

राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण, भारत 2019-20 (NFHS-5)
 बयोमार्कर प्रश्नावली [STATE NAME]
 NATIONAL FAMILY HEALTH SURVEY, INDIA 2019-20 (NFHS-5)
 BIOMARKER QUESTIONNAIRE [STATE NAME]

CONFIDENTIAL
 For research
 purposes only

IDENTIFICATION

STATE _____

DISTRICT _____

TEHSIL/TALUK _____

CITY/TOWN/VILLAGE _____

TYPE OF PSU (URBAN = 1, RURAL = 2)

PSU NUMBER

STRUCTURE NUMBER

HOUSEHOLD NUMBER

NAME OF HOUSEHOLD HEAD _____

ADDRESS OF HOUSEHOLD _____

IS HOUSEHOLD SELECTED FOR THE STATE MODULE? (YES = 1, NO = 2)

IS HOUSEHOLD SELECTED FOR DRIED BLOOD SPOT (DBS) COLLECTION? (YES = 1, NO = 2)

HEALTH INVESTIGATOR VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR _____
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS _____
TIME	_____	_____	_____	

*LANGUAGE OF QUESTIONNAIRE: **ENGLISH** **18**

*LANGUAGE CODES:

01 ASSAMESE	06 KASHMIRI	11 NEPALI	16 TELUGU	96 OTHER
02 BENGALI	07 KONKANI	12 ORIYA	17 URDU	_____
03 GUJARATI	08 MALAYALAM	13 PUNJABI	18 ENGLISH	SPECIFY
04 HINDI	09 MANIPURI	14 SINDHI	19 GARO	
05 KANNADA	10 MARATHI	15 TAMIL	20 KHASI	

TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15+

TOTAL NUMBER OF ELIGIBLE CHILDREN

TOTAL NUMBER OF ELIGIBLE MEN AGE 15+

SUPERVISOR		HEALTH INVESTIGATOR	
NAME _____	_____	NAME _____	_____
DATE _____	_____	DATE _____	_____