

**KEM Hospital Research Centre Pune, Vadu Rural Health Program (VRHP)**  
**Vadu Health and Demographic Surveillance System (Vadu HDSS)**  
**Marital Status Change Form**

*(This form should be filled up only after filling in-migration or out-migration event form)*

Interview start time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (24 hrs)		
PID		Current Status
Female	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Female <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Male	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Male <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q0001	Household number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Village      Wadi      Household number
Q0002	Name of head of the household  Village name  Wadi name  Landmark  Phone number	_____  _____  _____  _____  _____
Q0003	Name of the respondent <i>(Respondent should be head of the household or an adult member of the household who has household information)</i>	_____
Q0004	Type of events	01 Married <i>(only once)</i> 02 Remarried <i>(In case of widow/widower or first husband/wife is alive)</i> 03 Separated 04 Divorced 05 Widow/Widower
Q0005	Place of the event	Village name _____  Wadi name _____
Q0006	Date of the event	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

**KEM Hospital Research Centre Pune, Vadu Rural Health Program (VRHP)  
Vadu Health and Demographic Surveillance System (Vadu HDSS)  
Marital Status Change Form**

	OR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Duration since event occurred	Year    Month    Days
<b>For Female</b>		
Q0007	Current name	_____
Q0008	Past name <i>(ask only for newly married woman)</i>	_____
Q0009	Present marital status	01 Married 02 Remarried <i>(in case of widow/widower or first husband/wife is alive)</i> 03 Separated 04 Divorced 05 Widow/Widower 06 Not applicable
Q0010	Past marital status	01 Married 02 Remarried <i>(in case of widow/widower or first husband/wife is alive)</i> 03 Separated 04 Divorced 05 Widow/Widower 06 Unmarried
<b>For Male</b>		
Q0011	Name	_____
	Village name	_____
	Wadi name	_____
Q0012	Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	OR	OR
	Age	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
		Year    Month    Day
Q0013	Age at which event is occurred	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
		Year    Month    Days

**KEM Hospital Research Centre Pune, Vadu Rural Health Program (VRHP)  
Vadu Health and Demographic Surveillance System (Vadu HDSS)**

**Marital Status Change Form**

Q0014	Present marital status	01 Married 02 Remarried ( <i>in case of widow/widower or first husband/wife is alive</i> ) 03 Separated 04 Divorced 05 Widow/Widower 06 Not applicable
Q0015	Past marital status	01 Married 02 Remarried ( <i>in case of widow/widower or first husband/wife is alive</i> ) 03 Separated 04 Divorced 05 Widow/Widower 06 Unmarried
Interview end time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (24 hrs)		
Interviewer name: _____ Signature: _____ Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Data entry by _____ Signature: _____ Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		