[8] part	iculars	of spells of ailment of household members during the l	ast 15 days	(including	g hospital <u>i</u>	sation)		
1.	srl. no	o. of spell of ailment	1	2	3	4	5	
2.	srl. no	o. of member reporting ailment (as in col.1 of block 4/5)						
3.	age (y	years) (as in col.5, block 4/ col.4, block 5)						
no. of	4.	ill						
days within	5.	on restricted activity						
the ref. period	6.	confined to bed						
7.	nature							
8.	whether chronic (yes-1, no-2)							
9.	status	of ailment (code)			Ì			
10.	total o	duration of ailment (days)						
11.	nature	e of treatment (code)				Ī	,	
12.	wheth	ner hospitalised (yes-1, no-2)					-	
13.		or 9 in item 11, whether treatment taken on medical e (yes -1, no -2)					,	
if 1 in	14.	level of care (code)						
item 13	15.	if 4 or 5 in item 14, reason for not availing govt. sources (code)						
if 2 in	16.	reason for not seeking medical advice (code)						
item 13	17	whom consulted (code)				Ī	,	
18.	loss o	f household income, if any, due to ailment (Rs.)						

CODES	FOR BLOCK 8						
item 9:	status of ailment: started more than 15 days ago and is contin started more than 15 days ago and has end	_			lays and is con lays and has e	-	-3 -4
tem 11:	nature of treatment:						
	Allopathy	-1	Homoeopathy	-3	No treatment	-5	
	Indian system of medicine		Yoga & Naturopathy	-4			
	(desi dawai: ayurveda, unani or siddha)	-2	Other	-9			
item 14:	level of care:						
	HSC/ANM/ASHA/AWW	-1	private doc	ctor/clini	c -4		
	PHC/dispensary/CHC/mobile medical unit	-2	private hos	pital	-5		
	public hospital	-3					
item 15:	reason for not availing govt. sources:						
	required specific services not available -1		quality satisfactory but	involves	long waiting	-4	
	available but quality not satisfactory -2		financial constraint			-5	
	quality satisfactory but facility too far -3		other			-9	
item 16:	reason for not seeking medical advice:						
	no medical facility available in the neighbor	urhood	d -1 facility of satis	sfactory o	quality involve.	s long wait	ing -4
	facility of satisfactory quality not available		 -2 ailment not co 	nsidered	serious		-5
	facility of satisfactory quality too expensive	?	-3 other				-9
item 17:	whom consulted: self/other household me	ember	friend - 1, medicine sh	op - 2, ot	hers - 9		

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1.	srl. no. of ailing member (as in item 2, block 8)				
2.	age (years) (as in item 3, block 8)				
3.	whether any medical service provided				
	free (yes: Govt1, pvt 2; no - 3)				
<u>detail</u>	s of medical services received (not received - 1; received: f	ree - 2, part	<u>ly free - 3, or</u>	ı payment - 4)
4.	surgery				
5.	medicine received (AYUSH)				
6.	medicine received (other than AYUSH)				
7.	X-ray/ECG/EEG/Scan				
8.	other diagnostic tests				
medi	cal expenditure for treatment (Rs.)				
9.	doctor's/ surgeon's fee (hospital staff/ other specialists)				
10.	medicines: AYUSH				
11.	medicines: other than AYUSH				
12.	diagnostic tests				
13.	other medical expenses (attendant charges, physio-therapy, personal medical appliances, blood, oxygen, etc.)				
14.	medical expenditure (Rs.): total (items 9-13)				
15.	transport for patient				
16.	other expenses (Rs.) incurred by the household (food, transport for others, expenditure on escort, etc.)				
17.	expenditure (Rs.): total (items 14-16)				
18.	total amount reimbursed by medical insurance company or employer (Rs.)				
19.	major source of finance for expenses (code)				
20.	2 nd most important source of finance for expenses (code)				
21.	place of treatment (state code)				

CODES FOR BLOCK 9

items 19, 20:	source of finance for expenses:			
	household income/ savings	-1	contributions from friends and relatives	-4
	borrowings	-2	other sources	-9
	sale of physical assets	-3		

[10]	0] particulars of economic independence and state of health of persons aged 60 years and above						
1.	srl. no. of member (as in col. 1, block 4)						
2.	age (years) (as in col. 5, block 4)						
3.	number of sons living						
4.	number of daughters living						
5.	state of economic independence (code)						
6.	if 1 in item 5, no. of dependants						
7.	if 2 or 3 in item 5, person financially supporting aged person (code)						
8.	living arrangement (code)						
9.	physical mobility (code)						
10.	if 1 or 2 in item 9 , person helping (household member -1, other than household member -2, none -3)						
11.	own perception about current state of health (code)						
12.	own perception about change in state of health (code)						

CODES FOR BLOCK 10

- item 5: state of economic independence: not dependent on others 1, partially dependent on others 2, fully dependent on others 3
 - item 7: person financially supporting aged person: spouse -1, own children -2, grandchildren -3, others -9
- Item 8: living arrangement:

living alone:as an inmate of old age home -1
living alone:not as an inmate of old age home -2
living with spouse only - 3

living with spouse and other members - 4
living without spouse but with: children -5

other relations - 6
non-relations - 9

- item 9: physical mobility: physically immobile: confined to bed 1, confined to home 2, able to move outside but only in a wheelchair 3; physically mobile 4
- item 11: own perception about current state of health: excellent/very good 1, good/fair 2, poor 3
- item 12: own perception about change in state of health: compared to previous year: much better 1, somewhat better 2, nearly the same 3, somewhat worse 4, worse 5

					if 1-6 in col. 12	expenditure incurred on post-natal care (Rs.)	(14)									
			if 1-6 in	nature of post-natal care (AYUSH-1, non-AYUSH-2, both-3)	(13)											
			col. 10	whether any post- natal care received (code)	(12)											
last 365													if 1-3 in col. 10	come of place of preg-delivery/ nancy abortion (code)	(11)	
ing the	Š		, tiv	come of preg-nancy (code)	(10)											
oost-natal care for women of age 15-49 years during the last 365	d 15-49 year	if 1 in col. 3		pre-natal expenditure come care incurred on preg- delivery (AYUSH-1, non-are (Rs.) (code) (code) (code) (code)	(6)											
	women age	days for women aged 15-49 years if 1 in col. 3	if 1-6 in col. 7)	8)											
	days for		whether	other pre- natal care received (code)	9											
atal care fo			whether	taken IFA during pregnancy (yes-1, no-2)	(9)											
			whether received	tet; toy vac vac du du (ye (ye	(5)											
[11] particulars of pre-natal and]			:	serial no. of preg- nancy (1/2)												
			whether serial, age pregnant	no. (years) any time serial (as in (as in during no. of block block last 365 preg- 4/5) 4/5) (yes-1, (1/2) no-2)	(3)											
articul			age	(years) (as in block 4/5)	(2)											
[11] p			serial.	no. (as in block 4/5)	(E)											

CODES FOR BLOCK 11

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

4-	5-	%-			4-	ځ.	9-
yes, from private doctor/clinic	yes, from private hospital	no	regnancy continuing -4		in private clinic	in private hospital	at home
<i>I-</i>	-2	-3	ion-3, p		<i>I-</i>	-5	£.
yes, from HSC/ANM/ASHA/AWW	yes, from PHC/dispensary/CHC/mobile medical unit	yes, from public hospital	outcome of pregnancy: live birth -1, stillbirth -2, abortion-3, pregnancy continuing -4	place of delivery/ abortion:	in HSC	in PHC/dispensary/CHC/mobile medical unit	in public hospital
			col. 10:	col. 11:			

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CODES FOR "NATURE OF AILMENT"

Block 6: item 4; Block 8: item 7

Reported Diagnosis and/or Main Symptom	Code	Reported Diagnosis and/or Main Symptom	Code
INFECTION		EYE	
Fever with loss of consciousness or altered consciousness	01	Discomfort/pain in the eye with redness or swellings/ boils	27
Fever with rash/ eruptive lesions	02	Cataract	28
Fever due to DIPHTHERIA, WHOOPING COUGH	03	GLAUCOMA	29
All other fevers (Includes malaria, typhoid and fevers of	04	Decreased vision (chronic) NOT including where decreased vision is	30
unknown origin, all specific fevers that do not have a confirmed diagnosis)		corrected with glasses Others (including disorders of eye	31
TUBERCULOSIS	05	movements – strabismus, nystagmus, ptosis and adnexa)	
Filariasis	6	EAR	
Tetanus HIV/AIDS	07 08	Earache with discharge/bleeding from ear/ infections	32
Other sexually transmitted diseases Jaundice	9 10	Decreased hearing or loss of hearing CARDIO-VASCULAR	33
Diarrheas/ dysentery/ increased frequency of	11	HYPERTENSION	34
stools with or without blood and mucus in stools		Heart disease: Chest pain, breathlessness	35
Worms infestation	12	RESPIRATORY	
CANCERS		Acute upper respiratory infections (cold,	36
CANCERS (known or suspected by a physician)	13	runny nose, sore throat with cough, allergic colds included)	
and occurrence of any growing painless lump in the body		Cough with sputum with or without	37
DI OOD DISE 4SES		fever and NOT diagnosed as TB	20
BLOOD DISEASES	14	Bronchial asthma/recurrent episode of wheezing and breathlessness with or	38
Anaemia (any cause)	14		
Bleeding disorders	15	without cough over long periods or known asthma)	
ENDOCRINE, METABOLIC,		GASTRO-INTESTINAL	
NUTRITIONAL		Diseases of mouth/teeth/gums	39
DIABETES	16	Pain in abdomen: Gastric and peptic	40
Under-nutrition	17	ulcers/ acid reflux/ acute abdomen	
Goitre and other diseases of the thyroid	18	Lump or fluid in abdomen or scrotum	41
Others (including obesity) PSYCHIATRIC & NEUROLOGICAL	19	Gastrointestinal bleeding SKIN	42
Mental retardation	20		43
Mental disorders	20 21	Skin infection (boil, abscess, itching) and other skin disease	45
Headache	22	MUSCULO-SKELETAL	
Seizures or known epilepsy	23		44
	23 24	Joint or bone disease/ pain or swelling in any of the joints, or swelling or pus	44
Weakness in limb muscles and difficulty in movements	2 4	from the bones	
Stroke/ hemiplegia/ sudden onset weakness or loss of speech in half of body	25	Back or body aches	45
Others including memory loss, confusion	26		