NAME OF THE ELDERLY RESPONDENT

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address

Phone

E-mail

Rural:  
Urban:  

Religion

Hindu  
Muslim  
Christian  
Others  
Specify:

Caste/Denomination:

1. Name of the interviewer:

2. Number of visits:

3. Date and Time:

4. Interview started at:

5. Interview ended at:

6. Total Time taken:

7. Name of the Supervisor:
### BLOCK 1
### 1. SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE FAMILY

<table>
<thead>
<tr>
<th>Members of the Family</th>
<th>Name</th>
<th>Relation to HH</th>
<th>Age</th>
<th>Sex</th>
<th>Education</th>
<th>Occupation</th>
<th>Marital Status</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Head of the Household</td>
<td>1-</td>
<td>Illiterate</td>
<td>1-</td>
<td>Self employed - Agricultural</td>
<td>1-</td>
<td>Never Married</td>
<td>1-</td>
</tr>
<tr>
<td>2</td>
<td>Spouse of HH</td>
<td>2-</td>
<td>Non – formal literacy</td>
<td>2-</td>
<td>Self employed - Non Agricultural</td>
<td>2-</td>
<td>Married</td>
<td>2-</td>
</tr>
<tr>
<td>3</td>
<td>Unmarried children</td>
<td>3-</td>
<td>Below primary school</td>
<td>3-</td>
<td>Regular emp – Govt. (including aided colleges)</td>
<td>3-</td>
<td>Widowed</td>
<td>3-</td>
</tr>
<tr>
<td>4</td>
<td>Married son/daughter</td>
<td>4-</td>
<td>Completed primary (4 years)</td>
<td>4-</td>
<td>Regular emp – Pvt. Sector</td>
<td>4-</td>
<td>Divorced</td>
<td>4-</td>
</tr>
<tr>
<td>5</td>
<td>Daughter-in-law/son-in-law</td>
<td>5-</td>
<td>Completed upper primary</td>
<td>5-</td>
<td>Casual labour – agricultural</td>
<td>5-</td>
<td>Separated</td>
<td>5-</td>
</tr>
<tr>
<td>6</td>
<td>Grand children</td>
<td>6-</td>
<td>Completed high school</td>
<td>6-</td>
<td>Casual labour – non agricultural</td>
<td>6-</td>
<td></td>
<td>6-</td>
</tr>
<tr>
<td>7</td>
<td>Parents/Parent-in-law</td>
<td>7-</td>
<td>Completed higher secondary (12 years)</td>
<td>7-</td>
<td>Housewife</td>
<td>7-</td>
<td></td>
<td>7-</td>
</tr>
<tr>
<td>8</td>
<td>Brother/sister/brother-in-law/sister-in-law</td>
<td>8-</td>
<td>Completed degree - General arts &amp; Science</td>
<td>8-</td>
<td>Student</td>
<td>8-</td>
<td></td>
<td>8-</td>
</tr>
<tr>
<td>9</td>
<td>Others</td>
<td>9-</td>
<td>Completed professional degree</td>
<td>9-</td>
<td>Looking for a job</td>
<td>9-</td>
<td></td>
<td>9-</td>
</tr>
<tr>
<td>10</td>
<td>Servants/No relations</td>
<td>10-</td>
<td></td>
<td></td>
<td>Others (Specify)</td>
<td>10-</td>
<td></td>
<td>10-</td>
</tr>
</tbody>
</table>

2. Who is the owner of this House?
   1. Self
   2. Spouse
   3. Joint ownership with spouse
   4. Son
   5. Daughter
   6. Son in Law
   7. Daughter in Law
   8. Other members of the family
   9. Rented House
   10. Others Special

3. How did she/he (the owners) acquire it?
   1. Purchase
   2. with own resources
   3. Purchase with joint resources
   4. Inherited
   5. Gift/Transfer
   6. Built by own resources
   7. Built by joint resources
   8. Don't know

### QUESTIONS TO ELDERLY
1. Have you/your family migrated from any place in the last 20 years?
   1. Yes
   2. No

2. If Yes, where id you move from?
   1. Same/district
   2. Within Kerala
   3. From other places in India
   4. Abroad

3. Reason for movement
   1. On retirement
   2. Change in place of work
   3. To stay with children
   4. Bought new house/property
   5. Moved with children
   6. On marriage or remarriage
   7. On expiry of work contract
   8. Others

4. | Number of Marriages | Age at marriages | If the spouse is alive, Age of the spouse | Place of residence (spouse) | If spouse is not a live Age at death |
<table>
<thead>
<tr>
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<tbody>
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<tr>
<td>3</td>
<td></td>
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</tr>
</tbody>
</table>
### ABOUT THE CHILDREN

1. How many children do you have over your lifetime?
   
   a. Born: Males | Females
   
   b. Alive: Males | Females

#### Details of children

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Education</th>
<th>Occupation</th>
<th>Marital status</th>
<th>No. of children</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Born</td>
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<td></td>
<td></td>
<td></td>
<td>Male</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Place of Residence</th>
<th>How often do you meet?</th>
<th>How often do you communicate?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
2. What is the main reason for residing with your child(ren)?
   1. This is my house
   2. I/we support children
   3. At my request
   4. At their request
   5. For financial support
   6. For physical and medical care
   7. For emotional support
   8. Other

3. In your opinion, who should be responsible for taking care of parents at their old age?
   1. Aged parents should be independent
   2. Sons
   3. Daughters
   4. Children
   5. Others (Specify)

4. In your opinion, which is the best place for old people live?
   1. Alone
   2. With sons
   3. Rotate residence among children
   4. With Either Sons or Daughters
   5. With daughters
   6. Others (Specify)

5. Do you know of old age homes?
   1. Yes
   2. No

6. Would you like to join an old age home?
   1. Yes
   2. Do not prefer
   3. No

7. Do you feel shortage of money for the following?
   1. Food
   2. Clothing
   3. Housing
   4. Health care
   5. Medicines
   6. None

8. Do you feel that you have enough money?
   1. Yes
   2. No

9. Up to what stage of life do you think parents are obliged to provide financially for their male children?
   1. Till they become adults (18-20 years)
   2. End of education
   3. Till they find a job
   4. Till they get married
   5. Others

10. Up to what stage of life do you think parents are obliged to provide financially for their female children.
   1. Till they become adults (18-20 years)
   2. End of education
   3. Till they find a job
   4. Till they get married
   5. Others

11. Do you think that young people these days treat older people with less respect than they used to?
   1. Yes
   2. No

12. In your opinion are grandparents obliged to take care of their grandchildren?
   1. Yes
   2. No
   3. Preferable
   4. No such obligation

13. Do you take care of any of your grand children?
   1. Yes
   2. No
   3. Do not live with me
   4. Do not have

14. Why are you responsible of their care? (Tick appropriate column for each grand child)

<table>
<thead>
<tr>
<th>Reason for taking care</th>
<th>Grand children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s parents are away</td>
<td>1</td>
</tr>
<tr>
<td>Child is orphaned</td>
<td></td>
</tr>
<tr>
<td>Child prefers to live with you</td>
<td></td>
</tr>
<tr>
<td>Child’s parents are separated</td>
<td></td>
</tr>
<tr>
<td>Child’s mother is working</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
</tr>
</tbody>
</table>
### BLOCK 4
**SUBJECTIVE WELL-BEING INVENTORY (SUBI)**

1. **Do you feel your life is interesting?**
   1. Very much
   2. To some extent
   3. Not so much

2. **Compared with the past, do you feel your present life is?**
   1. Very happy
   2. Quite happy
   3. Not so happy

3. **On the whole, how happy are you with the kind of things you have been doing in recent years?**
   1. Very happy
   2. Quite happy
   3. Not so happy

4. **Do you think you have achieved the standard of living and the social status that you had expected?**
   1. Very much
   2. To some extent
   3. Not so much

5. **Do you normally accomplish what you want to?**
   1. Most of the time
   2. Sometimes
   3. Hardly ever

6. **Do you feel you can manage situations even when they do not turn out as expected?**
   1. Most of the time
   2. Sometimes
   3. Hardly ever

7. **Do you feel confident that in case of a crisis (anything that substantially upsets your life situation) you will be able to cope with it/fare it boldly?**
   1. Very much
   2. To some extent
   3. Not so much

8. **The way things are going now, do you feel confident in coping with the future?**
   1. Very much
   2. To some extent
   3. Not so much

### BLOCK 5
**GENERAL HEALTH QUESTIONNAIRE (GHQ)**

We would like to know if you have had any medical complaints and how your health has been over the past few weeks. Please indicate the answer, most closely applies to you. We want to know about your recent complaints.

Have you recently:

1. **Been able to concentrate on whatever you’re doing?**
   1. Better than usual
   2. Same as usual
   3. Less than usual
   4. Much less than usual

2. **Lost much sleep over worry?**
   1. Not at all
   2. No more than usual
   3. Rather more than usual
   4. Much more than usual

3. **Felt that you are playing a useful part in things?**
   1. More so than usual
   2. Same as usual
   3. Less useful than usual
   4. Much less useful

4. **Felt capable about making decisions about things?**
   1. More so than usual
   2. Same as usual
   3. Less capable than usual
   4. Much less capable

5. **Felt constantly under strain?**
   1. Not at all
   2. No more than usual
   3. Rather more than usual
   4. Much more than usual

6. **Felt that you couldn’t overcome your difficulties?**
   1. Not at all
   2. No more than usual
   3. Rather more than usual
   4. Much more than usual

7. **Been able to enjoy your normal day-to-day activities?**
   1. More so than usual
   2. Same as usual
   3. Less so than usual
   4. Much less than usual

8. **Been able to face up to your problems?**
   1. More so than usual
   2. Same as usual
   3. Less able than usual
   4. Much less useful

9. **Been feeling unhappy and depressed?**
   1. Not at all
   2. No more than usual
   3. Rather more than usual
   4. Much more than usual

10. **Been losing confidence in yourself?**
    1. Not at all
    2. No more than usual
    3. Rather more than usual
    4. Much more than usual

11. **Been thinking of yourself as a worthless person?**
    1. Not at all
    2. No more than usual
    3. Rather more than usual
    4. Much more than usual

12. **Been feeling reasonably happy, all things considered?**
    1. More so than usual
    2. Same as usual
    3. Less so than usual
    4. Much less than usual
Network of relatives and friends

1. How often do you meet your relatives and friends?

<table>
<thead>
<tr>
<th></th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Once in a while</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. How often do you speak to them over the phone?

<table>
<thead>
<tr>
<th></th>
<th>Do not use</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Once in a while</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Awareness of Computers and Internet

3. Have you ever heard of computers?

1. Yes 2. No

4. Do you know how to use computers?

1. Yes 2. No

5. Is there a computer in your home?

1. Yes 2. No

6. Have you ever heard of internet/email?

1. Yes 2. No

7. Do you know how to use internet/email?

1. Yes 2. No

8. Do you use internet/email?

1. Yes 2. No

9. What initially prompted you to use computers?

1. Work 4. Family members were using it
2. Hobby 5. Other ________
3. To contact children/relatives/friends abroad

Group Activities

10. Are you a member of any of the following groups?

1. Political Parties 7. Educational or study group (Environment)
2. Trade Union 8. Kudumbasree unit (for women respondents)
3. Senior citizen’s club 9. Widows Association
4. Residence association 10. Other _________
5. Sports club 11. Not a member of any group
6. Religious organization

11. Do you participate in any of the following (governance):

1. Panchayat (Ward/Gram Sabha)
2. Co-operative Societies
3. Non governmental organizations
4. Any other
**BLOCK 7**

**PROPERTY/LAND/HOUSE OWNERSHIP**

(This section is about ownership, control and devolution (by transfer, gift, partition or inheritance) of major forms of property i.e., house, land and gold. There are separate sections on house, land and gold. In each section we have questions related to a) property currently owned by the respondent and b) inheritance, transfers etc of property during their mature lives (which would include property they may not own currently). Under b) we would like to know whether they received shares of property through inheritance either from their parents or from their spouses if they are widowed; or if they didn’t the reasons for being excluded from inheritance. There are two sets of questions on post-marital residence and marriage of children both in relation to property transfers. The last few questions pertain to ownership and management of financial assets.)

**Ia. Ownership of House** (Reference is to currently owned house/s)

1. Do you own house/s?  
   1. Yes 2. No

<table>
<thead>
<tr>
<th>Number of Houses</th>
<th>Title of House</th>
<th>Source of House</th>
<th>Occupied by whom?</th>
<th>If it is entailed, to whom?</th>
<th>Who will you give the house to</th>
</tr>
</thead>
<tbody>
<tr>
<td>1#</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2#</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3#</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Code for:**  

**Title**  
1. Self  
2. Joint with spouse  
3. Joint with Others  

**Source**  
1. Built/Purchased with own resources  
2. Built/Purchased with spouses resources  
3. Built/Purchased with joint resources  
4. Inherited from parents / Received at partition  
5. Inherited from spouse / Received at partition  
6. Inherited from others  
7. Title conferred by Govt. (welfare scheme / panchayat)  
8. Transferred at / after marriage  
9. Others

2. If rented house, do you manage rental?  
   1. Entirely 2. Partly 3. Not at all  

3. Do you manage rentals for other people?  
   1. Yes 2. No

**Ib. Inheritance and/or Transfer of House** (including one that may not currently be yours)

4. Did you inherit a house from your parents?  
   1. Yes 2. No

5. If no, why not?  
   1. Did not own one  
   2. By family agreement  
   3. Gave it to brothers  
   4. Gave it to sisters  
   5. Not in the will  
   6. Others (Specify)

5a. If yes, what have you done with it?  
   1. In possession 2. Sold 3. Others

5b. If sold, for what reason?  
   1. Migrated after marriage  
   2. To buy house else where  
   3. To invest in other property  
   4. To pay off debt  
   5. Others (specify)

6. If widow/widower did you inherit a house from spouse?  
   1. Yes 2. No

7. If no, why not?  
   1. Joint owner with spouse  
   2. Family agreement  
   3. Gave my share to Sons  
   4. Gave my share to Daughters  
   5. Not in the Will  
   6. Previous transfer  
   7. Others (specify)

8. Did you inherit a house from any other person?  
   1. Yes 2. No

9. If you have inherited a house (in 6 and 8) what have you done with it?  
   1. In possession 2. Sold it 3. Others (specify)
10. Have you sold a house for any of the following reasons?
   1. Unable to manage due to age or inability
   2. To buy/build house elsewhere
   3. To invest in other property
   4. To pay off family debt
   5. To pay for daughter’s marriage
   6. To pay for son’s marriage
   7. To pay for daughter’s education
   8. To pay for son’s education
   9. To pay for son’s business/employment
   10. To pay for daughter’s business/employment
   11. Others

10a. Have you mortgaged a house?  1. Yes  2. No

10b. If yes, for what reason?
   1. To pay of debt
   2. For daughters Marriage
   3. Sons job (Gulf)
   4. Others (specify)

11. Have you transferred/gifted a house to your daughters?  1. Yes  2. No

12. If yes, for what reason?
   1. Gift at marriage
   2. Share on partition
   3. Demand by daughter/s
   4. Others

13. Have you transferred/gifted a house to your sons?  1. Yes  2. No

14. If yes, for what reason?
   1. Gift at marriage
   2. Share on partition
   3. Demand from sons
   4. Others

IIa 15. Ownership of Land (Refers to currently owned land)

<table>
<thead>
<tr>
<th>Type of land</th>
<th>Title</th>
<th>Area in Cents</th>
<th>Source of land</th>
<th>If entailed to whom</th>
<th>Preferred Heir</th>
<th>Cultivation</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agricultural</td>
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<td>Homestead</td>
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<tr>
<td>Others</td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
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</tr>
</tbody>
</table>

Codes for title, source, entailment or preferred heir are the same as given in section 1a

Code for cultivation
1. Self-Cultivation
2. Cultivated by Family members
3. Cultivated by Tenant in the last two years
4. Cultivated on share crop basis in last two years
5. Uncultivated
6. Others (specify)

Code for Management

16. Do you manage agricultural land for other people?  1. Yes  2. No

IIb 17. Inheritance of land (including land which currently you may not own)

17 Have you inherited any land from your parents?  1. Yes  2. No
   (Note: inheritance of all ancestral/taravad property to be treated as from parents)

18. If not, what was the reason?
   1. They were landless
   2. Received share previously
   3. By family agreement
   4. Brothers took my share
   5. Sisters took my share
   6. Dispossessed by Will
   7. Others (specify)

18a. If yes, What have you done with it?
   1. In possession
   2. Sold
   3. Others

18b. If sold, For what reason?
   1. Migrated after marriage
   2. To buy house else where
   3. To invest in other property
   4. To pay off debt
   5. Others (specify)
19. If widow/widower, did you inherit land from your spouse? 1. Yes 2. No

20. If not, what was the reason?
   1. Landless
   2. Received share already
   3. Family agreement
   4. Sons took share
   5. Daughters took share
   6. Dispossessed by Will
   7. Others (specify)

21. If you inherited land from spouse / others, what have you done with it?
   1. In possession
   2. Sold it
   3. Others

IIc. Transfer (sale or other transfer) of Land (inherited or otherwise acquired)
22. Have you transferred land to your daughters? 1. Yes 2. No
23. If yes, at what juncture?
   1. Gift at marriage
   2. To help with house construction
   3. Share on partition
   4. Demand by daughter/s
   5. Others

24. Have you transferred land to your sons? 1. Yes 2. No
25. If yes, for what reason?
   1. Gift at marriage
   2. To help with house construction
   3. Share on partition
   4. Demand from sons
   5. Others

26. Have you sold land that you owned (from any source)?
   1. Yes 2. No
27. If yes, for which of the following reasons:
   1. Unable to manage due to age or inability
   2. To buy land elsewhere
   3. To buy land and build house elsewhere
   4. To pay off family debt
   5. To pay for daughter’s marriage
   6. To pay for son’s marriage
   7. To pay for daughter’s education
   8. To pay for son’s education
   9. To pay for son’s business/employment
   10. To pay for daughter’s business/employment
   11. To invest in other property
   12. Others (specify)

29. If Yes, Why?
   1. To pay off family debt
   2. To pay for daughters marriage
   3. For sons job (Gulf)
   4. Others (specify)

III. Gold
30. Do you own any gold? 1. Yes 2. No
31. Major source of gold?
   1. Purchase
   2. Gift from parents
   3. Gift from spouse
   4. Gift from children
   5. Others

32. Even if you do not own currently, Did you receive gold from the following sources?
   1. Mother
   2. Father
   3. Spouse
   4. Others
   5. None

33. In your mature life, did you sell gold for the following reasons?
   1. To buy land and build house elsewhere
   2. To buy other property
   3. To pay off family debt
   4. To pay for daughter’s marriage
   5. To pay for son’s marriage
   6. To pay for daughter’s education
   7. To pay for son’s education
   8. To pay for son’s business/employment
   9. To pay for daughter’s business/employment
   10. Others

33a. Have you mortgaged gold?
   1. Yes 2. No
33b. If Yes, Why
1. To buy land and build house elsewhere
2. To buy other property
3. To pay off family debt
4. To pay for daughter's marriage
5. To pay for son's marriage
6. To pay for daughter’s education
7. To pay for son’s education
8. To pay for son’s business/employment
9. To pay for daughter’s business/employment
10. Others

34. Who would you like to give your gold to?
1. Daughters only
2. Daughters in law
3. Grandchildren
4. Undecided
5. Whoever takes care of me
6. Others

35. Have you ever mortgaged your spouse’s gold?
1. Yes
2. No

35a. Has your spouse ever mortgaged your gold?
1. Yes
2. No

IV. Post Marital Residence Patterns (cross-check husband-wife responses)

36. When you got married who changed residence?
1. Yourself
2. Spouse
3. Moved jointly to a new residence
4. Stayed separately
5. Others (specify)

37. Current place of residence
1. Natal town/village
2. Spouse’ town/village
3. Neither

38. If any of your children do not live with you, for which of the following reasons did your children first move out of your home?

38.1 Daughters

<table>
<thead>
<tr>
<th>Year of marriage</th>
<th>Daughter 1</th>
<th>Daughter 2</th>
<th>Daughter 3</th>
<th>Daughter 4</th>
<th>Daughter 5</th>
<th>Daughter 6</th>
</tr>
</thead>
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<td></td>
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</tbody>
</table>

38.2 Sons

<table>
<thead>
<tr>
<th>Year of marriage</th>
<th>Son 1</th>
<th>Son 2</th>
<th>Son 3</th>
<th>Son 4</th>
<th>Son 5</th>
<th>Son 6</th>
</tr>
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</tbody>
</table>

V. Marriage of Children (Cross check husband-wife responses)

39. Quantity/value of Property transfers to girls at or after marriage

<table>
<thead>
<tr>
<th>Year of marriage</th>
<th>Daughter 1</th>
<th>Daughter 2</th>
<th>Daughter 3</th>
<th>Daughter 4</th>
<th>Daughter 5</th>
<th>Daughter 6</th>
</tr>
</thead>
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</tbody>
</table>

40. Were demands for dowry made at your daughter/s’ marriages?
1. Yes
2. No

41. Did/will you ask for dowry when your sons got married?
1. Yes
2. No

VI. Financial Assets

42. Do you have the following financial assets?
1. Bank account
2. Others
43. who manages your financial assets?

44. Do you manage financial assets for other people?
   1. Yes  2. No

45. Are you aware of the right to make a will (testamentary right)?
   1. Yes  2. No

46. Have you made a will?
   2. No

BLOCK 9
LABOUR FORCE PARTICIPATION

Employment status:
1. Are you engaged in paid employment?
   1. Yes  2. No

FOR JOB HOLDING RESPONDENT
2. What type of employment you are doing? (Use codes used earlier for occupation)_______
3. At what age did you start this job? _________
4. At what age do you plan to quit this job? _________
5. Why are you engaged in paid employment?
   1. Financial need  4. Feel like working
   2. Was able to find suitable work  5. Others
   3. Ability to work
6. Are you looking for some other kind of work?
   1. Yes  2. No
   7. If yes, Specify ________________

FOR RESPONDENTS NOT ENGAGED IN PAID EMPLOYMENT
8. If you are not engaged in paid employment, would you like to be so employed?
   1. Yes  2. Would not mind  3. No
9. If (1 or 2), why are you currently not working?
   1. Unable to find suitable job  2. Others
10. Are you engaged in unpaid work for family?
    1. Yes  2. No

11. Do you engage in any of the following unpaid activities?
    1. Supervision of farm work/business
    2. Hiring farm/other labour
    3. Paying wages
    4. Purchasing inputs
    5. Marketing produce
    6. Manual work on farm
    7. Preparing/serving food for workers
    8. Work on Kitchen garden
    9. Poultry
   10. Care of livestock
   11. Free tutoring of children
   12. Help with home-based work

12. Do you receive any compensation (cash or kind) for the above work?
    1. Yes  2. No

13. Do you do any work in the house?
    1. Yes  2. No

14. How would you describe such work?
    1. Domestic work
    2. Child care
    3. Work related to the house – repairs, renovation etc
    4. Gardening
    5. Others (specify)
Other Activities

15. What do you do at home?
   1. Read
   2. Watch TV
   3. Discussions with family
   4. Advice family
   5. Play with children
   6. Other

Previous employment/work

16. Did you work for an income previously?
   1. Yes
   2. No

17. What kind of employment were you engaged in? (Use occupation codes)

18. Previously did you engage in any of the following unpaid activities?
   1. Supervision of farm work / business
   2. Hiring farm/other labour
   3. Paying wages
   4. Purchasing inputs
   5. Marketing produce
   6. Manual work on farm
   7. Preparing/serving food for workers
   8. Work on Kitchen garden
   9. Poultry
   10. Care of livestock
   11. Free tutoring of children
   12. Help with home-based work

19. When did you stop working? Year __________ or at Age __________

20. Why did you stop working?
   1. Reached mandatory retirement age
   2. Could not continue due to health problems
   3. No suitable job
   4. Needed to take care of family members
   5. Have enough money even without working
   6. Other (specify) __________
   7. Don't know
Decision Making
21. Do you have a role in making decisions on the following matter?

| 1. Routine household expenses | Active role | Advise only | No role |
| 2. Extraordinary household expenses |
| 3. Educational decisions of the household |
| 4. Marriage decisions of the household |
| 5. Others (specify) |

BLOCK 9
EARNING PENSIONS

1. Are you getting a retirement pension? 1. Yes 2. No
2. If yes from where 1. Govt. 2. Pvt. 3. Others
3. How much?
4. Are you aware of any social assistance schemes/welfare funds of the state govt. for the elderly?
   1. Yes 2. No
5. Are you aware of the special schemes of the govt. for the elderly?
   1. Concession for tickets in trains
   2. Reservation of seats in buses
   3. Preference for facilities such as telephone connection
   4. Special interests in Bank Accounts
   1. Yes 2. No
6. Are you getting any social assistance payments from the Kerala Govt.
   1. Yes 2. No
7. If yes, What source______________
8. How much do you get?
9. How long have you been getting it?

BLOCK 10
OUTLOOK ABOUT OLDER LIFE AND CHILDREN

1. In your opinion at what age does a person become ‘old’?
   Male age
   Female age
2. How far you are satisfied with the help from your children?
   1. To large extent 2. To some extent 3. Not at all
3. Do you remember any measures you might have adopted when you were young to maintain health?
   1. Regular Exercise
   2. Yoga
   3. Nutritious food
   4. Regular Fasting
   5. Use of traditional remedies
   6. Others
4. When you were young, did you prepare yourself for retired life?
   1. Thought about it
   2. Made structured plans
   3. Never thought about it

5. In your opinion what is the ideal retirement age for a govt. servant? 

6. In your opinion, what is the ideal retirement age?

7. Do you feel secure in your surroundings (free from thieves etc)
   1. Yes
   2. No

8. Do you have any suggestions to improve the living of the elderly?

9. Investigator's comment on the respondent, if any.
### Head of the Household

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Rural**: Uncircle and circle **Urban**
- **Religion**: Hindu, Muslim, Christian
- **Others**: Specify

### Details

8. **Name of the interviewer**: 

9. **Number of visits**: 

10. **Date and Time**: 

11. **Interview started at**: 

12. **Interview Ended at**: 

13. **Total Time taken**: 

14. **Name of the Supervisor**: 

---

**Confidential for research purpose only**
SECTION 1 - SOCIAL SUPPORT

1. Who looks after your basic needs? (Food, clothing, medical)
   1. Son
   2. Daughter
   3. Son-in Law
   4. Daughter-in Law
   5. Children
   6. Spouse
   7. Self
   8. Others

2. Who looks after your monetary needs?
   1. Son
   2. Daughter
   3. Son-in Law
   4. Daughter-in Law
   5. Children
   6. Spouse
   7. Self
   8. Others

3. Who looks after your physical needs?
   1. Son
   2. Daughter
   3. Son-in Law
   4. Daughter-in Law
   5. Children
   6. Spouse
   7. Self
   8. Others

4. In the event of an emergency (e.g., medical, robbery, etc.) whom would you depend on?
   1. Son
   2. Daughter
   3. Son-in Law
   4. Daughter-in Law
   5. Children
   6. Spouse
   7. Self
   8. Domestic Health
   9. Others
   10. No one to depend on
   11. Don’t know/not sure

5. Overall, do you like the place where you live?
   1. Yes
   2. No
   3. There are both good and bad things about it
   4. Do not know / not sure
   5.1 Comment:

SECTION 2 - LIFESTYLE AND LIFE SATISFACTION

1. What is your daily routine? Please describe your routine briefly.

SECTION 3 - PERSONAL HEALTH

1. Do you think your health is?
   1. Excellent
   2. Good
   3. Fair
   4. Poor
   5. Very poor
   6. don’t know

2. How is your health today compared to what it was in the last year?
   1. Better
   2. Worse
   3. About the same
   4. Don’t know

3. What do you do to keep yourself healthy at present?
   1. Exercise
   2. Dieting
   3. Daily activities
   4. Other
4. Do you have any of the following health problems?

<table>
<thead>
<tr>
<th>Health Problems</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Fever</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>B Headache</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>C Dizziness</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>D Having no energy</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>E Voice seems weak</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>F Trembling hand</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>G Forgetfulness/Loss of memory</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>H Poor attention span</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I Sleep problems, specify</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>J Chewing problems/Dental problems</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>K Chest pain</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>L Joint pains</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>M Immobility</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>N Incontinence (no bladder control)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>O Skin problems</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>P Allergies</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Q Stomach problems</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>R Foot Problems</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>S Other, specify:</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

5. Are you presently suffering from any of the following chronic illness?

<table>
<thead>
<tr>
<th>Chronic Illness</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Arthritis</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>B Asthma, emphysema or bronchitis?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>C Alzheimer's disease</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>D Cancer</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>E Diabetes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>F Dementia</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>G Heart problems, specify</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>H Hypertension/ High Blood Pressure</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I Liver or gall bladder illness</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>J Osteoporosis</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>K Renal/Urinary tract infections</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>L Respiratory problems</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>M Any other</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

6. Do you have any problem with the following?
   a. Vision 1. Yes 2. No
   b. Hearing 1. Yes 2. No If no, Go to 6
   c. Walking 1. Yes 2. No

7. Do you use any of the following?
   a. Spectacles 1. Yes 2. No
   b. Hearing aids 1. Yes 2. No
   c. Walking stick 1. Yes 2. No
   d. Dentures 1. Yes 2. No

8. How well can you see with glasses on?
   1. Very well 2. Somewhat well 3. Very Unsatisfactory

9. How well can you hear with hearing aids
   1. Very well 2. Somewhat well 3. Very Unsatisfactory

10. How well can you walk with walking stick?
    1. Very well 2. Somewhat well 3 Very Unsatisfactory

11. How well can you chew with dentures
    1. Very well 2. Somewhat well 3. Very Unsatisfactory
12. Who financed for the aids?

<table>
<thead>
<tr>
<th></th>
<th>Self</th>
<th>Children</th>
<th>Voluntary agents</th>
<th>Others (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Spectacles</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Hearing aid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Walking stick</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Dentures</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

13. If you suffer from the above problems and are not using any aids, what is the reason?
   1. Not having enough money to buy the aids
   2. Not aware of the hospitals / Institutions concerned
   3. Not having help from others to reach the above places
   4. Others ________

3A HEALTH CARE UTILISATION

14. Where do you usually go when you get sick?
   1. Govt. hospital → Go to 15
   2. Pvt. Hospital → Go to 19
   3. Others Specify,....

15. Are you satisfied with service you get from the Government Hospitals?
   1. Satisfied very much
   2. Satisfied
   3. Poorly satisfied
   4. Not at all satisfied

16. Did you get medicines from the Govt. hospital?
   1. All the medicines
   2. Some of them
   3. Didn't get any

17. Where do you prefer to go if you get sick next time?
   1. Govt. hospital
   2. Pvt. Hospital
   3. Others ________

18. If Govt. hospital, why?
   1. Good care and attention
   2. Trust in govt. hospital
   3. Availability of free services
   4. Located nearby
   5. Others ________

19. If Pvt. hospital, why?
   1. Good care and attention
   2. Trust in pvt. Hospital
   3. Located nearby
   4. Availability of better services
   5. Cleanliness
   6. Good behavior of staff
   7. Others ________


21. If Yes, What? ____________________________

22. Are you covered under any health insurance scheme? 1. Yes 2. No

23. Did you hospitalized before? 1. Yes 2. No

23a. If Yes, How many Days/Months? Days _____ Months _____

23b. What was the disease? _____________________

24. Did you get hospitalized during the last One-year? 1. Yes 2. No

24a. If Yes, How many Days/Months? Days _____ Months _____

24b. What was the disease? _____________________

25. Which type of Hospital you were Admitted during the last one year?
   1. Government PHC
   2. Taluk/District Hospital
   3. Medical College Hospital

4. Private Clinic

1. Private Hospital

26. In which ward you were admitted?
   1. Pay Ward
   2. General Ward
   3. Geriatric ward

27. Total Expenses for Hospital Treatment Rs________
3B. RECENT MEDICAL RECORD

1. Were you sick for any time during the last year? 1. Yes 2. No ———> Go to SECTION 3C
2. What was your disease? __________
3. When did it start? _______ Years _______
4. Did you go to the hospital? 1. Yes 2. No ———> Go to Question 6
4c. Did anyone help you go to a doctor? 1. Yes 2. No
5. Did you take the prescribed medicines? 1. Yes 2. No ———> Go to Question 5b
5a. If yes, how much did you spend for treatment?
   1. For consultation Rs__________
   2. For medicines Rs__________
   3. For other treatments Rs__________
   4. For travel Rs__________
   5. Total Rs__________ ———> Go to Question 7
5b. If you did not take the prescribed medicines, what was the reason?
   1) Didn't have money for the medicines
   2) Other Specify__________ ———> Go to Question 7
6. Why weren't you able to reach medical treatment?
   1) Didn't have money for treatment
   2) Nobody helped me to bring a doctor or to take me to the hospital
   3) Hospital is far away
   4) The illness was not serious enough
   5) Other _______
7. Did you receive any treatment without going to the hospital? 1. Yes 2. No ———> Go to SECTION 3C
7a) If yes, specify what kind: _______
7b) How much did this treatment cost you? Rs__________

3C. GENERAL - MEDICAL ATTENTION

1. Do you go for routine medical check-up? 1. Yes 2. No
   1a) How frequently do you go for medical check-up?
      1. weekly 2. monthly 3. yearly 4. don't know 5. other
   1b) Who recommended you to go for the medical check-up?
   1c) How much do you spend, on each visit Rs_________/Month
2. Are you under the medical care of a doctor at present? 1. Yes 2. No
   2a) Do you now take any medications? 1. Yes 2. No
   2b) If yes, for what? __________________
   2c) Which type of treatment are you getting right now?
SECTION 4A - ACTIVITIES OF DAILY LIVING SCALE

1. BATHING
   - Receives no assistance: 1
   - Receives assistance in bathing only one part of the body (e.g. back): 2
   - Receives assistance in bathing more than one part of the body/ not bathed: 3

2. DRESSING
   - Gets clothes and gets completely dressed without assistance: 1
   - Gets clothes and gets completely dressed without assistance except for help in tying shoes: 2
   - Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed: 3

3. TOILETING
   - Goes to toilet, cleans self and arranges clothes without assistance (may use cane, walker, wheelchair and may manage night bedpan, emptying same in the morning): 1
   - Receives assistance in toilet or in cleansing oneself or in arranging clothes after elimination or use of bedpan: 2
   - Doesn't go to toilet for the elimination process: 3

4. TRANSFER
   - Moves in and out of bed/ chair without assistance (may be using cane or walker for support): 1
   - Moves in and out of bed/ chair with assistance: 2
   - Doesn't get out of bed: 3

5. CONTINENCE
   - Controls urination and bowel movements completely by self: 1
   - Has occasional "accidents": 2
   - Supervision helps keep urine or bowel control; catheter is used or is incontinent: 3

6. FEEDING
   - Feeds self without assistance: 1
   - Feeds self except for getting assistance in cutting meat or buttering bread: 2
   - Receives assistance in feeding or is fed partly completely by using tubes or intravenous fluids: 3

TOTAL SCORE OF ADL: __________

SECTION 4 B - INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE

1. ABILITY TO USE TELEPHONE
   - Operates phone on own initiative: 1
   - Dials a few well known numbers: 1
   - Answers the phone but does not dial: 1
   - Does not use phone at all: 0

2. SHOPPING
   - Takes care of all shopping needs independently: 1
   - Shops independently for small purchases: 0
   - Needs to be accompanied on any shopping trip: 0
   - Completely unable to shop: 0

3. FOOD PREPARATION
   - Plans, prepares and serves adequate meals independently: 1
   - Prepares adequate meals if supplied with ingredients: 0
   - Heats, serves meals; does not maintain adequate diet: 0
   - Needs to have meals prepared and served: 0

HOUSEKEEPING
   - Maintains house alone or with help for heavy work: 1
   - Performs light daily tasks e.g. dish washing, bed making: 1
   - Performs light daily tasks but cannot maintain cleanliness: 1
   - Needs help with all home maintenance tasks: 1
   - Does not participate in any housekeeping tasks: 0

4. LAUNDRY
   - Does personal laundry completely: 1
   - Launders small items, rinses socks etc.: 1
   - All laundry must be done by others: 0
5. TRANSPORTATION
- Travels independently on public transport/own car: 1
- Travels on public transport when accompanied by others: 1
- Travel limited to car with assistance of another: 0
- Does not travel at all: 0

6. MEDICATION
- Is responsible for taking medicine in correct dosage at correct time: 1
- Takes medicine if given in separate dosage: 0
- Is not capable of dispensing own medicines: 0

7. FINANCES
- Manages financial matters independently (budget, cheques, bills): 1
- Manages day to day purchases, but need help with banking etc.: 1
- Incapable of handling money: 0

TOTAL SCORE OF IADL: _________

SECTION 5 - FALLS
1. *Think back over the last few years. Have you at any point in this time fallen down?
   1. Yes
   2. No
   3. Not sure
   4. Don't remember

2. How did you fall? (or what caused the fall?)

3. *How many times have you fallen over the last few years?
   1. One time
   2. Two to three times
   3. more than three times

4. *Did you have any injuries as a result of the fall?
   1. Yes
   2. No

5. *What is the nature of the injuries sustained?
   1. Pain
   2. Minor (cuts, bruises)
   3. Fracture
   4. None

6. *What is the area of the injury?
   1. Leg
   2. Knee
   3. Ankle
   4. Hand
   5. Arm
   6. Head
   7. Back/Neck
   8. Hip
   9. Chest
   10. Other: Specify:

7. *Did you require medical attention?
   1. Yes
   2. No

   If yes, specify: ____________________________

8. Have you recovered fully?
   1. Yes
   2. No

SECTION 6 - BEHAVIOURAL FACTORS

SMOKING HABIT
1. Do you currently smoke Cigarettes / Beedi? 1. Yes
   2. No ———— Go to 4

2. How many per day? _____ years

3. How old were you when you started smoking? _______

4. Did you use to smoke? 1. Yes
   2. No ———— Go to 9

5. How many per day? _____

6. How old were you when you started smoking? _______

7. How old were you when you stopped? _______

8. Why did you stop smoking? _______

DRINKING HABIT
9. Do you drink alcohol now? 1. Yes
   2. No ———— Go to 12

10. How often do you drink now?
    1. Almost every day
    2. Once or twice a month
    3. Once every two or three days
    4. Don't know
    5. Once a week

11. How old were you when you started drinking? _______ years ———— Go to 17
12. Did you use to drink before?
   1. Yes
   2. No  \(\rightarrow\) Go to 16

13. How often did you drink before?
   1. Almost every day
   2. Once every two or three days
   3. Once a week
   4. Once or twice a month
   5. Don’t know

14. How old were you when started drinking before?  
    ___________ Years

15. How old were you when stopped drinking?
    ___________ Years

16. Why did you stop drinking?

CHewing HABIT

17. Do you chew betel leaf now?
   1. Yes
   2. No  \(\rightarrow\) Go to 20

18. How often do you chew betel leaf?
   1. Almost every day
   2. Once every two or three days
   3. Once a week
   4. Once or twice a month
   5. Don’t know

19. How old were you when you started chewing betel leaf?  
    ___________ years

20. Did you use to chew betel leaf before?
   1. Yes
   2. No  \(\rightarrow\) Go to SECTION 7

21. How often did you chew?
   1. Almost every day
   2. Once every two or three days
   3. Once a week
   4. Once or twice a month
   5. Don’t know

22. How old were you when started chewing betel leaf?  
    ___________ years

23. How old were you when stopped chewing betel leaf?
    ___________ years

24. Why did you stop chewing betel leaf?  

SECTION 7 – PHYSICAL ACTIVITY

1. Do you undertake any kind of physical activity?
   1. Yes
   2. No

2. Who advised you to do physical activity?
   1. Children
   2. Grand Children
   3. Spouse
   4. Self
   5. Doctor
   6. Other

3. What kind of physical activity do you engage in?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration (min)</th>
<th>No. of times/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work related activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yoga</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others, specify:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SECTION 8 - FOOD FREQUENCY QUESTIONNAIRE**

How many times a week do you eat the following foods? Also indicate whether you were eating more, less or the same amount (+/-/0) of these foods in the past (i.e. when your children were in school) as compared to the present.

1) Daily  2) Frequently  3) Occasionally  4) Never

<table>
<thead>
<tr>
<th>Foods</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Daily</td>
</tr>
<tr>
<td>A</td>
<td>Chappati</td>
</tr>
<tr>
<td>B</td>
<td>Rice / Gruel</td>
</tr>
<tr>
<td>C</td>
<td>Puri / Parotta</td>
</tr>
<tr>
<td>D</td>
<td>Bread</td>
</tr>
<tr>
<td>E</td>
<td>Tapioca</td>
</tr>
<tr>
<td>F</td>
<td>Idli / Dosa</td>
</tr>
<tr>
<td>G</td>
<td>Upumav</td>
</tr>
<tr>
<td>H</td>
<td>Puttu / Idiapam / Appam</td>
</tr>
<tr>
<td>A</td>
<td>Whole pulses (kadala curry, pairu thorun)</td>
</tr>
<tr>
<td>B</td>
<td>Washed pulses (Sambhar, parippu curry)</td>
</tr>
<tr>
<td>A</td>
<td>Green leafy vegetables</td>
</tr>
<tr>
<td>B</td>
<td>Root vegetables</td>
</tr>
<tr>
<td>C</td>
<td>Other seasonal vegetables</td>
</tr>
<tr>
<td>A</td>
<td>Fruits</td>
</tr>
<tr>
<td>A</td>
<td>Milk whole</td>
</tr>
<tr>
<td>B</td>
<td>Milk skim/toned</td>
</tr>
<tr>
<td>C</td>
<td>Curd/ Mor-uh (Curd mixed with water and spices)</td>
</tr>
<tr>
<td>A</td>
<td>Eggs</td>
</tr>
<tr>
<td>B</td>
<td>Mutton</td>
</tr>
<tr>
<td>C</td>
<td>Chicken</td>
</tr>
<tr>
<td>D</td>
<td>Fish</td>
</tr>
<tr>
<td>E</td>
<td>Beef</td>
</tr>
<tr>
<td>A</td>
<td>Dry fruits/nut</td>
</tr>
<tr>
<td>B</td>
<td>Sweets (Aluva, laddoo, Jilaybi,.etc)</td>
</tr>
<tr>
<td>C</td>
<td>Fried foods( eg) uppay-ri, samosas, murukku, mixture/namkeens, etc)</td>
</tr>
<tr>
<td>D</td>
<td>Ghee</td>
</tr>
<tr>
<td>E</td>
<td>Butter</td>
</tr>
<tr>
<td>F</td>
<td>Vegetable Oil ( )</td>
</tr>
<tr>
<td>G</td>
<td>Vanaspati (hydrogenated fat)</td>
</tr>
</tbody>
</table>
**SECTION 9: EATING BEHAVIOUR**

**SECTION 9 A: GENERAL**

1. How many meals do you eat daily?
   - 1. One meal (B/L/D)  
   - 2. Two meals (B/L/D)  
   - 3. Three meals
2. Do you eat at regular times each day?  
   - 1. Yes  
   - 2. No
3. Do you miss meals?  
   - 1. Yes  
   - 2. No
3.1 Why?  
   - 1. No. taste  
   - 2. Dieting  
   - 3. Not enough money  
   - 4. Diseases  
   - 5. Not feel hungry
3.2 How often?  
   - 1. Daily  
   - 2. Weekly  
   - 3. Monthly
4. What type of food normally you are eating?  
   - 1. Vegetarian  
   - 2. Non-vegetarian  
   - 3. Egg-vegetarian  
   - 4. Other: Specify
5. Do you think your food intake or diet meets your nutritional need?  
   - 1. Yes  
   - 2. No  
   - 3. Not sure
6. How many hours do you sleep every day?  
   - 1. Day time  
   - 2. Night  
   - 3. Total

**SECTION 9 B: SPECIAL DIET**

1. What is your special diet?  
   - 1. Yes  
   - 2. No
2. If yes, is the diet  
   - 1. Self prescribed  
   - 2. Prescribed by doctor/dietitian
3. What is the special diet?  
   - 1. Low salt  
   - 2. Diabetic  
   - 3. Weight reducing diet  
   - 4. Low fat  
   - 5. High protein  
   - 6. Dental soft  
   - 7. Bland  
   - 8. Any other

**SECTION 9 C: CONSUMPTION**

1. Who prepare the food for you?  
   - 1. Self  
   - 2. Spouse  
   - 3. Children  
   - 4. Other relatives  
   - 5. Others
2. Compared to your younger days, have you stopped eating any particular foods?  
   - 1. Yes  
   - 2. No
3. If yes, because of,  
   - 1. Religious beliefs  
   - 2. Health problems  
   - 3. Economic reasons  
   - 4. Personal dislike  
   - 5. Non-availability/ Difficulty in procuring  
   - 6. Better nutrition  
   - 7. Any other reason, specify: 
4. Compared to your younger days, are there any foods that you have started eating now?  
   - 1. Yes  
   - 2. No
5. If yes, because of,  
   - 1. Religious beliefs  
   - 2. Health problems  
   - 3. Economic reasons  
   - 4. Personal dislike  
   - 5. Non-availability/ Difficulty in procuring  
   - 6. Better nutrition  
   - 7. Any other reason, specify: 
6. What is the condition of your teeth?  
   - 1. All intact  
   - 2. Few are missing  
   - 3. All removed
7. Do you use dentures?  
   - 1. Yes  
   - 2. No

**SECTION 9 D: SNACKING**

1. Do you eat in between meals?  
   - 1. Yes  
   - 2. No
2. What kind of foods do you eat in between meals?  
   - 1. Fruits/salads  
   - 2. Biscuits  
   - 3. Fried/salty snacks  
   - 4. Tea/coffee  
   - 5. Others, specify
SECTION 9 E: SUPPLEMENTS

1. Are you taking any kind of supplements?  
   1. Yes    2. No

2. If yes, what kind of supplements?  
   1. Multivitamins  
   2. Vitamin A  
   3. Vitamin B Complex  
   4. Vitamin C  
   5. Vitamin E  
   6. Calcium  
   7. Iron  
   8. Herbal tonics  
   9. Chawanprakash  
   10. Gerifort  
   11. Isabgol (soluble fibre)  
   12. Yeast  
   13. Churan (digestive powder)  
   14. Others: ___________________

SECTION 10 - MINI NUTRITIONAL ASSESSMENT - (MNA)

Complete the form by writing the numbers in the boxes. Add the numbers in the boxes and compare the total assessment to the Malnutrition Indicator Score.

ANTHROPOMETRIC ASSESSMENT

1. Body Mass Index (BMI) (weight in kg) / (height in m)²  
   1.1 BMI < 19 = 0 points  
   1.2 BMI 19 to < 21 = 1 point  
   1.3 BMI 21 to < 23 = 2 points  
   1.4 BMI ≥ 23 = 3 points  
   TOTAL: __ points

2. Mid-arm circumference (MAC) in cm  
   2.1 MAC < 21 = 0.0 points  
   2.2 MAC 21 ≤ 22 = 0.5 points  
   2.3 MAC > 22 = 1.0 points  
   Total = __ points

3. Calf circumference (CC) in cm  
   3.4 CC < 31 = 0 points  
   3.5 CC ≥ 31 = 1 point  
   3.6 Total = __ points

4. WEIGHT LOSS DURING LAST 3 MONTHS  
   4.1 weight loss greater than 3 kg (6.6 lbs) = 0 point  
   4.2 does not know = 1 point  
   4.3 weight loss between 1 and 3 kg = 2 points  
   4.4 no weight loss = 3 points  
   Total = __ points

GENERAL ASSESSMENT

5. Lives independently (not in a nursing home or hospital)  
   a) No = 0 points  
   b) Yes = 1 point

6. TAKES MORE THAN 3 PRESCRIPTION DRUGS PER DAY  
   a) Yes = 0 points  
   b) No = 1 point

7. HAS SUFFERED PSYCHOLOGICAL STRESS OR ACUTE DISEASE IN THE PAST 3 MONTHS  
   a) Yes = 0 points  
   b) No = 2 points
8. **MOBILITY**
   a) bed or chair bound = 0 points
   b) able to get out of bed/chair but does not go out = 1 point
   d) goes out = 2 points

9. **Neuropsychological problems**
   a) severe dementia or depression = 0 points
   b) Mild dementia = 1 point
   c) No psychological problems = 2 points

10. **Pressure sores or skin ulcers**
    a) yes = 0 points  
    b) no = 1 point

**Dietary Assessment**

11. **How many full meals does the patient eat daily?**
    1 meal = 0 points
    2 meals = 1 point
    3 meals = 2 points

12. **Selected consumption markers for protein intake**
    At least one serving of dairy products (milk, cheese, yogurt) per day?
    Yes Yes No No
    Two or more servings of legumes or eggs per week?
    Yes Yes No No
    Meat, fish or poultry every day?
    a) if 0 or 1 yes = 0.0 points
    b) if 2 yes = 0.5 points
    c) if 3 yes = 1.0 points

13. **Consumes two or more servings of fruits or vegetables per day?**
    a) no = 0 points  
    b) yes = 1 point

14. **HAS FOOD INTAKE DECLINED OVER THE PAST THREE MONTHS DUE TO LOSS OF APPETITE, DIGESTIVE PROBLEMS, CHEWING OR SWALLOWING DIFFICULTIES?**
    a) severe loss of appetite = 0 point
    b) moderate loss of appetite = 1 point
    c) no loss of appetite = 2 points

15. **HOW MUCH FLUID (WATER, JUICE, COFFEE, TEA, MILK...) IS CONSUMED PER DAY?**
    a) Less than three cups = 0.0 points
    b) 3 to 5 cups = 0.5 points
    c) More than 5 cups = 1.0 points

16. **Mode of Feeding**
    a) Unable to eat without assistance = 0 points
    b) Self-fed with some difficulty = 1 point
    c) Self-fed without any problem = 2 points
SELF ASSESSMENT

17. Do they view themselves as having nutritional problems?
   a) major malnutrition = 0 points
   b) does not know or moderate malnutrition = 1 point
   c) no nutritional problem = 2 points

18. IN COMPARISON WITH OTHER PEOPLE OF THE SAME AGE, HOW DO THEY CONSIDER THEIR HEALTH STATUS?
   a) Not as good = 0.0 points
   b) Does not know = 0.5 points
   c) As good = 1.0 points
   d) better = 2.0 points

ASSESSMENT TOTAL

Malnutrition Indicator Score

≥ 24 points well nourished
17 to 23.5 points at risk of malnutrition
<17 points malnourished

SECTION 11 - MEASUREMENTS (Interviewer must be familiar with the interviewer's manual in order to conduct the following measurements):

1. Mid-arm Circumference : __________ cm
2. Calf Circumference : __________ cm
3. Waist circumference : __________ cm
4. Hip circumference : __________ cm
   Waist/Hip ratio : __________
5. Height : __________ cm
6. Weight : __________ kg
   BMI : __________ kg/m²

7. Functional Reach (FR) Test
   Measurement #1 (nearest 0.5 cm) : __________ cm
   Measurement #2 (nearest 0.5 cm) : __________ cm
   FR Measurement (#2 minus #1) : __________ cm

8. Timed-up-and-go Test (TUG)
   1. Time (nearest second) : __________ seconds
   2. Gait Aid used for the TUG test? Yes ☐ No ☐
      If Yes, Specify: 1. ☐ cane 4. ☐ wheeled walker (4 wheels)
                       2. ☐ two canes 5. ☐ walker (two wheels, two solid feet)
                       3. ☐ solid walker (no wheels)
3. Difficulties Observed during the TUG test?
   1. ☐ getting out of the chair
   2. ☐ turning
   3. ☐ sitting down
   4. ☐ walking
   5. ☐ standing
   6. ☐ other, specify: __________________

What type of chair was used for the test?
   1. ☐ standard
   2. ☐ other, specify: __________________

9. Sit To Stand Test
   1. ☐ No hand assistance required Time taken to complete one sit to stand (nearest second):
      ________ seconds
   2. ☐ Placing both hands on the arms of the chair
   3. ☐ Placing right hand in the arm of the chair in the first trial only
   4. ☐ Placing right hand in the arm of the chair in all the five trials
   5. ☐ Placing left hand in the arm of the chair in the first trial only
   6. ☐ Placing left hand in the arm of the chair in all the five trials.

Comments:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

RESEARCHER'S COMMENTS (if any)
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________