## Household Questionnaire

**Village Name** _____**Family Code** :_____**Map No** _____

Date      …………………….

| | |
|---|---|
| 1. Does this household own this house or any other house? | Yes ……………………..1 <br> No……………………………2 |
| 2. Total number of rooms including kitchen but excluding bath rooms and Varandahs | _____ |
| 3. Type of house | <table><tr><td></td><td>Roof</td><td>Wall</td><td>Floor</td></tr><tr><td>PUCCA……… 1</td><td>1</td><td>1</td><td>1</td></tr><tr><td>SEMI PUCCA .. 2</td><td>2</td><td>2</td><td>2</td></tr><tr><td>KACHHA …… 3</td><td>3</td><td>3</td><td>3</td></tr></table> |
| 4. Where do you cook?    Mainly used ☐ | Outside…………………………1 <br> Inside……………………………2 |
| 5. Do you have a separate Room for Kitchen? | Yes ……………………..1 <br> No……………………………2 |
| 6. What type of fuel does your household mainly use for cooking?  (**Mark all applicable**) <br><br> Mainly used ☐ | ELECTRICITY  ………………………..1 <br> LPG/NATURAL GAS ………………….02 <br> KEROSENE ………………………….03 <br> WOOD  …………………………….04 <br> COAL/LIGNIT…………………………05 <br> CROP RESIDUES …………………….06 <br> OTHER _____ 77 <br>       (specify) |
| 7. What is the main source of lighting in your household? | ELECTRICITY  ………………………..01 <br> KEROSENE ………………………….02 <br> OIL…………………………………….03 <br> GAS……………………………………04 <br> OTHER_____..77 <br>       (specify) |
| 8. What is the source of water for members of your household?   (**Mark all applicable**) <br><br> Mainly used for all purpose ☐ <br><br> Mainly used for drinking ☐ | Piped water …………………………1 <br> Tube well/bore well……………2 <br> Dug well…………………………….3 <br> Surface water………………………4 <br> Tanker/Truck………………………5 <br> Bottled water………………………6 <br> Other_____77 <br>       (specify) |
| 9. What do you usually do to the water to make it safer to drink? (**Mark all applicable**) | BOIL………………………………… 1 <br> ADD BLEACH/CHLORINE TABLETS…………………………… 2 <br> STRAIN THROUGH A CLOTH……..3 <br> USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.)….. ….. 4 <br> USE ELECTRONIC PURIFIER…….. 5 <br> LET IT STAND AND SETTLE………..6 <br> None …………………………………7 <br> OTHER_____77 <br>       (specify) |

| | DON'T KNOW ........................... 88 | 1 |
|---|---|---|

| 10. What kind of toilet facility does your household have? | Flush Toilet ...............................1 <br> Toilet with Septic Tank ............2 <br> Pit toilet / latrine ....................3 <br> Open Field ...............................4 <br> Other _____77 <br> (specify) |
|---|---|
| 11. Does your household have a ration card? | White card................................1 <br> Pink card..................................2 <br> No card....................................3 |
| 12. What is the religion of the head of the household? | Hindu .......................................1 <br> Muslim......................................2 <br> Christian...................................3 <br> Other .......................................4 |
| 13. What is the caste of the head of the household? | Scheduled caste .......................1 <br> Scheduled Tribe .......................2 <br> Backward caste .......................3 <br> Other caste .............................4 <br> No caste...................................5 |

14. Does this household own any of the following?

| | Yes | No | | Yes | No |
|---|---|---|---|---|---|
| Mattress | 1 | 2 | Chair | 1 | 2 |
| Cot/Bed | 1 | 2 | Table | 1 | 2 |
| Electric Fan | 1 | 2 | Radio / Transistor | 1 | 2 |
| Pressure cooker | 1 | 2 | Mixer | 1 | 2 |
| Sewing machine | 1 | 2 | Television | 1 | 2 |
| Refrigerator | 1 | 2 | Telephone | 1 | 2 |
| Mobile phone | 1 | 2 | Computer | 1 | 2 |
| Bicycle | 1 | 2 | Tractor | 1 | 2 |
| Scooter / Motor | 1 | 2 | Car | 1 | 2 |
| Animal drawn cart | 1 | 2 | | | |

| 15. Does this household have any agriculture land? | 1. Yes [_____] Acres <br> No ...........................................2 |
|---|---|
| 16. Out of this land how much land is irrigated? | 1. [_____] Acres <br> 2. None |
| 17. Does this household own any cattle? <br> **(Mark all applicable)** | Cows / Buffaloes ............................1 <br> Bulls ................................................2 <br> Goats / Sheep ................................3 <br> Poultry.............................................4 <br> None ................................................5 |

| | Other...............................................77 | |
| | (specify) | 2 |

## HOUSEHOLD LISTING FORM

| LINE NO. | NAME OF THE FAMILY MEMBER | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | AGE / DOB | | | | MARITAL STATUS | Education Status | Occupation Status | Income | Family Planning Status |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | . | What is the relationship of member to the head of the household? **(A)** | male or female? | How old / (DOB)? | | | | What is the current marital status? **( B )** | What is the Highest Standard completed **( C )** | What is Occupation of the person? **(D)** | What is the income of the Household ? Rs, 88. Don't Know 99. Refused | Has the person using family planning method? **(E )** |
| (1) | (2) | (3) | (4) | (5) | | | | (6) | (7) | (8) | | (9) |
| 01 | | ☐☐ | M F  1   2 | AGE ☐ / | D ☐ | M ☐ | Y ☐ | ☐ | ☐ | ☐ | | ☐ |
| 02 | | ☐☐ | 1   2 | ☐ / | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ |
| 03 | | ☐☐ | 1   2 | ☐ / | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ |
| 04 | | ☐☐ | 1   2 | ☐ / | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ |
| 05 | | ☐☐ | 1   2 | ☐ / | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ |
| 06 | | ☐☐ | 1   2 | ☐ / | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ |
| 07 | | ☐☐ | 1   2 | ☐ / | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ |
| 08 | | ☐☐ | 1   2 | ☐ / | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ |
| 09 | | ☐☐ | 1   2 | ☐ / | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ |
| 10 | | ☐☐ | 1   2 | ☐ / | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ |
| 11 | | ☐☐ | 1   2 | ☐ / | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ |
| | | | | | | | | | ☐ | | | |

| 12 | | | | 1  2 | ☐ / ☐☐☐ | ☐ | | ☐ | ☐ | 3 |

**Does anyone listed suffer from :**

| 1 | Asthma? | | Diabetes? | | Goiter or any other thyroid disorder? | | Did anyone listed suffer from malaria at any time during the last 3 months? | | Did anyone listed suffer from jaundice at any time during the last 12 months? | | Chew Panmasala or tobacco? | | Drink alcohol? | | Smoke? | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | |
| 01 | YES 1 | NO 2 | YES 1 | NO 2 | YES 1 | NO 2 | YES 1 | NO 2 | YES 1 | NO 2 | YES 1 | NO 2 | YES 1 | NO 2 | YES 1 | NO 2 |
| 02 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 03 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 04 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 05 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 06 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 07 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 08 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 09 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 10 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 12 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

4

## A) CODES FOR HOUSEHOLD INFORMATION :

1 = HEAD

2 = WIFE OR HUSBAND

3 = SON OR DAUGHTER

4 = SON-IN-LAW OR

    DAUGHTER-IN-LAW

5 = GRANDCHILD

6 = PARENT

7 = PARENT-IN-LAW

8 = BROTHER OR SISTER

9 = BROTHER-IN-LAW OR

    SISTER-IN-LAW

10= NIECE/NEPHEW

11= OTHER RELATIVE

  12= ADOPTED/ CHILD

13= DOMESTIC SERVANT

14= OTHER NOT RELATED

15 = GREAT –GRAND CHILD

16 = GRAND PARENT

17 = BROTHER OR SISTER CHILD

98 = DON'T KNOW

## B)
## MARITAL STATUS

1= CURRENTLY MARRIED

2= MARRIED BUT GAUNA NOT

 PERFOMED

3= WIDOWED

4= DIVORCED

5= SEPARATED

6= DESERTED

7= NEVER MARRIED

8=DON'T KNOWN

9= UNMARRIED

## C)
## EDUCATION STATUS

1= PRIMARY SCHOOL ( UKG TO $5^{TH}$)

2= HIGH SCHOOL ( $6^{TH}$ TO $10^{TH}$ )

3= INTERMEDIATE ( $11^{TH}$ & $12^{TH}$ )

9= GRADUATION ( $13^{TH} – 15^{TH}$ )

4= POST GRADUATION

5= NEVER ATTENDED SCHOOL

6= LITRATE

7= TECHNICAL

8= NOT ATTENDING SCHOOL

77= DON'T KNOW

## D)
## OCCUPATION STATUS

01 = GOVERNMENT

02 = PRIVATE

03 = BUSINESS

04= SELF EMPLOYMENT

05 = LABOUR

06 = AGRICULTURE LABOUR

07 = IDLE

08 = STUDENT

09 = HOUSEWIFE

10 = OLD AGE

11 = HANDICAPPED

12= AGRICULTURE OWN

13 = NONE

14 = PENSION

## E) FAMILY PLANNING STATUS

**01 = STERLIZATION**

**02 = SPACING METHOD**

**03 = NIL**

**04 = HYSECTOMY**

# SHARE

multiplying joys

# FAMILY WELFARE  -- 15 YRS  TO 44 YRS OA AGE ELIGIBLE COUPLE  REGISTER

## Village

| S.No | Family Code | Husbands Name Education - Relegion | Wife Name - Age Eduation - Relegion | House No. Address | Date of Registration | Total No. of Living Children Male/Female | No of Pregnancies | No.of Deliveries | If She Pregnant Duration of Pregnancy | Age of the last child Male/Female | Adopting F.P Methods | | | | Suggestion given by CHV | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | Nirodh | Loop | Oral Pills | Sterliztions Male/Female M-Vasactomy F-Tubectomy | | |
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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | | 11 | | | | 12 | | | | | | | | 13 | 14 | 15 | 16 | 17 | 18 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Visits (weeks) | | | | TT I Dose | | TT II Dose | | IFA I | | IFA II | | IFA III | | IFA IV | | Delivery | | | | | Health Status | |
| S.No | Family code | Map No | Name | Age | Husband Name | LMP | Gravida | E.D.D | I 12-16 | II 28 | III 32 | IV 36 | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Dt Delivery | Del. Place | Delivery Type | Delivery Status | Child Wt | Mother | Child |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Column Number 14 : 0-BCT,1-PVT,2-GOVT,3-HOME,4-Supervised  Column Number 15: 0-Noraml 1-Caesarian 2-Abortion  Column Number 16 : 0-Live Birth 1-Still Birth 2-Prematured

| 19 | 20 | 21 | | 22 | | 23 | | 24 | | 25 | | 26 | | 27 | | 28 | | 29 | | 30 | | 31 | | 32 | | 33 | | 34 | | 35 | | 36 | | 37 | | 38 | | 39 | | 40 | | 41 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | BCG | | Polio -0 | | DPT I | | Polio I | | Hep.B. I | | DPT-II | | Polio II | | Hep.B.II | | DPT-III | | Polio - III | | Hep. B.III | | Measles | | Vit-A I | | DPT Booster | | Vit-A II | | Polio Booster | | Vit-A III | | Vit-A IV | | Vit-A V | | DT | | |
| Child Name | Child F / M | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Date or Y / N | Place | Remarks |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Column Number 14 : 0-BCT,1-PVT,2-GOVT,3-HOME,4-Supervised  Column Number 15: 0-Noraml 1-Caesarian 2-Abortion Column Number 16 : 0-Live Birth 1-Still Birth 2-Prematured

# INFANT DEATH INFORMATION

| SNO | FCODE VILLAGE | MOTHER NAME | FATHER NAME | TYPE DELIVERY | DELIVERY PLACE | DATE OF DEATH | PLACE OF DEATH | CAUSE OF DEATH | REPORTED DATE/TIME | CHVS NAME | INCENTIVE |
|-----|---------------|-------------|-------------|---------------|----------------|---------------|----------------|----------------|--------------------|-----------|-----------|
|     |               |             |             |               |                |               |                |                |                    |           |           |
|     |               |             |             |               |                |               |                |                |                    |           |           |
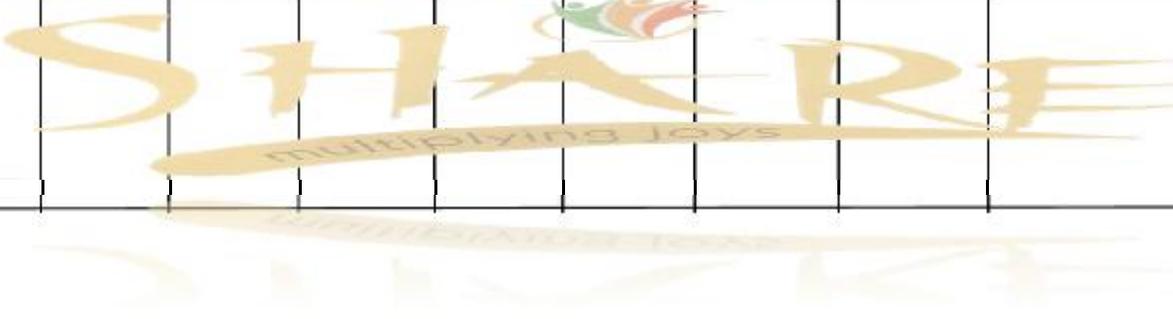
INCHARGE COORDINATOR      ASSOCIATE PROJECT DIRECTOR      DIRECTOR RESEARCH      ADMINISTRATION/ACCOUNTS

# Project – REACH – MediCiti Hospitals, Ghanpur, Medchal Mandal, Ranga Reddy Dist. AP.

Weekly Report of ……………………. Year ……………….          Village…………………….. Mandal …………………………

Health workers Name …………………………………………….          Health supervisors Name…………………………………………………….
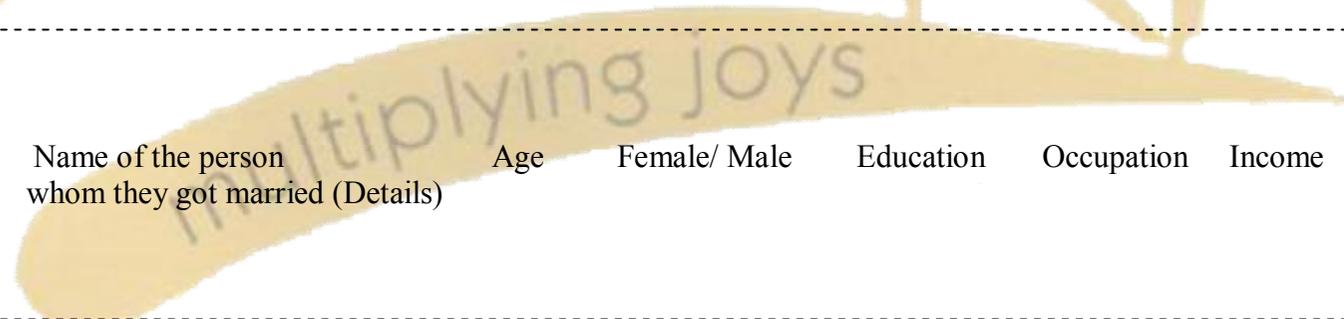
1. Births:

| Code | Date of Birth | Female/Male | Father's Name | Mother's Name | Weight of the child | Months completed | Place of delivery (village) | Type of delivery | Present health Status | (Abnormal child died at the time of delivery still birth) |
|------|------|------|------|------|------|------|------|------|------|------|
| ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ |
| ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ |
| ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ |
| ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ |

2. Deaths:

| Code | Date of birth | Name | Date of Death | Age | Female / Male | Father's Name | Mother's Name | Reason/ cause for death | Place of Death | (General death's details & infant deaths details) |
|------|------|------|------|------|------|------|------|------|------|------|
| ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ |
| ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ |

3. Marriages:

| Code | person name Who stays in village | Name of the person whom they got married (Details) | Age | Female/ Male | Education | Occupation | Income | Village Code |
|------|------|------|------|------|------|------|------|------|
| ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ |

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4.  Pregnant women :

| Code | Name | Husband's Name | Last menstrual Date | In which hospital they are taking ANC care | TT/date Doses I / I I | Place | Present health status |
|------|------|----------------|---------------------|---------------------------------------------|----------------------|-------|----------------------|
| | | | | | | | |
| | | | | | | | |
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5.  Family planning / sterilization.

| Code | Name | Age | Husband Name | Date of sterilization (Tubectomy / Vasectomy) | Place of sterilization | No.of children | F/M | Last Child Birth |
|------|------|-----|--------------|-----------------------------------------------|------------------------|----------------|-----|-------------------|
| | | | | | | | | |
| | | | | | | | | |

6.  Migrants Name:

| Code | Total No. of families/code Head of the family | wife name | did only few members gone from the family? Female /Male | No. of Family members | Date |
|------|------------------------------------------------|-----------|----------------------------------------------------------|------------------------|------|
| | | | | | |
| | | | | | |
| | | | | | |

| Community Village | Health workers sign | Health supervisors sign | coordinator sign | Data entry operator Sign |
|---|---|---|---|---|