

THE INTEGRATED DISEASE SURVEILLANCE PROGRAM
(Ministry of Health and Family Welfare, Govt. of India)

NON-COMMUNICABLE DISEASE RISK FACTOR SURVEILLANCE

HOUSEHOLD RESPONDENT QUESTIONNAIRE

Prepared by:
Division of Noncommunicable Diseases
Indian Council of Medical research
New Delhi

Supported by
The World Health Organization
India Office

HOUSEHOLD FORM (TO BE ADMINISTERED TO HEAD OF HOUSEHOLD)

INTRODUCTION

Namaskar (or other local custom of greeting),

My name is -----and these are my colleagues (please introduce them by name) who will assist me. We are carrying out a survey on some health related issues on behalf of the Department of Health, State Govt. of ----- . We want to collect information related to a few health related conditions prevalent in your community. The information that you will provide will be kept confidential. It will help the Govt. in improving health care for you

- 1 State code □ □
- 2 Name of State
- 3 Name of District
- 4 Name of Tehsil/ Taluk
- 5 Name of City/ Town
- 6 Area of interview □
Urban 1 Rural 2
- 7 Interviewer code □ □ □ □
- 8 Date of interview Day Month Year
□ □ □ □ □ □ □ □
- 9 Census block/village number □ □ □ □
- 10 Primary sampling unit number □ □ □ □
- 11 Household code □ □ □ □
- 12 Name of Household Head
- 13 Complete residential address (record important landmarks for identification and locating)

RESPONDENT SELECTION CHECKLIST

S.No	Names of all household members	Sex (M-1 F-2)	Age (in comple ted years)	Recruited for the survey (Yes-1 No-2) If No, record as refusal	Consent given (Yes-1 No-2)	Respondent ID number
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5						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Household Visit Record

Number of Attempts made to recruit all eligible respondents in the household

Dates of household visits (dd/mm/yr)

Result of Household visits

1. Completed 2. Dwelling not found 9. Other (please specify) -----

Socioeconomic Assessment at Household level (SLI Scoring)

S No	Item	Response options and Code	
1	What is the main source of drinking water for members of your household?	Piped water into residence/yard/plot 11 Public tap 12 Hand pump in residence/yard/plot 21 Public hand pump 22 Covered Well in residence/yard/plot 31 Open Well in residence/yard/plot 32 Covered Public Well 33 Open Public Well 34 Spring water 41 River/stream 42 Pond/ Lake 43 Dam 44 Rainwater 51 Tanker/truck supply 61 Others (Pl specify) 96	<input type="text"/> <input type="text"/>
2	What do you do to purify drinking water, if anything? Please record all possible responses	Strain by cloth A Alum B Water filter C Boiling D Electronic purifier E Nothing F Others (Pl specify) X	<input type="text"/> <input type="text"/> <input type="text"/>
3	What kind of toilet facility does your household have?	Own flush toilet 11 Shared flush toilet 12 Public flush toilet 13 Own pit toilet/latrine 21 Shared pit toilet/latrine 22 Public pit toilet/latrine 23 No facility/Bushes/ Open spaces 31 Others (Pl specify) 96	<input type="text"/> <input type="text"/>
4	What is the main source of lighting for your household?	Electricity 1 Generator 2 Kerosene 3 Gas 4 Oil 5 Others (Pl specify) 6	<input type="text"/>
5	How many rooms are there in your household?	Number of rooms	<input type="text"/> <input type="text"/>
6	Do you have a separate room which is used as a kitchen?	Yes 1 No 2	<input type="text"/>
7	What type of fuel does your household mainly use for cooking?	Wood 01 Crop residues 02 Dung cakes 03 Coal/ Coke/ Lignite 04 Charcoal 05 Kerosene 06 Electricity 07 Liquid Petroleum Gas 08 Bio-Gas 09 Others (Pl specify) 96	<input type="text"/> <input type="text"/>
8	What is the religion of the Head of the household?	Hindu 01 Muslim 02 Christian 03 Sikh 04 Buddhist/ Neo Buddhist 05	<input type="text"/>

