

## Chapter Five

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### Schedule 25.0: Morbidity and Health Care

5.0.0 The National Sample Survey Organisation (NSSO) has carried out a series of comprehensive and nationwide surveys on social consumption during its 35<sup>th</sup> (1980 - 1981), 42<sup>nd</sup> (1986 - 1987) and 52<sup>nd</sup> (1995 – 1996) rounds. The emphasis of the morbidity and health care survey in this round is on the collection of information on morbidity and utilization of health care services provided by the public and private sector, together with the expenditure incurred by the households for availing these services. The concepts, definitions and procedures used in the 52<sup>nd</sup> round for the purpose of survey on utilisation of health services and problem of aged persons are to be followed in this round also.

5.0.1 **Summary description of Schedule 25.0:** The schedule on morbidity and health care (Schedule 25.0) framed for the 60<sup>th</sup> round consists of 13 blocks. The different blocks of the schedule are:

- Block 0: descriptive identification of sample household
- Block 1: identification of sample household
- Block 2: particulars of field operation
- Block 3: household characteristics
- Block 4: demographic particulars of household members
- Block 5: particulars of earstwhile household members who died during last 365 days
- Block 6: particulars of economic independence and ailments for persons aged 60 years and above
- Block 7: particulars of medical treatment received as inpatient of a hospital during last 365 days
- Block 8: expenses incurred for treatment of members treated as inpatient of hospital during last 365 days and source of finance
- Block 9: particulars of spells of ailment of household members during last 15 days (including hospitalisation)
- Block 10: expenses incurred during last 15 days for treatment of members (not as an inpatient of hospital) and source of finance
- Block 11: particulars of immunisation of children (0 – 4 yrs.), pre-natal and post-natal care for ever married women of age below 50 years during last 365 days
- Block 12: remarks by investigator
- Block 13: comments by supervisory officer(s)

#### Details of Schedule

5.1.0 **Block 0: Descriptive identification of sample household:** This block is meant for recording descriptive identification particulars of a sample household. All the items are self-explanatory. A dash (-) may be recorded against not applicable items. For example, village name is not applicable for urban sample; therefore, dash (-) may be put in that case against the village name.

5.1.1 **Block 1: Identification of sample household: items 1 to 12:** The particulars to be recorded in items 2 and 3 have already been printed in the schedule. For items 1 & 5 to 12, the identification particulars will be copied from the corresponding items of block 1 of listing Schedule 0.0.

**5.1.2 Item 13: sample hg/sb number (1 / 2):** The terms ‘hamlet-group (hg)’ and ‘sub-block (sb)’ have been explained in Chapter 1. Two hgs/sbs are to be selected wherever formation of hgs/sbs will be resorted to, within the selected village/block. Code 1 or 2 will be recorded against this item depending upon whether the sample household has been selected from hg/sb number 1 or 2. Code 1 will be recorded in all other cases wherever hg/sb formation will not be done.

**5.1.3 Item 14: second stage stratum:** The second stage stratum, to which the sample household belongs, will be copied from columns 21 to 24 of block 5 of Schedule 0.0. The second stage stratum numbers are indicated in the heading of the corresponding columns of block 5 of Schedule 0.0.

**5.1.4 Item 15: sample household number:** The sample household number (i.e., order of selection) of the selected household is to be copied from the appropriate column (cols. 21 to 24) of the listing schedule (block 5 of Schedule 0.0) against this item.

**5.1.5 Item 16: srl. no. of informant (as in col. 1, block 4):** This item may be filled in after canvassing the schedule in the sample household. The person, who will provide major portion of the information for of the schedule, will be treated as the informant. His or her srl. no. will be copied from col. 1 of block 4 of this schedule. Note that the informant must be a household member.

**5.1.6 Item 17: response code:** This item is also to be filled-in after canvassing the schedule. The type of informant, considering his co-operation and capability in providing the required information, will be recorded against this item in terms of specified response codes. The codes are:

informant: co-operative and capable .....	1	busy .....	3
co-operative but not capable ....	2	reluctant .....	4
		others.....	9

**5.1.7 Item 18: survey code:** Whether the originally selected sample household has been surveyed or a substituted household has been surveyed will be indicated against this item. Code 1 will be recorded if the originally selected sample household has been surveyed, and code 2 otherwise. If neither the originally selected household nor the substituted household can be surveyed i.e., if the sample household is a casualty, code 3 will be recorded. In such cases only blocks 0, 1, 2, 12 and 13 will be filled in and on the top of the front page of the schedule the word 'CASUALTY' will be written and underlined.

**5.1.8 Item 19: reason for substitution of original household (code):** For an originally selected sample household which could not be surveyed, irrespective of whether a substituted household could be surveyed or not, the reason for not surveying the original household will be recorded against item 18 in terms of the specified codes. The codes are:

informant busy .....	1
members away from home .....	2
informant non-cooperative .....	3
others .....	9

This item is applicable only if the entry against item 18 is either 2 or 3. Otherwise, this item is to be left blank.

**5.2.0 Block 2: Particulars of field operation:** The identity of the Investigator, Assistant Superintendent and Superintendent associated, date of survey / inspection / scrutiny of schedules, despatch, etc., will be recorded in this block against the appropriate items in the relevant columns. Besides, person-codes of field officials are to be recorded against item 1(ii) (for central sample only). If the schedule is required to be canvassed for more than one day, the first day of survey is to be recorded against the item srl. no. 2 (i). The total time taken for the survey (item 4) should include actual time taken for canvassing the schedule only, and should not include time for journey or for any break during the survey caused due to some unavoidable circumstances either in the part of the investigator or the informant.

**5.3.0 Block 3: Household characteristics:** Information on some socio-economic characteristics of the sample households, which have a direct bearing on the data collected in the subsequent blocks, is included in this block. These characteristics are usually used for classifying the households.

**5.3.1 Item 1: household size:** The size of the sample household will be recorded against this item. For detailed definition please see paras 1.9.1 to 1.9.3 of Chapter One. This number will be same as the last serial number recorded in column 1 of block 4.

**5.3.2 Item 2: principal industry (NIC-1998):** The description of the principal household industry will be recorded in the space provided. The cell for entry against item 2 has been split for recording each digit separately. The appropriate five-digit industry code of the NIC 1998 will be recorded here.

**5.3.3 Item 3: principal occupation (NCO-1968):** The description of the principal household occupation will be recorded in the space provided. The appropriate three-digit occupation code of the NCO 1968 is to be recorded in the three cells, which have been provided for recording each digit separately. The procedure for determination of principal industry and occupation has been described in para 1.9.37 of Chapter One.

**5.3.4 Item 4: household type:** The household type code based on the means of livelihood of a household will be decided on the basis of the source of the household's income during the 365 days preceding the date of survey. For this purpose, only the household's income (net income and not gross income) from economic activities will be considered; but the incomes of servants and paying guests will not be taken into account. The procedure for determination of household type is given in paras 3.3.5 to 3.3.9 of Chapter Three. The selected household will be assigned appropriate type code out of the following:

**For the rural areas:**

self-employed in non-agriculture .....	1	self-employed in agriculture .....	4
agricultural labour .....	2	others .....	9
other labour .....	3		

**For urban areas:**

self-employed .....	1	casual labour .....	3
regular wage/salary earning .....	2	others .....	9

**5.3.5 Item 5: religion:** The religion of the household will be recorded against this item in codes. If different members of the household belong to different religions, the religion of the head of the household will be considered as the religion of the household. The codes are:

Hinduism .....	1	Jainism .....	5
Islam .....	2	Buddhism .....	6
Christianity .....	3	Zoroastrianism .....	7
Sikhism .....	4	others .....	9

**5.3.6 Item 6: social group:** Whether or not the household belongs to scheduled tribe, scheduled caste or other backward class will be indicated against this item in terms of the specified codes which are:

scheduled tribe - 1, scheduled caste - 2, other backward class - 3, others - 9

Those who do not come under any one of the first three social groups will be assigned code 9 meant to cover all other categories. In case different members belong to different social groups, the group to which the head of the household belongs will be considered as the 'social group' of the household.

**5.3.7 Item 7: land possessed as on the date of survey:** Land possessed is given by (land owned including land under 'owner like possession') + (land leased-in) - (land leased out) + (any land possessed by the household which is neither owned nor leased-in). For detailed definition please see para 1.9.10 of Chapter One. The land possessed by the household is to be recorded in terms of specified codes which are given below:

Land possessed (hectares)			
less than 0.005 .....	01	2.01 – 3.00 .....	07
0.005 – 0.01 .....	02	3.01 - 4.00 .....	08
0.02 - 0.20 .....	03	4.01 – 6.00 .....	10
0.21 – 0.40 .....	04	6.01 – 8.00 .....	11
0.41 – 1.00 .....	05	greater than 8.00 .....	12
1.01 – 2.00 .....	06		

**5.3.8 Item 8: type of structure:** The type of structure refers to the materials used for different parts of building and is to be identified as per the definitions given earlier for each of the different types of structure viz., pucca, semi-pucca, serviceable kutcha and non-serviceable kutcha . For detailed definition please see paras 1.9.4 to 1.9.6 of Chapter One. If the household had no structure to live in, it is also to be entered against this item. The relevant codes are as below:

with structure: pucca .....	1
semi-pucca .....	2
serviceable kutcha .....	3
unserviceable kutcha .....	4
no structure .....	5

**5.3.9 Item 9: type of latrine:** The information about the type of latrine used by the household will be recorded in codes. The codes are:

latrine:					
service latrine	.....	1	septic tank/ flush system	....	3
pit	.....	2	others	.....	9
no latrine .....4					

If the household does not have any latrine facility, i.e., its members use open area as latrine code 4 will be recorded. In a few areas, one may still come across latrines that are serviced by scavengers. These are called service latrines. A latrine connected to underground sewerage system is called flush system latrine. A latrine connected to underground septic chambers will be considered as a septic tank latrine. A latrine connected to a pit dug in earth is called a pit latrine. If the household uses a latrine of any other type, code 9 will be recorded.

**5.3.10 Item 10: type of drainage:** Drainage arrangement means arrangement for carrying off the wastewater and liquid waste of the house. Information on the type of drainage available to the household members will be recorded against this item in codes. The codes are:

drainage: open katcha	.....	1
open pucca	.....	2
covered pucca.....		3
under ground	.....	4
no drainage ..... 5		

**5.3.11 Item 11: major source of drinking water:** The information in respect of the household's major source of drinking water will be collected and entered against this item in codes. The codes are:

bottled water	.....	1
tap	.....	2
tube well / hand-pump	.....	3
tankers	.....	4
pucca well	.....	5
tank / pond (reserved for drinking)...		6
river / canal / lake.....		7
others.....		9

If an arrangement is made by corporation, municipality, panchayat or other local authorities or any private or public housing estate or agency to supply water through pipe for household uses and if the sample household is availing such facility, then code 2 will be appropriate. Drinking water carried through pipe from sources like well, tank, river etc. by the owner / occupants only for convenience of the household, however, will not be treated as tap water. Instead, such a source will get the code appropriate to the actual source from which water is carried through pipe. Code 4 will be appropriate if drinking water is supplied through tankers engaged by Municipality or other organisations. The other codes are self-explanatory. If the household gets drinking water from more than one source, the source, which is in major use, should be its source. In this connection, it may be mentioned that particularly in rural areas, the source of drinking water may be different in different seasons. In such cases, the investigator is to ascertain the household's major source of drinking water and record it considering all the seasons during the last 365 days against this item.

**5.3.12 Item 12: is water treated before drinking:** It is to be ascertained whether any treatment of water is done before drinking. Some involve the precipitation of soluble impurities and others, the separating out of insoluble impurities through various kinds of “filters” including cloth screens. Bacteria in the water are killed by boiling the water or by ultraviolet rays in the “Aquaguard”-type water treatment appliances. All these cases are to be considered as “treatment” of water. If any such treatment of water is done before drinking then code 1 is to be recorded. Otherwise, code 2 will be recorded.

**5.3.13 Item 13: type of water treatment:** The entries are to be recorded here in codes. Treatment of water with “Zeoline”-type tablets or with alum or with bleaching powder, may be classified under ‘any disinfectant’ (code 5). “Filter” (code 3) refers to commercially produced filters (usually of the “candle” type). “Aquaguard”-type appliances, although they contain a filtering device in addition to the ultraviolet radiation chamber, will not be classified under “filter” but will get code 1. The codes to be used are:

ultraviolet rays/ resin /			
reverse osmosis ...	1	cloth screen .....	4
boiling .....	2	any disinfectant .....	5
filter .....	3	others .....	9

**5.3.14 Items 14: primary source of energy used for cooking:** Against this item, the code corresponding to the primary source of energy that is used by the household for cooking during **last 30 days preceding the date of survey**, will be recorded. If more than one type of energy is utilised, the primary or principal one on the basis of its use will have to be identified and the corresponding code will be noted in the appropriate box. The codes are:

coke, coal .....	01	charcoal .....	06
firewood and chips .....	02	kerosene .....	07
LPG .....	03	electricity .....	08
gobar gas .....	04	others .....	99
dung cake .....	05	no cooking arrangement ....	10

**5.3.15 Item 15: is there any pet animal:** It is to be ascertained whether the household has any pet animals like pet dogs, cats, birds, etc. in the same premises. The information is to be recorded in terms of code. Code 1 will be recorded if the household has any pet animal and 2 otherwise.

**5.3.16 Items 16 to 21: household consumer expenditure during last 30 days:** Basically, the five items 16-20 constitute a break-up of monthly household consumer expenditure (item 21) corresponding to five different ways – cash payment and four alternatives - in which an item of consumption may be acquired by a household or may become available to a household. For detailed instructions for filling items 16 to 21, refer paras 3.3.19 to 3.3.26.

**5.4.0 Block 4: Demographic and other particulars of household members:** All members of the sample household will be listed in this block. Demographic particulars (viz., relation to head, sex, age, marital status and general education), working status, whether hospitalised/ailing, etc. will be recorded for each member using one line for one member.

**5.4.1 Column 1: serial number:** All the members of the sample household will be listed in block 4 using a continuous serial number in column 1. In the list, the head of the household will appear first followed by head's spouse, the first son, first son's wife and their children, second son, second son's wife and their children & so on. After the sons are enumerated, the daughters will be listed followed by other relations, dependants, servants, etc.

**5.4.2 Column 2: name of member:** The names of the members will be recorded in column 2 corresponding to the serial numbers entered in column 1.

**5.4.3 Column 3: relation to head (code):** The family relationship of each member of the household with the head of the household (for the head, the relationship is 'self') expressed in terms of specified codes will be recorded in this column. The codes are:

self .....	1	grandchild .....	6
spouse of head.....	2	father/mother/father-in-law/mother- in-law ..	7
married child .....	3	brother/sister/brother-in-law/sister-in-law	
spouse of married child ..	4	/other relatives.....	8
unmarried child .....	5	servant/employees/other non-relatives .....	9

**5.4.4 Column 4: sex (male -1, female -2):** For each and every member of the household, sex in terms of the code (male-1, female-2) will be recorded in this column.

**5.4.5 Column 5: age (years):** The age in completed years of all the members listed will be ascertained and recorded in column 5. For infants below one year of age at the time of listing, '0' will be entered in column 5. Similarly, for persons of age 109 years or more, 99 will be entered in this column.

**5.4.6 Column 6: marital status:** The marital status of each member will be recorded in terms of the specified code in this column. The codes are:

never married .....	1	widowed .....	3
currently married .....	2	divorced/separated ....	4

**5.4.7 Column 7: general education level:** Information regarding the level of general education attained by the members of the household listed will be recorded in column 7 in terms of the specified code. For the purpose of making entries in this column, only the course successfully completed will be considered. For instance, for a person who has studied up to say, first year B.A., his/her educational attainment will be considered as higher secondary (code 07). For a person who has studied up to 12<sup>th</sup> standard but has not appeared for the final examination or has failed, his/her educational attainment will be considered under 'secondary' (code 06).

not literate .....	01		
literate:		secondary .....	06
without formal schooling.....	02	higher secondary .....	07
below primary .....	03	diploma/certificate course....	08
primary .....	04	graduate .....	10
middle .....	05	post-graduate & above.....	11

**5.4.8 Column 8 : usual activity status:** The usual (principal) activity status (as defined in para 1.9.25) of each of the persons will be ascertained and recorded in this column as per the codes given below :

<b>working or being engaged in economic activity (employed):</b>	
worked in household enterprise (self-employed) as an own account worker ...	11
worked in household enterprise (self-employed) as an employer.....	12
worked in household enterprise (self-employed) as 'helper' .....	21
worked as regular salaried/wage employee .....	31
worked as casual wage labour in public works .....	41
worked as casual wage labour in other types of works.....	51
<b>not working but seeking or available for work (unemployed):</b>	
not working but seeking and/or available for work .....	81
<b>not working and also not available for work (not in labour force):</b>	
attended educational institution.....	91
attended domestic duties only .....	92
attended domestic duties and was also engaged in free collection of goods, tailoring, weaving, etc. for household use.....	93
recipients of rent, pension, remittance, etc. ....	94
not able to work due to disability .....	95
beggars, prostitutes, etc. ....	96
others .....	97

**5.4.9 Column 9: during last 365 days whether hospitalised:** Whether or not the members of household were hospitalised during last 365 days for treatment of ailments will be enquired upon. Code 1 will be recorded for those who were hospitalised and 2 otherwise. For definition of ailment and hospitalisation, see para 1.9.46 and 1.9.47 of Chapter One.

**5.4.10 Column 10: if hospitalised during last 365 days, number of times hospitalised:** The 'number of times hospitalised' means the number of cases of hospitalisation (see paras 1.9.46 and 1.9.47 of Chapter One for definition of ailment and hospitalisation). Those who were hospitalised for treatment of any ailment during last 365 days i.e., those with code 1 in column 9, for each of them the number of cases of hospitalisation will be entered here. The following points may be noted for deciding the number of cases of hospitalisation:

- Even when it is reported that a particular member had been hospitalised more than once - whether in the same or different hospitals, for the same or different spells of an ailments, or for the same or different ailments - each admission to hospital should be counted as a separate hospitalisation case.
- For convenience, however, more than one hospitalisation case for the same spell of ailment of a person may be recorded as a single case, if no separate account of expenditure is kept, provided that the concerned hospitals are of the same type.
- Thus, different hospitalisation cases involving different types of hospitals should always be recorded as separate cases of hospitalisation.
- The admission in and discharge from the hospital, irrespective of the duration, may be considered as a case of hospitalisation.



**5.4.11 Column 11: whether ailing anytime during last 15 days:** For each member of the household, it will be enquired whether he/she suffered from any ailment anytime during last 15 days. Those who suffered from any ailment, code 1 will be recorded for them. Otherwise, code 2 will be recorded. It may be noted that some ailments may be treated (either as an inpatient of a hospital or otherwise) and some untreated - both the cases should be considered here. For detailed definition of ailments please see para 1.9.46 of Chapter One. It may be further noted that

- a person under medication for an ailment during the reference period, whether he/she felt sick or not, **will be** treated as ailing;
- cases of complications arising during pregnancy or after childbirth **will be** considered as ailment;
- untreated injuries like cuts, burns, scald, bruise etc. of minor nature **will not be** covered, if the informant does not consider them to be severe enough.

**5.4.12 Column 12: whether ailing on the day before the date of survey :** As in column 11, here the reference period is one day - the day before the date of survey. If any member was ailing on the day before the date of survey, for him/her code 1 will be entered here, otherwise code 2 will be entered.

**5.4.13 Column 13: reporting of items under columns 11 & 12 (self – 1, proxy – 2):** As has already been mentioned, efforts are to be made to collect information relating to ailments of each household member from the member themselves. But in spite of the best efforts it may be possible that this information is provided by some other person, say the head of the household. Code 1 is to be recorded under this column if the ailing member himself/herself provides information for his/her ailments during last 15 days or for the day before the date of survey (cols. 11 & 12). Otherwise, code 2 may be recorded.

**5.4.14 Columns 14 & 15: annual amount paid on medical insurance premium and on health schemes like the CGHS, ESI, etc.:** Annual amount of money paid by the household as medical insurance premium for each of the household member will be recorded under column 14 in whole number of rupees. Similarly, amount of money paid for various health schemes like that of CGHS, ESI, etc. will be recorded under column 15. It may be noted that for medical insurance premium, only the amount, which is paid for a particular member, will be recorded against that member. In case a fixed amount is paid annually for CGHS or ESI, etc. by the household, the amount is to be apportioned equally between the members of the household who are covered by the health scheme and recorded against each of them. In the case of contribution for CGHS or ESI, if a part of the money is still payable for the last year, it is also to be considered here for recording. If no such amount is paid, a '0' mark may be recorded.

**5.5.0 Block 5: particulars of deaths in the household during last 365 days:** This block is meant for listing the persons who were members of the sample household and have died during the last 365 days preceding the day of survey. The particulars of death like, age at death, medical attention before death, whether hospitalised during the last 365 days or not, etc. are to be recorded in this block. For females, information relating to pregnancy and time of death with respect to pregnancy are also to be collected. The information to be recorded in different columns of the block is explained below:

**5.5.1 Column 1: serial number:** A running serial number starting from 91 is already printed in column 1. This is done to have a different set of serial numbers in this block from the demographic block. In case more than 3 deceased persons are found in a household, a separate sheet of block 5 will be used. In that case, the serial number in the second sheet of block 5 will be made as 94, 95 and 96 and so on.

**5.5.2 Columns 2 & 3: name and sex of the deceased member:** The name of the deceased member will be written in column 2 and his/her sex in column 3 in terms of codes. Code 1 is to be assigned for deceased male members and 2, for the female members.

**5.5.3 Column 4: age at death (years):** For each deceased person, the age at death in completed years will be recorded against this item.

**5.5.4 Column 5: medical attention received before death:** It will be ascertained whether the deceased person received any medical attention before death or not and the information be recorded in terms of codes 1 or 2. Type of medical attention received by the deceased before death may be from government institution, private institution, registered medical practitioners, etc.

**5.5.5 Column 6: whether hospitalised during last 365 days:** This column will be filled-in for the deceased who were hospitalised for treatment before death during last 365 days. Code 1 will be recorded in case the deceased was hospitalised, otherwise code 2 will be recorded.

**5.5.6 Column 7: number of times hospitalised:** For the deceased who were hospitalised during last 365 days preceding the day of survey, i.e. those with code 1 in column 6, the number of times of hospitalisation will be recorded here. Here, number of times hospitalised means the cases of hospitalisation for a person (see para 5.4.10).

**5.5.7 Columns 8 and 9: for the deceased females it will be ascertained whether they were pregnant during the last 365 days (col. 8) and if pregnant, time of death (col. 9):** This column will be filled-in for those ever married woman who were pregnant any time during last 365 days and died subsequently. The time of death in respect of their pregnancy will be enquired upon and recorded in codes. The codes are:

for deaths relating to pregnancy/ delivery/ abortion:	
during pregnancy .....	1
during delivery .....	2
during abortion .....	3
within 6 weeks of delivery/abortion .....	4
other deaths .....	9

The deaths which are not covered under codes 1 to 4 are to be included under 'other deaths' and for such deaths code 9 will be recorded.

**5.5.8 Columns 10 & 11: amount paid during the last 365 days on medical insurance premium and on health schemes like the CGHS, ESI, etc.:** The instructions for filling up these columns are same as those given in block 4 (Cols. 14 & 15).

**5.6.0 Block 6: Particulars of economic independence and ailments for persons aged 60 years and above:** This block will be used for recording details of economic independence or

otherwise of the aged persons, their economic condition, living arrangement along with the details of ailments from which they are suffering on the day of survey. The information in this block may be collected from the aged himself/herself as far as possible.

**5.6.1 Item 1: srl. no. as in block 4:** The serial number of each of the persons of age 60 years and above (henceforth referred to as 'aged persons') is to be copied from block 4 and recorded in this item following the same sequence as they appear there. One column is to be used for each aged person. Provision has been made for recording information of 5 aged persons. If there are more than 5 aged persons in the household, an additional sheet of block 6 is to be attached to the schedule.

**5.6.2 Item 2: age (years) (as in col. 5, block 4):** The age of the aged person corresponding to the serial number recorded in item 1, is to be entered against this item. This item is also to be copied from column 5 of block 4.

**5.6.3 Item 3: number of sons living:** The number of sons of each of the aged persons alive on the date of survey is to be recorded here.

**5.6.4 Item 4: number of daughters living:** The number of daughters of each of the aged persons, alive on the date of survey, is to be recorded here.

**5.6.5 Item 5: state of economic independence:** An aged person is to be considered economically dependent on others if he/she is required to take financial help from others in order to lead his/her day-to-day normal life. The information on economic independence of the aged persons will be collected and relevant codes entered against this item as per following details:

not dependent on others.....	1
partially dependent on others.....	2
fully dependent on others.....	3

If the aged person is to depend partly or fully for his/her day-to-day normal life, then code 2 or 3 is to be recorded depending upon the situation.

**5.6.6 Item 6: for code 1 in item 5, no. of dependants:** For the aged persons who are not economically dependant on others, information on the number of persons depending economically on them is to be collected and recorded against this item. In other words, through this item the number of dependants of an economically independent aged person will be collected. It may be noted that a dependant need not necessarily be the household member. '0' may be entered for a person if he does not have anyone dependent on him. However, the domestic servants, paying guests and employees residing in the household will not be considered for counting the number of dependents.

**5.6.7 Item 7: for code 2 or 3 in item 5, person financially supporting aged person:** For an aged person who is dependent - partially or fully - on others, information about the person(s) who financially support(s) him/her will be recorded against this item. In this case also, the person providing the financial support to the aged need not necessarily be the household member. The relevant codes to be used for recording against this item are:

spouse.....	1
own children.....	2
grandchildren.....	3
others.....	9

If more than one person supports the aged person financially, the code, among the applicable ones, which appears first in the code list, will be entered.

**5.6.8 Item 8: if code 1 in item 5, amount of loan(s) outstanding (Rs.):** This item will be filled in for each of the economically independent aged person. Information on the loans outstanding on the date of survey will be collected and entered against this item in whole number of rupees. A loan is any borrowing to be repaid in cash or kind. This should include the amount due for payment in the case of hire-purchase. When a loan is granted by a banker/financier, the whole amount is placed at the disposal of the borrower and interest, at an agreed rate, is charged from the date of loan. In case a person has more than one loan, the total amount outstanding (including interest) will be entered.

**5.6.9 Item 9: living arrangement:** The living arrangement of the aged persons will be recorded against this item in terms of codes which are given below. The codes for different types of living arrangement are:

*living alone:*

as an inmate of old age home.....	1
but 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

**5.6.10 Item 10: if codes 1, 2 or 3 in item 9, whether child / grandchild / sibling staying nearby:** This item will be filled in for aged persons who are staying alone or staying with spouse only. It is to be first ascertained whether the aged person is having any child / grand child / sibling or not and if they have, then to enquire about their place of stay. The information thus obtained will be recorded in codes here. The codes are:

yes: within the same building ....	1
within the village/town .....	2
outside the village/town .....	3
not applicable .....	4

For those who do not have any child / grandchild / sibling living, code 4 will be applicable for them.

**5.6.11 Item 11: physical mobility:** Persons who are unable to go to lavatory/latrine on their own will be treated as physically immobile. Person who are able to go to lavatory/latrine and



The working definitions of these ailments are given at the end of this chapter.

**5.6.14 Items 18 to 22: whether any treatment taken for ailments reported above (against items 13 to 17):** For each of the ailments recorded against items 13 to 17, information as to whether any treatment was taken for each of them or not will be recorded against items 18 to 22, respectively. Code 1 is to be recorded if any treatment was taken, otherwise code 2 will be recorded. For definition of 'treatment', see para 1.9.52 of Chapter One.

**5.6.15 Item 23: own perception about current state of health:** Current state of health, as reported preferably by the aged person himself/herself, will be recorded here in codes. These are:

excellent/very good.....	1	good/fair.....	2
poor.....	3		

**5.6.16 Item 24: own perception about relative state of health:** In this item, the perception of the aged person about his/her health condition, as compared to the previous year, will be recorded. The relative state of health of the aged will be recorded in codes as given below:

<i>compared to the previous year:</i>			
much better.....	1	somewhat better.....	2
nearly the same.....	3	somewhat worse.....	4
worse.....	5		

**5.7.0 General Instructions for blocks 7, 8, 9 & 10:** These blocks are meant for collecting information on general morbidity, expenditure incurred in medical treatment of ailments and use of medical services by the members of the sample households. The information to be collected in these blocks relates to ailments suffered by the members, the nature of treatment undergone, the extent of utilisation of public health services and private medical agencies, direct and indirect cost incurred by the household for treatment and the means of meeting the cost.

**5.7.0.1** For ascertaining whether the members have suffered from any ailment during the reference period and whether they have received any medical treatment on that account, the following probes may be made to as many individual members as possible, instead of obtaining the information only from the main informant:

- During the reference period, did the member feel anything wrong relating to skin, head, eyes, ears, nose, throat, arms, hands, chest, heart, stomach, liver, kidney, legs, feet or any other organ of the body?
- Does the member suffer from any disease of chronic nature relating to stomach, lungs, nervous system, circulation system, bones and joints, eye, ear, mouth or any other organ of the body?
- Whether the member has any kind of hearing, visual, speech or locomotor disability.
- During the reference period, did the member take any medicine or medical advice for his/her own ailment or injury?

5.7.0.2 For collection of information in these blocks, cases of ailments have been classified into three categories, as described below :

- A. **First category of ailments:** The ailments for which the patients were hospitalised during the last 365 days preceding the date of survey would fall in this category. Particulars of these ailments and their treatment as inpatients in hospitals during the reference period will be collected in block 7. The expenses incurred during the reference period for treatment (as inpatient of hospital) of such ailments and particulars of how the expenditure was financed will be recorded in block 8. **The expenses to be recorded in this block will include only that part of the expenditure of the household which was incurred while the household member was treated as an inpatient of a hospital.**
  
- B. **Second category of ailments:** This would include all such ailments for which the patients were treated during the last 15 days preceding the date of survey, **whether or not hospitalised during the last 365 days.** Particulars of these treatments will be collected in block 9, **separately for each spell** (see para 1.9.50 for definition of spell). A hospitalised ailment (during the 365 days), which is an ailment of the first category, may fall in the second category as well. This would happen if any treatment is received during the last 15 days for a spell of ailment for which the patient was hospitalised during the last 365 days. The expenses incurred during the last 15 days for treatment of ailments of the second category, **excluding those incurred while the patient was treated as an inpatient of a hospital,** will be recorded in block 10, **separately for each person reporting illness treated.** For the ailments falling in both the first and second category, only some rudimentary information on treatment outside hospital will be collected in block 9 and detailed information will be collected in block 10. It may be noted that a patient may take treatment from more than one source for a single spell of ailment.
  
- C. **Third category of ailment:** All ailments suffered during the last 15 days preceding the date of survey for which no medical treatment was availed of would be included in this category. Particulars of such ailments and reasons for not taking treatment will be recorded in block 9. Note that **self-medication and treatment on advice of non-medical persons will not be considered as medical treatment.** But, the case of treatment on the basis of medical advice/prescription obtained earlier for similar ailment(s), will be considered as a treated one. This is a departure from the earlier round.

5.7.0.3 For making entries in these blocks detailed enquiry on ailments suffered, treatments undergone, as inpatient of hospital or otherwise, should be made about all the members of the household enumerated in block 4. Similar enquiry should also be made about the deceased members enumerated in block 5. Adult males listed in block 4 may be interviewed personally as far as possible. Female members may have to be interviewed through intermediaries (husbands in the case of married women and mothers in case of unmarried women). For children, their mothers may have to be contacted, if necessary.

5.7.0.4 In each of blocks 7, 8 & 9 provision for recording information has been made for only five cases. If the number of cases exceeds the provision made for in any of these blocks, extra page(s) of the block may be used and continuous serial numbers (starting from 6) may be

given against item 1 of blocks 7, 8 & 9 in the extra page(s). In block 10, the particulars expenditure for all the spells taken together for a ailing person will be recorded in one column only. That is, particulars expenditure will be recorded person-wise. Thus, if more than five ailing persons are found in the sample household, then an additional sheet of block 10 will be used and the serial number of the ailing person will appear against item 1 as in column 1 of block 4/5.

**5.7.0.5 Block 7: particulars of medical treatment received as inpatient of a hospital during the last 365 days:** In this block particulars of hospitalisation during 365 days preceding the date of survey will be recorded. In the detailed instructions for blocks 7, 8, 9 and 10 the term 'member', unless otherwise mentioned will also include deceased members also. For collection of information in this block, it is essential to note the following:

- Hospital here refers to any medical institution having provision for admission of sick as inpatients for treatment.
- Temporary camps set up for treatment of ailments (say eye ailments) will be treated as medical institution for the purpose of the survey.
- All cases of treatment as an inpatient of a medical institution during any time within the reference period for each member of the household will be enumerated.
- All cases of treatment as an inpatient during any time within the reference period for the deceased members as listed in block 5 will also be enumerated.
- The particulars of treatment in hospital to be recorded here will refer only to the period of hospitalisation contained within the reference period.
- Even when it is reported that a particular (deceased) member had been hospitalised more than once - whether in the same or different hospitals, for the same or different spells of an ailments, or for the same or different ailments - each admission to hospital should be counted as a separate hospitalisation case.
- For convenience, however, more than one hospitalisation case for the same spell of ailment of a person may be recorded as a single case, if no separate account of expenditure is kept, provided that the concerned hospitals are of the same type.
- Thus, different hospitalisation cases involving different types of hospitals should always be recorded as separate cases of hospitalisation.
- The admission in and discharge from the hospital may be on the same day for a hospitalisation case.
- Particulars of each hospitalisation case will be recorded in separate columns of the block.

**5.7.1 Item 1: serial number of the hospitalisation case:** A running serial number is printed against this item for all hospitalisation cases. There is a provision for recording information on only five cases in this block. If the number of cases exceeds five, additional page(s) of



block 7 will be used and continuous serial numbers will be given in the extra page against this item to record the additional cases.

**5.7.2 Item 2: serial number of member hospitalised:** This is a transfer entry from block 4 or 5 as the case may be. The serial number recorded in col.1 of block 4 for the hospitalised member will be entered here. For the deceased members, the serial number printed in col.1 of block 5, viz. 91, 92, 93, etc., will be recorded here.

If a member be hospitalised more than once during the reference period, the serial number of the member will be repeated in this line in each of the columns used for hospitalisation cases of the member. All cases of hospitalisation of a particular deceased member should be recorded in adjacent columns. After exhausting all the hospitalisation cases of the living members, the hospitalisation cases of the deceased members will be enumerated.

**5.7.3 Item 3: age:** This is also a transfer entry from block 4 (col. 5) or block 5 (col.4) for the hospitalised member. For the deceased member age here refers to age at death, which would be recorded in item 3 of block 7. This data will also be repeated in each of the columns used for different cases of hospitalisation of the members.

**5.7.4 Item 4: type of hospital:** The type code appropriate to the hospital where the ailing member was admitted as an inpatient will be recorded here. The codes for types of hospitals are:

public hospital (incl. PHC/ sub-centres/CHC).....	1
public dispensary (incl. CGHS/ESI) .....	2
private hospital .....	3

**5.7.5 Item 5: nature of ailment:** The nature of ailment for which the member was hospitalised will be recorded in codes against this item. The code list which is given in the body of the schedule is also given below. A hospitalised member may be found to be suffering from more than one type of ailment. In such cases, the code corresponding to the major ailment will be recorded. For example, a patient admitted in hospital for heart ailment might have sustained a minor leg injury as well. The appropriate code in this case will be that for the heart ailment. However, if it is not possible to determine the major ailment, the code which appears first in the code list, among the relevant codes, will be recorded here. But, if the informant is unable to report the type of ailment or if the ailment is not diagnosed, code 99 will be recorded.

ailment	code	ailment	code
<b>Gastro-intestinal</b>		<i>Diabetes mellitus</i>	22
<i>Diarrhoea/ dysentery</i>	01	<i>Under-nutrition</i>	23
<i>Gastritis/gastric or peptic ulcer</i>	02	<i>Anaemia</i>	24
<i>Worm infestation</i>	03	<i>Sexually transmitted diseases</i>	25
<i>Amoebiasis</i>	04	<b>Febrile illnesses</b>	
<i>Hepatitis/jaundice</i>	05	<i>Malaria</i>	26
<b>Cardiovascular Diseases</b>		<i>Eruptive</i>	27
<i>Heart disease</i>	06	<i>Mumps</i>	28
<i>Hypertension</i>	07	<i>Diphtheria</i>	29
<i>Respiratory including ear/nose/throat ailments</i>	08	<i>Whooping cough</i>	30
<i>Tuberculosis</i>	09	<i>Fever of unknown origin</i>	31
<i>Bronchial asthma</i>	10	<i>Tetanus</i>	32

<b>ailment</b>	<b>code</b>	<b>ailment</b>	<b>code</b>
<i>Disorders of joints and bones</i>	11	<i>Filariasis/Elephantiasis</i>	33
<i>Diseases of kidney/urinary system</i>	12		
<i>Prostatic disorders</i>	13	<b>Disabilities</b>	
<i>Gynaecological disorders</i>	14	<i>Locomotor</i>	34
<i>Neurological disorders</i>	15	<i>Visual including blindness (excluding cataract)</i>	35
<i>Psychiatric disorders</i>	16	<i>Speech</i>	36
		<i>Hearing</i>	37
<b>Eye ailments</b>		<i>Diseases of Mouth/Teeth/Gum</i>	38
<i>Conjunctivitis</i>	17	<i>Accidents/Injuries/Burns/</i>	
<i>Glaucoma</i>	18	<i>Fractures/Poisoning</i>	39
<i>Cataract</i>	19	<i>Cancer and other tumours</i>	40
<i>Diseases of skin</i>	20	<i>Other diagnosed ailments</i>	41
<i>Goitre</i>	21	<i>Other undiagnosed ailments</i>	99

**5.7.6 Item 6: type of ward:** There are usually different classes or types of wards in a hospital. The type of the ward where the patient was admitted (for the particular hospitalisation case) will be recorded here in codes. The codes are:

free ..... 1  
 paying general ..... 2  
 paying special ..... 3

A paying ward with a number of beds will be treated as a paying general ward. A cabin (generally with one or two beds) will be treated as a paying special ward. When a patient is reported to have stayed in more one than type of ward, the code for the type where the patient had stayed for the longest duration will be recorded here.

**5.7.7 Item 7: when admitted:** The time with respect to the date of survey when the patient was admitted to the hospital will be recorded here in codes. The codes are:

during last 15 days ..... 1  
 16 days to 365 days ago..... 2  
 more than 365 days ago ..... 3

**5.7.8 Item 8: when discharged:** The time with respect to the date of survey when the patient was discharged from the hospital will be recorded here in codes. The codes are:

not yet ..... 1  
 during last 15 days ..... 2  
 16 days to 365 days .....3

**5.7.9 Item 9: duration of stay in hospital:** The duration of stay of the patient in the hospital within the reference period will be recorded here in number of days. Thus, the duration of stay will be ascertained as the number of days:

(i) from the commencement of the reference period to the date of discharge, if admitted more than 365 days ago, and discharged within the reference period;

(ii) from the date of admission to the date of discharge, if admitted and discharged within the reference period;

(iii) elapsed since admitted, if admitted within the reference period and not yet discharged.

In the most unlikely cases of continuous stay of more than 365 days, as on the date of survey, in a hospital, the entry against this item will be 365.

**5.7.10 Item 10: loss of household income, if any due to hospitalisation:** Often ailment of a working member of the household causes loss of household income. Ailment of a non-working member too causes disruption of usual activity of the working member of the household, which in turn results in loss of household income. If it is reported that there was a loss of household income owing to the hospitalisation case, the amount of loss incurred during the reference period will be recorded against this item in whole number of rupees.

**5.7.11 Items 11 to 14: details of medical services received:** The entries against these items will be made in codes. The codes are:

not received .....	1
received: free .....	2
partly free .....	3
on payment .....	4

If a particular service is not required or not taken from the hospital, owing to non-availability or other reasons, code 1 will be recorded against it. If it is received free of any charge from the hospital, code 2 will be recorded, and if received partly free, code 3 will be recorded. When the patient is required to make full payment for the service received, code 4 will be recorded. For example, if the patient receives all the required medicines from the hospital free of any charge, code 2 will apply. If some of the medicines are supplied free by the hospital and the remaining are purchased from the hospital or from elsewhere on payment, code 3 will be recorded. When all the prescribed medicines are received from the hospital on payment, code 4 will be recorded. The medical services listed in items 11 to 14 are briefly described below:

**Surgery:** Treatment requiring an operation to cut into or to remove or to manipulate tissue or organs or parts of the body is considered as surgery. All surgical operations done within the reference period will be considered for this item.

**Medicine:** Drugs or preparations used for treating an ailment are considered as medicine. For the survey, medicine will include such liquids, syrups, pills, tablets, capsules, injections, ointment, drips etc.

**X-ray/ECG/EEG/Scan:** ECG stands for electro-cardiogram, EEG for electro-encephalogram and scan includes CAT scan, all computer aided X-ray, scanning of body or brain and ultrasonography.

**Other diagnostic tests:** Other diagnostic tests include all pathological tests, such as testing urine, stool, blood, sputum, tears, biopsy, all tests of eyes, audiogram for testing loss of hearing etc.

5.7.12 **Items 15, 16 and 17:** If any medical treatment is undergone immediately before getting admitted to the hospital for the same case of illness which caused hospitalisation, code 1 will be entered against item 15. Otherwise, the entry will be 2. The treatment undergone before getting admitted to hospital might have been taken from another hospital or outdoor department of the same or other hospital or public dispensary or private institution. To record code 1, it is not necessary that the treatment before hospitalisation is undergone within the reference period.

5.7.13 **Item 16: source of treatment:** Items 16 and 17 will be filled in only if the entry in item 15 is 1. The source of treatment undergone before hospitalisation will be recorded here in item 16 in codes. The codes are given below.

public hospital (incl. PHC/ sub-centres/CHC).....	1
public dispensary (incl. CGHS/ESI) .....	2
private hospital .....	3
private doctor .....	4

5.7.14 **Item 17: duration of treatment:** The duration of treatment undergone before hospitalisation will be recorded in number of days. The total number of days for which the patient was under the treatment before hospitalisation, even if a part of the period falls outside the reference period, will be recorded here.

5.7.15 **Items 18, 19 and 20:** If after getting discharged from the hospital the patient continues medical treatment, code 1 will be recorded against item 18. Otherwise, the entry in item 18 will be 2. When the patient is not yet discharged from the hospital, a 'X' mark will be put against this item. For item 19 and 20, the procedure of making entry is similar to that for items 16 and 17.

5.8.0 **Block 8: expenses incurred for treatment of members treated as inpatient of hospital during the last 365 days and source of finance:** This block is meant for collection of information on expenses incurred for treatment as inpatient, separately for each of the hospitalisation cases recorded in block 7. It is important to note that:

- The expenses for a hospitalisation case should be recorded under the same serial number as that assigned to the hospitalisation case in block 7.
- The expenditures to be recorded here will include only that part which relates to the period of hospitalisation within the reference period.
- The information on source of finance will relate only to the part of the expenses recorded in this block.

5.8.1 **Item 1: serial number of hospitalisation case:** The entry in this item is similar to item 1 of block 7. Care should be taken to record information on a hospitalisation case in blocks 7 & 8 under the same serial number, printed against item 1 of the blocks.

5.8.2 **Item 2 & 3: serial number of member hospitalised and age (as in items 2 & 3 of block 7):** The serial number and age of the member hospitalised assigned in items 2 and 3 of block 7 will be repeated here. In most of the cases where a member does not report more than 1 case of hospitalisation, entries against items 1, 2 & 3 will be the same in blocks 7 and 8.

**5.8.3 Item 4: whether any medical service provided free by employer:** Often employers have their own arrangements for medical treatment of their employees and their dependents. If any part of the expenditure on medical treatment during the hospitalisation period is borne by the employer (of the patient or the one on whom the patient is dependant) code 1 or 2, depending upon the employer is a Govt. agency or a private agency, will be entered against this item. If such a provision is not there for the ailing member or his/her dependants even if employed, entry 3 will be recorded. In all other cases, entry will be 4, that is, this item is not applicable. The codes for this item are as follows:

yes:

medical services provided free by	
Government (employer) .....	1
private (private employer) .....	2
no (medical service not provided free by employer) ....	3
not applicable .....	4

It may be noted that only such cases will be given codes 1 or 2 where the medical services are directly provided, free or partly free, by the employer or where the entire or partial expenditure is directly borne by the employer. In the cases where the employer only reimburses the expenditure on medical treatment, code 3 will be applicable.

The following are a few examples of medical services provided free by the employer:

- (a) Indian Railways run hospitals that provide free medical treatment to its employees and their dependents.
- (b) There are private industrialists who run hospitals to extend medical facilities to their employees.
- (c) Factory workers are mostly covered under the Employees' State Insurance (ESI) Scheme, which entitles them to receive free medical treatment in ESI hospitals or in dispensaries.
- (d) CGHS dispensaries provide free medical services to the Central Government employees and their dependents.
- (e) Some employers, who do not run a hospital or dispensary of their own, make arrangements with medical institution for medical treatment of the employees. The expenses are either entirely or partially met by the employer.

**5.8.4 Items 5 to 17: medical expenditure for treatment during stay at hospital (Rs):** The total expenditure for medical treatment during the stay in the hospital within the reference period will be accounted for against these items. It will, however, not include the expenses for the treatment in the hospital for the period that is not within the reference period. The following may be noted for recording the expenditure against these items:

- The item of total medical expenditure (item 18) has been designed to collect expenditures for the items of goods and services received during the stay at hospital. Every attempt should be made to collect information for each of the items 5 to 17 and the total medical expenditure (item 18) to be arrived at accordingly.

- In case an item of expenditure is not applicable for a case of hospitalisation i.e. say the services of physiotherapy was not required, entry 'N' will invariably be recorded against that item. Similarly if an item of good/service was availed of but information on expenditure for that item is not available, entry 'Y' must be recorded.
- In case, the information for each of the items 5 to 17 is not available separately, but the total medical expenditure is available, then the total medical expenditure must be recorded against item 18. The expenditure for the items for which information are available will be recorded against the respective items and the remaining expenditure - for which item-wise break ups are not available - will be recorded against 'expenditure not elsewhere classified' (item 17). In rare cases where information on any of the items 5 to 16 is not available but the total expenditure is available, the entire expenditure will be recorded against items 17 as well as in 18.

Advance payment on account of bed charges, tests & therapies, medicines etc., which are not performed or not consumed till the date of survey will be excluded from these items. Only that part of the advance payment will be taken into account which relates only to the medical services already provided. All charges for the medical services already received but not paid will be taken into account while making entry against this item. Any tips paid to the employees of the hospital will, however, be excluded from this item. In these items the amount payable by the household for treatment during the stay at hospital will be recorded against different major heads of expenditure that are given below.

**5.8.5 Items 5 & 6: doctors / surgeons fee:** While the amount payable for the fees of doctors/surgeons who are a part of the hospital staff will be recorded against item 5, the expenses made for consultation to the doctors/surgeons (specialists), who are not among the hospital staff, by the household during the stay at hospital will be recorded against item 6.

**5.8.6 Items 7 & 8: medicines:** The expenses for medicines (including drips) made available from the hospital will be recorded against item 7 (by hospital) and the amount payable for medicines (including drips) purchased by the household from 'outside' but during the stay at hospital will be recorded against item 8.

**5.8.7 Item 9: diagnostic tests:** The charges for diagnostic tests done at the hospital as well as those done from outside during the stay at hospital will be recorded against this item.

**5.8.8 Item 10: bed charges:** Amount payable for bed charges in the hospital will be recorded here. If the charges for food are included with the bed charges, the combined charges will be recorded.

**5.8.9 Item 11: attendant charges:** Here the charges for the services of the attendant, if kept for the patient, will be written. If any household member attends to the patient, no imputation for his/her services, is to be made.

**5.8.10 Item 12: physiotherapy:** If the patient has undergone any physiotherapy during the stay at hospital, the amount payable for that will be recorded here.

**5.8.11 Item 13: personal medical appliances:** The amount payable for acquisition of personal medical appliances of durable nature like spectacles / contact lens, intro-ocular lens, hearing aid, trusses, crutches, artificial limb, pacemaker etc. for the purpose of treatment of

the patient at the hospital will be recorded here. Note that appliances like thermometer, infra-red lamp, blood-pressure measuring equipment, blood-sugar measuring kit, bed-pan / urinal etc. will not be treated as personal medical appliances. If such items have been purchased for the purpose of treatment and during the stay at hospital, those will be recorded against item 15 (blood, oxygen cylinder, etc.).

**5.8.12 Item 14: others: food and other material:** Expenses incurred on food and other refreshment materials supplied by the hospital or purchased from outside for the patient will be recorded here. The expenditure for meals supplied from home for the patient would be excluded.

**5.8.13 Block 8, item 15: others: blood, oxygen cylinder, etc.:** For acquiring blood, oxygen cylinder and goods like bandage, plaster, etc. supplied by the hospital or made available from outside will be recorded here.

**5.8.14 Item 16: others: services (ambulance, etc.):** Amount payable for getting the services of ambulance, charges for operation theatre for the patient will be recorded against this item.

**5.8.15 Item 17: expenditure not elsewhere recorded:** Although efforts are to be made to collect information about the medical expenditure incurred by the household under each of the heads given in items 5 to 16, in some cases the household may not be able to provide item wise expenditure as it might have made a lump sum payment for a number of goods and services taken together. As already mentioned, in such cases information available for the specific items may be recorded against them and that for the remaining items taken together will be recorded against item 17. All the medical expenditure that is not recorded against any of the items 5 to 16 would be recorded against this item.

**5.8.16 Item 18: total:** The total of entries in items 5 to 17 will be recorded here for each case of hospitalisation.

**5.8.17 Items 19 to 22: other expenses incurred by the household (Rs) (not included in item 18):** Expenses other than those on medical treatment (i.e. other than those included in items 5 to 17 above) incurred by the household in connection with the hospitalisation case will be recorded under the separate heads as given below.

**5.8.18 Item 19: transport (other than ambulance):** Here the amount payable for transport charges for other household members for the purpose of hospitalisation of the ailing person will be recorded. The transport charges paid for travelling to and from the hospital by the escorts (excluding ambulance charges), transport costs incurred by the household for procuring medicines, blood, oxygen, etc. for the treatment, etc. will be included.

**5.8.19 Item 20: lodging charges of escort(s):** If the escort(s) is (are) required to stay in a hotel or a lodge for attending the patient while he/she is hospitalised, the charges for lodging will be recorded against this item.

**5.8.20 Item 21: others:** This will include all other incidental charges payable and expenses incurred due to hospitalisation like that of telephone charges made from PCO, on items like soap, towel, toothpaste, etc. for the patient and escort(s).

5.8.21 **Item 22: total:** This will be total of entries made in items 19 to 21 for each case of hospitalisation.

5.8.22 **Item 23: total expenditure incurred by the household:** The total expenditure of the household (including both medical and other expenditures) owing to hospitalisation of household member(s) is to be recorded against this item. Hence, for making entry against this item a sum of items 18 and 22 over all the cases of hospitalisation (filled in columns) is to be made and the total recorded here.

5.8.23 **Items 24 to 28: sources of finance for meeting the expenses in item 23:** These items are meant for recording the particulars of how the total expenditure incurred by the household on account of hospitalisation of its members (including those deceased) during the last 365 days was met. The financing of the total expenditure of the household recorded against item 23 is to be recorded. The major sources of finance are listed against items 24 to 27. The part of the expenditure that was not met by any of the sources listed in items 24 to 26 will be recorded against item 27, i.e. 'other sources'. These items are self-explanatory. The total of all these sources of finance will be given in item 28 which would match with the entry in item 23.

5.8.24 **Item 29: amount of reimbursement:** The amount reimbursed or expected to be reimbursed by the employer or such insurance companies or other agencies will be recorded against item 29. Under medical reimbursement scheme of the employer, the employee may be required to meet the medical expenditure initially which would be reimbursed subsequently by the employer. Similarly, the medical insurance companies and other such agencies reimburse expenses made on medical treatment.

5.8.25 **Items 30 to 33:** If any amount of money reimbursed or reimbursable for treatment, such amount by individual sources of reimbursement will be recorded against items 30 to 33. The amount reimbursable from the employer will be recorded against items 30 and 31 depending upon whether the employer is the Government or a Private company. It may be noted that there will not be any entry against items 30 and 31 if the entry against item 4 of this block is 4, i.e. there is no employer. Reimbursement receivable from medical insurance companies will be recorded against item 32 and the amount of reimbursements receivable from other agencies or any other scheme will be recorded against item 33.

5.9.0 **Block 9: particulars of spells of ailment of household members during the last 15 days (including hospitalisation):** In this block, particulars of all the spells of ailments suffered during the last 15 days preceding the date of survey by the members or deceased members of the household will be collected. For filling in the block, it is essential to note the following:

- A continuous period of sickness due to a specific ailment will be considered as a spell.
- A spell will be identified separately by ailments.
- Attempt has to be made to identify illness from two different causes as two spells of ailment.
- Particulars of each reported spell of every member (including deceased) will be collected, whether or not it is treated.



- However, untreated injuries like cuts, burns, scald, bruise etc. of minor nature will not be covered, if the informant does not consider it to be severe enough.
- All the hospitalisation cases falling (entirely or partly) within the reference period of last 15 days will be enumerated in this block as well.
- Particulars of each spell of ailment will be recorded in separate columns of the block.

**5.9.1 Item 1: serial number of spell of ailment:** A running serial number is printed against this item for all spells of ailment. Information for an ailing member will be recorded under one column and separate columns will be used for recording separate spells of ailments for a member or for spells of ailments for different members. There is a provision for recording information on only five cases in this block. If the number of cases exceeds five, additional page(s) of block 9 will be used and continuous serial numbers will be given in the extra page against this item to record the additional cases.

**5.9.2 Item 2 : serial number of member with ailment reporting ailment (as in col.1 of blocks 4 / 5):** The serial number of the ailing members, as recorded in block 4, col. 1, will be copied and recorded here. For the deceased members, the serial number is to be copied from col. 1 of block 5.

**5.9.3 Item 3: age:** The age of the member/deceased member who was ailing during the last 15 days, is to be copied from col. 5, block 4 / col. 4, block 5, and recorded here.

**5.9.4 Items 4, 5 and 6: Number of days within the reference period - ill, on restricted activity, confined to bed :** These three items are meant for assessing severity of the ailment suffered during the reference period. Number of days of illness, confinement to bed and restricted activity owing to a spell of ailment represent different degrees of severity of the ailment. While recording the number of days confined to bed, the number of days in a hospital within the reference period will also be counted against item 6, i.e. confined to bed.

The number of days the member suffered from the particular spell of ailment during the reference period will be recorded against item 4. Ailment involving periodic check up will be treated as a single spell. The number of days on restricted activity will be recorded against item 5 and the number of days confined to bed against item 6. Days with illness would mean the duration for which the member felt that he/she feels sick. The terms "confined to bed" and "on restricted activity" are explained in paras 1.9.48 and 1.9.49. Clearly, the day's confinement to bed will also be counted as on restricted activity. Thus, the entry in item 5 will not be smaller than the entry in item 6. Similarly, the entry in item 4 will not be less than that in item 5. An exception to this will however be made for children below school going age and very old persons. For them, a cross 'x' mark will be put against item 5. For infants of age below 6 months, a cross 'x' mark will be put against item 6 as well.

**5.9.5 Item 7: nature of ailment:** This item is same as item 5 of block 7 and will be filled in as per instructions given in para 5.7.5.

**5.9.6 Item 8: status of ailment:** The period of the spell of ailment with respect to the reference period will be recorded here in terms of codes. The codes are:

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

For the deceased members, the spell will be considered to have ended.

**5.9.7 Item 9: total duration of ailment:** The total duration of the ailment in number of days is to be recorded against this item irrespective of the reference period. Here, the duration, from the commencement of the ailment - whether the ailment started before or within the reference period - to its termination or the date of survey if the ailment is continuing, is to be recorded.

**5.9.8 Item 10: whether treatment taken on medical advice:** If any treatment is reported to have been taken on medical advice for the spell of ailment, whether consulting the doctor was within or outside the reference period, code 1 will be recorded against this item. If no medical treatment is **ever** taken for the spell of ailment, code 2 will be recorded. In such cases, items 11 & 12 will not be filled in.

**5.9.9 Items 11 & 12: whether any treatment received from govt. sources and if no, reason:** These two items will be filled in only when the entry against item 10 is 1. If for a spell of ailment, the treatment taken during the reference period is from the government sources, code 1 will be entered against item 11. Otherwise, the entry will be 2. It may happen that for a particular spell the treatment has been availed of from both govt. and private sources. In that case, 'govt. source' should get priority over 'private'. Note that the non-government source includes private hospital and private doctor. If treatment is taken from non-government source only, i.e. if 2 is recorded against item 11, the reason for availing of the treatment from a non-government source will be recorded in codes against item 12. The codes to be used for item 12 are:

Govt. doctor/facility too far .....	1
not satisfied with medical treatment by Govt. doctor/facility .....	2
long waiting .....	3
required specific services not available .....	4
others .....	9

**5.9.10 Items 13 to 16: if the ailment is not treated on the basis of medical advice :** The set of items 13 to 16 will be filled in if the treatment taken for the ailment is not based on medical advice, i.e., entry is 2 in item 10. The details are given below.

**5.9.11 Item 13: reason for no treatment:** The codes to be use are:

no medical facility available in the neighbourhood.....	1
facilities available but no treatment sought owing to:	
lack of faith.....	2
long waiting.....	3
financial reasons.....	4
ailment not considered serious.....	5
others.....	9

**5.9.12 Item 14: whether any other measure taken for recovery/relief:** All non-medical treatment sought for recovery for the spell of ailment will be considered for this item. Self-drugging, treatment on advice of non-medical persons, like pharmacist, druggists, compounder, faith-healers, unqualified friends & relative etc. and activities like offering prayers or conducting rituals for recovery, will be regarded as non-medical treatment. If any non-medical treatment is taken for recovery, code 1 will be entered here. Otherwise, the entry will be 2.

**5.9.13 Item 15: if 1 in item 14, whom consulted:** If 1 is recorded against item 14, the person consulted will be recorded in codes against this item. The codes are:

self/other household member/friend.....	1
medicine shop.....	2
others.....	9

**5.9.14 Item 16: If 1 in item 14, expenditure incurred (Rs):** If 1 is recorded in item 14, the expenditure incurred on account of non-medical treatment during the reference period will be recorded against this item in nearest rupees. Even if no expenditure has been incurred, '0' will be recorded.

**5.9.15 Item 17: loss of household income, if any, due to ailment (Rs):** The loss in household income will be recorded against this item for each spell of ailment. This item is similar to item 10 of block 7, except that it is to be recorded for each spell of ailment and the reference period here will be the last 15 days. (See para 5.7.10).

**5.10.0 Block 10: expenses incurred during last 15 days for treatment of members (not as inpatient of hospital) and source of finance:** The particulars of medical treatment undergone (but not as inpatient of a hospital) during the reference period of last 15 days for recovery from a spell of ailment will be collected in this block. **Care should be taken to exclude the expenditure for treatment in the hospital as inpatient from the purview of this block even when the period of hospitalisation falls within the last 15 days.** However, medical treatments undergone before hospitalisation or after discharge from hospital will be covered here if they are taken within the reference period. It is essential to note the following points for proper collection of information in this block:

- Particulars of expenditure for treatment and other **details will be recorded (ailing) person-wise in this block**, and not spell-wise as in block 9. This is attempted for the convenience of data collection. It is expected that during the reference period of 15 days, most of the ailing person may experience a single spell of ailment and they may avail the treatment, if any, from a single source. Moreover, it has been experienced that in the case of multiple spell and particularly for the overlapping spells, no separate account is kept for expenditure and therefore, it is difficult to segregate the expenditure by spell-wise or by source of treatment.
- For some items (items 4 to 7) in this block, the particulars are to be collected with respect to the **major spell decided in terms of total duration of ailment** (item 9, block 9).

- There will be **no entry in this block for the spells of ailment not medically treated** during the reference period.
- The particulars of expenditures for treatment to be recorded in this block should account for **only the part that relates to the treatment taken during the reference period.**
- The information on source of finance will relate only to the expenses recorded in the block.

5.10.1 **Item 1: serial number of the ailing member (as in item 2, block 9):** The serial number of the ailing member is to be copied from item 2 of block 9 and recorded against this item.

5.10.2 **Item 2: age (as in item 3, block 9):** The age of the ailing member is to be copied from item 3 of block 9 and recorded against this item.

5.10.3 **Item 3: whether any medical service provided free by employer:** Often employers have their own arrangements for medical treatment of their employees and their dependents. If any part of the expenditure on medical treatment during the reference period is borne by the employer (of the patient or the one on whom the patient is dependant) code 1 or 2, depending upon the employer is a Govt. agency or a private agency, will be entered against this item. If such a provision is not there for the ailing member or his/her dependants even if he/she is employed, entry 3 will be recorded. In all other cases, entry will be 4, that is, this item is not applicable. The codes for this item are as follows:

yes:

medical services provided free by

Government (employer) .....	1
private (private employer) .....	2

no (medical service not provided free by employer) .... 3

There may be problem for the cases if an ailing person has suffered from two or more spells. The expenditure for a spell which has been treated from a particular category of source (hospital) may be provided by the employer and not for the other spell – being treated from an other category of source. In these cases, the situation obtaining for the person may be recorded. In the above example, code 1 or 2 will be applicable depending upon the source. However, code 1 should get priority over code 2 if both are applicable.

5.10.4 **Items 4 to 7:** Details of medical services received: These are same as items 11 to 14 of block 7. Refer para 5.7.11 for instructions. It is important to note that for each item, the situation is to be obtained for the major spell (decided in terms of duration), irrespective of whether all or some items are applicable for the major spell or not.

5.10.5 **Items 8 to 22: medical expenditure for treatment by the household:** The coverage and the instructions for items 8 to 19 are similar to that of items 5 to 17 of block 8. The important point is to note that the reference period for this block is the last 15 days and the medical expenditure for treatment of an ailing person will relate to the goods and services purchased/availed of (not as an inpatient of a hospital) for all the treated spells taken together

for that person. For items 8 and 10, the coverage is the goods and services received from hospital only. Refer to paras 5.8.4 to 5.8.16 for detailed instructions on items 8 to 19.

**5.10.6 Items 20 to 22: total medical expenditure:** The total medical expenditure incurred for a ailing member (and given against items 8 to 19) will be recorded against item 20. The part of this total expenditure (given in item 20) made for the goods and services received from the various government sources, will be recorded against 21. The remaining part of the total expenditure, i.e. those made for goods and services received from non-government sources, will be recorded against item 22.

**5.10.7 Items 23 to 26: other expenses incurred by the household for treatment (Rs):** These items are similar to items 19 to 22 of block 8. Refer paras 5.8.17 to 5.8.21 for detailed instructions.

**5.10.8 Item 27: total expenditure incurred by the household:** The total expenditure of the household (including both medical and other expenditures) owing to the ailments of member(s) of the household is to be recorded against this item. Hence, for making entry against this item a sum of items 22 and 26 over all the ailing household members (filled in different columns of this block) is to be made and the total recorded here.

**5.10.9 Items 28 to 37: source of finance for meeting the expenses in items 23 and details of reimbursement received:** These items are similar to items 24 to 33 respectively, of block 8. Refer paras 5.8.23 to 5.8.25 for detailed instructions.

**5.11.0 Block 11: Particulars of immunisation of children (0 – 4 yrs.), pre-natal and post-natal care of ever married women of age below 50 years during last 365 days:** This block is meant for recording expenditure payable by the household for availing the services and goods relating to immunisation of children, and pre-natal and post-natal care of the ever married women of age below 50 years during last 365 days.

**5.11.1 Columns 1 & 2: sl. no. and age (years) as in block 4/5:** The serial number and the corresponding age of children and ever married women of age below 50 years are to be copied from block 4/5 and recorded in columns 1 and 2, respectively in the sequence they appear in blocks 4/5.

**5.11.2 Column 3: for children of age 0 to 4 years, whether any immunisation received:** For children below the age of 5 years, it is to be ascertained whether they have received any immunisation during the last 365 days or not. Code 1 is to be recorded for a child if he/she had received any of the following vaccinations viz., BCG, Measles, DPT (any of the 3 doses), Polio (excluding polio 0 which is given at the time of birth), Hepatitis vaccine (A or B), MMR, Pneumovax (for pneumonia) and Oral typhoid. Code 2 will be recorded if none of these vaccinations are received during the last 365 days.

**5.11.3 Column 4: for children of age 0 to 4 years, expenditure incurred (Rs):** If a child received any immunisation (any of the 10 immunisations mentioned above), i.e. code 1 in col. 3, the expenditure incurred for the administration of the vaccination is to be recorded under this column in whole rupees. The expenditure will include only the cost of availing the goods and services and not the transport charges, etc.

**5.11.4 Columns 5 to 11: for ever married women of age below 50 years, particulars of pre-natal care of pregnant women and post-natal care of mothers:** In these columns details of expenditure incurred during the last 365 days for the pre-natal care of pregnant women, post-natal care of mothers and expenditure for child birth will be collected. If an unmarried woman reports pregnancy during the reference period, particulars relating pre-natal care, post natal care and information on childbirth will also be collected for her.

**5.11.5 Column 5: whether pregnant any time:** Each of the ever married women of age below 50 years would be asked whether she was pregnant any time during the last 365 days. Code 1 will be assigned if she was pregnant any time and otherwise, code 2 will be assigned. Information in columns 6 to 11 will be collected only for those women who were pregnant during the last 365 days, i.e. those with code 1 in column 5.

**5.11.6 Column 6: whether any pre-natal care received:** Usually an expectant mother gets pre-natal care in a medical institution where she is likely to be admitted for child birth. She may also consult private medical practitioners at regular intervals for pre-natal care and advice. When she goes to the out patient department of a hospital for pre-natal care, usually her name is registered in the hospital and a card/ticket, on which attending physician records his/her advice and the next date of check up, is given to her. In case of consultation in a doctor's clinic, such registration may not be necessary. Nevertheless, the doctor advises her as to when she is to report to him again for the next check up. Usually, the expectant mothers are given Tetanus Toxoid injections to immunise them from affectation of tetanus. Sometimes Iron Folic Acid tablets are also prescribed to prevent anaemia during pregnancy. The information on the receipt of pre-natal care will be collected on the basis of codes as given below:

yes: from Govt. sources .....	1
from private sources .....	2
no.....	3

Occasional consultation with a doctor or in a hospital during pregnancy for some sudden complication or ailment will not be treated as pre-natal care.

**5.11.7 Column 7: if 1 or 2 in col. 6, expenditure incurred (Rs):** For women who had received pre-natal care, i.e. those with code 1 or 2 in col. 6, expenditure incurred for such care (goods and services) will be collected and recorded under column 7 in whole rupees.

**5.11.8 Column 8: whether given birth to child:** All those women who were pregnant any time during last 365 days will be asked whether they gave birth to a child during the last 365 days. Birth here means live births only. The response will be collected in the form of codes as given below:

yes:	
in govt. hospital .....	1
in private hospital ...	2
at home .....	3
no .....	4

5.11.9 **Column 9: if 1, 2 or 3 in col. 8, expenditure on childbirth (Rs):** The total expenditure on childbirth for women who gave birth to a child during the last 365 days will be ascertained and recorded under this column. This will also include expenditure made for treatment of any complication arising at the time of childbirth.

5.11.10 **Column 10: if 1, 2 or 3 in col. 8, whether any post-natal care received:** For mothers giving birth to a child during the last 365 days i.e. those with code 1, 2 or 3 in col. 8, it will asked as to whether they received any post-natal care or not. After childbirth, mothers are given medicines, tonics and nutrients as a part of post-natal care. The information on the receipt of post-natal care will be collected on the basis of codes as given below:

- yes: from Govt. sources ..... 1
- from private sources ..... 2
- no..... 3

5.11.11 **Column 11: if 1 or 2 in col. 10, expenditure incurred (Rs):** For women who had received any post-natal care, i.e. those with code 1 or 2 in col. 10, expenditure incurred for such care will be collected and recorded under column 11 in whole rupees.

5.12.0 **Block 12: remarks by investigator:** Any relevant remarks relating to the problems encountered in collecting the data, attitude of respondents, etc., will be recorded in this block by the investigator. If the investigator feels that certain information given by the informant is of doubtful nature, it may also be indicated with comments, if any. Any other comment, which may help to make proper assessment of the entries made in the schedule, may also be recorded here.

5.13.0 **Block 13: comments by supervisory officer(s):** This block will be used by the Supervisory Officer(s) to record their comments and suggestions. They should particularly highlight the inconsistent data, if any, recorded in the schedule giving possible reason for such entries.



## Working Definitions of Ailments

Definitions	code
<b>Gastro-intestinal</b>	
<b>Diarrhoea/dysentery:</b> Passage of 3 or more semisolid or liquid stools a day with/without fever/abdominal pain. If blood and mucus are found in stool, this will be Dysentery.	<b>01</b>
<b>Gastritis/gastric or peptic ulcer:</b> Pain and discomfort in the upper abdomen	<b>02</b>
<b>Worm infestation:</b> Vague symptoms like nausea, vomiting, abdominal pain, irregular passage of stools with history of passing worms with stools or vomitus.	<b>03</b>
<b>Amoebiasis:</b> Intermittent diarrhoea and/or constipation with 1 to 4 loose or watery foul smelling stools with mucus accompanied by flatulence(passing gas) and abdominal pain.	<b>04</b>
<b>Hepatitis/jaundice:</b> Presence of yellowish discoloration of eyes, passing high colored urine, nausea, and itching	<b>05</b>
<b>Cardiovascular Diseases</b>	
<b>Heart Disease:</b> Chest pain, breathlessness, sweating with/without palpitation	<b>06</b>
<b>Hypertension:</b> Reported history of having been diagnosed as hypertensive	<b>07</b>
<b>Respiratory ailments including ear/nose/throat:</b> Characterized by one or more of the following: Running nose, Cough, Sore throat, Difficulty in breathing, Pain/discharge from the ear, With/without fever	<b>08</b>
<b>Tuberculosis:</b> Cough for 3 weeks or longer duration, and/or chest pain, and/or coughing of blood, and demonstration of Mycobacterium tuberculosis in the sputum.	<b>09</b>
<b>Bronchial Asthma:</b> Difficulty in breathing, wheezing. Cough with expectoration, history of taking medication	<b>10</b>
<b>Disorders of joints and bones:</b> Swelling, pain, stiffness or deformities of the bone(s) and / or joint(s)	<b>11</b>
<b>Diseases of kidney/urinary system:</b> Difficulty in passing urine and/or burning sensation while passing urine at frequent intervals and/or fever and/or passing blood in urine	<b>12</b>
<b>Prostatic disorders:</b> In males, passing small quantities of urine and frequent intervals, sense of incomplete emptying, inability to hold urine, with/without pain/burning sensation	<b>13</b>
<b>Gynaecological disorders:</b> Any abnormal bleeding per vaginum and /or abnormal discharge and /or lower abdominal pain and /or genital ulcer and /or mass or growth and /or inability to conceive without contraception	<b>14</b>



	<b>code</b>
<b>Neurological disorders:</b> Severe headache, vomiting, loss of consciousness, convulsions, neck rigidity with or without fever, paralysis, may or may not be associated with loss of activity in an acute episode: if it is of a longer duration, there can be difficulty in walking/speaking	<b>15</b>
<b>Psychiatric disorders:</b> Diseases of longer duration of irregular nature affecting mental and emotional conditions which significantly interferes with the performance of major life activities such as learning, thinking, communicating, sleeping etc.	<b>16</b>
<b>Eye ailments</b>	
<b>Conjunctivitis:</b> Redness of eyes with watering and foreign body sensation with/without discharge and carrying out the normal day-to-day functions with muscle weakness, abnormal body movements, tremors	<b>17</b>
<b>Glaucoma:</b> Pain in the eyes with blurring/loss of vision of sudden onset in either/both eyes	<b>18</b>
<b>Cataract:</b> As above with presence of opacity in either or both eyes	<b>19</b>
<b>Diseases of skin:</b> Characterized by presence of any of the following 1.Lesions-raised, rings, blisters, scales, discolored patches 2.Itching, 3.Redness.	<b>20</b>
<b>Goiter:</b> Swelling in the front of the neck	<b>21</b>
<b>Diabetes mellitus:</b> Excessive thirst, frequent eating, passing large quantities of urine at frequent intervals associated with impaired glucose tolerance	<b>22</b>
<b>Under-nutrition:</b> When the child is very thin built, lethargic and the actual weight of the baby/child is 60% or less than its desirable body weight for age.	<b>23</b>
<b>Anaemia:</b> Pallor associated with fatigue, general weakness, and palpitation.	<b>24</b>
<b>Sexually transmitted diseases:</b> Characterized by any of the following features: Urethral discharge, genital ulcers, vaginal discharge, scrotal discharge, scrotal swelling, lower abdominal pain, swelling in the groin and history of exposure.	<b>25</b>

<b>Febrile Illnesses</b>	<b>code</b>
<b>Malaria:</b> Fever with chills and rigors, profuse sweating, intense headache and presence of malarial parasite in the peripheral blood smear	<b>26</b>
<b>Eruptive:</b> Fevers with eruptive lesions/rashes. (This includes Chickenpox, measles and German measles)	<b>27</b>
<b>Mumps:</b> Fever with pain and swelling behind the ear	<b>28</b>
<b>Diphtheria:</b> Fever, sore throat, and presence of a patch over the tonsils confirmed by the presence of C.diphtheriae on culture.	<b>29</b>
<b>Whooping cough:</b> Fever with bouts of coughing followed by a whoop and confirmed by the presence of B.pertussis	<b>30</b>
<b>Fever of unknown origin:</b> Any other fever which has not been included in the above list of diseases	<b>31</b>
<b>Tetanus:</b> Generalized painful spasm and stiffness of muscles without loss of consciousness with/without history of injury	<b>32</b>
<b>Filariasis /Elephantiasis:</b> Fever with unilateral / bilateral swelling of any limb / gland / scrotum confirmed by the presence of microfilaria in peripheral night blood smear or elephantiasis	<b>33</b>
<b>Disability:</b>	
<b>Locomotor disability</b>	<b>34</b>
<b>Visual Disability including Blindness (excluding cataract)</b>	<b>35</b>
<b>Speech disability</b>	<b>36</b>
<b>Hearing disability</b>	<b>37</b>
<b>Other congenital deformities</b>	<b>38</b>
<b>Diseases Of The Mouth/Teeth/Gums:</b>	
Presence of white elevated curd like patches in the mouth that are difficult to remove, / bleeding from the gums/bad breath/pus discharge/tooth ache/decayed/missed /filled tooth/teeth.	<b>39</b>
<b>Accidents/Injuries/Burns/Fractures/Poisoning</b>	<b>40</b>
<b>Cancer and other Tumours:</b>	
Changes in bowel and bladder habits, non healing ulcers/sores, unusual bleeding and discharge, thickening or lump in breast or any other part of the body, indigestion or difficulty in swallowing, any obvious change in wart or mole, nagging cough or hoarseness with or without pain not responding usual medication and with documentary evidence of diagnosis.	<b>41</b>

	<b>code</b>
<b>Other Diagnosed Ailments:</b>	
Any other ailment(s) not included in the above list, but information on the nature of illness is available on the basis of records by healthcare provider.	<b>42</b>
<b>Undiagnosed Ailment:</b>	
Characterized by the symptoms, which are not specific and diagnosis is yet to be made either because the respondent has not consulted a health care provider or because investigations have not yet been carried out or results not available at the time of survey.	<b>99</b>

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