RURAL	*
URBAN	

GOVERNMENT OF INDIA NATIONAL SAMPLE SURVEY OFFICE SOCIO-ECONOMIC SURVEY

CENTRAL	
STATE	

SEVENTY-SIXTH ROUND: JULY, 2018 - DECEMBER, 2018 SCHEDULE 26: SURVEY OF PERSONS WITH DISABILITIES

[0] descriptive identification of sample household						
1. state/u.t.: 5. investigator unit number /block number:						
2. district:	6. sample sub-unit (SU) number					
3. sub-district/tehsil/town*:	7. name of head of household:					
4. village name:	8. name of informant:					

[1] identification of sample household									
item	item	code		code		item	item	code	
no.				no.					
1.	srl. no. of sample FSU			6.	serial number of informant # (as in column 1 of block 3)				
2.	round number	7	6	7.	response code				
3.	schedule number	2	2 6		survey code				
4.	second-stage stratum number				reason for substitution of				
5.	sample household number			9.	original household (code)				

CODES FOR BLOCK 1

item 7: **response code**: informant: co-operative and capable -1, co-operative but not capable -2, busy -3, reluctant -4, others -9.

item 8: survey code: original -1, substitute -2, casualty -3.

item 9: **reason for substitution of original household**: informant busy -1, members away from home -2, informant non-cooperative -3, others -9.

^{*} tick mark ($\sqrt{\ }$) may be put in the appropriate place.

[#] if the informant is not a household member, code 99 will be recorded.

[3] demographic and other particulars of household members									
srl. no.	name	relationship to head (code)	whether the parents are blood- related (code)	gender (code)	age (years)	marital status (code)	highest level of education (code)	highest level of technical education (code)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	

- col. (3): relation to head: self -1, spouse of head -2, married child -3, spouse of married child -4, unmarried child -5, grandchild -6, father/mother/father-in-law/mother-in-law -7, brother/sister/brother-in-law/sister-in-law/other relatives -8, servants/employees/other non-relatives -9
- col. (4): whether the parents are blood-related: yes 1, no 2, not known 3
- col. (5): gender: male-1, female-2, transgender-3
- col. (7): marital status: never married -1, currently married -2, widowed -3, divorced/separated -4
- col. (8): highest level of education: not literate -01, literate without any schooling -02, literate without formal schooling: through NFEC -03, through TLC/AEC -04, others -05; literate with formal schooling: below primary -06, primary -07, upper primary/middle -08, secondary -10, higher secondary -11, diploma /certificate course (upto secondary)-12, diploma/certificate course(higher secondary)-13, diploma/certificate course(graduation & above) -14, graduate -15, post graduate and above -16.
- col. (9): highest level of technical education: no technical education -01, technical degree in: agriculture -02, engineering/ technology -03, medicine -04, crafts -05, other subjects -06; technical diploma or certificate (below graduate level) in: agriculture -07, engineering/ technology -08, medicine -09, crafts -10, other subjects -11; technical diploma or certificate (graduate and above level) in: agriculture -12, engineering/ technology -13, medicine -14, crafts -15, other subjects -16.

[4] h	[4] household characteristics						
1.	household size						
2.	religion (code)						
3.	social group (code)						
4.	land possessed as on date of survey (code)						
hous	household's usual monthly consumer expenditure (Rs.)						
5.	usual consumer expenditure in a month for household purposes out of purchase (A)						
6.	imputed value of usual consumption in a month from home grown stock (B)						
7.	imputed value of usual consumption in a month from wages in kind, free collection, gifts, etc. (C)						
8.	expenditure on purchase of household durables during last 365 days (D)						
9.	usual monthly consumer expenditure $[A + B + C + (D/12)]$						

Note:

- 1. For recording information in items 5, 6 and 7, usual monthly consumption will mean expenditure is incurred/consumption took place with a monthly regularity.
- 2. Ensure that the figures reported in item 5 are not reported again in any of the items 6, 7 or 8.

CODES FOR BLOCK 4

item 2: religion: Hinduism-1, Islam-2, Christianity –3, Sikhism-4, Jainism-5, Buddhism-6, Zoroastrianism-7, others-9

item 3: social group: scheduled tribe-1, scheduled caste-2, other backward class-3, others-9

item 4: land possessed:

area in hectare	code	area in hectare	code
less than 0.005	01	2.01 – 3.01	07
0.005 - 0.02	02	3.01 - 4.01	08
0.02 - 0.21	03	4.01 - 6.01	10
0.21 - 0.41	04	6.01 - 8.01	11
0.41 - 1.01	05		12
1.01 – 2.01	06	greater than or equal to 8.01	12

Note: $1 \text{ acre} = 0.4047 \text{ hectare}, \qquad 1 \text{ hectare} = 10,000 \text{ square metre}$

[If the sample household does not possess any land, code '99' will be recorded in item 4.]

[5] identification of disabilities for each of the members of the household type of disability mental retardation/ speech intellectual mental illness# locomotor visual hearing and other disability# language whether whether having whether whether whether whether having difficulty having any whether having having having deformity in understanding/ having of the whether difficulty in difficulty difficulty of the comprehension or having following: unnecessary in hearing in speech seeing, body part communicating and excessive unusual whether parkinson's for persons whether day to day (unable to counting (s) like having worry and experidisease, of age 12 to fingers of having converspeak like hunch anxiety, multiple ences of unusual 59 years whether hand from a loss of sational normal back. required in repetitive hearing behasclerosis, with code 1 age (years) as in col.6 of bl.3 having sensation distance of person/ speech reasoning, dwarfism. behaviour/ voices. viour or other in any of the difficulty in the 10 feet (without speech not deformity making thoughts, seeing difficulty chronic columns 3 srl. no. as in col.1 of bl. in using body due (with hearing compreto 14. due to decision, changes of visions, in social neurological hands. to spectacles, aid, if hensible. leprosy, mood or conditions, whether rememstrange intefingers, including paralysis, caused by if using, using, and in doing bering, mood swings, smell or ractions haemophilia, receiving/ toes, in and both both ears leprosy, laryngectalking/ thalassemia, received any acid daily learning, sensation and body other taken attack. eyes taken tomy, activiproblem laughing to or strange adaptasickle cell vocational/ novement reasons together) together) aphasia) etc., ties solving self, staring in taste bility disease technical (yes-1, (yes-1, (yes-1, (yes-1, (ves-1, (ves-1, (ves-1, (ves-1, space (ves-1, (yes-1, (ves-1, training (ves-1, no-2)no-2)no-2)no-2no-2)no-2) no-2) no-2) no-2) no-2) no-2) no-2) (code) (2) (6) (1)(3) (4) (5) (7) (8)(9) (10)(11)(12)(13)(14)(15)

#: (i) if entry is 1 in any of the cols. 9 or 10, record code 2 in all the cols. 11, 12 and 13. (ii) if entry is 1 in any of the cols. 11, 12 and 13, record code 2 in both the cols. 9 and 10.

Note: An additional sheet of Block 5 is given in the next page

CODES FOR BLOCK 5

col. (15): whether receiving/received any vocational/technical training: yes:

receiving formal vocational/technical training: 1; received vocational/technical training:

formal: 2, other than formal: hereditary-3, self-leanning-4, learning on the job-5, others -6;

did not receive any vocational/technical training -7.

[5] ident	identification of disabilities for each of the members of the household													
		type of disability												
							speech		etardation/					1
			locomotor		visual	hearing	and		lectual	me	ntal illness#		other	
			T				language		bility#					
srl. no. as in col.1 of bl. 3	age (years) as in col.6 of bl.3	whether having difficulty in using hands, fingers, toes, in body movement (yes-1, no-2)	whether having loss of sensation in the body due to paralysis, leprosy, other reasons (yes-1, no-2)	whether having deformity of the body part (s) like hunch back, dwarfism, deformity due to leprosy, caused by acid attack, etc., (yes-1, no-2)	whether having difficulty in seeing, counting fingers of hand from a distance of 10 feet (with spectacles, if using, and both eyes taken together) (yes-1, no-2)	whether having difficulty in hearing day to day conversational speech (without hearing aid, if using, and both ears taken together) (yes-1, no-2)	whether having difficulty in speech (unable to speak like normal person/ speech not compre- hensible, including laryngec- tomy, aphasia) (yes-1, no-2)	diff in unde compre	ret having ficulty rstanding/ hension or unicating required in reasoning, making decision, remembering, learning, problem solving (yes-1, no-2)	whether having unnecessary and excessive worry and anxiety, repetitive behaviour/ thoughts, changes of mood or mood swings, talking/ laughing to self, staring in space (yes-1, no-2)	whether having unusual experiences of hearing voices, seeing visions, strange smell or sensation or strange taste (yes-1, no-2)	whether having unusual behaviour or difficulty in social interactions and adaptability (yes-1, no-2)	whether having any of the following: parkinson's disease, multiple sclerosis, other chronic neurological conditions, haemophilia, thalassemia, sickle cell disease (yes-1, no-2)	for persons of age 12 to 59 years with code 1 in any of the columns 3 to 14, whether receiving/ received any vocational/ technical training (code)
(1) (2	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)

^{#: (}i) if entry is 1 in any of the cols. 9 or 10, record code 2 in all the cols. 11, 12 and 13. (ii) if entry is 1 in any of the cols. 11, 12 and 13, record code 2 in both the cols. 9 and 10.

[5.1] particulars of locomotor disability of the household members: fill up this block for all household members with entry 1 in any of the columns 3 to 5 of block 5

item		item description	details of the household members								
1.	srl. no. [as	in col.1,block 5]									
2.	age (years) [as in col. 2, block 5]									
locomo	otor disabil	ities [#]	L1	L2	L3	L1	L2	L3	L1	L2	L3
3.	cause of di	isability (code)									
4.	category o	f disability (code)									
5.	disability a	area (code)									
6.	whether ha	aving the disability from birth* $(yes - 1, no - 2, not known-3)$									
7.	if	age (years) at onset of the disability									
8.	code 2	whether the disability commenced during last 365 days									
	in	(yes-1, no-2)									
9.	item 6,	if 2 or 3 in item 3, place of occurrence (code)									
10.	whether tr	eatment taken / undergoing treatment (code)									
11.		d / appliance advised (code)									
12.	if code	type of aid / appliance (code)									
13.	1 in	how aid / appliance acquired? (code)									
14.	item 11,	whether aid / appliance regularly used ($yes - 1$, $no - 2$)									
15.	extent of p	personal assistance required in doing daily activities (code)									

Note: # for each household member report at most three categories of disabilities in columns L1, L2 and L3 for which the household member faced more difficulties *for entry 1 and 5 in item 4, entry in item 6 will be 2.

CODES FOR BLOCK 5.1:

- Item 3: cause of disability: disease-1, other than disease due to: burn-2, injury other than burn -3; others -9
- Item 4: category of disability: leprosy cured person-1, cerebral palsy-2, dwarfism-3, muscular dystrophy-4, acid attack victim-5, polio-6, other locomotor disability -7.
- Item 5: disability area: both the hands-1, one of the hands-2, both the legs-3, one of the legs-4, hands and legs-5, other body parts-9
- Item 9: place of occurrence: at workplace-1, on road-2, at home-3, at other places-9
- Item 10: whether treatment taken / undergoing treatment: yes: taken: consulting doctor -1, otherwise -2; yes: undergoing treatment: consulting doctor -3, otherwise -4; attending special school/special therapy -5, no: cannot afford- 6, not available-7, not required-8; not known-9.
- *Item 11: whether aid / appliance advised*: yes: acquired-1, not acquired: cannot afford-2, not available-3, others -4; no -5.
- Item 12: type of aid / appliance: electric wheelchair -1, manual wheelchair -2, artificial limb 3, crutch -4, splint -5, tricycle -6, callipers -7, spinal brace-8, others -9.
- *Item 13: how aid/appliance acquired*: purchased 1, assistance from: government 2, non-government organisation 3, others 9
- Item 15: extent of personal assistance required in doing daily activities: always -1, sometimes-2, not required-3

[5.2] p	particular	s of visual disability of the household members: fill up this b	lock for a	ll house	hold me	mbers wi	th entr	y 1 in colur	nn 6 of blo	ck 5
item		item description			deta	ils of the l	nouseho	old membe	rs	
1.	srl. no. [a	as in col.1,block 5]								
2.	age (year	rs) [as in col. 2, block 5]								
3.	cause of	disability (code)								
4.	category	of disability (code)								
5.	disability	area (code)								
6.	whether having the disability from birth (yes -1 , no -2 , not known-3)									
7.	if	age (years) at onset of the disability								
8.	code 2	whether the disability commenced during last 365 days								
	in	(yes-1, no-2)								
9.	item 6,	if 2 or 3 in item 3, place of occurrence (code)								
10.	whether	treatment taken / undergoing treatment (code)								
11.	whether	aid / appliance advised (code)								
12.	if code	type of aid / appliance (code)								
13.	1 in	how aid / appliance acquired? (code)								
14.	item	whether aid / appliance regularly used ($yes - 1$, $no - 2$)								
	11,									
15.	extent of	personal assistance required in doing daily activities (code)								

CODES FOR BLOCK 5.2:

- Item 3: cause of disability: disease-1, other than disease due to: burn-2, injury other than burn -3; others -9
- *Item 4: category of disability:* no light perception 1; has light perception but cannot count fingers even with spectacles upto a distance of 3 feet: normally uses spectacles 2, normally does not use spectacles 3; has light perception but cannot count fingers even with spectacles upto a distance of 3 feet to 10 feet: normally uses spectacles 4, normally does not use spectacles 5.
- Item 9: place of occurrence: at workplace-1, on road-2, at home-3, at other places-9
- *Item 10: whether treatment taken / undergoing treatment*: yes: taken: consulting doctor 1, otherwise 2; yes: undergoing treatment: consulting doctor 3, otherwise 4; attending special school/special therapy 5, no: cannot afford- 6, not available-7, not required-8; not known-9.
- *Item 11: whether aid / appliance advised*: yes: acquired-1, not acquired: cannot afford-2, not available-3, others -4; no -5.
- Item 12: type of aid / appliance: high powered glasses 1, contact lens-2, cane: smart cane-3, regular cane (like, white cane)-4, other cane-5; others 9
- *Item 13: how aid/appliance acquired*: purchased 1, assistance from: government 2, non-government organisation 3, others 9
- Item 15: extent of personal assistance required in doing daily activities: always -1, sometimes-2, not required-3

[5.3] particulars of hearing disability of the household members: fill up this block for all household members with entry 1 in column 7 of block 5								
item	em item description details of the household members							
1.	srl. no. [a	as in col.1,block 5]						
2.	age (year	s) [as in col. 2, block 5]						
3.	cause of	disability (code)						
4.	category	of disability (code)						
5.	disability	area (code)						
6.	whether l	naving the disability from birth (yes -1 , no -2 , not known-3)						
7.	if	age (years) at onset of the disability						
8.	code 2	whether the disability commenced during last 365 days						
	in	(yes - 1, no - 2)						
9.	item 6,	if 2 or 3 in item 3, place of occurrence (code)						
10.	whether t	reatment taken / undergoing treatment (code)						
11.	whether a	aid / appliance advised (code)						
12.	if code	type of aid / appliance (code)						
13.	1 in	how aid / appliance acquired? (code)						
14.	item	whether aid / appliance regularly used ($yes - 1$, $no - 2$)						
	11,							
15.	extent of	hearing disability (code)						

CODES FOR BLOCK 5.3:

Item 3: cause of disability: disease-1, other than disease due to: burn-2, injury other than burn -3; others -9

Item 9: place of occurrence: at workplace-1, on road-2, at home-3, at other places-9

Item 10: whether treatment taken / undergoing treatment: yes: taken: consulting doctor – 1, otherwise – 2; yes: undergoing treatment: consulting doctor – 3, otherwise – 4; attending special school/special therapy – 5, no: cannot afford- 6, not available-7, not required-8; not known-9.

Item 11: whether aid / appliance advised: yes: acquired-1, not acquired: cannot afford-2, not available-3, others -4; no -5.

Item 12: type of aid / appliance: hearing aid – 1, others – 9

Item 13: how aid/appliance acquired: purchased – 1, assistance from: government – 2, non-government organisation – 3, others – 9

Item 15: extent of hearing disability: cannot hear or can only hear loud sounds -1, can hear only shouted words -2, have hearing difficulty other than those in codes 1 or 2 -3.

[5.4] particulars of speech and language disability of the household members: fill up this block for all house	sehold members with entry 1 in column 8 of
block 5	

item		item description		det	ails of the	househ	old membe	ers	
1.	srl. no. [a	as in col.1,block 5]							
2.	age (year	rs) [as in col. 2, block 5]							
3.	cause of	disability (code)							
4.	category	of disability (code)							
5.	disability	area (code)							
6.	whether	having the disability from birth (yes -1 , no -2 , not known-3)							
7.	if	age (years) at onset of the disability							
8.	code 2	j							
	in	(yes - 1, no - 2)							
9.	item 6,	71							
10.	whether	treatment taken / undergoing treatment (code)							
11.	whether	aid / appliance advised (code)							
12.	if code	type of aid / appliance (code)							
13.	1 in	how aid / appliance acquired? (code)							
14.	item	whether aid / appliance regularly used ($yes - 1$, $no - 2$)							
	11,								
15.	extent of	speech and language disability (code)							

Item 3: cause of disability: disease-1, other than disease due to: burn-2, injury other than burn -3; others -9

Item 9: place of occurrence: at workplace-1, on road-2, at home-3, at other places-9

Item 10: whether treatment taken / undergoing treatment: yes: taken: consulting doctor – 1, otherwise – 2; yes: undergoing treatment: consulting doctor – 3, otherwise – 4; attending special school/special therapy – 5, no: cannot afford- 6, not available-7, not required-8; not known-9.

Item 15: extent of speech and language disability: cannot speak-1, can speak only single words or speaks unintelligibly-2, have speech and language difficulty other than those in codes 1 or 2 -3.

[5.5] particulars of mental retardation/intellectual disability of the household members: fill up this block for all household members with entry 1 in any of columns 9 or 10 of block 5

item		item description				details of	f the hous	sehold n	nembers		
1.	srl. no. [a	s in col.1,block 5]									
2.	age (year	s) [as in col. 2, block 5]									
mental retardation/intellectual disabilities [#]				M2	М3	M1	M2	M3	M1	M2	М3
3.	cause of o	disability (code)									
4.	category	of disability (code)									
5.	disability	area (code)									
6.	whether h	naving the disability from birth (yes -1 , no -2 , not known-3)									
7.	if	age (years) at onset of the disability									
8.	code 2	whether the disability commenced during last 365 days $(yes - 1, no - 2)$									
9.	item 6,	if 2 or 3 in item 3, place of occurrence (code)									
10.	whether t	reatment taken / undergoing treatment (code)									
11.	whether a	nid / appliance advised (code)									
12.	if code	type of aid / appliance (code)									
13.	1 in item	how aid / appliance acquired? (code)									
14.	11,	whether aid / appliance regularly used ($yes - 1$, $no - 2$)									
15.	extent of	personal assistance required in doing daily activities (code)									
# for ec	ich househo	ld member report at most three categories of disabilities in columns M	11, M2 a	nd M3 for	which the	household n	iember fac	ed more	difficulties		

CODES FOR BLOCK 5.5:

item 4: category of disability: specific learning disabilities-1, autism spectrum disorder-2, other mental retardation/intellectual disability -9

Item 10: whether treatment taken / undergoing treatment: yes: taken: consulting doctor - 1, otherwise - 2; yes: undergoing treatment: consulting doctor - 3, otherwise - 4; attending special school/special therapy - 5, no: cannot afford- 6, not available-7, not required-8; not known-9.

Item 15: extent of personal assistance required in doing daily activities: always -1, sometimes-2, not required-3

[5.6] particulars of mental illness of the household members: fill up this block for all household members with entry 1 in any of the columns 11 to 13 of block 5

item		item description		deta	ails of the l	nouseho	old membe	rs	
1.	srl. no. [a	s in col.1,block 5]							
2.	age (years	s) [as in col. 2, block 5]							
3.	cause of c	lisability (code)							
4.	category o	of disability (code)							
5.	disability	area (code)							
6.	whether h	aving the disability from birth (yes -1 , no -2 , not known-3)							
7.	if	age (years) at onset of the disability							
8.	code 2	whether the disability commenced during last 365 days $(yes - 1, no - 2)$							
9.	item 6,	if 2 or 3 in item 3, place of occurrence (code)							
10.	whether to	reatment taken / undergoing treatment (code)							
11.	whether a	id / appliance advised (code)							
12.	if code	type of aid / appliance (code)							
13.	1 in item 11,	how aid / appliance acquired? (code)							
14.	1	whether aid / appliance regularly used ($yes - 1$, $no - 2$)							
15.	extent of	personal assistance required in doing daily activities (code)							

CODES FOR BLOCK 5.6

Item 10: whether treatment taken / undergoing treatment: yes: taken: consulting doctor – 1, otherwise – 2; yes: undergoing treatment: consulting doctor – 3, otherwise – 4; attending special school/special therapy – 5, no: cannot afford- 6, not available-7, not required-8; not known-9.

Item 15: extent of personal assistance required in doing daily activities: always -1, sometimes-2, not required-3

item		item description	details of the household members										
1.		s in col.1,block 5]											
2.	age (years) [as in col. 2, block 5]											
ther t	ype of disa	ıbilities [#]	01	O2	03	01	O2	03	01	O2	03		
3.	cause of d	isability (code)											
4.	category o	of disability (code)											
5.	disability	area (code)											
6.	whether ha	aving the disability from birth (yes -1 , no -2 , not known-3)											
7.	if	age (years) at onset of the disability											
8.	code 2	whether the disability commenced during last 365 days											
	in	(yes - 1, no - 2)											
9.	item 6,	if 2 or 3 in item 3, place of occurrence (code)											
10.	whether tr	reatment taken / undergoing treatment (code)											
11.	whether a	id / appliance advised (code)											
12.	if code	type of aid / appliance (code)											
13.	1 in item	how aid / appliance acquired? (code)											
14.	11,	whether aid / appliance regularly used ($yes - 1$, $no - 2$)											
15.	extent of r	personal assistance required in doing daily activities (code)											

CODE FOR BLOCK 5.7:

item 4: category of disability: chronic neurological conditions: multiple sclerosis-1, parkinson's disease -2, other chronic neurological conditions-3; *blood disorder*: haemophilia-4, thalassemia-5, sickle cell disease-6

Item 10: whether treatment taken / undergoing treatment: yes: taken: consulting doctor -1, otherwise -2; yes: undergoing treatment: consulting doctor -3, otherwise -4; attending special school/special therapy -5, no: cannot afford-6, not available-7, not required-8; not known-9.

Item 15: extent of personal assistance required in doing daily activities: always -1, sometimes-2, not required-3

[6] a	vaila	bility	of faci	lities	and diffic	ulties faceo	d by the pers	sons with at	least one d	lisability (i	.e., for	those wit	th entry 1 in any	y of the colu	mns 3 to 14 d	of block 5)	
	5		0	de)			whether	if 1 in col. 8, difficulty years and above,			Jo	of	out-of-pock	et expenses rel	lating to disability (Rs.)		
, bl. 5	col. 2, bl. :	(epoo) 1	gular care	aid/ help (code)		if 1 in col. 6,	accesses public building	faced in accessing/using public	,	if code 1 in col. 10,	certificate o-2)	percentage c r certificate	infrequent expen last 365		excluding the	y expenditure ose covered in nd col. 15	
srl. no. as in col. 1	age (years) as in c	living arrangement	arrangement of regular giver (code)	receipt of any aid/	whether uses public transport (yes-1, no-2)	difficulty faced in accessing/ using public transport (code)	(including educational institution, workplace, etc.) (yes-1, no-2)	building (including educational institution, workplace, etc.) (code)	whether working before the onset of disability (yes-1, no-2)	whether disability caused loss or change of work (code)	whether having a cedisability (yes- I , no-	if 1 in col. 12, perdisability as per ce (code)	medical expenditure (e.g., surgery, equipment, hospitalisation, etc.)	non- medical expenditure (e.g., transport, lodging, food, etc)	medical expenditure (e.g., medicine, caregiver, etc.,)	non- medical expenditure (e.g., transport, lodging, food, etc)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	

col. 3: living arrangement:

living with spouse and other household members-1, living with spouse only-2, living without spouse but with: parents-3, children-4, other relatives-5, non-relatives-6, living alone: not as an inmate of institution/hostel-7, as an inmate of institution/hostel-8.

col. 4: arrangement of regular care giver:

care giver is available: hired care giver-01, institution/organisation-02, mother-03, father-04, spouse-05, brother-06, sister-07, son-08, daughter-10, son-in-law-11, daughter-in-law-12, grandson-13, granddaughter-14, others-19;

care giver is required but not available-15, no care giver is required-16.

col. 5: receipt of any aid/help: yes: from government for: education/training – 01, aid/appliance – 02, corrective surgery – 03, treatment other than surgery- 04, employment – 05, disability pension- 06, in the form of loan-07, other social security -08, other government aid / help – 09; any aid / help from organisation other than government– 10, did not receive any aid/help-11.

col. 7: difficulties faced in accessing/using public transport:

difficulty faced: due to steps/stairs and non-availability of ramp, grooved tiles or lift-1, in opening doors-2, no seating arrangement: in the public transport-3, at bus stops, stations, etc. -4; no special toilet seats-5, no sign for direction/instruction/no public announcement system -6, others-9, no difficulty faced-7

col. 9: difficulty faced in accessing public building (including educational institution, workplace, etc.):

difficulty faced: due to steps/stairs and non-availability of ramp, grooved tiles or lift -1, in opening doors-2, no seating arrangement: in the waiting area-3, at the point of receiving service-4; no special toilet seats-5, no sign for direction/instruction/no public announcement system -6, others-9; no difficulty faced-7.

- col. 11: whether disability caused loss or change of work: loss of work 1, change of work 2, no loss or change of work 3
- col. 13: percentage of disability as per certificate: 40% or more but less than 60%-1, 60% or more but less than 80%-2, 80% or more -3, none of these -4

[7] particulars of enrolment in education for persons with disabilities of age 3 to 35 years (i.e., those with entry 1 in any of the columns 3 to 14 of block 5 along with entry 3 to 35 in column 2 of block 5)

srl. no. as in col. 1, bl. 5	age (years) as in col. 2, bl. 5	whether attended pre-school intervention programme $(yes-1, no-2)$	whether ever enrolled in ordinary school (i.e., other than special school) (yes - 1, no - 2)	if code 1 in col. 4, whether currently attending in ordinary school (yes - 1, no - 2)	if code 2 in col. 5, whether currently not attending in ordinary school due to onset of disability (yes - 1, no - 2)	if code 2 in col. 4 or code 2 in col. 5, whether ever enrolled in special school (yes - 1, no - 2)	if code 1 in col. 7, whether currently attending in special school (yes – 1, no – 2)	for code 1 in col. 5 or code 1 in col. 8, level of current attendance (code)	if code 2 in col. 7, reason for non- enrolment in special school (code)	if code 2 in col. 8, reason for currently not attending in special school (code)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

CODES FOR BLOCK 7

col. (9): level of current attendance:

currently attending in: NFEC -03, TLC/AEC -04, other non-formal -05, pre-primary (nursery/ Kindergarten, etc.) - 06, primary (class I to V) -07, upper primary/middle -08, secondary -10, higher secondary -11, diploma/certificate course (upto secondary) - 12, diploma/certificate (higher secondary) - 13, diploma/certificate (graduation and above)-14, graduate -15, postgraduate and above -16.

[for those attending in special school i.e., for those with code 1 in column 8, code '99' will be recorded when the level of current attendance of those attending in special school do not correspond to the levels in terms of the codes 03 to 08, 10 to 16]

col. 10/col. 11: reason for non-enrolment/currently not attending in special school:

due to disability -01, school not known -02, difficulty in getting admission -03, school far away -04, expensive -05, not interested in education -06, for participation in household economic activity -07, for other economic reasons -08, for attending domestic chores -10, completed desired level/class-11, other reasons -19 (codes 02 & 03 are not applicable for col. 11).

[8] usua	al activit	ty particu	lars of household n	nembers wi	th at least o	one disability	(i.e., for those v	with entry	l in any of	the columns 3 to 14	of block 5)					
				usual princi	pal activity				for 1 in col. 9, usual subsidiary economic activity							
			for 11 to	o 51 in col. 3	3		31 in column	in 2 - 2)			occupation	1		1 in column		
1.5	.2, bl. 5			- occupation		groups 0	ith industry 14, 016, 017 sions 02- 99 col. 5,	any work in (yes -1, no -2)	status (any	description	industry (5-digit NIC- 2008	occu- pation (3-digit NCO-	groups 01 and divisio	ith industry 4, 016, 017 ns 02- 99 in l. 12		
srl. no. as in col.1, bl.	age (years) as in col.2, bl.	status (code)	description	industry (5-digit NIC- 2008 code)	occupation (3-digit NCO- 2004 code)	enterprise type (code)	availability of social security benefits (code)	whether engagec subsidiary capac	of the codes 11 to 51)		code)	2004 code)	enterprise type (code)	availability of social security benefits (code)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		

col. (3): *status*:

worked in household enterprise (self-employed): own account worker -11, employer-12, worked as helper in household enterprise (unpaid family worker) -21; worked as regular salaried/wage employee -31, worked as casual wage labour: in public works -41, in other types of work -51; did not work but was seeking and/or available for work -81, attended educational institution -91, attended domestic duties only -92, attended domestic duties and was also engaged in free collection of goods (vegetables, roots, firewood, cattle feed, etc.), sewing, tailoring, weaving, etc. for household use -93, rentiers, pensioners, remittance recipients, etc. -94, not able to work due to disability -95, others (including begging, prostitution, etc.) -97.

col. (5)/col. (12): industry: 5-digit code as per NIC -2008.

col. (6)/ col. (13): : occupation: 3-digit code as per NCO -2004.

col. (7)/ col. (14): enterprise type:

proprietary – 1, partnership -2, Government/local body-3, Autonomous Bodies- 4, Public/Private limited company-5, Co-operative societies-6, trust/other non-profit institutions -7, employer's households(i.e., private households employing maid servant, watchman, cook, etc.) -8, others -9.

col. (8)/col. (15) availability of social security benefits:

eligible for: only PF/ pension (i.e., GPF, CPF, PPF, pension, etc.) -1, only gratuity -2, only health care & maternity benefits -3, only PF/ pension and gratuity -4, only PF/ pension and health care & maternity benefits -5, only gratuity and health care & maternity benefits -6, PF/ pension, gratuity, health care & maternity benefits -7; not eligible for any of above social security benefits -8, not known-9.

col. (10): status: codes as in col. 3 (only codes 11 to 51 are applicable here).

[9] particulars of formal vocational/technical training received by household members of age 12 to
59 years with at least one disability (i.e., those with entry 1 in any of the columns 3 to 14 of block 5
along with code 2 in column 15 of Block 5)

srl. no.	age (years)	field of	duration of	type of	source of	whether the
as in	as in	training	training	training	funding the	training was
col.1,	col.2, bl. 5	(code)	(code)	(code)	training	completed
bl. 5					(code)	during last 365
						days
						(yes-1, no-2)
(1)	(2)	(3)	(4)	(5)	(6)	(7)

col. (3): field of training:

aerospace and aviation-01, agriculture, non-crop based agriculture, food processing - 02, allied manufacturing- gems and jewellery, leather, rubber, furniture and fittings, printing - 03, artisan/craftsman/handicraft/creative arts and cottage based production - 04, automotive- 05, beauty and wellness - 06, chemical engineering, hydrocarbons, chemicals and petrochemicals - 07, civil engineering- construction, plumbing, paints and coatings - 08, electrical, power and electronics - 09, healthcare and life sciences-10, hospitality and tourism - 11, iron and steel, mining, earthmoving and infra building - 12, IT-ITeS -13, logistics - 14, mechanical engineering-capital goods, strategic manufacturing -15, media-journalism, mass communication and entertainment - 16, office and business related work - 17, security -18, telecom - 19, textiles and handlooms, apparels - 20, work related to childcare, nutrition, pre-school and crèche -21, other -99.

col. (4): duration of training:

less than 3 months -1, 3 months or more but less than 6 months-2, 6 months or more but less than 12 months-3, 12 months or more but less than 18 months-4, 18 months or more but less than 24 months-5, 24 months or more-6

col. (5): type of training: on the job-1, other than on the job: full-time-2, part-time-3

col. (6): source of funding the training:

funded from the earning of the student- 01, funded by other household members -02, funded by erstwhile household members-03, received as gifts from friends/relatives - 04, scholarships from educational institution-05, scholarships from government-06, scholarships from charitable and other organisaitons-07, educational loan -08, other loan-10, others- 19.

[2] p	articulars of field operations										
srl. no.	item		or Stat		or (FI) / Officer			Officer stical C			
(1)	(2)			(3)				(-	4)		
1(a).	(i) name (block letters)										
	(ii) code										
	(iii) signature										
1(b).	(i) name (block letters)										
	(ii) code										
	(iii) signature										
2.	date(s) of:	DD	N	1M	YY	D	D	MN	M	Y	Y
	(i) survey/ inspection										
	(ii) receipt										
	(iii) scrutiny										
	(iv) despatch										
3.	number of additional sheet(s) attached										
4.	total time taken to canvass the schedule by the team of investigators (FI/JSO) (in minutes) [no decimal point]										
5.	number of investigators (FI/JSO) in the team who canvassed the schedule										
	[10] remarks by investigator (FI/ JSO)										
	[11] comments by supervisory officer(s)										
	t .										

[12] details of remarks in the Schedule								
	(i) in Block 10 by the Field Investigator (FI) / Junior Statistical Officer (JSO)							
whether	(yes-1, no-2)							
schedule	(ii) in Block 11 by the supervisory officer(s) (yes-1, no-2)							
contains	(iii) anywhere in the Schedule by the Field Investigator (FI) / Junior Statistical Officer							
remarks:	(JSO) (yes-1, no-2)							
	(iv) anywhere in the Schedule by the supervisory officer(s) (yes-1, no-2)							