

## CHAPTER 2

### CONCEPTS AND DEFINITIONS

#### 2.0 Household and Related terms

2.0.1 **Household:** A group of person normally living together and taking food from a common kitchen constitutes a household. The word "normally" means that temporary visitors are excluded but temporary stay-aways are included. "Living together" is usually given more importance than "sharing food from a common kitchen" in drawing the boundaries of a household in case the two criteria are in conflict; however, in the special case of a person taking food with his family but sleeping elsewhere (say, in a shop or a different house) due to space shortage, the household formed by such a person's family members is taken to include that person also. Under-trial prisoners in jails and indoor patients of hospitals, nursing homes, etc. are considered as members of the households to which they last belonged. In this round, however, as already mentioned in Chapter 1, following exceptions in the definition of household was integrated:

- (1) Students residing in students' hostels was considered as members of the household to which they belonged before moving to the hostel irrespective of the period of absence from the household they belonged.
- (2) Any woman who has undergone childbirth during last 365 days before the date of survey was considered a member of the household which incurred the cost of childbirth irrespective of her place of residence during the last 365 days.
- (3) A child aged less than 1 year was considered a member of the household to which its mother belongs.

2.0.2 **Household size:** The size of a household is the total number of members in the household.

#### 2.1 Nature of Treatment

2.1.1 **Allopathy:** In this survey the term 'allopathy' is used to refer to the broad category of medical practice that is sometimes called Western medicine, biomedicine, evidence-based medicine, or modern medicine. According to Med Terms Dictionary, allopathic medicine is defined as 'the system of medical practice which treats disease by the use of remedies which produce effects different from those produced by the disease under treatment'. The term 'allopathy' was coined in 1842 by C.F.S. Hahnemann to designate the usual practice of medicine (allopathy) as opposed to homeopathy.

2.1.2 **AYUSH:** Each letter of the word AYUSH represents a specific system of medicine: A for Ayurveda, Y for Yoga and Naturopathy, U for Unani, S for Siddha, and H for Homeopathy. Thus AYUSH encompasses the Indian System of Medicines, Yoga and Naturopathy, and Homeopathy. Treatment by any of these systems was therefore qualified as AYUSH treatment, and medicines used by any of these systems were called AYUSH medicines.

- 2.1.3 **Indian System of Medicines (ISM):** This includes Ayurveda, Siddha, Unani and Sowa-Rig-Pa medicines. These medicines are also called **Desi Dawaiyan** in India. Herbal medicines are also included in this category of medicines. The practitioners of these systems may be called Vaidji, Vaidya, Siddha Vaidya, Hakim, etc. (Sometimes people also say *Jadi-Booti wale* Vaidji, Hakimji, etc.) This category also includes Home-made medicines and Gharelu Nuskhe, Herbal Medicines (*Jadi-Bootiyan or Desi Dawa*), and the medicines given by local Vaidya/Hakim. e.g. Neem leaf for skin diseases, Tulsi leaf for common cold, Haldi (turmeric) for injuries and fracture, Adarak (ginger) for cough, cold, throat problem etc., Lahasun (Garlic) for gathiya/ joint pain, Kali Mirch (pepper) and honey for dry and productive cough, Ashwagandha, Chyawanprash as tonic /Rasayana for energy, Gulab Jal for eye diseases and face wash, Saunf for indigestion, Ajowain and Hing for stomach pain, *Methi seeds, Ajawain, Pudina* (mint), *Jeera, Sunthi* (dry ginger), *Laung* (clove), *Triphala* powder for problems like indigestion, loss of appetite, constipation, *Laung* (clove) oil for toothache, *Bilva* (Bel) powder for diarrhoea, etc.
- 2.1.4 **Homoeopathy:** Homeopathy is a system of medicine that uses highly diluted doses from the plant, mineral and animal kingdoms to stimulate natural defenses in the body. Oral Homoeopathy medicine is available in many forms, including the traditional homoeopathic pellets (balls), liquid dilution, tablets (lactose-based) and mother tincture.
- 2.1.5 **Yoga and Naturopathy:** Yoga is a combination of breathing exercises (*pranayam*), physical postures (*asanas*) and meditation for curing illness and releasing stress, both physical and mental. In Naturopathy, treatments are based on five elements of nature, namely, (i) Earth (mud baths, mud packs, mud wraps) (ii) Water (hydrotherapy methods like baths, jets, douches, packs, immersions, compresses/fomentations) (iii) Air (breathing exercises, outdoor walking, open-air baths) (iv) Fire (sun baths, magnetized water) (v) Ether (fasting therapy).
- 2.2 Level of Care: Explanations of Associated Terms**
- 2.2.1 **Medical institution:** This refers to any medical institution having provision for admission of sick persons as in-patients for treatment. Thus it covers all HSC, PHC, CHC, public dispensaries with facilities for in-patient treatment, any public hospital (district hospital/state general hospitals/ medical college hospitals, etc.), and private hospital of any kind (private nursing home, day care centre, private medical college and hospital, super-specialty hospital, etc.).
- 2.2.2 **ASHA (Accredited Social Health Activist):** ASHAs are local women trained to act as health educators and promoters in their communities. There is one ASHA for every 1000 population. Their tasks include motivating women to give birth in hospitals, bringing children to immunization clinics, encouraging family planning (e.g., usage of condoms, IUDs, surgical sterilization), treating basic illness and injury with first aid, keeping demographic records, and improving village sanitation. They often have a drug kit – which has tablets like paracetamol, anti-malarials, oral contraceptives, and sometimes co-trimoxazole (an antibiotic), etc.
- 2.2.3 **AWW (Anganwadi worker):** These are the staff of the Anganwadi centre in the village. There is one Anganwadi centre for every 1000 population. These centers provide supplementary nutrition, non-formal pre-school education, nutrition and health education, immunization,

health check-up and referral services. They are provided with a drug kit and may give tablets for about 1 to 3 children in a day.

- 2.2.4 **HSC (Health Sub-Centre):** This is the most peripheral facility in the primary health care system. There is one sub-centre for every 3000 population in hilly/tribal/difficult areas and 5000 population in all other areas. Each Sub-Centre is staffed by one or two Auxiliary Nurse Midwives (ANM) (female health worker) and may have a male health worker. Their main task (as perceived) is to provide immunization to children and antenatal care. Some sub centers also conduct normal delivery but they have no beds and the sub-centre is not considered as an institution with in-patients. They perform some outpatient care largely in the form of treatment for basic illnesses. Any treatment taken from ANM during her visit to the village can be considered as treatment taken at sub-centre.
- 2.2.5 **Auxiliary Nurse Midwives (ANM<sup>1</sup>)** are female health workers and their main task is to provide immunization to children and antenatal care. Some sub-centers also conduct normal delivery but they have no beds and the sub-centre is not considered as an institution with inpatients. They perform some outpatient care largely in the form of treatment for basic illnesses. Any treatment taken from ANM during her visit to the village can be considered as treatment taken at sub-centre.
- 2.2.6 **Dispensary:** This is a public institution from which medical supplies, preparations, and treatments are dispensed, but which does not have facilities for treatment of in-patients. Dispensaries are staffed by one or more doctors.
- 2.2.7 **PHC (Primary Health Centre)** is staffed by a Medical Officer (MBBS or AYUSH) and Para medical staff. They provide curative OPD services and ante natal checkups and deliveries. They usually have 4-6 beds to conduct delivery. They may or may not have facilities for in-patient treatment. There is one PHC for every 30000 population in most areas but one for every 20,000 populations in hilly/tribal/difficult areas. The terms 'additional PHC', 'mini-PHC' and 'new PHC' are considered synonymous to 'PHC'.
- 2.2.8 **CHC (Community Health Centre):** CHC is usually located at block/division or *taluk* level and serves as a referral centre for PHCs. It is to be staffed by medical specialists and medical officers and AYUSH doctors – but in practice there are usually only medical officers. It always has provision for in-patients and 10 to 30 beds. It usually has an OT, X-Ray, Labour Room and laboratory facilities.
- 2.2.9 **Public Hospital:** All other government hospitals, including district hospitals in the district headquarters town (which acts as referral site for all the CHCs and PHCs and sub centers), government medical college hospitals, ESI hospitals, other government hospitals like maternity hospitals, cancer hospitals, TB or leprosy hospitals, railway hospitals, etc. run by the government covered under the category 'public hospital' for the purposes of this survey.

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<sup>1</sup> An ANM is a nurse, usually with 18 months training, who is expected to provide a range of services as required in a health sub-centre. In some States the post is called village health nurse, or junior public health nurse.

2.2.10 Private Hospital, private clinic: Any other hospital/ nursing home/ day care centre with facilities for in-patient treatment called a private hospital. A private clinic is having facilities for consultation with private doctor(s) but no facility as in-patient.

## 2.3 Ailment and Related Terms

2.3.1 **Ailment – illness or injury:** Ailment, i.e. illness or injury, meant any deviation from the state of physical and mental well-being. In this round whether a person suffered an ailment during a particular period, it was judged by some deviation from physical or mental well-being was felt<sup>2</sup> by the person during the period subject to the following inherent limitations:

- An ailment may not cause any necessity of hospitalization, confinement to bed or restricted activity.
- An ailment may be untreated or treated.

For the purpose of this survey, ailments are INCLUSIVE of:

- All types of injuries, such as cuts, wounds, haemorrhage, fractures and burns caused by an accident, including bites to any part of the body
- Cases of abortion – natural or accidental.  
However, following
- Cases of sterilization, insertion of IUD, getting MTP, etc.
- A state of normal pregnancy without complications
- Cases of pre-existing visual, hearing, speech, locomotor and mental disabilities were NOT INCLUDED in ailment

2.3.2 **Chronic ailment:** If any member of the household was experiencing symptoms persisting for more than one month on the date of survey – indicating any problem caused by an ailment affecting any organ of the body excluding (i) Minor skin ailments (ii) Cases of headache, body ache, and minor gastric discomfort after meals, even if of a long-standing nature, unless these cause restriction of his/her activity. (iii) Disabilities such as congenital blindness, OR he/she was taking a course of treatment on medical advice for a period of one month or more and continuing as on the date of survey, aimed at alleviation of the symptoms of any ailment, is defined as having chronic ailment. (Such treatment may have resulted in non-appearance of symptoms that would otherwise have appeared, during a part of the last one month, or the entire month.)

2.3.3 **Ailment of short duration:** Any ailment which is not of chronic nature (i.e. persisting more than one month) is defined as ailment of short duration

2.3.4 **Spell of ailment:** A spell is a continuous period of sickness due to a specific ailment.

2.3.5 **Hospitalization:** Admission as in-patient to a medical institution (as defined above) for treatment of some ailment or injury, or for childbirth, was called hospitalization. The birth of a baby in a hospital was not a case of hospitalization of the baby. If, however, a baby who had never left the hospital after birth contracts an illness for which it had to stay in hospital, was

<sup>2</sup> Note that the identification of ailments is necessarily subjective as it depends on the feeling or perception of the person concerned. This is a problem inherent in all surveys of general morbidity or illness.

regarded as a case of hospitalization. *Surgeries undergone in temporary camps set up for treatment of ailments (say, eye ailments) were treated as cases of hospitalization for the purpose of the survey.* For such cases it was possible for admission and discharge to take place on the same day.

## 2.4 Medical expenditure for treatment

The total expenditure during the last 365 days for medical treatment during the stay in the hospital or not as inpatient was accounted against the following items:

- 2.4.1 **Package component (Rs.):** “Packages” of treatment involving specific surgical or non-surgical medical procedures, inclusive of different items like operation theatre (OT) charges, OT consumables, medicines, doctor's fees, bed charges, etc. are common nowadays in all private hospitals. Normally, packages do not include additional diagnostic tests, attendant charges, physiotherapy, personal medical appliances, blood, oxygen, etc. When some treatment is received as a package (with pre-determined total cost) from the hospital, the information for constituent for this treatment, were not separately available. The total cost of the package treatment received will, however, as informed by the informant was recorded against “package component”. However, even when treatment has a package component, some extra medical expenses might have been incurred over and above the package component and those information were also recorded.
- 2.4.2 **Doctor's/surgeon's fee:** This was inclusive of the total amount paid on account of doctor's/surgeon's fees chargeable for the period of treatment within the reference period during the stay in hospital.
- 2.4.3 **Medicines:** The total amount paid for medicines (including drips) used for treatment whether of AYUSH or other – were recorded.
- 2.4.4 **Diagnostic tests:** The total amount paid for diagnostic tests carried out on the patient as inpatient or otherwise within the reference period – whether using the hospital's diagnostic facilities or not – were recorded here.
- 2.4.5 **Bed charges:** Amount paid for bed charges during stay in hospital within the reference period was recorded here.
- 2.4.6 Other medical expenses (attendant charges, physiotherapy, personal medical appliances, blood, oxygen, etc.): All other expenditure involved in medical treatment were recorded as 'Other'.
- a. **Attendant charges:** This refers to charges for services of hired attendant(s) (caregivers) who stay with the patient in the hospital or not otherwise to attend to their needs. If any household member or relative attends to the patient, no imputation of charges for his/her services was made.

- b. Physiotherapy: If the patient had any physiotherapy during the stay at hospital, the amount chargeable was included in this 'Other'
- c. Personal medical appliances: This refers to personal medical appliances of durable nature like spectacles, contact lenses, intra-ocular lenses, hearing aids, trusses, crutches, catheter, nebulizer, artificial limbs, pacemaker, etc. for the purpose of treatment.
- d. Blood, oxygen cylinder, etc.: Charges for blood, oxygen cylinders and other consumables such as gloves, bandages, plaster, etc., used.
- e. Apart from these, expenses on any other item used in medical treatment or diagnosis during stay in the hospital, or otherwise such as thermometer, infra-red lamp, blood pressure measuring equipment, blood sugar measuring kit, bed-pan, urinal, etc., were included in 'Other' if borne by the household.

## 2.5 Non-Medical expenditure

2.5.1 Transport for patient: Here the amount paid for transport charges (by ambulance or other vehicle) for the patient – whether accompanied by other household members or not – for the journey to hospital, Clinic or any other and for the return journey, were recorded in addition to the expenditure incurred to undergo a diagnostic test which the doctor advised.

2.5.2 Other non-medical expenses incurred by the household (food, transport for others, expenditure on escort, lodging charges if any, etc.): All other non-medical expenses were recorded here. Some important ones are:

- (i) **Food:** will include expenses incurred on food supplied by the hospital for in-patient treatment and/or purchased from outside for the patient. The cost of meals supplied from home for the patient will not be included.
- (ii) **Transport (other than ambulance):** This includes transport expenses incurred by household members for travelling to the hospital to visit the patient and attend to the patient's needs, and for return journeys, including travel for procuring medicines, blood, oxygen, etc. for the hospitalized person or just to accompany the ailing person.  
*Lodging charges of escort(s):* Charges for lodging incurred by those household members who were required to stay in a hotel or a lodge for attending to the patient's needs during hospital stay were included.
- (iii) **Other expenses incurred by the household:** Other incidental charges paid and expenses incurred due to hospitalization, such as telephone charges made from PCO and expenditure on soap, towel, etc. for the patient and escort(s) were included

**2.6 Total amount reimbursed by medical insurance company or employer:** It is important to note that the expenses incurred, as recorded here are basically the expenditure made by the household ("out-of-pocket" expenditure) even if it was reimbursed later. However, expenses met through "cashless facility" of medical insurance (paid directly to hospital by the insurance

company) and expenses directly met by the employer to the hospital were excluded. Thus, of the out-of-pocket expenditure as recorded, the amount reimbursed or expected to be reimbursed by the employer (public/private) or any insurance companies (public/private) or any other agencies was defined as 'amount reimbursed by medical insurance company or employer'. Entry was made only in those situations where the household initially bears the medical expenditure, which the employer or the insurance company subsequently reimbursed partly or fully.

**2.7 Health expenditure support:** If a household was reported to be covered under any scheme of financing (future) expenditure on treatment for hospitalized/non-hospitalized treatment [like RSBY, CGHS, Employer (non-govt.) supported health protection, Private Insurance provider, etc.], the household is defined to avail 'Health expenditure support.'

**2.8 Source of finance for expenses:** The total expenditure exclusive of the amount reimbursed was borne by the household. The money needed for this might have been spent from current household income or accumulated household savings. It might have been partly or wholly spent from the proceeds of sale of cattle or draught animals, jewellery or other physical assets or financed by borrowing. Part of it might have been contributed by friends and relatives as outright assistance.

**2.9 List of ailment (both for chronic and short duration) used in this survey**

**2.9.1** TABLE 2.1: LIST OF CHRONIC AILMENTS AND THEIR SYMPTOMS (The following list is indicative-not exhaustive):

| Disease of              | Symptoms  |
|-------------------------|---|
| Respiratory system      | - Cough with sputum/ with blood<br>- Breathlessness/fever   |
| Cardiovascular system   | - Breathlessness on exertion and even at rest<br>- Recurrent chest pain<br>- Hypertension   |
| Central nervous system  | - Persistent convulsions<br>- Paralysis of one or more limbs<br>- Persistent severe head ache with or without vomiting  |
| Musculoskeletal system  | - Swelling and pain in the joint/muscles  |
| Gastrointestinal system | - Repeated episodes of diarrhoea/dysentery<br>- Passing blood in motion<br>- Vomiting/blood in vomit<br>- Persistent abdominal pain<br>- Persistent jaundice<br>- Incontinence in motion  |
| Genito-urinary system   | - Difficulty in passing urine<br>- Blood stained urine<br>- Colicky pain with difficulty in urination<br>- Incontinence of urine<br>- Bleeding from genital tract in men<br>- In women: irregular vaginal bleeding during reproductive age<br>- Persistent vaginal bleeding after menopause |

|                           |   |
|---------------------------|---|
| Skin diseases             | - Chronic ulcers<br>- Recurrent rashes  |
| Goitre                    | - Swelling in front of neck, painless swelling in front of neck   |
| Elephantiasis             | - Swelling of foot/leg progressively increasing over the years with thickening of skin  |
| Eye problems/<br>diseases | - Redness and irritation, pain in the eye, discharge from the eye, blurred vision and double vision   |
| ENT problems/<br>diseases | - Sore throat, hoarseness of voice, discharge from the ear, ringing in the ear, pain in the ear, impaired hearing (inability to hear well but not deafness) |
| Mouth and dental problems | - Toothache, bleeding/ swelling/ discharge from the gums, ulcers in the mouth / tongue  |
| Others                    | - Other chronic symptoms not covered above  |

2.9.2 The working definitions of all the ailments given below:

| Reported diagnosis* (main symptom)  | Working definition  |
|---|---|
| <b>INFECTIONS</b>   |   |
| Fever with loss of consciousness or altered consciousness   | Any fever which was followed by or accompanied with loss of consciousness or altered consciousness <u>AND/OR</u> reported diagnosis of meningitis, encephalitis, high fever with delirium, cerebral malaria, typhoid encephalopathy, etc.   |
| Fever with rash/eruptive lesions  | Reported diagnosis of Chickenpox, Measles and German measles <u>OR</u> Any Fevers with any eruptive lesions on skin or rashes.  |
| FEVER DUE TO DIPHTHERIA, WHOOPING COUGH   | Diphtheria: <i>Reported diagnosis only</i> . (Diagnosis rests on fever, sore throat, and presence of a patch over the tonsils confirmed by the presence of <i>C. diphtheriae</i> on culture through a laboratory test report.) If a doctor's diagnosis or lab report is not there, then such fever are 'all other fevers'.<br>Whooping cough: <i>Reported diagnosis only</i> (diagnosis rests on fever with bouts of coughing followed by a whoop and confirmed by the presence of <i>B. pertussis</i> through lab test.)<br>If a doctor's diagnosis or lab report is not there, then such fever should be coded as 'all other fevers'. |
| All other fevers (Includes malaria, typhoid and fevers of unknown origin, all specific fevers that do not have a confirmed diagnosis) | Malaria: Reported diagnosis <u>OR</u> Fever with chills and rigors, profuse sweating, intense headache and presence of malarial parasite in the peripheral blood smear.<br>Other known causes of fever – reported diagnosis of typhoid, viral fever, chikungunya, dengue, flu <u>OR</u> any other condition where fever is the main symptom, which does not fit any of the former description – or does not fit better with any of the other codes given later.<br>Fever of unknown origin: where no specific cause of fever is known and no diagnosis was made, or where respondent did not know the diagnosis.                        |
| TUBERCULOSIS  | Tuberculosis: <i>reported diagnosis only</i> . The respondent should have a TB card or a physician's prescription confirming the diagnosis. Can include cases where they report that service provider has verbally communicated this diagnosis. (Usual symptoms are: Cough for 3 weeks or longer duration, and/or chest pain, and/or coughing of blood, and demonstration of Mycobacterium tuberculosis in the sputum).<br>If it could not be confirmed, then such fever are 'all other fevers'.  |



| Reported diagnosis* (main symptom)  | Working definition   |
|---|--|
| Filariasis  | Filariasis/Elephantiasis: Rests on reported diagnosis <u>OR</u> on clear history of fever with unilateral/ bilateral swelling of any limb/ gland/ scrotum confirmed by the presence of microfilaria in peripheral night blood smear or elephantiasis.<br>If it could not be confirmed, then such fever are 'all other fevers'.   |
| Tetanus   | Tetanus: Rests on reported diagnosis <u>OR</u> a clear history of generalized painful spasms/ jerkiness and stiffness of muscles without loss of consciousness with/without history of injury – usual to be confirmed by a physician's prescription noting the diagnosis.<br>If it could not be confirmed, or if it recurs with a gap of days or months between episodes, then it should be classified under nervous system code 23. |
| HIV/AIDS  | HIV/AIDS: <i>reported diagnosis only</i> . Symptoms alone, without a professional or laboratory confirmation cannot make the diagnosis.  |
| Other sexually transmitted diseases   | Sexually transmitted diseases: Rests largely on reported diagnosis <i>only</i> <u>OR</u> sometimes a clear symptom of urethral discharge or genital ulcers or vaginal discharge, scrotal discharge, painful acute scrotal swelling, swelling in the groin <i>with</i> history of sexual exposure.<br>If it could not be confirmed, then it should be classified under 'reproductive tract infection/pelvic inflammatory disease'.    |
| Jaundice  | Hepatitis/jaundice: Reported diagnosis <u>OR</u> presence of yellowish discoloration of eyes, passing high-coloured urine, nausea, and itching. Confirmation by a laboratory test/ physician desirable but not essential. Fever may or may not be present.   |
| Diarrheas/ dysentery/ increased frequency of stools with or without blood and mucus in stools       | Amoebiasis/diarrhoea/dysentery/cholera/giardiasis: Reported diagnosis <u>OR</u> passage of 3 or more semisolid or liquid stools a day with/without fever/abdominal pain. If blood and mucus could be found in stool it is dysentery. A reported specific diagnosis like cholera or gastro-enteritis is also entered here.<br>Diarrhoea or dysentery with fevers is entered under this code, despite the fever.                       |
| Worms infestation   | Worm infestation: Either a reported diagnosis <u>OR</u> clear history of passing worms with stools or vomitus is required.   |
| <b>CANCERS</b>  |  |
| CANCERS (known or suspected by a physician) and occurrence of any growing painless lump in the body | Cancer and other tumours: <i>Reported diagnosis only</i> . (Symptoms are usually non-healing growing ulcer/sores, unusual bleeding and discharge, change in bowel and bladder habits, thickening or lump in breast or any other part of the body, difficulty in swallowing, any obvious change in wart or mole, with documentary evidence of diagnosis.)   |
| <b>BLOOD DISEASES</b>   |  |
| Anaemia (any cause)   | Anaemia: Reported diagnosis <u>OR</u> pallor associated with fatigue, general weakness, and palpitation with a confirmatory diagnosis from a laboratory test/ physician.<br>Sickle cell disease – <i>reported diagnosis</i> . Any other cause of anemia with a reported diagnosis – e.g., iron deficiency anaemia, thalassemia.  |

| Reported diagnosis* (main symptom)  | Working definition  |
|---|---|
| Bleeding disorders  | Bleeding disorder, hemophilia, etc: Reported diagnosis <u>OR</u> a history of recurrent frequent bleeding after even minor injuries, or from one nasal passage or the other.  |
| <b>ENDOCRINE, METABOLIC, NUTRITIONAL</b>                                    |   |
| DIABETES  | Diabetes mellitus: <i>Reported diagnosis only.</i> (Symptoms are: Excessive thirst, frequent eating, passing large quantities of urine at frequent intervals associated with impaired glucose tolerance confirmed through a laboratory test/ physician's prescription or taking medication (Tablet Metformin/ Injection Insulin) for diabetes.  |
| Under-nutrition   | Under-nutrition: Reported diagnosis <u>OR</u> When the child is very thin built, lethargic and the actual weight is less than weight for age/ weight for height. Reported diagnosis could include weight chart, ICDS records, etc.<br>Symptoms of vitamin deficiency including night blindness, lethargy, ulcers in the angles of the mouth, swelling feet with protruberent stomach also indicate this code. |
| Goitre and other diseases of the thyroid                                    | Goitre and other thyroid disease: Reported diagnosis of thyroid disease <u>OR</u> Swelling in the front of the neck; with/ without weight gain, swelling of the face or palpitations and tremors in hands. To be confirmed by a physician's diagnosis/ laboratory test or medication.   |
| Others (including obesity)  |   |
| <b>PSYCHIATRIC AND NEUROLOGICAL</b>   |   |
| Mental retardation  | From birth – lack of normal mental development.   |
| Mental disorders  | Psychiatric disorders: Diseases of longer duration of irregular nature affecting behaviour/ abnormal behaviour including excessive fears, anger and violence; depression; detached from reality. Drug abuse or alcoholism interfering with the performance of major life activities such as learning, thinking, communicating, sleeping, etc.   |
| Headache  | Headache – if it was a cause of seeking health care. If no health care is sought, then report only if self-reported as a cause of illness without prompting or leading question.<br>Reported diagnosis of MIGRAINE also.  |
| Seizures or known epilepsy  | Seizures/Epilepsy: Reported diagnosis <u>OR</u> recurrent episodic convulsions, usually with normalcy between episodes.   |
| Weakness in limb muscles and difficulty in movements                        | Muscular weakness or movement difficulty: Includes tremors, difficulty in walking, paralysis of both lower limbs, and difficulty in picking up or holding objects with either hand.   |
| Stroke/ Hemiplegia/ Sudden onset weakness or loss of speech in half of body | Stroke: Reported diagnosis of stroke or hemiplegia <u>OR</u> cerebro-vascular disease <u>OR</u> sudden onset of weakness or paralysis of one half of body or even of one limb with or without impairment of speech.   |
| Others including memory loss, confusion                                     | Memory loss, confusion, acquired mental retardation – acute or chronic – especially in the elderly (excluding mental retardation which is a condition persisting from birth).   |
| <b>EYE</b>  |   |
| Discomfort/ pain in the eye with redness or swellings/ boils                | Conjunctivitis/Corneal Ulcer/Iritis/Infection of eyelids or lacrimal glands/Foreign body in eye/trauma: Reported diagnosis of any   |

| Reported diagnosis* (main symptom)   | Working definition   |
|--|--|
|  | of these <u>OR</u> Redness of eyes with watering and foreign body sensation with/without discharge.  |
| Cataract   | Cataract: Reported diagnosis <u>OR</u> self-reported with blurring/loss of vision over a period of time most commonly related to ageing with presence of opacity in either or both eyes  |
| GLAUCOMA   | Glaucoma: <i>Reported diagnosis only.</i> (Symptom: Often with pain in the eyes with blurring/loss of vision of sudden onset in either/both eyes and where decreased vision could not be corrected with glasses – needs confirmation by an ophthalmologist’s diagnosis. Sometimes glaucoma is slow onset and painless. Include this too if there is a reported diagnosis.)   |
| Decreased vision (chronic) NOT including where decreased vision is <i>corrected</i> with glasses       | Could be complete or partial blindness – rapid onset or slow: Retinopathies: Could be diabetic, or having other causes like retinal detachment, or degenerative. Could have begun with night blindness and progressed. Could be undiagnosed glaucoma or untreated/undiagnosed refractive errors. Exclude those visual defects which wearing glasses/contacts have almost or fully corrected. Those corrected by glasses shall not be counted as illness. |
| Others (including disorders of eye movements – strabismus, nystagmus, ptosis and adnexa)               | Ptosis, nystagmus, strabismus or squint, styes, etc: Reported diagnosis <u>OR</u> drooping of eyelids, inability to close eyes, squints, and other disorders of eye movements or swellings and infections of eyelids.  |
| <b>EAR</b>   |  |
| Earache with discharge/ bleeding from ear/ infections  | Infections of the ear/ Other ear ailments: Reported diagnosis of infection to external or internal ear/ discharge from the ear, with/without fever <u>OR</u> pain or bleeding from ear of any cause without decreased hearing.   |
| Decreased hearing or loss of hearing   | Deafness: Loss of hearing – partial or full – one ear or both - subsequent to any cause and for any duration.  |
| <b>CARDIO-VASCULAR</b>   |  |
| HYPERTENSION   | Hypertension: <i>Reported diagnosis only.</i>  |
| Heart Disease: Chest pain, breathlessness  | Heart Disease: Rheumatic, Ischemic, Congenital etc.<br>Heart Disease: Reported diagnosis <u>OR</u> has unexplained recurrent or severe chest pain, breathlessness with/without palpitation even on normal activity with/without swelling of legs and feet.   |
| <b>RESPIRATORY</b>   |  |
| Acute upper respiratory infections (cold, runny nose, sore throat with cough, allergic colds included) | Upper Respiratory ailments including nose/throat: Characterized by one or more of the following: Running nose, Cough, Sore throat, with or without fever all of short duration, though it could be recurrent.  |
| Cough with sputum with or without fever and NOT diagnosed as TB  | Lower respiratory infections/ Chronic obstructive pulmonary diseases: acute or chronic – Reported diagnosis <u>OR</u> cough as the main symptom, with or without fever, with or without sputum and blood in it, with or without marked breathlessness.<br>Exclude those where there is reported diagnosis of TB.   |

| Reported diagnosis* (main symptom)   | Working definition   |
|--|--|
| Bronchial asthma/ recurrent episode of wheezing and breathlessness with or without cough over long periods or known asthma | Bronchial Asthma: Reported diagnosis <u>OR</u> chronic, recurrent episodes of difficulty in breathing as main symptom usually with wheezing with or without cough and usually normal or minimal problems between episodes.   |
| <b>GASTRO-INTESTINAL</b>   |  |
| Diseases of mouth/teeth/gums   | Diseases of the mouth/teeth/gums:<br>Presence of white elevated curd like patches in the mouth that are difficult to remove/bleeding from the gums/bad breath/pus discharge/tooth ache/decayed/misled/filled tooth/teeth.  |
| Pain abdomen: Gastric and peptic ulcers/acid reflux/ acute abdomen   | Gastritis/ gastric or peptic ulcer: Pain abdomen, indigestion, acid reflux and burning sensation in the stomach.<br>Appendicitis/Pancreatitis, Acute abdomen: severe abdomen pain usually requiring surgery and/or hospitalization.  |
| Lump or fluid in abdomen or scrotum  | Includes hydroceles, hernias, abdominal mass undiagnosed or due to chronic liver, e.g. cirrhosis or intestinal disease or due any cause other than those which have been given specific codes. Unlike for the earlier code, pain is not a feature.   |
| Gastrointestinal bleeding  | Hemorrhoids, fistula or any bleeding from the anus, blood mixed in stools due to any cause, or vomiting of blood.<br>(NOT bleeding gums or teeth)  |
| <b>SKIN</b>  |  |
| Skin infection (boil, abscess, itching) and other skin diseases including leprosy  | Diseases of skin: Characterized by presence of lesions – raised, rings, blisters, scales, discoloured patches, itching, redness.   |
| <b>MUSCULO-SKELETAL</b>  |  |
| Joint or bone disease/ pain or swelling in any of the joints, or swelling or pus from the bones                            | Disorders of joints and bones: Reported diagnosis of any arthritis or bone disease <u>OR</u> Pain/swelling/stiffness of any joint, or pain, deformities, or pus from any bone – excluding due to injury.   |
| Back or body aches   | Back pain or body ache: which was a cause for seeking medical care/ taking medication, or, if no care sought, was complained of without prompting/ interfered with work, caused significant distress.  |
| <b>GENITO-URINARY</b>  |  |
| Any difficulty or abnormality in urination   | Diseases of kidney/urinary system: Difficulty in passing urine and/or burning sensation while passing urine, or passing urine at increased frequent intervals and/or fever and/or passing blood in urine.<br>Prostatic disorders: In males, passing small quantities of urine and frequent intervals, sense of incomplete emptying, inability to hold urine, with/without pain/burning sensation. Genital disorders – problems related to male genitalia with respect to urination |
| Pain in the pelvic region/ reproductive tract infection/ pain in male genital area   | Pelvic inflammatory disease/Reproductive tract infections:<br>In women: As reported diagnosis <u>OR</u> lower abdominal pain / pain in pelvic area and/with or without abnormal vaginal discharge in   |

| Reported diagnosis* (main symptom)   | Working definition  |
|--|---|
|  | women <u>OR</u> just abnormal vaginal discharge (not diagnosed as sexually transmitted diseases) <u>OR</u> genital ulcer.<br>In men: Ulcer or pain in male genital area. (Scrotal swellings)  |
| Change/ irregularity in menstrual cycle or excessive bleeding/ pain during menstruation and any other gynaecological or andrological disorders including male/female infertility | Menstrual disorders: As reported or irregular menstruation, abnormal lack of menstruation, or excessive bleeding during menstruation; Other gynaecological/andrological disorders: Any abnormal bleeding per vaginum /or mass or growth NOT diagnosed as cancer and/or inability to conceive/ infertility <u>OR</u> leaking urine/ urinary incontinence.  |
| <b>OBSTETRIC</b>   |   |
| Pregnancy with complications before or during labour (abortion, ectopic pregnancy, abortion, hypertension, complications during labor)   | Pregnancy with complications:<br><i>Before onset of labour pains</i> – would include abortions, fevers, hypertension, moderate to severe anemia, severe swelling of feet, severe headaches, severe vomiting, or in-utero death of fetus, bleeding from vagina and stillbirths.<br><i>After onset of labour pains</i> – would include prolonged labour, baby born in abnormal positions, bleeding, fits, very high blood pressure and stillbirths – and any reason for which surgery or assisted delivery was resorted to. |
| Complications in mother after birth of child   | Postpartum complications: fits, depression, infections, bleeding, descending uterus, leaking urine etc. that developed from when the child emerged to within 42 days of childbirth.   |
| Illness in the newborn/ sick newborn   | Illnesses in the newborn: Reported diagnosis <u>OR</u><br>(a) Any complications in the newborn arising out of delivery<br>(b) Breathlessness and infections (c) Pre-term or low birth weight (d) Others (digestive system disorders, temperature, congenital anomalies).  |
| <b>INJURIES</b>  |   |
| Accidental injury, road traffic accidents and falls  | Injury which was not deliberate but accidental leading to lacerations, fractures, crushing injuries, injuries to internal organs or multiple body parts.  |
| Accidental drowning and submersion   |   |
| Burns and corrosions   | Any burns, corrosions due to fire, steam/vapour, hot liquids, acids or chemicals leading to boils, abrasions and lacerations.   |
| Poisoning  | Internal ingestion of excessive inappropriate levels of medicines, any levels of pesticides, insecticides, rat poisons or other chemicals, applications on skin.  |
| Intentional self-harm  | Intentional self-harm – suicide, attempted suicide or even deliberate self-injury inflicted on oneself for whatever reason.   |
| Assault  | Harm inflicted deliberately by another human being.   |
| Contact with venomous/harm causing animals and plants  | Snake-bites, scorpion stings, any other insect bite, any other animal bite – dogs, wild animals.<br>Accidental poisoning or contact with plants – excludes that done with suicidal intent.  |
| <b>OTHER</b>   |   |
| Symptom not fitting into any of above categories   |   |
| Could not even state the main symptom  |   |
| (DUMMY AILMENT)  |   |
| Delivery of child  | Childbirth – Caesarean/ normal/ any other (for both live birth and stillbirth).   |

\* Reported Diagnosis refers to a diagnosis that was communicated to the person with ailment or family member by an attending healthcare provider or diagnostician. It could be verbal or written. In some ailment codes there are further clarifications or probing hints provided to enquire whether there is a reported diagnosis available.