

**KEM Hospital Research Centre Pune, Vadu Rural Health Program (VRHP)**  
**Vadu Health and Demographic Surveillance System (Vadu HDSS)**  
**MORBIDITY AND RISK FACTORS QUESTIONNAIRE**  
*(Responses to following questions to be entered directly into electronic tablet)*

- *Begin interviewing an adult respondent in the family. In addition to this initial respondent, you may feel free to directly ask the person who was ill or a direct caregiver of ill person as the case may be.*
- *If response to a question is positive for any household member, the response will be linked to the member's HDSS ID in Vadu HDSS database for data on his/her age, gender and other characteristics*
- *In case of questions with multiple response options, each response will be linked to individual member for whom the response is true*

Interview start time:   :   (24 hrs)

Q0001	Household (HH) number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Village      Wadi      Household number
Q0002	Name of head of the household	<hr/>
	Village name	<hr/>
	Wadi name	<hr/>
	Landmark	<hr/>
	Phone number	<hr/>
Q0003	Name of the respondent <i>(Respondent should be an adult member of the household)</i>	<hr/>
Q0004	Did any member of your household have any of the following symptoms <b>along with fever</b> , measured by you or a health professional, anytime in the last two weeks?  <i>(If no one had fever, mark response 1 and go to Q.5)</i>	1. No one had fever    2. Cough 3. Running nose        4. Fast breathing 5. Jaundice              6. Loose motions 7. Chills                 8. Severe joint/body pain 9. Stiff neck            10. Burning micturition 11. Rash anywhere on the body 12. Injury/abscess 13. Any other (specify) ..... 14. Only fever
Q0005	Did any member of your household have diarrhea (3 or more than 3 looser than normal stools in a 24-	1. Yes 2. No

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	hour period) anytime in the last two weeks?	
Q0006	Did any member of your household have any of the following anytime in the last two weeks?	1. Cough 2. Cough with fast breathing and short, rapid breaths 3. Difficult breathing, noisy breathing
Q0007	Does any member of your household currently have/takes medicines for Tuberculosis disease?	01 Yes 02 No
Q0008	Has any household member been hospitalized for more than 24 hours/overnight within the last 6 months due to the following reasons? <b>(Other than childbirth)</b>	01 Yes 02 No 03 Don't Know
Q0009	If yes to Q0008, can you give reason for hospitalization?	1. Accident/injury 2. Heart problem/stroke 3. Illness with fever 4. Cancer 5. Any other (please specify) _____ _____
Q0010	Does any member from your household suffer with any disease/illness not asked above, that you think is major? If yes what is the illness?	_____ _____
Q0011	When a household member younger than 15 years falls sick, where do they seek treatment from first?	1. Primary Health Centre 2. Government Rural Hospital 3. Private health facility (Allopathy)

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		<p>4. Private health facility (AYUSH)</p> <p>5. Unqualified practitioner</p> <p>5. Government paramedical worker</p> <p>6. Pharmacy</p> <p>7. Any other (specify)</p> <p>_____</p>
Q0012	When a household member older than 15 years falls sick, where do they seek treatment from first?	<p>1. Primary Health Centre</p> <p>2. Government Rural Hospital</p> <p>3. Private health facility (Allopathy)</p> <p>4. Private health facility (AYUSH)</p> <p>5. Unqualified practitioner</p> <p>5. Government paramedical worker</p> <p>6. Pharmacy</p> <p>7. Any other (specify)</p> <p>_____</p>
Q0013	Is any member of your household covered by a health scheme or health insurance?	<p>1. Government health scheme (specify): _____</p> <p>2. Rashtriya Swasthya Bima Yojana</p> <p>3. Private health insurance</p> <p>4. Company health insurance</p> <p>5. Free medical care from anywhere (Specify): _____</p>

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Q0014	In general, how would you rate your health today? <i>(Ask only the respondent)</i>	1 Very good 2 Good 3 Moderate 4 Bad 5 Very bad
Interview end time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (24 hrs)		
Interviewer name: _____ Signature: _____ Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Data entry by: _____ Signature: _____ Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		