

## Chapter Three

### Schedule 25.0: Social Consumption: Health

3.0.0 NSS made its first attempt to collect information on health in its 7<sup>th</sup> round (Oct 1953- March 1954). This survey and those conducted in the three subsequent rounds (the 11<sup>th</sup> to the 13<sup>th</sup>, 1956-58) were all exploratory in nature. The aim of these surveys was to evolve an appropriate data collection method to obtain a morbidity profile of India. These surveys were followed up by a pilot survey in the 17<sup>th</sup> round (September 1961 - July 1962) to examine alternative approaches of morbidity reporting. With the aid of the findings of these exploratory surveys, a full-scale survey on morbidity was conducted in the 28<sup>th</sup> round (October 1973 - June 1974).

3.0.1 Reports based on the data of the NSS surveys of social consumption carried out in the 42<sup>nd</sup> round (July 1986 - June 1987) and the 52<sup>nd</sup> round (July 1995 - June 1996) gave information on the public distribution system, health services, educational services and the problems of the aged.

3.0.2 As part of the 60<sup>th</sup> round of NSS during January-June 2004, a survey on morbidity and health care, including the problems of aged persons, was carried out at the request of the Ministry of Health and Family Welfare and a report (NSS Report No.507) brought out. Since then there has been no NSS survey on health.

3.0.3 Apart from the prevalence of ailments, the emphasis of the health survey in this round, as in earlier NSS surveys, is on the propensity of the population to seek health care from the public sector, together with the expenditure incurred by households for availing health care services from the public and private sectors. A new feature is that the extent of use of AYUSH<sup>1</sup> and cost of treatment by AYUSH will be studied for the first time from an NSS survey of health.

3.0.4 **Summary description of Schedule 25.0:** The schedule on health (Schedule 25.0) for the 71<sup>st</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 operations
- Block 3: Household characteristics
- Block 4: Demographic particulars of household members
- Block 5: Particulars of former household members who died during the last 365 days
- Block 6: Particulars of medical treatment received as in-patient of a medical institution during the last 365 days

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<sup>1</sup> AYUSH covers the traditional Indian system of medicine, including Ayurveda, Unani and Siddha medicines, and also covers Homeopathy, Yoga and Naturopathy. Detailed definitions are given on pages C-3 and C-4.

- Block 7: Expenses incurred during the last 365 days for treatment of members as in-patient of medical institution
- Block 8: Particulars of spells of ailment of household members during the last 15 days (including hospitalisation)
- Block 9: Expenses incurred during the last 15 days for treatment of members (not as an in-patient of medical institution)
- Block 10: Particulars of economic independence and state of health of persons aged 60 years and above
- Block 11: Particulars of pre-natal and post-natal care for women of age 15-49 years during the last 365 days
- Block 12: Remarks by investigator
- Block 13: Comments by supervisory officer(s)

### **Important changes since the 60<sup>th</sup> round**

- ❖ In the 60<sup>th</sup> round and earlier, persons with disabilities were regarded as ailing persons. In this round, pre-existing disabilities will be considered as chronic ailments provided they are under treatment for a month or more, but will otherwise NOT be recorded as ailments. Disabilities acquired during the reference period (that is, whose onset is within the reference period) will, however, be recorded as ailments.
- ❖ In the earlier NSS health surveys, only treatment of ailments administered on medical advice was considered as medical treatment. Self-medication, use of medicines taken on the advice of persons in chemists' shops, etc. were not considered as medical treatment and ailments for which only such medication was taken were considered as untreated ailments. In this round, all such treatment will be considered as medical treatment. But for each ailment treated, it will be ascertained whether the treatment was taken on medical advice or not.
- ❖ To collect detailed particulars of childbirths, childbirths have been given a dummy ailment code so that each case of childbirth may be treated as an ailment in the blocks where details of treatment and expenditure are recorded. However, childbirths will, as usual, not be considered in generating estimates of prevalence rate of ailments.
- ❖ Information on expenditure incurred on treatment will be collected with a 'paid' instead of a 'payable' approach, as such information will be much more readily available.
- ❖ In the light of the experience of earlier surveys, more emphasis has been laid on identification of chronic ailments and information will be collected in such a way as to enable separate estimation of the incidence of chronic ailments.
- ❖ In the earlier surveys, for each person aged 60 years or more, the nature of up to three ailments existing on the date of survey, and the nature of treatment of such ailments, was recorded in addition to information on ailments suffered during the reference period of last 15 days. In this round, the additional information on ailments as on the date of survey will not be collected for any age-group.

- ❖ Information on ‘whether any immunisation received’ and expenditure incurred thereon, recorded for children aged 0-4 years in the 60<sup>th</sup> round survey, will not be collected.
- ❖ The code list for ailments has been enlarged according to the requirements of the Ministry of Health and Family Welfare.
- ❖ Whenever information on nature of treatment is to be collected, the options ‘Indian system of medicine’ (including Ayurveda, Unani and Siddha), Homeopathy and ‘Yoga or Naturopathy’ have been provided in the list of responses to enable tabulation of data separately for treatments by different systems of medicine.

## Some definitions for the health survey

### A. NATURE OF TREATMENT

**A1. Allopathy:** In this survey the term ‘allopathy’ is used to refer to the broad category of medical practice that is sometimes called Western medicine, biomedicine, evidence-based medicine, or modern medicine. According to MedTerms Dictionary, allopathic medicine is defined as ‘the system of medical practice which treats disease by the use of remedies which produce effects different from those produced by the disease under treatment’. The term ‘allopathy’ was coined in 1842 by C.F.S. Hahnemann to designate the usual practice of medicine (allopathy) as opposed to homeopathy.

**A2. Indian System of Medicines (ISM):** This includes Ayurveda, Siddha, Unani and Sowa-Rig-Pa medicines. These medicines are also called *Desi Dawaiyan* in India. Herbal medicines are also included in this category of medicines. The practitioners of these systems may be called Vaidji, Vaidya, Siddha Vaidya, Hakim, etc. (Sometimes people also say *Jadi-Booti wale* Vaidji, Hakimji, etc.) This category also includes Home-made medicines and Gharelu Nuskhe, Herbal Medicines (*Jadi-Bootiyan or Desi Dawa*), and the medicines given by local Vaidya/Hakim. e.g. Neem leaves for skin diseases, Tulsi leaves for common cold, Haldi (turmeric) for injuries and fracture, Adarak (ginger) for cough, cold, throat problem etc., Lahasun (Garlic) for gathiya/ joint pain, Kali Mirch (pepper) and honey for dry and productive cough, Ashwagandha, Chyawanprash as tonic /Rasayana for energy, Gulab Jal for eye diseases and face wash, Saunf for indigestion, Ajowain and Hing for stomach pain, *Methi seeds, Ajawain, Pudina* (mint), *Jeera, Sunthi* (dry ginger), *Laung* (clove), *Triphala* powder for problems like indigestion, loss of appetite, constipation, *Laung* (clove) oil for toothache, *Bilva* (Bel) powder for diarrhoea, etc.

**A3. Homoeopathy:** Homeopathy is a system of medicine that uses highly diluted doses from the plant, mineral and animal kingdoms to stimulate natural defenses in the body. Oral Homoeopathy medicine is available in many forms, including the traditional homoeopathic pellets (balls), liquid dilution, tablets (lactose-based) and mother tincture.

**A4. Yoga and Naturopathy:** Yoga is a combination of breathing exercises (*pranayam*), physical postures (*asanas*) and meditation for curing illness and releasing stress, both physical and mental. In Naturopathy treatments are based on five elements of nature, namely, (i) Earth (mud baths, mud packs, mud wraps) (ii) Water (hydrotherapy methods like baths, jets, douches, packs, immersions, compresses/fomentations) (iii) Air (breathing exercises, outdoor walking, open-air baths) (iv) Fire (sun baths, magnetized water) (v) Ether (fasting therapy).

**A5. AYUSH:** (See also An Explanatory Note on AYUSH, pages C-61 to C-66): Each letter of the word AYUSH represents a specific system of medicine: A for Ayurveda, Y for Yoga and Naturoathy, U for Unani, S for Siddha, and H for Homeopathy. Thus AYUSH encompasses the Indian System of Medicines, Yoga and Naturopathy, and Homeopathy. Treatment by any of these systems will therefore qualify as **AYUSH treatment**, and medicines used by any of these systems will be called **AYUSH medicines**.

## **B. LEVEL OF CARE: EXPLANATIONS OF ASSOCIATED TERMS**

**ASHA (Accredited Social Health Activist):** ASHAs are local women trained to act as health educators and promoters in their communities. There is one ASHA for every 1000 population. Their tasks include motivating women to give birth in hospitals, bringing children to immunization clinics, encouraging family planning (e.g., usage of condoms, IUDs, surgical sterilization), treating basic illness and injury with first aid, keeping demographic records, and improving village sanitation. They have a drug kit – which has tablets like paracetamol, anti-malarials, oral contraceptives, co-trimoxazole (an antibiotic), etc.

**AWW (Anganwadi worker):** These are the staff of the Anganwadi centre in the village. There is one Anganwadi centre for every 1000 population. These centres provide supplementary nutrition, non-formal pre-school education, nutrition and health education, immunization, health check-up and referral services. They are provided with a drug kit and may give tablets for about 1 to 3 children in a day.

**HSC (Health Sub-Centre):** This is the most peripheral facility in the primary health care system. There is one sub-centre for every 3000 population in hilly/tribal/difficult areas and 5000 population in plains. Each Sub-Centre is staffed by one or two **Auxiliary Nurse Midwives (ANM<sup>2</sup>)** (female health worker) and may have a male health worker. Their main task (as perceived) is to provide immunization to children and antenatal care. Some sub-centres also conduct normal delivery but they have no beds and the sub-centre is not considered as an institution with in-patients. They perform some outpatient care largely in the form of treatment for basic illnesses. Any treatment taken from ANM during her visit to the village can be considered as treatment taken at sub-centre.

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<sup>2</sup> An ANM is a nurse, usually with 18 months training, who is expected to provide a range of services as required in a health sub-centre. In some States the post is called village health nurse, or junior public health nurse.

**Dispensary:** This is a public institution from which medical supplies, preparations, and treatments are dispensed, but which does not have facilities for treatment of in-patients. Dispensaries are staffed by one or more doctors.

**PHC (Primary Health Centre)** is staffed by a Medical Officer (MBBS or AYUSH) and Para medical staff. They provide curative OPD services and ante natal checkups and deliveries. They usually have 4-6 beds to conduct delivery. They may or may not have facilities for in-patient treatment. There is one PHC for every 30000 population in the plains and for every 20,000 populations in hilly/tribal/difficult areas. The terms ‘additional PHC’, ‘mini-PHC’ and ‘new PHC’ are considered synonymous to ‘PHC’.

PHCs in Bihar and Uttar Pradesh are the equivalent of CHCs in other States that their area of coverage is a block and may even have 30 beds. Admissions/in-patients are always there in this facility type. Their equivalent of a PHC in these States is called an additional PHC.

**CHC (Community Health Centre):** CHC is usually located at block/division or *taluk* level and serves as a referral centre for PHCs. It is to be staffed by medical specialists and medical officers and AYUSH doctors – but in practice there are usually only medical officers. It always has provision for in-patients and 10 to 30 beds. It usually has an OT, X-Ray, Labour Room and laboratory facilities.

**Public Hospital:** All other government hospitals, including district hospitals in the district headquarters town (which acts as referral site for all the CHCs and PHCs and sub-centers), government medical college hospitals, ESI hospitals, other government hospitals like maternity hospitals, cancer hospitals, TB or leprosy hospitals, railway hospitals, etc. run by the government will come under the category ‘public hospital’ for the purposes of this survey.

**Private Hospital, private clinic:** Any other hospital/ nursing home/ day care centre with facilities for in-patient treatment will be called a private hospital. A private clinic has facilities for consultation with private doctor(s) but no in-patient facility.

## C. MEDICAL SERVICES

**C1. Surgery:** Treatment requiring an operation to cut into or to remove or to manipulate tissue or organs or parts of the body.

**C2. Medicine:** Drugs or preparations used for treating an ailment. For the survey, medicine will include such liquids, syrups, pills, tablets, capsules, injections, ointment, drips etc.

**C3. 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.

**C4. 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.

## **Block 0: Descriptive identification of sample household**

3.0.0 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.

## **Block 1: Identification of sample household**

3.1.1 **Items 1 to 12:** The particulars to be recorded in items 2 and 3 have already been printed in the schedule. For items 1 & 4 to 12, the identification particulars will be copied from the corresponding items of Block 1 of Schedule 0.0.

3.1.2 **Item 13: sample hg/sb number:** The terms ‘hamlet-group (hg)’ and ‘sub-block (sb)’ have been explained in Chapter 1. If the sample household has been selected from hg/sb number 1, code 1 will be recorded against item 13. If the household has been selected from hg/sb number 2, code 2 will be recorded. If there has been no hg/sb formation in the FSU, code 1 will be recorded against item 13.

3.1.3 **Item 14: second stage stratum:** In Block 5 of Sch.0.0, there is one row which contains the particulars of the sample household. This row will first be located, using the house number, name of head of household, etc. Now, if the sample household has been given a tick mark in column 7 of Block 5, Sch.0.0, then entry ‘1’ (meaning SSS 1) will be made against item 14 of Sch.25.0, Block 1. If the sample household has been given a tick mark in column 8, then ‘2’ (for SSS 2) will be put against item 14. If the sample household has been given a tick mark in column 9, then code 3 (for SSS 3) will be put against item 14.

3.1.4 **Item 15: sample household number:** The sample household number (also called ‘order of selection’) of the household is to be copied here from the appropriate column of Block 5 of Sch. 0.0 (col. 8 or 9 or 10 depending on whether the household belongs to SSS 1 or 2 or 3).

3.1.5 **Item 16: serial no. of informant (as in col. 1, Block 4):** This item may be filled in after canvassing Sch.25.0 in the sample household. The informant is the person who provides the major part of the information for filling the schedule. His or her serial number will be copied from column 1 of Block 4 of this schedule. Note that, for this survey, the informant must be a household member.

3.1.6 **Item 17: response code:** This item is also to be filled in after canvassing the schedule. The entry will indicate the type of informant, in respect of co-operativeness and capability in providing the required information. The codes are:

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

3.1.7 **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.

3.1.8 **Item 19: reason for substitution of original household:** 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 19 in code. 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.

## Block 2: Particulars of field operations

3.2.0 The identity of the field officials associated (Investigator/ Assistant Superintending Officer and Field Officer/ Superintending Officer, date of survey/ inspection/ scrutiny of schedules, dispatch, 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 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 journey time or any time lost due to unavoidable interruptions.

## Block 3: Household characteristics

3.3.0 This block will record information on some important characteristics of the household as a whole. Some of these have to be determined on the basis of the income of the household from different sources during the last 365 days. Where no reference to any specific period is made in the instructions, the reference period will be “as on the date of survey”.

3.3.1 **Item 1: household size:** The size of the sample household will be recorded against this item. For the definition of household size see Chapter One, paragraphs 1.7.3 and 1.7.4. This number will be the same as the last serial number recorded in column 1 of Block 4.

3.3.2 **Item 2: principal industry (NIC-2008):** 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 2008 will be recorded here. The procedure for determination of principal industry has been described in Chapter One, paragraph 1.7.7.

3.3.3 **Item 3: principal occupation (NCO-2004):** The description of the principal household occupation will be recorded in words in the space provided. The appropriate three-digit occupation code of the NCO-2004 is to be recorded in the three cells, which have been provided for recording each digit separately. The procedure for determination of principal occupation has been described in Chapter One, paragraph 1.7.7.

3.3.3.1 Note that determination of principal industry and occupation requires information on the household's income from different sources during the last 365 days.

3.3.4 **Item 4: household type (code):** The household type code based on the means of livelihood of a household will be decided on the basis of the sources of the household's income during the 365 days preceding the date of survey. (For the definition and procedure of determination of household type, see Chapter One, paragraph 1.7.5.) Note that the codes are not the same for rural and urban areas. For rural households, the household type codes are:

self-employed in agriculture	1
self-employed in non-agriculture	2
regular wage/salary earning	3
casual labour in agriculture	4
casual labour in non-agriculture	5
others	9

For urban areas, the household type codes are:

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

3.3.5 **Item 5: religion:** The religion of the household will be recorded here in code. 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

**3.3.6 Item 6: social group:** The group among four social groups – Scheduled Tribes, Scheduled Castes, Other Backward Classes, and Others – to which the household belongs will be indicated here in code, the codes being:

Scheduled Tribes -1, Scheduled Castes -2, Other Backward Classes -3, Others -9  
Those who do not come under any one of the first three social groups will be assigned code 9. 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.

**3.3.7 Item 7: type of latrine:** The information about the type of latrine used by the household (by most of the household members) will be recorded in code. The codes are:

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

If the household does not have any latrine facility, i.e., its members use open spaces as latrine, code 4 will be recorded. A latrine where the excreta accumulate above the ground until they are cleared by scavengers will be called a service latrine. A latrine connected to a pit dug in earth is called a pit latrine. A latrine connected to underground septic chambers will be considered as a septic tank latrine. A latrine connected to underground sewerage system is called flush system latrine. If the household uses a latrine of any other type, code 9 will be recorded.

**3.3.8 Item 8: 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:

open katcha .....	1	underground .....	4
open pucca .....	2	no drainage .....	5
covered pucca.....	3		

**3.3.9 Item 9: major source of drinking water:** A household, especially in rural areas, may use different sources of drinking water in different seasons.

- The major source of drinking water is that source which was most commonly used by household members during the last 365 days (taking all seasons into account).
- If a household uses two sources (say), throughout the year, then the source which provides the major share of the water used by the household will be considered the major source.

The codes are:

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

3.3.9.1 Code 2 will be recorded 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. Code 2 will not be recorded if the arrangement to carry drinking water through pipes from sources like well, tank, river etc. is made by the owner/occupants of the household for its own purposes only. Water obtained from such a source will not be treated as tap water, and the household will get the code appropriate to the actual source from which water is brought through pipes. Code 4 will be recorded if drinking water is supplied through tankers engaged by the municipality or other organisations. The other codes are self-explanatory.

**3.3.10 Item 10: primary source of energy for cooking during the last 30 days (code):**

The source of energy, among those in the code list, which was the primary source of energy used by the household for cooking during the last 30 days preceding the date of survey will be recorded. If more than one type of energy is utilised, the principal source will be identified on the basis of its use. The codes are:

coke, coal .....	01	charcoal .....	06
firewood and chips .....	02	kerosene .....	07
LPG .....	03	electricity .....	08
gobar gas .....	04	others .....	09
dung cake .....	05	no cooking arrangement ....	10

**3.3.11 Item 11: Amount of medical insurance premium paid for household members in last 365 days (Rs.):** Here the total amount of money during the last 365 days as medical insurance premium for all household members will be recorded in whole number of rupees. This includes amount of money paid for various health schemes such as CGHS and ESI. The premium may be paid by the household members or by non-household members; in the latter case, the approximate amount paid may be recorded if the exact amount is not known. If no medical insurance was paid, '0' should be entered.

**3.3.12 Item 12: household's usual consumer expenditure (Rs.) in a month:** This may be ascertained as follows.

3.3.12.1 The question "What is your usual expenditure for household purposes in a month?" will be put to the informant. Suppose the answer is Rs.A.

3.3.12.2 Next, the purchase value of any household durables (mobile phones, TV sets, fridge, fans, cooler, AC, vehicles, computers, furniture, kitchen equipment, etc.) purchased during the *last one year* will be ascertained and the expenditure *per month* obtained by dividing by 12. Let this be Rs.B.

3.3.12.3 Further, it should be quickly ascertained whether there is (usually) any consumption from (a) wages in kind (b) home-grown stock (c) free collection. If so, the approximate monthly value of the amount usually consumed in a month will be imputed. Let this be Rs.C.

3.3.12.4 Then the sum of A+B+C is to be entered against item 12 in whole number of rupees.

#### **Block 4: Demographic particulars of household members**

3.4.0 Unless otherwise stated, the reference period for any column of this block will be “as on the date of survey”.

3.4.1 **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. A baby newly born in hospital will be treated as a member of the mother's household.

Note that in the 71<sup>st</sup> round, students residing in students' hostels are not to be considered as single-member households. Such students are to be considered as members of the households to which they belonged before taking up residence in the hostel. Thus sons, daughters and wards of household members, if residing in students' hostels, will be considered as members of the household and will be listed in Block 4.

Also, a woman who has undergone childbirth during the last 365 days, and the child born during the last 365 days, will be considered members of the household which incurred the expenses of childbirth, irrespective of their place of residence during the last 365 days.

3.4.2 **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.

3.4.3 **Column 3: relation to head (code):** The family relationship of each member of the household with the head of the household 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

3.4.4 **Column 4: sex (male -1, female -2):** This will be recorded for all members. For eunuchs, code 1 will be recorded.

3.4.5 **Column 5: age (years):** Age in completed years of each member will be recorded here. For infants below one year of age at the time of listing, '0' will be entered. Ages above 99 will be recorded in 3 digits.

3.4.6 **Column 6: marital status:** The marital status of each member will be recorded here. The codes are:

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

3.4.7 **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. A level is attained when the relevant course has been successfully completed. Therefore *a child studying at primary level should NOT get code 07 (primary).* Similarly *a child studying at secondary level should NOT get code 10 (secondary).*

The general educational level of a person who has studied up to, say, first year B.A., will be 'higher secondary' (code 11).  
The general educational level of a person who has studied up to 12<sup>th</sup> standard but has not appeared for the final examination, or has failed, will be 'secondary' (code 10).  
For children studying in Anganwadi Centres, code 03 is applicable.

The codes are:

not literate .....	01
<b><u>literate:</u></b>	
without any schooling.....	02
<b><u>without formal schooling:</u></b>	
through NFEC .....	03
through TLC/ AEC .....	04
other .....	05
<b><u>with formal schooling:</u></b>	
below primary .....	06
primary .....	07
upper primary/middle .....	08
secondary .....	10
higher secondary .....	11
diploma/certificate course ( <i>up to secondary</i> )....	12
diploma/certificate course ( <i>higher secondary</i> )....	13
diploma/certificate course ( <i>graduation &amp; above</i> )....	14
graduate .....	15
postgraduate & above.....	16

3.4.7.1 Persons not able to read and write a simple message with understanding in any language are to be considered illiterate and assigned code 01. Those who acquired this skill without attending any schooling of any kind will be assigned code 02. Those who achieved literacy by attending Non-Formal Education Courses (NFEC) will be given code 03. Persons who have become literate through attending Total Literacy Campaign (TLC) or Adult Education Centres (AEC) are to be given code 04. Persons who are literate through means other than formal schooling not under the above two categories will be given code 05. Those who are by definition literate through formal schooling but are yet to pass primary standard examination will be given code 06. Similarly, codes 07, 08 and codes 10-16 will be assigned to those who have passed the appropriate levels. Persons who have attained proficiency in Oriental languages (e.g., Sanskrit, Persian, etc.) through

formal education but not of the general type will be classified appropriately at the equivalent level of general education standard. For those who have completed some diploma or certificate course in general or technical education, which is equivalent to *up to secondary*, code 12 will be assigned. Code 13 will be assigned to those who have completed diploma or certificate course in general or technical education, which is equivalent to *higher secondary* level. Code 14 will be assigned to those who have completed diploma or certificate in general or technical education, which is equivalent to graduation or postgraduation level. Code 15 will be assigned to those having a degree in general or technical education, which is equivalent to graduation level. Similarly, code 16 will be assigned to those having a degree in general or technical education, which is equivalent to postgraduation level and above.

**3.4.8 Column 8: whether resident of students' hostel (yes-1, no-2):** As explained above, sons, daughters and wards of household members, if residing in students' hostels, will be considered as members of the household (to which they belonged before taking up residence in the hostel) and will be listed in Block 4. For such household members, code 1 will be entered in column 8, and for other members, code 2.

**3.4.9 Column 9: during last 365 days – whether hospitalised:** A question “Was any member of the household hospitalised during the last 365 days?” will be put to the informant. In case the answer is yes, which member(s) was (were) hospitalised will be ascertained and code 1 will be put against such members in column 9. The other members will get code 2 in column 9. If it is learnt a person who was hospitalised during the last 365 days was then a household member but is now deceased, such a member will not be listed in Block 4 but in Block 5. By hospitalised will mean admitted as an in-patient in a medical institution (see paragraph 3.6.0.4). A person who underwent surgery in a temporary camp set up for treatment of ailments will also be considered to have been ‘hospitalised’ for the purposes of this survey.

**3.4.9.1** In case the household reports a member (child) of age 0, it will be ascertained, while filling up column 9, whether the birth of the baby took place in a medical institution. If so, code 1 should be put in column 9 against the mother if she is a household member. However, the baby will not be considered to have been hospitalised unless the discharge from hospital was delayed because of illness in the newborn child.

**3.4.10 Column 10: if hospitalised during last 365 days, number of times hospitalised:** In the survey, the ‘number of times hospitalised’ will also be referred to as the ‘number of cases of hospitalisation’. Each admission to hospital should be counted as a separate hospitalisation case. For each member with code 1 in column 9, the number of cases of hospitalisation will be reported in column 10.

**3.4.11 Ailment – illness or injury:** Ailment, i.e. illness or injury, means any deviation from the state of physical and mental well-being. To ascertain whether a person suffered

an ailment during a particular period, one must ascertain any deviation from physical or mental well-being **was felt**<sup>3</sup> by the person during the period. It must be remembered that

- An ailment may not cause any necessity of hospitalisation, confinement to bed or restricted activity.
- An ailment may be untreated or treated.

3.4.11.1 For the purpose of this survey, ailments will INCLUDE:

- All types of injuries, such as cuts, wounds, haemorrhage, fractures and burns caused by an accident, including bites to any part of the body
- Cases of abortion – natural or accidental.

However, ailments will NOT INCLUDE:

- Cases of sterilisation, insertion of IUD, getting MTP etc.
- A state of normal pregnancy without complications
- Cases of pre-existing visual, hearing, speech, locomotor and mental disabilities.

3.4.11.2 The questions to be asked for filling up columns 11 to 13 should be put individually to each available household member old enough to report accurately. For other members, they may be asked to an older member.

For ailments of aged persons, that is, those aged 60 or more, all efforts should be made to obtain information from the aged persons themselves.

3.4.12 **Column 11: whether suffering from any chronic ailment (yes-1, no-2):** To make entries in column 11, the following questions should be asked for each household member:

→ Has the member been experiencing symptoms – persisting for more than one month on the date of survey – indicating any problem caused by an ailment affecting any organ of the body? [Exclusions: (i) Minor skin ailments (ii) Cases of headache, body ache, and minor gastric discomfort after meals, even if of a long-standing nature, unless the patient insists that they cause restriction of his/her activity. (iii) Disabilities such as congenital blindness.]

IF YES, then the member is suffering from a chronic ailment on the date of survey → enter 1 in col.11 → Proceed to the next household member.

IF NOT,

→ Has the member been taking a course of treatment on medical advice for a period of one month or more and continuing as on the date of survey, aimed at alleviation of the symptoms of any ailment? (Such treatment may have resulted in non-appearance of symptoms that would otherwise have appeared, during a part of the last one month, or the entire month.) [No exclusions. Treatment of pre-existing disabilities included.]

IF YES, then the member is suffering from a chronic ailment on the date of survey → enter 1 in col.11 → Proceed to the next household member.

OTHERWISE, enter code 2 in col.11 → Proceed to the next household member.

<sup>3</sup> Note that the identification of ailments is necessarily subjective as it depends on the feeling or perception of the person concerned. This is a problem inherent in all surveys of general morbidity or illness.

3.4.12.1 A chronic ailment may affect the stomach, lungs, nervous system, circulation system, bones and joints, eye, ear, mouth or any other organ of the body. A list of symptoms associated with various types of diseases and their codes is given in Table 3.1 (page C-16) for better understanding and reference. This list is not, however, meant to be exhaustive.

**3.4.13 Column 12: whether suffering from any other ailment any time during last 15 days (yes-1, no-2):** For each member (irrespective of entry in col.11) it will be asked:

During the last 15 days, did the member feel any problem relating to skin, head, eyes, ears, nose, throat, arms, hands, chest, heart, stomach, liver, kidney, legs, feet or any other organ of the body? If so, code 1 will be put in col.12, irrespective of how many such ailments the member has suffered from. Note that

- For the purpose of col.12, chronic ailments will be excluded.
- A disability (e.g. vision loss) whose onset was during the last 15 days will be covered.
- Ailments include injuries as well as illness, and may be treated or untreated.
- A person who took medical advice or was under medication on medical advice for an illness or injury at any time during the reference period, whether he/she felt sick or not, must be considered as ailing (an exception is medicines given as part of routine pre-natal or post-natal care in cases of normal pregnancy without complications).
- Cases of complications arising during pregnancy or after childbirth **will be** considered as ailment.
- Each case of childbirth will be considered as a special case of ‘ailment’ (of the mother) in this survey to facilitate collection of some important data on childbirth.
- Untreated injuries like cuts, burns, scald, bruise etc. of minor nature (that is, not considered severe by the informant) **will not be** covered.

It should be kept in mind during the canvassing of this schedule that the period “last 15 days” does not include the date of survey. Likewise, the period “last 365 days” does not include the date of survey.

**3.4.14 Column 13: whether suffering from any other ailment on the day before the date of survey (yes-1, no-2):** The only difference of this question from the question for column 12 is that here the reference period is one day – the day before the date of survey. If the member was ailing on the day before the date of survey, code 1 will be entered for him/her, otherwise code 2 will be entered. Again, just as in case of column 12, only ailments other than chronic ailments will be considered here. Note that if the entry in col.13 is 1, the entry in col.12 too should be 1. Similarly, if the entry in col.12 is 2, the entry in col.13 should be 2 as well.

**3.4.15 Column 14: whether covered by any scheme for health expenditure support (code):** The reference period for this item is ‘as on the date of survey’. The codes are:

government funded insurance scheme (e.g. RSBY, Arogyasri, CGHS, ESIS, etc.) .....	1
employer supported health protection (other than govt.)	2
arranged by household with insurance companies .....	3
others .....	4
not covered .....	5

**TABLE 3.1: LIST OF CHRONIC AILMENTS AND THEIR SYMPTOMS**

<b>Disease</b>	<b>Symptoms</b>
<b><u>Disease of</u></b>	
respiratory system	- Cough with sputum/ with blood - Breathlessness/fever
cardiovascular system	- Breathlessness on exertion and even at rest - Recurrent chest pain - Hypertension
central nervous system	- Persistent convulsions - Paralysis of one or more limbs - Persistent severe head ache with or without vomiting
musculoskeletal system	- Swelling and pain in the joint/muscles
gastrointestinal system	- Repeated episodes of diarrhoea/dysentery - Passing blood in motion - Vomiting/blood in vomit - Persistent abdominal pain - Persistent jaundice - Incontinence in motion
genito-urinary system	- Difficulty in passing urine - Blood stained urine - Colicky pain with difficulty in urination - Incontinence of urine - Bleeding from genital tract in men - In women: irregular vaginal bleeding during reproductive age - Persistent vaginal bleeding after menopause
Skin diseases	- Chronic ulcers - Recurrent rashes
Goitre	- Swelling in front of neck, painless swelling in front of neck
Elephantiasis	- Swelling of foot/leg progressively increasing over the years with thickening of skin
Eye problems / diseases	- Redness and irritation, pain in the eye, discharge from the eye, blurred vision and double vision
ENT problems/ diseases	- Sore throat, hoarseness of voice, discharge from the ear, ringing in the ear, pain in the ear, impaired hearing (inability to hear well but not deafness)
Mouth and dental problems	- Toothache, bleeding/ swelling/ discharge from the gums, ulcers in the mouth / tongue
Others	- Other chronic symptoms not covered above

- Code 1 will be recorded for any member covered by any scheme/ insurance plan funded by government such as Rastriya Swasthya Bima Yojana (RSBY), Arogyasri, etc., and also for any member covered by CGHS, ESIS or any other scheme as an employee or former employee (or a family member of such an employee) of the State/Central Government.
- Code 2 will be recorded for any member covered by any scheme/ insurance plan as an employee or former employee (or a family member of such an employee) from any employer other than State/Central Government (such as PSUs, private corporate sector firms, nationalised or private banks, government-aided or private schools/colleges/ institutions, and any other private sector employer).
- Code 3 will be recorded for any member covered by any health insurance which has been arranged (and for which the premium is paid) by the household (or, in rare cases, by relatives or friends on behalf of the household).
- Code 4 will be recorded if expenditure on health protection support is provided by any other organisation. Code 5 will be recorded for a member who is not covered by any such scheme.

For a member for whom more than one code is applicable, the code appearing earliest in the list is to be recorded.

**3.4.16 Column 15: reporting of items under columns 11- 13 (self-1, proxy-2):** All efforts are to be made to collect information relating to ailments of household members by interviewing all the members who are old enough to provide information themselves. However, collection of information on ailments through personal interviews will not be possible for every member. For some members, information will have to be obtained 'by proxy' (say, from the head of the household) instead of from 'self'. Code 1 is to be recorded under this column in case of self-reporting and code 2 for proxy- (that is, non-self-) reporting.

### **Block 5: Particulars of former household members who died during the last 365 days**

3.5.0 This block is for listing the persons who were once members of the sample household but ceased to be members at some time during the last 365 days due to their death. If a female member delivered a child who later died before being brought out of the hospital, that child will also be listed here. Particulars of death, such as 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:

3.5.1 **Column 1: serial number:** Serial numbers starting from 91 will be used in column 1, Block 5. The serial numbers 91, 92 and 93 are already printed in the rows provided. Thus the serial numbers in Block 5 will be different from those in Block 4. In case more

than 3 deaths in the household are reported, a separate sheet of Block 5 will be used. In that case, the serial number in the second sheet of Block 5 will start from 94.

**3.5.2 Columns 2 & 3: name and sex of the deceased member:** The name of the deceased member will be written in column 2 and the code for his/her sex (male-1, female-2) in column 3.

**3.5.3 Column 4: age at death (years):** For each deceased person, the age at death in completed years will be recorded against this item. For infants who died before reaching the age of one year, '0' will be entered. Ages above 99 will be recorded in 3 digits.

**3.5.4 Column 5: medical attention received before death (yes-1, no-2):** Medical attention received by the deceased before death may be from a hospital, nursing home, PHC/CHC, etc. or by registered medical practitioners at home or elsewhere. Examination or treatment by persons other than medically qualified personnel will not be considered as medical attention. For code 1 to be given, it is not necessary for the person to have received medical attention immediately before death; however, there should be a continuity in the medical attention received till death. Thus, if the person was, at the time of death, receiving treatment under medical advice for the ailment which caused death, the entry will be 1. On the other hand, for a person who had discontinued medical treatment two weeks before death and not resumed it, the entry will be 2.

**3.5.5 Column 6: whether hospitalised:** This column will be filled in for those among the deceased who were hospitalised for treatment before death during the last 365 days. Code 1 will be recorded in case the deceased was hospitalised during the last 365 days, otherwise code 2 will be recorded. Cases where patients were declared 'brought dead' by the hospital will not be considered.

**3.5.6 Column 7: number of times hospitalised:** For a person with code 1 in column 6, the number of times the person was hospitalised will be recorded here. The entry will be made in the same way as in column 10 of Block 4.

**3.5.7 Column 8: (for females) if age 15-49 in col.4, whether pregnant any time during last 365 days (yes-1, no-2):** For deceased females aged 15-49 at death, it will be asked whether they had been pregnant at any time during the last 365 days.

**3.5.8 Column 9: time of death:** For those with code 1 in column 8, one of the following codes is to be entered in column 9:

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

For deaths reported as related to pregnancy/ delivery/ abortion, the time of death in respect of their pregnancy will be enquired upon and the appropriate code among the codes 1-4 will be recorded. Note that code 4 is applicable only for deaths occurring after delivery/ abortion. Code 9 will be recorded for deaths which are reported as not related to pregnancy/ delivery/ abortion. For deaths occurring more than 6 weeks after delivery/abortion, code 9 is to be recorded even if the death is reported as due to pregnancy/ delivery/ abortion.

**3.6.0.0 General instructions for Blocks 6, 7, 8, 9:** 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 relates to ailments suffered by 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.

**3.6.0.1** Household members should be interviewed personally as far as possible. Female members may have to be interviewed through intermediaries (e.g. husbands in case of married women). For a child, the mother's presence is very important.

**3.6.0.2** In each of Blocks 6, 7, 8 & 9, provision for recording information has been made for only five cases. If the number of cases exceeds the provision made 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 6, 7, 8 & 9 in the extra page(s).

**3.6.0.3** In Block 9, particulars of expenditure will be recorded person-wise (adding over all ailment-related expenses incurred for a person). Thus, if there are more than five ailing persons in the sample household, then an additional sheet of Block 9 will be used and the serial number of the ailing person will appear against item 1 as in column 1 of Block 4/5.

### **Block 6: Particulars of medical treatment received as in-patient of a medical institution during the last 365 days**

**3.6.0.4 Medical institution:** This refers to any medical institution having provision for admission of sick persons as in-patients for treatment. Thus it covers all HSC, PHC, CHC, public dispensaries with facilities for in-patient treatment, any public hospital (district hospital/state general hospitals/ medical college hospitals etc), and private hospital of any kind (private nursing home, day care centre, private medical college and hospital, super-speciality hospital, etc.).

**3.6.0.5 Hospitalisation:** Admission as in-patient to a medical institution (as defined above) for treatment of some ailment or injury, or for childbirth, will be called hospitalisation. The birth of a baby in a hospital will not be taken as a case of hospitalisation of the baby. If, however, a baby who has never left the hospital after birth contracts an illness for which it has to stay in hospital, is it to be regarded as a case of

hospitalisation. *Surgeries undergone in temporary camps set up for treatment of ailments (say, eye ailments) will be treated as cases of hospitalisation for the purpose of the survey.* (Note: It is possible for admission and discharge to take place on the same day.)

#### STEP-BY-STEP PROCEDURE FOR BLOCKS 6, 7, 8 AND 9

(Having reached Block 6)

***Any member or deceased former member hospitalised during last 365 days? (code 1 in Bl.4, col.9, or code 1 in Bl.5, col.6)***

No → Go to Block 8.

Yes → Identify the different cases of hospitalisation (different persons hospitalised, same person hospitalised in 2 different hospitals, same person hospitalised in same hospital for 2 different ailments or 2 different spells of ailment)

→ Fill up one column of Block 6 for each case of hospitalisation.

→ Fill up one column of Block 7 for each case of hospitalisation. Follow the same order of cases in Block 7 as in Block 6.

→ Go to Block 8.

(Having reached Block 8)

***Any member or deceased former member suffered any ailment during last 15 days? (including those who were hospitalised during last 365 days) (code 1 in col.11 or col.12 of Block 4, or died during last 15 days)***

No → Go to Block 10.

Yes → Identify the different spells of ailment suffered during last 15 days (ailments of different persons, 2 ailments of different nature of the same person, two different spells of ailment of the same nature and of the same person)

→ Fill up one column of Block 8 for each spell of ailment suffered during last 15 days. (Do not omit an ailment suffered during last 15 days because it caused hospitalisation at some time in the last 365 days.)

→ For each person who reported any ailment suffered during last 15 days, fill up one column of Block 9 (expenditure incurred on account of all spells of ailment suffered by that person during last 15 days). Exclude any expenditure incurred on hospitalisation during the last 15 days.

Note that Block 9 has one column for each person, while Blocks 6 and 7 have one column for each case of hospitalisation, and Block 8 has one column for each spell of ailment.

**3.6.0.6 Blocks 6 and 7 will be filled up if the respondent answers ‘yes’ (code 1 in Block 4, column 9, or code 1 in Block 5, column 6) to the following question:**

*Was any member of the household (or any deceased former member) hospitalised at any time during the last 365 days?*

**3.6.0.7 Case of hospitalisation:** Each admission to hospital should be counted as a separate hospitalisation case.

(Exception: When the hospitalisation is for the same spell<sup>4</sup> of ailment, the hospital is the same, and no separate account of expenditure is kept, it may be treated as a single case of hospitalisation.)

3.6.0.8 *Identifying the different cases of hospitalisation*: The first step is to examine if there was a single case of hospitalisation, or more than one.

3.6.0.8.1 Two hospitalisation cases arise if (i) two different persons are hospitalised or (ii) the same person is hospitalised in 2 different hospitals or (iii) the same person gets hospitalised in the same hospital for 2 different ailments or 2 different spells of ailment.

- Particulars of each hospitalisation case will be recorded in separate columns of Blocks 6 and 7.
- The particulars of treatment in medical institution recorded here will refer only to the period of hospitalisation contained within the reference period. For instance, if a person was hospitalised 13 months ago for a period of 1 month and 15 days, then particulars of treatment received during the last 15 days will be recorded.

3.6.1 **Item 1: serial number of the hospitalisation case**: The block has 5 columns for making entries, marked with serial numbers (1-5) printed in the row against item 1. Thus, provision has been made for recording information on only five hospitalisation cases in this block. If the number of cases exceeds five, additional pages of Block 6 will be used and continuous serial numbers will be given in the additional pages to record the additional cases.

3.6.2 **Item 2: serial number of member hospitalised**: In Block 4, the members who were given code 1 in column 9 are persons who were hospitalised during the last 365 days. Again, in Block 5, the members (deceased at the time of survey) who were given code 1 in column 6 are persons who were hospitalised during the last 365 days. The hospitalisation cases to be recorded in Block 6 may be cases of hospitalisation of current members or of deceased former members.

- *For cases of hospitalisation of current members, the serial number is to be taken from column 1 of Block 4.*
- *For cases of hospitalisation of deceased former members, the serial number is to be taken from column 1 of Block 5 (91, 92, etc.).*
- In each case, it should be checked that the entry in the 'whether hospitalised' column of Block 4 (column 9) or Block 5 (column 6) is 1 for the member whose serial number is now to be copied to item 2 of Block 6.
- If a member was 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.

3.6.3 **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.

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<sup>4</sup> A spell of ailment is a continuous period of sickness due to a specific ailment.

3.6.4 **Item 4: nature of ailment:** The nature of ailment for which the member was hospitalised (admitted in medical institution) will be recorded in code against this item. The code list which is given on pages 11-12 of the schedule is also given below on pages C-23 to C-30. Besides Block 6, item 4, it is applicable to Block 8, item 7. The basic guidelines are given below, after the definition of ‘availability of reported diagnosis’.

3.6.5 **Availability of reported diagnosis:** We shall say that a reported diagnosis is available if it is learnt from the respondents that a qualified doctor in the private or public sector, or any service provider in the public sector who provided them treatment or counseling, told them the diagnosis verbally, or put the diagnosis in writing on a prescription.

3.6.6 Guidelines for determining nature of ailment in a case of hospitalisation:

1. Wherever a “**reported diagnosis**” is available, record the code according to that – but where there is no “reported diagnosis,” go by the main symptom for which health care was sought.
2. In case of a few of the codes below a second question is required – for example, if the chief complaint is fever, then one has to ask whether there was loss of consciousness or there was a rash. Or if there is a suicide, one has to ask how it was attempted. But for most codes, this would not be necessary.
3. Care is to be taken to avoid medical diagnosis provided by unqualified/informal health care providers, or opinions formed by relatives, friends, etc. In such cases always go by main symptom.
4. **Some disease descriptions are given in capital letters in the code list. For these diseases, the reported diagnosis is mandatory to give it that code number. In other words, that code cannot be given on the basis of symptoms alone. For other disease codes, a chief symptom is enough if reported diagnosis is not available.**
5. If the symptoms reported do not fit into any of the given categories, code 59 is to be recorded. If the informant is unable even to report the main symptoms, code 60 will be recorded.
6. Note that ‘delivery of child’ has been given a special dummy ailment code (code 88) to facilitate collection of some important particulars of childbirths. The birth of a child in hospital is not to be considered a case of hospitalisation of the child. If, however, a baby who has never left the hospital contracts an illness for which it has to stay in hospital, it is to be regarded as a case of treatment received as in-patient, or, in other words, as a case of hospitalisation of the child.

3.6.7 The working definitions of all the ailments and the codes are available below (pages C-23 to C-30).

Code	Reported diagnosis and/or main symptom	Working definition
<b>INFECTIONS</b>		
01	Fever with loss of consciousness or altered consciousness	Any fever which was followed by or accompanied with loss of consciousness or altered consciousness <b>AND/OR</b> reported diagnosis of meningitis, encephalitis, high fever with delirium, cerebral malaria, typhoid encephalopathy etc.
02	Fever with rash/eruptive lesions	Reported diagnosis of <b>Chickenpox, Measles and German measles</b> <b>OR</b> Any Fevers with any eruptive lesions on skin or rashes.
03	FEVER DUE TO DIPHTHERIA, WHOOPING COUGH	<p><b>Diphtheria: <i>Reported diagnosis only.</i></b> (Diagnosis rests on fever, sore throat, and presence of a patch over the tonsils confirmed by the presence of <i>C. diphtheriae</i> on culture through a laboratory test report.) If a doctor's diagnosis or lab report is not there, then such fever should be coded as 'all other fevers – 04'.</p> <p><b>Whooping cough: <i>Reported diagnosis only</i></b> (diagnosis rests on fever with bouts of coughing followed by a whoop and confirmed by the presence of <i>B. pertussis</i> through lab test.)</p> <p>If a doctor's diagnosis or lab report is not there, then such fever should be coded as 'all other fevers –04'.</p>
04	All other fevers  (Includes malaria, typhoid and fevers of unknown origin, all specific fevers that do not have a confirmed diagnosis)	<p><b>Malaria:</b> Reported diagnosis <b>OR</b> Fever with chills and rigors, profuse sweating, intense headache and presence of malarial parasite in the peripheral blood smear.</p> <p><b>Other known causes of fever – reported diagnosis of</b> typhoid, viral fever, chikungunya, dengue, flu <b>OR</b> any other condition where fever is the main symptom, which does not fit the codes 01, 02, 03 – or does not fit better with any of the other codes given later.</p> <p><b>Fever of unknown origin:</b> where no specific cause of fever is known and no diagnosis was made, or where respondent did not know the diagnosis.</p>
05	TUBERCULOSIS	<p><b>Tuberculosis: <i>reported diagnosis only.</i></b> The respondent should have a TB card or a physician's prescription confirming the diagnosis. Can include cases where they report that service provider has verbally communicated this diagnosis. (Usual symptoms are: Cough for 3 weeks or longer duration, and/or chest pain, and/or coughing of blood, and demonstration of <i>Mycobacterium tuberculosis</i> in the sputum).</p> <p>If it could not be confirmed, then such fever should be coded as 'all other fevers – 04'.</p>

Code	Reported diagnosis and/or main symptom	Working definition
06	Filariasis	<b>Filariasis/Elephantiasis:</b> Rests on reported diagnosis <b>OR</b> on clear history of fever with unilateral/ bilateral swelling of any limb/ gland/ scrotum confirmed by the presence of microfilaria in peripheral night blood smear or elephantiasis.  If it could not be confirmed, then such fever should be coded as all other fevers – 04.
07	Tetanus	<b>Tetanus:</b> Rests on reported diagnosis <b>OR</b> a clear history of generalized painful spasms/ jerkiness and stiffness of muscles without loss of consciousness with/without history of injury – usual to be confirmed by a physician’s prescription noting the diagnosis.  If it could not be confirmed, or if it recurs with a gap of days or months between episodes, then it should be classified under nervous system code 23.
08	HIV/AIDS	<b>HIV/AIDS: reported diagnosis only.</b> Symptoms alone, with a professional or laboratory confirmation cannot make the diagnosis.
09	Other sexually transmitted diseases	<b>Sexually transmitted diseases:</b> Rests largely on reported diagnosis <b>only OR</b> sometimes a clear symptoms of urethral discharge or genital ulcers or vaginal discharge, scrotal discharge, painful acute scrotal swelling, swelling in the groin <i>with</i> history of sexual exposure.  If it could not be confirmed, then it should be classified under ‘reproductive tract infection/pelvic inflammatory disease-code 47’.
10	Jaundice	<b>Hepatitis/jaundice:</b> Reported diagnosis <b>OR</b> presence of yellowish discoloration of eyes, passing high-coloured urine, nausea, and itching. Confirmation by a laboratory test/ physician desirable but not essential. Fever may or may not be present.
11	Diarrheas/ dysentery/ increased frequency of stools with or without blood and mucus in stools	<b>Amoebiasis/diarrhoea/dysentery/cholera/giardiasis:</b> Reported diagnosis <b>OR</b> passage of 3 or more semisolid or liquid stools a day with/without fever/abdominal pain. If blood and mucus could be found in stool it is dysentery. A reported specific diagnosis like cholera or gastro-enteritis is also entered here. Diarrhoea or dysentery with fevers is entered under this code, despite the fever.
12	Worms infestation	<b>Worm infestation:</b> Either a reported diagnosis <b>OR</b> clear history of passing worms with stools or vomitus is required.

Code	Reported diagnosis and/or main symptom	Working definition
<b>CANCERS</b>		
13	CANCERS (known or suspected by a physician) and occurrence of any growing painless lump in the body	<b>Cancer and other tumours: <i>Reported diagnosis only.</i></b> (Symptoms are usually non-healing growing ulcer/sores, unusual bleeding and discharge, change in bowel and bladder habits, thickening or lump in breast or any other part of the body, difficulty in swallowing, any obvious change in wart or mole, with documentary evidence of diagnosis.)
<b>BLOOD DISEASES</b>		
14	Anaemia (any cause)	<b>Anaemia: <u>Reported diagnosis OR</u></b> pallor associated with fatigue, general weakness, and palpitation with a confirmatory diagnosis from a laboratory test/ physician. <b>Sickle cell disease – <i>reported diagnosis.</i></b> Any other cause of anemia with a reported diagnosis – e.g., iron deficiency anaemia, thalassemia.
15	Bleeding disorders	Bleeding disorder, hemophilia, etc: Reported diagnosis <b>OR</b> a history of recurrent frequent bleeding after even minor injuries, or from one nasal passage or the other.
<b>ENDOCRINE, METABOLIC, NUTRITIONAL</b>		
16	DIABETES	<b>Diabetes mellitus: <i>Reported diagnosis only.</i></b> (Symptoms are: Excessive thirst, frequent eating, passing large quantities of urine at frequent intervals associated with impaired glucose tolerance confirmed through a laboratory test/ physician's prescription or taking medication (Tablet Metformin/ Injection Insulin) for diabetes.
17	Under-nutrition	<b>Under-nutrition:</b> Reported diagnosis <b>OR</b> When the child is very thin built, lethargic and the actual weight is less than weight for age/ weight for height. Reported diagnosis could include weight chart, ICDS records, etc.  Symptoms of vitamin deficiency including night blindness, lethargy, ulcers in the angles of the mouth, swelling feet with protruberent stomach also indicate this code.
18	Goitre and other diseases of the thyroid	<b>Goitre and other thyroid disease:</b> Reported diagnosis of thyroid disease <b>OR</b> Swelling in the front of the neck; with/ without weight gain, swelling of the face or palpitations and tremors in hands. To be confirmed by a physician's diagnosis/ laboratory test or medication.
19	Others (including obesity)	
<b>PSYCHIATRIC AND NEUROLOGICAL</b>		
20	Mental retardation	From birth – lack of normal mental development.

Code	Reported diagnosis and/or main symptom	Working definition
21	Mental disorders	<b>Psychiatric disorders:</b> Diseases of longer duration of irregular nature affecting behaviour/ abnormal behaviour including excessive fears, anger and violence; depression; detached from reality. <b>Drug abuse or alcoholism</b> interfering with the performance of major life activities such as learning, thinking, communicating, sleeping, etc.
22	Headache	<b>Headache</b> – if it was a cause of seeking health care. If no health care is sought, then report only if self-reported as a cause of illness without prompting or leading question. <b>Reported diagnosis</b> of MIGRAINE also.
23	Seizures or known epilepsy	<b>Seizures/Epilepsy:</b> Reported diagnosis <b>OR</b> recurrent episodic convulsions, usually with normalcy between episodes.
24	Weakness in limb muscles and difficulty in movements	<b>Muscular weakness or movement difficulty:</b> Includes tremors, difficulty in walking, paralysis of both lower limbs, and difficulty in picking up or holding objects with either hand.
25	Stroke/ Hemiplegia/ Sudden onset weakness or loss of speech in half of body	<b>Stroke:</b> Reported diagnosis of stroke or hemiplegia <b>OR</b> cerebro-vascular disease <b>OR</b> sudden onset of weakness or paralysis of one half of body or even of one limb with or without impairment of speech.
26	Others including, memory loss, confusion	Memory loss, confusion, acquired mental retardation – acute or chronic – especially in the elderly (excluding mental retardation which is a condition persisting from birth).
<b>EYE</b>		
27	Discomfort/ pain in the eye with redness or swellings/ boils	<b>Conjunctivitis/Corneal Ulcer/Iritis/Infection of eyelids or lacrimal glands/Foreign body in eye/trauma:</b> Reported diagnosis of any of these <b>OR</b> Redness of eyes with watering and foreign body sensation with/without discharge.
28	Cataract	<b>Cataract:</b> Reported diagnosis <b>OR</b> self-reported with blurring/loss of vision over a period of time most commonly related to ageing with presence of opacity in either or both eyes
29	GLAUCOMA	<b>Glaucoma: Reported diagnosis only.</b> (Symptom: Often with pain in the eyes with blurring/loss of vision of sudden onset in either/both eyes and where decreased vision could not be corrected with glasses – needs confirmation by an ophthalmologist’s diagnosis. Sometimes glaucoma is slow-onset and painless. Include this too if there is a reported diagnosis.)

Code	Reported diagnosis and/or main symptom	Working definition
30	Decreased vision (chronic) NOT including where decreased vision is <i>corrected</i> with glasses	<b>Could be complete or partial blindness – rapid onset or slow:</b> Retinopathies: Could be diabetic, or having other causes like retinal detachment, or degenerative. Could have begun with night blindness and progressed. Could be undiagnosed glaucoma or untreated/undiagnosed refractive errors. Exclude those visual defects which wearing glasses/contacts have almost or fully corrected. Those corrected by glasses shall not be counted as illness.
31	Others (including disorders of eye movements – strabismus, nystagmus, ptosis and adnexa)	<b>Ptosis, nystagmus, strabismus or squint, styes, etc:</b> Reported diagnosis <b>OR</b> drooping of eyelids, inability to close eyes, squints, and other disorders of eye movements or swellings and infections of eyelids.
<b>EAR</b>		
32	Earache with discharge/ bleeding from ear/ infections	<b>Infections of the ear/ Other ear ailments:</b> Reported diagnosis of infection to external or internal ear/ discharge from the ear, with/without fever <b>OR</b> pain or bleeding from ear of any cause without decreased hearing.
33	Decreased hearing or loss of hearing	<b>Deafness:</b> Loss of hearing – partial or full – one ear or both – subsequent to any cause and for any duration.
<b>CARDIO-VASCULAR</b>		
34	HYPERTENSION	<b>Hypertension:</b> <i>Reported diagnosis only.</i>
35	Heart Disease: Chest pain, breathlessness	<b>Heart Disease: Rheumatic, Ischemic, Congenital etc.</b> <b>Heart Disease:</b> Reported diagnosis <b>OR</b> has unexplained recurrent or severe chest pain, breathlessness with/without palpitation even on normal activity with/without swelling of legs and feet.
<b>RESPIRATORY</b>		
36	Acute upper respiratory infections (cold, runny nose, sore throat with cough, allergic colds included)	<b>Upper Respiratory ailments including nose/throat:</b> Characterized by one or more of the following: Running nose, Cough, Sore throat, with or without fever all of short duration, though it could be recurrent.
37	Cough with sputum with or without fever and NOT diagnosed as TB	<b>Lower respiratory infections/ Chronic obstructive pulmonary diseases: acute or chronic –</b> Reported diagnosis <b>OR</b> cough as the main symptom, with or without fever, with or without sputum and blood in it, with or without marked breathlessness. Exclude those where there is reported diagnosis of TB.

Code	Reported diagnosis and/or main symptom	Working definition
38	Bronchial asthma/ recurrent episode of wheezing and breathlessness with or without cough over long periods or known asthma)	<b>Bronchial Asthma:</b> Reported diagnosis <b>OR</b> chronic, recurrent episodes of difficulty in breathing as main symptom usually with wheezing with or without cough and usually normal or minimal problems between episodes.
<b>GASTRO-INTESTINAL</b>		
39	Diseases of mouth/teeth/gums	<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.
40	Pain abdomen: Gastric and peptic ulcers/ acid reflux/ acute abdomen	<b>Gastritis/ gastric or peptic ulcer:</b> Pain abdomen, indigestion, acid reflux and burning sensation in the stomach. <b>Appendicitis/Pancreatitis,</b> Acute abdomen: severe abdomen pain usually requiring surgery and/or hospitalization.
41	Lump or fluid in abdomen or scrotum	Includes <b>hydroceles, hernias, abdominal mass</b> undiagnosed or due to chronic liver, e.g. cirrhosis or intestinal disease or due any cause other than those which have been given specific codes. Unlike for the earlier code, pain is not a feature.
42	Gastrointestinal bleeding	<b>Hemorrhoids, fistula or any bleeding from the anus,</b> blood mixed in stools due to any cause, or vomiting of blood. (NOT bleeding gums or teeth which is coded 39)
<b>SKIN</b>		
43	Skin infection (boil, abscess, itching) and other skin diseases including leprosy	<b>Diseases of skin:</b> Characterized by presence of lesions – raised, rings, blisters, scales, discoloured patches, itching, redness.
<b>MUSCULO-SKELETAL</b>		
44	Joint or bone disease/ pain or swelling in any of the joints, or swelling or pus from the bones	<b>Disorders of joints and bones:</b> Reported diagnosis of any arthritis or bone disease <b>OR</b> Pain/swelling/stiffness of any joint, or pain, deformities, or pus from any bone – excluding due to injury.
45	Back or body aches	<b>Back pain or body ache:</b> which was a cause for seeking medical care/ taking medication, or, if no care sought, was complained of without prompting/ interfered with work, caused significant distress.

Code	Reported diagnosis and/or main symptom	Working definition
<b>GENITO-URINARY</b>		
46	Any difficulty or abnormality in urination	<p><b>Diseases of kidney/urinary system:</b> Difficulty in passing urine and/or burning sensation while passing urine, or passing urine at increased frequent intervals and/or fever and/or passing blood in urine.</p> <p><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.</p> <p><b>Genital disorders</b> – problems related to male genitalia with respect to urination</p>
47	Pain the pelvic region/ reproductive tract infection/ pain in male genital area	<p><b>Pelvic inflammatory disease/Reproductive tract infections:</b> In women: As reported diagnosis <b>OR</b> and /or lower abdominal pain / pain in pelvic area and / with or without abnormal vaginal discharge in women <b>OR</b> just abnormal vaginal discharge (not diagnosed as sexually transmitted diseases) OR genital ulcer.</p> <p>In men: Ulcer or pain in male genital area. (Scrotal swellings reported in 41.)</p>
48	Change/ irregularity in menstrual cycle or excessive bleeding/ pain during menstruation and any other gynaecological or andrological disorders including male/female infertility	<p><b>Menstrual disorders:</b> As reported or irregular menstruation, abnormal lack of menstruation, or excessive bleeding during menstruation;</p> <p><b>Other gynaecological/andrological disorders:</b> Any abnormal bleeding per vaginum /or mass or growth NOT diagnosed as cancer and/or inability to conceive/ infertility <b>OR</b> leaking urine/ urinary incontinence.</p>
<b>OBSTETRIC</b>		
49	Pregnancy with complications before or during labour (abortion, ectopic pregnancy, abortion, hypertension, complications during labor)	<p><b>Pregnancy with complications:</b> <i>Before onset of labour pains</i> – would include abortions, fevers, hypertension, moderate to severe anemia, severe swelling of feet, severe headaches, severe vomiting, or in-utero death of fetus, bleeding from vagina and stillbirths.</p> <p><i>After onset of labour pains</i> – would include prolonged labour, baby born in abnormal positions, bleeding, fits, very high blood pressure and stillbirths – and any reason for which surgery or assisted delivery was resorted to.</p>
50	Complications in mother after birth of child	<b>Post partum complications:</b> fits, depression, infections, bleeding, descending uterus, leaking urine etc. that developed from when the child emerged to within 42 days of birth of child.

<b>Code</b>	<b>Reported diagnosis and/or main symptom</b>	<b>Working definition</b>
51	Illness in the newborn/ sick newborn	<b>Illnesses in the newborn:</b> Reported diagnosis <b>OR</b> (a) Any complications in the newborn arising out of delivery (b) Breathlessness and infections (c) Pre-term or low birth weight (d) Others (digestive system disorders, temperature, congenital anomalies).
<b>INJURIES</b>		
52	Accidental injury, road traffic accidents and falls	Injury which was not deliberate but accidental leading to lacerations, fractures, crushing injuries, injuries to internal organs or multiple body parts.
53	Accidental drowning and submersion	---
54	Burns and corrosions	Any burns, corrosions due to fire, steam/vapour, hot liquids, acids or chemicals leading to boils, abrasions and lacerations.
55	Poisoning	Internal ingestion of excessive inappropriate levels of medicines, any levels of pesticides, insecticides, rat poisons or other chemicals, applications on skin.
56	Intentional self-harm	Intentional self-harm – suicide, attempted suicide or even deliberate self-injury inflicted on oneself for whatever reason.
57	Assault	Harm inflicted deliberately by another human being.
58	Contact with venomous/harm causing animals and plants	Snake-bites, scorpion stings any other insect bite, any other animal bite – dogs, wild animals.  Accidental poisoning or contact with plants – excludes that done with suicidal intent.
<b>OTHER</b>		
59	Symptom not fitting into any of above categories	---
60	Could not even state the main symptom	---
<b>(DUMMY AILMENT)</b>		
88	Delivery of child	Childbirth – Caesarean/ normal/ any other (for both live birth and stillbirth).

3.6.8 **Item 5: nature of treatment:** The codes are as follows:

Allopathy.....	1
Indian system of medicine ( <i>desi dawai</i> : ayurveda, unani or siddha).....	2
Homoeopathy.....	3
Yoga & Naturopathy.....	4
Other.....	9

Definitions of the different systems of treatment are provided on pages C-3 to C-4.

3.6.9 **Item 6: level of care:** The 'level of care' classification incorporates both the public-private distinction and the level of sophistication of the care provided. The codes are:

HSC/ANM/ASHA/AWW.....	1
PHC/dispensary/CHC/mobile medical unit.....	2
public hospital.....	3
private doctor/clinic.....	4
private hospital.....	5

Codes 1-3 cover government sources of treatment and codes 4-5, private sources. For definitions, see pages C-4 and C-5. Note that:

3.6.9.1 *Any facility normatively staffed by a doctor (whether or not in practice a doctor is available at that point of time, and irrespective of which medical stream the doctor is from) will get code 2 or higher, but if it is a facility where a doctor is not required under the norms and only paramedical staff are required, the source gets code 1.*<sup>5</sup>

3.6.9.2 Since a private clinic does not have an in-patient facility, code 4 is not applicable for item 6; however, it has been kept so that the same code list may be used for items 17 and 21 (see below). *The facilities grouped under code 1 also do not have in-patient facility, but some of them may at times conduct normal delivery.*

3.6.10 **Item 7: type of ward:** There are usually different classes or types of ward in a hospital. The type of ward where the patient was admitted (for the particular hospitalisation case) will be recorded here in code.

The codes are:	free .....	1
	paying general .....	2
	paying special .....	3

3.6.11 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. ICUs (Intensive Care Units), HDUs (High Dependency Units), etc. will get code 3.

<sup>5</sup> Note that for a patient who is admitted in a PHC for treatment, the code will be 2 even if she is administered treatment by an ANM. (ANMs are usually posted in HSCs but may be found in PHCs as well.)

3.6.12 **Item 8: when admitted:** The time, with respect to the date of survey, when the patient was admitted to the hospital will be recorded here in code. The codes are:

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

3.6.13 **Item 9: when discharged:** The time, with respect to the date of survey, when the patient was discharged from the hospital will be recorded here in code. The codes are:

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

3.6.14 **Item 10: duration of stay in hospital (days):** Only the time within the reference period (last 365 days) will be considered for recording duration of stay. That is, duration of stay within the last 365 days will be recorded, in number of days. For example, if the patient was admitted 40 days ago and discharged 2 days ago, the duration of stay will be 38 days. If the patient was admitted 400 days ago and discharged 350 days ago, the duration of stay will be 15 days.

3.6.15 **Items 11 to 14: details of medical services received:** The entries against these items will be made in code. 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 it is 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.

Example: Item 12 (medicine):

If all the required medicines were received free from the hospital, enter code 2.

If all the medicines were received on payment (from hospital or elsewhere), enter code 4.

If some medicines were supplied free by the hospital and the rest purchased, enter code 3.

3.6.16 **Item 15: whether treated on medical advice before hospitalisation (yes-1, no-2):** If any treatment on medical advice is undergone immediately before getting admitted to 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 taken 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 clinic or doctor. To record code 1, it is not necessary that the treatment before hospitalisation is taken within the reference period.

3.6.17 Items 16, 17 and 18 will be filled in only if the entry in item 15 is 1.

3.6.18 **Item 16: nature of treatment:** This refers to the nature of treatment availed before hospitalisation. The codes are as for item 5.

3.6.19 **Item 17: level of care:** This refers to the level of care of the treatment availed before hospitalisation. The codes are as listed above in paragraph 3.6.9. All the codes are applicable including code 4 (which is not applicable for item 6).

3.6.20 **Item 18: 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 this treatment before admission to the medical institution, even if a part of the period falls outside the reference period, will be recorded here.

3.6.21 **Item 19: whether treatment on medical advice continued after discharge from hospital (yes-1, no-2):** Code 1 will be entered here if the patient, after getting discharged from the hospital, has continued treatment on medical advice, and code 2 otherwise. When the patient is not yet discharged from the hospital, a '-' mark will be put against this item.

3.6.22 **Items 20, 21 and 22:** These three items relate to the *treatment after discharge from hospital*. They are similar to items 16, 17 and 18 respectively, and the same codes are applicable.

**Item 20:** Codes as in item 16.

**Item 21:** Codes as in item 17.

**Item 22:** Codes as in item 18.

## **Block 7: Expenses incurred during the last 365 days for treatment of members as in-patient of medical institution**

3.7.0 For each of the hospitalisation cases recorded in Block 6, expenses incurred during the last 365 days on account of the hospitalisation will be recorded in Block 7. It is important to note that:

- The hospitalisation cases will be taken up in Block 7 in the same order as in Block 6, and the same serial numbers of hospitalisation cases used in Block 6 (item 1) will be used in Block 7 (item 1).
- Only out-of-pocket expenditures incurred by households will be recorded. If direct payment to hospital is made by the employer or an insurance company, that payment will not be recorded.
- However, if the household makes a payment to the hospital which is later partly or wholly reimbursed by the employer or an insurance company, the payment made by the hospital will be recorded (against items 5 to 11) and the amount reimbursed will be entered against item 15.

- The information on source of finance (items 16 and 17) and amount of reimbursement (item 15) will relate only to the part of the expenses recorded in this block.
- In case some or all of the expenditure was incurred by some other household, efforts have to be made to record the approximate expenditure if the exact amount is not known.

**3.7.1 Item 1: serial number of hospitalisation case:** The serial numbers recorded in item 1 of Block 6 will be copied to item 1 of Block 7 in the same order.

**3.7.2 Items 2 & 3: serial number of member hospitalised and age (as in items 2 & 3 of Block 6):** Again, just as in case of item 1, the entries against items 2 and 3 will be the same in Block 7 as in Block 6.

**3.7.3 Item 4: whether any medical service provided free:** The codes for this item are as follows:

yes:	
medical services provided free by	
Government .....	1
private .....	2
no .....	3

- Expenditure incurred and reimbursed by the employer or any other organisation is not to be regarded as “provided free”. In such cases, code 3 will be applicable. Also, if expenditure for treatment is wholly borne by the household, code 3 will be recorded.
- It is possible that, as a part of government scheme, treatment was provided entirely free of cost. In that case code 1 will be applicable.
- If the person has received the treatment fully free of cost from any private hospital or NGO or any philanthropic organisation, the code will be 2.

**3.7.3.1** It may be noted in this connection that in spite of code 1 or 2 being applicable in item 4, expenditure may have been incurred on one or more of the items 5 to 10.

The following are a few examples of medical services or reimbursement scheme from employer:

- (a) Indian Railways run hospitals that provide free medical treatment to its employees and their dependants.
- (b) There are private industrialists who run hospitals to extend free 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 dependants.

(e) Some employers (e.g. banks, UN offices, corporate bodies) who do not run a hospital or dispensary of their own, but make arrangements with medical institutions for medical treatment of the employees. The expenses are met either entirely or partially by the employer.

#### 3.7.4 **Items 5 to 10: medical expenditure for treatment during stay at hospital (Rs.):**

The total expenditure during the last 365 days for medical treatment during the stay in the hospital will be accounted against these items. The following points should be noted:

1. All efforts should be made to record expenditure itemwise. Entry against item 11 (total medical expenditure) will not be acceptable unless the entries against items 5 to 10 in the same column add up to the item 11 entry.
2. Expenses incurred will include all expenditure made by the household (“out-of-pocket” expenditure) even if reimbursed later.
3. However, expenses met through “cashless facility” of medical insurance (paid directly to hospital by the insurance company) and expenses directly met by the employer to the hospital will be excluded.
4. In case of zero expenditure on any of the items of expenditure (items 5-15), a ‘-’ should be entered in the relevant column against the item.

3.7.5 **Item 5: package component (Rs.):** “Packages” of treatment involving specific surgical or non-surgical medical procedures, inclusive of different items like operation theatre (OT) charges, OT consumables, medicines, doctor’s fees, bed charges, etc. are common nowadays in all private hospitals. Normally, packages do not include additional diagnostic tests, attendant charges, physiotherapy, personal medical appliances, blood, oxygen, etc.

3.7.5.1 When some treatment is received as a package (with pre-determined total cost) from the hospital, the information for items 6 to 10, for this treatment, will not be separately available. The total cost of the package treatment received will, however, be known and will be recorded against item 5 as “package component”. However, even when treatment has a package component, some extra medical expenses may be incurred over and above the package component. Therefore, the presence of an entry in item 5 does not necessarily mean that items 6 to 10 will be blank for that particular hospitalisation case (column of Block 7).

3.7.6 **Item 6: doctor’s/surgeon’s fee:** This will include the total amount paid on account of doctor’s/surgeon’s fees chargeable for the period of treatment within the reference period during the stay in hospital. It is not necessary that the doctor(s) or surgeon(s) should be attached to the hospital.

3.7.7 **Item 7: medicines:** The total amount paid for medicines (including drips) used for treatment within the reference period during the stay in hospital – whether made available by the hospital or procured from outside – will be recorded here.

3.7.8 **Item 8: diagnostic tests:** The total amount paid for diagnostic tests carried out on the patient during the stay in hospital within the reference period – whether using the hospital’s diagnostic facilities or not – will be recorded here.

3.7.9 **Item 9: bed charges:** Amount paid for bed charges during stay in hospital within the reference period will be recorded here. If charges for food cannot be separated out from bed charges, the combined charges may be recorded against ‘bed charges’.

3.7.10 **Item 10: Other medical expenses (attendant charges, physiotherapy, personal medical appliances, blood, oxygen, etc.):** This item will include all other expenditure involved in medical treatment.

3.7.10.1 **Attendant charges:** This refers to charges for services of hired attendant(s) (caregivers) who stay with the patient in the hospital to attend to their needs. They may be arranged by the hospital or by the patient’s relatives. If any household member or relative attends to the patient, no imputation of charges for his/her services is to be made.

3.7.10.2 **Physiotherapy:** If the patient has undergone any physiotherapy during the stay at hospital, the amount chargeable will be included in item 10 irrespective of whether the physiotherapist is on the staff of the hospital or not.

3.7.10.3 **Personal medical appliances:** This refers to personal medical appliances of durable nature like spectacles, contact lenses, intra-ocular lenses, hearing aids, trusses, crutches, catheter, nebulizer, artificial limbs, pacemaker, etc. for the purpose of treatment of the patient at the hospital.

3.7.10.4 **Blood, oxygen cylinder, etc.:** Charges for blood, oxygen cylinders and other consumables such as gloves, bandages, plaster, etc., supplied by the hospital or procured from outside, will be included in item 10.

3.7.10.5 Apart from these, expenses on any other item used in medical treatment or diagnosis during stay in the hospital, such as thermometer, infra-red lamp, blood pressure measuring equipment, blood sugar measuring kit, bed-pan, urinal, etc., will be included in item 10 if borne by the household.

3.7.11 **Problem of non-available break-up of medical expenditure:** Positive entry in item 11, with zero entries against items 5 to 10 in that column, is not acceptable. But frequently, the respondents will report that they are unable to provide the break-up of expenditure incurred for treatment in the hospital.

3.7.11.1 If this is due to recall lapse, as when the patient was hospitalised several months ago, all efforts should be made to obtain a rough break-up, however approximate it might be. Even if this break-up differs a lot from the true break-up, it is preferable to having no break-up.

3.7.11.2 However, if this inability to provide the break-up is because the household paid a lumpsum payment to the hospital without being given any idea as to the details, there may be no alternative but to record the entire amount against item 5: package component (though this does not fit into the meaning of “package component” as explained in paragraph 3.7.5). This practice should only be resorted to in extreme cases as an exception, rather than as a rule. Making it a general practice will defeat one of the important objectives of the survey.

3.7.12 **Item 11: medical expenditure (Rs.): total:** The total of entries in items 5 to 10 will be recorded here for each case of admission case. Care is to be taken not to inadvertently omit the package component (item 5 entry), if any, from the total.

3.7.13 **Item 12: transport for patient:** Here the amount paid for transport charges (by ambulance or other vehicle) for the patient – whether accompanied by other household members or not – for the journey to hospital for admission, and for the return journey, will be recorded. In addition, charges for any journey performed on medical advice during the period of stay in hospital (e.g. to undergo a diagnostic test which the hospital advised but did not have the facilities necessary to perform) will be included.

3.7.14 **Item 13: other non-medical expenses incurred by the household (food, transport for others, expenditure on escort, lodging charges if any, etc.):** All other non-medical expenses are to be recorded here. Some important ones are:

**Food:** Item 13 will include expenses incurred on food supplied by the hospital (unless included in *item 9: bed charges*) or purchased from outside for the patient. The cost of meals supplied from home for the patient will not be included.

**Transport (other than ambulance):** The transport expenses incurred by household members for travelling to the hospital to visit the patient and attend to the patient’s needs, and for return journeys, including travel for procuring medicines, blood, oxygen, etc. for the hospitalised person, will be included in item 13.

**Lodging charges of escort(s):** Charges for lodging incurred by those household members who were required to stay in a hotel or a lodge for attending to the patient’s needs during hospital stay will be included in item 13.

**Other expenses incurred by the household:** Other incidental charges paid and expenses incurred due to hospitalisation, such as telephone charges made from PCO, and expenditure on soap, towel, toothpaste, etc. for the patient and escort(s), will be included in item 13.

3.7.15 **Item 14: expenditure (Rs.) total:** For each case of hospitalisation (column of Block 7), the total of entries against items 11 to 13 will be recorded against item 14 in the same column.

3.7.16 **Item 15: total amount reimbursed by medical insurance company or employer:** Of the out-of-pocket expenditure recorded in item 14, the amount reimbursed or expected to be reimbursed by the employer (public/private) or any insurance companies

(public/private) or any other agencies will be recorded in item 15. Entry will be made only in those situations where the household initially bears the medical expenditure, which the employer or the insurance company subsequently reimburses partly or fully. Expenses met through “cashless facility” of medical insurance (paid directly to hospital by the insurance company) and payments directly made by the employer to the hospital will not be considered for item 15.

Example: A household member was hospitalised twice during the reference period. In one case, the total cost of treatment, Rs. 45,000, was paid by a medical insurance company directly to the hospital under the cashless system. In the second case the cost of treatment was Rs.25,000 and was paid by the household to the hospital (as the sanction for cashless payment had not been obtained) and later fully reimbursed by the company. How will the entries be made?

Answer: For the first case of hospitalisation, there will be no entries against items 5-15. For the second case, item 5 will be blank, the entry against item 11 will be Rs.25,000, and appropriate entries will be made for the break-up of this amount in items 6-10. The entry against item 15 will also be Rs.25,000.

3.7.16.1 Normally, reimbursement cannot exceed the cost of treatment, so the entry in item 15 cannot exceed the entry against item 14. In fact, it will normally be less than the entry against item 11, as non-medical expenditure is usually not reimbursed. However, there are some insurance companies where the amount reimbursed is not limited by the expenditure actually incurred. In such cases, the entry in item 15 may exceed the entry against item 14.

3.7.17 **Items 16 and 17: source of finance for expenses:** The total expenditure exclusive of the amount reimbursed is borne by the household. The money needed for this may be spent from current household income or accumulated household savings. It may be partly or wholly spent from the proceeds of sale of cattle or draught animals, jewellery or other physical assets. It may be partly or wholly financed by borrowing. Part of it may be contributed by friends and relatives as outright assistance.

3.7.17.1 There are 5 sources of finance listed in the common code list for item 16 (major source of finance for expenses) and item 17 (second most important source of finance). The major source among the sources listed will be identified and the code for it entered against item 16. The second most important source, if any, will also be identified and the code for it entered against item 17. If there is only one source of finance, a dash (‘-’) will be entered against item 17 in the relevant column. The codes are:

- household income/savings-1
- borrowings-2
- sale of physical assets-3
- contribution from friends and relatives-3
- other sources-9

Money advanced by friends and relatives as interest-free loans will come under 'borrowings'. *Note that 'other sources' (code 9) does not include reimbursement from medical insurance and reimbursement by employer.* This is because here we are concerned with the financing of the expenditure excluding the reimbursed amount, if any.

3.7.18 **Item 18: place of hospitalisation (state code):** The 2-digit state code for the State/UT where the person was hospitalised will be recorded against this item.

### **Block 8: Particulars of spells of ailment of household members during the last 15 days (including hospitalisation)**

3.8.0 The following are to be kept in mind:

- i. For each spell of ailment, a separate column of the block will be used. *A spell is a continuous period of sickness due to a specific ailment.*
- ii. All the hospitalisation cases falling (entirely or partly) within the reference period of last 15 days will be enumerated in this block as well.
- iii. Also, if a member died during the last 15 days, particulars of the ailment from which he was suffering will also be recorded in this block.

3.8.0.1 *At this point, for identification of the persons who were ailing during the last 15 days, the investigator is to consult Block 4, column 11 (whether suffering from any chronic ailment) and Block 4, col.12 (whether suffering from any other ailment at any time during the last 15 days).*

- (a) The members for whom entry in column 11 of Block 4 is 1 were suffering from at least one chronic ailment (on the date of survey)
- (b) The members for whom entry in column 12 of Block 4 is 1 had suffered from at least one other (non-chronic) ailment during the last 15 days.

*Now, in Block 8, particulars of ailments of both kinds are to be recorded.*

3.8.0.2 Note, however, that Block 8 has a separate column for each spell of ailment. Therefore for the same person, there may be more than one column to be filled in Block 8. This is particularly true for aged persons. Again, a person suffering from a chronic ailment may have suffered another ailment in the past 15 days. It is now necessary, therefore, to identify the different spells of ailment suffered during last 15 days.

- Ailments of different persons are always different spells.
- Also, two ailments of different NATURE suffered by the same person are different spells.
- Finally, the same person may have two spells of ailment of the same NATURE (e.g., when a fever lasts for 5 days, then the fever and other symptoms are absent for the next 7 days, but after that the fever returns).
- Note also that an ailment may involve periodic check-ups. These will not be counted as separate spells of ailment.

Having identified the different spells whose particulars are to be recorded in different columns, the investigator may take up the spells one by one and make entries against the items as follows.

**3.8.1 Item 1: serial number of spell of ailment:** Block 8 has 5 columns for making entries, marked with serial numbers (1-5) printed in the row against item 1. Thus, provision has been made for recording information on only five spells of ailments in this block. If the number of spells of ailment exceeds five, additional pages of Block 8 will be used and continuous serial numbers will be given in the additional pages to record the additional spells.

**3.8.2 Item 2: serial number of member reporting ailment (as in col.1 of Blocks 4/5):** The serial numbers of all members, as recorded in Block 4, col. 1, with code 1 in column 11 or column 12 of Block 4 (persons who were suffering from a chronic ailment, or had suffered any other ailment during the last 15 days) will be copied and recorded against item 1 of Block 8.<sup>6</sup> For members reported to have died during the last 15 days, the serial number is to be copied from col. 1 of Block 5.

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

**3.8.4 Items 4, 5 and 6: Number of days within the reference period: ill, on restricted activity, confined to bed:** Illness, restricted activity and confinement to bed owing to a spell of ailment indicate different degrees of severity of the ailment. These three items, therefore, are a means of assessing the severity, during the reference period, of the ailment.

**3.8.5 Item 4: Number of days within the reference period: ill:** This is the number of days of illness suffered due to the particular spell of ailment during the reference period. Days with illness will mean the duration for which the member felt sick.

**3.8.6 Item 5: Number of days within the reference period: on restricted activity:** Restriction of activity refers to the inability of a person to carry out any part of his normal avocation on account of an ailment. For economically employed persons, restricted activity will mean abstention from economic activity. For housewives, it will mean cutting down of the day's chores. In case of retired persons, it will mean the pruning of his/her normal activity. In case of students attending educational institution, it will mean abstention from attending classes. *Only that restriction of activity which occurs due to the ailment will be considered here. If a person is normally inactive due to old age, and there is no (additional) restriction of activity due to the ailment, then the entry against item 5 will be '0'. The same will be true for an infant below 6 months of age.*

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<sup>6</sup> If a member who did not report a chronic/ non-chronic ailment earlier reports it at the time of canvassing Block 8, the entries in Block 4 may be corrected so that there is no inconsistency between Block 4 and Block 8.

**3.8.7 Item 6: Number of days within the reference period: confined to bed:** A day of confinement to bed is a day on which the ailing person is required or compelled to mostly stay in bed at his/her residence on account of the ailment. For item 6 – number of days confined to bed – the number of days in a hospital within the reference period will also be counted. *Again, only the confinement to bed which occurs because of the ailment will be considered here. For a person normally confined to bed even when not suffering from the ailment, the entry against item 6 will be ‘0’.*

3.8.8 Note that period of illness includes the period of restricted activity due to illness, which again includes the period of confinement to bed on account of illness. Thus,  
***entry in item 4 ≥ entry in item 5 ≥ entry in item 6.***

**3.8.9 Item 7: nature of ailment:** The nature of ailment from which the member was suffering will be recorded in code against this item. The code list which is given on pages 11-12 of the schedule is also given above on pages C-23 to C-30. It is the same as the list for classifying ailments in hospitalisation cases (Block 6, item 4). The basic guidelines are given below, after the definition of ‘availability of reported diagnosis’.

**3.8.10 Availability of reported diagnosis:** We shall say that a reported diagnosis is available if it is learnt from the respondents that a qualified doctor in the private or public sector, or any service provider in the public sector who provided them treatment or counseling, told them the diagnosis verbally, or put the diagnosis in writing on a prescription.

3.8.11 Guidelines for determining nature of ailment:

1. Wherever a “**reported diagnosis**” is available, record the code according to that – but where there is no “reported diagnosis,” go by the main symptom.
2. **Chief/main symptom:** Wherever health care was sought, the chief/main symptom shall always mean the symptom for which health care was sought. Where healthcare is not sought the main symptom will be decided on the judgement of the respondent as the most troublesome symptom felt in the last 15 days.
3. In case of a few of the codes below a second question is required – for example, if the chief complaint is fever, then one has to ask whether there was loss of consciousness or there was a rash. Or if there is a suicide, one has to ask how it was attempted. But for most codes, this would not be necessary.
4. Care is to taken to avoid medical diagnosis provided by unqualified/informal health care providers, or opinions formed by relatives, friends, etc. In such cases always go by main symptom.
5. **Some disease descriptions are given in capital letters in the code list. For these diseases, the reported diagnosis is mandatory to give it that code number. In other words, that code cannot be given on the basis of symptoms alone. For other disease codes, a chief symptom is enough if reported diagnosis is not available.**

6. If the symptoms reported do not fit into any of the given categories, code 59 is to be recorded. If the informant is unable even to report the main symptoms, code 60 will be recorded.

7. Note that 'delivery of child' has been given a special dummy ailment code (code 88) to facilitate collection of some important particulars of childbirths.

3.8.12 The working definitions of all the ailments and the codes are available on pages C-23 to C-30.

3.8.13 **Item 8: whether chronic (yes-1, no-2):** Following the procedures and explanations given on page C-14, it will be ascertained whether the ailment in question is a chronic ailment. If so, code 1 will be entered against item 8 and, if not, code 2.

3.8.14 **Item 9: status of ailment:** The period of the spell of ailment with respect to the reference period will be recorded here in code. 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.

3.8.15 **Item 10: total duration of ailment (days):** 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. Thus the total duration of the ailment may be longer than 15 days; it may be much longer for chronic ailments.

3.8.16 **Item 11: nature of treatment:** The codes are the same as for ailments in hospitalisation cases except that an additional code is provided for 'no treatment'. The codes are:

Allopathy .....	1
Indian system of medicine (desi dawai: ayurveda, unani or siddha) .....	2
Homoeopathy .....	3
Yoga & Naturopathy .....	4
Other .....	9
No treatment .....	5

Definitions of the different systems of treatment are provided on pages C-3 to C-4.

3.8.17 **Item 12: whether hospitalised (yes-1, no-2):** This item will indicate whether the member was hospitalised for the ailment in question. Note that if the entry is 1, it means that the ailment was a hospitalisation case for which a column of Block 6 as well as a

column of Block 7 has been filled in. Note, however, that all cases of hospitalisation where the patient was discharged from hospital more than 15 days prior to the date of survey will not appear in Block 8. The member may, however, suffer from a relapse of the ailment during the last 15 days; if so, particulars of this ailment will be entered in Block 8, but the entry against item 11 will be 2 (no).

**3.8.18 Item 13: if 1-4 or 9 in item 11, whether treatment taken on medical advice:** If the treatment given to the ailment was given on medical advice, that is, on the advice of a qualified medical practitioner, the advice having been taken during this spell or earlier, code 1 will be recorded against this item, even if medical consultation was outside the reference period. If no medical consultation was **ever** taken for this ailment, code 2 will be recorded. In such cases, a dash ('-') is to be entered against items 14 & 15. If entry in item 11 is 5 (no treatment), a dash ('-') is to be made against item 13, 14, 15, 16 and 17.

**3.8.19 Item 14: if 1 in item 13, level of care:** The codes for level of care are:

HSC/ANM/ASHA/AWW.....	1
PHC/dispensary/CHC/mobile medical unit.....	2
public hospital.....	3
private doctor/clinic.....	4
private hospital.....	5

For explanations of the above terms, see pages C-4 and C-5. Note that:

- A private clinic differs from a private hospital in that it has no in-patient facility.
- Code 1 is used for care received in a facility which is staffed by *paramedicals* – a doctor is not required under the norms – whereas the sources listed against codes 2, 3, 4 and 5 are normatively staffed by a *doctor* (irrespective of whether a doctor is actually present or not, and irrespective of which stream of medicine the doctor belongs to). Code 1 is also applicable when care is provided by an AWW or ASHA visiting the household.
- If, for a particular spell, treatment has been availed of from both government and private sources, the government source should get priority over private.
- Note: In case of no treatment (entry 5 in item 11), or no medical consultation (entry 2 in item 13), a dash ('-') will be put against item 14.

**3.8.20 Item 15: if 4 or 5 in item 14, reason for not availing govt. sources:** In case it is reported that treatment was given on the advice received from a private doctor or clinic (code 4 or 5 in item 14), the reason for not seeking medical advice from a government source will be ascertained and recorded in code against item 15. The codes are:

required specific services not available.....	1
available but quality not satisfactory .....	2
quality satisfactory but facility too far.....	3
quality satisfactory but involves long waiting.....	4
financial constraint .....	5
other .....	9

Note: If entry in item 14 is 1, 2 or 3, or if entry in item 12 is 2 (no medical consultation), or if entry in item 11 is 5 (no treatment), a dash ('-') will be put against item 15.

**3.8.21 Item 16: if 2 in item 13, reason for not seeking medical advice:** If treatment was received (code≠5 in item 11), but not on medical advice, (code 2 in item 13), the reason for not seeking any medical advice will be recorded against item 16 in code. The codes are:

no medical facility available in the neighbourhood	1
facility of satisfactory quality not available	2
facility of satisfactory quality too expensive	3
facility of satisfactory quality involves long waiting	4
ailment not considered serious	5
other	9

Note: In case of no treatment (entry 5 in item 11), and also in case medical advice was taken (entry 1 in item 13), a dash ('-') will be put against item 16.

**3.8.22 Item 17: if 2 in item 13, whom consulted:** In case item 16 is applicable, an entry is also to be made against item 17 by asking on whose advice the treatment had been given and recording the appropriate code. The codes are:

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

**3.8.23 Item 18: loss of household income, if any, due to ailment (Rs.):** Often ailment of a working member of the household causes loss of household income. Ailment of a non-working member, too, may cause disruption of usual activity of the working member(s) of the household, which in turn may result in loss of household income. If it is reported that there was a loss of household income owing to the spell of ailment, the amount of loss incurred during the reference period of 15 days will be recorded against this item in whole number of rupees.

### **Block 9: Expenses incurred for treatment of members during the last 15 days (not as inpatient of medical institution)**

3.9.0 The particulars of expenditure incurred during the last 15 days on medical treatment undergone (but not as inpatient of a hospital) for any ailment suffered by the household members will be recorded in this block. It is essential to note the following points for proper collection of information in this block:

- Care should be taken to ***exclude all expenditure for inpatient treatment in hospital*** from this block. However, expenses on medical treatment received before hospitalisation or after discharge from hospital will be covered here if incurred during the last 15 days.

- b) For the convenience of data collection, particulars of expenditure for treatment and other details will be recorded **person-wise in this block**, and not spell-wise as in Block 8. That is, there will be *separate columns for different ailing persons*, NOT separate columns for different spells of ailment.
- c) The information recorded on source of finance will relate only to the expenses recorded in the block.

**3.9.1 Items 1 and 2: serial number and age of the ailing member (as in items 2 & 3, block 8):** For every column of Block 8 representing a spell of ailment that was *treated* (code 1-4 or 9 in item 11 of Block 8),

- i. the serial number of the ailing member is to be copied from item 2 of Block 8 and recorded against item 1 of Block 9, and
- ii. the age of the ailing member is to be copied from item 3 of Block 8 and recorded against item 2 of Block 9.

**3.9.2 Item 3: whether any medical service provided free (yes: Govt.-1, pvt.-2; no-3):** If any part of the expenditure on medical treatment during the reference period is borne by the employer (of the patient or of the person on whom the patient is dependent) or other agency (such as a charitable organisation) code 1 or 2 will be entered, depending on whether the employer is a government agency or a private agency. Otherwise, the entry will be 3.

**3.9.3 Items 4 to 8: details of medical services received:** The entries against these items will be made in code. The codes are:

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

3.9.3.1 If a particular service is not required or not taken, owing to non-availability or other reasons, code 1 will be recorded against it. If it is received free of charge, code 2 will be recorded, and if it is 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 free of charge, code 2 will apply. If some of the medicines are supplied free and the remaining are purchased, code 3 will be recorded. When all the prescribed medicines are received on payment, code 4 will be recorded.

3.9.3.2 For each of the items 4 to 8 it may happen that the answers, for a particular person, differ for different spells of ailment suffered by the person during the last 15 days. In that case, answers should be given for the major spell (decided in terms of duration), even though not all the items 4 to 7 may be applicable for the major spell.

**3.9.4 Items 9-13 and 15-16: expenditure for treatment:** The coverage and the instructions for items 9 to 13 (medical expenditure) are similar to that of items 6 to 10 of Block 7, except that separate items (10 & 11) are provided in Block 9 for AYUSH and non-AYUSH medicines. Likewise, the coverage and the instructions for items 15 and 16 (non-medical expenditure) are similar to that of items 12 and 13 of Block 7. The important points to note are (i) that the reference period for Block 9 is the last 15 days and the medical expenditure for treatment of an ailing person will relate to all the treated spells taken together for that person, and (ii) that expenditure for treatment as inpatient of a hospital will be excluded. For detailed instructions on items 9 to 17, instructions on the corresponding items of Block 7 may therefore be referred to (paragraphs 3.7.6 to 3.7.15).

3.9.5 Similarly, for instructions on the items on total amount reimbursed (item 18), and source of finance (items 19 and 20), the instructions in paragraphs 3.7.16 and 3.7.17 on the corresponding items of Block 7 may be referred to.

3.9.6 In case of zero expenditure on any of the items of expenditure (items 9-18), a ‘-’ should be entered in the relevant column against the item.

**3.9.7 Item 21: place of hospitalisation (state code):** The 2-digit state code for the State/UT where the ailment was suffered will be recorded here. If the household member moved to a different State during the spell of ailment, or if two spells of ailment were suffered by the member in two different States, the State where the major part of treatment (judged by expenditure incurred) was received will be considered for making the entry.

## **Block 10: Particulars of economic independence and state of health of persons aged 60 years and above**

3.10.0 As far as possible, the information in this block should be collected from the aged persons themselves. The reference period for the items of this block is “as on the date of survey”, unless otherwise specified.

**3.10.1 Item 1: srl. no. as in Block 4:** The serial number of each household member 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 particulars of 4 aged persons. If there are more than 4 aged persons in the household, an additional sheet of Block 10 is to be attached to the schedule.

**3.10.2 Item 2: age (years) (as in col. 5, Block 4):** The age of the member is to be copied here from column 5 of Block 4. Ages of 100 or more will be recorded in 3 digits and ages of 99 or less in 2 digits.

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

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

3.10.5 **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 codes are:

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

3.10.6 **Item 6: for code 1 in item 5, no. of dependants:** For an aged person who is not economically dependent on others (i.e. with code 1 in item 5), the number of persons economically dependent on him/her is to be recorded here, with ECONOMICALLY DEPENDENT having the same meaning as in item 5. It may be noted that:

- (a) a dependant need not necessarily be a household member.
- (b) '0' may be entered for an aged person who does not have anyone dependent on him/her.
- (c) Domestic servants, paying guests and employees residing in the household will NOT be counted among the number of dependants.

3.10.7 **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, the relationship to the aged person of the person(s) who financially support(s) him/her will be recorded here. This person need not necessarily be a household member. If more than one person supports the aged person financially, the code corresponding to that person who provides the maximum financial help for meeting the aged person's normal needs will be entered. The codes are:

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

3.10.8 **Item 8: living arrangement:** The codes for 'living arrangement' are:

<i>living alone:</i>	
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
<i>living without spouse but with :</i>	
children .....	5
other relations .....	6
non-relations .....	9



copied from column 1 of Block 4/5 to column 1 of Block 11. After this, her age is to be copied from Block 4, column 5, or from Block 5, column 4, and copied to column 2, Block 11. The women appearing in Block 4 should be listed in the same order as they appear in Block 4, followed by the women appearing in Block 5. That is, the serial numbers listed in column 1 of Block 11 should be in ascending order.

**3.11.2 Columns 3 to 14:** These columns are mainly for recording details of pre-natal care received by pregnant women and post-natal care received by mothers during the last 365 days, and place of childbirth, if any child has been born. If an unmarried woman voluntarily reports pregnancy during the reference period, particulars relating to pre-natal care, post-natal care and information on childbirth will be collected for her as well.

**3.11.3 Column 3: whether pregnant any time during last 365 days (yes - 1, no - 2):** This will be ascertained for each female member of age 15-49 years. All the women who are identified as having been pregnant at any time during the last 365 days will get code 1 in column 3 of Block 11, and columns 4 to 7 will be filled for all such women. All other women listed in Block 11 will get code 2 in column 3, and for them columns 4-13 will be marked with a dash ('-').

Note: Each female member who reported childbirth (nature of ailment code 88) or “pregnancy with complications” (nature of ailment code 49) in Block 6 or Block 8 will be assigned code 1 in col. 3 of Block 11. If reported age in Block 4 of any such member is outside the range 15-49 years, further questions will be asked to verify the reported age and corrections made if necessary.

**3.11.4: Column 4: (if code 1 in col.3): serial no. of pregnancy:** Whenever a woman reports only one pregnancy during the last 365 days, the entry in col.4 will be 1. In rare cases, a woman will report two pregnancies during the last 365 days. For such women, two rows will be filled up for recording particulars of the two pregnancies. Serial no. (col.1) and age (col.2) will be the same in both rows, and the entry in col.3 will be 1. In col.4 the entry will be 1 for the first pregnancy and 2 for the second.

**3.11.5 Column 5: (if code 1 in col.3) whether received tetanus toxoid vaccine during pregnancy (yes-1, no-2):** Those with code 1 in col.3 will be asked whether they received tetanus toxoid vaccine during pregnancy. If the answer is yes, code 1 will be entered, otherwise, code 2.

**3.11.6 Column 6: (if code 1 in col.3) whether taken IFA during pregnancy (yes-1, no-2):** Women reported to have been pregnant at any time during the last 365 days will be asked whether they received iron-and-folic-acid (IFA) tablets during pregnancy or not. IFA tablets are usually given at least once a week throughout the period of pregnancy. If the answer is yes, code 1 will be entered, otherwise, code 2.

**3.11.7 Column 7: (if code 1 in col. 3) whether any other pre-natal care received:** By pre-natal care is meant the *medical examination and counselling of a pregnant woman,*

with or without pregnancy complications, *at periodic intervals* by an ANM, nurse or doctor. It may involve giving medicines, taking weight, examining blood pressure, examining the abdomen, doing diagnostic tests, etc. 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.

The source of pre-natal care will be entered in code, the codes being:

yes, from HSC/ANM/ASHA/AWW .....	1
yes, from PHC/dispensary/CHC/mobile medical unit	2
yes, from public hospital .....	3
yes, from private doctor/clinic .....	4
yes, from private hospital .....	5
no .....	8

**3.11.8 Column 8: if 1 to 5 in col. 7, nature of pre-natal care (AYUSH-1, non-AYUSH-2, both-3):** For those reporting that they received some other pre-natal care – other than tetanus toxoid vaccine and IFA tablets – during pregnancy, the nature of pre-natal care will be recorded. The codes are: AYUSH -1, non-AYUSH -2, both-3. For code 8 in col.7 (no other pre-natal care), a dash (‘-’) should be put in column 8.

**3.11.9 Column 9: total expenditure incurred on pre-natal care (Rs.):** Expenditure incurred for pre-natal care (goods and/or services) – including any expenditure on tetanus toxoid vaccine and IFA tablets – will be recorded in column 9 in whole number of rupees. If expenditure incurred was zero, ‘0’ will be entered in col.9.

**3.11.10 Column 10: outcome of pregnancy (code):** A woman who was pregnant at some time during the last 365 days might still be pregnant on the date of survey, or the pregnancy may have resulted in one of the following outcomes: live birth, stillbirth and abortion. The status/outcome of pregnancy will be ascertained and entry will be made in column 10 in code as follows:

live birth.....	1
stillbirth.....	2
abortion.....	3
pregnancy continuing.....	4

**3.11.11 Column 11: if code 1-3 in col.10, place of delivery/abortion (code):** For women who underwent delivery (live birth or stillbirth) or abortion (code 1, 2 or 3 in column 10), the place of delivery/abortion will be recorded in code in this column. The codes are:

in HSC .....	1	in private clinic .....	4
in PHC/dispensary/CHC/mobile medical unit ...	2	in private hospital .....	5
in public hospital .....	3	at home .....	6

“At home” will include childbirth in relatives’ or friends’ residences, and also childbirth while travelling.

**3.11.12 Column 12: if code 1-3 in col. 10, whether any post-natal care received:** By post-natal care is meant the care, including questions and counselling, provided to a woman in the 6-week period after delivery by a nurse, doctor or midwife. For women who underwent delivery (live birth or stillbirth) or abortion (code 1, 2 or 3 in column 10), it will be asked whether they received any post-natal care or not. The codes are:

yes, from HSC/ANM/ASHA/AWW .....	1
yes, from PHC/dispensary/CHC/mobile medical unit	2
yes, from public hospital .....	3
yes, from private doctor/clinic .....	4
yes, from private hospital .....	5
no .....	8

**3.11.13 Column 13: if 1-6 in col. 12, nature of post-natal care (AYUSH -1, non-AYUSH -2, both-3):** For those reporting that they received some post-natal care, the nature of post-natal care will be recorded here. The codes are:

AYUSH -1, non-AYUSH -2, both -3.

For code 8 in col.12 (no post-natal care), a dash ('-') should be put in column 13.

**3.11.14 Column 14: if 1-6 in col. 12, expenditure incurred (Rs.):** For women who report having received any post-natal care, i.e. those with code 1-6 in col. 12, expenditure incurred for such care (in the form of goods or services) will be recorded in column 14 in whole number of rupees. '0' should be entered if expenditure incurred was zero, and a dash ('-') in case of code 8 (no post-natal care) in col.12.

### **Block 12: Remarks by investigator (FI/ASO)**

3.12.0 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, this may also be indicated in the remarks. Any other comment which may help to make proper assessment of the entries made in the schedule should also be recorded here.

### **Block 13: Comments by supervisory officer(s)**

3.13.0 This block will be used by the Supervisory Officer(s) to record their comments and suggestions. They should particularly point out the data which may seem doubtful but which has been investigated by them and found to be correct and having a plausible explanation, which they should also record.

## Frequently asked questions (FAQ) and their replies, Sch.25.0

Sl. No.	Block	Item	Column	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
1	General	-	-	Will medical expenditure incurred for childbirth/pre-natal/ post-natal care of an unmarried mother be taken?	Yes, if information is voluntarily given by the informant.
2	General	-	-	Yearly Sukha Chikitsa is taken from Kottakkal Arya Vaidyasala for keeping the body in perfection, rather than for any ailment. Will this be considered as treatment?	No. The question of treatment arises only if there is an ailment.
3	General	-	-	If the informant is not a household member, what entry is to be made?	This schedule is difficult to canvass if no household member is available. The schedule must be filled by interviewing a household member.
4	3	2, 3	-	What is NIC/NCO code for a household whose income is from non-economic activity?	A “-” may be put against the items.
5	3	11	-	In a household the medical insurance premium is paid by a member of another household. In this case should the amount paid be considered for entry?	Total amount paid for the health expenditure coverage of the household members is to be considered, even if it is paid by non-household members.
6	3	11	-	What should be the entry if no medical insurance premium is paid?	“0” (zero).
7	3	11	-	Should any implicit valuation be made for CGHS, etc.?	No.
8	3	11	-	Should premium for paying guests be included?	No.
9	4	-	-	If a baby has not been brought out of the hospital since birth, should it be listed in Block 4 as a member of the mother’s household?	Yes.
10	4	-	9	If a baby is born in hospital, is it to be regarded as a case of hospitalisation?	No.

**Frequently asked questions (FAQ) and their replies, Sch.25.0**

Sl. No.	Block	Item	Column	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
11	4, 6-7	-	-	If a baby who has never left the hospital contracts an illness for which it has to stay in hospital, is it to be regarded as a case of treatment received as in-patient, to be considered for making entries in Blocks 4, 6 & 7?	Yes.
12	4	-	-	A lady has been living with her in-laws since her marriage two years ago. She gave birth to a child three months ago and the cost was borne by her father. During the entire period of pregnancy and post-natal care she spent only 4 weeks at her parents' residence. Should she and her newborn child be considered to belong to her father's household?	Yes.
13	4	-	9, 10	For treatment of drug addicts and HIV-plus persons in some Drug Addiction Rehabilitation Centres, the persons are formally admitted and discharged. Are these to be treated as hospitalisation cases?	If these institutes provide medical treatment, they are to be considered.
14	4	-	11	Is congenital deafness to be regarded as a chronic ailment?	Only if the person has been undergoing treatment on medical advice for one month or more aimed at cure or improvement of the condition. However, mere use of hearing aids is not to be understood as 'treatment' in this sense.
15	4	-	11	Will infertility be treated as an ailment?	Yes, as a chronic ailment, provided the patient is taking a course of treatment for infertility on medical advice for a period of one month or more.

## Frequently asked questions (FAQ) and their replies, Sch.25.0

Sl. No.	Block	Item	Column	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
16	4	-	11	Why are diabetes, obesity, etc. not appearing in the list of chronic ailments given?	The list is not meant to be exhaustive, but only to indicate the symptoms of common chronic ailments that may be helpful in identifying a chronic ailment. Diabetes is a disease where symptoms may vary somewhat and so is difficult to pinpoint on the basis of symptoms. That is why it does not appear in the list.
17	4	-	11, 12	A person is having chronic sinus problem, but for the last 2 months he/ she did not face any such trouble and did not have any medicine either. Which code should be given in col. 11 and col. 12?	Code 2.
18	4	-	12	What if the parents of a hostel student are unable to say whether their son suffered from any ailment during the last 15 days?	In the absence of any information, it will be presumed that the student did not suffer from any ailment during the period.
19	4	-	12	A pregnant woman is taking iron and folic acid tablets on the advice of her doctor. Is she to be given code 1 in item 12?	No. Normally, if medicines are taken on medical advice during the reference period, the person is considered as ailing irrespective of whether he or she felt sick or not. But an exception to this rule is the medicine given as part of routine pre-natal care or post-natal care, in case of normal pregnancy without complications. Here the woman will not be considered as ailing just because she is taking the prescribed medicines.

**Frequently asked questions (FAQ) and their replies, Sch.25.0**

Sl. No.	Block	Item	Col-umn	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
20	4	-	14	A Central Government employee is not covered by CGHS, but gets his medical expenditure reimbursed from office by submitting the actual bills. Will he get code 1 in col.14 of Block 4?	Yes.
21	5	-	-	If a baby dies before it is brought home from hospital after birth, is the death to be recorded in the mother's household (Block 5)?	Yes.
22	5	-	-	Will a son/daughter of a selected household staying away in the hostel be included if due to some reason he/she died during the last 365 days?	Yes.
23	5	-	5	Will medical attention provided by the paramedical staff in the ambulance be considered here?	No.
24	6	-	-	When childbirth takes place in a hospital, is the baby to be considered hospitalised or not? Where should we record the expenses incurred for the new-born (who are usually given some medication/ immunisation vaccine during that time)?	As long as the baby does not have any neo-natal problem, it is not a hospitalisation case for the baby. As normal childbirth in this round is being given the status of an ailment (of the mother), all medical expenses for childbirth during hospitalisation should be recorded under this ailment.
25	6	-	-	A person was hospitalised in one hospital. During the stay in the said hospital, the condition of the person further worsened and he/she was referred to another hospital. He was hospitalised in that referral hospital. Will it be considered as hospitalised more than once?	Yes, if the person is admitted afresh in the second hospital, it will be taken as another case of hospitalisation.

**Frequently asked questions (FAQ) and their replies, Sch.25.0**

Sl. No.	Block	Item	Column	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
26	6	-	-	It is found these days that persons get admitted to hospital for carrying out normal or routine tests. Will this be treated as hospitalisation?	No, it is not to be treated as hospitalisation. However, if the person feels sick and gets admitted to the hospital for tests, etc., it will be treated as hospitalisation.
27	6	-	-	A person is admitted in the hospital four times for different types of diseases. Is such a person to be considered as hospitalised 4 times?	Yes, and 4 columns of Block 6 and 7 will be used for making entries.
28	6	4	-	If the informant is not able to describe the symptoms then it is very difficult to record the code for nature of ailment due to lack of knowledge in medical field.	It is true; such problems are encountered in all health surveys. A detailed list of symptoms associated with each ailment is provided in the last column of the table on pages C-23 to C-30.
29	6	5	-	Does (a) magnetotherapy (b) chromotherapy (c) reiki come under AYUSH?	None of them. A list of common treatments that do not come under AYUSH is provided in the instructions.
30	6	9	-	If a person runs away from hospital before he is discharged, what is to be considered as date of discharge?	The date of leaving the hospital.
31	6	9	-	Can a person be discharged one or two hours after hospitalisation?	Yes.
32	6	8,9, 10	-	A person has been hospitalized for a day during the reference period, but has been under treatment for the last two years. What should be the duration of treatment?	Only the time within the reference period will be considered for recording duration of stay.
33	6	16, 20	-	If more than one source of treatment was availed of before/after hospitalisation, how will items 16 & 20 be filled in?	The source & duration of treatment availed of immediately before/after hospitalisation will be considered.

## Frequently asked questions (FAQ) and their replies, Sch.25.0

Sl. No.	Block	Item	Column	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
34	6	18, 22	-	Is pre-natal and post-natal care of women to be considered here?	Yes, against ailment 'childbirth' (ailment code 88).
35	7	-	-	The head of the household has borne the entire hospitalization expenses of his father, who is not a household member. Will the expenses be entered in Block 7?	No. Also, details of treatment will not be recorded in Block 6. But if the household of the patient had been selected, entries would have been made in Blocks 6 and 7.
36	7	-	-	A member who had kidney transplantation paid a huge sum to the donor, apart from meeting the donor's hospital expenses. How will these be reported?	All these expenses may be included in cost of surgery. (The hospitalisation of the donor will not be shown in Block 6 or Block 7.)
37	7	6-11	-	In Rajasthan State, if you are taking treatment in a government hospital, especially in case of delivery, all kinds of tests and treatment are free under some scheme. In such cases what will be the entry in items 6-11?	No charges for the tests and treatment received free are to be entered in items 6-11 of Block 7.
38	7	12	-	If a person is using his own vehicle or free transport facility provided by the government then what will be the value of expenditure?	Zero.
39	7	14	-	If any patient received some grant from the government for institutional delivery (grant received by the mother under Janani Suraksha Yojana) then will this amount be deducted from total expenditure?	No.
40	7	14, 15	-	In some cases, the reimbursed amount may exceed the entry in item 14 (total expenditure).	Total amount of reimbursement will have to be recorded in column 15 even if it exceeds the actual expenditure.

## Frequently asked questions (FAQ) and their replies, Sch.25.0

Sl. No.	Block	Item	Column	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
41	7	15	-	For a particular hospitalization case the claim has been sent to the medical insurance company, but is not yet settled and reimbursement has not yet been received. What amount should be recorded against item 15?	The amount expected to be reimbursed may be recorded. If the household has no idea of how much will be reimbursed, the amount claimed may be entered, or the sum assured, if that is lower.
42	8	4	-	If a person is suffering from chronic ailment, say, of a gastrointestinal nature, but lives his normal routine life, is he considered to be ill for the whole reference period or not?	Minor gastric discomfort after meals will not be considered as an ailment unless medical advice is taken. If medical advice was taken within the last 15 days, OR taken recently for which the prescribed course of medicine is continuing, then it may be treated as 'other ailment' (non-chronic). For a health problem to be classified as a chronic ailment, there should be a course of treatment on medical advice continuing for the last one month, OR symptoms persisting for one month or more, but the second condition is not sufficient in case of gastric discomfort of minor nature which does not restrict the patient's normal activities.
43	8	4,5, 6	-	Can the total of items 4, 5 and 6 exceed 15 days?	Yes. But the total is not meaningful. Period of illness includes period of restricted activity, which includes the period of confinement to bed. So item 4 $\geq$ item 5 $\geq$ item 6.
44	8	7	-	What will be the ailment code for visit to doctor for check-ups (preventive), vaccinations, etc.?	Cases of visits not related to treatment or investigation of specific ailments will not be considered as ailments.

## Frequently asked questions (FAQ) and their replies, Sch.25.0

Sl. No.	Block	Item	Col-umn	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
45	8	7	-	What is the ailment code for infertility? Is it the same for males and females?	The ailment code is 48 and may be used for males as well as females.
46	8	7	-	A person saw a private doctor, who prescribed a medicine for him. When he went to buy the medicine, the shop assistant told him that the medicine has been given for glaucoma. Can code 29 (glaucoma) be given?	No. Glaucoma has been printed in capital letters in the code list. This means that the code for glaucoma can be entered only if diagnosis of glaucoma is made and communicated to the patient (or to the patient's relatives) either by a doctor (including private doctor) or by a health care provider in the public sector (e.g. if he has been examined in a PHC or HSC). Here some other code has to be given depending on the symptoms, e.g., code 30 may be appropriate.
47	8	10	-	Is the total duration of chronic ailments (e.g. asthma, hypertension, etc.) which required regular treatment over a period of more than 365 days to be recorded or not? A member of the household is suffering from a disease for the last 20 years. How can the total duration be calculated in days?	Yes, the total duration of ailment is to be recorded even if it exceeds 365 days.
48	8	15	-	A person avoids government sources of treatment as the timing does not suit him (he has a grocery shop). Which code should be put?	Code 9 may be entered.
49	8	11, 13, 15	-	Some aged persons are unable to specify the names of ailments they are suffering from. Even the doctor's prescription does not contain the diagnosis; it only	The aged persons should be asked to describe the symptoms of their ailments. From the table on pages C-23 to C-30, the code for the ailment, if any, whose symptoms

**Frequently asked questions (FAQ) and their replies, Sch.25.0**

Sl. No.	Block	Item	Col-umn	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
				contains the list of medicines prescribed. How to identify the type of ailment in such cases?	are similar to the reported symptoms, should be assigned. If there is no such ailment listed, code 59 may be recorded.
50	8	18	-	What will be the entry for a regular wage/salary-earning member if there is a loss of income?	The figure reported by the informant may be accepted.
51	8	18	-	A real estate agent with irregular income is hospitalised for a few days. How would his loss of income be reported?	The average monthly income may be ascertained and the proportionate amount for the period of hospitalization entered.
52	8	18	-	Due to hospitalisation of a lady, the household had to employ a cook for a considerable period. Would the salary amount given to the cook here be considered as loss of income of the household?	No.
53	8	18	-	If a friend of a household member incurs a loss of income as he had accompanied the ailing household member to the hospital, will it be included here?	No.
54	10	6	-	A businessman (aged person), who pursues his business with his children, pools this income and runs the household. Are the other persons to be considered as his dependants?	No.
55	11	-	11	If a woman gives birth to a child on the way to hospital, what code should be given?	This will be considered birth at home and code 6 will be given.

## AN EXPLANATORY NOTE ON AYUSH

### AYURVEDA

*Desi* Medicines prescribed by Vaidji/Vaidya are called Ayurvedic medicines. Ayurveda is a classical system of medicine originating from the *Vedas*, founded around 5000 years ago in India, and currently recognized and practiced in India and many subcontinent countries. The system gives emphasis to preventive, curative and promotive aspects. For therapeutic uses, plants are abundantly used along with some metals and minerals in specially processed forms.

Some popular Ayurvedic medicines used in India are as follows:

1. For cough and cold: Kadha – Kawatha/kasayam e.g. Kadha (decoction) of *Tulsi Patra*, *Adarakh* (Ginger), *Mulethi*, *Kali Mirch*, *Lavanga*, pippali (Black pepper) and honey etc., and Herbal Tea.
2. For fever: Herbal juices, e.g. juice of Aloe Vera (Gvarpatha/ Gheekumari) leaves, Neem leaves and bark, *Tulsi Patra*, Kvatha of *Giloya* (Guduch) stem, Chirayata.
3. For Stomach and digestion related problems: Trifala churna, Hingwashtak churna, Lavanbhaskar Churna, Drakshasava, Hing, Jeera, Pudina, Saindha Namaka, Ajwain, Shuthi (dry ginger).
4. As a tonic (for energy): Chyavanprash and Ashwagandha.
5. For Stri rog: Supari pak, Ashokarishta, Dashmoolarishta.
6. For Indigestion: Hing ki goli.
7. For Constipation: Isabgol, Harde, Gulkand and Trifala Churna.
8. For Body Pain: Guggule Goli, Narayan Tail, Balm.
9. For joint pain and swelling/Gathiya: Guggula ki goli like Yogaraja Guggula, Haldi powder, Methi beej, Sahajan ke phool and patra, Lahasun (garlic).
10. For Children: Bal Ghutti/ Mugli Ghutti/ Janam Ghutti.
11. For Hair Oil: Bhringraj Tail, Brahmi Amla Tail.
12. For the purpose of soothing the body, tiredness, general weakness, body ache, joint pain, stiffness: massage with various oils like Tila ka Tail, Mahanarayan Tail.
13. For minor injuries: Haldi powder with milk and local application with oil/ghee, leaves of Erand (erandi).
14. For minor eye problems: Gulab Jala.
15. Toothache: Oil of lavanga (Laung ka Tail)
16. Earache: luke warm Sarason ka Tail processed with Lahasuna.
17. For diabetes: juice of Karela, powder of Jamun seeds, Methi seeds, Haldi, Amala fruit, Neem leaves.
18. For skin diseases: oil of neem seeds, Karpur or/and Gandhaka powder mixed with oil of coconut or Sarson.

Panchakarma massage and body massage with oils are very popular practices of Ayurveda for joint pains and promotional health.

*Ayurvedic Medicines nowadays are often available in the form of capsules, tablets, syrups, powders and many new forms.*

**YOGA** refers to traditional physical and mental disciplines originating in India. The word "Yoga" came from the Sanskrit word "yuj" which means "to unite or integrate." Yoga is about the union of a person's own consciousness and the universal consciousness. It is a healing system of theory and practice. It is a combination of breathing exercises, physical postures, and meditation that has been practised for more than 5,000 years. The Yogic

exercises are the physical postures explained and referred to in Yoga for physical disciplines. The word is also associated with meditative practices.

Some popular YOGA ASANAS used by common people are as follows:

1. For diabetes, stress management: Pranayam, shavasan, ardhmatsyendra asana.
2. For pain, to regulate blood circulation: Different body postures of Yoga.
3. For Psychosomatic Disorders: Yogic Relaxation techniques, kriyas like trataka.
4. For Digestive Disorders: Pavanamuktasana, Vajrasana and Kriyas like Dhauti, Kunjal, Agnisara.

**NATUROPATHY** refers to methods of treating diseases using natural therapeutics viz. Water therapy (Hydrotherapy), Colour therapy (chromotherapy), Fasting therapy, Mud therapy, Magnet therapy and food therapy to assist the natural healing process.

Naturopathic philosophy favours a holistic approach without the use of surgery and drugs and emphasizes the use of natural elements (air, water, heat, sunshine) and physical means (massage, water treatment etc.) to treat illness.

It is an eclectic alternative medical system that focuses on the body's vital ability to heal and maintain itself.

Some popular Naturopathy treatments used by common people are as follows:

1. For skin diseases: Mud bath, Sun bath.
2. For pain and tension: Massage therapy.
3. For chronic ailments like Diabetes, Hypertension: Hydrotherapy like Hip bath, Spinal bath, Diet Therapy.
4. For acute diseases like Fever: Fasting, Enema, Cold Packs, Cold Compress.

Some other popular Yoga Asanas and Naturopathy treatments listed below:

1. **Shatkarma** (Six cleansing procedures): Kapalabhati, Neti, Dhouti.
2. **Asana** (psycho-physical postures): Padmasana, Shavasana.
3. **Pranayama** (controlled and regulated breathing): Nadishodhana pranayama, Sitali Pranayama, Bharamari pranayama.
4. **Bandha & Mudra** (Neuromuscular locks and gestures): Jalandhara bandha and Uddiyana bandha.
5. **Dhyana** (Meditation).
6. **Mitahara** (Yogic Diet).

**SIDDHA** is an ancient system of medicine prevalent in South India. The word Siddha comes from the Tamil word for perfection. Those who attained an intellectual level of perfection were called Siddhas. Siddha literature is in Tamil and the system is practised largely in the Tamil-speaking part of India and abroad. The Siddha System is largely therapeutic in nature and like Ayurveda, it also advocates the use of plants abundantly along with some metals and minerals with specialized processes of preparation of therapeutic formulations.

Some popular Siddha medicines are as follows:

1. Kudiner.

2. For Fever: Nilavembu Kudineer, Thirikadugu Churnam.
3. For Headache & sinusitis: Neer koavai mathirai (External use).
4. For Stomach and digestion-related problems: Elathi Chooranam, Ashtathi chooram, Thiripala Churnam.
5. As a Tonic (for energy): Thetrankottai legium, Amukkara legium.
6. For Women (menstrual problem): venpoosani legium, venpoosani nei, katrazhai ilagam.
7. For Body pain: Amukkara chooranam, karpoorathy thylam (external use), vatha kesari thylam (external use).
8. For Joint pain: Pinda thylam, Vizha mutty thylam.
9. For Constipation: Thiri pala Churanam, Nilavagai Churanam.
10. For Diarrhea: Thayirchunti Churnam.
11. For Children: Urai Mathirai, Omathener, vallari nei.
12. For Hair Oil: Neeli Bringathy thylam, Karisalai thylam.
13. For Body massage: Asai thailam, vathakesari thylam.
14. For Head massage Chukku thylam & Arakku thylam.

**UNANI:** *Desi* medicines prescribed by Hakims are called Unani medicines. The Unani System of Medicines originated in Greece and is based on the teachings of Hippocrates and Gallen, developed into an elaborate Medical System by Arabs. The Unani system became enriched by imbibing what was best in the contemporary systems of traditional medicines in Egypt, Syria, Iraq, Persia, India, China and other Middle East countries. The literature of the Unani system is mostly found in Arabic, Persian and Urdu languages. In Unani system the plants, metals and minerals are used in specialized forms for therapeutic uses.

Some popular Unani medicines are as follows:

1. For cough and cold: Joshanda (Kaadha) made of Adrak, Kaalimirch, Mulethi, Unnab.
2. For stomach-ache: Arak Saunf, Arak Ajawaian.
3. For cough: Sharbat zuffa, Sualin tablet, Lauq-e-Sapistan (Lasode ki chatni).
4. For skin problem (blood purification): Safi, Khoonsafa, Arq-e-Shatra & Chiraita.
5. General tonic: Halwa-e-gheekawar, Cinkara, Roghan-e-Badam.
6. Brain tonic: Khamira-e-Gaozaban, Dimagheen.
7. Liver diseases (Jaundice): Arq-e-Mako, Arq-e-Kasni.
8. Digestive problems: Habb-e-Kabid, Jawarish-e-Jalinos.
9. Constipation: Qurs-e-Mulliyan, Itrifal Zamani.
10. Fever: Sharbat Khaksi (Khub Kalan), Gilow, Tabasheer.

**SOWA-RIG-PA**, which originated in India and is commonly known as Tibetan or Amchi medicine, is the traditional medicine of many parts of the Himalayan region. *Sowa-Rig-pa* (Bodh-Kyi) means ‘science of healing’ and the practitioners of this medicine are known as *Amchi* (superior to all).

In India, this system of medicine has been popularly practiced in Ladakh and Paddar-Pangay regions of Jammu and Kashmir, Himachal Pradesh, Arunachal Pradesh, Sikkim, Darjeeling-Kalingpong (WB) and now in Tibetan settlements all over India and abroad.

**HOMEOPATHY:** The common man understands that the sweet white pills which are dispensed in small globule form contain homoeopathic medicines. Homeopathy was

invented over 200 years ago by a German physician, Dr. Samuel Hahnemann, who, after observing many natural phenomena, became convinced that a substance which could cause a disease-like state could also cure a similar condition. The word 'Homoeopathy' means 'similar sufferings' and the system of Homoeopathy is based on 'let likes be treated by likes'.

Homeopathy is a system of medicine that uses highly diluted doses from the plant, mineral and animal kingdoms to stimulate natural defenses in the body. Oral homoeopathic medicine is available in many forms, including the traditional homoeopathic pellets (balls), liquid dilution, tablets (lactose-based) and mother tincture.

*Application of Single Remedy:* Homoeopathic medicines are usually administered in single, simple and unadulterated form. Even if a patient suffers from several complaints, the homoeopathic physician never prescribes different medicines for each of these ailments; but administers a single medicine at a time, which suits the patient as a whole.

*Administration of Medicines:* Homoeopathic medicines are prepared in a special way known as Drug Dynamization or Potentisation. Potentised Homoeopathic medicines are dispensed in small globules prepared from lactose (sweet white pills). Mother tinctures, ointments for external use and eye drops & ear drops are also commonly used.

**Indian System of Medicines:** This includes Ayurveda, Siddha, Unani and Sowa-Rig-pa medicines. These medicines are also called *Desi Dawaiyan* in India. Herbal Medicines are also included in the category of these medicines. The practitioners of these systems are called Vaidji, Vaidyas, Siddha Vaidyas and Hakims. (Sometimes people also say *Jadi-Booti wale* Vaidji, Hakimji, etc.) This category also includes Home-made medicines and Gharelu Nuskhe, Herbal Medicines (*Jadi-Bootiyan or Desi Dawa*), and the medicines given by local Vaidya/Hakim. e.g. Neem leaves for skin diseases, Tulsi leaves for common cold, Haldi (turmeric) for injuries and fracture, Adarak (ginger) for cough, cold, throat problem, Garlic for gathiya/ joint pain, pepper and honey for dry cough, Ashwagandha, Chyawanprash as tonics for energy, Gulab Jal for eye wash, face wash, Saunf for indigestion, Ajowain and Hing for Stomach pain.

**Traditional Medicines:** This term is used for curative and preventive practices which are a part of tradition in various sects/cults/tribes/cultures based on the experiences of many generations. In India, the practices described in ancient systems of medicines like Ayurveda, Unani, Siddha, etc. sometimes prevail as a tradition, and may therefore be termed traditional medicines although they are part of a well-recognized system.

**Herbals:** In our country, many home remedies used for prevention and cure are made up of plant parts and in general referred to as *Jadi-Bootiyan or Desi Dawa*. These plant-based recipes or *Jadi-Bootiyan*, although part of either Ayurveda or Unani or Siddha system of medicines, are not used under these specific names of AYUSH systems, due to ignorance or because they are so universally used.

Frequently, the plants which are used in these home remedies do not find mention in the present regulatory books of AYUSH systems. There are more than 10,000 plants in such use in India but only a few thousand have been incorporated in various Pharmacopeias or regulatory books so far. Hence, the term is used for defining or capturing data on use of those recipes/ *Jadi-Bootiyan* which, although part of AYUSH, could not be counted/

captured under any specified system of AYUSH due to lack of awareness and other reasons.

**Medicine:** Under AYUSH system, Yoga & Naturopathy are drugless systems. For Ayurved, Unani and Siddha, plant-based medicines are sometimes given to patients. Even home-based medicines like kadha<sup>7</sup>, tulsi, neem leaves etc. may be prescribed. Some of the common medicines for various diseases have been mentioned under each discipline, viz., Ayurveda, Unani and Siddha. Homeopathic medicines are available in many forms including the traditional Homoeopathic pellets (sweet white balls), liquid dilution, tablets (lactose based) and mother tinctures.

**System of Medicine:** This term pertains to the recognized systems of medicines, which are used for curative and/or preventive purposes in India such as Ayurveda, Unani, Yoga & Naturopathy, Homeopathy, Allopathy etc., and are regulated in the country by the Deptt. of AYUYSH, Ministry of Health & Family Welfare.

**Regarding overlap of different systems of medicines under AYUSH:** It needs to be mentioned that due to geographical and cultural diversity in India, the same medicine/plant is frequently called by different names under different systems of AYUSH. To explain, the same plant may be used in Uttar Pradesh by its Hindi or Sanskrit name by an Ayurveda practitioner (Vaidya) and by its Urdu name under Unani system by a Unani practitioner (Hakim). Furthermore, the same plant may be used in South India by its Tamil name by a Siddha practitioner (called Siddh) under the Siddha system of medicines. Hence it becomes very difficult to draw clear-cut boundaries when self-use of a plant is to be classified according to system of medicine. The practice of AYUSH systems is highly culture- and geography- oriented; even then, in many parts of the country, more than one AYUSH system is in practice concurrently. Hence, it is very difficult to demarcate the exact boundaries of Ayurveda, Siddha and Unani systems of medicine, particularly when it pertains to the use of plants. It is for this reason that information on Ayurveda, Unani and Siddha is proposed to be collected under one head, namely, Indian System of Medicine. However, if the plant or medicine is prescribed by a registered practitioner of the specified system of AYUSH, then it can be classified easily. When there is a use of Proprietary or Classical medicines either as over-the-counter (OTC) medicine or through prescription of any specified system of AYUSH, then there is a clear mention of the type of AYSUH system on the label or prescription of the practitioner about the specific system of AYUSH to which the treatment belongs. **Nevertheless, it is clarified that plant-based medicines used in different parts of the country are necessarily part of the Indian System of Medicine (Ayurveda, Unani, Siddha or Sowa-Rigpa).**

Therapies **not included** in AYUSH Systems for the purpose of this survey are:

1. Acupuncture, Aromatherapy, Astrology, Atlas Orthogonal, Auricular Therapy, Alexander Technique, Autogenic Training, Anthroposophical Medicine, Auto-Urine Therapy
2. Breathwork, Biofeedback, Bach Flower Remedies
3. Cellular Therapy, Chelation Therapy, Chemotherapy, Chinese (Oriental) Medicine, Colonics, Counseling/Psychotherapy, Cupping, Craniosacral Therapy

<sup>7</sup> The term 'Kadha' (decoction) is used for pharmaceutical form of medicine, not as name of medicine itself. It is prepared from various single or multiple herbal medicines for different diseases

4. Dance/Movement Therapies, Dentistry, Dousing
5. Ear Candling, Electropathy
6. Feng Shui, Feldenkrais Method, Flower Essences
7. Gem Therapy
8. Holotropic, Heliotherapy (use of positive effects of the sun in boosting the immune system), Hypnotherapy
9. Kinesiology
10. Lymph Drainage Therapy
11. Midwifery/ Childbirth Support
12. Native American Herbology, Network Chiropractic
13. Ohashiatsu, Oriental Diagnosis, Osteopathic Medicine
14. Physiotherapy, Pyramid Healing
15. Radiesthesia, Radionics, Reconstructive Therapy/ Prolotherapy, Reflexology, Reiki, Rolfing
16. Shiatsu, Sound Therapy