. Please tell me if each of the following was true for you much of the time during the past week.

FS701- FS710. During the past week, was the following true for you much of the time?

| | During the past week, ... | |
|--------|--|--|
| FS701. | How often did you have trouble concentrating? | 1. Rarely or never (less than 1 day) 2. Sometimes (1 or 2 days) 3. Often (3 or 4 days) 4. Most or all of the time (5 – 7 days) |
| FS702. | How often did you feel depressed? | |
| FS703. | How often did you feel tired or low in energy? | |
| FS704. | How often were you afraid of something? | |
| FS705. | How often did you feel you were overall satisfied? | |
| FS706. | How often did you feel alone? | |
| FS707. | How often were you bothered by things that don't usually bother you? | |
| FS708. | How often did you feel that everything you did was an effort? | |
| FS709. | How often did you feel hopeful about the future? | |
| FS710. | How often did you feel happy? | |

→Go to Next Section

I_F. SOCIAL WELFARE SCHEMES (SW)

I_Eb. Social Welfare Schemes for Older People (aged 60 and above)

[CAPI FILTER: This section (SW201-SW213) is only for those aged 60 years and above, Ask only if DM005 >= 60]

SW201_intro. Now, I am going to ask you about some government schemes and programs for older persons

SW205-SW208. [Ask only if SW202a-SW202e =1] First, I would like to know whether you have faced with any problems in receiving the following benefits.

| Sl. no | Name of scheme | SW201. Are you aware of this scheme? 1. Yes 2. No → Go to next scheme | SW202. [Ask only if SW201=1] Are you availing any of the benefits of this scheme? 1. Yes 2. No | SW203. [Ask only if SW202=1] How much amount did you receive during the last year under this scheme? Amount in Rs _____ | SW204. [Ask only if SW202=2] Reason for not availing the benefits 1. No need 2. Not eligible/Not applicable 3. Not having document 4. Not yet applied 5. Process of getting benefits is cumbersome 6. Other, please specify _____ |
|--------|--|---|---|--|---|
| a | National Old Age Pension Scheme | | | | |
| b | Widow Pension Scheme [Only for female respondent] | | | | |
| c | Annapurna Scheme | | | | |
| d | Any other, please specify _____ | | | | |
| e | Any other, please specify _____ | | | | |

| | Name of scheme | SW205. Did you face any problems in receiving or availing yourself of these benefits? 1. Yes 2. No 3. Not applied | SW206. [Ask only if SW205=1] What kind of problem/s did you face? 1. Delay in receiving fund 2. Non-receipt of funds 3. Needed to give bribe 4. Paperwork incomplete 5. Lots of paperwork 6. Application Rejected 7. Other, please specify _____ | SW207. [Ask only if SW205=1] Is this problem now resolved? 1. Yes 2. No | SW208. [Ask only if SW207=1] How did you resolve it? 1. Paid bribe 2. Through influence/contacts 3. Through an agent 4. Approached higher officers 5. Resolved on its own 6. Other, please specify _____ |
|---|---------------------------------|---|--|---|---|
| A | National Old Age Pension Scheme | | | | |
| B | Widow pension scheme | | | | |
| C | Annapurna Scheme | | | | |
| D | Any other, please specify _____ | | | | |
| E | Other, please specify _____ | | | | |

SW209. [Ask only if SW202=1] What do you **mainly** do with these benefits?

1. Use them for personal day-to-day expenditures (including food), not including medical expenses
2. Use them for day-to-day household expenditures, not including medical expenses
3. Meeting medical costs/treatment
4. Hand over to family members
5. Saving
6. Repayment of debts
7. Other, please specify _____

SW210_intro. Now I am going to ask you about concessions provided by the government to the people in their old age.

SW211. Are you aware about any concession given by the government to the people in their old age?

1. Yes
2. No → **Go to SW213**

| SW212. Have you received concessions or discounts in any of the following areas because of your old age? | Yes | No |
|--|-----|----|
| a. Train travel | 1 | 2 |
| b. Bus travel | 1 | 2 |
| c. Air travel | 1 | 2 |
| d. Télécommunications services (phone, etc.) | 1 | 2 |
| e. Special interest rates on bank accounts or loans | 1 | 2 |
| f. Income tax benefits | 1 | 2 |
| g. Other, please specify _____ | 1 | 2 |

SW213. Are you aware/heard about the “Maintenance and Welfare of Parents and Senior Citizens Act”? (This act makes it a legal obligation for children to financially maintain their parents/provide monthly allowance).

1. Yes
2. No

[For the interviewer]

SW214. Who was present while interviewing this module? [Multiple answers are allowed].

- | | |
|--------------------|--------------------------------|
| a. Spouse/partner | i. Brother |
| b. Son | j. Sister |
| c. Daughter | k. Grandparent |
| d. Son-in-law | l. Other relative |
| e. Daughter-in-law | m. Servant |
| f. Grandchild | n. Friend |
| g. Parent | o. Other, please specify _____ |
| h. Parent-in-law | p. No one |

SW215. How often did the respondent receive assistance in answering this section?

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

SW216. [Ask only if SW215>1] Who helped the respondent in answering this section?]

- | | |
|--------------------|---------------------------------|
| 1. Spouse/partner | 9. Brother |
| 2. Son | 10. Sister |
| 3. Daughter | 11. Grandparent |
| 4. Son-in-law | 12. Other relative |
| 5. Daughter-in-law | 13. Servant |
| 6. Grandchild | 14. Friend |
| 7. Parent | 15. Other, please specify _____ |
| 8. Parent-in-law | |

→Go to Next Section

I_G. EXPERIMENTAL MODULES

[Instruction for CAPI: Experimental module should be randomized and out of four subsections (Time Use; Expectations; Social Connectedness; Vignettes) one subsection should be asked randomly to each individual respondent.]

I_Ga. Time Use

This section does not allow a proxy interview. Please skip this section if this is a proxy interview.

TU_Intro. Now I am going to ask few questions about how you spent your time and how you felt yesterday, [yesterday's day & date]. Please try to answer as honestly as you can.

TU001. To begin, please tell me what time you woke up today? [Instruction for the Interviewer: If the time of waking up is 4:00 AM, please enter 4 for the hour, 00 for the minutes.]

Hours___ Minutes___

[Hard check: should not be >24 hours]

[Hard check: should not be >59 minutes]

TU002. And what time did you go to sleep yesterday? [Instruction for the Interviewer: If the time of sleep was 10:00 PM, please enter 22 for the hour, 00 for the minutes.]

Hours___ Minutes___

[Hard check: should not be >24 hours]

[Hard check: should not be >59 minutes]

TU003. Was yesterday a normal day for you or did something unusual happen?

1. Yes, just a normal day
2. No, my day included unusual bad (stressful) things
3. No, my day included unusual good things

TU004. Which day of the week was yesterday?

| | | | | | | |
|--------|--------|--------|--------|--------|--------|--------|
| 1. MON | 2. TUE | 3. WED | 4. THR | 5. FRI | 6. SAT | 7. SUN |
|--------|--------|--------|--------|--------|--------|--------|

TU005. Was it a weekday, weekend, or holiday?

1. Weekday
2. Weekend
3. Holiday

TU006. The next questions are about how you felt yesterday. Yesterday did you feel...?

| | | Not at all | A little | Somewhat | Quite a bit | Very |
|----|--------------|------------|----------|----------|-------------|------|
| a. | Frustrated | 1 | 2 | 3 | 4 | 5 |
| b. | Sad | 1 | 2 | 3 | 4 | 5 |
| c. | Enthusiastic | 1 | 2 | 3 | 4 | 5 |
| d. | Lonely | 1 | 2 | 3 | 4 | 5 |
| e. | Content | 1 | 2 | 3 | 4 | 5 |
| f. | Worried | 1 | 2 | 3 | 4 | 5 |
| g. | Bored | 1 | 2 | 3 | 4 | 5 |
| h. | Happy | 1 | 2 | 3 | 4 | 5 |
| i. | Angry | 1 | 2 | 3 | 4 | 5 |
| j. | Tired | 1 | 2 | 3 | 4 | 5 |
| k. | Stressed | 1 | 2 | 3 | 4 | 5 |

TU007. Yesterday, how much pain did you feel?

1. None
2. A little
3. Some
4. Quite a bit
5. A lot

TU008. Did you feel rested yesterday morning, meaning you slept well the night before?

1. Yes
2. No

[Activity-specific Questions]

[Instruction for CAPI: From six activity specific questions in this section, three activity specific questions should be asked randomly to each respondent.]

TU009_intro. Please think now about things you did yesterday. We are asking questions about how you spent your time, and how you felt?

TU009. Do you have a television (TV) at home?

1. Yes
- 2.No

TU010. Yesterday, did you watch the TV?

1. Yes
2. No

TU011. [Ask only if TU010=1] How much time did you spend watching TV yesterday? [Instruction for the interviewer: If R spent 1 and a half hours, write 1 in "Hour" box and 30 in "Minute" box] [Instruction for CAPI: CAPI should not allow to enter '0' in both the hours and minutes box at the same time.]

_____ Hours

AND

_____ Minutes per day

[Hard check: should not be >24 hours]

[Hard check: should not be >59 minutes]

TU012. [Ask only if TU010=1] Who was with you for most of the time while you were watching TV? Please identify everyone who was with you. [Multiple answers are allowed]

- a. Alone
- b. Household members → Interviewer: Identify Household Person ID from the household roster
- c. All household members
- d. Non-HH parents
- e. Non-HH children
- f. Other non-HH family members
- g. Friends
- h. Neighbors, acquaintances
- i. Boss, co-workers
- j. Other, please specify ____

TU013. [Ask only if TU010=1] How did you feel when you were watching TV yesterday? Rate each experience on a scale from 1, did not experience the feeling at all, to 6, the feeling was extremely strong.

| | I felt... | Did not experience the feeling at all 1 | 2 | 3 | 4 | 5 | Feeling was extremely strong 6 |
|----|------------|---|---|---|---|---|--------------------------------------|
| a. | Happy | | | | | | |
| b. | Interested | | | | | | |
| c. | Frustrated | | | | | | |
| d. | Sad | | | | | | |

TU014. Yesterday, did you work or volunteer? Work includes both paid and unpaid work, such as helping with family farms or businesses.

1. Paid work
2. Unpaid work, helped with family farm or business
3. Volunteer
4. Neither worked nor volunteered

TU015 – TU016. [Ask only if TU014=1] How much did you get paid for yesterday's work? [Instruction for the Interviewer: If R only received in-kind transfers, ask an approximate value. If R receives a weekly or monthly salary or earnings, specify payment schedule]

TU015. Earnings: ____ Rs.

TU016. Period: daily/weekly/monthly

TU017. [Ask only if TU014<4] How much time did you spend working (or volunteering) yesterday? [Instruction for the interviewer: if R spent 1 and a half hours, write 1 in "Hour" box and 30 in "Minute" box][Instruction for CAPI: CAPI should not allow to enter '0' in both the hours and minutes box at the same time.]

____ Hours AND ____ Minutes per day
 [Hard check: should not be >24 hours] [Hard check: should not be >59 minutes]

TU018. [Ask only if TU014<4] How did you feel when you were working (or volunteering) yesterday? Rate each experience on a scale from 1, did not experience the feeling at all, to 6, the feeling was extremely strong.

| | I felt... | Did not experience the feeling at all 1 | 2 | 3 | 4 | 5 | Feeling was extremely strong 6 |
|----|------------|---|---|---|---|---|--------------------------------------|
| a. | Happy | | | | | | |
| b. | Interested | | | | | | |
| c. | Frustrated | | | | | | |
| d. | Sad | | | | | | |

TU019. [Ask only if TU014<4] Where did you work (or volunteer) yesterday?

1. Away from home
2. At home
3. Both away from and at home

TU020. Yesterday, did you walk or do any other exercise?

1. Yes
2. No

TU021. [Ask only if TU020=1] How much time did you spend walking or exercising yesterday? [Instruction for the interviewer: If R spent 1 and a half hours, write 1 in "Hour" box and 30 in "Minute" box][Instruction for CAPI: CAPI should not allow to enter '0'in both the hours and minutes box at the same time.]

____ Hours AND ____ Minutes per day
 [Hard check: should not be >24 hours] [Hard check: should not be >59 minutes]

TU022. [Ask only if TU020=1] How did you feel when you were walking or exercising yesterday? Rate each experience on a scale from 1, did not experience the feeling at all, to 6, the feeling was extremely strong.

| | I felt... | Did not experience the feeling at all 1 | 2 | 3 | 4 | 5 | Feeling was extremely strong 6 |
|----|------------|---|---|---|---|---|--------------------------------------|
| a. | Happy | | | | | | |
| b. | Interested | | | | | | |
| c. | Frustrated | | | | | | |
| d. | Sad | | | | | | |

TU023. [Ask only if TU020=1] Who was with you? Please identify everyone who was with you. [Multiple answers are allowed]

- Alone
- Household members → Interviewer: Identify Household Person ID from the household roster
- All household members
- Non-HH parents
- Non-HH children
- Other non-HH family members
- Friends
- Neighbors, acquaintances
- Boss, co-workers
- Other, please specify ____

TU024. Yesterday, did you do healthcare related activities other than walking or exercising (e.g., visiting a doctor, taking medications or treatments)?

- Yes
- No

TU025. [Ask only if TU024=1] How much time did you spend doing healthcare related activities yesterday? [Instruction for the interviewer: If R spent 1 and a half hours, write 1 in "Hour" box and 30 in "Minute" box][Instruction for CAPI: CAPI should not allow to enter '0'in both the hours and minutes box at the same time.]

____ Hours AND ____ Minutes per day
 [Hard check: should not be >24 hours] [Hard check: should not be >59 minutes]

TU026. [Ask only if TU024=1] How did you feel when you were doing healthcare related activities yesterday? Rate each experience on a scale from 1, did not experience the feeling at all, to 6, the feeling was extremely strong.

| | I felt... | Did not experience the feeling at all 1 | 2 | 3 | 4 | 5 | Feeling was extremely strong 6 |
|----|------------|---|---|---|---|---|--------------------------------------|
| a. | Happy | | | | | | |
| b. | Interested | | | | | | |
| c. | Frustrated | | | | | | |
| d. | Sad | | | | | | |

TU027. [Ask only if TU024=1] Who was with you? Please identify everyone who was with you. [Multiple answers are allowed]

- a. Alone
- b. Household members → Interviewer: Identify Household Person ID from the household roster
- c. All household members
- d. Non-HH parents
- e. Non-HH children
- f. Other non-HH family members
- g. Friends
- h. Neighbors, acquaintances
- i. Boss, co-workers
- j. Other, please specify _____

TU028. Yesterday, did you travel anywhere (e.g., by car, train, bus or by walk)?

- 1. Yes
- 2. No

TU029. [Ask only if TU028=1] How much time did you spend traveling yesterday? [Instruction for the interviewer: If R spent 1 and a half hours, write 1 in "Hour" box and 30 in "Minute" box] [Instruction for CAPI: CAPI should not allow to enter '0' in both the hours and minutes box at the same time.]

_____ Hours AND _____ Minutes per day
 [Hard check: should not be >24 hours] [Hard check: should not be >59 minutes]

TU030. [Ask only if TU028=1] How did you feel when you were traveling yesterday? Rate each experience on a scale from 1, did not experience the feeling at all, to 6, the feeling was extremely strong.

| | I felt... | Did not experience the feeling at all | | | | | Feeling was extremely strong |
|----|------------|---------------------------------------|---|---|---|---|------------------------------|
| | | 1 | 2 | 3 | 4 | 5 | 6 |
| a. | Happy | | | | | | |
| b. | Interested | | | | | | |
| c. | Frustrated | | | | | | |
| d. | Sad | | | | | | |

TU031. [Ask only if TU028=1] Who was with you? Please identify everyone who was with you. [Multiple answers are allowed]

- a. Alone
- b. Household members → Interviewer: Identify Household Person ID from the household roster
- c. All household members
- d. Non-HH parents
- e. Non-HH children
- f. Other non-HH family members
- g. Friends
- h. Neighbors, acquaintances
- i. Boss, co-workers
- j. Other, please specify _____

TU032. Yesterday, did you socialize with friends or family?

- 1. Yes
- 2. No

TU033. [Ask only if TU032=1] How much time did you spend with friends or family yesterday? [Instruction for the interviewer: If R spent 1 and a half hours, write 1 in "Hour" box and 30 in "Minute" box] [Instruction for CAPI: CAPI should not allow to enter '0' in both the hours and minutes box at the same time.]

_____ Hours AND _____ Minutes per day
 [Hard check: should not be >24 hours] [Hard check: should not be >59 minutes]

TU034. [Ask only if TU032=1] How did you feel when you were with friends or family yesterday? Rate each experience on a scale from 1, did not experience the feeling at all, to 6, the feeling was extremely strong.

| | I felt... | Did not experience the feeling at all 1 | 2 | 3 | 4 | 5 | Feeling was extremely strong 6 |
|----|------------|---|---|---|---|---|--------------------------------------|
| a. | Happy | | | | | | |
| b. | Interested | | | | | | |
| c. | Frustrated | | | | | | |
| d. | Sad | | | | | | |

TU035. [Ask only if TU032=1] Who was with you? Please identify everyone who was with you. [Multiple answers are allowed]

- a. Household members → Interviewer: Identify Household Person ID from the household roster
- b. All household members
- c. Non-HH parents
- d. Non-HH children
- e. Other non-HH family members
- f. Friends
- g. Neighbors, acquaintances
- h. Boss, co-workers
- i. Other, please specify _____

TU036. Yesterday, did you spend time at home by yourself, without a spouse, partner, or anyone else present?

1. Yes
2. No

TU037. [Ask only if TU036=1] How much time did you spend at home by yourself yesterday? [Instruction for the interviewer: If R spent 1 and a half hours, write 1 in "Hour" box and 30 in "Minute" box] [Instruction for CAPI: CAPI should not allow to enter '0' in both the hours and minutes box at the same time.]

_____ Hours AND _____ Minutes per day
 [Hard check: should not be >24 hours] [Hard check: should not be >59 minutes]

TU038. [Ask only if TU036=1] How did you feel when you were at home by yourself yesterday? Rate each experience on a scale from 1, did not experience the feeling at all, to 6, the feeling was extremely strong.

| | I felt... | Did not experience the feeling at all 1 | 2 | 3 | 4 | 5 | Feeling was extremely strong 6 |
|----|------------|---|---|---|---|---|--------------------------------------|
| a. | Happy | | | | | | |
| b. | Interested | | | | | | |
| c. | Frustrated | | | | | | |
| d. | Sad | | | | | | |

TU039. Yesterday, what else were you doing other than the activities that we talked about? Please tell me about the activity that you spent the **most time** on. [Interviewer: If R did not do anything else, enter '0' for activity code]

Activity code: ____

| Activity code | Activity |
|---------------|--|
| 1 | Crop farming, kitchen gardening, etc. |
| 2 | Animal husbandry |
| 3 | Fishing, forestry, horticulture, gardening |
| 4 | Collection of fruits, water, plants etc., storing and hunting |
| 5 | Food processing and storage |
| 6 | Mining, quarrying, digging, cutting, etc. |
| 7 | Construction activities |
| 8 | Manufacturing activities |
| 9 | Trade and business |
| 10 | Services |
| 11 | Job search |
| 12 | Household maintenance, management and shopping |
| 13 | Care for children, the sick, elderly and disabled of own household |
| 14 | Community services and help to other households |
| 15 | Learning |
| 16 | Social and cultural activities, mass and social media, etc. |
| 17 | Personal care and self-maintenance |

TU040. [Ask only if TU039≠0] How much time did you spend on that activity? [Instruction for the interviewer: If R spent 1 and a half hours, write 1 in "Hour" box and 30 in "Minute" box] [Instruction for CAPI: CAPI should not allow to enter '0' in both the hours and minutes box at the same time.]

____ Hours
[Hard check: should not be >24 hours]

AND

____ Minutes per day
[Hard check: should not be >59 minutes]

TU041. [Ask only if TU039≠0] How did you feel when you were doing that activity yesterday? Rate each experience on a scale from 1, did not experience the feeling at all, to 6, the feeling was extremely strong.

| | I felt... | Did not experience the feeling at all | | | | | Feeling was extremely strong |
|----|------------|---------------------------------------|---|---|---|---|------------------------------|
| | | 1 | 2 | 3 | 4 | 5 | 6 |
| a. | Happy | | | | | | |
| b. | Interested | | | | | | |
| c. | Frustrated | | | | | | |
| d. | Sad | | | | | | |

TU042. [Ask only if TU039≠0] Who was with you? Please identify everyone who was with you. [Multiple answers are allowed]

- | | |
|--|--------------------------------|
| a. Alone | f. Other non-HH family members |
| b. Household members → Interviewer: Identify Household Person ID from the household roster | g. Friends |
| c. All household members | h. Neighbors, acquaintances |
| d. Non-HH parents | i. Boss, co-workers |
| e. Non-HH children | j. Other, please specify ____ |

[For the interviewer]

TU043. Who was present at the interview? [Multiple answers are allowed].

- | | |
|--------------------|--------------------------------|
| a. Spouse/partner | i. Brother |
| b. Son | j. Sister |
| c. Daughter | k. Grandparent |
| d. Son-in-law | l. Other relative |
| e. Daughter-in-law | m. Servant |
| f. Grandchild | n. Friend |
| g. Parent | o. Other, please specify _____ |
| h. Parent-in-law | |
| p. No one | |

TU044. How often did the respondent receive assistance in answering this section?

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

This section does not allow a proxy interview. Please skip this section, if this is a proxy interview.

[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. 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. 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. 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 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 if you think you will never win, you put no beans in the plate.

Suppose that if 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 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 [Instruction for the Interviewer: Interviewer should put the 4 beans in the plate] [Instruction for the Interviewer: 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 _____

EE001+ 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 EE004>= 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. [Ask only if currently working, WE004=1] You will still be working in a similar job in 5 years from now _____

EE007. [Ask only if currently working, WE004=1] You will still be working in a similar job in 10 years from now _____

EE008. [Ask only if currently working, WE004=1] You will lose your job during the next year _____

EE009. You will move during the next 2 years _____

EE010. Pick the number of beans that reflects how likely you think it is that:

EE010a. [Ask only if HT002=2] You will have hypertension in the next 2 years _____

EE010b. [Ask only if HT006=2] You will have heart disease in the next 2 years _____

EE010c. [Ask only if HT207=2] You will have anemia in the next 2 years _____

EE010d. [Ask only if HT003=2] You will have diabetes in the next 2 years _____

Ask everyone about work-limiting health problems

[Work-limiting health problems]

EE011– EE013. 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

EE011. You will have a work-limiting health problem within 6 months _____

EE012. You will have a work-limiting health problem within one year _____

EE013. You will have a work-limiting health problem within 5 years _____

EE014 – EE016. [Ask only if DM021=1, i.e. R is 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

EE014. Your spouse will have a work-limiting health problem within 6 months _____

EE015. Your spouse will have a work-limiting health problem within one year _____

EE016. Your spouse will have a work-limiting health problem within 5 years _____

[Survival]

EE017 – EE019. 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 of these people

EE017. Will be alive one year from now _____

EE018. Will be alive 5 years from now _____

EE019. Will be alive 10 years from now _____

EE020 – EE022. 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

EE020. You will be alive one year from now _____

EE021. You will be alive 5 years from now _____

EE022. You will be alive 10 years from now _____

Ask everyone about inflationary expectations

[Inflationary Expectations]

EE101. 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
2. Stay the same
3. Go down

EE102. [Ask only if answer to EE101 = 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

EE103. If you go to the market today, what do you think is the price of 1Kg of rice?

_____ Rs

EE104. [Ask only if respondent answers EE103] What do you think it will be 12 months from now?

_____ Rs

EE105 – EE106. [Ask only if respondent did not give exact answer to EE104]

EE105. [If respondent said the price would go up; EE101=1 or EE102=1] Would it be [fill = answer to EE103] *1.05, [fill = answer to EE103] *1.10, or [fill = answer to EE103] *1.15?

1. [fill = answer to EE103] *1.05
2. [fill = answer to EE103] *1.10
3. [fill = answer to EE103] *1.15

EE106. [If respondent said the price would go down; EE101=3] Would it be [fill = answer to EE103] *0.95, [fill = answer to EE103] *0.90, or [fill = answer to EE103] *0.85?

1. [fill = answer to EE103] *0.95
2. [fill = answer to EE103] *0.90
3. [fill = answer to EE103] *0.85

EE107. 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

EE108 – EE109. [Ask only if respondent did not give exact answer to EE107]

EE108. [If respondent said the price would go up; EE101=1 or EE102=1] Would it be [fill = 1000] *1.05, [fill = 1000] *1.10, or [fill = 1000] *1.15?

1. [fill = 1000] *1.05
2. [fill = 1000] *1.10
3. [fill = 1000] *1.15

EE109. [If respondent said the price would go down; EE101=3] Would it be [fill = 1000] *0.95, [fill = 1000] *0.90, or [fill = 1000] *0.85?

1. [fill = 1000] *0.95
2. [fill = 1000] *0.90
3. [fill = 1000] *0.85

EE110. How much money did you spend on purchases over the past 12 months? This would include everything you did, bought, used, etc.

_____ Rupees

EE111. Over the next 12 months, how much do you think you would have to spend to cover just those purchases?

_____ Rupees

[For the interviewer]

EE112. Who was present at the interview? [Multiple answers are allowed].

- | | |
|--------------------|--------------------------------|
| a. Spouse/partner | i. Brother |
| b. Son | j. Sister |
| c. Daughter | k. Grandparent |
| d. Son-in-law | l. Other relative |
| e. Daughter-in-law | m. Servant |
| f. Grandchild | n. Friend |
| g. Parent | o. Other, please specify _____ |
| h. Parent-in-law | |
| p. No one | |

EE113. 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 .Social Connectedness (ES)

This section does not allow a proxy interview. Please skip this section, if this is a proxy interview.

[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, 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, if they are household members or family members]

[If fewer than three NAMES probe: Is there anyone else with whom you discussed important matters?]

ES003. Are any of these people with whom you discussed important matters the same people with whom you spent most of your time?

1. Yes → Go to ES003a
2. No → Go to ES004

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 three).

ES004. Is (NAME) male or female? [Instruction for the 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. 16-19 | 6. 60-69 |
| 2. 20-29 | 7. 70-79 |
| 3. 30-39 | 8. 80-89 |
| 4. 40-49 | 9. 90 or over |
| 5. 50-59 | |

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]

1. Less than Primary (Standard 1-4)
2. Primary Completed (Standard 5-7)
3. Middle Completed (Standard 8- 9)
4. Secondary School/Matriculation completed
5. Higher Secondary/Intermediate/Senior Secondary completed
6. Diploma and certificate holders
7. Graduate degree (B.A., B.Sc., B. Com.) completed
8. Post-graduate degree or (M.A., M.Sc., M. Com.) above (M.Phil, Ph.D., Post-Doc) completed
9. Professional course/degree (B.Ed, BE, B.Tech, MBBS, BHMS, BAMS, B.Pharm, BCS, BCA, BBA, LLB, BVSc., B. Arch, M.Ed, ME, M.Tech, MD, M.Pharm, MCS, MCA, MBA, LLM, MVSc., M. Arch, MS, CA, CS, CWA) completed
10. Never Attended School

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 | 4. Sikh |
| 2. Muslim | 5. Other |
| 3. Christian | 6. No Religion |

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).

- a. Spouse/partner
- b. Parent
- c. Sibling - including biological, adopted, or step-sibling
- d. Son or daughter including biological, adopted, or step-child
- e. Other relative- including son-in-law or daughter-in-law, grandparent, grandchildren, cousins, aunts, uncles, nephews, nieces, other in-laws
- f. Co-worker- Someone you work with or usually interact with while working
- g. 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
- h. Neighbor - Someone who lives within walking distance of your home
- i. Friend - Someone with whom you get together for informal social occasions
- j. Professional advisor or consultant- A trained expert you turned to for advice; for example, a lawyer or clergy
- k. Servant
- l. Other

ES013. Please tell me whether you and (NAME) currently live in the same house/street/village/town/city.

1. Same house
2. Same street
3. Same Village
4. Same town
5. Same City
6. None

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? [Instruction for the 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?

[Instruction for the 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 (by sending a letter)?

[Instruction for the 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).

[Instruction for the 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. [Ask if ES016>a/i] 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. Who was present at the interview? [Multiple answers are allowed].

- | | |
|--------------------|--------------------------------|
| a. Spouse/partner | i. Brother |
| b. Son | j. Sister |
| c. Daughter | k. Grandparent |
| d. Son-in-law | l. Other relative |
| e. Daughter-in-law | m. Servant |
| f. Grandchild | n. Friend |
| g. Parent | o. Other, please specify _____ |
| h. Parent-in-law | p. No one |

ES019. 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_Gd. Vignettes

This section does not allow a proxy interview. Please skip this section, if this is a proxy interview.

[VIGNETTES]

Instruction for CAPI: All vignette questions should be asked to all respondents. 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, where Version 1 has a male name; Version 2 has a female name. Version 1 has the order of the questions as given below. Version 2 reverses things; domains in reverse order; vignettes in each domain in reverse order. But the self-report always comes before the vignettes (Health [Pain]; Health [Sleep]).

Please see a list of male/female names

Common male/female names

| Male | | | | | | | | |
|-----------|---------|---------|---------|-----------|----------|----------|---------|---------|
| Aditya | Ajay | Amitabh | Anand | Anil | Arun | Arvind | Dinesh | Gopal |
| Hari | Imran | Jaipal | Karim | Vijay | Krishnan | Kumar | Mandeep | Manish |
| Manoharan | Puneet | Rajesh | Ranjit | Ravindran | Sahil | Saleem | Samir | Sanjay |
| Santosh | Suraj | Sunil | Suresh | Vikram | Vishnu | Vishal | | |
| Female | | | | | | | | |
| Amrita | Anchal | Anita | Akansha | Anusha | Ayesha | Geeta | Gurjeet | Haseena |
| Hema | Jasleen | Jasmin | Kalpna | Kavita | Lakshmi | Leena | Malini | Nandita |
| Naveen | Nisha | Pooja | Preeti | Priya | Pushpa | Renuka | Sunita | Shilpa |
| Shruti | Seema | Smita | Sonali | Tannu | Vidya | Vaishali | | |

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.

EV001. 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

EV002. 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

[Health: Pain]

[Instruction for CAPI: If respondent is male select the name from Version 1 randomly and if respondent is female select the name from Version 2 randomly]

EV003. [NAME] has a headache once a month that is relieved after taking a pill. During the headache he/she can carry on with his day-to-day affairs. Overall in the last 30 days, how much bodily aches or pains did [NAME] have?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme

EV004. [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/she is no longer working on his computer. Overall in the last 30 days, how much bodily aches or pains did [NAME] have?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme

EV005. [NAME] has pain in his knees, elbows, wrists and fingers, and the pain is present almost all the time. Although medication helps, he/she feels uncomfortable when moving around, holding and lifting things. Overall in the last 30 days, how much bodily aches or pains did [NAME] have?

1. None
2. Mild
3. Moderate
4. Severe
5. Extreme

[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.

EV006. [NAME] falls asleep easily at night, but two nights a week he/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

EV007. [NAME] takes about two hours every night to fall asleep. He/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

EV008. [NAME] wakes up almost once every hour during the night. When he/she wakes up in the night, it takes around 15 minutes for him/her to go back to sleep. In the morning he/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

[For the interviewer]

EV009. Who was present at the interview? [Multiple answers are allowed].

- | | |
|--------------------|--------------------------------|
| a. Spouse/partner | j. Sister |
| b. Son | k. Grandparent |
| c. Daughter | l. Other relative |
| d. Son-in-law | m. Servant |
| e. Daughter-in-law | n. Friend |
| f. Grandchild | o. Other, please specify _____ |
| g. Parent | p. No one |
| h. Parent-in-law | |
| i. Brother | |

EV010. How often did the respondent receive assistance in answering this section?

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

END OF THE INTERVIEW

I_BM. BIOMARKERS (BM)

Now, we would like to measure a few physical markers such as your blood pressure, height and weight. We will also ask you to participate in a few tests to determine your health status and well-being.

[Blood pressure]

BM001. [Equipment needed: Omron HEM-7121 Monitor, Batteries, Stopwatch, Gulick Tape]

I would like to measure your blood pressure and pulse 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, with legs uncrossed and feet flat on the floor, 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 will 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. It will squeeze your arm a bit, but won't hurt. After we have completed all three measures, I will give you your results.

Do you understand these directions and are you willing to provide this measurement?

1. Yes
2. No → Go to BM023

BM002. Did you smoke, exercise, or consume alcohol or food within the 30 minutes prior the blood pressure test?

1. Yes
2. No

BM003. Do you have a rash, a cast, edema (swelling) in the left arm, open sores or wounds, or a significant bruise where the blood pressure cuff will be in contact?

1. Yes
2. No → Go to BM005

BM004. [Ask only if BM003=1] Do you have a rash, a cast, edema (swelling) in the right arm, open sores or wounds, or a significant bruise where the blood pressure cuff will be in contact?

1. Yes → Go to BM023
2. No

BM005 intro. When the device is in the correct position and the R is relaxed, press the button to Start. Measure blood pressure and pulse three times with one-minute gap between each of the measurements. No need to remove the cuffs and the device between the measurements. Record measurements in CAPI. Enter 993 in systolic, diastolic and pulse reading if an unresolvable equipment problem occurs. If the average systolic reading obtained is greater than 180 and average diastolic reading is greater than 110 or either of it, fill the referral letter and give to respondent and stop the test immediately.

| Measurement # | Time of Reading | Systolic Reading | Diastolic Reading | Pulse |
|---------------|----------------------------|-------------------|-------------------|---------------------|
| 1 | BM005. __:__:__ am/pm | BM006. __ mmHg | BM007. __ mmHg | BM008. __ Beats/min |
| 2 | BM009. __:__:__ am/pm | BM010. __ mmHg | BM011. __ mmHg | BM012. __ Beats/min |
| 3 | BM013. __:__:__ am/pm | BM014. __ mmHg | BM015. __ mmHg | BM016. __ Beats/min |
| 4 | Average of last 2 readings | BM017. __ mmHg | BM018. __ mmHg | BM019. __ Beats/min |

[Soft Check: Systolic: BM006=<90 or =>250; BM010=<90 or =>250; BM014=<90 or =>250]

[Diastolic: BM007=<40 or =>150; BM011=<40 or =>150; BM015=<40 or =>150]

[Pulse: BM008, BM012, BM016=<60 or >=150]

[Hard check: BM006<BM007, BM010<BM011, BM014<BM015]

BM005, BM009 & BM013 should have 1min gap in between]

BM020. Which arm was used to conduct the measurements?

1. Left arm
2. Right arm

BM021. What was R's position for this test?

1. Standing
2. Sitting
3. Lying down

[Soft Check: If BM021=1, CAPI will give a message "Are you sure respondent was in standing position?", If BM021=3 CAPI will give a message "Are you sure respondent was in lying down position?"]

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 discomfort
3. R was not fully compliant

[Grip Strength/Hand Strength]

BM023. [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 hand. Begin the test with the left hand.

BM024. Before we begin, I would 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 →Go to BM026

BM025. 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 Go to BM035
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

BM026. Which is your dominant hand?

1. Right hand
2. Left hand
3. Both hands equally dominant

BM027_intro.

[Note: Conduct one practice with R's [right/left] hand]: We can practice with your [right/left] hand

Start measurement from Left hand first. Take 30 second-rests between two measurements.

Record measurements to the nearest 0.5 kilogram in the table below.

Record 993 if R tried but was unable to do it/if an un-resolvable equipment problem occurs.

| Measurement # | Left hand | Right Hand |
|-----------------|--|--|
| 1 st | BM028. [(Ask if BM024=1 & BM025=3) or BM024=2] _____. kg | BM029. [(Ask if BM024=1 & BM025=2) or BM024=2] _____. kg |
| 2 nd | BM030. [(Ask if BM024=1 & BM025=3) or BM024=2] _____. kg | BM031. [(Ask if BM024=1 & BM025=2) or BM024=2] _____. kg |

[Soft check: BM028, BM029, BM030, BM031 =<5 or >= 60 kg][Hard check: There should be a 30 second gap between each reading]

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

BM033. What was R's position for this test?

1. Standing
2. Sitting
3. Lying down

[Soft Check: If BM033=2, CAPI will give a message "Are you sure respondent was in sitting position?", If BM033=3 CAPI will give a message "Are you sure respondent was in lying down position?"]

BM034. Did R rest their arm on a support while performing the test?

1. Yes
2. No

[Semi-tandem: All respondents]

BM035. [\[Equipment needed: Stopwatch, Show Card\]](#)

I would now like you to try to stand in different positions. I will first describe and show each position to you. Then, I would 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 will 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.

BM036. 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?

1. Yes
2. No → **Go to BM038**

BM037. 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.

Do you understand these directions and are willing to provide this measurement?

1. Yes
2. No → **Go to BM054**

BM038. 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): BM039. ____

[Hard check: BM039>10]

BM040. 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

[\[BM038=1\] If R was able to complete the semi-tandem for the full 10 seconds without stepping out of place or grabbing hold of anything → **Go to Full-TandemBM047**](#)

[\[BM038=2\] If R was **not** able to complete the semi-tandem for the full 10 seconds without stepping out of place or grabbing hold of anything → **Go to Side-by-SideBM041**](#)

[Side-by-side]

BM041. [\[Equipment needed: Stopwatch, Show Card\]](#)

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.

Do you understand these directions and are you willing to do this test?

1. Yes
2. No..... → **Go to BM054**

BM042. 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) BM043. ____

[Hard check: BM043>10]

BM044. 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

BM045. Record the type of floor surface that the balance measures were conducted on.

1. Wood/ Tile/ Linoleum
2. Concrete
3. Kutchha/ Mud

BM046. How compliant was R during the balance 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

[Full-tandem]

BM047. [\[Equipment needed: Stopwatch, Show Card\]](#)

Record eligible time

If R's age is ≥ 70 , tandem time is 30 seconds.

If R's 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

BM048. 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.

Do you understand these directions and are you willing to do this test?

1. Yes
2. No..... → **Go to BM054**

BM049_IWER: Did R hold full-tandem stand for a full [30/60] seconds without stepping out of place or grabbing hold of anything?

1. Yes
2. No → [Enter amount of time R held stand in seconds \(up to 2 decimal points\): BM050. _____](#)

[Hard check: If R age ≥ 70 , then BM050 < 30]

[If R age < 70 , then BM050 < 60]

BM051_IWER: Did R use any compensatory movements of his/her trunk, arms or legs to steady him/herself during the full-tandem stand?

1. Yes
2. No

BM052. Record the type of floor surface that the balance measures were conducted on.

1. Wood/ Tile/ Linoleum
2. Concrete
3. Kutchha/ Mud

BM053_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

[Timed walk]

[Equipment needed: Steel measuring Tape, stopwatch, Masking Tape]

BM054. 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 → [go to question BM060](#)
3. Yes, injury → [go to question BM060](#)
4. Yes, other health condition → [go to question BM060](#)

BM055. Now let's find a place where we can conduct the measurement. We will need a clear space about 4 meters 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 \(4meters\)](#)

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 will walk along side you the whole time during the measurement. Now, I would like to demonstrate how to do the measurement. You will start by lining your feet up at the starting point.

[Demonstrate the measurement](#)

Do you understand these directions and are you willing to do this test?

1. Yes
2. No.....→ **Go to BM060**

BM056_ intro. I will be asking you to walk the course at your usual pace a total of two times. I will walk alongside you the whole time during the measurement. I would 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 would like you to stand here with your feet lined up. Start walking when I say "Begin". Are you ready to go now? Begin.

[Instructions for Interviewer: Record measurements in table below. Record 993 if R tried but was unable to do it/ if an unresolvable equipment problem occurred] [Record up to 2 decimal points: Example 10.15 seconds]

| Measurement # | Walking Speed Time |
|-----------------|---------------------|
| 1 st | BM056. ____ seconds |
| 2 nd | BM057. ____ seconds |

[Soft check: BM056>60]; [BM057>60]

BM058. Record type of aid used

1. None
2. Walking stick or cane
3. Elbow crutches
4. Walking frame
5. Other, please specify_____

BM059. 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

[Vision tests]

BM060. [Equipment needed: CAPI, Flexible steel measuring tape, Soft measuring tape (Gulick tape), Masking tape]

We are now going to test your distance vision and near vision.

Can you see light and count the fingers of hand held 2 feet in front of your face with one eye open and when wearing your glasses or contacts?

| | |
|---------------|-----------------|
| BM060a. Left | 1. Yes 2. No |
| BM060b. Right | 1. Yes 2. No |

(Instruction for CAPI: IF Both BM060a & BM060b =1, then do vision test Go to BM061

Both BM060a & BM060b=2, then skip vision test..... Go to BM066

If BM060a=1 & BM060b=2 then test left eye only

If BM060a=2 & BM060b=1 THEN test right eye only)

BM061_Intro.

[Distance vision]

[Instructions for Interviewer: Start with using CAPI screen placed at 3 meters distance]

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? Indicate if the "E" is facing Up, Down, Left or Right. Please read ...

[Instructions for Interviewer: Set the Mini Laptop (CAPI Device) at eye level. For the displayed orientations, mark the responses given by 'R', as "correct" or "incorrect". Once the test is completed the test results will be displayed on CAPI device & recorded automatically]

Now please cover your left eye with your left-hand so we can test your right eye. Please read....

[Instruction for CAPI: Record acuity in BM061-BM062]

| Measurement # | Distance Vision |
|-----------------------------|-----------------|
| Distance Vision - Left Eye | BM061. |
| Distance Vision - Right Eye | BM062. |

BM063_Intro.

Okay, now we would like to test your near vision at 40cm - 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 your left hand so I can test your right eye. Please read....

[Ask respondent to stand or sit 40 centimetres from the monitor. Set the Mini Laptop (CAPI Device) at eye level. Then place the palm over the eye with the same hand. Responses will be verbal (Up, Down, Left, Right). Interviewer will mark correct or incorrect response]

[Instruction for CAPI: Record acuity in BM063-BM064]

| Measurement # | Near Vision |
|------------------------|-------------|
| Near Vision –Left Eye | BM063. |
| Near Vision –Right Eye | BM064. |

BM065.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

[Height]

BM066. [Equipment needed: Stadiometer]

Can the respondent stand?

- a. Yes
- b. NoSkip to BM082

Next, I would like to measure your height. To complete this measurement, I will 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, knees straight, look straight ahead, chin tucked to chest slightly, and do not look up.

[Instruction for Interviewer: Demonstrate the measurement. Record measurement in table below. Record R's height in centimetres (rounded to the nearest 0.1 cm)]

| Measurement # | Measurement |
|-----------------|------------------|
| 1 st | BM067. _____. cm |

[Hard check: BM067 >=50, BM067 <250]

BM068. Was R wearing any artificial limbs or orthosis during the measurement?

1. Yes
2. No

BM069. 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

[Weight]

BM070. [Equipment needed: Weighing Scale]

Next, I would like to measure your weight. To complete this measurement, I will be asking you to remove bulky clothing and to take off your shoes during weight measurements. Stand up and look straight ahead.

[Instruction for Interviewer: Demonstrate the measurement]

BM071. [Instruction for Interviewer: Record measurement in kilograms in table below: Enter 993 if R tried but received an error message. Record R's weight up to 2 decimal points]

| Measurement # | Weight measurement |
|-----------------|--------------------|
| 1 st | BM071. _____. _ |

[Soft check: BM071 <=25, BM071 >=250]

BM072. Was R wearing an artificial limb or orthosis during the measurement?

1. Yes, then record the weight of the artificial limb BM073. _____. _
2. No

[Soft check: If BM068=1 and BM072=2, Please re-check the option marked in BM068 and BM072 for consistency]

BM074. 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

[Waist Circumference]

BM075. [Equipment needed: Soft measuring tape (Gulik Tape)]

Next I am 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.

BM076_intro.

Record measurement in table below: Record R's waist circumference to the nearest 0.1 cm

| Measurement # | Waist Measurement |
|---------------|-------------------|
| BM076 | --- |

[Soft check: BM076 >=50 or <150]

BM077. Was R wearing bulky clothing during this measurement?

1. Yes
2. No

[Hip circumference]

BM078. [\[Equipment needed: Soft measuring tape \(Gulik Tape\)\]](#)

Next I am 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.

BM079. [Record measurement in table below: Record R's Hip Circumference to the nearest 0.1 cm](#)

| Measurement # | Hip measurement |
|---------------|-----------------|
| BM079. | --- |

[Soft check: BM079 <=50 or BM076> 150]

BM080. What difficulties occurred during this measurement? [\[Multiple answers are allowed\]](#)[\[Instructions for CAPI: if BM080=a then freeze other options\]](#)

- a. None
- b. R had breathing difficulties
- c. R was unable to hold breath at the end of the exhale
- d. R was prevented from giving full effort by illness, pain, or other symptoms or discomforts
- e. R did not appear to give full effort, but no obvious reason for this
- f. Had difficulty or unable to locate navel
- g. Other, please specify _____

BM081. Who conducted this measurement?

1. R conducted the measurement
2. IWER conducted the measurement

[Lung Function Test/Breathing]

BM082. Do you have any of the following condition? [\[Instruction for CAPI: If any of questions BM082a to BM082e=1, then skip to BM088\]](#)

| Condition | |
|---|-----------------|
| a. Active Tb or Upper Respiratory tract infection (cough) | 1. Yes 2. No |
| b. Eye surgery in last 3months | 1. Yes 2. No |
| c. Abdominal Surgery in last 3 months | 1. Yes 2. No |
| d. Myocardial Infarction in last 3 month | 1. Yes 2. No |
| e. [If DM003 =2 & DM005 < 55] Pregnancy (any trimester) | 1. Yes 2. No |

BM083. Have you used any Inhalers in the last 6 hours?

1. Yes
2. No

BM084. [Equipment needed: CAPI, Spirometer, Disposable mouthpiece with filter, Barcode scanner, and label, Thermo hygrometer, Nose Clip and Nose Foam]

Next I am going to ask you to perform a simple task of taking a deep breath and then blowing as long and hard as you can into a small tube attached to this machine. The machine measures how long it takes you to blow out all the air from your lungs. I would like you to perform the measurement few times. When we are ready to begin, I will ask you to sit up straight. Open your mouth and close your lips firmly around the outside of the mouthpiece. Take as deep a breath as possible and then blow as hard and as fast as you can into the mouth piece followed by deep inhalation again like this....

Demonstrate the measurement.

Sit up, place lips around the outside of the mouth piece. Take a deep breath, and then blow as hard and as fast as you can.

Do you understand these directions and are you willing to provide this measurement?

1. Yes
2. No →Go to BM088
3. Unable to open the mouth sufficiently →Go to BM088

BM085.

[Instruction for Interviewer: CAPI should be connected with Spirometry instrument. Perform the test; and the spirometry readings will be automatically recorded in the CAPI]

BM085.

[Instruction for Interviewer:

Step1: CAPI should be connected with Spirometry instrument.

Step2: Scan the barcode on mouthpiece

Step3: Enter the barcode number twice: BM085_1 & BM085_2. [Instruction for CAPI: Check BM085_1=BM085_2. If not, re-enter]

BM085_1 Barcode Number:.....

BM085_2 Barcode Number:.....

Step4: Go to Java Thor icon on main screen of CAPI.

Step 5: Perform the test; and record the spirometry readings in BM085a, BM085b & BM085c

BM085_1 & BM085_2 up to 7 digits

BM085a: FVC _____. _____. [Soft check: BM085a < 0.5 and BM085a > 5.0]

BM085b: FEV1 _____. _____. [Soft check: BM085b < 0.1 and BM085b > 4.0]

BM085c: PEF _____. _____. [Soft check: BM085c < 1.0 and BM085c > 14.0]

BM086.What was R's position for this test?

1. Standing
2. Sitting
3. Lying down

[Soft Check: If BM086=1, CAPI will give a message "Are you sure respondent was in standing position"?, If BM086=3 CAPI will give a message " Are you sure respondent was in lying down position"?]

BM087.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 discomfort.
3. R did not appear to give full effort, but no obvious reason for this

[Blood sample collection for DBS]

BM088. I would like to collect a small sample of your blood using just a finger prick. We would be very grateful if you would agree to provide us with a sample of blood. This is an important part of the study, as the analysis of blood samples will tell us a lot about the health of the population. Before we begin, I would like to read this consent form.

Longitudinal Ageing Study in India (LASI)
International Institute for Population Sciences (IIPS)

Additional Consent Form for Blood Sample Collection for Storage and Future Use

This is in continuation with your individual consent that you have already given. Further, we would like to inform you that as a part of this longitudinal ageing study, we want to collect few drops of your blood sample using finger prick. The blood sample will be used to test anemia, diabetes, and chronic infections. Your blood sample will be extremely useful to plan special health care services for the older population in the country.

The test uses new, disposable sterile instruments that are clean and completely safe in use. I will prick your finger to draw few drops of blood. These drops will be soaked on a piece of filter paper. These pieces of paper will be used to check various health conditions. The blood sample will be sent to National AIDS Research Institute (NARI), which is a premier institute devoted to health research for analysis and storage.

The information you will provide will be kept strictly confidential. The results of the blood test will only be used for research and planning purposes without any personal identification. However, if you decide not to provide a blood sample, it is your right and we will respect your decision.

Should you have any question about the survey please feel free to ask me or contact the concerned authority (Interviewer: Provide Card).

Director / Project Coordinators
International Institute for Population Sciences (IIPS)
Govandi Station Road, Deonar, Mumbai-400 088.
Tel: 022-42372-682/ 401/ 682/ 417/ 422, Fax: 022-42372401.

Do you agree to provide consent for giving few drops of blood sample?

(Circle one of the response)

1. Consent given along with signature/ thumb impression for blood sample collection
2. Consent given but without signature/thumb impression for blood sample collection
3. Consent Refused

Signature / thumb impression: _____

(If answer is 1 or 2, then ask, "Would you to give permission for your blood sample to be stored for up to 20 years for future testing for the same study OR your blood sample to be destroyed after tests".)

- ☐ I give permission for my blood sample to be stored for up to 20 years for future testing for the same study.
- ☐ I want my blood sample to be destroyed after tests.

Interviewer's Name: _____ Date: ____ / ____ / ____

[If R did not give the consent, do not complete this measure. Thank the R and skip to the next section]

1. R provided signed consent
2. R provided oral consent but refused to sign
3. R did not provide the consent →Go to BM097

BM089_intro.

[Equipment needed: Absorbent sheet, Whatmann filter paper, Lancet, Alcohol Swab, Gauze piece, Gloves, Biohazard Bag, Barcode Scanner and label, Drying Rack with Box, Band-aid, Transmittal Sheet]

| Specimen # | Date | Time |
|-----------------|-----------------------------|-------------------------------------|
| 1 st | BM089. ____date(dd/mm/yyyy) | BM090. ____:____ am/pm(12hour clock |

BM091.

Instructions for IWER:

Step 1. Scan the barcode.

Step 2. Enter the Barcode number twice: BM091a & BM091b. [Instruction for CAPI: Check BM091a=Bm091b. If not, re-enter.

Check BM085_1=BM091a. If not re-enter].

BM091a Sample Barcode number:.....

BM091b Sample Barcode number:.....

BM091 up to 7 digits

BM092.What, if any, problems occurred during the collection of the blood sample? [Multiple answers are allowed] [Instruction for CAPI: BM092=a then freeze other options]

- a. None
- b. R became light-headed, fainted, or nauseous
- c. R had difficulty getting finger to stop bleeding
- d. Unable to obtain enough blood
- e. Problem with equipment or supplies
- f. Other, please specify: _____

BM093. How many circles were filled on the DBS card?

0 1 2 3 4 5

BM094. [For the Health Investigator] DBS quality assessment by the health investigator, which is to be completed after they have collected blood spots.

What is the quality of the blood spots that have been collected?

1. Good (will yield five to six 3-mm punches per spot)
2. Fair (will yield three to four 3-mm punches per spot)
3. Poor (will yield one to two 3-mm punches per spot)
4. Spots are unusable

BM095.How many times did the R's finger need to be pricked in order to get 5 drops of blood?

1. One time
2. Twice
3. Twice but the R was unable to get 5 drops of blood

BM096. 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

BM097. Thank you for your cooperation. This concludes the physical measure and biomarkers portion of the survey.

END OF PHYSICAL AND BIOMARKER MEASUREMENTS

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(स्थापना/ Established in 1956)
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Capacity Building for a Better Future

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