

NATIONAL FAMILY HEALTH SURVEY 2023-24
(NFHS-6)

INTERVIEWER'S MANUAL

May 2023



(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

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I. INTRODUCTION

The 2023-24 National Family Health Survey (NFHS-6) is a national sample survey designed to provide information on population, family planning, maternal and child health, child survival, HIV/AIDS and sexually transmitted infections (STIs), reproductive health, and nutrition in India. NFHS-6 will involve interviewing randomly selected women age 15-49 years and a sub-sample of men age 15-54 years. These respondents will be asked questions about their background, the children they have given birth to, their knowledge and use of family planning methods, the health of their children, their awareness of HIV/AIDS and sexually transmissible diseases, and other information that will be helpful to policymakers and administrators in health and family planning fields.

You are being trained as an interviewer for NFHS-6. After the training course, which will take about four weeks to complete, selected interviewers will be working in teams and going to different parts of the country to interview households, as well as women and (in a subsample of households) men in these households. This is called fieldwork. Depending on the areas assigned to your team and on how well you perform the tasks given to you, you may be working on NFHS-6 for up to six months. However, we have recruited more interviewers to participate in the training course than are needed to do the work, and at the end of the course, we will be selecting the best qualified among you to work as interviewers. Those not selected may be retained as alternates.

During the training course, you will listen to lectures about how to fill in the questionnaires correctly. You will also conduct practice interviews with other trainees and with respondents. You will be given periodic tests, and the questionnaires that you complete will be edited to check for completeness and accuracy.

You should study this manual and learn its contents since this will reduce the amount of time needed for training and will improve your chances of being selected as an interviewer.

A. Survey Objectives

Each successive round of the NFHS has had two specific goals: a) to provide essential data on health and family welfare needed by the Ministry of Health and Family Welfare and other agencies for policy and programme purposes, and b) to provide information on important emerging health and family welfare issues. To meet the first of these two aims, NFHS-6, like in previous rounds, will:

- Provide estimates of the levels of fertility, infant and child mortality, and other health and family welfare indicators by background characteristics at the national and state levels; and
- Measure trends in health and family welfare indicators over time at the national and state levels.

All 28 states and eight union territories (UTs) will be included in NFHS-6. NFHS-6 will provide estimates of most indicators at the district level for all 731 districts in the country as on June 2021. The sample has been designed to provide information on sexual behaviour; HIV/AIDS knowledge, attitudes and behaviour; life-style indicators; other health issues; and domestic violence only at the state level and the national level, while most other indicators will also be reported at the district level.

- NFHS-6 will collect blood samples from women and men in the form of dried blood spots (DBS) on filter paper cards for HIV testing and for testing of Hepatitis B and Hepatitis C. The collected blood samples will be sent to 6 designated laboratories across the country for HIV testing. The samples will then be forwarded by the laboratories to the National AIDS Research Institute (NARI) for testing of Hepatitis-B and Hepatitis-C.
- Data will be collected using Computer Assisted Personal Interviewing (CAPI) on mini-notebook computers. CAPI eliminates the need for a separate data entry operation and for data editing in the field.

- Height and weight measurements for women (age 15-49), men (age 15-54), and children under age 5 years will also be included in NFHS-6. All of these estimates will be provided at the district level.
- In NFHS-6, blood glucose and hypertension measurements will be done for all women and men over age 15 years with estimates to be reported at the district level.
- All CAB tests and measurements except for HIV, Hepatitis B, and Hepatitis C, will be conducted in the field using portable equipment.

B. NFHS-6 Sample

There are several ways to gather information about people. One way is to contact every person or nearly every person and ask them questions about what you need to know. Talking to everyone is called a complete enumeration, and a national census is a good example of this type of information gathering. This is very costly because it takes a lot of people to talk to everyone. However, in cases such as a national census, it is necessary to have a complete enumeration despite the cost.

Another way to collect information is through a sample survey. When it is not necessary to know exact total numbers, a sample survey can collect information about people much more quickly and at a low-cost. The sampling procedure allows us to collect data on a small number of people and draw conclusions that are valid for the whole country.

The accuracy of a sample survey depends, among other things, on the size of the sample. The exact number to be interviewed for any survey is determined by statistical methods which we will not try to discuss in this training session. What you should know, however, is that the sample size for this survey reflects the number of interviews that are needed to provide an accurate picture of the population, health, and nutrition situation in India. Consequently, it is critical to a survey that fieldworkers try their hardest to complete all assigned interviews to ensure that the correct number of people are included in the survey.

The accuracy of a sample survey also depends on another major factor, the absence of bias that would affect the proportions found through the sample. To control or prevent bias from creeping into the results, the selection of people included in the sample must be absolutely random. This means that every person in the total population to be studied has the same opportunity to be selected in the sample. This is why it is so important to make callbacks to reach those people who are not at home, since they may be different from people who are at home. For example, it may be that women who have no children are more likely to be working away from the house, and if we don't call back to interview them, we may bias the fertility estimates.

As a large number of key NFHS-6 indicators at the district level will be based on the number of pregnancies (leading to a live birth) in the last five years, the target sample size for women needs to be large enough to provide an adequate number of pregnancies. The actual sample size in each district and state is determined based on several considerations, including the different levels of disaggregation required for the district, the types of analysis being planned for the state, the number of indicators to be measured that have very small values (below 5 percent), the need to monitor specific state programmes, and the need to minimize non-sampling errors associated with conducting and monitoring fieldwork for a large sample.

In view of the increasing focus on maternal and child health, especially under the National Health Mission (NHM), and objectives to track their progress over time at the district and state levels, sample sizes for NFHS-6 have been worked out by considering 3+ antenatal care (ANC) visits among women age 15-49 years as the key behavioural indicator, with due care being paid to relative precision, statistical power, and design effects. For this purpose, the most recent estimates of NFHS-5 (2019-21) have been considered for the different states.

For NFHS-6, the sample consists of approximately 30,456 clusters (small geographically defined areas) throughout the country. The households in each of these clusters have recently been listed or enumerated. A sample of households was then scientifically selected to be included in NFHS-6 from the list in each of the clusters. Each of these households will be visited and information obtained about the household using the Household Questionnaire. Women and men within these households will be interviewed using an Individual Questionnaire. Women age 15-49 years will be interviewed using the individual Woman's Questionnaire. Men age 15-54 years will be interviewed using the individual Man's Questionnaire. We expect to complete interviews with about 7,45,488 women and 1,19,501 men in 670,032 households in this survey.

C. Survey Organization

NFHS-6 is being conducted at the request of the Ministry of Health and Family Welfare which has a primary role in the planning of the survey and in the analysis and dissemination of the survey results.

The International Institute for Population Sciences (IIPS) will serve as the implementing agency for NFHS-6. IIPS will take responsibility for operational matters including planning and conducting fieldwork, processing of collected data, and writing and distribution of the national report. IIPS will furnish the necessary central office space for survey personnel.

In 2023-24, India will implement the sixth round of the National Family Health Survey (NFHS-6). Like its predecessors, NFHS-6 will be conducted under the stewardship of the Ministry of Health and Family Welfare and will be coordinated by the International Institute for Population Sciences (IIPS), Mumbai. Fieldwork will be conducted by a group of Field Agencies, including Population Research Centres, chosen following a rigorous selection procedure.

During NFHS-6 fieldwork, you will work in a team consisting of one field supervisor, three female interviewers, and one male interviewer. Each team will be provided with a vehicle and driver for travelling from one Primary Sampling Unit (PSU) to another to conduct the fieldwork.

In addition, the team will include two health investigators. These individuals will be responsible for checking blood pressure and blood glucose. In addition, the health investigators will collect blood drops from a finger stick on filter paper cards, which will be tested for HIV, Hepatitis-B, and Hepatitis-C in designated laboratories. They will also be responsible for the anthropometric measurements of eligible women, men, and children. The supervisors will also receive some biomarker training so that they can supervise the health investigators and assist them as needed. All interviewers will be trained to assist the health investigators in taking the anthropometric measurements (length/height and weight measurements).

Each team supervisor will be responsible for his/her team of interviewers and health investigators. The specific duties of the supervisor are described in detail in the Supervisor's Manual.

D. Survey Questionnaires

The households that have been scientifically selected to be included in the NFHS-6 sample will be visited and enumerated using a Household Questionnaire. The Household Questionnaire includes a cover sheet to identify the household and a form on which all members of the household and visitors are listed. This form is used to record some information about each household member, such as name, sex, age, education, and survival of parents for children under age 18. The Household Questionnaire also collects information on housing characteristics such as type of drinking water source, sanitation facilities, quality of housing, and ownership of durable goods.

The Household Questionnaire permits the interviewer to identify women and men who are eligible to be interviewed with the relevant Individual Questionnaire. Women age 15-49 and men age 15-54 who are members of the household (those that usually live in the household) or visitors (those who do not

usually live in the household but who stayed there the previous night) are eligible to be interviewed. The Household Questionnaire also permits the interviewer to identify women, men, and children who are eligible for anthropometry measurement, blood glucose testing, and blood pressure measurement. Women age 15-49, men age 15-54, and children age 0-5 years will be weighed and measured (height or length) to assess their nutritional status. Among these same populations, women and men are eligible for measurement of blood pressure and blood glucose, and blood collection for testing for HIV, Hepatitis-B, and Hepatitis-C in the lab. Also, blood will be collected from children age 4-5 for Hepatitis-B testing.

After all of the eligible women in a household have been identified, you will use the individual Woman's Questionnaire to interview the women you are assigned. The Woman's Questionnaire collects information on the following topics:

- Background characteristics. Age, marital status, education, literacy, employment status, occupation, media exposure, religion, caste/tribe, and the duration of residence.
- Reproductive behaviour and intentions. Dates of birth and survival status of live births, non-live births (stillbirths, miscarriages, and abortions), current pregnancy status, and future childbearing intentions.
- Knowledge and use of contraception. Knowledge and use of specific family planning methods. Women who are not using family planning are asked about their intentions for future use.
- Availability of family planning. Where a user obtained her family planning method and whether nonusers know of places to get family planning methods.
- Children's health. Immunizations and recent occurrences of diarrhoea, fever, and cough for all children born in 2017 or later.
- Feeding practices for children. Breastfeeding and child feeding practices.
- Women's health. Antenatal care, delivery care, and postnatal care.
- HIV/AIDS and sexually transmitted infections (STIs). Knowledge of HIV/AIDS and other STIs.
- Knowledge and attitudes concerning tuberculosis. Questions include knowledge of tuberculosis and how it is spread, and stigma related to TB.
- Sexual life: Recent and lifetime sexual partners.
- Household Relations. Domestic violence experience.

Similarly, after all of the eligible men in a household have been identified, you will use the individual Man's Questionnaire to interview the men you are assigned. The Man's Questionnaire collects information on many of these same topics.

E. Interviewer's Role

The interviewer occupies the central position in NFHS-6 because he/she collects information from respondents. Therefore, the success of NFHS-6 depends on the quality of each interviewer's work.

In general, the responsibilities of an interviewer include the following:

- Locating the structures and households in the sample and completing the Household

Questionnaire

- Identifying all eligible respondents in those households
- Interviewing all eligible respondents in the households using the individual Woman's or Man's Questionnaire
- Checking completed interviews to be sure that all questions were asked
- Returning to the households to interview respondents who could not be interviewed during the initial visit.

F. Training of Interviewers

Although some people are more adept at interviewing than others, one can become a good interviewer through experience. Your training will consist of a combination of classroom training and practical experience. Before each training session, you should study this manual and the questionnaire carefully, writing down any questions you have. Ask questions at any time to avoid mistakes during actual interviews. Interviewers can learn a lot from each other by asking questions and talking about situations encountered in practice and actual interview situations.

Each of you will receive a package with the following materials.

- Household Questionnaire
- Individual Questionnaire
- Biomarker Questionnaire
- Interviewer's Manual
- Clinical, Anthropometrical and Biochemical Manual (for health investigators)
- CAPI Manual

Please ensure that you bring these materials each day during the training and to the field during fieldwork.

During the training, the questionnaire sections, questions, and instructions will be discussed in detail. You will see and hear demonstration interviews conducted in front of the class as examples of the interviewing process. You will practice reading the questionnaire aloud to another person several times so that you may become comfortable with reading the questions aloud. You will also be asked to take part in role playing in which you practice by interviewing another trainee.

The training will also include field practice interviewing in which you will actually interview household respondents and eligible women or men. You will be required to check and edit the questionnaires just as you would do in the actual fieldwork assignments.

You will be given tests to see how well you are progressing during your formal training period. At the end of the training course, the interviewers will be selected based on their test results and performance during the field practice.

The training you receive as an interviewer does not end when the formal training period is completed. Each time a supervisor meets with you to discuss your work, your training is being continued. This is particularly important during the first few days of fieldwork. As you run into situations you did not cover in training, it will be helpful to discuss them with your team. Other interviewers may be running into similar problems, so you can all benefit from each other's experiences.

G. Supervision of Interviewers

Training is a continuous process. Observation and supervision throughout the fieldwork are a part of the training and data collection process. Your team supervisor will play very important roles in

continuing your training and in ensuring the quality of NFHS-6 data. The supervisor will:

- Spot-check some of the addresses selected for interviewing to be sure that you interviewed the correct households and the correct respondents
- Review each questionnaire to be sure it is complete and consistent
- Observe some of your interviews to ensure that you are asking the questions in the right manner and recording the answers correctly
- Meet with you on a daily basis to discuss performance and give out future work assignments
- Help you resolve any problems that you might have with finding the assigned households, understanding the questionnaire, or dealing with difficult respondents.

H. NFHS-6 Regulations

The survey director may terminate the service of any interviewer who is not performing at the level necessary to produce the high-quality data required to make NFHS-6 a success.

For the workload to be equally divided and the support equally shared, the following survey regulations have been established and will be strictly enforced:

1. Except for illnesses, any person who is absent from duty during any part of the training or any part of the fieldwork (whether it is a whole day or part of a day) without prior approval from his/her supervisor may be dismissed from the survey.
2. The selection of the survey team members is competitive; it is based on performance, ability, and testing results during the training. Therefore, any person found offering assistance to or receiving assistance from another person during tests will be dismissed from the survey.
3. Throughout the survey training and the fieldwork period, you are representing IIPS and the Field Agency you are working for. Your conduct must be professional and your behaviour must be congenial in dealing with the public. We must always be aware of the fact that we are only able to do our work with the good will and cooperation of the people we interview. Therefore, any team member who is consistently overly aggressive, abrupt, or disrespectful to the people in the field may be dismissed from the survey team.
4. For the survey to succeed, each team must work closely together, sharing in the difficulties and cooperating and supporting each other. We will attempt to make team assignments in a way that enhances the cooperation and good will of the team. However, any team member who in the judgment of the survey director creates a disruptive influence on the team may be asked to transfer to another team or may be dismissed from the survey.
5. It is critical that the data gathered during the fieldwork be both accurate and valid. To control for inaccurate or invalid data, spot checks will be conducted. Interviewers may be dismissed at any time during the fieldwork if their performance is not considered adequate for the high quality this survey demands.
6. Vehicles and petrol/diesel are provided for the survey for official use only. Any person using the vehicle for an unauthorized personal reason will be dismissed from the survey.
7. NFHS-6 data are confidential. **They should not be discussed with anyone other than members of your survey team.** Under no circumstances should confidential information be passed on to third parties. In keeping with this policy, it is also important that you never interview anyone you may know in the survey. Persons breaking these rules, and therefore the confidence placed in them, will be dismissed.

I. Sexual Harassment

Sexual harassment will not be tolerated during NFHS-6. By sexual harassment, we mean unwelcome sexual advances, requests for sexual favours, and other sexual comments or actions that make the receiver feel offended or intimidated. Sexual harassment may hurt work performance, and in some cases, an individual may feel that they must comply with the unwelcome advances or requests in order to keep their job. Sexual harassment can be committed by a man towards a woman, by a woman towards a man, or between two individuals of the same gender.

To avoid any appearance of sexual harassment, individuals should be careful to avoid unnecessary physical contact and suggestive language and should maintain a professional work climate at all times.

Anyone who feels that he or she has been the target of sexual harassment or who has witnessed an apparent incident of harassment should immediately report the incident to his or her supervisor, or to the survey manager. The implementing agency is required to investigate the claim and keep reports confidential to the extent possible. The implementing agency must take actions to prevent and correct harassing behaviour. These actions can include changing workspace, reassigning interviewers or supervisors to different teams, and other disciplinary actions. Retaliation against individuals filing complaints of sexual harassment will also trigger disciplinary action.

II. CONDUCTING AN INTERVIEW

Successful interviewing is an art and should not be treated as a mechanical process. Each interview is a new source of information, so make it interesting and pleasant. The art of interviewing develops with practice but there are certain basic principles that are followed by every successful interviewer. In this section you will find a number of general guidelines on how to build rapport with a respondent and conduct a successful interview.

A. Building Rapport with the Respondent

The supervisor will assign an interviewer to make the first contact with each of the households selected for NFHS-6. Any capable adult member of the household is a suitable respondent for the household interview (this person may or may not be a woman age 15-49 or a man age 15-54). If at least one eligible person is identified in the Household Questionnaire, the interviewer will go on to complete an Individual Questionnaire or pass the interview along to a colleague who is the same gender as the respondent.

As an interviewer, your first responsibility is to establish good rapport with a respondent. At the beginning of an interview, you and the respondent are strangers to each other. The respondent's first impression of you will influence their willingness to cooperate with the survey. Be sure that your manner is friendly as you introduce yourself. Before you start to work in an area, your supervisor will have informed the local leaders, who may in turn inform selected households in the area that you will be coming to interview them. You will also be given a letter and an identification badge that states with the organization you are working with.

1. Make a good first impression

When you arrive at the household, do your best to make the respondent feel at ease. With a few well-chosen words, you can put the respondent in the right frame of mind for the interview. Start the interview with a smile and a greeting such as "good afternoon" and then proceed with your introduction.

2. Obtain respondent(s) consent to be interviewed

You must obtain a respondent's informed consent for participation in the survey before you begin an interview. Special statements are included at the beginning of the Household Questionnaire and the Individual Questionnaires. The statements explain the purpose of the survey. They assure a respondent that participation in the survey is completely voluntary and that it is their right to refuse to answer any questions or stop the interview at any point. Be sure to read the informed consent statement exactly as it is written before asking a respondent to participate in a household or individual interview.

3. Always have a positive approach

Do not adopt an apologetic manner, and do not use words such as "Are you too busy?" Such questions invite refusal before you start.

4. Assure confidentiality of responses

If the respondent is hesitant about responding to the interview or asks what the data will be used for, explain that the information you collect will remain confidential, no individual names will be used for any purpose, and all information will be grouped together to write a report.

Also, you should never talk about other interviews with the supervisor in front of a respondent or any other person.

5. Answer any questions from the respondent frankly

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how he or she was selected to be interviewed. Be direct and pleasant when you answer.

The respondent may also be concerned about the length of the interview. If they ask, tell female respondents that the interview usually takes about 40-60 minutes and tell male respondents that the interview usually takes about 30-40 minutes. If the respondent for the Household Questionnaire is a woman age 50 or older (or a man age 55 or older), you can tell the respondent that the interview usually takes about 25-35 minutes, since that person will answer only the Household Questionnaire. Indicate your willingness to return at another time if it is inconvenient for the respondent to answer questions then.

Respondents may ask questions or want to talk further about the topics you bring up during the interview, e.g., about specific family planning methods. It is important not to interrupt the flow of the interview so tell them that you will be happy to answer their questions or to talk further after the interview.

6. Interview the respondent alone

The presence of a third person during an interview can prevent you from getting frank, honest answers from a respondent. It is, therefore, very important that the individual interview be conducted privately and that all questions be answered by the respondent.

If other people are present, explain to the respondent that some of the questions are private and ask to interview the person in the best place for talking alone. Sometimes asking for privacy will make others more curious, so they will want to listen; you will have to be creative. Establishing privacy from the beginning will allow the respondent to be more attentive to your questions.

If it is impossible to get privacy, you may have to carry out the interview with the other people present. However, in such circumstances, it is important that you remember that:

- If there is more than one eligible respondent in the household, you must not interview one in the presence of the other
- Extra effort should be made to gain privacy if the other person is of the opposite sex, particularly the husband or wife. One way to ensure privacy in this case is to have the husband and wife interviewed simultaneously in two different areas of the household.

In all cases where other individuals are present, try to separate yourself and the respondent from the others as much as possible.

B. Tips for Conducting the Interview

1. Be neutral throughout the interview

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that he/she has given the “right” or “wrong” answer to any question. Never appear to approve or disapprove of any of the respondent’s replies.

The questions are all carefully worded to be neutral. They do not suggest that one answer is more likely or preferable to another answer. If you fail to read the complete question, you may destroy that neutrality. For example, the following is a question in NFHS-6: “Would you like to have another child or would you prefer not to have any more children?” It is a neutral question. However, if you only ask the first part— “Would you like to have another child?”—you are more likely to get a “YES” answer. This is what we call a “leading question.” That is why it is important to read the whole question as it is written.

If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as the following:

“Can you explain a little more?”

“I did not quite hear you; could you please tell me again?”

“There is no hurry. Take a moment to think about it.”

2. Never suggest answers to the respondent

If a respondent’s answer is not relevant to a question, do not prompt him/her by saying something like “I suppose you mean that. . . Is that right?” In many cases, he/she will agree with your interpretation of his/her answer, even when that is not what he/she meant. Rather, you should probe in such a manner that the respondent himself/herself comes up with the relevant answer. You should never read out the list of coded answers to the respondent, even if he/she has trouble answering.

3. Do not change the wording or sequence of questions

The wording of the questions and their sequence in the questionnaire must be maintained. If the respondent has not understood the question, you should repeat the question slowly and clearly. If there is still a problem, you may reword the question, being careful not to alter the meaning of the original question. Provide only the minimum information required to get an appropriate response.

4. Handle hesitant respondents tactfully

There will be situations where the respondent simply says, “I don’t know,” gives an irrelevant answer, acts very bored or detached, or contradicts something they have already said. In these cases, you must try to re-interest them in the conversation. For example, if you sense that they are shy or afraid, try to remove their shyness or fear before asking the next question. Spend a few moments talking about things unrelated to the interview (for example, their town or village, the weather, their daily activities, etc.).

If the respondent is giving irrelevant or elaborate answers, do not stop them abruptly or rudely, but listen to what they have to say. Then try to steer them gently back to the original question. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondent sees the interviewer as a friendly, sympathetic, and responsive person who does not intimidate them and to whom they can say anything without feeling shy or embarrassed. As indicated earlier, a major problem in gaining the respondent’s confidence may be one of privacy. This problem can be prevented if you are able to obtain a private area in which to conduct the interview.

If the respondent is reluctant or unwilling to answer a question, explain once again that the same question is being asked of women or men all over India and that the answers will all be merged together. If the respondent is still reluctant, simply record REFUSED and proceed as if nothing had happened. Remember, the respondent cannot be forced to give an answer.

5. Do not form expectations

You must not form expectations of the ability and knowledge of the respondent. For example, do not assume women and men from rural areas or those who are less educated or illiterate do not know about family planning or various family planning methods.

6. Do not hurry the interview

Ask the questions slowly to ensure the respondent understands what is being asked. After you have asked a question, pause and give the respondent time to think. If the respondent feels hurried or is not allowed to formulate their own opinion, they may respond with “I don’t know” or give an inaccurate answer. If you feel the respondent is answering without thinking just to speed up the interview, say to the respondent, “There is no hurry. Your opinion is very important, so consider your answers carefully.”

7. Use diversionary tactics if necessary

If someone walks in when you are asking some sensitive question that requires that complete privacy be maintained, gently change the topic till the person is no longer within hearing distance.

C. Language of the Interview

The questionnaires for NFHS-6 have been translated into 18 languages. However, there may be times when you will have to use an interpreter or modify the wording of the questions to fit local dialects and culture. It is very important not to change the meaning of the question when you rephrase it or interpret it into another language. We will be practicing interviews in the local languages during training.

Of course, one of the first things you will do when you approach a household to do an interview is to establish the language or languages that are spoken there. We will be arranging the field teams in such a way that you will be working in an area in which your language is spoken, so there should not be many cases in which respondents do not speak your language. In such cases you might be able to find another language that both of you speak and you will be able to conduct the interview in that language.

However, in some cases, it will not be possible for you to find a language which both you and the respondent speak. In this case, try to find out if the respondent speaks a language which another member of your team or the team supervisor speaks. If so, tell your supervisor so that he or she can arrange for that person to conduct the interview.

If at all possible, try to avoid using translators since this not only jeopardizes the quality of the interview, but also means that the interview will take more time to conduct. If the respondent does not speak a language which any of your team members speak, you may need to rely on a third person to translate for you. Since the interview involves some sensitive topics, it is best if you can find another woman to act as an interpreter if you are conducting the woman’s interview and a man if you are conducting the man’s interview. You should not use the respondent's spouse as an interpreter under any circumstances. Children are also not suitable interpreters.

We will be practicing interviews in the local languages during training. However, there may be times when you will have to modify the wording of the questions to fit local dialects and culture. It is very important not to change the meaning of the question when you rephrase it or interpret it into another language.

III. FIELDWORK PROCEDURES

Fieldwork for NFHS-6 will proceed according to a timetable, and the survey will be successful only if each member of the interviewing team understands and follows correct field procedures. The following sections review these procedures and describe the proper procedures for receiving work assignments and keeping records of selected households.

A. Preparatory Activities

1. Making callbacks

Because each household has been carefully selected, you must make every effort to conduct interviews with the individuals who are identified as eligible in that household. Sometimes a household member will not be available at the time you first visit. You need to make at least 3 visits on three separate times of the day or days when trying to obtain an individual interview to maximize the possibility of successfully completing the individual interview.

At the beginning of each day, you should check to see if you made any appointments for revisiting a household or eligible respondent. If no appointments were made, make your callbacks to a respondent at a different time of day than the earlier visits; for example, if the initial visits were made in the early afternoon, you should try to arrange your schedule, so you make a call back in the morning or late afternoon. Scheduling callbacks at different times is important in reducing the rate of non-response (i.e., the number of cases in which you fail to contact a household or complete an individual interview).

When using a paper questionnaire, you will return the household questionnaire and any questionnaires for eligible respondents to your team supervisor as soon as you have completed work in a household. When using CAPI, at the end of each day transfer the completed household questionnaires and eligible respondents from your CAPI machine to your team supervisor's CAPI machine.

2. Keeping answers confidential

You are responsible for seeing that respondent's answers are kept confidential. Do not share the results with other interviewers. You should never interview a household in which you know one or more of the members, even if they are only casual acquaintances. If you are assigned to a household in which you know a person even if that person is not eligible for interview, you should notify your supervisor so that the household can be assigned to another interviewer. You should not attempt to see the completed questionnaires for that household nor discuss the interview results with your colleagues.

3. Supplies and documents needed for fieldwork

Before starting fieldwork each morning, verify that you have everything you need for the day's work. Some necessary supplies include:

- Interviewer's Assignment Sheet (when using paper questionnaires)
- Interviewer's Manual
- Your personnel identification
- Blue ink pens (when using paper questionnaires)
- A bag to carry hard copies of questionnaires, manuals and other survey materials like the literacy card, brochures, referral letters, samples of IFA tablets and syrup, samples of iron capsules/syrups/sprinkles, samples of vitamin A ampoules/capsules/syrups, etc.

B. Contacting Households and Eligible Respondents

1. Locating sample households

In recent months, household listing teams visited each of the selected sample PSUs to:

- 1) prepare up-to-date maps to indicate the location of structures;
- 2) record address information for each structure or describe their location (for areas lacking street names or numbers on structures);
- 3) write numbers on structures; and
- 4) make a list of the names of the heads of households in all of the structures.

A structure is a freestanding building, for a residential or commercial purpose. It may have one or more rooms in which people live; it may be an apartment building, a house, or a thatched hut, for instance.

Within a structure, there may be one or more dwelling (or housing) units. A *dwelling unit* is a room or group of rooms occupied by one or more households. It may be distinguished from the next dwelling unit by a separate entrance. For instance, there would be one dwelling unit in a thatched hut, but there may be 50 dwelling units in an apartment building or five dwelling units in a compound.

Within a dwelling unit, there may be one or more households. By definition, a *household* consists of a person or group of persons, related or unrelated, who live together in the same dwelling unit, who acknowledge one adult male or female as the head of household, who share the same living arrangements, and are considered as one unit. In some cases, one may find a group of people living together in the same house, but each person has separate eating arrangements; they should be counted as separate one-person households. Collective living arrangements such as hostels, army camps, boarding schools, or prisons are not considered as households in NFHS-6.

Specific households have been selected to be interviewed, and you should not have any trouble in locating the households assigned to you if you use the structure number and the name of the head of the household to guide you. The structure number is usually written above the door of the house, but sometimes it may be on the wall. Although the supervisor of your team will be with you in the field, it is important that you also know how to locate the structures in the sample by using the sketch map.

2. Problems in contacting a household

In some cases, you will have problems locating the households that were selected because the people may have moved, or the listing teams may have made an error. Here are examples of some problems you may find and how to solve them:

- a) The household has moved away and a new one is now living in the same dwelling. In this case, interview the new household.
- b) The structure number and the name of the household head do not match with what you find in the field. If you have located the correct dwelling, you should consider the household that is living in the dwelling as the selected household.

Example: You are assigned a household headed by Vaibhav Patil that is listed as living in structure number NFHS-004. But when you go to NFHS-004, the household living there is headed by Shyam Gaikwad. After checking that you have not made a mistake about the structure or dwelling unit, you would interview the household headed by Shyam Gaikwad.

- c) The household selected does not live in the structure that was listed. If there is a discrepancy between the structure number and the name of the household head, interview whoever is living in the structure assigned to you.

Example: You are assigned a household headed by Surendra Sharma located in NFHS-6/007, and you find that Sharma's household actually lives in structure NFHS-6/028; interview the household living in NFHS-6/007.

- d) The listing shows only one household in the dwelling, but two or more households are living there now. When the listing shows only one household and you find two households, interview both households. The CAPI system will allow you to generate a new household file in this case. Once generated, follow the same procedures. When using a paper questionnaire, make a note on the cover page of the household that was not on the listing. Your supervisor will assign this household a number, which you should enter on the questionnaire.

If the listing shows two households, only one of which was selected, and you find three households there now, only interview the one that had been selected and ignore the other two.

- e) The head of the household has changed. In some cases, the person listed as the household head may have moved away or died since the listing. Interview the household that is living there.
- f) The house is all closed up and the neighbours say the people are on the farm (or away visiting, etc.) and will be back in several days or weeks. Enter Code '3' (ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD). The house should be revisited at least two more times to make sure that the household members have not returned.
- g) The house is all closed up and the neighbours say that no one lives there; the household has moved away permanently. Enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).
- h) A household is supposed to live in a structure that when visited is found to be a shop and no one lives there. Check very carefully to see whether anyone is living there. If not, enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).
- i) A selected structure is not found in the cluster, and residents tell you it was destroyed in a recent fire. Enter Code '7' (DWELLING DESTROYED).
- j) No one is home and neighbours tell you the family has gone to the market. Enter Code '2' (NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT) and return to the household at a time when the family will be back.

Discuss with your supervisor any problems you have in locating the households that you are assigned to interview. Remember that the usefulness of the NFHS-6 sample in representing the entire country depends on the interviewers locating and visiting all the households they are assigned.

3. Identifying eligible respondents

To be "eligible" means to "qualify" for something. An eligible respondent is someone who is qualified to be included in our survey. You will use the Household Questionnaire to identify who is eligible to be interviewed with the Individual Questionnaire.

All women age 15-49 and men 15-54 in selected households who are either members of the household or visitors who stayed in the household the night before the day you are conducting the interview are considered eligible in NFHS-6. It is very important that you do not miss an eligible respondent when you fill in the Household Schedule.

In certain cases, you may find it difficult to decide whether or not a respondent is eligible. Use these examples as a guide:

Examples: A visitor who spent the previous night in the house but is away at the market when you arrive is eligible. You must make callbacks to interview him or her.

A woman is a usual resident, but she spent the previous night away at her sister's house. She should be counted as a member of the household on the Household Schedule and is eligible to be interviewed.

A young woman is away at the university and only returns for very short visits. She is not a usual resident of the household.

You must complete the cover page of an Individual Questionnaire for each eligible respondent that you identify in the household before starting the interview. If you cannot finish the interview for whatever reason, write the reason on the cover page (when using paper questionnaires) or partially save the case and write the reason in the notes section (when using CAPI). Take care to note any information that may be useful when you contact the person later.

In some households, there will be no eligible respondents (i.e., there will be no usual household members or visitors of eligible age). For these households, you will have a completed Household Questionnaire, with no accompanying Individual Questionnaires.

4. Problems in obtaining individual interviews

You may experience the following types of problems in obtaining an interview with an eligible respondent:

- a) Eligible respondent not available. If the eligible respondent is not at home when you visit, enter Code '2' (NOT AT HOME) as the result for the visit and ask a neighbour or family member when the respondent will return. You should contact the household at least three times, trying to make each visit at a different time of day. Under no circumstances is it acceptable to conduct all three visits on the same day and then stop attempting to contact the respondent.
- b) Respondent refuses to be interviewed. The respondent's availability and willingness to be interviewed will depend in large part on the initial impression you make when you meet them. Introduce yourself and explain the purpose of the visit. Read the introduction for the Individual Questionnaire. You may emphasize the confidentiality of the information the respondent provides, and/or the short duration of the interview. If the respondent is unwilling to be interviewed, it may be that the present time is inconvenient. Ask whether another time would be more convenient and make an appointment. If the individual still refuses to be interviewed, enter Code '4' (REFUSED) as the result for the visit and report it to your supervisor.
- c) Interview not completed. A respondent may be called away during the interview or may not want to answer all the questions at the time of your visit. If an interview is incomplete for any reason, you should arrange an appointment to see the respondent again as soon as possible to obtain the missing information. Be sure that you record that the interview is incomplete by entering Code '5' (PARTLY COMPLETED) and indicate the time you agreed on for a revisit; you should also report the problem to your supervisor.
- d) Respondent incapacitated. There may be cases in which you cannot interview a person because the person is too sick, is mentally unable to understand the questions, or is deaf, etc. In these cases, record Code '6' (INCAPACITATED).

C. Checking Completed Questionnaires

When using a paper questionnaire, it is the responsibility of the interviewer to review each questionnaire when the interview is finished. This review should be done before you leave the household so that you can be sure every appropriate question was asked, that all answers are clear and reasonable, and that your handwriting is legible. Also check that you have followed the skip instructions correctly. You may be able to make minor corrections yourself, but in many cases, you will need to talk further with the respondent. Simply explain to the respondent that you made an error and ask the question(s) again.

Do not recopy questionnaires. As long as the answers are clear and readable, it is not necessary that the questionnaire itself be neat. Every time you transcribe the answers to a new questionnaire, you increase the chance of an error. For this reason, you are not allowed to use work sheets to collect information. Record ALL information on the questionnaires provided. Any calculations you make should be written in the margins or on the back of the questionnaires.

Anything out of the ordinary should be explained either in the margins near the relevant question or in the comments section at the end. These comments are very helpful to the supervisor in checking questionnaires. Comments are also read in the office and used to resolve problems encountered during data entry.

D. Returning Work Assignments

When using a paper questionnaire, at the end of fieldwork each day, check that you have filled out the cover sheet of a Household Questionnaire for each household assigned to you, whether or not you managed to complete an interview. Check also that you have completed the cover sheet of the Individual Questionnaire for each respondent identified, whether you were able to interview the person or not. For all of the interviews that you have completed, write the final result on the Interviewer Assignment Sheet and make any notes on the Interviewer's Observations page that may be of help to the supervisor, such as any problems you experienced in locating a household or completing a Household Questionnaire or in conducting an interview with an eligible respondent. For difficult cases, at least three visits will be made to a household during NFHS-6 in an effort to obtain a completed interview.

E. Data Quality

When using a paper questionnaire, it is the responsibility of the field supervisor to review both the Household Questionnaires and the Individual Questionnaires from a sample PSU while the interviewing team is still in the cluster. The editing rules are explained in detail in the Supervisor's Manual. It is especially important for the field supervisor to conduct thorough edits of questionnaires at the initial stages of fieldwork. The field supervisor will discuss with each interviewer the errors found in the collection of data. It may sometimes be necessary to send an interviewer back to a respondent in order to correct some errors.

E. Social Media Policy

The use of social media and other digital media is now common and continues to grow in popularity. Platforms and applications including blogs, social networking sites (such as *Twitter* or *Facebook*), video streaming sites (such as *YouTube*), and digital messaging applications (*WhatsApp*), have made it easy for anyone to reach a wide audience very quickly. Public and private companies and their staff also use these platforms and sites to share work experiences, images, or videos taken in the workplace, or to seek professional advice from colleagues or friends. However, in NFHS-6, the use of social media may break the promise we make to our respondents to maintain their privacy and keep all information confidential. NFHS-6 has also made a promise to the Institutional Review Board to maintain anonymity of all survey respondents.

To fulfill our promise to all survey respondents to maintain strict confidentiality, all fieldworkers are obligated to follow these rules:

Social media rules for maintaining confidentiality of survey respondents	
1.	Survey staff have an ethical obligation to maintain respondent privacy and confidentiality at all times.
2.	Limiting access to social media postings by using privacy settings is not enough to ensure privacy or maintain the confidentiality of respondents.
3.	Do not transmit any respondent-related image or video that includes the respondent, the respondent's family members, or their homes, through any social media platform.
4.	Do not identify respondents, enumeration areas, or clusters by name through any social media platform. Do not post any information that may lead to the identification of a respondent or an enumeration area.
5.	Do not take any photos or videos of respondents or their homes – not even if the respondent gives permission – on personal mobile devices - including mobile phones, tablets, and cameras.
6.	Turn off or disable geolocation or geotagging permissions in social media applications on personal mobile devices while conducting fieldwork.
7.	Consult with a Supervisor before making any work-related postings.
8.	Promptly report any violations of privacy or confidentiality.

What is geolocation and geotagging?

Geolocation or geotagging refers to identifying an object (for example a photo) by its location. Many social media platforms, including Twitter and Facebook, now include geolocation or geotagging, so users can add location information to their messages. The location information can be a broad location such as a city or village, or a precise location with the exact latitude and longitude of the location from which a message was sent. A fieldworker who posts a geolocated or geotagged social media message from the field violates confidentiality by disclosing the location of the cluster.

Geolocation or geotagging in social media applications may also have security implications. In security-risk countries, where fieldwork must undergo stringent protocols to protect field teams, it is imperative that survey-related staff disable geolocation from their personal devices so as to not give away secure locations.

Common Misunderstandings of Social Media

Misuse of social media is often unintentional and the result of misunderstandings of how social media platforms function. A number of factors may contribute to survey-related staff inadvertently violating survey respondent privacy and confidentiality while using social media.

Test your knowledge. TRUE or FALSE?

Q 1. A communication or post is private and can only be seen by the intended recipient. True or False?

FALSE. Why? Once you send or post something, it can be sent by someone else to others, without you knowing.

Q 2. You can always delete posted content and make it “go away”. True or False?

FALSE. Why? What happens on the Internet, stays on the Internet.

IV. GENERAL PROCEDURES FOR COMPLETING THE QUESTIONNAIRE

To collect the information needed by NFHS-6, you must understand how to ask each question, what information the question is attempting to collect, and how to handle problems that might arise during the interview. You must also know how to correctly record the answers the respondent gives and how to follow special instructions in the questionnaire. This part of the training manual is designed to familiarize you with the NFHS-6 questionnaire.

A. Asking Questions

It is very important that you ask each question exactly as it is in the questionnaire. When you are asking a question, speak slowly and clearly so that the respondent will have no difficulty hearing or understanding the question. At times you may need to repeat the question to be sure the respondent understands it. In those cases, do not change the wording of the question but repeat it exactly as it is written.

If, after you have repeated a question, the respondent still does not understand it, you may have to reword the question. Be very careful when you change the wording, however, that you do not alter the meaning of the original question.

In some cases, you may have to ask additional questions to obtain a complete answer from a respondent (we call this ‘probing’). If you do this, you must be careful that your probes are “neutral” and that they do not suggest an answer to the respondent. Probing requires both tact and skill, and it will be one of the most challenging aspects of your work as an NFHS-6 interviewer.

You will notice that some questions contain one or more words in parentheses. As shown below, the presence of parentheses indicates that a sentence needs to be adapted to fit the respondent’s specific situation.

1. Parentheses that indicate a choice must be made:

Example:

606	<p>अब मैं भविष्य के बारे में कुछ प्रश्न पूछना चाहूंगी। क्या आप (और) बच्चा चाहेंगी या आप कोई (और) बच्चा नहीं चाहेंगी? Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?</p>	<p>HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8</p>	<p>→ 609 → 615 → 612</p>
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The question above is asked to female respondents. How you phrase the question – that is, which word you use in parentheses – will depend on whether the respondent has had children or not. If the woman has children, you would ask “Would you like to have another child, or would you prefer not to have any more children?” If the woman does not have children, you would ask “Would you like to have a child, or would you prefer not to have any children?” Most of these questions will appear in CAPI with the choice selected for you but some questions may require a choice.

2. Parentheses that indicate a substitution must be made (PAPER QUESTIONNAIRE):

Example:

445	क्या (NAME) के जन्म के समय उसका वजन लिया गया था?	YES	1
		NO	2
	Was (NAME) weighed at birth?	DON'T KNOW	8

(SKIP TO 447)

Notice that the word in parentheses is all in capital letters. As you will learn about later (see Section D below), words in all caps are instructions to interviewers that are not meant to be read out loud. Instead, in this example, substitute in the name of the child the question is being asked about. For instance, if you are asking about the weight of a woman's son named Rahul, ask "Was Rahul weighed at birth?" When using CAPI, the computer will fill in this name.

3. Parentheses that indicate an additional word may be needed:

Example:

524	जब से उसे दस्त शुरू हुए, क्या उसे कभी इनमें से कुछ पीने के लिए दिया गया था: Was (he/she) given any of the following to drink at any time since (he/she) started having the diarrhoea:						
		YES NO DK	YES NO DK	YES NO DK			
a.	एक विशेष पैकेट (LOCAL NAME FOR ORS PACKET) से बना हुआ तरल पदार्थ? A fluid made from a special packet called (LOCAL NAME FOR ORS PACKET)?	FLUID FROM ORS PKT	1 2 8	FLUID FROM ORS PKT	1 2 8		
b.	चावल या (OR OTHER LOCAL GRAIN) से बना तरल पदार्थ? Gruel made from rice (OR OTHER LOCAL GRAIN)?	GRUEL ...	1 2 8	GRUEL ...	1 2 8		
525	पिछले सात दिनों में, क्या (NAME) को निम्नलिखित दिए गए थे: In last seven days, was (NAME) given:						
		YES NO DK	YES NO DK	YES NO DK			
		a.	(LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER)	a. MULTIPLE MICRONUTRIENT POWDER .	1 2 8	a. MULTIPLE MICRONUTRIENT POWDER .	1 2 8
		b.	(LOCAL NAME FOR READY TO USE A THERAPEUTIC FOOD SUCH AS PLUMPY NUT)	b. PLUMPY NUT	1 2 8	b. PLUMPY NUT	1 2 8
c.	(LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY DOZ)	c. PLUMPY DOZ ...	1 2 8	c. PLUMPY DOZ ...	1 2 8		

526	दस्त शुरू होने के बाद से क्या उसे कभी जीक दिया गया? Was (he/she) given zinc at any time since (he/she) started having diarrhoea?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
527	क्या दस्त के इलाज के लिए कुछ (और) दिया गया था? Was anything (else) given to treat the diarrhoea?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 529) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 529) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 529) ←

The way the respondent has answered a prior question can affect the way you will ask later questions. If you had learned in Q. 524 or Q. 526 that the respondent had given her child a form of oral rehydration therapy when the child had diarrhoea, you would then ask in Q. 528 “Was anything else given to treat the diarrhoea?” If in Q. 524 and Q. 526 you learned that the respondent had not given her child a fluid made from an ORS sachet, gruel made from rice, or zinc, you would ask “Was anything given to treat the diarrhoea?” Most of these questions will appear in CAPI with the correct wording already typed for you.

B. Recording Responses

In NFHS-6, all interviewers will use pens with blue ink to complete paper questionnaires. Supervisors will do all their work on paper questionnaires using pens with red ink. Never use a pencil to complete the paper questionnaire.

There are three types of questions in the NFHS-6 questionnaire: 1) questions that have precoded responses; 2) questions that do not have precoded responses, i.e., that are “open-ended”; and 3) filters.

1. Questions with precoded responses

For some questions, we can predict the types of answers a respondent will give. The responses to these questions are listed in the questionnaire. **When using a paper questionnaire**, to record a respondent’s answer, you merely circle the number (code) that corresponds to the reply. Make sure that each circle surrounds only a single number. When using CAPI, select the code on the screen.

Paper Example:

111	क्या आप कभी स्कूल गए हैं? Have you ever attended school?	YES 1 NO 2	→ 114
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In some cases, precoded responses will include ‘OTHER’. The OTHER code should be circled only when the respondent’s answer is different from any of the precoded responses listed for the question. Before using the OTHER code, you should make sure the answer does not fit in any of the specified categories. When you circle the OTHER code for a particular question you must always write the respondent’s answer in the space provided. If you need more room, use the margins or the comments section at the end. If you use the comments section, write, “see note in comments section” next to that question. When using CAPI, you will be prompted to type the other answer when this code is selected.

Paper Example:

269	<p>क्या यह समय मासिक धर्म शुरू होने के ठीक पहले, मासिक धर्म के दौरान, मासिक धर्म बंद होने के ठीक बाद, या दो मासिक धर्मों के बिल्कुल बीच में होता है?</p> <p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER <u>Full Moon</u> (6) (SPECIFY) DON'T KNOW 8</p>
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2. Recording responses that are not precoded

The answers to some questions are not precoded but require that you write the respondent's answer in the space provided. In CAPI, you will type the name.

Recording numbers or dates in boxes. In some questions, you will record a number or date in the space provided. There are two ways this is done:

- **Boxes preceded by codes.** Whenever the boxes are preceded by codes, you will fill in the boxes in one row only. With a paper questionnaire, you must first circle the code that identifies the row you have chosen and then fill in the response in the boxes only for that row. When using CAPI, you will first enter the numbers and then choose the units.

Paper Example: If the respondent says stayed at the hospital for three days after delivery, circle Code '2' for DAYS AGO and write the response in the boxes next to the '2'.

461	<p>(NAME) के जन्म के बाद कितने समय तक आप स्वास्थ्य सुविधा में रही?</p> <p>How long after (NAME) was delivered did you stay in the health facility?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS (2) 0 3</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>
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- **Boxes without preceding codes.** Whenever boxes are present without codes in front of them, you must enter information in all of the boxes. With a paper questionnaire, enter numbers in all the boxes. When using CAPI, you will be prompted to enter numbers for each category, e.g. months then years.

Paper Example: For a child born in February 2022, you must record both the month and year.

On what day, month and year was (NAME) born? PROBE: What is his/her birthday?			
DAY	<input type="text"/>	<input type="text"/>	
MONTH	<input type="text" value="0"/>	<input type="text" value="2"/>	
YEAR	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="2"/>

When a response has fewer digits than the number of boxes provided, you must fill in leading zeroes. For example, a response of '4' is recorded '04' in two boxes, or if three boxes had been provided, you would record '004'.

Recording the answer exactly as given. There are questions, such as occupation, where you must write down the response in the respondent's own words. Try to record those answers exactly as they are given; if you need to shorten a lengthy description, be careful to keep the meaning accurate, and if necessary, write a note on the bottom or side of the page to explain. In CAPI, you will select from a list of pre-defined occupation categories.

Paper Example:

135	आपका व्यवसाय क्या है, अर्थात् मुख्यतः आप किस प्रकार का काम करते हैं? What is your occupation, that is, what kind of work do you mainly do?	<p style="text-align: center;">Selling fruits in</p> <hr/> <p style="text-align: center;">the market</p> <hr/> <hr/>	<input type="text"/> <input type="text"/>
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3. Marking filters

Filters require you to look back to the answer to a previous question and then mark an 'X' in the appropriate box. (see Section D.2 for a description of filters) When using CAPI, these filters will be automatically applied for you.

Paper Example:

1018	CHECK 208 AND 215: LAST BIRTH SINCE 2021	CHECK REFERENCE PERIOD?? <input type="text"/>	NO BIRTHS <input type="checkbox"/>	→	1033
			LAST BIRTH BEFORE 2021 <input type="checkbox"/>	→	1033

C. Correcting Mistakes

When using a paper questionnaire-

When using a paper questionnaire, it is very important that you record all answers neatly. For precoded responses, be sure that you circle the code for the correct response carefully. For open ended responses, the reply should be written legibly so that it can be easily read. If you made a mistake in entering a respondent's answer or she changes her reply, be sure that you cross out the incorrect response and enter the right answer. Do not erase an answer. Just put two lines through the incorrect response.

Paper Example: Here is how to correct a mistake on a paper questionnaire:

1001	अब मैं आपसे किसी अन्य विषय के बारे में बातचीत करना चाहूंगी। क्या आपने कभी ऐसी बीमारी के बारे में सुना है जिसे एड्स कहते हैं? Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2
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Remember that if you are not careful to cross out mistakes neatly, it may not be possible to determine the correct answer when the data are entered later into the computer.

D. Following Instructions

Throughout the NFHS-6 questionnaire, instructions for the interviewer are printed in all CAPITAL LETTERS. When using a paper questionnaire, you should pay particular attention to the skip and filter instructions that appear throughout the questionnaire.

1. Skip instructions

It is very important not to ask a respondent any questions that are not relevant to his or her situation. For example, a woman who is not pregnant should not be asked for how many months she has been pregnant. In cases where a particular response makes subsequent questions irrelevant, an instruction is written in the paper questionnaire directing you to skip to the next appropriate question. It is important that you carefully follow skip instructions. When using CAPI, these skips will be automatically applied.

Paper Example: In Q. 318, notice that if you circled Code '1' you would skip to Q. 322. The question is about the methods of contraception the woman is currently using and is only asked of women who responded 'YES' to Q. 318.

318	क्या आप या आपका साथी इस समय गर्भधारण टालने या रोकने के लिए कुछ कर रही हैं या किसी तरीके का उपयोग कर रही हैं? Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES 1 → 322 NO 2
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2. Filters

To ensure the proper flow of the paper questionnaire, you will sometimes be directed to check a respondent's answer to an earlier question, indicate what the response was by marking a box, and then follow various skip instructions. Questions of this type are called "filters"; they are used to prevent a respondent from being asked irrelevant, and perhaps embarrassing or upsetting, questions.

For filter questions, it is important that you follow the instructions that ask you to check back to an earlier question. Do not rely on your memory. Remember that you do not need to ask the respondent the same question a second time. Check back and mark an 'X' in the appropriate box in the filter then follow the skip instructions. When using CAPI, these skips will be automatically applied.

Example:

604	CHECK 227: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input checked="" type="checkbox"/>	606
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V. HOUSEHOLD QUESTIONNAIRE

The purpose of the Household Questionnaire is to provide information on general characteristics of the population and their households. You will use it to identify women who are eligible to be interviewed with the Woman's Questionnaire, and men who are eligible to be interviewed with the Man's Questionnaire.

A. Identification of Household on the Cover Page

When using a paper questionnaire-

Before you go to a selected household, fill in the identification information in the box at the top of the cover page. The identification information is obtained from the sample household listing and will be given to you by your supervisor.

The following are key points in completing the identification section:

- Write the name of the place or locality in which you are working.
- Write the name of the head of the household that you are to interview.
- Record the PSU number and Household number in the boxes to the right of those lines.

You will fill in the rest of the cover page after you have conducted the interview. See the instructions in Section C (RETURN TO COVER PAGE) below.

When using CAPI, this information will be automatically filled in for you. Be sure to select the correct household before beginning the CAPI interview.

B. Completing the Household Questionnaire

To complete the Household Questionnaire, you will need to find a suitable respondent. Any adult member of the household who is capable of providing information needed to fill in the Household Questionnaire can serve as the respondent. If an adult is not available, do **not** interview a young child; instead, go on to the next household, and call back at the first household later.

Generally, you will ask a single individual in the household for the information you will need to complete the household questionnaire. However, as appropriate, you may need to consult other members of the household for specific information.

INFORMED CONSENT

After introducing yourself, you must seek the respondent's consent for participation in the survey. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent that his or her participation in the survey is completely voluntary and that he or she can refuse to answer any questions or stop the interview at any point.

When using a paper questionnaire, after reading the statement, **you** (not the respondent) must sign in the space provided to affirm that you have read the statement to the respondent.

If the respondent does not agree to be interviewed, circle '2', thank the respondent, and end the interview. Then write '5' (REFUSED) as the result on the cover sheet.

When using CAPI, read the consent statement and select the appropriate response code.

HOUSEHOLD SCHEDULE (Qs. 1-30)

Read the introductory sentence to inform the respondent that you are interested in getting information about all usual household members and any other persons who stayed in the household the night before the interview (visitors).

Column (1): LINE NUMBER

In Column (1), each row of the household schedule is assigned a unique number. This number is referred to as the 'Line Number'. It is used to identify the person listed on that row and to link all information collected later in the household and individual interviews to that person.

Column (2): USUAL RESIDENTS AND VISITORS

The first step in completing the household schedule is to request a list of all persons who usually live in the household and any visitors. To get a correct listing, you will have to know what we mean by a member of the household and what we mean by a visitor:

- Member of the household. A household may be one person or a group of persons who usually live and eat together. This is not the same as a family. A family includes only people who are related, but a household includes any people who live together, whether or not they are related. For example, three unrelated men who live and cook meals together would not be considered one family, but they would be considered to be members of the same household.
- Visitor. A visitor is someone who is not a usual member of the household but who stayed in the household the night before the day you are conducting the interview. If an individual stayed in the household the previous night, he or she should be listed on the Household Schedule.

Sometimes, it is not easy to know whom to include in the household and whom to leave out. Here are some examples:

- A woman lists her husband as head of the household, but he lives somewhere else. If he does not usually live in the household you are interviewing, and he did not sleep there the previous night, he should not be included in the listing. For example, if a woman is the household respondent and reports that her husband works in Pune and visits their home in Mumbai during the weekends, he should not be considered as a usual member and should be included in the household roster as a visitor but only if he stayed in the household the night before the interview. In such a situation, the husband should not be listed as head of household even if he stayed in the household the night before the interview. Any other usual member as reported by the household respondent should be listed as head of household.
- If the household respondent reports about a person who usually lives in this household but is temporarily away for some official duty or is visiting a relative, he/she should be recorded as a usual resident. Record '2' in Col 6 as he/she did not stay in the household the night before the interview.
- Sometimes, people eat in one household and sleep in another. Consider the person to be a member of the household where he or she sleeps.
- A person living alone is a household.

- A servant is a member of the household if he or she usually lives in the household.

Anyone included in the household listing has to be either a usual resident of that household—Column (5) is YES—or has to have spent the previous night in the household—Column (6) is YES.

When using a paper questionnaire, as your respondent lists the names, write them down, one in each row in Column (2) of the table, **beginning with the household head**. The person who is identified as the head of the household has to be someone who usually lives in the household. This person may be acknowledged as the head on the basis of age (older), sex (generally, but not necessarily, male), economic status (main provider), or some other reason. It is up to the respondent to define who heads the household. There generally should not be a problem with this. If the person responding to the household interview is not the head of household, then you may record this person on the second line.

If the last name is the same for several people, you can use abbreviations or ditto marks:

Example: 01 Arun Mehta
 02 Madhu "
 03 Raja "

After entering a name, the relationship of that person to the head of the household, the sex, residential status, and age should be recorded in Columns (3) through (9) **before** going on to record the name of the next person.

When using CAPI, follow the sequence as prompted. Be sure to enter two unique names for each household member. Ditto marks are not allowed in CAPI.

Column (3): RELATIONSHIP TO HEAD OF HOUSEHOLD

Record how the person listed is related to the head of the household. For a paper questionnaire, use the codes at the end of the household schedule. When using CAPI, select from the list. **If the respondent is not the head of the household, make sure that you record the relationship of each person to the household head, not the relationship to the respondent.**

Example: If the respondent is the wife of the head of the household and she says that Raja is her brother, then Raja should be coded as Code ‘09’ (BROTHER-IN-LAW OR SISTER-IN-LAW) not Code ‘08’ (BROTHER OR SISTER), because Raja is a brother-in-law of the head of the household.

If the head of the household is married to a woman who has a child from a previous marriage, that child’s relationship to the head of the household should be coded as Code ‘12’ (ADOPTED/FOSTER/STEPCHILD).

Column (4): SEX

Always confirm the sex of a person before recording it in Column (4) since there are many names that may be given to a male, a female, and a transgender person.

Columns (5) to (8): RESIDENCE

In Column 5, record information on the person’s usual residence. A usual member of the household may or may not have stayed in the household the night before the interview. However, a visitor must always have stayed in the household the night before the interview.

If after asking these residence questions you learn that the person does not usually live in the household—Column (5) is NO—and did not stay there the night before—Column (6) is also NO—

you will have to delete this person from the listing because he/she is neither a usual member nor a visitor. **When using a paper questionnaire**, after deleting the person, you must renumber the line numbers in Column (1) assigned to all of the persons listed in the household schedule after that person. You will also need to modify the line numbers in Columns (11), (11A), (12), (12A) and (13), and in the line number columns at the beginning of each page of the household schedule.

Paper Example: You had listed Naina as Line Number 04 and then learned that she does not usually live in the household and she did not sleep there the night before (for example, Naina could be a relative of the family who arrived in the morning to stay with the family for a couple of days and was present at home when the interview was being conducted). You would draw a line through the fourth row, cancelling Naina from the listing. Then you would have to **renumber** the subsequent Line Numbers in Column (1). Whenever you change Column (1), you should also make corrections to the Line Numbers in Columns (11), (11A), (12), (12A) and (13), and in the line number columns to the left of Column (13).

When using CAPI, you will be prompted to go back and list the next person in the household, either a usual resident or visitor. You will not be allowed to continue if both Columns (5) and (6) are NO.

In Column (7), record the place of last residence as per the codes/response categories given for (I) and mentioned at the end of the household roster. In Column (8) enter the number of years of continuous residence in the current place of residence. If less than 1 year, enter in months and if less than 1 month, record '00' in months. If a person is residing in the current place since birth, record '95'.

Example: If it is reported that a person is continuously residing in the current place of residence for the last 18 months (one and half years) then record in YEARS '01'.

Column (9): AGE

Record the age in completed years and refer to the codes given at the end of the household schedule. If the age of the household member is less than one-year record '00' and if the age is 95 years or more record the age as '95'.

If you have difficulty obtaining the ages of household members, use the methods described for Qs. 102 and 103 in the Woman's Questionnaire to probe for the correct age. You are to obtain each person's age in completed years, that is, the age at the time of the last birthday.

When you have written all the names, you want to be certain you have included everyone who should be listed before continuing with the rest of the questionnaire. **To do this, ask the three questions in 9A (at the end of the Household Schedule in the paper questionnaire).** If the answer to any is YES, add those persons' names to the list.

After completing Columns (2) through (6) and Column (9) for all household usual residents and any visitors, start with the person listed on Line 01 and move across the page, asking each appropriate question in Columns (7), (8), and (10) through (30). When you have completed the information for the person on Line 01, move to the person listed on Line 02, etc.

Column (10): CURRENT MARITAL STATUS (age 13 years and above)

Column (10) is concerned with the current marital status of respondents who are 13 years or older. Thus, you should not record an answer in Column (10) if the respondent is 12 years or younger.

- '1' if the person is married irrespective of whether the spouse lives in the same household
- '2' if the person is married but *gauna* has not been performed
- '3' if the person was married but his/her spouse is dead
- '4' if the person was married, but has legally obtained a divorce from his/her spouse
- '5' if the person is married, and his/her spouse is alive, but they are separated and do not live

- together as husband and wife
- ‘6’ if the person is married, but has been deserted by his/her spouse
- ‘7’ if the person has never been married
- ‘8’ if the person is in a live-in relationship

In general, record the marital status for each person as reported by the respondent. Probe only if there is some doubt. For example, if you are told that a 13-year-old girl is married, you should ask: “Has *gauna* been performed?”

Columns (11), (11A), (12), (12A), and (13): ELIGIBILITY

When using a paper questionnaire, look at Column (9) and:

- circle the Line Number in Column (11) for all women who are between 15 and 49 years of age (including those who are age 15 and those who are age 49).
- circle the Line Number in Column (12) for all men between 15 and 54 years of age (including those who are age 15 and those who are age 54).

These individuals are “eligible” respondents, and they qualify for an interview using the Individual Questionnaire. Remember, the individual respondent may be a usual resident of the household or only a visitor. If the household is not selected for male interview (not selected for the state module), Column (12) will be skipped.

Next, look at Column (9) again and:

- circle the Line Number in Column (11A) for all women who are age 15 years and above
- circle the Line Number in Column (12A) for all men who are age 15 years and above

These individuals qualify for blood pressure and blood glucose measurements. Remember, the individual may be a usual resident of the household or only a visitor. If the household is not selected for male interviews (not selected for state module), Column (12A) will be skipped.

Next, look at Column (9) again and:

circle the Line Number in Column (13) of any child who is 0-5 years of age. Children in this age range are eligible for anthropometric measurement and may be eligible for DBS collection for Hepatitis-B testing.

When using CAPI, the eligible individuals will be automatically selected for you.

Column (14): BIRTH REGISTRATION (age 0-4 years)

In this question we are seeking information about whether children age 0-4 years have a birth certificate. This is because prompt registration at birth is seen as an essential means of protecting a child's right to identity, as well as respect for other child rights. The lack of a birth certificate may prevent a child from receiving health care, nutritional supplements and social assistance, and from being enrolled in school.

We begin by asking if the child has a birth certificate (a baptismal certificate if not issued by a government authority cannot be considered a birth certificate). If the respondent says the child does not have a birth certificate, then ask if the child was registered with the civil authorities. Record ‘1’ if the child has a birth certificate; record ‘2’ if the child does not have a birth certificate but has been registered with the civil authorities; record ‘3’ if the child does not have a birth certificate and has not be registered; and record ‘8’ if the respondent does not know.

Columns (15) through (18): SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS
(age 0-17 years)

For all children who are younger than 18 years of age (0-17 years), we want to know whether their biological parents are listed in the Household Schedule. This information will be used to measure the prevalence of orphanhood and child fostering and to identify vulnerable children in the population. For everyone age 18 years and older, Columns (15) through (18) will be skipped.

In Column (15), ask whether the child's biological mother is alive. By "biological" we mean the biological mother, that is, the woman who gave birth to the child. Some people incorrectly consider other people's children whom they are raising as their own, especially children of their husband or sister, etc. You should be certain that the respondent understands that you are asking about the child's biological mother.

If the mother is still alive, ask the question in Column (16) to determine whether she lives in the household or is a visitor. If the mother does live in the household or is a visitor, ask who she is (she should be listed on the schedule if she lives in the household or is a visitor) and record her Line Number in Column (16). If the child's biological mother is still alive but does not live in the household and is not a visitor, record '00' in the boxes in Column (16). Column (16) will be blank only when the child's biological mother is no longer alive, or the respondent is not sure if the mother is alive.

Follow the same procedure for the child's biological father—Columns (17) and (18)—as you do for the biological mother.

When using a paper questionnaire, if sometime during the interview, after you have completed Columns (16) and (18), you find it necessary to cross someone off the Household Schedule and to renumber the Line Numbers, you must be sure to make changes in Columns (16) and (18) as appropriate.

Columns (19) and (20): PRESCHOOL (2-4 years)

If a person in the household schedule is 2-4 years of age, then ask whether he/she is currently attending any preschool. If yes in Column (19), then ask what type of preschool (PSE) he/she is attending in Column (20). Record the response as per the codes given at the end of the household schedule.

Columns (21) through (25): EDUCATION

Questions on education are not to be asked for people who are younger than five years old. For anyone under five years old, simply skip these columns. Columns (21) and (22) are asked of all those age 5 years and older. Also note that Columns (23) through (25) are to be asked only of those age 5-24 years.

The term "school" means formal schooling, which includes pre-primary, primary, secondary, and post-secondary schooling, and any other intermediate levels of schooling in the formal school system. This definition of school does not include Bible school or Koranic school or short courses like typing or sewing. However, it does include technical or vocational training beyond the primary school level, such as long-term courses in mechanics or secretarial work.

If the person has never attended school, you will leave Columns (22) through (25) blank. If the person has attended school, you will record the highest standard/year of school the person has completed successfully in the boxes in Column (22). The codes at the end of the household roster tell you what to do in special circumstances. In Column (21), if the respondent tells you that Kumari went to school but did not complete standard 1, enter '00' in Column (22). If the respondent does not know the relevant standard in Columns (22) or (24), enter '98'.

Example: A child who is currently in the third year of primary school would have completed standard 2 (she has not yet completed the third year). Record '02' in Column (22).

For persons who have completed high school or have higher education, you need to enter the total number of years of education completed. In NFHS-6 it is assumed that it takes 10 years to complete high school and 12 years to complete higher secondary. Thus, for those who are educated beyond the higher secondary level, add the additional number of years of education they have had to the number. Since there is great variation throughout the country in the number of years it takes to complete different higher education degrees, illustrative guidelines are provided below on the number of years that should be entered for some of the more common degrees. The guiding principle that should be used is to enter the minimum number of years needed to complete the degree even if the person takes longer than that to complete the degree. Also, if a person has done the same degree twice (two M.A.s for example), then just count the MA one time. Using this standardized procedure will avoid extensive probing.

Bachelor's degree	15 years (12+3)
Master's degree	17 years (12+3+2)
Engineering	16 years (12+4)
MBBS	17 years (12+5)
Polytechnic	13 years (10+3)
ITI	11 years (10+1)
Ph.D.	20 years (12+3+2+3)

Example: Sita is in the final year of BA. Enter '14' (12+2) in the boxes. Rajesh is studying in the second year of MBA after Engineering. The total completed years of education are calculated as 16 for Engineering + 1 year (first year of MBA, which he has completed) = 17.

For people age 5-24 years who have ever attended school, ask the question in Column (23). If a person has not attended school at all during the 2022-23 school year, record '2' and skip to Column (25), leaving Column (24) blank.

If the person has been in school or college at any time during the 2022-23 school/college year, even if he/she is not currently attending school/college, ask the question in Column (22). Record the standard the person is/was attending during 2022-23. You will ask the question in Column (25) only if the answer to Column (23) is 'NO'. Ask for the main reason the person is not attending school and record the answer using the codes at the bottom of the end of the household schedule.

Column (26): AADHAAR CARD/NUMBER

This question is asked for each household member listed in the roster to determine if they have an Aadhaar card or Aadhaar number.

Columns (27) and (28): TOBACCO/ALCOHOL (age 15 years and above)

The questions in Columns (27) and (28) are to be asked to the respondent for each household member age 15 years and above. Columns 27 and 28 are about the use of tobacco and alcohol, respectively by the household members. The question in Column (27) about tobacco use in any form includes use of tobacco that is not smoked, such as *khaini*, *paan masala*, *gutkha*, etc.

Columns (29) and (30): COVID-19 VACCINATION (age 18 or older)

Columns 29 and 30 are about the COVID-19 vaccination of the household members.

The questions in Columns (29) and (30) are to be asked to the respondent for each household member age 18 and above. This question is asked to determine whether each member listed in the roster has received two or more doses or only one dose or no dose of any COVID-19 vaccine such as Covaxin, Covishield, etc. If a person has received two or more doses of the vaccine, record '1' and go to Q 31 if no more members. If a person has received only one dose or no dose, record '2' or '3', respectively and ask next question. In Column 30, we ask to know the main reason for not taking the vaccination or taking only one dose such as fear of side effects, not knowing about the vaccine, cannot afford the cost of the

vaccine, the vaccine center not easily accessible, long waiting time, no trust on the vaccine, etc. Record the response as per the codes/response categories given under (H) at the bottom of the end of the household roster. You may require to probe a little to get main reason for not taking the vaccine.

CONTINUATION SHEET

When using a paper questionnaire-If you interview a household that has more than 11 members, mark the box at the end of the household schedule. Take a fresh Household Questionnaire, fill in all the information on the cover page, and write “CONTINUATION” on the top. Then on the second Household Questionnaire, in Column (1) change the line numbers 01 to 11 to 12 to 22 and so on. Make the same change in Columns (1), (11), (11A), (12), (12A) and (13) and then write the information for these household members. Return to the first Household Questionnaire to complete the interview.

In the case of CAPI, you can enter up to 50 household members in one household.

HOUSEHOLD CHARACTERISTICS (Qs. 31-92)

After asking the questions about each member of the household, you will ask Questions 31 through 92 about household environment, amenities, and possessions.

Q. 31: HOUSEHOLD SMOKING

This question is designed to measure the exposure of persons in the household to second-hand smoke. It will complement questions asked about tobacco use in the woman’s and man’s questionnaire.

Second-hand smoke refers to the smoke given off by the burning end of the tobacco product combined with that exhaled by the smoker. Exposure to second-hand smoke can cause lung cancer and heart disease in non-smokers. Second-hand smoke irritates the lungs and has been linked to more severe asthma and more frequent colds and lung infections in children.

Qs. 32-33A: TUBERCULOSIS

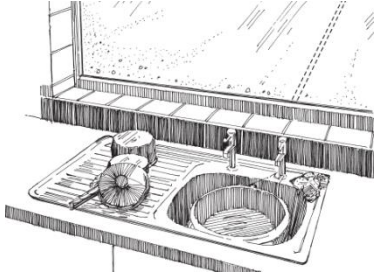
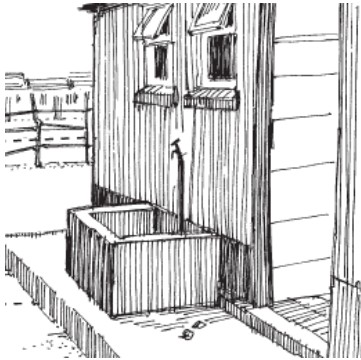
Q. 32 asks whether any usual resident in the household suffers from tuberculosis (TB). This does not include visitors, who are not usual residents in the household. Tuberculosis is an infectious disease which affects the lungs and other tissues of the body. Tuberculosis of the lungs, the most commonly known form of TB, is characterized by the coughing up of mucus and sputum, fever, weight loss, and chest pain. If any household member suffers from TB, record ‘1’ for YES, and continue to Q. 33.

In Q. 33, you will ask who suffers from TB, and record the line numbers of only those who suffer from TB. Probe to be sure that the respondent has listed all those suffering from TB. Once you have listed the line numbers of all those with TB, record ‘95’ in the boxes in the next row to indicate that there are no more people with TB. For each person suffering from TB, ask Q. 33A about medical treatment for the TB. The exact treatment does not matter but the treatment should have been medical in nature. Remember that you are asking this question about usual household members with TB, so the line number boxes should not include anyone who is a visitor.

Q. 34: HOUSEHOLD DRINKING WATER

The purpose of this question is to assess the cleanliness of the household drinking water by asking about the household’s main source of drinking water. If drinking water is obtained from several sources, probe to determine the source from which the household obtains the majority of its drinking water. If the source varies by season, record the main source used at the time of interview.

Definitions of Water Source Codes for Q. 34	
<u>Response Categories</u>	<u>Definition</u>
Piped into dwelling	Pipe connected with in-house plumbing to one or more taps, e.g., in the kitchen and bathroom. Sometimes called a house connection.
Piped to yard/plot	Pipe connected to a tap outside the house in the yard or plot. Sometimes called a yard connection.
Piped to neighbour	Pipe connected to a neighbour's dwelling, yard, or plot.
Public tap or standpipe	Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brickwork, masonry or concrete.
Tube well or borehole	A deep hole that has been driven, bored or drilled with the purpose of reaching ground water supplies. Water is delivered from a tubewell or borehole through a pump which may be human, animal, wind, electric, diesel or solar-powered.
Protected dug well	A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected.
Unprotected dug well	A dug well which is (1) unprotected from runoff water; (2) unprotected from bird droppings and animals; or (3) both.
Protected spring	A spring protected from runoff, bird droppings, and animals by a "spring box" which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.
Unprotected spring	A spring that is subject to runoff and/or bird droppings or animals. Unprotected springs typically do not have a "spring box".
Rainwater	Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank or cistern.
Tanker truck	Water is obtained from a provider who uses a truck to transport water into the community. Typically, the provider sells the water to households.
Cart with small tank	Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non-motorized (e.g., a bullock).
Surface water	Water located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels.
Bottled water	Water that is bottled and sold to the household in bottles.
Community RO plant	Reverse osmosis (RO) is a process for creating safe drinking water by forcing water under high pressure through a filter.
Other	Any other source not covered above should be specified in the space provided.

Pictorial Representations of Water Source with Definition	
<u>Response Categories</u>	<u>Definition</u>
Piped into dwelling	<p>Pipe connected with in-house plumbing to one or more taps, e.g. in the kitchen and bathroom. Sometimes called a house connection.</p> 
Piped to yard/plot	<p>Pipe connected to a tap outside the house in the yard or plot. Sometimes called a yard connection.</p> 
Piped to neighbour	<p>Pipe connected to neighbour's dwelling, yard or plot.</p>

Public tap or standpipe

Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brickwork, masonry or concrete.



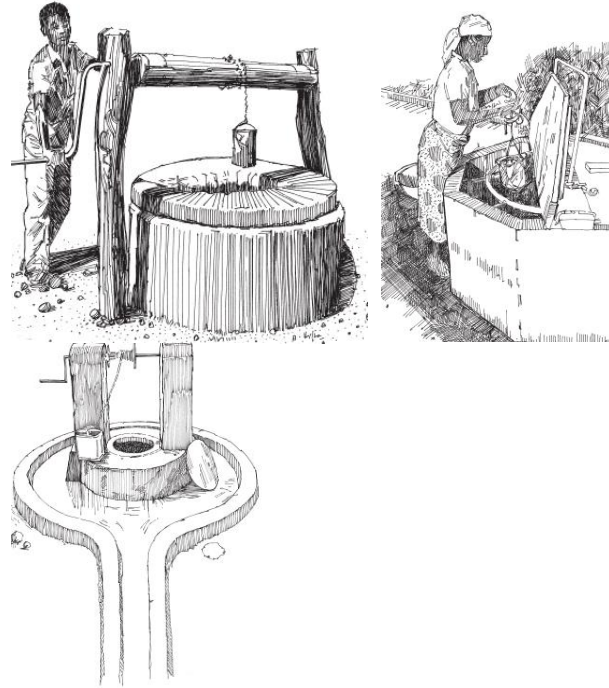
Tube well or borehole

A deep hole that has been driven, bored or drilled with the purpose of reaching ground water supplies. Water is delivered from a tube well or borehole through a pump which may be human, animal, wind, electric, diesel or solar-powered.



Protected dug well

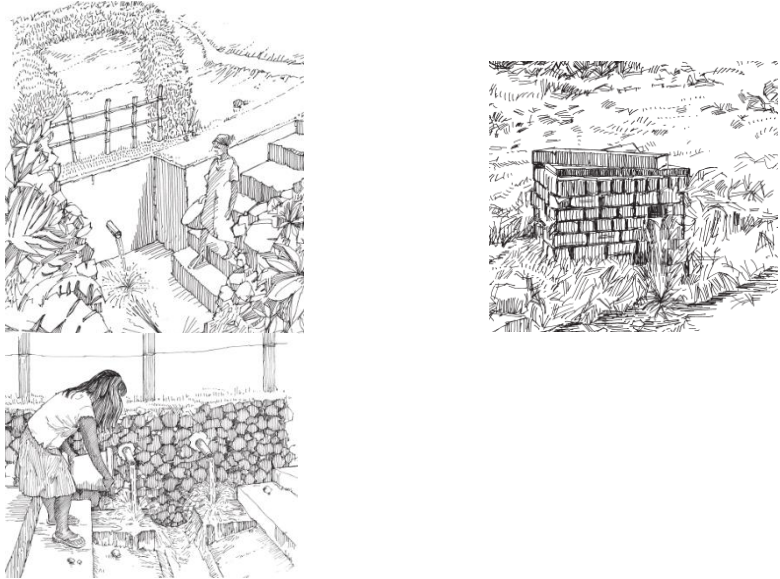
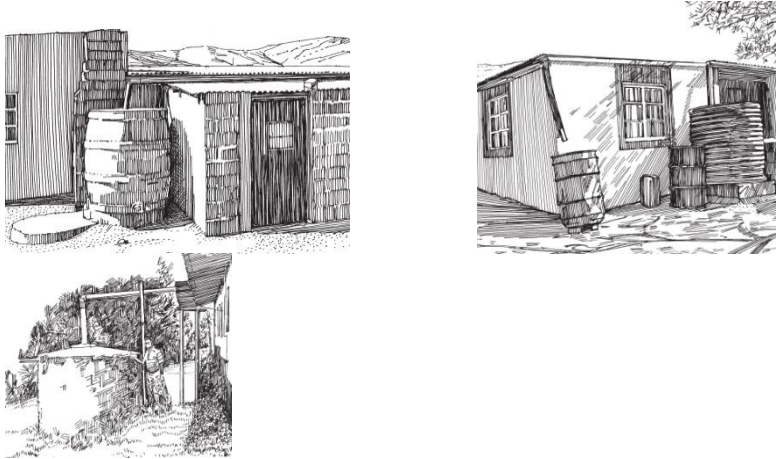
A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected.


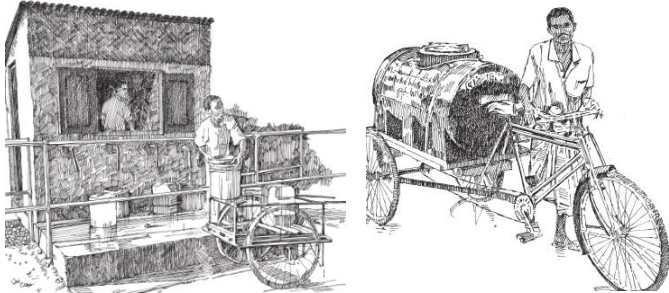



Unprotected dug well

A dug well which is (1) unprotected from runoff water; (2) unprotected from bird droppings and animals; or (3) both.



<p>Protected spring</p>	<p>A spring protected from runoff, bird droppings, and animals by a “spring box” which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.</p> 
<p>Unprotected spring</p>	<p>A spring that is subject to runoff and/or bird droppings or animals. Unprotected springs typically do not have a “spring box”.</p>
<p>Rainwater</p>	<p>Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank or cistern.</p> 

<p>Tanker truck</p>	<p>Water is obtained from a provider who uses a truck to transport water into the community. Typically, the provider sells the water to households.</p> 
<p>Cart with small tank</p>	<p>Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non-motorized (for example, a donkey).</p> 
<p>Surface water</p>	<p>Water located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels.</p> 
<p>Bottled water</p>	<p>Water that is bottled and sold to the household in bottles.</p>

Q. 35: LOCATION OF WATER SOURCE

Ask where the water source is located to determine if it is in the dwelling, yard/plot, or elsewhere. If the response to Q. 34 is TANKER TRUCK (Code '61'), CART WITH SMALL TANK (Code '71'), BOTTLED WATER (Code '91') or COMMUNITY RO PLANT (Code '92'), record ELSEWHERE (Code '3') in Q. 35.

Q. 36: TIME TO GET WATER

This question is not asked if the source of drinking water is located within the dwelling or yard/plot.

Include the time it takes to get to the source, wait to get water (if necessary), and get back to the house. Record the time it takes to get water by whatever means of transportation the person generally uses, whether the person walks or rides a bicycle or motor vehicle. If the respondent tells you that the water is delivered to their dwelling (a situation that could arise if the water comes from a tanker truck, a small cart with a tank, or is bottled), record '000'.

Convert answers given in hours to minutes. Put zeroes in front of the response if necessary; for example, "30 minutes" would be '030,' and "one hour and a half" would be '090'. If the source of water is on the property, for example a stream that runs through the yard, you would record ON PREMISES.

Q. 37: WHO FETCHES WATER

The purpose of this question is to know which household member(s) usually perform the task of fetching water. Knowing which member of the household usually hauls the water gives us an idea of whether gender and generational disparities exist with respect to water hauling responsibilities. If the respondent answers that there are several members of the household who perform this chore, emphasize that you are interested in the person who usually fetches the water (i.e., most of the time).

Code as "ADULT WOMAN/MAN" if the person who fetches the water is age 15 years or older.

Qs. 38 and 39: TREATMENT OF DRINKING WATER

The purpose of Qs. 38 and 39 is to know whether the household drinking water is treated within the household and if so, what type of treatment is used. The type of treatment used at the household level provides an indication of the quality of the drinking water used in the household.

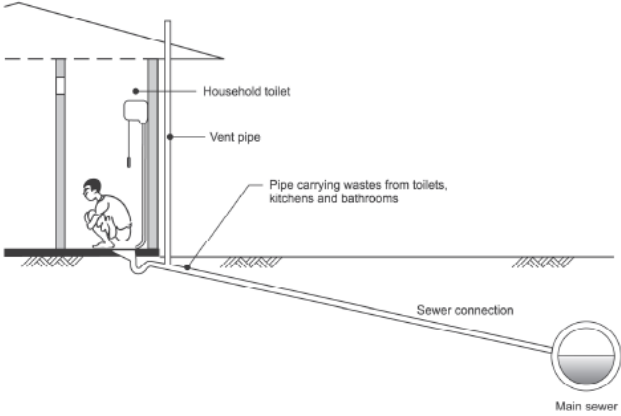
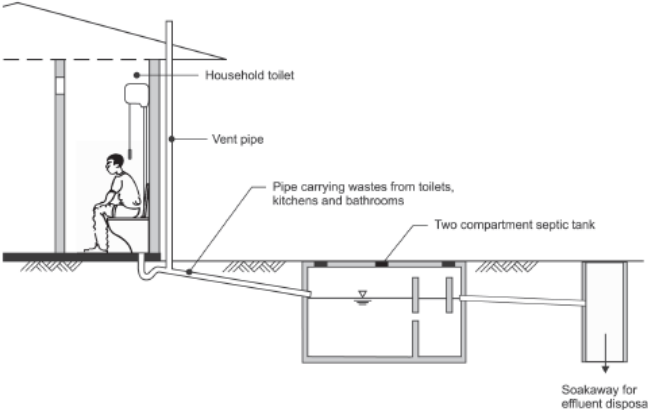
<u>Definitions of Water Treatment Codes in Q. 39</u>	
<u>Response Categories</u>	<u>Definition</u>
Boil	Boiling or heating of water.
Alum	Alum or potash alum is a substance that, when added to water, causes contaminants to settle to the bottom.
Add bleach/chlorine	Use of bleach or chlorine to treat drinking water. Chlorine may be in the form of liquid sodium hypochlorite, solid calcium hypochlorite, or bleaching powder.
Strain through a cloth	Pouring water through a cloth which acts as a filter for collecting particulates from the water.
Using a water filter (ceramic/sand/composite/etc.)	The water flows through media to remove particles and at least some microbes from water. Media used in filtering systems usually include ceramic, sand, and composite.
Electronic water purifier	A machine which runs on electricity and is used for purifying water.
Use solar disinfection	Solar water disinfection is a type of portable water purification that uses solar energy to make biologically-contaminated water safe to drink.
Let it stand and settle	Holding or storing water undisturbed and without mixing long enough for larger particles to settle to the bottom by gravity.

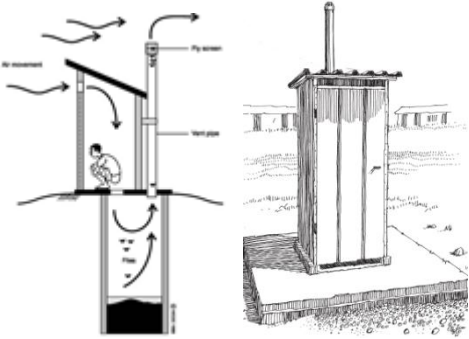
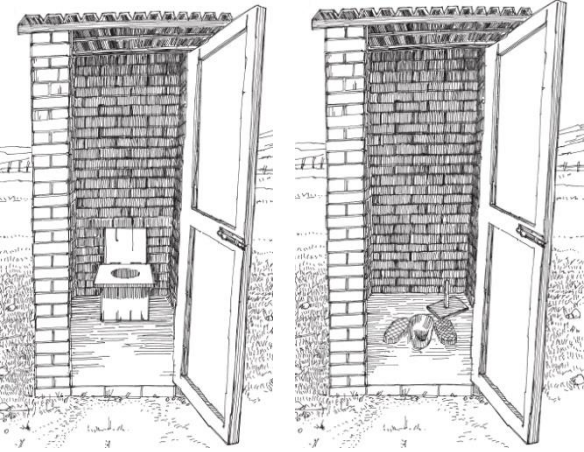
Qs. 40 and 41: TOILET FACILITIES

In Q. 40, we want to know if the household members have a toilet facility that they can use. If it is reported that they don't have access and use open space/field, then code 4.

The purpose of Q. 41 is to obtain a measure of the sanitation level of the household, since toilet facilities are important for disease control and health improvement. If the respondent answers in general terms such as "flush toilet," probe to determine where the toilet flushes to; likewise, if the respondent answers "latrine", probe to determine the type of latrine. Below are some definitions for the terms used in the codes for Q. 41.

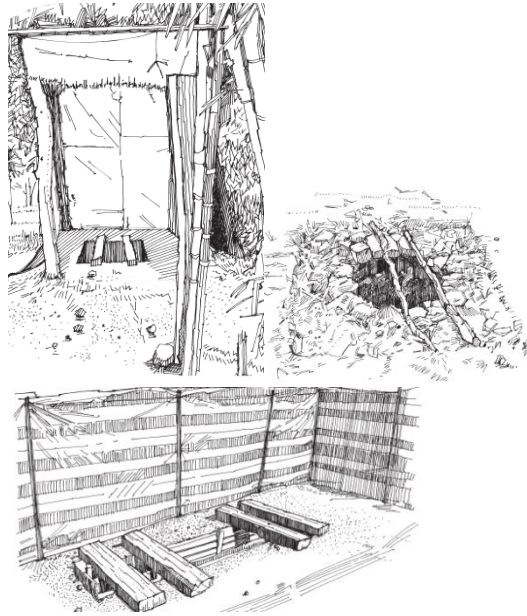
<u>Definitions of Toilet Facility Codes in Q. 41</u>	
<u>Response Categories</u>	<u>Definition</u>
Flush/pour flush toilet	A <u>flush</u> toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan that prevents the passage of flies and odours. A <u>pour flush</u> toilet uses a water seal, but unlike a flush toilet, a pour flush toilet uses water poured by hand for flushing (no cistern is used).
- to piped sewer system	A system of sewer pipes (also called sewerage) that is designed to collect human excreta (faeces and urine) and waste water and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and waste water.
- to septic tank	An excreta collection device consisting of a water-tight settling tank normally located underground, away from the house or toilet.
- to pit latrine	A system that flushes excreta to a hole in the ground.
- to somewhere else	A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g., excreta may be flushed to the street, yard/plot, drainage ditch or other location.
Pit latrine	Excreta are deposited without flushing directly into a hole in the ground.
- ventilated improved single pit latrine (VIP)/biogas latrine	A latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting and the inside of the superstructure is kept dark. If the door of the VIP superstructure is missing so that it is no longer dark inside the latrine, the facility should be classified as a pit latrine with slab, not a VIP latrine.
- single pit latrine with slab	A pit latrine whereby the pit is fully covered by a slab or platform that is fitted either with a squatting hole or seat. The slab or platform should be solid and can be made of any type of material (such as concrete, logs with earth or mud, or cement). The slab or platform should adequately cover the pit so that pit contents are not exposed other than through the squatting hole or seat.
- single pit latrine without slab/open pit	A latrine without a squatting slab, platform or seat. An open pit is a rudimentary hole in the ground where excreta is collected.
Twin pit/Composting toilet	A toilet into which excreta and carbon-rich material are combined (vegetable wastes, straw, grass, sawdust, ash) and special conditions are maintained to produce inoffensive compost.
Dry toilet	A place that is used for defecation and from which the faeces are regularly picked-up by a scavenger (usually found in old cities). Known as <i>kamau paikhana</i> in Hindi.

Pictorial Representations of Toilet Facility with Definition	
<i>Response Categories</i>	<i>Definition</i>
Flush/pour flush toilet	<p>A flush toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan that prevents the passage of flies and odors.</p> <p>A pour flush toilet uses a water seal, but unlike a flush toilet, a pour flush toilet uses water poured by hand for flushing (no cistern is used).</p>
- to piped sewer system	<p>A system of sewer pipes (also called sewerage) that is designed to collect human excreta (feces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater.</p>  <p>The diagram illustrates a cross-section of a house with a toilet. A vertical vent pipe extends from the roof. A horizontal pipe carries wastes from the toilet, kitchen, and bathroom to a sewer connection. This connection leads to a main sewer pipe shown in a circular cross-section below the ground level.</p>
- to septic tank	<p>An excreta collection device consisting of a water-tight settling tank normally located underground, away from the house or toilet.</p>  <p>The diagram shows a cross-section of a house with a toilet. A vertical vent pipe goes to the roof. A pipe carries wastes from the toilet, kitchen, and bathroom to a two-compartment septic tank located underground. The septic tank has two chambers. From the second chamber, a pipe leads to a soakaway for effluent disposal, which is a vertical pipe with perforations at the bottom.</p>
- to pit latrine	A system that flushes excreta to a hole in the ground.
- to somewhere else	A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g., excreta may be flushed to the street, yard/plot, drainage ditch or other location.

<p>Pit latrine</p>	<p>Excreta are deposited without flushing directly into a hole in the ground.</p>
<p>- ventilated improved pit latrine (VIP)</p>	<p>A dry pit latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting.</p>  <p>If the vent pipe is not covered by a gauze mesh or fly-proof netting, the facility should be classified as a pit latrine with slab not a VIP latrine. The inside of the VIP latrine is kept dark. If the door of the VIP superstructure is missing so that it is no longer dark inside the latrine, the facility should be classified as a pit latrine with slab, not a VIP latrine.</p>
<p>- pit latrine with slab</p>	<p>A dry pit latrine whereby the pit is fully covered by a slab or platform that is fitted either with a squatting hole or seat. The slab or platform should be solid and can be made of any type of material (such as concrete, logs with earth or mud, or cement). The slab or platform should adequately cover the pit so that pit contents are not exposed other than through the squatting hole or seat.</p> 

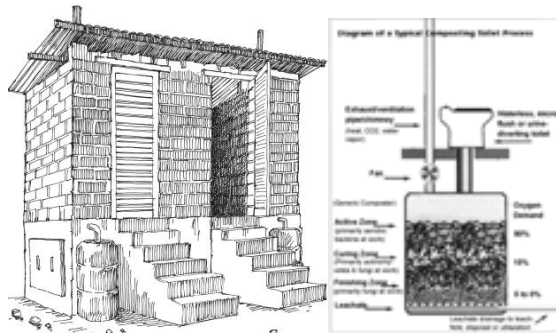
- pit latrine without slab/open pit

A latrine without a squatting slab, platform or seat. An open pit is a rudimentary hole in the ground where excreta is collected.



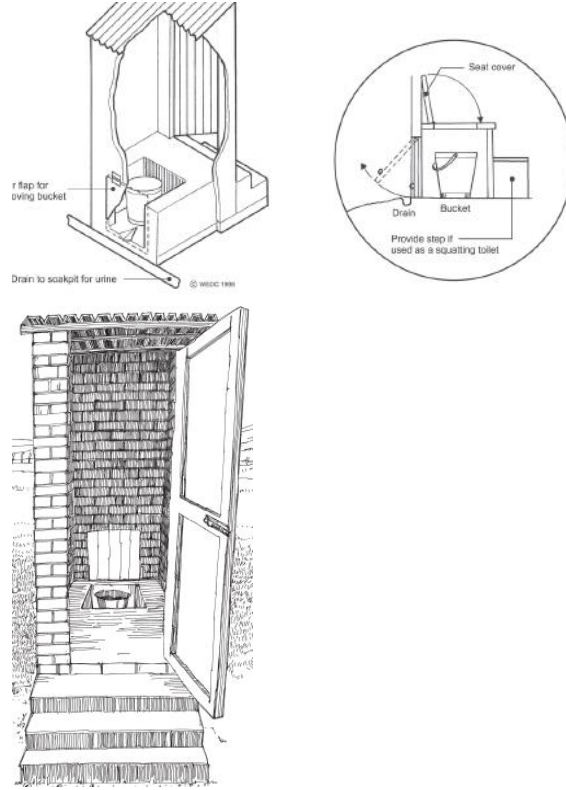
Composting toilet

A dry toilet into which excreta and carbon-rich material are combined (vegetable wastes, straw, grass, sawdust, ash) and special conditions maintained to produce inoffensive compost. A composting latrine may or may not have a urine separation device.



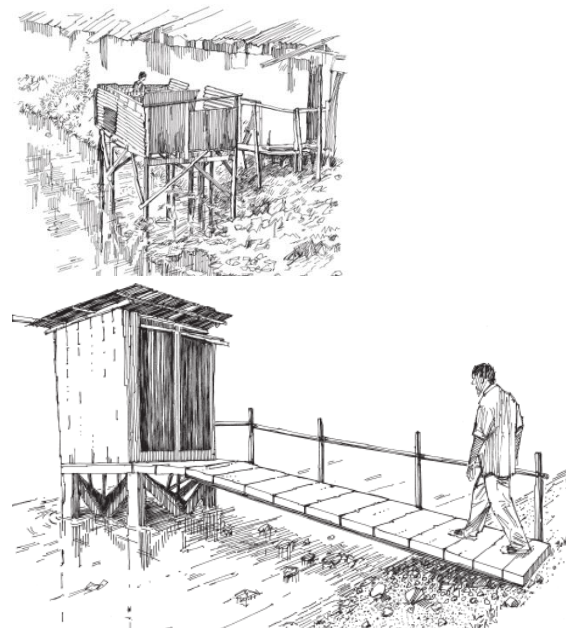
Bucket toilet

The use of a bucket or other container for the retention of feces (and sometimes urine and anal cleaning material), which is periodically removed for treatment, disposal or use as fertilizer.



Hanging toilet/Hanging Latrine

A toilet built over the sea, a river, or other body of water allowing excreta to drop directly into the water.



Q. 42: LOCATION OF THE TOILET FACILITY

The information related to the location of the toilet facility is collected only from those households that have reported that their households have toilet facility or using toilet facility. By location, we want to know the place where toilet facility is located such as in *own dwelling, in own yard/plot or elsewhere*.

43: SHARED TOILET FACILITIES

Q. 43 asks about whether the toilet facility is shared with other households. In Q. 43, we want to find out how many households, *including the respondent's household*, use the same facility. For example, if the respondent's household shares the toilet with one other household, record "02" in Q. 43. If they share it with two other households, record "03" in Q. 43. The number of households that share toilet facilities is an important measure of the level of hygiene.

Q. 44: DRAINAGE FACILITY

In this question, we want to know the type of drainage facility the household has– *Closed drainage (underground drainage), Open drainage, Drain to soak pit, No drainage*.

Q. 45: RELIGION OF HOUSEHOLD HEAD

The religion of the head of the household is asked in order to study the differentials in health and population across different religious groups. Do not try to guess the religion of the head of the household from the person's appearance or his/her name. Many names are common among different religions.

Q. 46: NAME OF CASTE OR TRIBE OF HOUSEHOLD HEAD

This question is asked to all the respondents irrespective of their religion. A sizeable proportion of Christians and Muslims, and persons of other religions may still have some affiliation, for example, if they were Hindus before converting to another religion. This information will be used as yet another measure of the socioeconomic background of the households.

If the respondent is someone other than the head of the household, make sure that he/she is giving the caste or tribe of the head of the household and not his/her own. The name of the caste or tribe to which the head of the household belongs as reported by the respondent should be recorded verbatim and the appropriate code recorded. If the head of the household is reported as belonging to both a caste and a tribe, record only the tribe's name. If the respondent says that the head of the household does not belong to any caste or tribe, record '993' for NO CASTE/TRIBE and skip to Q. 48.

Q. 47: SCHEDULED CASTE, SCHEDULED TRIBE OR OTHER BACKWARD CLASS (OBC) OF HOUSEHOLD HEAD

Record the correct code, according to whether the respondent tells you that the caste/tribe given in Q. 47 is a scheduled caste, a scheduled tribe, or an Other Backward Class (OBC), or that the head of the household does not belong to any of these disadvantaged groups.

Q. 48: HOUSEHOLD ITEMS

The answers to these questions on ownership of certain items will be used as a rough measure of the socioeconomic status of the household. Read out each item and record the answer given after each item. A response for each item must be recorded.

If the respondent reports that a household item such as a radio is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, record '1' for YES. Otherwise, record '2' for NO.

Q. 49: FUEL FOR COOKING

Information on the type of fuel used for cooking is collected as another measure of the socioeconomic status of the household. The use of some cooking fuels can also have adverse health consequences. Remember that this question asks about fuel for cooking, not fuel for heating or lighting. The category ‘biogas’ includes gases produced by fermenting manure in an enclosed pit.

If the household uses more than one fuel for cooking, find out the fuel used most often. If any fuel other than the precoded ones is reported as being the main fuel used for cooking, record ‘96’ and specify the type of fuel in the space provided.

Qs. 50, 53, and 54: PLACE WHERE FOOD IS COOKED

In Q. 50 we want to find out whether the food in the household is cooked on a stove, a *chullah*, or an open fire. The purpose of Q. 53 is to collect information on the location where food is prepared in the household: in the house, in a separate building, or outdoors. This information is important in providing an indicator of the air quality inside and around the dwelling. In Q. 54, information on whether the household has a separate room used as a kitchen provides additional information on the hygiene status of the household.

Qs. 51 and 52: VENTILATION

In these questions, we want to know about the availability of ventilation in the kitchen of the household, such as an open window, extra door, chimney, exhaust fan, etc.

Q. 55: DISPOSAL OF KITCHEN WASTE

In this question we want to capture information about disposal of kitchen waste in solid or liquid form. Code the appropriate response given about the kitchen waste disposal– *Let out into drain/sewer, Open drain, Closed drain, Reuse for garden or farming, Reuse for other domestic purpose*. Record all mentioned.

Q. 56: FLOOR MATERIAL

This is an observation and not a question to be asked since you will usually be able to see for yourself what kind of floor the house has. However, ask if you are not sure. If there is more than one kind of flooring material, record the main type of material (the material that covers the largest amount of floor space).

Q. 57: ROOF MATERIAL

As with the floor material, you will usually be able to see for yourself what kind of roof material the house has. However, observing the roof material may not always be easy or you may be able to observe part but not the whole roof. Ask the respondent if you are not sure or if you cannot observe the roof properly. If the household lives in an apartment building, look at the roof from a reasonable distance and ask the respondent if necessary. If there is more than one kind of roofing material, record the main type of material (the material that covers the largest amount of roof space).

Q. 58: WALL MATERIAL

As with the floor and roof materials, you will usually be able to see for yourself what kind of material the exterior walls are made of. However, ask the respondent if you are not sure. Again, if there is more than one kind of wall material, record the main type of material (the material that covers the largest amount of wall space).

Q. 59: NUMBER OF ROOMS FOR SLEEPING

Simply ask about the number of rooms that the household uses for sleeping. Include all the rooms where persons in the household sleep, even if those rooms are used for other purposes in the daytime (that is, they are not exclusively used for sleeping). If the household members usually sleep outside the house, you would record '00' for the number of rooms used for sleeping.

Qs. 60 and 61: OWNERSHIP OF HOUSE

These questions are asked to know if any household member owns any house irrespective of whether they are currently living in it or not. Also, from Q. 61 we are determining whether a male member or a female member or both own the house(s). The answers to these questions can help understand the extent of female empowerment/economic status.

Qs. 62-65: OWNERSHIP OF AGRICULTURAL LAND

Ownership of agricultural land is another important indicator of the socioeconomic status of the household. First ask Q. 62 to find out whether any member of the household owns any land that can be used for agriculture. The land does not have to be near to where the household lives. For example, a household living in the middle of a big city may own some agriculture land in a rural area. 'Agricultural land' here includes only land which is being used or can be used for agricultural purposes. Land used for grazing, brick kilns, etc. and waste or barren land that cannot be cultivated should not be considered as 'agricultural land'. If the household does not own any agricultural land, skip to Q. 66.

If the answer is YES, ask Q. 63 to record who owns the land. Then ask Q. 64 for the size of this land. The answer should be rounded to the first decimal place. For example, if the measure given is 3.75 acres, enter '003.8' in the boxes provided. If the household owns exactly 3 acres, enter '003.0'. If the response is not in acres, write the units in the space provided making sure to specify clearly the name (e.g., hectares, *bighas*, or *gunthas*) and if known, the conversion factor to acres. **When using a paper questionnaire**, the supervisor will later convert the answer into acres and enter the correct number into the boxes provided. In CAPI, the conversion must be done in the field after consultation with the team supervisor/FA personnel.

Ask Q. 65 to those who reported that their household owns agricultural land. Only agricultural land which is irrigated by one or more sources of irrigation such as a canal, pond/tank, well, tube well, or river is to be recorded here. Land which depends only on rain for irrigation is not to be included as irrigated land. If the respondent is unable to give the size in acres, then write on the line provided after the question the number in local units but be sure to specify the unit used. The units will be the same as in Q. 64. **When using a paper questionnaire**, the units should be specified. The supervisor will convert the measure in local units into acres in all such cases. In CAPI, the conversion must be done in the field after consultation with the team supervisor/FA personnel. If none of the land owned by the household is irrigated, then record '9995'.

Q. 66: OWNERSHIP OF LIVESTOCK, HERDS, POULTRY, OR OTHER FARM ANIMALS

Information on whether households own any livestock, herds, poultry, or other animals and how many they own is used as an additional indicator of the socioeconomic status of the household. Read out each item and be sure to record YES or NO for each item. The number of animals owned does not matter, only that one or more is owned by the household.

Q. 68 will be asked to the household respondent whether they are sharing their sleeping room with any domestic animals such as cows, bulls, buffaloes, camels, horses, donkeys, mules, and goats, etc. **Pets such as dog, cat and birds should not be considered.**

Q. 69: BANK ACCOUNT OR POST OFFICE ACCOUNT

Ask if any member in the household has an account with a bank, post office, credit association or other similar organization in which they can deposit and withdraw funds. Record the appropriate answer.

Qs. 70 and 71: Direct Benefit Transfer (DBT)

Direct Benefit Transfer (DBT) is the financial entitlement provided under any state or central government scheme which is transferred directly in the bank/post office savings account of one or more members of the household. Some of the DBT schemes are Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA), Prime Minister's Citizen Assistance & Relief in Emergency Situations Fund (PMCARES), *Mukhyamantri Krushi Udyog Yojana* (MKUY), and *Pradhan Mantri Vaya Vandana Yojana* (PMVVY).

Qs. 72 and 73: HEALTH SCHEME OR INSURANCE

With these questions we want to know if any usual household member (excluding visitors who are not usual residents) has health insurance coverage of any kind, whether it be through the government (central or state health schemes), through other employers, or individually bought. If yes, then in Q. 73 record all types of health scheme or health insurance the usual member(s) have.

Qs. 74 and 75: HEALTH FACILITY USE

The purpose of Q. 74 is to find out where the household members mainly seek treatment for an illness. The illness could be of any kind requiring treatment. If the respondent gives more than one answer, ask: "Where do members of your household go most often?" For those that do not use government facilities, ask Q. 75 for the reason why they don't use government facilities.

Q. 76: BPL CARD

The BPL card is a card given to households below the poverty line. However, this question needs to be asked in all households (even if they look relatively well off) because sometimes households have managed to obtain a BPL card even if they are not below the poverty line.

Qs. 77 and 78: POSSESSION OF MOSQUITO NETS

It is recognized that the consistent use of insecticide-treated mosquito nets (ITN) decreases the incidence of malaria and malaria-related deaths, especially in very young children. Consequently, many countries are now instituting programs that promote the use of ITNs.

Qs. 77-78 inquires about whether the household has any mosquito nets, and if yes, how many. It does not matter if the nets are actually used or even if they are set up. If they are in the household and could be used while sleeping, they should be counted. Note that 'cake covers' or baby nets that are used to keep flies off infants, usually during the daytime, are not considered mosquito nets. These nets cannot be treated with insecticide. Window screens are also not considered mosquito nets.

Qs. 79-85: COVID-19

What is COVID-19?

COVID-19 is the infectious disease caused by the most recently discovered corona virus. Corona viruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

Know how COVID-19 spreads?

- The virus is thought to spread mainly from **person-to-person**. Between people who are in close contact with one another (within about 6 feet).
- Through **respiratory droplets** produced when an infected person coughs, sneezes or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- **Fomite transmission:** Through touching a surface or object like doorknobs, light switches, desks, phones, keyboards, toilets, that has the virus on it and then touching own mouth, nose, or possibly their eyes.

What are the SYMPTOMS of COVID-19?

Most estimates of the incubation period for COVID-19 range from 1-14 days, most commonly around five days. Most people recover from the disease without needing special treatment. Older persons and persons with pre-existing medical conditions (such as heart disease, lung disease, or diabetes) appear to develop serious illness more often than others.

➤ **Most common symptoms:**

- fever.
- dry cough.
- tiredness.

➤ **Less common symptoms:**

- aches and pains.
- sore throat.
- nasal congestion
- diarrhea.
- runny nose
- headache.
- loss of taste or smell

➤ **Serious symptoms:**

- difficulty breathing or shortness of breath.
- chest pain or pressure.
- Loss of speech or movement.





How to Protect Yourself & Others from COVID-19?

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus:

- Wash your hands with soap and water regularly for at least 20 seconds.
- If soap and water is not available, use hand sanitizer with at least 60% alcohol.
- A distance of at least 6 feet's is necessary to ensure safety for all.
- Sneeze and cough either into your elbow, tissue paper/handkerchief. Throw used tissue paper/wash your handkerchief.
- Wear a face mask while going in public places (except for those who cannot remove it by their own).
- Clean and disinfect frequently touched surfaces daily like tables, doorknobs, light switches, desks, and phones.
- To prevent spread of COVID-19, home quarantine is necessary for people who came in contact with suspected or confirmed cases of COVID-19.
- Follow government guidelines from time to time and cooperate with health care providers.

Do's and Don'ts:

Do's 	Don'ts 
Stay protected, stay Safe	Don't panic, Don't rush, Don't overstock
Maintain physical distancing	Visiting crowded or public places, tourist trip
Wash hands before touching eyes, nose and mouth	Spit in public places
Face mask should be worn in public places	Shaking hands and hugging as a matter of greeting
People with fever, cough and difficulty breathing should seek medical attention	Have close contact with anyone, if you're experiencing cough and fever
Use AAROGYA SETU mobile application	Stigmatize against covid-19 patients and their families

"Prevention is better than Cure"

Ministry of AYUSH recommends the following self-care guidelines for preventive health measures and boosting immunity with special reference to respiratory health.

- Drink lukewarm water, golden milk (turmeric in hot milk), herbal tea (kadha made from tulsi).
- Daily practice of Yogasana, Pranayama and meditation for at least 30 minutes.
- Spices like Haldi (Turmeric), Jeera (Cumin), Dhaniya (Coriander) and Lahsun (Garlic) are recommended in cooking

COVID-19 PREVENTION MAJORS



Qs. 79-85

From these questions we wanted to gather information about COVID positive patients and how health facilities are accessible to them and their survival.

Q. 79 is asked to check whether any household member, including any deceased member tested positive for COVID-19. Select line number as '0' for one or more deceased household members. If no one tested positive, then skip to Q. 86. The laboratory tests for diagnosis of COVID-19 are RT-PCR and/or Rapid Antigen test done by collecting swabs from nose and throat. It is not important whether the test was done at a government facility or private facility.

For each member who tested positive, we ask Qs. 81 and 82. From Q. 81 we get to know whether the household member who tested positive received medical treatment for COVID-19 and if yes, the type of health facility from where the treatment was taken. To check the severity of the disease, ask Q. 82 from to know whether or not the household member was hospitalized for treatment of COVID-19. If response to Q. 82 is YES then ask Q. 83 to know about what kind of treatment was availed in the health facility. This question asks if the person required hospitalized care only or hospitalization with oxygen supplementation or required admission into Intensive Care Unit. Thus, from the responses we can assess the severity of the illness based on the treatment received.

Qs. 84 and 85 enquire about the out-of-pocket expenditure incurred on treatment and from where this expenditure was met. In Q. 84 the expenditure upto 6 digits can be entered into CAPI and expenditure more than 6 digits is to be recorded as 999995.

Qs. 86-88: HANDWASHING

These questions measure a key aspect of personal hygiene that has implications for the health of all household members but is especially important for children. In Q. 86, ask the respondent to show the place where members of the household wash their hands. If the location is observed, note whether or not water is available (Q. 87) and whether soap/detergent or other cleansing agent like ash/mud/sand is present (Q. 88).

Q. 89: TESTING SALT FOR IODINE

The purpose of this question is to assess whether the household uses salt that has been fortified with iodine in cooking. Fortified salt prevents iodine deficiency. Iodine is an important micronutrient and a lack of it may lead to an enlarged thyroid gland in the neck known as goitre or other thyroid-related health problems.

TESTING FOR PRESENCE OF POTASSIUM IODATE: Ask the respondent for a sample of cooking salt (a quantity of about one-half teaspoon). If the household uses more than one type of salt, make sure that the sample provided is the salt that the household uses for cooking. Fill the small white cup (provided with the test kit) with the salt and then spread the salt on a clean plate, piece of paper, or other clean flat surface. If you are using a new test kit for the first time, start by making a pin hole in the test-solution ampoule (white cap) and the retest-solution ampoule (red cap). To test the salt for the presence of iodate, first shake the vial of test solution in the clear ampoule and gently squeeze two drops of the liquid on the surface of the salt sample. If the salt has iodate, the wet salt should turn a violet/blue colour within one minute. Record '1' for IODINE PRESENT in Q. 89 and continue with the next question. If the light indoors is inadequate to detect a subtle colour change, it may be necessary to examine the salt sample outdoors.

If there is no colour change, you need to continue the testing procedure. Shake the vial of recheck solution in the red ampoule and gently squeeze five drops of the liquid on a fresh sample of salt. Immediately add two drops of test solution from the white ampoule on the same spot on the salt. If the salt turns a violet/blue colour, record '1' for IODINE PRESENT in Q. 89. If the colour does not change, test a new sample with the second test kit (potassium iodide).

TESTING FOR PRESENCE OF POTASSIUM IODIDE: Ask the respondent for a new sample of cooking salt (a quantity of about one-half teaspoon). Fill the small white cup (provided with the test kit) with the salt and then spread the salt on a clean plate, piece of paper, or other clean flat surface. If you are using a new test kit for the first time, start by making a pin hole in the test-solution ampoule. To test the salt for the presence of iodine, shake the vial of test solution and gently squeeze two drops of the liquid on the surface of the salt sample. If the salt is iodized, the wet salt should turn a violet/blue colour. Record '1' for IODINE PRESENT in Q. 89 and continue with the next question. If the light indoors is inadequate to detect a subtle colour change, it may be necessary to examine the salt sample outdoors.

If there is no colour change, you need to continue the testing procedure. Shake the vial of recheck solution in the red ampoule and gently squeeze five drops of the liquid on a fresh sample of salt. Immediately add two drops of test solution from the white ampoule on the same spot on the salt. If the salt turns a violet/blue colour, record '1' for IODINE PRESENT in Q. 89. If the colour does not change, record '2' for NO IODINE.

If the household does not have salt, record '3' for NO SALT IN HOUSEHOLD. If for some reason the salt was not tested, record '6' for SALT NOT TESTED. Record the reason for not testing the salt.

Q. 90: NATURAL DISASTER

Disasters are serious disruptions to the functioning of a community that exceed its capacity to cope using its own resources. Natural disaster is naturally occurring physical phenomena.

Q. 90 is asked to know if any damage was caused due to any natural disaster.

Qs. 91, 92, and 92A: SELF HELP GROUP (SHG)

SHG is an intermediary committee usually composed of 12-25 local people. It can be termed as self-governed group with similar socio-economic background and perform a purpose to improve their living conditions.

Ask Q. 91 to check whether any household member age 15 years and above is an active member of any SHG. If NO go to Q. 93.

Qs. 92 and 92A are asked to know how many household members age 15 years and above are currently enrolled in such a group and since when they are a member.

Qs. 93-102: DETAILS OF RECENT DEATH(S) IN HOUSEHOLD

Qs. 93 and 94 are asked to determine if any usual member of the household died during the past 3 years, i.e., since January 2020 and if YES, how many persons died. If NO usual member died since January 2020 then END THE INTERVIEW.

Qs. 95-102 are asked to gather details like name, sex, death registration with the civil authority, age at death, month/year of death and cause of death for each usual member who died.

Q. 100 is asked only if the person who died is a female and she died when she was 12 years or older. If NO, ask Q. 101. From this question we want know if it was a maternal death, i.e., she died during pregnancy, during childbirth, or within two months after the end of pregnancy or childbirth.

In Q. 101 ask if the death was due to an accident, violence, poisoning, drowning, disaster, homicide, or suicide. These are all considered to be unnatural causes of death.

Q. 102 is asked to know if the person died due to COVID-19 disease or it's related complications. Sometimes patient recovers from COVID and tested negative also, but still people die because they might not have recovered properly, or their body get some other infection which may cause death to the person.

SELECTION OF WOMAN FOR THE HOUSEHOLD RELATIONS SECTION

The Woman's Questionnaire is administered to all eligible women in the household. However, the 'Household Relations' section, which is administered to only one eligible woman per household. To select which woman is to be asked the questions in that section, you will have to randomly select one woman from among all the eligible women in the household. When using CAPI, this will automatically be done for you.

C. Return to Cover Page

When using a paper questionnaire, after you have finished filling out the Household Questionnaire, go back to the cover page of the Household Questionnaire. When using CAPI, save your progress and close the data collection program.

INTERVIEWER VISITS

When using a paper questionnaire - After you have contacted the household, you will need to write

in the result of your visit on the paper questionnaire. The spaces under 2 and 3 are for recording the results of any call backs that you may have to make if you cannot contact the household on your first visit. Remember, you must make at least three different visits to try to obtain an interview with a household.

RESULT CODES

The result of your final visit to a household is recorded in two places **on the paper questionnaire**—on the cover sheet of the Household Questionnaire and in Column (5) of the Interviewer’s Assignment Sheet. The results are stored in the CAPI as you record them. You will make every attempt to contact and interview the household, but sometimes it may happen that you make three visits to the household (at different times) and are unable to conduct the interview. In this case, you record the result of the third visit.

The following are descriptions of the various result codes:

- Code 1 Completed: Enter this code when you have completed the household interview.
- Code 2 No household member at home or no competent respondent at home at time of visit: This code is to be used in cases in which the dwelling is occupied, but no one is at home. If no one is at home when you visit, or if there is only a child at home or an adult member who is ill, deaf, or mentally incompetent, enter Code ‘2’ as the result of the visit. Try to find out from a neighbour or from the children when a competent adult will be present and include this information in the visit record.
- Code 3 Entire household absent for extended period of time: This code is to be used only in cases in which no one is at home and the neighbours say that no one will return for several days or weeks. In such cases, enter Code ‘3’ as the result of that visit. Since the neighbours may be mistaken, you should make callbacks to the household to check that no one has returned. In cases in which no one is at home and you cannot find out whether they are gone for a few hours or a few weeks, enter Code ‘2.’
- Code 4 Postponed: If you contact a household, but for some reason, it is not convenient for them to be interviewed, then schedule a callback interview and enter Code ‘4’ on the cover sheet as a result code for that visit. If there is some extreme circumstance such that the interview is never conducted, you would enter Code ‘4’ for the final result code.
- Code 5 Refused: The impression you make during your initial contacts with members of a household is very important. Be careful to introduce yourself and explain the purpose of the survey. Stress that the interview takes only a short amount of time and that the information will be confidential. If the individual with whom you first talk is unwilling to cooperate, ask to speak with another member of the household, such as the household head. Suggest that you can return at another time if it would be more convenient. If the individual still refuses to cooperate, enter Code ‘5’ and report the problem to your supervisor.
- Code 6 Dwelling vacant or address not a dwelling: In some cases, you may find that a structure number assigned to you is unoccupied, that is, it is empty with no furniture and is not being lived in. This is what we call “vacant,” and you should enter Code ‘6.’ Other times, you may find that a structure is not a residential unit. It is a shop, church, school, workshop, or some other type of facility that is not used as a living area. After making sure there are no residential units in back of or above the premises, enter Code ‘6’ as the result for the visit. Be sure to report the situation to your supervisor.
- Code 7 Dwelling destroyed: If the dwelling was burned down or was demolished in some other manner, enter Code ‘7.’

- Code 8 Dwelling not found: You should make a thorough search, asking people in the area whether they are familiar with the address or the name of the household head. If you are still unable to locate the structure, you should enter Code '8' as the result for the visit to that household and inform your supervisor.
- Code 9 Other: There may be times that you cannot interview a household and the above categories do not describe the reason. Examples of cases that would fit in the 'Other' category would be if the entire cluster is flooded and inaccessible or if the household is quarantined because of a disease.

FINAL VISIT

After you have paid your last visit to the household, you will fill in the boxes under FINAL VISIT. The date on which you completed the household interview is recorded in the DAY, MONTH, YEAR boxes. For example, the last day in March 2023 would be DAY 31, MONTH 03, YEAR 2023. Write your assigned interviewer number in the boxes labelled INT. NO.

When using a paper questionnaire, record the result for the final visit in the RESULT box. Add up the number of visits you made for the household interview and enter the total in the box labelled TOTAL NUMBER OF VISITS. The CAPI will record this information automatically for you.

TOTAL PERSONS IN HOUSEHOLD AND TOTAL ELIGIBLE WOMEN AND MEN

When using a paper questionnaire- After you have completed **the paper household interview**, you will record the total number of people listed in the schedule in the boxes labelled TOTAL PERSONS IN HOUSEHOLD. You will also record in the boxes labelled TOTAL ELIGIBLE WOMEN the total number of women in the household who are eligible for interview with the Woman's Questionnaire. If there are no eligible women, then write '00'. If the household is selected for the State Module, write the total number of eligible men in the boxes labelled TOTAL ELIGIBLE MEN. If the household is not selected for the State Module, leave these boxes blank. In the boxes labelled LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE, record the Line Number of the person who was your respondent.

MIDDLE OF COVER PAGE

When using a paper questionnaire, in the middle of the paper cover page, the supervisor will write his/her name and enter his/her identifier number.

PREPARE AN INDIVIDUAL QUESTIONNAIRE FOR EACH ELIGIBLE PERSON

When using a paper questionnaire - After completing a household interview, allocate a paper Individual Questionnaire for each eligible respondent identified in the household. You will fill in the identification information on the cover sheet of the Individual Questionnaire for each eligible respondent identified in the Household Schedule. For example, if after completing the household interview, you have found that there are three women age 15-49 and one-man age 15-54 eligible for the individual interview, you will take three Woman's Questionnaires and one Man's Questionnaire and fill in the identification information for each of the four respondents.

The identification information on the Individual Questionnaire is similar to the identification information on the Household Questionnaire. However, you must write the eligible respondent's name and his/her Line Number in the Household Schedule in Column (1). If an eligible respondent is immediately available, proceed to interview the person.

After completing the interviews with the eligible respondents, you will return the Household Questionnaire to your field supervisor with ALL of the completed Individual Questionnaires tucked inside.

When using CAPI, the list of eligible persons will be populated automatically.

VI. WOMAN'S QUESTIONNAIRE

The Woman's Questionnaire consists of 11 sections as follows:

Section 1:	Respondent's Background
Section 2:	Reproduction
Section 3A:	Marriage and Cohabitation
Section 3B:	Contraception
Section 4:	Pregnancy, Delivery, Postnatal Care, and Children's Nutrition
Section 5:	Child Immunizations and Health
Section 6:	Fertility Preferences
Section 7:	Other Health Issues (STATE MODULE ONLY)
Section 8:	Sexual Life (STATE MODULE ONLY)
Section 9:	Husband's Background and Woman's Work (STATE MODULE ONLY)
Section 10:	HIV/AIDS and Other Sexually Transmitted Infections (STATE MODULE ONLY)
Section 11:	Household Relations (STATE MODULE ONLY)

In addition, an event calendar where information about a respondent's births, ultrasound tests, and periods of contraceptive use is given at the back of the Woman's Questionnaire. The questionnaire also includes a page for field staff to record observations about the interview.

For households not selected for the State Module, the woman's interview will end with Section 6.

A. Cover Page

When using a paper questionnaire, after completing the household questionnaire, you should have prepared a questionnaire for each eligible woman by filling in the identification section on the cover page. As you begin to interview the woman, you should fill in the area labelled "Interviewer Visits." Here, you will record your own name, keep a record of your visits, and record the final date and result code. You will also be entering this information into your Interviewer's Assignment Sheet.

This step is not required when using CAPI.

B. Section 1: Respondent's Background

In the first section of the questionnaire, you will begin by obtaining the respondent's consent to the interview and then collect some general background information on the respondent.

INFORMED CONSENT

You must seek the respondent's consent for participation in the survey. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent that her participation in the survey is completely voluntary and that she can refuse to answer any question or stop the interview at any point.

When using a paper questionnaire, after reading the statement, **you** (not the respondent) must sign in the space provided to affirm that you have read the statement to the respondent.

If the woman does not agree to be interviewed, record '2', thank the respondent, and end the interview. Then record '4' (REFUSED) as the result on the cover sheet.

When using CAPI, read the consent statement and select the appropriate response code.

REQUEST FOR DOCUMENTS

Before you begin the individual interview, ask the respondent to collect any birth certificates, identity cards, and health/immunization cards that she has for herself and her children under age 5 years. To complete some sections of the questionnaire, you will need to examine these documents, so assure the respondent that you have plenty of time to wait while she looks for them.

Q. 101: TIME

When using a paper questionnaire, record the time of the day you start the woman’s interview using the 24-hour system. If the hour or minutes are less than 10, put a zero in the first box. The CAPI will record this information automatically.

Half past nine in the morning is:	HOUR.....	0	9
	MINUTES	3	0
Half past four in the afternoon is:	HOUR.....	1	6
	MINUTES	3	0

Q. 102: PLACE OF BIRTH

This question asks in which STATE of India the respondent was born. If the woman was born outside of INDIA, select category ‘96’ and continue to the next question.

Q. 103: LENGTH OF RESIDENCE

This question asks how long the respondent has been living in the place where she is being interviewed, i.e., the current city/town/village or neighbourhood where she resides. Here, “living continuously” means without having moved away. For example, if the respondent has been away from home only on visits, these periods should not count as having lived away. If respondent lived in another house located in the same city/town/village/neighbourhood for about 10 years and last year she moved to the current residence, then we should record 11 years.

If the respondent has always lived in her current place of residence (that is, she has never lived in any other place), record ‘95.’ If she is a visitor, record ‘96’ for VISITOR. If either ‘95’ or ‘96’ is recorded, the two code boxes for YEARS should be left blank.

If the respondent has lived in other places located not in the same city/town/village/neighbourhood, ask her to count how many years she has been living continuously in the current place of residence (how many years have passed since she moved to this place). Record the answer in completed years. Do not round up. If the answer is “three and one-half years,” write ‘03.’ If the answer is less than one year, write ‘00.’

Q. 104: FILTER FOR LENGTH OF RESIDENCE

Q. 105: MONTH AND YEAR OF MOVE TO CURRENT LOCALITY OF RESIDENCE

Ask the respondent in which month and year she moved to her current locality of residence. If the respondent knows the date of the move, write it in the appropriate boxes for MONTH and YEAR. You will need to convert the month into numbers. For this, January is ‘01,’ February is ‘02,’ March is ‘03,’ and so on. If she does not know the month of her move, select ‘98’ for DON’T KNOW MONTH and ask her for the year in which she moved to her current locality. If she knows the year, write it in the boxes for YEAR. If she does not know the year of her move, select ‘9998’ for DON’T KNOW YEAR.

Q. 106 and Q. 107: PRIOR RESIDENCE

Qs. 106 and 107 are about the place the respondent lived just before she moved to her current residence.

In Q. 106 we ask about the STATE the respondent lived in before she moved to her current residence. It's possible that she moved within the current STATE in which case her response will be the same state in which she is currently residing. If she moved to her current residence from outside INDIA, select '96' for OUTSIDE OF INDIA.

In Q. 107, we want to know which type of place (that is, city, town, or rural area) she was living in just before moving to her current place of residence.

Q. 108: REASON FOR MOVING TO CURRENT PLACE OF RESIDENCE

This question is asked to find out the main reason why the respondent moved to where she is currently living. The precoded reasons should be coded only if applicable to the respondent herself. If the family moved for any of these reasons and she moved only to remain together with other member(s) of her family, record MOVED WITH HOUSEHOLD.

WORK/EMPLOYMENT: Record code '1' if the respondent moved for a job or to search for work/employment. Note that military service should be coded under work/employment. If the respondent moved because of her husband's, parents', or other family member's work/employment and not her own, record '6' MOVED WITH HOUSEHOLD.

BUSINESS: Record code '2' if the respondent moved for a business. If the respondent moved because of her husband's, parents', or other family member's business and not her own, record '6' MOVED WITH HOUSEHOLD.

EDUCATION: Record code '3' if the respondent moved for an educational opportunity or training. If the respondent moved because of her husband's, parents', or other family member's education/training and not her own, record '6' MOVED WITH HOUSEHOLD.

MARRIAGE: Record code '4' if the respondent moved after her own marriage, regardless of whether it was a formal marriage or informal union (living together as if married). If the respondent moved because of the marriage of someone else in her family, record '6' MOVED WITH HOUSEHOLD.

MOVED AFTER BIRTH: Record code '5' if the respondent moved immediately after birth.

MOVED WITH HOUSEHOLD: Record code '6' if the respondent's main reason for moving was to remain together with her family or household or if she moved to reunite with her family.

OTHER: Record code '96' when respondent reports reasons not listed, such as conflict, violence, persecution, human rights violations, forced displacement, natural disasters, etc.

Q. 109: MONTH AND YEAR OF BIRTH

Qs. 109 and 110 must be asked independently of the information on the Household Questionnaire. Even if you already asked the respondent her age when you were completing the Household Questionnaire, you must ask again for her date of birth on the Woman's Questionnaire.

If the respondent knows her date of birth, write it in the appropriate boxes for MONTH and YEAR. You will need to convert the month into numbers. For this, January is '01', February is '02', March is '03', and so on. If she does not know her month of birth, record '98' for DON'T KNOW MONTH and ask her for the year of her birth. If she knows the year, write it in the boxes for YEAR. Try under all circumstances to obtain at least the year of birth.

If the respondent gives you the name of a Hindu or Islamic month, consult the conversion tables

provided. These tables guide you on which Hindu/Islamic month corresponds with which of the Gregorian months, as well as which Hindu festival falls in which month. If the respondent gives you the name of a Hindu festival, you will have to convert that into a Gregorian month and record the month of birth. Try under all circumstances to obtain at least the year of birth.

If the respondent is unable to provide this information, ask whether she has any documentation such as an identification card or school or birth certificate that might give her date of birth. Only when it is absolutely impossible to estimate the year of birth should you record '9998' for DON'T KNOW YEAR.

Q. 110: AGE

This is one of the most important questions in the interview, since almost all analysis of the survey data depends on the respondent's age. You must ask Q. 110 even if the woman provided her birth date in response to Q. 109. Age should be recorded in completed years.

If the respondent tells you her age, simply write it in the space provided.

If the respondent **does not know** her age, but reports a year of birth in Q. 109, then you should compute the age as follows:

- a. Birthday in the current year already celebrated. If the respondent has had a birthday in the current year, subtract the year of birth from the current year, that is, 2023.
- b. Birthday in the current year not yet celebrated. If the respondent has not yet had a birthday in the current year, subtract the year of birth from last year, that is, 2022.
- c. Woman does not know when birthday occurs. If the respondent does not keep track of the time within a year when her birthday falls, it is sufficient to subtract year of birth from the current year.

If the respondent **does not know** her age, and **year of birth is not reported** in Q. 109, you will have to probe to try to estimate the age. There are several ways to probe for age:

- a) Ask the respondent the age of her eldest living child and how old she was when that child was born. The addition of these two ages will provide the estimate of the respondent's current age.

Example: If a woman says she was 19 years old when her first child was born and that the child is now 12 years old, she is probably 31 years old.

- b) Ask the respondent for her age at marriage, age at consummation of marriage (age at *gauna*), the interval between *gauna* and first birth, and the age of the oldest child.

Example: If a woman was married at the age of 15, her *gauna* took place one year later, her first child was born three years after *gauna*, and the child is 18 years old now, she must be about 37 years old now [i.e., $15+1+3+18=37$].

- c) You might be able to relate her age to that of someone else in the household whose age is more reliably known.
- d) Try to determine how old the respondent was at the time of an important event such as a war, flood, earthquake, change in political regime, etc., and add her age at that time to the number of years that have passed since the event. Examples include: the assassination of Shrimati Indira Gandhi (1984), Babri Masjid demolition (1992), Kargil war (1999), Gujarat earthquake (2001), Tsunami (2004), etc. In such a case, add the respondent's age at that time to the number of years that have elapsed since the event.

- 2) The respondent does not know her age and probing did not help. If probing does not help in determining the respondent's age and the date of birth was not recorded in Q. 109, you will

have to estimate her age by using your best judgment. Remember, this is a last resort to be used only when all your efforts at probing have failed.

Checking Consistency of Birth Date and Age Responses

If the woman answers both Qs. 109 and 110, i.e., she gives both her birth date and her age, you must check that her answers are consistent. There are two methods for checking whether the age and year of birth are consistent: the **arithmetic method** and the **chart method**. A detailed description of each method follows. You may use either method to check the consistency of the birth date and the age information. When using CAPI, you cannot continue the interview until the age and date of birth are consistent.

Arithmetic Method

The arithmetic procedure requires that you first calculate the sum of the year of birth and the age. Use the margin of the questionnaire to do the necessary arithmetic. Then apply one of the following rules to determine if these responses are consistent.

(1) IF BOTH MONTH AND YEAR ARE RECORDED IN Q. 109

- If the month of birth is before the month of interview (that is, the respondent has already had a birthday this calendar year), then the age plus the year of birth should equal the year of interview (2023 for an interview conducted in 2023).
- If the month of birth is after the month of interview (that is, the respondent has not yet had a birthday this calendar year), then the age plus the year of birth should equal the previous year (2022 for an interview conducted in 2023).
- If the month of birth is the same as the month of interview, then a sum of either the year of interview or the previous year is acceptable.

If the sum is incorrect, then either the year of birth or the age (or both) are incorrect and must be corrected. If the sum is off by exactly one year, then it is also possible that the month of birth is incorrect, and the other information is accurate. In such cases, the age and the month and year of birth all need to be reviewed to see where the error lies.

Examples: A woman that you are interviewing in February 2023 tells you that she was born in January 1983 and is 40 years old. To check the consistency of this information, you would add 1983 to 40. If the information the respondent gave you is consistent, the sum should be 2023, since February comes after January.

If another woman you interview in March 2023 tells you that she was born in December 1986 and she is 36 years old, the sum should equal 2022 since she will not become a full year older until December (March is before December).

(2) IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 109.

Add the year of birth to the respondent's age and accept a sum of either 2022 or 2023.

Example: You are conducting the interview in April 2023. The woman says she was born in 1989, but she does not know the month. She may either be 34 years old (since $1989+34=2023$) or 33 years (since $1989+33=2022$). If the sum does not equal either 2022 or 2023, probe to find out whether the year of birth or age is incorrect.

Chart Method

You may use the Age/Birth-Date Consistency Chart (Figure 2 for interviews conducted in 2023) to check the consistency of the information the respondent provides. In using the chart, you will choose one of two approaches, depending on the type of information you have recorded in Q. 109.

(1) IF BOTH MONTH AND YEAR ARE RECORDED IN Q. 109.

Enter the chart at the age you recorded in Q. 110. If the month of birth is before the month of interview (she has already had her birthday this year), use the right-hand column to see what year of birth is consistent with that age. If the month of birth is after the month of interview (she has not yet had her birthday this year), use the left-hand column to see what year of birth is consistent with that age.

If the year of birth recorded in Q. 109 is not the same as the year of birth in the chart, then Qs. 109 and 110 are inconsistent and you will have to make a correction.

(2) IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 109.

Enter the chart at the age you recorded in Q. 110. The year of birth listed in either the left- or right-hand column is consistent with that age.

If the year of birth recorded in Q. 109 is not the same as one of the two years of birth recorded in the chart, then Qs. 109 and 110 are inconsistent and you will have to make a correction.

HOW TO CORRECT INCONSISTENT ANSWERS?

If the recorded birth date (Q. 109) does not agree with the age in Q. 110, you must correct the inconsistency. Do this by further probing and adjusting the age, the birth date, or both. It is important to understand that either or both of the two pieces of information may be incorrect. Do not always assume that an inconsistency means, for instance, that the date of birth was given correctly and that the age is incorrect. It could be that the birth date or age or both the age and the birth date are incorrect.

Remember, you **MUST** fill in an answer to Q. 110.

Finally, before moving on to the next question, verify that the respondent is indeed eligible. If the woman is younger than 15 years or 50 years or older you have to terminate the interview. Do this tactfully by asking two or three more questions and then thank the respondent for her cooperation. If using a paper questionnaire, record code 7 OTHER and write INELIGIBLE on the cover page of the questionnaire. If using CAPI, the interview will end here.

When this happens, you must also correct the age and eligibility information for this woman in Columns (9), (11), and (11A) on the Household Questionnaire. In addition, for paper questionnaires, you will have to correct the total number of eligible women reported on the cover page of the Household Questionnaire. Finally, if using paper questionnaires, you will need to correct your Interviewer's Assignment Sheet; cross out the woman's name on the assignment sheet and note in the observations that the woman was not eligible.

Note that you should correct the information on the woman's age in the paper Household Questionnaire only when it affects her eligibility status. Otherwise do not change the age response in the paper household questionnaire

FIGURE 2. AGE/BIRTH-DATE CONSISTENCY CHART FOR INTERVIEWS IN 2023

Current age	Year of birth	
	Has not had birthday in 2023	Has already had birthday in 2023
	Don't know	
0	2022	--
1	2021	2022
2	2020	2021
3	2019	2020
4	2018	2019
5	2017	2018
6	2016	2017
7	2015	2016
8	2014	2015
9	2013	2014
10	2012	2013
11	2011	2012
12	2010	2011
13	2009	2010
14	2008	2009
15	2007	2008
16	2006	2007
17	2005	2006
18	2004	2005
19	2003	2004
20	2002	2003
21	2001	2002
22	2000	2001
23	1999	2000
24	1998	1999
25	1997	1998
26	1996	1997
27	1995	1996
28	1994	1995
29	1993	1994

Current Age	Year of birth	
	Has not had birthday in 2023	Has already had birthday in 2023
	Don't know	
30	1992	1993
31	1991	1992
32	1990	1991
33	1989	1990
34	1988	1989
35	1987	1988
36	1986	1987
37	1985	1986
38	1984	1985
39	1983	1984
40	1982	1983
41	1981	1982
42	1980	1981
43	1979	1980
44	1978	1979
45	1977	1978
46	1976	1977
47	1975	1976
48	1974	1975
49	1973	1974
50	1972	1973
51	1971	1972
52	1970	1971
53	1969	1970
54	1968	1969
55	1967	1968
56	1966	1967
57	1965	1966
58	1964	1965
59	1963	1964

Q. 111: EVER ATTENDED SCHOOL

The term “school” means formal schooling, which includes primary, secondary, and post-secondary school, and any other intermediate levels of schooling in the formal school system. It includes technical or vocational training beyond the primary-school level, such as long-term courses in mechanics or secretarial work. However, this definition of school does not include Bible school or Koranic school or short courses like typing or sewing.

Q. 112: HIGHEST STANDARD COMPLETED

For this question, record only the number of the highest standard that the respondent successfully completed.

Examples: If a woman was attending standard 9 and left school before completing that year, record ‘08.’ Although standard 9 was the highest year she attended, she completed only standard 8.

If a woman attended only two weeks of standard 1 in primary school, record ‘00’ for completed years.

If a respondent says simply that she completed primary (or secondary), you must probe to find out the exact number of standards completed. For persons with education beyond the secondary school level, you will need to find out how many years they completed beyond secondary. You will then add the number of years completed beyond the secondary level to the number 12 to calculate the response to Q. 112. Note that in such cases we are using 12 years as the total number of years required to finish higher secondary. For respondents who report having education levels more than higher secondary, assume 12 years of schooling is completed and to get the total number of years of schooling add 12 to the number of completed years in college.

Example: If a woman says she stopped after completing two years of B.A., add 2 years to 12 years of school and enter ‘14’ in the boxes.

Q.113: FILTER FOR EDUCATION LEVEL

For a woman who has completed standard 9 or higher, do not ask Q. 114.

Q. 114: LITERACY

Based on your knowledge of the respondent, choose the card with the language in which the respondent is likely to be able to read if she is literate. Show the first sentence on the card to the respondent. Give the respondent enough time to read the sentence; do not rush her. Record whether the respondent was not able to read the sentence at all, was able to read only parts of the sentence, or was able to read the whole sentence. If the respondent asks for a sentence in another language and you were provided a card with sentences in that language, show the respondent the appropriate card. If there is no card with sentences in the language required, record ‘4’ and specify the language.

It is important to avoid the problem of having other respondents in the household overhear the sentence being read. Subsequent respondents in the household might be able to repeat the sentence when they are interviewed, even if they are unable to read. If there is a second eligible respondent in the household, show her the second sentence on the card. Show the third respondent the third sentence on the card, and the fourth respondent the fourth sentence. If there are more than four respondents, start again with the first sentence on the card.

Q.115: FILTER FOR LITERACY LEVEL

Q. 116: NEWSPAPER/MAGAZINE READING

The purpose of this question is to find out whether the respondent is exposed to influences outside her local community by means of reading newspapers or magazines. It does not matter what type of articles she reads, what language she reads in, or who buys the newspapers or magazines she reads. We should record YES if respondent reads newspaper. The question is simply about how often she reads them. Make sure that you read the entire question before accepting her answer.

Q. 117: RADIO LISTENING

It does not matter who owns the radio or what program(s) she listens to. The respondent must be listening to programming on the radio (not cassettes or CDs). We should record YES if the respondent listens to AM or FM radio. If there is any doubt as to whether the respondent listens to the radio almost every day, use your judgment. For example, if the respondent says, "I listen at least once a week, but during the planting season, I'm away and I don't listen at all," record AT LEAST ONCE IN A WEEK, since the respondent usually listens at least once a week.

Q. 118: TELEVISION WATCHING

As with Qs. 110 and 111, the purpose is to get an idea of how much exposure the respondent has to influences outside her place of residence. It does not matter who owns the television or what program she watches.

Q. 119: MOVIE VIEWING

We are interested in knowing how often the respondent is exposed to movies and cinema outside the home. If the respondent says that she watches movies only on video and never goes to the theatre or cinema hall, record '2' for NO. We want to know if the respondent usually goes out to see a movie at least once a month. Note that the time reference for this question is one month, whereas it is one week for Qs. 116, 117, and 118.

Qs. 120 and 121: MOBILE PHONE OWNERSHIP

Availability and use of mobile phones are very important. In these questions, we would like to know whether respondent has a mobile phone that she herself uses.

In Q. 120, ask the respondent if she owns a mobile phone. If the respondent says she has access to a mobile phone, but the phone does not belong to her, record NO and skip to Q. 122. If she says she owns a mobile telephone jointly with someone else, record YES.

In Q. 121, ask the respondent if the mobile phone she owns is a smart phone. A smart phone is a mobile phone that performs many of the functions of a computer, typically having a touchscreen surface, internet access, and an operating system capable of running software applications ("apps").

Q. 122: FINANCIAL TRANSACTIONS BY MOBILE PHONE

This question asks specifically about whether or not the respondent used a mobile phone (her own or someone else's) to make financial transactions in the last 12 months. Financial transactions include paying bills, paying back loans, depositing money, transferring money to another person, and receiving salary or payments. It does not matter with whom or through whom the transaction is made, whether through a bank or through a mobile money transfer system.

Q. 123: BANK ACCOUNT

In Q. 123 we want to know if the respondent has a sole or joint account in any bank or other type of savings institution. We are interested in whether the respondent has a bank account that she herself uses. Financial institutions include banks, credit unions, microfinance institutions, cooperatives, the post office, etc. It also includes having a debit card if it is in the respondent's own name. If the respondent has her own account or shares an account at a bank or other financial institution with someone else, record YES, as long as she uses the account. If the respondent has an account in her name, but does not use it, record NO. Do not include use of mobile money payment and transfer systems [such as M-Pesa, Paytm, Google Pay (GPay), etc.]. Do not include savings programs at the community level.

Q. 124: BANK ACCOUNT DEPOSITS OR WITHDRAWALS IN LAST 12 MONTHS

Q. 124 asks about any deposits (putting money in) or withdrawals (taking money out) made in the account(s) mentioned in Q. 123 by the respondent in the last 12 months. It is important that the deposits or withdrawals were made by the respondent herself. If the respondent made at least one deposit or withdrawal from the account in the last 12 months, select 'YES'. If the respondent did not put in or take out any money in the last 12 months, select 'NO'.

Qs. 125-127: INTERNET USE

The internet is a world-wide public computer network. Internet use includes accessing web pages, e-mail, instant messaging, applications (such as WhatsApp), and social media (such as Facebook, Instagram, and Twitter). Internet access can be via a fixed or mobile network, and can occur via desktop, laptop, and tablet computers, mobile phones, and other devices such as e-readers, smart televisions, and game machines.

Q. 125 asks the respondent if she has ever used the internet. Even if she has used the internet only one time, record '1' for YES. These questions ask about ever use, use in the last 12 months, and frequency of use in the last month. The type of device used to access the internet does not matter. It also does not matter if the internet use takes place in the household where the respondent is living or elsewhere.

Q. 128: RELIGION

The respondent's religion is asked in order to study the health, nutrition, and fertility differentials across different religious groups. The respondent's religion may not be the same as the religion of the household head. You must enter the respondent's answer. Do not try to guess her religion from her name or the way she dresses. Many names are common amongst different religions.

Q. 129: NAME OF CASTE OR TRIBE

This question is asked of all respondents regardless of their religion. A sizeable proportion of Christians and Muslims and persons of other religions may still have some caste/tribe affiliation with the caste/tribe they belonged to before they converted to these religions. This information will be used as yet another measure of the socioeconomic background of the individuals. We are interested in the caste or tribe of the respondent; this can be different from the caste or tribe of the household head.

If the respondent reports belonging to both a caste and a tribe, record only the tribe's name. If the respondent says that she does not belong to any caste or tribe, record '993' for NO CASTE/TRIBE and skip to Q. 201.

Q. 130: SCHEDULED CASTE, SCHEDULED TRIBE, OR OTHER BACKWARD CLASS (OBC)

If the respondent says that the caste or tribe mentioned in response to Q. 130 is not a scheduled caste or a scheduled tribe or an Other Backward Class (OBC), record '4'; otherwise, record the code corresponding to the respondent's answer. Note that not all tribes are scheduled tribes, so you have to ask the question to make sure.

C. Section 2: Reproduction

In this section, information is collected about the births that a woman has had during her life, her current pregnancy status, any pregnancies she had during the five-year period before the survey that did not end in a live birth, the timing of the start of her last menstrual period, and her knowledge of the monthly menstrual cycle. This is a particularly important section, and you need to be especially careful to obtain all the required information.

GENERAL NOTES ABOUT Qs. 201-210 AND Qs. 211-222

These two groups of questions collect information about all births that the woman has had (no matter who the father is). It is important that you understand which events to include. We want to record all of the respondent's natural (biological) births. You should record all children who were born alive (that is, who showed signs of life by crying, breathing, or moving) even if they survived only for a few minutes. We want to know about all the woman's births even if the child no longer stays in the household or if the child is no longer alive.

It is also important to understand which events should not be recorded. You must not record adopted or foster children or children of relatives who may be living in the households. You also should not include any of her husband's children to whom the respondent did not give birth herself. Finally, you must not record children who were born dead (stillbirths), miscarriages, or abortions.

Q. 201: EVER GIVEN BIRTH

This question serves two purposes: to introduce the section and to learn whether the respondent has ever given birth. Even if the woman tells you that she never gave birth (Q. 201 is NO), you must go on to ask Q. 206 since she may not have told you about children who died very young.

Q. 202: ANY CHILDREN LIVING WITH HER

Read the question slowly. The sons and daughters being considered are her OWN natural (biological) children who live with her in her household (which will usually be the household in which the interview is being held, except for women who are visitors).

Q. 203: NUMBER OF CHILDREN LIVING WITH HER

Fill in the number of sons and daughters who live with the respondent. If she has only sons living with her, write '00' in the boxes for daughters, and vice versa. Remember that we are only interested in the respondent's OWN natural (biological) children and not foster children, children of her husband by another woman, or children of a relative.

Note that it is never correct to record '00' in the boxes for both sons and daughters since women who have no children living at home should not be asked this question.

Qs. 204 and 205: ANY CHILDREN LIVING ELSEWHERE

These questions refer to the respondent's sons and daughters who are alive but not living with her. For example, they may be living with a relative, may be staying in a boarding school, may have been given up for adoption, or may be grown-up children who have left home. If she has only sons living elsewhere, write '00' in the boxes in Q. 205 for daughters, and vice versa. Make sure the respondent is not reporting dead children in this question.

Qs. 206 and 207: CHILDREN WHO DIED

These questions on children who have died are extremely important and are among the most difficult on which to obtain accurate data. Some respondents may fail to mention children who died very young,

so if a woman answers NO, it is important to probe by asking, “Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?” Some respondents may be reluctant to talk about this subject and may become sad or upset that you are asking such questions. Be sympathetic and tactful in such situations. Say that you know the subject is painful but that the information is important.

Q. 208: TOTAL BIRTHS

When using a paper questionnaire, add up the numbers in Qs. 203, 205, and 207 and enter the total in Qs. 208 and 209.

Q. 209: CHECKING TOTAL WITH RESPONDENT

When using a paper questionnaire, place the answer to Q. 208 in the blank in Q. 209 and then ask the respondent whether the total is correct. If she says NO, check the box NO and then check your addition, and return to Qs. 201-208 to check with the respondent whether you have obtained the information correctly. If using CAPI, read the question as prompted.

Example: Starting with Q. 203, you would ask, “You have two sons and one daughter living with you. Is that correct?” Do the same for Qs. 205 and 207 and then enter the correct sum in Qs. 208 and 209.

Once you have made sure the total number of births is correct, when using a paper questionnaire, draw two lines through the “NO” box (because it’s no longer true), and then mark the “YES” box and proceed with Q. 210.

BIRTH HISTORY TABLE: Qs. 211-222

In the birth history table (Figure 3), we want a complete list of all the births the respondent has had in the order in which they occurred, starting with her first birth.

Q. 211: REQUEST FOR BIRTH HISTORY

Begin the section by informing the respondent that we would like to record the names of all of her children, from all marriages and unions, whether or not they are still alive, from the first to the last. The only births we will not include are stillbirths.

When using a paper questionnaire, if at any time you find that the children are not listed in chronological order, do not erase the information. Instead, correct the birth order Line Numbers and draw arrows to indicate the correct order. When using CAPI you will be prompted to reorder the children.

Q. 212: CHILD’S NAME

Record the name of each child that the respondent mentions on a separate line in Q. 212, beginning with the first born and continuing until the last born (Figure 3). If the woman reports that she had a multiple birth (twins, triplets, etc.), record each of the children on a separate line.

Write the name that distinguishes that child from the others. For example, if there are two children, Ravi Kumar and Manoj Kumar, write “Ravi” and “Raj” not “R. Kumar” and “M.” If the baby never had a name, either because he/she is still very young or because he/she died very young, write “Baby” for the name. These names will be used in later questions when using CAPI. Record the name and sex of all the respondent’s births in chronological order before going to the next question.

Q. 213: CHILD'S SEX

Record the code for the sex of the child. Although you can often tell the sex from the name, check with the respondent by saying, for example, "and Malati is a girl?" Do not assume the sex of the child from the name.

Q. 214: SINGLE OR MULTIPLE BIRTHS

Once you have listed the names and sex of all of the respondent's births, record the status of each birth (SINGLE or MULTIPLE) in Q. 214.

After you have completed Qs. 212-214 for all births, you are ready to proceed with Qs. 215-222. Ask all the questions for one child before going on to the next child.

Q. 215: MONTH AND YEAR OF BIRTH

When collecting information on a child's birth date, always look at any documents you collected for the child at the beginning of the interview (e.g., birth certificate or immunization record) to see whether a date of birth was recorded. Before entering a date from these documents, however, check with the respondent to determine whether she believes the date is accurate. In some cases, the information on the document may be the date when the birth was recorded and not the date when the child was born. If the respondent gives you a year of birth but does not know the day or month of birth, probe to try to estimate the day and month.

Example: If she says her daughter was born in 2015, but she does not know which day or month, ask her whether she gave birth in the dry season or the monsoon season, whether she remembers if she was pregnant at Diwali time or at Holi, for example, or during some other significant event/season of the year to try to determine at least the month of birth. Convert months to numbers, as before. If you cannot even estimate a month, record '98' for MONTH. If you cannot get any information on the day of birth, record '98' for DAY. If the month of birth is reported in terms of Hindu or Islamic months, use the conversion tables to convert Hindu or Islamic months into Gregorian months.

If the respondent cannot recall the year when the birth occurred, you need to probe carefully. See if the respondent knows a firm birth date for any other child in the household and relate it to that.

Example: If she knows the second child was born in 2017 and the first child was just a year old at that time, record '2016' for the first child's year of birth.

You must enter a year for all children, even if it is just your best estimate.

Q. 216: SURVIVAL STATUS

Record the code for whether the child is still alive or not. If the child is dead, skip to Q. 220 (CAPI will automatically skip to Q. 220 if the child is not alive). If the child is alive, ask Q. 217. Remember that recalling the death of a child can be traumatic. Your demeanor should be sympathetic but professional.

Q. 217: AGE OF CHILD

The age of all living children should be recorded in completed years.

Example: A child who will become three years old next month should be recorded as '02' years today. A child less than one year old will be recorded as age '00' years.

Sometimes, a mother will not know the current age of her child. In this case, you may rephrase the question to, “How many years ago was Ravi born?” You can also use other available information such as relating Ravi’s age to the age of a child she does know.

Example: The mother may know that her youngest child was born one year ago, and that Ravi was around two years old at that time, in which case Ravi would be three years old now.

You MUST record an age for all children who are still alive.

CONSISTENCY CHECK: DATE OF BIRTH AND AGE

You are not finished with Q. 217 until you have checked the consistency between Qs. 215 and Q. 217. Check their consistency by using either the arithmetic or chart procedure:

Arithmetic procedure. Add the year of birth and the age. If the child has already had a birthday this year (month of birth is prior to month of interview), the sum should equal the year in which you are conducting the interview (2023 if you are conducting the interview in 2023). If the child has not had a birthday yet this year (month of birth is after month of interview, or the month of birth is the same as the month of interview and the day of birth is on or before the day of interview), the sum should be the year before the year of the interview (2022 if you are conducting the interview in 2023). If the child’s month of birth is the same as the month of interview, or if the month of birth is not known, the sum can be either the year of the interview or the previous year.

Age/Birth Date Consistency Chart. Locate the age on the chart for the year in which the interview is conducted (Figure 2). Check that the birth year is consistent with that age in the chart. Use the right-hand column if the month of birth is before the month of interview and the left-hand column if the month of birth is after the month of interview. If the month of birth is not known, or the month of birth is the same as the month of interview and the day of birth is not known, the year of birth must be the same as one of the two years of birth recorded in the chart.

Both these procedures are explained above in more detail after Qs. 109 and 110.

If year of birth date and age are not consistent, probe to get the correct information. Remember when probing, that either or both of the responses—age or birth date—may be wrong. In CAPI, you will not be allowed to proceed with the interview until this information is consistent.

Q. 218: CHILD LIVING WITH MOTHER

This question is important in determining the extent to which children live away from their natural (biological) mothers. If a child is away at boarding school or lives with other people on a permanent basis, record NO. If the child is away for a short while but usually lives with the mother, record YES.

Q. 219: HOUSEHOLD LINE NUMBER OF CHILD

In Q. 219, record the line number of the child from Column 1 of the household schedule. If the child is not living in the household, enter ‘00’. If the child is not listed in the household schedule, but the mother says that the child is in fact a usual resident or a visitor in the household, add the child to the household schedule.

Be careful in recording the line number from the household schedule since any errors will cause problems during data entry.

Note that Qs. 217, 218, and 219 are all skipped, i.e., the coding boxes should be empty, for each child who has died.

After completing Q. 219 for the first-born child, proceed to Q. 215 for the next birth. For all other births, you will skip to Q. 222 after filling in the information in Q. 219.

Q.220: AGE AT DEATH

When using a paper questionnaire, if you are following the skip pattern correctly, you will be asking this question only for children who have died (Q. 216 coded ‘2’).

For all children who have died, you must record an age at death in Q. 220, even if it is only a best estimate. Age at death information is recorded in days, months, or years, depending on the child’s age at the time of death. When using CAPI, you will record the number first and then the units.

- If the child was less than one month old at death, select ‘1’ and write the answer in DAYS.
- If the child was at least one month old but less than two years old when he or she died, select ‘2’ and write the answer in MONTHS.
- If the child was two years old or older when he or she died, select ‘3’ and write the answer in YEARS.

If the instruction in Q. 220 is followed correctly, you should **never** record **‘00’ months or ‘00’ or ‘01’ years**. If the respondent says that the child was one month old at death then probe to determine whether he/she was less than 30/31 days, or exactly 30/31 days or more. If less than 30/31 days, then ‘1’ should be selected and the exact number of days should be entered in the boxes for DAYS. If after probing, you find that the death occurred on the 34th day (more than one month) then select ‘2’ and enter ‘01’ MONTHS. If the death did occur on the 30th or 31st day, then also select ‘2’ and enter ‘01’ MONTHS. Here are some examples of how to record age at death:

"She was 3 years old when she died."	DAYS.....1		
	MONTHS.....2		
	YEARS.....③	0	3
"He was only six months old."	DAYS.....1		
	MONTHS.....②	0	6
	YEARS.....3		
"She died when she was 5 days old."	DAYS.....①	0	5
	MONTHS.....2		
	YEARS.....3		
"He was 4 and a half months old."	DAYS.....1		
	MONTHS.....②	0	4
	YEARS.....3		
"He was 2 weeks old when he passed away." After probing, you learn that the baby was actually 12 days old when he died.	DAYS.....①	1	2
	MONTHS.....2		
	YEARS.....3		
"She died on the same day she was born."	DAYS.....①	0	0
	MONTHS.....2		
	YEARS.....3		

Some points to remember in completing Q. 220:

- **Use completed units.** You should give the answer in completed units, i.e., if she says, “four and a half months,” record MONTHS ‘04’.
- **Convert answers given in weeks to days or months.**
 - If the answer is **less than four weeks**, probe to find out the **exact age at death in days**. For example, if the answer is “three weeks,” probe for the number of days. If the mother says 19 days, record DAYS ‘19’.
 - If the answer is **four weeks or more**, convert the answer to months. An answer of “seven weeks” would be recorded as MONTHS ‘01’.
- **Probe when the answer is “one year”.** We know that often mothers will round off their answer if a child died close to the first birthday, i.e., the mother is likely to respond “one year old” even if the child really was younger (e.g., 10 or 11 months) or older (e.g., 13 or 14 months) at the time of death. Therefore, anytime a woman responds, “one year” or “12 months” to this question, probe by asking, “How many months old was (NAME)?” or by asking the respondent whether the child had reached his first birthday before he died.

"She died when she was one year old." After probing, you may learn that the child was actually 13 months old.	DAYS1		
	MONTHS.....②	1	3
	YEARS3		

In responding to this question, a respondent may tell you that the baby was not alive when it was born. If she does, probe by saying, “Did the baby cry or show any sign of life when it was born?” If she says the baby was dead when it was born, cross out all entries for this child in the birth history table. Make sure to renumber the birth order numbers in Q. 212 when this occurs. Also correct the information recorded in Qs. 202-210 where necessary.

Q. 221: DEATH REGISTRATION

This question is asked to know if the death was registered with a civil authority.

Q. 222: PROBING THE INTERVAL BETWEEN BIRTHS

The purpose of this question is to make sure that we have not missed any of the respondent’s own births. For all births except the woman’s first born, you must ask the respondent whether there were any live births between the previous birth and the birth of that child. If the woman tells you there was no other birth, record NO in Q. 222. Then proceed with Q. 215 for the next birth (or with Q. 223 if you were asking Q. 222 for the last birth).

If the woman tells you that there was another birth, record YES in Q. 222. Then draw an arrow showing the birth’s proper location in the history, correct the birth order numbers in Q. 212 for that child and for all subsequent births in the history. As appropriate, also correct the information recorded in Qs. 202-210.

Paper Example: Initially a respondent tells you that she has had three births, Shyama, Maya and Ramesh. After recording all of the information for Qs. 212-221 for Maya as appropriate, you ask Q. 222: “Were there any other live births between the birth of Shyama and Maya,

including any children who died after birth?” The woman tells you there was a birth after Shyama and before Maya. Record YES in Q. 222 and add that birth to the end of the birth history.

Draw an arrow to show the location of the birth between Shyama and Maya. Correct the birth order number in Q. 212 for all births following Shyama, i.e., the birth order number for the baby entered at the end of the table should be changed to ‘02’, the birth order number for Maya will become ‘03’ and for Ramesh, ‘04’. You may also have to correct the information in Qs. 202-210 if the woman had not included the baby in her responses to those questions. Finally, before going on to Ramesh, ask Qs. 212-222 for the birth between Shyama and Maya.

Q. 223: PROBING THE INTERVAL SINCE LAST BIRTH

This question is similar to Q. 222 but is specifically designed to probe the time that has passed since the last birth.

Example: If Ravi is a respondent’s last birth, and he was born in 2021, ask, “Have you had any live births since the birth of Ravi?”

If there was no birth after Ravi, record NO in Q. 223. If the woman tells you there was a birth since Ravi, record YES in Q. 223 and add that birth to the end of the birth history. Then ask Qs. 212-222 for that birth. You may also have to correct the information in Qs. 202-210.

OTHER POINTS ABOUT THE BIRTH HISTORY TABLE

- 1) Recording of age at death, year of birth, and age of living children. For day and month of birth in Q. 215, it is permissible to record Code ‘98’ for DON’T KNOW as an answer. However, for year of birth (Q. 215), age of living children (Q. 217), and age at death (Q. 220), you must record an answer. It is very important to obtain information for these questions, so you must probe for this information and, if necessary, make your best estimate on the basis of the woman’s answers.
- 2) Recording of information on twins (or triplets, etc.). If there are any twins, record the information about each twin on a separate line. If the twins are the respondent’s last birth and if one twin is dead, record the living twin last. By doing this, you will be able to talk about the living twin first when you get to Section 4, which may be more comforting for the respondent.
- 3) Recording information on paper for more than 12 births. There are lines for 12 births in the table. If in an exceptional case you find a respondent with more than 12 births, write at the bottom of the table CONTINUED ON A SEPARATE QUESTIONNAIRE, STARTING WITH THE SECOND ROW. Write the word CONTINUATION and complete the identification information on the cover sheet of the second questionnaire. Then change the number ‘01’ on the birth history in the second questionnaire to a ‘13’ and so on. After you have recorded information in the birth history for the additional birth(s), return to the first paper questionnaire to complete the interview.
- 4) Correcting of reported sequence of births on paper. If you find that the respondent has reported a birth out of the correct order, draw an arrow indicating the position in the table where it belongs according to the date when it occurred, and correct the Line Numbers printed in Q. 212.
- 5) Checking birth interval. Check the dates of each birth. If any two children are reported born less than seven months apart, e.g., December 2018 and May 2019, probe and correct the dates. Either the December birth occurred earlier, or the May birth occurred later, or both.

Q. 224: PROBING THE INTERVAL BEFORE THE FIRST BIRTH

This question is similar to Q. 222 but is specifically designed to probe the time before the birth of the first child.

Q. 225: NUMBER OF BIRTHS IN 2018 OR LATER

Check Q. 215 and count how many births occurred in 2018 or later. You must include all births in 2018 or later, even if they later died. If the respondent did not have any births in 2018 or later, record '0' and skip to Q. 227. The CAPI program will calculate this number for you.

Q. 226: BIRTHS ON THE CALENDAR

When using a paper questionnaire- Each birth in January 2018 or later should be entered in the calendar which is included at the end of the Woman's Questionnaire. First place a 'B' in the month of birth and write the child's name to the left of the 'B' code. Then ask how many months of pregnancy the woman had completed when she gave birth. The respondent should be asked to report the number of months pregnant in completed months. Record 'P' in each of the preceding months according to the duration of the pregnancy. The number of 'P's must be one less than the number of months that the pregnancy lasted.

Paper Example: The respondent gave birth to one child, Sunita, in the period since January 2018. She reports that she had completed her eighth month of pregnancy when she gave birth to Sunita in November 2018 (9th month). Record a 'B' in the calendar in November 2018 and record 'P's in each of the preceding 8 completed months, i.e., in the months March through October 2018. Write 'Sunita' to the left of the month in which Sunita was born, i.e., November 2018.

More detailed instructions on how to complete the calendar are provided in Section O below.

Q. 227: CURRENT PREGNANCY STATUS

If the respondent does not know for certain whether or not she is pregnant, record '8' (UNSURE). If she is not pregnant or if she is unsure, skip to Q. 232.

Qs. 228-229: WEEKS OR MONTHS OF PREGNANCY AND ULTRASOUND TEST

Q. 228 is asked to record the duration of pregnancy which the respondent may report in weeks '1' or months '2'. Record the answer in completed weeks or months, putting a zero in the first box if she has completed nine or fewer weeks/months of pregnancy. You may need to check that the woman is responding in completed weeks/months. If the respondent mentions duration of pregnancy in weeks, multiply the number of weeks by 0.23 to convert to the number of months. Consider the whole number to get the number of completed months and record. CAPI will automatically convert weeks into months.

Example: If the woman answers that she is 'five months pregnant', ask "Are you in your 5th month of pregnancy, or have you completed your 5th month of pregnancy?" Record '04' if she responds she is in the fifth month of pregnancy and '05' if she has completed the fifth month.

When using a paper questionnaire, you also must record her pregnancy in the calendar. Write 'P' in the month of interview and for the preceding months of pregnancy. The total number of months recorded with 'P' for the current pregnancy will be the same as the number recorded in Q. 228, i.e., the number of completed months of pregnancy. When using CAPI, this information is recorded as you ask the relevant questions.

If the woman does not know how many weeks/months she has been pregnant, probe to get an estimate by asking, for example, about the date of her last menstrual period. You can also ask the woman

when she is expecting the baby to be born and work backwards from there.

For this pregnancy you must ask the respondent if, at any time during this pregnancy, she has had an ultrasound test (Q. 229). This could have been for any reason. If the respondent says yes, you must record 'Y' in Column (2) in the calendar in the box for the current month. If the respondent says no she did not have an ultrasound test at any time, then record 'N' in Column (2) in the current month.

Qs. 230 and 231: DESIRED TIMING OF PREGNANCY

If respondent answers YES for Q. 230, go to Q. 232. Otherwise, proceed to Q. 231.

Q. 232: PREGNANCIES NOT ENDING IN LIVE BIRTH

We want to know whether the respondent had any pregnancies that did not result in a live birth. To ensure that none are missed, the question specifically mentions the three ways a pregnancy can be terminated. If a pregnancy ended early and involuntarily, it was a miscarriage. If a woman voluntarily ended a pregnancy, it was an abortion. If a woman gave birth to a child that showed no signs of life, it was a stillbirth. If the respondent did not have any such pregnancies, i.e., Q. 232 is NO then skip to Q. 252.

Q. 233: DATE OF LAST PREGNANCY LOSS

If a respondent has had a pregnancy that did not end in a live birth, ask about when the most recent such pregnancy ended and record the month and year in the boxes. If the woman cannot remember the date, use probes similar to those discussed in Q. 215.

Qs. 234-236: TYPE OF PREGNANCY LOSS AND GESTATION LENGTH

This question is asked only of women who lost a pregnancy in January 2018 or later.

Q. 235 record if the lost pregnancy was a miscarriage or abortion or stillbirth. Also, fill in the calendar as per the instruction. In CAPI this will be done automatically.

There are two parts to Q. 236. First record how long the pregnancy lasted in months in the box provided in Q. 236. Then record information about the pregnancy in the calendar **if using a paper questionnaire**. The total number of months in which 'P' codes are recorded in the calendar should equal one less than the number of completed months pregnant at the time of termination recorded in Q. 236.

Example: Since 2018, a woman had only one pregnancy which ended in a stillbirth in May 2021 after she had completed seven months of pregnancy. Record '7' in Q. 236. Then place a 'S' in the paper calendar next to May 2021 and a 'P' in the calendar in each of the six months preceding May 2021, i.e., in each month in the calendar from November 2020 through April 2021.

If the woman responds in weeks, you will have to convert the answer to months. Multiply the response given in number of weeks by 0.23 to convert to the number of months. Consider the whole number to get the number of completed months and record.

Example: A woman tells you that her last pregnancy ended in a miscarriage in August 2022 after 14 completed weeks of pregnancy. Record '3' ($14 * 0.23 = 3.22$) in Q. 236. Then in the paper calendar, place a 'M' in August 2022, the month and year in which the pregnancy terminated, and a 'P' in each of the two preceding months that the woman was pregnant (i.e., June and July 2022).

Q. 237: ULTRASOUND TEST DURING LAST NON-LIVE BIRTH PREGNANCY

This is similar to Q. 229, but it refers to the last pregnancy that did not end in a live birth.

Q. 238: FILTER FOR ABORTION

If the last non-live birth pregnancy was an abortion, continue with Q. 239. If the pregnancy ended in a miscarriage or stillbirth, skip to Q. 248.

Q. 239: LOCATION OF THE ABORTION

Ask where the abortion took place. Remember that you are asking about the most recent non-live birth pregnancy that ended in an abortion since January 2018.

Q. 240: WHO PERFORMED THE ABORTION?

Ascertain the person who conducted the last abortion and record the appropriate code. If the respondent had consumed some herb/medicine on her own to abort the pregnancy (i.e., without the help of any health professional, *dai*, or family member/relative/friend), code '6' for SELF is to be recorded.

Q. 241: METHOD USED FOR THE ABORTION

An abortion can be performed in various ways, such as surgical, Manual Vacuum Aspiration (MVA) syringe, medicines (such as Combipack/Mifepristone/Misoprostol), etc. If the respondent is not sure what method was used, ask her whether surgery was done using an incision procedure or it was done through using a syringe (MVA), or it was done by using medicines. An abortion can also be performed through traditional methods such as herbal medicines, massages or other traditional methods that vary from region to region.

Q. 242: MAIN REASON FOR THE ABORTION

Probe the actual reason for aborting the pregnancy from the respondent and record the appropriate code. Requisite sensitivity should be shown in getting a response, especially for codes '5' and '6'.

Q. 243: ANY COMPLICATIONS DUE TO ABORTION

Ask if the respondent experienced any complications from the abortion. If not, skip to Q. 247.

Q. 244: TREATMENT FOR COMPLICATIONS

Ask if she sought any type of treatment for these complications. If not, skip to Q. 246.

Q. 245: SOURCE OF TREATMENT FOR COMPLICATIONS DUE TO ABORTION

Ask where she went for treatment. Note that all response categories skip to Q. 247 because Q. 246 is only asked of woman who did not seek treatment for the abortion related complication.

Q. 246: REASON FOR NOT SEEKING TREATMENT

Record all reasons for not seeking treatment.

Q247: FAMILY PLANNING COUNSELING

Formal counseling about family planning or delaying or avoiding another pregnancy post abortion may increase the likelihood of women using family planning to delay or avoid another pregnancy. Q. 247 asks if a healthcare provider, such as doctor, nurse, ANM, etc., formally counseled the woman about family planning or delaying or avoiding another pregnancy post abortion. If the woman says that a healthcare provider counseled her, record 'YES'.

Q. 248: OTHER PREGNANCY LOSSES SINCE JANUARY 2018

The respondent has told you about one pregnancy loss (the most recent) in Qs. 232-246. Now ask her whether she has had any other such pregnancies (miscarriage, abortion, or stillbirth) since January 2018.

Q. 249: ENTER LOST PREGNANCIES ON THE CALENDAR

Ask when the other lost pregnancy/pregnancies ended. Any pregnancy that ended in January 2018 or later and did not result in a live birth should be recorded in the calendar using the same procedure as in Qs. 235-237.

Q. 250: NON-LIVE BIRTH PREGNANCY PRIOR TO JANUARY 2018

This question refers to pregnancies that ended before 2018 that did not result in a live birth.

Example: A respondent had one non-live birth pregnancy that started in November 2017 but terminated three and a half months later in February 2018. In Q. 250, record ‘2’ for NO because the pregnancy did not end before January 2018.

For paper questionnaires, check that there is a calendar entry for this pregnancy. The entry should include only the months in which the woman was pregnant in 2017, i.e., a ‘T’ should have been entered in February 2018 and a ‘P’ in January 2018.

Q. 251: DATE OF TERMINATION OF LAST LOST PREGNANCY

Record the month and year in which the last pregnancy ending before January 2018 that did not result in a live birth. Follow the same procedure for converting months to a number, for example, ‘02’ for February. If the woman cannot remember the date, use the probes discussed in Q. 215.

Q. 252: START OF LAST MENSTRUAL PERIOD

The answers to this question will help to determine whether any of the respondents are actually menopausal or infecund because they have not had their periods in a long time. This is important in any study of fertility since menstruation is directly linked to pregnancy.

Record the respondent’s answer in the units that she uses.

Example: If she says, “three weeks ago,” record ‘2’ and record WEEKS AGO ‘03’. If she says, “Four days ago,” record ‘1’ and record DAYS AGO ‘04’.

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says, “About a week ago,” say, “Do you remember which day? Was it before or after the weekend?”

If she tells you she is in menopause or she has had a hysterectomy, record IN MENOPAUSE/HAS HAD HYSTERECTOMY. A woman who is too old to menstruate is described as being in menopause. If a woman is pregnant, record the start of last menstrual period (before she became pregnant) in number of days/weeks/months ago. A hysterectomy is an operation to remove the uterus. If she has not menstruated since the birth of her last child, record BEFORE LAST BIRTH. If she has never menstruated, record NEVER MENSTRUATED.

In some cases, the respondent may give you the date that her last menstrual period began. If that happens, write the date in the space provided on the questionnaire. Then calculate the length of time since that date and record it in the appropriate units. Note that it is not necessary to obtain a date. The space is provided only for cases in which the respondent gives you a date.

For women that report that they have had a hysterectomy, skip to Q. 256. Also, for women who say that they are in menopause, have never menstruated, or last menstruated before the last birth, skip to Q. 255.

Q. 253: FILTER FOR LAST MENSTRUAL PERIOD

For women that report that their last menstrual period was months or years ago, check if this time period is more than six months ago. If the woman reports any number of years, check the box for more than six months ago. If she had her last menstrual period ≤ 6 months ago, skip to Q. 259.

Q. 254: FILTER FOR CURRENTLY PREGNANT

For women who are currently pregnant, skip to Q. 259.

Q. 255: UNDERGONE A HYSTERECTOMY

A hysterectomy is a complete, surgical removal of the uterus or womb. Read the entire question because not all women will know the word hysterectomy. If the response is NO or DON'T KNOW, skip to Q. 259. If the woman says that she has had a hysterectomy, make sure that it was a hysterectomy and NOT a female sterilization operation since women sometimes are not clear on the difference.

Q. 256: TIMING OF HYSTERECTOMY

If the woman has had a hysterectomy, ask how many years ago it was performed.

Q. 257: LOCATION OF HYSTERECTOMY

Ask where the operation was performed.

Q. 258: REASON FOR HYSTERECTOMY

Ask why she had the operation. Record all reasons mentioned. Fibroids or cysts are abnormal growths within the uterus which can cause abnormal uterine bleeding. Uterine prolapse occurs when the pelvic floor muscles and ligaments stretch and weaken and no longer provide enough support for the uterus. As a result, the uterus slips down into or protrudes out of the vagina. Postpartum haemorrhage is excessive bleeding, either internal or external, after the delivery of a baby. A rupture is when the uterus tears during delivery.

Q. 259: CHECK FOR NEVER MENSTRUATED

Check Q. 259 to determine if the woman never menstruated. If she has never menstruated, skip to Q. 268.

Q. 260: CHECK AGE

Check Q. 110: If the woman is age 15-24 years, ask Q. 261; for older women skip to Q. 268.

Q. 261: AGE OF FIRST MENSTRUATION

Ask the woman how old she was when she had her first monthly period. Record the age in completed years.

Q. 262 AND 263: MENSTRUAL PROTECTION

Poor menstrual hygiene may pose risk of infections to women. In addition, women may face exclusion from education and social activities. Ask Q. 262 and record all methods and products the respondent generally uses to collect or absorb blood during her menstrual period. Ask Q. 263 and record all methods and products the respondent used to collect or absorb blood during her last menstrual period.

Options A, B, C, and D are considered to be safe methods of menstrual protection. If the women reports more than one method, skip of higher method should be followed. For example, if she reports using both reusable sanitary pad and cloth, follow skip of reusable sanitary pad.

Q. 264: SOURCE OF METHOD

Q. 264 asks about the scheme/source from where the woman received/bought the safe menstrual protection method or product. For example, if she reports using both disposable sanitary pads and tampons in Q. 263, then in Q. 264 ask about “disposable sanitary pads”.

Q. 265 and 266: BARRIERS IN OBTAINING METHOD

Women may face problems/barriers in obtaining methods or products of menstrual protection. In Q. 265, we are interested to know whether the respondent faced any problem/barrier in obtaining methods or products of menstrual protection. If she faced any problem/barrier, record “YES”. Q. 266 asks the problems/barriers faced by women in obtaining the methods or products of menstrual protection.

Q. 267 MENSTRUAL HYGIENE

In Q. 267, we are interested in knowing whether, during her last menstrual period, the respondent was able to wash and change in private in her own home. If she was away from her home during her last period, record ‘3’ AWAY FROM HOME DURING LAST MENSTRUAL PERIOD.

Qs. 268 and 269: KNOWLEDGE OF MONTHLY CYCLE

First, ask Q. 268 to see whether the woman thinks there are certain days during a woman’s monthly cycle when she is more likely to become pregnant. If she says there is no time that is more likely than another or she does not know, record the response and skip to Q. 301. If she says there is a time when a woman is more likely to become pregnant, record YES and ask Q. 269. Make sure to read the entire question mentioning each of the four possible times before recording her response.

D. Section 3A: Marriage and Cohabitation

Q. 301: CURRENT MARITAL STATUS

This question concerns the respondent’s current marital status at the time of the interview. If the respondent is currently married, record code ‘1’ and continue to Q. 302. If the respondent reports that she is married but *gauna* has not yet taken place, record code ‘2’ and skip to Q. 305. If the respondent is a widow or if she is legally divorced and she has not remarried, record WIDOWED or DIVORCED, as appropriate, and skip to Q. 307. If the respondent is married, and her husband is alive, but she is separated from him, record code ‘5’ and skip to Q. 307. If she has been deserted, that is, her husband has gone away and left her (she may or may not have any information on where her husband is currently or if he is alive or dead), record code ‘6’ for DESERTED and skip to Q. 307. If the respondent has never been married (record code ‘7’) or is in a live-in relationship (record code ‘8’) and skip to Q. 314.

Q. 302: WHERE HUSBAND LIVES

For a woman who is currently married, ask whether her husband is living her or whether he lives elsewhere. If the woman’s husband usually lives with her but is away temporarily, record ‘1’ LIVING WITH HER and skip to Q. 304. If the husband usually stays elsewhere, but visits the household occasionally, record ‘2’ STAYING ELSEWHERE.

Q. 303: DURATION OF SEPARATE LIVING ARRANGEMENTS

If the answer to Q. 302 is STAYING ELSEWHERE, record the duration for which the respondent and her husband have not been living together. If the duration is less than one year, that is, 11 months or less, record code '1' and enter the duration in the MONTHS boxes. If the duration is one year or more, record '2' and enter the duration in completed years in the YEARS boxes. Do not enter **both** MONTHS and YEARS. Note that we are not asking the respondent when her husband last visited her, but for how long they have not been living together. For example, if the respondent says that her husband visited her 6 months ago but has been living in the Gulf for three and a half years, you should record '2' and enter '03' in the boxes for years. You should not enter '06' in the month's boxes.

Q. 304: HUSBAND'S NAME AND LINE NUMBER

When using a paper questionnaire, write the name and line number of her husband based on the information in Columns (1) and (2) of the Household Schedule. When using CAPI, select the husband's name from the list. If the husband is not listed as a household member, enter line number as '00'.

Q. 305: OTHER WIVES

We are interested to know whether or not the respondent's husband has other wives – that is, other women he is married to or with whom he is living as if married. This does not include 'girlfriends' unless the husband is living together with the girlfriend as if married.

Q. 306: NUMBER OF CO-WIVES

The total number of wives in Q. 306 should include the respondent as well as any other wives.

Q. 307: MULTIPLE MARRIAGES

If a respondent has been married more than once, record '2' and skip to Q. 308A. If the woman has been married only once, record '1' and ask Q. 308.

Q. 308: MONTH AND YEAR OF MARRIAGE

This question is being asked only of women who have been married once. If the respondent knows the date, write it in the appropriate boxes for MONTH and YEAR. You will need to convert the month into numbers. For this, January is '01,' February is '02,' March is '03,' and so on. If she does not know the month of her marriage, record '98' for DON'T KNOW MONTH and ask her for the year. If she knows the year, write it in the boxes for YEAR. Try under all circumstances to obtain at least the year of marriage.

Q. 308A: MONTH AND YEAR OF FIRST MARRIAGE

This question is asked only of women who have been married more than once. With this question we want to find out the date of the respondent's first marriage, not the date of any later marriages. Follow the instructions for Q. 308.

Q. 309: AGE AT FIRST MARRIAGE

This question is being asked of women for whom no year of marriage was entered in Q. 308/308A despite your best efforts at probing. It is hoped that even if she is unable to tell you her marriage date, she will be able to give her age at the time of marriage. For a woman who has been married more than once, we want to find out her age at the time of her first marriage, not her age when she got married the second or any other time. As with other age questions, if she doesn't know, probe.

Q. 310: PRIMARY PERSON TO DECIDE PERSON TO MARRY

This question is being asked to find out who the primary person was to decide the person respondent should marry. If she herself decided or decided jointly with parents or others (options 1, 2, & 3), skip to Q.311. If someone else like parent or other family members decided (options 4, 5, & 6), ask Q. 310A.

Q. 310A:

This question is asked to check whether the marriage proposal was discussed with the respondent before she got married to this person.

Q.310B:

This question is asked to check whether the respondent agreed with the decision made.

Q. 311: FILTER FOR MARRIED, GAUNA NOT PERFORMED

Check Q. 301 to see if the woman is married but *gauna* has not been performed. If *gauna* has not been performed, skip to Q. 314. Otherwise continue with Q. 312.

Q. 312: MONTH AND YEAR STARTED LIVING WITH FIRST HUSBAND

Check Q. 307. If the respondent has been married only once, ask her for the MONTH and YEAR that she started living with her husband. If the respondent has been married more than once, ask her for the MONTH and YEAR that she started living with her first husband. Note that in this section we ask two different questions, one the date of marriage (Qs. 308/308A) and the other on the date of cohabitation (Q. 313), because for some women, the date of marriage and the date on which they started living with their husband may not be the same due to the practice of *gauna* or for any other reason.

If the respondent knows the date, write it in the appropriate boxes for MONTH and YEAR. If she does not know the month she started living with her (first) husband, record '98' for DON'T KNOW MONTH and ask her for the year. If she knows the year, write it in the boxes for YEAR. Try under all circumstances to obtain at least the year.

Q. 313: AGE FIRST STARTED LIVING WITH HUSBAND

Q. 313 asks how old the respondent was when she first started living with her husband for women who did not know the year in which they started living with their husbands. As with other age questions, if the respondent doesn't know, probe.

Qs. 314 and 315: GENERAL INSTRUCTIONS

These questions on sexual intercourse may be embarrassing for some respondents; therefore, ask them in a matter-of-fact voice and do not make the respondent feel embarrassed by your own interviewing behaviour. A common reaction for people who are embarrassed is to giggle or laugh. If you laugh in return or act as if you are embarrassed too, it will make the respondent think that the questions are not serious. Make sure you maintain a serious attitude.

You must make sure that you have complete privacy. Check that there is no one around or listening before asking these questions.

Q. 314: EVER HAD INTERCOURSE

This question is asked only of women who have never been married and women who are married but *gauna* has not been performed. Ask the respondent if she has ever had sexual intercourse. If she has not, skip to Q. 316.

Q. 315: AGE AT FIRST INTERCOURSE

Q. 315 is for women who have been married as well as for women who answer YES to Q. 314. For women who have been married, read the introduction which is in brackets before reading the question. For women who were asked Q. 315, just ask the question that is not in brackets. If the respondent says she does not know how old she was when she first had intercourse, probe by relating it to how old she was when she first got married or had her first child. However, when doing this probing, be certain not to assume that the first time she had sex was at the time of her first marriage. If she says her first time was when she started living with her (first) husband, record it as such by recording '95'.

Check to make sure that the age at first intercourse and the age at first birth (calculated by subtracting the woman's year of birth from the year of birth of the woman's first child) are consistent. The age at first intercourse should not be later than her age at first birth. If her reported age at first intercourse (Q. 315) is older than her age at first birth, there is a mistake in the year of birth of her first child, her own year of birth, or her age at first intercourse. Check to see which information is wrong and correct it. If she has never had intercourse, record code '00'.

E. Section 3B: Contraception

This section collects information relating to the knowledge and use of various contraceptive methods which a couple can use to avoid or delay pregnancy. Questions about the use of methods of contraception apply to all partners of respondents, whether or not the couple is currently living together or married. For example, if the respondent has been married more than once, it does not matter with which particular husband she may have used a method.

The topic of contraception and family planning may be considered a personal matter by a respondent, and she may feel embarrassed to talk about it. To overcome her embarrassment, you must show that you do not feel embarrassed or uncomfortable in any way. Ask these questions as if they were no different from any other questions in the questionnaire. If she is hesitant to answer any of these questions, reassure her that everything she says will be treated confidentially and that the same questions are being asked of women all over the country.

Q. 316: Contraceptive Table

The contraceptive table (Figure 4) is used to record the information that the respondent provides about her knowledge and use of specific contraceptive methods in response to Q. 316. This is how you should work through this table:

- 1) Read the introductory sentence at the top of the table.

Then, starting at the top of the list, ask "Have you ever heard of _____?" Record Code '1' if she knows the method and '2' if she does not know the method.

The respondent may not always understand what you are talking about when you describe a particular method. In such cases, repeat the description. If she still does not understand, you may need to explain the method in different words or in slightly greater detail.

**FIGURE 4
CONTRACEPTIVE TABLE**

SECTION 3B. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>अब मैं आपसे परिवार नियोजन के बारे में बात करना चाहूंगी - ऐसे बहुत से तरीके या साधन हैं जिन्हें दम्पति गर्भधारण टालने या रोकने के लिए इस्तेमाल कर सकते हैं। क्या आपने कभी (METHOD) के बारे में सुना है?</p> <p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?</p>		
01	<p>स्त्री नसबंदी PROBE: और अधिक बच्चों के जन्म को रोकने के लिए स्त्रियाँ ऑपरेशन करा सकती हैं। FEMALE STERILIZATION PROBE: Women can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>	
02	<p>पुरुष नसबंदी PROBE: और अधिक बच्चों के जन्म को रोकने के लिए पुरुष ऑपरेशन करा सकते हैं। MALE STERILIZATION PROBE: Men can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>	
03	<p>आड़ु या सी डी/पी पी आड़ु या सी डी PROBE: स्त्रियाँ डॉक्टर या नर्स से अपनी योनि में आड़ु या सी या लूप लगा सकती हैं। जो एक या अधिक वर्षों तक गर्भधारण को रोक सकता है। IUCD/PIIUCD PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more</p>	<p>YES 1 NO 2</p>	
04	<p>गर्भनिरोधक इंजेक्शन PROBE: स्त्रियाँ स्वास्थ्य प्रदायकता (डॉक्टर, नर्स इत्यादि) से इंजेक्शन लगा सकती हैं जो उन्हें एक या अधिक महीनों के लिए गर्भवती होने से रोक सकता है। INJECTABLES PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES 1 NO 2</p>	
05	<p>प्रत्यारोपण PROBE: एक डॉक्टर या नर्स द्वारा महिला की ऊपरी बांह में एक या एक से अधिक छोटी छड़ें रखी जा सकती हैं जो एक या अधिक वर्षों तक गर्भधारण को रोक सकती हैं। IMPLANTS PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES 1 NO 2</p>	
06	<p>दैनिक गर्भनिरोधक गोली PROBE: स्त्रियाँ गर्भधारण को टालने के लिए एक गोली प्रतिदिन या प्रत्येक सप्ताह ले सकती हैं। DAILY PILLS PROBE: Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES 1 NO 2</p>	
07	<p>साप्ताहिक गर्भनिरोधक गोली PROBE: स्त्रियाँ गर्भधारण को टालने के लिए एक गोली प्रतिदिन या प्रत्येक सप्ताह ले सकती हैं। WEEKLY PILLS PROBE: Women can take a pill once a week to avoid becoming pregnant.</p>	<p>YES 1 NO 2</p>	

SECTION 3B. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
08	<p>कंडोम या निरोध PROBE: पुरुष सभाग के पहले अपने लिंग पर रबड़ का आवरण लगा सकते हैं।</p> <p>CONDOM OR NIRODH PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES 1</p> <p>NO 2</p>	
09	<p>स्त्री कंडोम PROBE: स्त्री सभाग के पहले अपनी योनि में रबड़ का आवरण रखा सकती हैं।</p> <p>FEMALE CONDOM PROBE: Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES 1</p> <p>NO 2</p>	
10	<p>आपातकालीन गर्भनिरोधक PROBE: स्त्रियां गर्भधारण को टालने के लिए सभाग होने के बाद तीन दिन तक गर्भनिरोधक गोली ले सकती हैं।</p> <p>EMERGENCY CONTRACEPTION PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.</p>	<p>YES 1</p> <p>NO 2</p>	
11	<p>मानक दिन विधि PROBE: स्त्रियां रंगीन मनकों वाली डोरी का इस्तेमाल उन दिनों को जानने के लिए करती हैं जब वे गर्भवती हो सकती हैं। जिन दिनों वे गर्भवती हो सकती हैं, उन दिनों में वे कंडोम [निरोध] का इस्तेमाल करती हैं या सभाग नहीं करती हैं।</p> <p>STANDARD DAYS METHOD PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.</p>	<p>YES 1</p> <p>NO 2</p>	
12	<p>लैक्टेशनल अमेनोरिया विधि [LAM] PROBE: मासिक धर्म की अवधि वापस आने से पहले, प्रसव के छह महीने तक, एक स्त्री दिन और रात को लगातार स्तनपान कराने की विधि का उपयोग करती है।</p> <p>LACTATIONAL AMENORRHOEA METHOD (LAM) PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.</p>	<p>YES 1</p> <p>NO 2</p>	
13	<p>सुरक्षित काल पद्धति PROBE: पन्धेक महीने में जब स्त्री लैंगिक रूप से सक्रिय रहती है तब महीने के जिन दिनों में उसके गर्भवती होने की अन्याधिक संभावना रहती है उन दिनों में सभाग न करके वह गर्भधारण को टाल सकती है।</p> <p>RHYTHM METHOD PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.</p>	<p>YES 1</p> <p>NO 2</p>	
14	<p>अधःपतन या निरोधक विधि PROBE: पुरुष चरमोत्कर्ष (बीज आने) के पहले सावधानी पूर्वक लिंग को बाहर निकाल लेता है।</p> <p>WITHDRAWAL PROBE: Men can be careful and pull out before climax.</p>	<p>YES 1</p> <p>NO 2</p>	
15	<p>क्या आपने किसी अन्य तरीकों या साधनों के बारे में सुना है जिनका उपयोग स्त्रियां या पुरुष गर्भधारण को टालने के लिए कर सकते हैं?</p> <p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES, MODERN METHOD A (SPECIFY)</p> <p>YES, TRADITIONAL METHOD B (SPECIFY)</p> <p>NO Y</p>	

Description of Contraceptive Methods

In order to complete the contraceptive table accurately and completely, it is important that you have some knowledge of contraceptive methods yourself and that you are familiar with the names that people use to refer to each method. The following provides additional information on selected methods that are included in the contraceptive table that may be useful in completing the table:

FEMALE STERILIZATION. There are several types of operations a woman can have that will make her sterile, including a “tube tie” (tubal ligation). Only when the operation was performed specifically to enable the woman to stop having children should you record it as a sterilization. The removal of the uterus (i.e., a hysterectomy) or ovaries will also make the woman sterile, but that is not a contraceptive method. Operations to remove the womb or uterus may be performed for reasons other than to provide contraceptive protection, e.g., because the woman experienced a problem during delivery, the woman had recurrent spells of heavy bleeding, or cancer was found.

MALE STERILIZATION. This is a comparatively minor operation done on men for contraceptive purposes. It is also called vasectomy. In recent years, the “no scalpel” vasectomy has become more common.

IUCD OR PPIUCD. A hormonal or Copper T (such as Multilode) or a Lippes Loop are common types of IUDs available in India. An IUD (intrauterine device) is a coil or a T-shaped device that is inserted in the uterus by a doctor or a nurse to prevent pregnancy. The IUD prevents a fertilized egg from being implanted in the uterus wall. A PPIUD (postpartum intrauterine device), is an IUD that is inserted postpartum (that is, after giving birth). An IUD is a reversible form of contraception that can be used for up to 3-10 years (depending on the type) before needing to be replaced. In some states, the IUD is known as 'Tambi'.

INJECTABLES. An injection of hormone that is released slowly into the bloodstream can be given regularly to women by a health provider to prevent pregnancy. The most common type of injectable contraceptive is given every three months. This is known as *depomedroxyprogesterone acetate* (DMPA), Depo Provera, Depo, or *Megestron*[®]. Another injectable contraceptive, NET EN (also called *Noristerat*[®]) is given every two months.

IMPLANTS. Small, flexible rods or capsules placed under the skin of the upper arm; contains either estrogen and progestogen, or progestogen only. Healthcare provider must insert and remove; can be used for 3–5 years depending on implant.

DAILY PILL/WEEKLY PILL. This is a pill the woman takes every day or once a week for one type of pill. The pill taken every day is a combination of oestrogen and progesterone (hormones) which prevents the ovary from releasing an egg. These pills are also known as 'Mala D' and 'Mala N' in India. The pill taken once a week is a non-hormonal pill known as “Saheli.”

CONDOM OR NIRODH. Men can put a thin, rubber sheath on their penis before sexual intercourse.

FEMALE CONDOM. A thin, transparent rubber can be placed in the vagina before sex to avoid pregnancy.

EMERGENCY CONTRACEPTION. Women can take pills up to three days after having sex to avoid getting pregnant. These pills are also called “morning-after pills.”

STANDARD DAYS METHOD. Women can use color-coded beads to track the days of their menstrual cycle when they are most likely to get pregnant, and the couple avoids unprotected sex on those days. These are sometimes referred to as CycleBeads.

LACTATIONAL AMENORRHOEA METHOD (LAM). Women can postpone the return of menstruation after a birth (and therefore remain unlikely to become pregnant) by breastfeeding frequently. LAM is a specially taught method that makes use of this principle. This method requires a woman to breastfeed frequently (without feeding the child anything else except very limited amounts of plain water) and to know that the method can be used for up to six months after a birth as long as menstruation has not returned. The method also teaches women that if menstruation returns, the child becomes six months old, or the mother starts feeding her child anything other than breastmilk or plain water, they should begin using another method of contraception if they want to avoid becoming pregnant.

RHYTHM METHOD. This is also called the safe period, periodic abstinence, or the calendar method. This method is based on the principle that by not having sexual relations on certain days of her monthly cycle, a woman can avoid becoming pregnant. Note that this is not the same as prolonged abstinence where the couple stops having sexual relations for months at a time to avoid pregnancy without regard to the woman's monthly cycle. To ensure that the respondent understands, stress the phrase "on the days of the month she is most likely to get pregnant." Also, if a woman does not feel like having sex on particular days of her cycle, that does not mean that she is using the rhythm method.

WITHDRAWAL. Men can be careful and pull out before climax.

ANY OTHER METHOD(S). Women may mention methods that are not described in the table. These may include modern methods such as a sponge, a contraceptive implant, or a cervical cap or traditional or folk methods such as prolonged abstinence or herbs.

Q. 316A: FILTER HAD SEXUAL INTERCOURSE?

Check Q. 314 and Q. 315 to see if the woman has had sexual intercourse. If had not had sexual intercourse, skip to Q. 358 else continue with Q. 317.

Q. 317: FILTER PREGNANCY STATUS

Check Q. 227 to see if the woman is pregnant or not. If pregnant, skip to Q. 343 else continue with Q. 318.

Q. 318: DELAY OR AVOID PREGNANCY

This question is asked to know if the respondent or her partner are currently doing something or using any family planning method to delay or avoid pregnancy.

Q. 319: STERILIZATION STATUS

This question is asked to know if the woman or her partner or both are sterilized. If none of them are sterilized, skip to Q. 321.

Q. 320: FILTER BASED ON STERILIZATION STATUS

Check Q. 319 and based on sterilization status of respondent and her partner, circle appropriate code in Q. 322 and follow skip instruction.

Q. 321: CONTRACEPTIVE USE

This question is asked to know if the woman or her partner are using any family planning method. If not using, skip to Q. 343.

Q. 322: CURRENT USE OF CONTRACEPTION

These questions are some of the most important in the questionnaire. Depending on the method a respondent mentions, you may need to probe to determine that the method is being used currently. For example, coitus-related methods such as condoms, vaginal methods and withdrawal are used with each act of intercourse, so current users of these methods should have used them during the most recent acts of intercourse. Current users of the pill should be taking pills daily.

Other methods provide ongoing protection without daily or regular action by the woman. Contraceptive injections may have been administered two to six months earlier and still provide protection. An IUCD/PPIUCD, once inserted, protects against pregnancy until it is removed or expelled.

If the woman reported in Q. 319 that she had been sterilized in order to avoid having another child, you will record FEMALE STERILIZATION as the current method without asking her which method she is currently using.

If the woman's current husband has been sterilized, you will record MALE STERILIZATION as the current method. If, however, she is no longer married to the man who had a vasectomy, this should **not** be noted as the current method.

If the woman mentions more than one method, record the code for all methods that are currently being used. If more than one method is recorded, follow the skip instruction for the highest method on the list and ask the subsequent questions about that method.

NOTE: Delaying first sex is not a contraceptive method. If, for example, a young woman answers YES to Q. 318 and then, in response to Q. 322, says the current method she is using is abstinence, this will not be counted as a method of contraception, and the respondent will be considered the same as a person who is not using a method of contraception. Instead, record NO in Q. 318 and ask next question Q. 319.

Check to be sure that the response to Q. 322 is consistent with the responses to Q. 316. For example, the respondent may say that she is using the pill but reported in Q. 316 that she did not know the pill. If this happens, probe further and correct the responses in Q. 316 to Q. 322, as necessary.

Q. 323 and 324 INJECTABLE USED

This question is asked to only those women who are currently using injectable. DMPA-SC is a new low-dose subcutaneous (SC) formulation of Depo-Provera contraceptive injection that provides efficacy, safety, and immediacy of onset. It is easy-to-use injectable contraceptive that protects against pregnancy for three months. Show the images of DMPA-SC (brand name Sayana Press) and regular syringe and ask the respondent to point at the picture that best matches with the injectable she used the last time. Circle appropriate code. If 2 or 8, skip to Q. 339. If using Sayana Press, ask Q. 324 to find out if the woman injected it herself or a healthcare provider did it for her.

Q. 325 AND 326 DAILY/WEEKLY PILL AND CONDOM BRAND NAME

Q. 325 is asked only to those women who are current users of daily pill or weekly pill to find out the brand name of the pills they are using. If the respondent does not remember the name, ask to see the package. Similarly, Q. 326 is for current users of condom to know the brand name.

Q. 327: WHERE STERILIZATION WAS OBTAINED

This question applies to either the respondent's or her husband's sterilization. Record the code that indicates the type of facility where the sterilization took place.

When choosing a code, you need to know whether the place is in the public health sector (run by the government) or in the private health sector.

If you cannot determine whether the facility is public or private, write the name of the facility in the space provided when using a paper questionnaire (or in the text box if using CAPI), and inform your supervisor after you complete the interview. Since you have recorded the name of the facility, your supervisor should be able to find out whether it is public or private and will record the appropriate code.

It may be noted that if in Q. 319 the woman reports that both she and her husband are sterilized (code 3) then in Q. 327 record about where the woman got her sterilization done.

Q. 327A: FILTER BASED ON STERILIZATION STATUS

Q. 328: INFORMED ABOUT CONSEQUENCES OF STERILIZATION

We want to know whether the woman was told before the sterilization operation that once sterilized she would not be able to have any (more) children.

Q. 329: OPINION ON CARE DURING AND AFTER THE STERILIZATION

Read the question in its entirety before recording the answer. We are interested in the woman's opinion about the services she received during or immediately after she received the sterilization operation.

Qs. 330-332: COST OF STERILIZATION

Q. 330 seeks information about how much, in rupees, it cost to have the sterilization operation. It does not matter who paid for the operation, just how much the operation itself cost. In determining the cost, the woman should take into account all charges including any fees that might have been paid for the consultation with the doctor, as well as the cost of the operation. Transportation costs are not to be included. If the sterilization was performed as part of the respondent's delivery, do not write down the cost of the delivery and the sterilization; ask how much the sterilization alone cost.

Ask Q. 331 to determine if the woman received any compensation for the sterilization. If yes, ask how much (Q. 332).

Q. 333: REGRET ABOUT STERILIZATION

Ask the respondent if she regrets that she had the sterilization. If she is not sure, ask her how she feels most of the time about having been sterilized and record her answer.

Q. 334: FILTERS FOR CHILD BELOW 3 YEARS AND IUD USE

Check if the respondent is having any child below 3 years AND is using an IUCD/PPIUCD.

Qs. 335-337: IUCD/PPIUCD USE

In Q. 335 ask about whether the respondent received any type of compensation for adopting an IUCD/PPIUCD. If the response in Q. 335 is YES, then ask Q. 336 to know how much compensation she received. In Q. 337 ask the woman whether the IUCD/PPIUCD was inserted within 48 hours of childbirth.

Qs. 338 and 339: DATE OF STERILIZATION OPERATION/START OF CURRENT METHOD

For respondents who have been sterilized or whose husbands have been sterilized, ask Q. 338. (If both the woman and her husband are sterilized then record date of woman's sterilization.) If the respondent does not remember the date, probe to help her remember. Relating the date to the age and date of birth of her youngest child may help. You must get a date, even if it is just the best estimate. Once you have recorded the date, continue to Q. 340.

For users of other family planning methods, ask when she started using the method most recently without stopping. For example, a woman started using the pill in June 2020. A few months later, she stopped taking the pill because she wanted to become pregnant. She gave birth to a child in January 2021 and started using the pill again in March 2021. When interviewed, she is still using the pill. In this case, record '03' for MONTH and '2021' for YEAR.

Q. 340: LIVING CHILDREN WHEN FIRST USED FAMILY PLANNING

This question is asked only to women who have ever given birth. The question refers to the number of living children the respondent had the first time she used a method to avoid getting pregnant. If she started to use family planning when she did not have any living children, record '00.'

Q. 341: CHECK CONSISTENCY OF DATE OF CURRENT USE STARTED

Check to see whether the date in Q. 338/339 is AFTER the date of birth of the last child or last the pregnancy termination. If not, ask the question again and make it clear to the respondent that we mean the date that she started using the current method WITHOUT STOPPING for any reason including a pregnancy. For example, a woman cannot have used the pill continuously for three years if she had a baby last year.

Q. 342: FILTER CALENDAR ENTER CURRENT USE ON CALENDAR

When using a paper questionnaire, if the year in Q. 338/339 is 2018 or later, mark the box on the left and enter the code for the method currently used in the calendar in the month of interview and in each month back to the date she started using the method or was sterilized. If she has been using her current method for a long time, write the code in the current month and the beginning month, and join them with a squiggly line. Do not draw the squiggly line through months she did not use the method.

If the woman started using her current method in 2018 or earlier, mark the box on the right, and enter the code for the method currently used in the calendar in the month of interview and in each month back to January 2018. Then skip to Q. 356. Make sure that you use the method codes shown to the left of the calendar and not the codes shown in Qs. 322, since the codes are different for most contraceptive methods.

When using CAPI, you will be prompted to enter this information.

Q. 343: CALENDAR CONTRACEPTIVE HISTORY

When using a paper questionnaire, Q. 343 asks both current and past users of contraception about their history of contraceptive use since January 2018. Begin by reading the introductory sentence, so that the respondent understands what information you are asking for.

The events that are already recorded in the calendar (birth dates, names, pregnancies, and pregnancy losses) are helpful reference points for you and the respondent. For each period of time in Column (1) that is still empty (no 'B,' 'P,' or 'T' or contraceptive method code), you need to enter a code that reflects the respondent's contraceptive history. To do this, you need to find out several pieces of information:

- 1) Was the respondent using a method of contraception in a period of time, and if so, what method was she using?
- 2) When did she start using that method?
- 3) For how long did she use that method continuously; when did she stop using that method?
- 4) What happened when she stopped using that method? Did she not use any method, did she start using a different method, or did she become pregnant?

For example, if the respondent has two births, Sanjana and Raja, you could ask a series of questions that would fill in the respondent's contraceptive history in the period of time between the births of Sanjana and Raja. The first question you could ask would be, **"Between the births of Sanjana and Raja, did you use any contraceptive method or not?"** (The respondent tells you that she used

condoms.) You would then ask, “**How long after the birth of Sanjana did you begin using condoms?**” (She tells you the third month after the birth of Sanjana.) This gives you the starting month in which she began using condoms, but you also need to know for how long she used condoms continuously and when she stopped using them. So you could ask, “**For how long did you use condoms continuously?**” (She tells you 10 months.) Now you know when she started using condoms and when she stopped. Record ‘5’ for condom use in the third month after the birth of Sanjana and in the next nine months. Now, if there are 15 months between the birth of Sanjana and the time she became pregnant with Raja. You now need to find out what the respondent was doing between the time she stopped using the condom and became pregnant with Raja. Ask a question such as, “**After you stopped using the condom, and before you became pregnant with Raja, did you use any contraceptive method or not?**” (She tells you she did not use any method.)

Now you know:

- 1) She used a contraceptive method between Sanjana and Raja and which method she used
- 2) At what point she began using that method after the birth of Sanjana
- 3) For how long she used that method continuously and when she stopped using that method
- 4) She did not use another method after she stopped using condoms and before the birth of Raja.

This gives you the respondent’s complete contraceptive history between the births of Sanjana and Raja.

You would continue in a similar way until you have filled in each empty month in Column (1) with a code. Enter the codes of the methods she used in each month of use and ‘0’ in the months when she did not use a method. After you have recorded periods of use and nonuse, Column (1) should be completely filled, up through the month of interview. You will have accounted for every month since January 2018 by recording the appropriate codes for births (B), current pregnancies (P), lost pregnancies (T), use of contraception, or nonuse of contraception.

After completing Column (1), you must complete Column (3). For each of the times there is an interruption of contraceptive use in Column (1), you need to ask the respondent why she stopped using that method. Do this by asking, “**Why did you stop using the (METHOD)?**” Record the reason for the interruption in Column (3) in the same month as the last month of use of that method recorded in Column (1).

For example, when a woman stops using condoms, in the next month she may:

- a) Be using a different method
- b) Not be using any method
- c) Be pregnant.

In cases in which a respondent tells you she used the method until she got pregnant, you will ask, “**Did you become pregnant while using (METHOD), did you stop to become pregnant, or did you stop for some other reason?**” If she responds that she stopped to become pregnant, probe to determine that she did in fact become pregnant while she was still using the method. Enter code ‘1’ in Column (3) if that was the case. However, it may happen that several months passed between the time that she stopped using the method and actually became pregnant. To determine the number of months, ask, “**How many months passed between the time you stopped using (METHOD) and you became pregnant with (NAME)?**” Enter ‘0’ in Column (1) for each month she was not using a method and in Column (3) record ‘2’ (wanted to become pregnant) in the month that she stopped using the condom.

When using CAPI, you will be prompted to fill out this information and relevant questions will appear that you must ask the respondent.

Qs. 344 and 345: RECENT USE OF EMERGENCY CONTRACEPTION

Ask if in the past 12 months she used emergency contraception (Q. 344) and IF YES, all the places from which she obtained these pills (Q. 345).

Q. 346 FILTER

Check calendar for use of any contraceptive method. If any method used, skip to Q. 348.

Q. 347: EVER USE OF CONTRACEPTION

Ask if the respondent has ever used a contraceptive method in Q. 347. (Please note that here we should consider any method used by the respondent herself or by her husband or other partner). **When using a paper questionnaire**, if the woman has never used any method, enter '0' in all blank months in Column (1) in the calendar.

Q. 348: FILTER FOR CURRENT METHOD

Look back to Q. 322 and record the same method here; this is the method currently being used. If more than one method code is recorded in Q. 322, record the code for the highest method in the list. If Q. 322 was left blank because it was skipped, record '00' for NO CODE CIRCLED.

Q. 349 SOURCE OF CURRENT METHOD

This question is asked to know the source of current method for current episode, i.e., the place from where she got it when she started using it in this episode.

Qs. 350-353: TOLD ABOUT SIDE EFFECTS

Q. 350-353 refer to the current method used and if the woman has used it multiple times then here it is about the current episode of use.

Q. 350 asks whether the respondent was told (by a health and family planning worker) about the side effects or problems she might have when she obtained the current method. If there has been more than one episode of use of the current method, make sure that the respondent knows that you are asking about the time that she started using the method during the **current** episode of use.

Q. 351 is asked to women who are sterilized to know if they were told (by a health and family planning worker) about the side effects or problems they might face on using this method. Note that you would record "NO" if the respondent indicates she was told about side effects or problems by a friend or relative but not by a health care provider.

Qs. 352-353 is asked to all current users of contraception to know if they were told (by a health and family planning worker) what to do if they experienced side effects or problems and if they were told about other methods of family planning that they could use.

In these questions, a current user is asked whether she was told by a health or family planning provider about other methods of family planning either at the time she obtained her current method or at some other time.

Example: If a pill user says that a health worker told her about the injection, the pill, and the IUD at the time when she started to use the method, record '1' in Q. 353.

Users who were not told about any other method at the time they started using their current method should be asked Q. 352 to find out if they ever received information about other family planning methods from a health care provider or family planning worker.

Q. 354: FILTER FOR CURRENT METHOD

Qs. 355: TOLD ABOUT SWITCHING METHODS

Q. 355 asks the respondent whether she was told that she could switch to another method if she wanted to or needed to at the time she obtained her current method of contraception. This question is different from Q. 353, which asks simply whether she was told about other methods and does not concern the possibility of her switching methods.

Q. 356: FILTER FOR CURRENT METHOD

Q. 357: SOURCE OF CURRENT METHOD

The question asks from what source the woman obtained the method the last time. For methods that require the user to obtain resupplies, the user may first obtain the method from one source and then rely on a different provider for resupply. For example, a woman using the pill may have first obtained the pill from a family planning clinic but then gone to a pharmacy for resupply. Be sure that the woman understands that you are asking about the last time she obtained this method.

If the respondent is using condoms with her husband, ask, “Where did you obtain the condoms the last time?” If she says her husband or someone else got the method for her, ask whether she knows where that person got it, and record the source. If the method she is using required a prescription, this question pertains to where the prescription was filled.

When choosing a code, you need to know the type of place the method was obtained from, i.e., if the place is in the public health sector (run by the government) or in the private health sector.

When using a paper questionnaire, if the respondent does not know whether the place is public or private, record the name of the place, and inform your supervisor. Your supervisor should be able to find out and record the type of source the facility is.

Note all responses and skip to Q. 360.

Qs. 358 and 359: INFORMED OF METHODS AND ABILITY TO OBTAIN METHODS

For women who have never used a method, ask if they know a place where they can get a method (Q. 358). If they know of a place, ask where that place is (those places are) in Q. 359.

Q. 360: CONTACTS WITH COMMUNITY HEALTH WORKER

This question is asked to ascertain whether the respondent had any contact with any community health worker in the last 12 months. If no contact in the 12 months preceding the interview, record code ‘2’ and skip to Q. 363.

Q. 361: TYPE OF COMMUNITY HEALTH WORKER

Q. 361 asked to know about the type of community health worker(s) (ANM, AWW, ASHA, MPW, LHV or OTHER) who visited the respondent in the last 12 months. Record all mentioned.

Q. 362: TALK WITH COMMUNITY HEALTH WORKER ABOUT FAMILY PLANNING

If a respondent mentioned met with any community health worker as mentioned in Q. 360, ask her if the health worker talked about family planning.

Q. 363 and Q. 364: MOST RECENT VISIT TO A HEALTH FACILITY

Ask the respondent if she has visited a health facility for care for herself or her children in the past 12 months. If no, record 2 and skip to Q. 401. In Q. 364, record the type of health facility the respondent visited most recently for herself or for her children.

Q. 365: INFORMATION ABOUT FAMILY PLANNING METHODS DURING THE MOST RECENT VISIT TO HEALTH FACILITY

Q. 365 refers to the most recent visit made by the respondent to a health facility. This question is asked to know if any staff member at the health facility spoke to her about family planning methods.

Q. 366: QUALITY OF SERVICE AT HEALTH FACILITY

Ask Q. 366 to know from the respondent whether during her most recent visit to a health facility any staff member mistreated her, that is, treated her or spoke to her badly.

F. Section 4: Pregnancy, Delivery, Postnatal Care, and Children's Nutrition

The objective of this section is to obtain information about health care related to childbearing including antenatal care, delivery care, and postnatal care for the woman and her newborn. This section also asks about recent foods consumed by children in order to assess their nutritional intake. The section includes questions about births that occurred in 2018 or later. Thus, if a woman did not have a birth in this period, you will go on to the next section.

Q. 401: FILTER FOR BIRTHS IN 2018 OR LATER

Qs. 402-404: COLUMN HEADINGS FOR BIRTHS IN THE LAST FIVE YEARS

When using a paper questionnaire, all births in 2018 or later will be entered in the table by you. You will need to check the date of birth (found in Q. 215) for each child listed in the birth history to identify births the woman may have had during this period.

For each birth in 2018 or later, beginning with the last birth (which will be found in the last row that is filled in the birth history unless you had to renumber births), record the birth history line number and the child's name (found in Q. 212) in Qs. 403 and 404. Also mark in Q. 404 whether the child is alive or dead after checking for this in Q. 216. Then fill in the child's name at the top of the subsequent pages in Section 4.

Consider twins as separate births and list them in separate columns, taking care to keep their positions in this table consistent with their order in the birth history. Recall that if the last children in Q. 212 are twins and one twin is dead, the living twin should be recorded as the last birth.

Example: If the last births were twins, Priya who is now dead (Line 07 in Q. 212) and Jamil who is still living (Line 08 in Q. 212), Jamil should be recorded as the LAST BIRTH in this table and Priya as the NEXT-TO-LAST birth.

If the respondent has had more than three births in 2018 or later, write SEE CONTINUATION SHEET at the top of Section 4. Take a fresh Woman's Questionnaire, fill in all the information on the cover page and write CONTINUATION on the top. Go to Section 4 in the second Woman's Questionnaire. Leave the first column of the second questionnaire blank. Change the heading of the

second and third columns to ‘THIRD-FROM-LAST BIRTH’ and ‘FOURTH-FROM-LAST BIRTH’ and record the name(s) and birth history line number(s) of the additional birth(s). Then return to the original questionnaire to begin asking the questions for the last-born child.

Ask all the relevant questions in Section 4 for the last-born child before asking question for the next-to-last birth, etc. When asking questions, be sure to insert the name of the child where indicated so there is no confusion about which child you are referring to.

When using CAPI, the births will be filled out automatically and you will be prompted for the relevant questions.

You will notice that the set of questions on prior births is more limited than the questions for the last birth. It is very important that you ask all of the appropriate questions for these births, so you will need to follow the skip instructions carefully. You should not proceed to Section 5 until you have asked the appropriate questions for all births the woman had in 2018 or later, including any births you may have had to record in a second questionnaire.

Qs. 405-406 (a & b): DESIRED TIMING OF PREGNANCY

These questions are asked to know if the respondent’s children were wanted at the time she became pregnant or if unwanted whether she wanted the baby later on, or whether she did not want any (more) child(ren).

Q. 407: HOW LONG TO WAIT

Note that this question asks how long the respondent wanted to wait before becoming pregnant, not before giving birth. Record the answer in either months or years and record the corresponding code. If the respondent gives a general answer such as “I would have liked to have waited until I was ready,” ask her how many months or years she wanted to wait. Record the extra time that she said she would have preferred to wait before becoming pregnant.

Example: A woman became pregnant 18 months after her previous birth, but she tells you she would have preferred a two-year (24-month) interval before becoming pregnant again. You would record 1 for MONTHS and record ‘06’ in the adjacent boxes (24-18 = 6).

Qs. 408-409: PREGNANCY KNOWLEDGE AND TEST KIT

In Q. 408 we want to know how many months pregnant the woman was when she discovered that she was pregnant. Then ask Q. 409 to determine if she used a pregnancy testing kit to confirm that she was pregnant. In Q. 408 the response should not be recorded in COMPLETED MONTHS. For example: If the respondent reported that she came to know about her pregnancy in the fourth month (i.e., after 3 completed months) then record 4.

Qs. 410-413: PREGNANCY REGISTRATION

If the respondent’s pregnancy was registered, record code ‘1’ in Q. 410. If the pregnancy was not registered, skip to Q. 414. For these questions, we are interested in registration with any other health professional or authority. In Q411 record the exact month in which the pregnancy was registered. For example: If the woman reported that she was registered in the second month of her pregnancy then record 2. If the respondent mentioned that her pregnancy was registered in the fifth month of her pregnancy, then record 5.

For those women whose pregnancy was registered, ask with whom they registered their pregnancy (Q. 412) and if she received a Mother and Child Protection (MCP) Card after registration (Q. 413).

Qs. 414-415: ANTENATAL CARE PROVIDER(S)

This question refers to any antenatal care given by a health care provider during her pregnancy. The care should have been specifically to check her pregnancy and not for other reasons. If the respondent did not receive antenatal care, skip to Q. 423. If the respondent answers YES, then ask her whom she saw (Q. 415). Since we are interested in all of the persons the woman saw, you must use the prompt (e.g., “Anyone else?”) to make sure the woman informs you about all the persons from whom she received care for the pregnancy.

Q. 416: PLACE(S) WHERE ANTENATAL CARE RECEIVED

This question seeks information on where the woman received care for her pregnancy. Antenatal care is usually given at a health care facility but is sometimes provided in the pregnant woman’s home.

Similar to Q. 415, we are interested in all of the places where the woman received antenatal care. Be sure to use the prompt (e.g., “Anywhere else?”) and record all the places where she was seen for care.

As is the case with earlier questions about family planning sources, when choosing a code in Q. 416, you need to know whether the place is in the public health sector (run by the government) or in the private health sector. If you cannot determine the type(s) of source(s), write the name(s) in the space provided and your supervisor will try to find out if it is public or private.

Q. 417: MONTHS PREGNANT AT FIRST ANTENATAL VISIT

Ask the respondent how many weeks or months into her pregnancy she was when she received her first antenatal care. If she does not remember, ask her how many periods she had missed at the time. Assume each missed period corresponds to a month and enter the number in the space provided. For example, if the respondent doesn’t recall how many months pregnant she was when she first received antenatal care, but knows that she had missed three periods, record ‘03’. If the respondent says she first received antenatal care for the pregnancy in the second month of her pregnancy, then record 2.

Q. 418: FREQUENCY OF ANTENATAL CARE

Then ask her how many times in total she saw someone for antenatal care during her pregnancy. This refers to care related to her pregnancy and should not include seeing a doctor or nurse for other reasons.

Q. 419: TESTS PERFORMED DURING ANTENATAL CARE

We want to know whether each of the tests listed was ever performed on the respondent during any of the antenatal visits she had for the last pregnancy. It does not matter if they were performed only once or more than once or performed in the same visit or spread over several visits. Ask about each test and record the response before asking about the next test.

BLOOD PRESSURE is measured with a blood pressure gauge or monitor. A rubber cuff is wrapped around a person’s upper arm and is inflated. While slowly releasing air from the cuff, the person measuring the blood pressure listens to the pulsing of the blood vessels with a stethoscope while simultaneously examining the gauge to determine the blood pressure. Alternatively, the health care provider may use an automated blood pressure monitor, which does not require a stethoscope; instead, the blood pressure readout appears in the monitor’s display. A URINE SAMPLE is taken to assess bladder or kidney functions. A BLOOD SAMPLE may be taken from the woman’s fingertip or from a vein (usually from a vein in the forearm near the elbow or in the wrist). The blood sample is used to test for various conditions and infections, such as anaemia, parasite infestations (such as malaria), or infectious diseases (such as HIV). An ABDOMINAL EXAMINATION is generally done by feeling the abdomen or measuring it to monitor the pregnancy.

Q. 420 and Q. 421: PREGNANCY COMPLICATIONS

For Q. 420, find out whether the health care provider told the respondent during any of her antenatal visits about the problems related to pregnancy that are listed. Q. 421 asks whether the health care provider advised her about where to go if she experienced any pregnancy complications.

Q. 422: FATHER'S PRESENCE AT ANTENATAL CARE VISITS

We want to know if the child's father was present at any of the antenatal care visits.

Qs. 423-428: TETANUS TOXOID INJECTIONS

Neonatal tetanus is a disease that kills many babies. Another name for tetanus is lockjaw. If a local term exists for tetanus, it may be used in explaining the disease to the respondent. If a woman receives at least two tetanus vaccinations during any pregnancy, she is considered to be adequately immunized to protect her baby against neonatal tetanus. A child also is considered to be adequately protected if the mother received at least five injections with tetanus vaccine during her lifetime and the last booster was received within a ten-year period prior to the pregnancy.

Qs. 423-424 ask about whether the respondent received any tetanus injections during that pregnancy and, if so, how many times she was given the tetanus injection. The tetanus vaccine is usually given to the pregnant woman as an injection in the arm or the shoulder but can also be sometimes in her buttock.

Q. 425 A respondent who does not report receiving at least two injections with tetanus vaccine during the pregnancy must be asked several additional questions to assess whether she was adequately immunized at the time of her pregnancy. For those who received 2 or more tetanus injections during the pregnancy, skip to Q. 429.

Qs. 426-427 inquire about whether she received any tetanus injections prior to the pregnancy (e.g., during an earlier pregnancy or during childhood) and, if so, the total number of tetanus injections she was given before the pregnancy.

Q. 428 is asked to know how many years ago the most recent tetanus injection was received before the pregnancy. For a woman who received a single tetanus injection during the pregnancy of her last birth, we are asking about the total number of injections she received before this pregnancy and the most recent tetanus injection that she received prior to the pregnancy of her last birth.

Example: Gauri was interviewed in March 2023. She has two children, Sevati and Manoj. Manoj is her last birth. She says that she had one tetanus injection when she was pregnant with Manoj and two injections when she was pregnant with Sevati who was born in September 2020. She also is sure that she had all of the required childhood immunizations before entering school although she is not sure how many tetanus injections she had.

For Gauri, you should record YES in Q. 423, record '1' in Q. 424, and check 'OTHER' in Q. 425. You should record YES in Q. 426 since she had tetanus injections prior to the pregnancy. Since Gauri is sure she had all required immunizations before entering school, you may assume that she had three immunizations during early childhood. If we include the two injections when she was pregnant with Sevati, this means she had a total of five tetanus injections before she became pregnant with Manoj. Thus, you should record '5' in Q. 427. Prior to her pregnancy with Manoj, her most recent tetanus injection was in 2020, the year of Sevati's birth. Thus, in Q. 428, record '03' since the tetanus injection was given three years ago.

Qs. 429-430: IRON TABLETS/SYRUP

Anaemia is a common problem during pregnancy that can be overcome by additional intake of iron. Q. 429 asks whether the woman was given or bought any iron folic acid tablets or syrup during her

pregnancy. Since some women may not know that they were given iron tablets, show the woman the sample tablets as you ask this question. Note that we are not asking whether or not she consumed the tablets/syrup she was given or bought; rather, we want to know whether she had the tablets/syrup in her possession during the pregnancy. We also are asking if she was given or bought the tablets, not if she already had them at home, so record NO in that instance and skip to Q. 431.

If the respondent was given or bought iron tablets/syrup (YES in Q. 429), ask her for how many days during her pregnancy she took the tablets/syrup. Record the response in the boxes in Q. 430. Remember to put a leading zero in front; 30 days would be '030'. If she was given or bought iron tablets but never took even one, record '000'.

If she does not remember, probe for the approximate number of days, e.g., by asking how many months pregnant she was when she began taking the tablets and whether she took the tablets every day after that.

Q. 431: DRUG FOR INTESTINAL WORMS

Treatment of intestinal parasitic infections has an impact on the anaemia status of women during pregnancy. To see if the woman took any drug for intestinal worms during her pregnancy, we ask Q. 431.

Q. 432: MOSQUITO NET USE

Ask how often she slept under a mosquito net during the pregnancy for her last birth.

Q. 433: VISION PROBLEMS DURING PREGNANCY

We want to know whether at any time during the pregnancy the respondent experienced problems related to her vision during the day. In Q. 433, ask the respondent whether she suffered from problems with her vision during the day, for example, blurred vision. Do not include problems such as nearsightedness or farsightedness.

Q. 434: CONVULSIONS DURING PREGNANCY

For Q. 434, we want to know whether at any time during the pregnancy the respondent experienced convulsions that were not associated with a fever. Pre-eclampsia is a potentially fatal condition that may affect women during pregnancy. Women with pre-eclampsia may also develop convulsions, and this is called eclampsia. This problem is very serious, though not necessarily common. Convulsions are fit-like episodes in which people have uncontrolled muscular movement or muscular stiffness. The kinds of convulsions we are interested in are when a woman's muscles contract uncontrollably. During convulsions a woman's eyes can roll back and she may lose consciousness. People can also tremble when they have fever, but we are not asking about this kind of trembling, which is more like shivering when you are cold.

Q. 435: SWELLING DURING PREGNANCY

Q. 435 is asked to find out if the woman experienced any swelling of her legs, body, or face during her last pregnancy.

Qs. 436-437: SUPPLEMENTAL NUTRITION FROM ANANGANWADI CENTRE

Anganwadi centres are supposed to provide supplementary nutrition to pregnant women. For Q. 436, ask the respondent if she received any supplementary nutrition, specifically from an *anganwadi* centre, during her last pregnancy. If she says that, yes, she did receive supplementary nutrition from an *anganwadi* centre, you will also ask Q. 437. For this question, we want to know if she was always able to get the supplemental nutrition from the *anganwadi* centre when she wanted it.

Qs. 438-440: MEETINGS WITH HEALTH WORKERS LAST 3 MONTHS OF PREGNANCY

Ask Q. 438 to know if a respondent met in the last three months of her pregnancy with an ANM, Lady Health Visitor (LHV), ASHA, *anganwadi* worker, or other community health worker, and in Q. 439 ask her where she met with them. If she did not meet with any of these types of health workers during the last three months of her pregnancy, record code '2' in Q. 438 and skip to Q. 441.

Q. 440 is only asked of those women who report that they met with at least one of the types of health workers in Q. 438 during the last three months of her pregnancy. Ask the respondent whether she received advice at least once during any of these meetings about the importance of institutional delivery, cord care, breastfeeding, keeping the baby warm, and family planning or delaying her next child.

Q. 441: BREECH PRESENTATION

Normally, a baby's head is closest to the birth canal and the head would appear first during delivery. In a breech presentation, the buttock or feet will be closer to the birth canal.

Q. 442: PROLONGED LABOUR

Labour consists of dilations of the cervix and a series of rhythmical muscle contractions that help move the baby from the uterus through the birth canal and out of the mother. The definition of prolonged labour varies but essentially means that labour is moving too slowly. Ask the question as it is and record the response.

Q. 443: EXCESSIVE BLEEDING

This question is asking about the period during or immediately after delivery. Excessive bleeding means more than normal. Ask the question as it is and record the response.

Q. 444: SIZE OF BABY

Read the entire question before accepting an answer. This is the woman's own opinion about the size of her baby. Some respondents may give you the baby's birth weight instead of a size. Insist that you want to know whether she thinks the baby was VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, or VERY SMALL. If the respondent herself is unable to tell you the baby's size at birth, do not record an answer based on the birth weight information; simply record '8' for DON'T KNOW. Please note that estimation of the size of a baby by comparing the baby with other children is not allowed.

Qs. 445-446: WEIGHT AT BIRTH

These questions seek information on whether the baby was weighed at birth and, if so, record the baby's weight. Notice that in Q. 446 there are two sets of boxes for recording the birth weight; the first is KILOGRAMS FROM CARD, and the second is KILOGRAMS FROM RECALL. KILOGRAMS FROM CARD refers to a written record of the birth weight on a document, such as a vaccination card, an antenatal card, or a birth certificate. KILOGRAMS FROM RECALL refers to the mother's verbal report of her child's birth weight, which she is reporting from memory.

When recording the birth weight, first record the appropriate code in front of the boxes; '1' for KILOGRAMS FROM CARD and '2' for KILOGRAMS FROM RECALL, and then fill in the birth weight. Always record the birth weight from the card when possible. When recording information from the card, check the date on the card or ask the mother to be sure that the weight recorded on the card was the child's weight at birth.

You will fill in the boxes for KILOGRAMS FROM RECALL only if there is no card or no birth weight was recorded on the card. If there is no weight available from a card and the respondent says she cannot

remember the exact birth weight, ask her to give you her best estimate. Only record DON'T KNOW if she absolutely cannot remember even an approximate weight.

Q. 447: ASSISTANCE AT DELIVERY

Again, when asking the question, be sure to use the name of the child you are referring to, so that there is no confusion. If the respondent is not sure of the status of the person who assisted with the delivery, for example, if she does not know whether the person was a midwife or a traditional birth attendant, probe. The codes are letters of the alphabet to remind you to record codes for all the people she says assisted with the delivery.

Q. 448: PLACE OF BIRTH

The intent of this question is to identify births delivered in a health facility. If the woman gave birth in a health facility, ask whether the place is in the public (run by the government) or private health sector. Write the name of the facility in the space provided if the respondent does not know whether the place is run by the government or is private. Inform your supervisor about the problem. The supervisor will try to identify the type of facility.

Q. 449-451: TRANSPORTATION TO FACILITY FOR DELIVERY

Ask how the respondent travelled to the facility for her last birth (Q. 449) and ask who arranged the transportation (Q. 450) unless the woman travelled on foot. Ask for the cost of the transportation in Q. 451.

Q. 452-456 & 454A: COST OF DELIVERY

In Q. 452, ask how much money was spent on each item. Other costs should not include the transportation costs listed in Q. 451. If the woman either paid no money or does not know the costs of each item in Q. 452, ask for the total amount of money paid for this delivery (Q. 454). In Q. 454A, ask how much of the total amount spent for this delivery was reimbursed from one or more sources like insurance, etc. Finally, if she paid any money for this delivery, ask for the source of the money paid to meet the delivery expenditure in Q. 456.

Q. 457-460: FINANCIAL ASSISTANCE FOR DELIVERY COSTS

Ask if she received any financial assistance to pay for the cost of this delivery (Q. 457) and if yes, through which scheme (Q. 458). For woman who received assistance from *Janani Suraksha Yojana* (JSY), ask how soon after the delivery she received this money (Q. 459) and the amount (Q. 460).

Q. 461: STAY IN HEALTH FACILITY FOLLOWING DELIVERY

This question is intended to find out the length of a woman's stay in a health facility following a delivery. Note that we are not concerned with the total time she spent at the facility but the time she remained in the facility after giving birth.

In recording her response, first record the appropriate code for the unit of time the respondent mentions (i.e., '1' for HOURS, '2' for DAYS, or '3' for WEEKS) and then record the time she remained in the facility in the boxes next to that code.

Qs. 462-463 & 463A, 463B, 464: CAESAREAN SECTION

A caesarean section or C-section is a delivery of a baby through an incision in the woman's abdomen and womb, rather than through the birth canal. Such a delivery is necessary for some women due to pregnancy complications. Caesarean sections are also sometimes elective, either for the convenience of the mother or the health care workers performing the surgery. Also, because there can be complications

associated with having a vaginal birth following a caesarean, women who have delivered one child via a caesarean are more likely to deliver subsequent children by caesarean.

Find out whether the baby was delivered by an operation (Q. 462) and if so, whether the decision to have a caesarean section was made before or after her labour pains started (Q. 463). In Q. 463A ask who took the decision to have a C-section and record the reason(s) for having C-section delivery in Q. 463B. Q. 464 is asked to know whether the respondent was treated with respect by the doctors, nurses, or other staff all of the time, some of the time, or not at all.

Qs. 465 and 466 & 467: SKIN-TO-SKIN-CONTACT

These questions are asked to get information whether the respondent put her child on her chest immediately after the birth. By skin-to-skin contact between a mother and her newborn, we mean the bare skin of the baby touches the bare skin of the mother, with no cloth or blanket between the baby and the mother. Skin-to-skin contact is important for stabilizing the baby, it can help prevent hypothermia, and promote neurological development and breastfeeding. The benefits of skin-to-skin contact can occur even before the umbilical cord is cut; thus, Q. 465 asks whether the baby was put on the respondent's chest immediately after birth. If YES, then Q. 466 asks if the baby's bare skin was touching the respondent's bare skin (with no cloth or blanket between them). In Q. 467, ask the woman how much time there was between the birth of the child and the placement of the child on the bare skin of her chest. If IMMEDIATELY, then record 000 and if in less than 1 hour (reported in minutes) then record 00 in hours.

Qs. 468-471: POSTPARTUM CHECK FOR MOTHERS IN THE HEALTH FACILITY

Getting a postpartum check soon after the baby is born is crucial for the health of the mother. We are interested in knowing whether the respondent saw anyone for a postpartum check and, if so, who performed the check and how many hours, days, or weeks after the birth the first check took place. This information is gathered separately for the mother and child based on the place of delivery – institutional delivery or home delivery.

In this set of questions, we are asking only about a health check for mothers who had an institutional delivery. If someone checked on the health of the baby, but not the mother, that check would not be included here. Postnatal checks for the baby are covered in Qs. 472-474.

Q. 469 is directed to women who delivered in a health facility and inquires whether anyone checked on the woman's health before she was discharged. If NO, skip to Q. 472, which seeks information on whether the child had a postpartum check from anyone while the mother was still in the facility.

Qs. 472-474: POSTPARTUM CHECKS FOR CHILD IN THE HEALTH FACILITY

Q. 472 asks about whether the baby received a check from anyone while still at the health facility. Checks for the newborn include actions such as checking the cord, measuring the baby's temperature, weighing the baby, observing breastfeeding, and counselling about danger signs. For those babies who had a check while at the health facility, additional questions are asked about the timing (Q. 473) and the person who did the first check (Q. 474). A postnatal check should be a separate interaction that occurs to check on the baby's health after completion of the delivery. Checks done on the baby right after birth are considered part of delivery care and should not be counted as a postnatal check.

Qs. 475-483: POSTPARTUM CHECKS FOR MOTHER AND CHILD AFTER LEAVING THE HEALTH FACILITY

In Qs. 475-482, women who gave birth in a health facility are asked about checks on their (woman and child) health that took place after they were discharged. For those women who had a post-discharge check, additional questions are asked about when the check took place (Q. 476), the person who did the check (Q. 477), and where the check took place (Q. 478).

Regarding the place where the check took place (Q. 478), note that such care can be given at a health care facility or provided in the woman's home or another home. Again, if you cannot identify the type of source (public or private), write the name of the place and inform your supervisor who will assist in identifying the source.

For those newborns who received a post-discharge check, Qs. 480-482 ask about the timing of the check, the person who did the check, and where the check took place.

Q. 483 asks about whether the woman received a check from a health provider or traditional birth attendant in the two months after she left the health facility. The term health provider includes health professionals such as doctors, nurses, and midwives, as well as community health workers.

Qs. 484 and 485: DELIVERING IN A PLACE OTHER THAN A HEALTH FACILITY

Qs. 484 and 485 are asked of all women who delivered outside a health facility. For Q. 484, if the respondent reports more than one reason for not giving birth in a health facility, record all the reasons she mentions. Q. 485 is asked to ascertain details about the procedure followed during the woman's delivery. A disposable delivery kit (DDK) refers to a kit which contains at least a small bar of soap for washing hands, a plastic sheet, a clean string for tying the umbilical cord, and a new razor blade for cutting the cord. For part 'b', find out if the baby was immediately wiped dry and wrapped without being bathed. If the child was bathed before being dried and wrapped, record '2' for NO. For part 'c', we want to know whether a clean blade was used to cut the umbilical cord. Use of a clean blade can prevent the transmission of tetanus-causing spores and other pathogenic organisms via the umbilicus to the infant.

Qs. 486-490: POSTPARTUM CHECKUP FOR MOTHERS WHO DELIVERED IN A PLACE OTHER THAN A HEALTH FACILITY

Q. 486 is similar to Q. 469 but is asked of women who delivered outside a health facility. The question asks if the woman was seen by any health personnel, *anganwadi* worker, ASHA, or traditional birth attendant [*dai*] for a check of her health. If she says yes, ask Q. 487 to know how soon that first check occurred. Record NO if the woman saw a provider but the care was unrelated to the delivery.

Qs. 488 seeks information on how many checks were done in the first 10 days after delivery. Q. 489 asks who conducted the first postpartum check after birth, so multiple answers are not allowed. If the woman reports that more than one person conducted the first postpartum check in Q. 489, record the code for the person that appears highest in the list. Q. 490 asks where the first check took place.

Qs. 491-494: CHECK OF BABIES AFTER BIRTH (DELIVERED OUTSIDE A HEALTH FACILITY)

These questions are directed to women who delivered outside a health facility. Q. 491 asks about whether the baby received a check from any health personnel, ASHA, or traditional birth attendant in the two months after the baby was born. Checks for the newborn include actions such as checking the baby's cord, assessing the baby's temperature, weighing the baby, observing breastfeeding, and counselling on danger signs. For those babies who did have a check, additional questions are asked about the first check the baby had including: when this check took place (Q. 492), the person who did the check (Q. 493), and where the check took place (Q. 494). Such care can be given at a health care facility or provided in the woman's home or another home. Again if you cannot identify the type of source (public or private), write the name of the place and inform your supervisor who will assist in identifying the source.

Q. 495: POSTPARTUM COMPLICATIONS

Information is sought on two types of complications which can occur during the postpartum period, namely massive vaginal bleeding and very high fever. Massive vaginal bleeding is bleeding much more than what is considered normal. If the woman reports that she had very high fever, record '1' irrespective of the cause of the fever so long as it was within the first two months postpartum.

Q. 496: COUNSELLING BY HEALTHCARE PROVIDER

Ask Q. 496 to know if in the first two months after delivery the woman received counselling from any healthcare provider on family planning or delaying or avoiding pregnancy.

Q.497: COMPONENTS OF POSTPARTUM CARE

Q. 497 asks about the components of postpartum care for the baby in first two days after the delivery that was given by a health care provider, namely, examination of the cord, measuring the baby's temperature, counselling on danger signs for newborns, counselling on breastfeeding, and observing the mother breastfeeding the baby.

Qs. 498 and 499: VISITS AND SERVICES PROVIDED BY ASHA

In Q. 498 ask and record the number of times ASHA worker visited her at home in the first 42 days after delivery. Q. 499 will help assess whether ASHA worker during her visit(s) provided specific services– checked MCP card, counselled the woman on breastfeeding, and assessed the child for any birth defect.

Qs. 499A-499C: MENSTRUAL PERIOD AFTER BIRTH

After a woman has given birth, there is a length of time when she will not have her monthly menstrual periods. Q. 499A asks about whether a woman's period has resumed following the last birth, while Q. 499B inquires about the timing of the return of the woman's period for all other births.

Q. 499C is asked of women who say their period returned following the birth. Record the woman's answer in completed months. Remember to put a zero in the first box for responses of less than 10 months.

Q. 499D: FILTER (LAST BIRTH ONLY) FOR CURRENT PREGNANCY STATUS

Qs. 499E-499F: POSTPARTUM ABSTINENCE

Couples may decide to wait a certain length of time after the birth of a child before resuming sexual relations (postpartum abstinence). Qs. 499E-499F are asked to determine for how long the woman abstained from sexual intercourse after the birth of her child. Again, record the woman's answer in completed months in Q. 499F.

Q. 499G: CHILD EVER BREASTFED

Breastfeeding is important for fertility and child health. For this question, it does not matter how long the respondent breastfed the child, only whether or not she ever gave the child the breast, even if the baby died very young.

Q. 499H: WHEN BREASTFEEDING BEGAN

If the mother reports that the baby was put to the breast immediately after birth, record '000.' Otherwise, record the time in completed hours or days.

Examples: The woman said she began breastfeeding within an hour of the birth. Record '1' and record '00' hours. The woman said she began breastfeeding 30 hours after the birth. Record '2' (DAYS) and record '01'.

Qs. 499I-499J: PRELACTEAL FEEDING

These questions are asked to find out whether the baby was given any fluid other than breast milk before the mother's breast milk began to flow regularly. In Q. 499J, record all applicable codes.

Q. 499K: FILTER (LAST BIRTH ONLY) FOR LIVING CHILD

Q. 499L: STILL BREASTFEEDING

Q. 499G is only asked if the child is still alive. Note that it does not matter whether she is giving the child other liquids or foods as well; we are interested in knowing whether the child is being breastfed at all.

Q. 499M: LENGTH OF BREASTFEEDING

This question is only asked if the child is not currently breastfeeding. Record the answer in completed months.

Q. 499N: SUPPLEMENTARY NUTRITION

This question is asked to find out if the mother was always able to get supplementary nutrition while breastfeeding from the *anganwadi*/ICDS centre.

Q. 499O: FILTER FOR LIVING CHILD

Q. 499P: BOTTLE WITH NIPPLE

The use of bottles with nipples can be unsanitary and can indicate early or inappropriate weaning. You should record 'YES' if the child was given anything in a bottle during the day or night before the interview.

Q. 499Q: FILTER FOR NEXT CHILD

At this point, go back to Q. 405 to ask questions in Section 4 for the child in the next column. If you have finished these questions for all births in the last five years, proceed to Q. 499R.

Q. 499R: FILTER FOR CHILD BORN IN 2021 OR LATER AND LIVING WITH RESPONDENT

If the respondent has at least one child born in 2021 or later and living with her, be sure to record the name of the youngest such child.

Q. 499S: LIQUIDS AND FOODS GIVEN YESTERDAY

The purpose of this series of questions is to obtain a better picture of the diversity of the child's diet. Only women who have had at least one child born in 2021 or later and living with her are eligible for the questions. If the respondent has more than one child born in 2021 or later and living with her, the questions relating to the child's diet will be asked for the youngest child.

Help the respondent to recall what the child ate the day before, as follows:

- Begin by reading the introductory portion of the question slowly, emphasizing that the question concerns what the child drank or ate **yesterday** during both the day and night. Then ask about each of the items in the order they appear in the question. Be careful to record the response ('YES', 'NO', OR 'DON'T KNOW') for an item before asking about the next item.
- For categories that have more than one item of food or drink, record '1' for 'YES' if any item in that category was given. For questions regarding consumption of milk (Q. 499Sd), infant formula (Q. 499Se), and yogurt (Q. 499Sg), follow up by asking how many times the child consumed the item.

- As you are asking about the initial items in Q. 499J the mother may interrupt and list the foods and liquids that her child consumed. Begin with the foods or liquids she mentions that the child received and record '1' for each item. You may need to ask the woman to repeat the items to make sure that you have recorded all the food types correctly.
- Sometimes the mother may tell you that the child was given 'vegetable soup' or 'meat stew'. Since these typically include a variety of food types, it is important that you probe to find out the ingredients included in the soup, porridge, or stew. For example, if the mother tells you her child had soup, ask what was in the soup and record all the ingredients. If the soup contained carrots, white potatoes, and beef, record YES in the category of 'Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside' to record carrots, YES in the category of 'White potatoes, white yams, manioc, cassava, or any other foods made from roots' to record the white potatoes, and YES in the category of 'Any meat, such as beef, pork, lamb, goat, chicken, or duck' to record the beef.
- The category "clear broth" refers only to clear water-based soups. Soups that include pieces should not be included here but should be handled as described above.
- Once you have entered all of the foods or liquids that the child consumed, you must go back and ask about any categories which the woman did not mention. If the woman now mentions a food item the child ate yesterday (or had mentioned it before) which is not listed in any of the existing food groups, record '1' in Q. 499Sf if it is a liquid and '1' in Q. 499Sv if it is a solid or semi-solid food.

If the respondent tells you that her child was given only the items she has already mentioned (e.g., infant formula and juice), confirm that the child was not given anything else (e.g., by asking "Did (NAME) drink any other liquid at all?" and "Was (NAME) given any other solid or semi-solid food?"). If the mother confirms that the child was not given any other liquid or food, mark NO for all the other items in the list. Note that if the woman mentions breastmilk, it is not necessary to record this information in Q. 499Sd because if the child had breastmilk yesterday, the mother would have already told us back in Q. 499L that she is still breastfeeding. Note also that Q. 499Sa ('Plain water?') refers to water by itself with nothing added to it.

If the mother was not with the child on the day before you conduct the interview, she may not be able to answer these questions. If this situation occurs, ask if you can talk to the person who was responsible for the child's care while the mother was away about what the child ate. It is also possible that the mother will consult other household members about what the child ate even if she was at home since the mother may not be the only one who fed the child yesterday. If at any time when you are asking Q. 499S you obtain information on liquids or foods the child was given from other household members, you should write down the names of these individuals and a description of the circumstances on the same page as the relevant question. Also put a note in the OBSERVATION section at the end of the interview.

Before going on to the next question, check that there is a response recorded for each item in Q. 499S. Note: in some parts of the world, use of infant formula and commercially fortified baby cereal is widespread. In other areas, these products may be uncommon, and respondents may not recognize the terms. Definitions of each are provided below:

- Infant formula. Infant formula is a commercial product that can be used to provide all or part of the nutrients that infants need for growth and development. Formula may be a powder or a liquid concentrate, either of which must be mixed with water before it is given to an infant. Alternatively, formula can be packaged in a ready-to-use container that can be fed to an infant without adding water.
- Commercially fortified baby cereal. Commercially produced cereals specifically produced for feeding to infants or young children. Common infant cereal products available in India include Cerelac and Farex.

Q. 499T: FILTER FOR CHILD ATE ANY FOOD

Q. 499U: SOLID, SEMI-SOLID, OR SOFT FOOD

This question is only asked if none of the food groups in Q. 499S are reported by the respondent during the food group recall for the child. This question verifies whether or not the child really had no solid, semi-solid, or soft food the previous day. If the respondent says YES to Q. 499U, go back to Q. 499S and record the food(s) eaten.

- Solid, semi-solid, or soft foods include both dishes prepared for the entire family and special dishes prepared exclusively for infants and young children.
- Very thin, watery soups and gruels are classified as liquids not as solid, semi-solid, or soft foods.

Q. 499V: NUMBER OF TIMES CHILD GIVEN SOLID, SEMI-SOLID, OR SOFT FOODS

In this question, we try to find out the total number of times that the child was given solid, semi-solid, or soft foods the day before the interview. Count snacks given to the child between regular meals separately. If the number is 7 or more, record '7' in the box.

Example: The respondent reports her child was breastfed 8 times the previous day and fed porridge in the morning and evening. The child also ate a mashed banana during the afternoon. Record '3' in Q. 499V since the child ate solid/semi-solid/soft foods 3 times the day before the interview. The number of times the child breastfed is not counted in response to Q. 499V because breast milk is not a solid, semi-solid, or soft food.

G. Section 5: Child Immunizations and Health

Qs. 501, 501A, 502, 503: TABLE HEADING

There are some important differences between Sections 4 and 5. Section 4 obtains information for both living and dead children, while Section 5 obtains information only for living children. However, you will still need to complete the table headings for both living and dead children in Section 5. Also, Section 4 obtains information for births in 2018 or later, whereas Section 5 is restricted to birth in 2017 or later.

Complete the table heading, following the same procedure as you did for Section 4. Check Qs. 212 and 216 and fill in the Birth History Number (Q. 212), child's name, and survival status (Q. 216) at the top of this page and the child's name at the top of each of the subsequent pages in the Child Health table. Make sure to start with the last birth, then the next-to-last birth, etc.

When using a paper questionnaire, if there are more than three births in 2017 or later, you will need to use the continuation questionnaire that you prepared earlier. Write SEE CONTINUATION SHEET at the top of Section 5. Check the cover page to make sure that you have the correct continuation questionnaire. Go to Section 5 in the continuation questionnaire. Leave the first column of the questionnaire blank. Change the heading of the second and third columns to 'THIRD-FROM-LAST BIRTH' and 'FOURTH-FROM-LAST BIRTH', and record the name, birth history number, and survival status of the additional birth(s). Then return to the original questionnaire to begin asking the questions for the last-born child.

After completing Q. 503 for all births in 2017 or later, start with the LAST BIRTH in the first column and do one of three things: 1) if the child is alive, ask Q. 504; 2) if the child is dead, go to Q. 501A in the next column for the birth recorded there; or 3) if the child is dead and there are no more births, go to Q. 555.

Q. 504: VITAMIN A SUPPLEMENTATION

Q. 504 asks if the child received a vitamin A dose within the six-month period before the survey. As a visual aid, show the woman common types of vitamin A ampoules, capsules, or syrups. Do not record 'YES' if the child received the last dose more than six months ago.

Q. 505: IRON DEFICIENCY SUPPLEMENTATION

Iron supplementation is believed to be one of the most effective methods of alleviating anaemia. Iron supplements for infants and young children are commonly given in the forms of tablets or pills, or liquids (syrups or drops). A packet containing tiny iron particles that may be sprinkled on a child's food is also available. When asking Q. 505, show the woman the iron supplement samples and be sure to include the time reference. Since iron supplementation of children may occur in a weekly or daily form, Q. 505 asks if the child received iron supplementation in the past 7 days (1 week).

Q. 506: INTESTINAL WORMS

Worm control improves the nutritional status of children. Worm control is possible with cheap and effective drugs that are safe for preschool children. Q. 506 asks if the child took any drug for worms in the last 6 months.

Q. 507: VACCINATION CARD

You should have obtained documentation (birth certificates and vaccination cards) for eligible children at the beginning of the interview. If you have not already collected the vaccination card(s), ask the respondent to look for the card(s). In some cases, the respondent may hesitate to take time to look for the card(s), thinking that you are in a hurry. Since it is critical to obtain written documentation of the immunization history for all eligible children, be patient if the respondent needs to search for the card(s).

If the respondent shows you the card for a child, record YES, SEEN. If the respondent says the child has a vaccination card, but she is unable to show it to you because she has lost it, someone else has it, or it is not accessible to her during the interview, record YES, NOT SEEN for that child. If the respondent says she does not have a card for her child, record NO CARD. Each response has a different skip instruction, so be careful to follow the correct skip pattern.

Q. 508: EVER HAD VACCINATION CARD

If in Q. 507 the woman tells you she does not have a vaccination card for her child, ask her in Q. 508 whether she ever had a card for that child. It is possible that she did have a card at one time, but no longer has it. Record the appropriate code and skip to Q. 511.

Q. 509: RECORDING VACCINATIONS

If you have a vaccination (health) card for the child, fill in the responses to Q. 509, taking the information directly from the card. When there is more than one eligible child, be certain to match the correct card with the child you are asking about.

Before copying dates from the card to Q. 509, examine the card carefully. The card may list the vaccinations in a different order than the questionnaire. Also Q. 509 requires dates to be recorded with the day first, then the month and then the year. Check the card carefully to see which way the dates are written because sometimes the month might come first, followed by the day and year. Be very careful to record the dates correctly.

Besides recording vaccination dates on the card, some health facilities may also record the dates (appointments) on which the mother should bring her child for the next immunizations. Be very careful not to record a scheduled appointment date as a vaccination date. It is possible that an appointment date

was given, but the child never received the vaccination. Only record dates that vaccinations were actually given, and not dates of appointments. Be patient and read the card thoroughly.

If the card shows the year a vaccination was given but either the day, or the month, or both the day and the month are missing, record '98' for DON'T KNOW in the column for which the information is not given.

Example: If the date given was February 2022, you would record '98' for DAY, '02' for MONTH, and '2022' for YEAR.

If the card shows that a vaccination was given, but there is no date recorded, record '44' in the DAY column next to the vaccine and leave the month and year blank. Again, be careful to examine the card closely while recording/interpreting the information given on the card.

Example: Priya's health card shows the following immunizations

		LAST BIRTH								
		DAY		MONTH		YEAR				
BCG	May 20, 2022	BCG	2	0	0	5	2	0	2	2
Polio 0 (GIVEN AT BIRTH)	May 20, 2022	P 0 (GIVEN AT BIRTH)	2	0	0	5	2	0	2	2
Polio 1	August 25, 2022	P 1	2	5	0	8	2	0	2	2
Polio 2	October, 2022	P 2	9	8	1	0	2	0	2	2
Polio 3	Tick mark (No date given)	P 3	4	4						
flPV 1		flPV 1								
flPV 2		flPV 2								
flPV 3		flPV 3								
Hepatitis B 0 (GIVEN AT BIRTH)	May 20, 2022	H 0 (GIVEN AT BIRTH)	2	0	0	5	2	0	2	2
Penta V 1		PV 1	2	5	0	8	2	0	2	2
Penta V 2		PV 2	9	8	1	0	2	0	2	2
Penta V 3	Tick mark (No date given)	PV 3	4	4						
Rotavirus 1		RV 1								
Rotavirus 2		RV 2								
Rotavirus 3		RV 3								
JE 1		JE 1								
JE 2		JE 2								
MCV 1/MMR/MR		MCV 1/MMR/MR								
MCV 2/MMR/MR		MCV 2/MMR/MR								
DPT Booster-1		DPT B-1								
Vitamin A (last dose)	November, 2022	VIT A (last dose)	9	8	1	1	2	0	2	2
Vitamin A (next-to-last-dose)	March, 2023	VIT A (next-to-last-dose)	9	8	0	3	2	0	2	3
PCV 1		PCV 1	6	6						
PCV 2		PCV 2								
PCV Booster		PCV B								
OPV Booster		OPV B								

National Immunization Schedule (NIS) for Infants, Children and Pregnant Women

Vaccine	When to give	Dose	Route	Site
For Pregnant Women				
TT-1	Early in pregnancy	0.5 ml	Intra-muscular	Upper Arm
TT-2	4 weeks after TT-1*	0.5 ml	Intra-muscular	Upper Arm
TT- Booster	If received 2 TT doses in a pregnancy within the last 3 yrs*	0.5 ml	Intra-muscular	Upper Arm
For Infants				
BCG	At birth or as early as possible till one year of age	0.1ml (0.05ml until 1 month age)	Intra-dermal	Left Upper Arm
Hepatitis B - Birth dose	At birth or as early as possible within 24 hours	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
OPV-0	At birth or as early as possible within the first 15 days	2 drops	Oral	Oral
OPV 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks (OPV can be given till 5 years of age)	2 drops	Oral	Oral
Pentavalent 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks (can be given till one year of age)	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Rotavirus#	At 6 weeks, 10 weeks & 14 weeks (can be given till one year of age)	5 drops	Oral	Oral
IPV	Two fractional dose at 6 and 14 weeks of age	0.1 ml	Intra dermal two fractional dose	Intra-dermal: Right upper arm
Measles /MR 1 st Dose§	9 completed months-12 months. (can be given till 5 years of age)	0.5 ml	Sub-cutaneous	Right upper Arm
JE - 1**	9 completed months-12 months.	0.5 ml	Sub-cutaneous	Left upper Arm
Vitamin A (1 st dose)	At 9 completed months with measles-Rubella	1 ml (1 lakh IU)	Oral	Oral
For Children				
DPT booster-1	16-24 months	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Measles/ MR 2 nd dose §	16-24 months	0.5 ml	Sub-cutaneous	Right upper Arm
OPV Booster	16-24 months	2 drops	Oral	Oral
JE-2	16-24 months	0.5 ml	Sub-cutaneous	Left Upper Arm
Vitamin A*** (2 nd to 9 th dose)	16-18 months. Then one dose every 6 months up to the age of 5 years.	2 ml (2 lakh IU)	Oral	Oral
DPT Booster-2	5-6 years	0.5 ml.	Intra-muscular	Upper Arm
TT	10 years & 16 years	0.5 ml	Intra-muscular	Upper Arm

- *Give TT-2 or Booster doses before 36 weeks of pregnancy. However, give these even if more than 36 weeks have passed. Give TT to a woman in labour, if she has not previously received TT.
- **JE Vaccine is introduced in select endemic districts after the campaign.
- *** The 2nd to 9th doses of Vitamin A can be administered to children 1-5 years old during biannual rounds, in collaboration with ICDS.
- #Phased introduction, at present in Andhra Pradesh, Haryana, Himachal Pradesh and Orissa from 2016 & expanded in Madhya Pradesh, Assam, Rajasthan, and Tripura in February 2017 and planned in Tamil Nadu & Uttar Pradesh in 2017.
- § Phased introduction, at present in five states namely Karnataka, Tamil Nadu, Goa, Lakshadweep and Puducherry. (As of Feb' 2017)

Q. 510: ANY VACCINES GIVEN BUT NOT RECORDED

Sometimes a child receives a vaccine, but no record is made on the vaccination card. After copying from the card, ask the respondent whether the child received any vaccinations that are not recorded on the card. This includes vaccination given in Pulse Polio campaigns.

If the mother reports that the child did receive a vaccination for which no date was recorded on the card, record YES in Q. 510. Then, go back to Q. 509, record '66' in the DAY column next to the vaccine received, and leave the month and year blank. In Q. 510, only record YES if the respondent lists one (or more than one) of the vaccinations that are listed in Q. 509 but are not recorded on the card as having been given.

The mother may tell you that the child did not receive any immunizations other than those recorded on the card. In this case, record '2' for NO in Q. 510. At the end of this question, skip to Q. 513 no matter what answer is recorded.

Q. 511: EVER HAD A VACCINATION (BUT NO CARD)

You will ask this question only if you did not see a vaccination card for this child. In that case, all of the information about vaccinations of children will be collected from the mother, based on her memory about those vaccinations.

Qs. 512A-512U: VACCINATIONS FOR CHILDREN WITH NO CARD

If you did not see a child's vaccination card and the respondent tells you that the child did receive at least one vaccination, you will ask about whether the child received each of the following vaccinations: BCG, polio 0-3, nIP V 1-2, Hepatitis B 0-3, PENTA V 1-3, Rotavirus 1-3, Japanese Encephalitis 1-2, MCV/MMR/MR 1-2, PCV 1-2, and DPT1, PCV, and OPV booster.

Read the introductory question (Q. 512) and then ask Qs. 512A-U, following the appropriate skip patterns. Because there are many types of vaccines, we specify how each one is given so the mother will know which vaccine we are asking about. Read the whole sentence before accepting the woman's response.

Notice that there are follow-up questions for several of the vaccinations. For the polio vaccine, we ask whether the child received it, when the child first received it, and how many times the child received it. For many of the other vaccinations, we ask whether the child received the vaccination and how many times.

Qs. 513-514: SOURCE OF VACCINATIONS

For children who have received any vaccinations (either listed on the vaccination card or from the mother's recall), ask the respondent where the child received most of his/her vaccinations (Q. 514). If the child has received only one vaccination, ask where he/she received that vaccination. In either case, ask the respondent whether the place is in the public (run by the government) or private sector. If the place is run by a nongovernmental organization or trust, record code '31'. If the respondent does not know whether the place is run by the government or is private, write the name of the facility in the space provided (if it is a hospital, health centre, or clinic), and inform your supervisor after you complete the interview.

Qs. 515A-C: TABLE HEADING (FILTER TO SELECT CHILDREN UNDER 5 YEARS)

Like for Qs. 501-503, you will still need to complete the table headings for both living and dead children in Qs. 515A-C. Questions on immunization obtain information for all living children born in 2020 or later (age 0-3) and questions on child health care for all living children born in 2017 or later (age 0-6).

Complete the table heading, following the same procedure as you did for Qs. 501-503. Check Qs. 212 and 216 and fill in the Birth History Number (Q. 212), child's name, and survival status (Q. 216) at the top of this page and the child's name at the top of each of the subsequent pages in the Child Health table. Make sure to start with the last birth, then the next-to-last birth, etc.

When using a paper questionnaire, if there are more than three births in 2017 or later, you will need to use the continuation questionnaire that you prepared earlier. Write SEE CONTINUATION SHEET at the top of this table. Check the cover page to make sure that you have the correct continuation questionnaire. Go to Section 5, Qs. 515A-C in the continuation questionnaire. Leave the first column of the questionnaire blank. Change the heading of the second and third columns to ‘THIRD-FROM-LAST BIRTH’ and ‘FOURTH-FROM-LAST BIRTH’, and record the name, birth history number, and survival status of the additional birth(s). Then return to the original questionnaire to begin asking the questions for the last-born child.

After completing Q. 515C for all births in 2017 or later, start with the LAST BIRTH in the first column and do one of three things: 1) if the child is alive, ask Q. 516; 2) if the child is dead, go to Q. 515C in the next column for the birth recorded there; or 3) if the child is dead and there are no more births, go to Q. 555.

Q. 516: DIARRHOEA IN LAST 2 WEEKS

Diarrhoea is a major cause of illness and death among young children in developing countries. If a respondent is not sure what we mean by diarrhoea, tell her it means ‘three or more loose or liquid stools per day.’ While reading this question, emphasize ‘in the last 2 weeks’.

Q. 516A: BLOODY DIARRHOEA

Record whether there was any blood in the stools. Blood in the stools is a symptom of dysentery, an infection caused by certain bacteria, parasites, and intestinal worms.

Qs. 517-518: DRINKING AND EATING DURING DIARRHOEA

The amount of fluids or food given while a child has diarrhoea may be different than normal. Read the entire question before accepting a response. We are interested in knowing the amount of fluids and/or food the child ate or drank. Read the entire question before accepting a response. If a respondent says “less” probe to determine more specifically if she meant “much less” than usual or “somewhat less”.

Q. 518 is similar to Q. 517 except it concerns food eaten during diarrhoea. Note that there is an important difference between the response codes STOPPED FOOD and NEVER GAVE FOOD. The latter code is reserved for children who are not yet being given any food.

Qs. 519-520: ADVICE OR TREATMENT SOUGHT FOR DIARRHOEA

These questions ask whether advice was sought from someone else on how to treat this episode of diarrhoea, for example, advice from a health centre, a health worker, or a traditional healer. Record YES if anyone sought advice or treatment for the child’s diarrhoea (not just the mother).

If advice or treatment was sought (Q. 519 is YES), ask Q. 520 and probe for all sources. Record the code for each facility or person contacted.

When using a paper questionnaire, if the respondent does not know whether a facility is public or private, write the name of the facility in the space provided, and inform your supervisor after you complete the interview.

Q. 521: FILTER FOR NUMBER OF PLACES ADVICE/TREATMENT FOR DIARRHOEA SOUGHT

Q. 522: FIRST PLACE ADVICE/TREATMENT FOR DIARRHOEA SOUGHT

For women citing more than one source in Q. 520, probe in Q. 522 for the first place where advice/treatment for diarrhoea was sought. If the woman mentions a source that is not recorded in Q. 520, first probe to be sure that advice was sought from the source and then add that source in Q. 520.

Q. 523: HOW SOON WAS ADVICE/TREATMENT FOR DIARRHOEA

This question is asked to record the timing when advice or treatment was first sought after the start of the diarrhoea. Women are asked how long (that is, how many days) they waited before seeking advice/treatment after the diarrhoea started, since prompt treatment is critical. Record the number of days after the start of diarrhoea was advice/treatment sought for the first time. If on the same day, record '00'.

Qs. 524 -526: TREATMENT OF DIARRHOEA

Women are asked if they gave a child with diarrhoea fluid made from a packet of oral rehydration salts (ORS) or a gruel made from rice (Q. 524). Use the local names for ORS packet and rice gruel if one exists. In Q. 524 and Q.525, read out each item and record the answer given after each item. Be sure to record a code for each item. Do not leave any item blank. Ask if the child was given zinc at any time during this episode of diarrhoea (Q. 526).

Qs. 527-528: TREATMENT FOR DIARRHOEA OTHER THAN SPECIAL FLUIDS

These questions ask the mother whether the child received any treatment for diarrhoea other than those mentioned in Qs. 524-526 for this episode of diarrhoea. If you know from Q. 524 that the child was given fluid from an ORS packet, then phrase the question by saying, "Was anything else given to treat the diarrhoea?" If nothing was given, ask "Was anything given to treat the diarrhoea?"

If you learn in Q. 527 that the child was given something to treat the episode of diarrhoea, ask Q. 528 to identify what the mother or anyone else may have given the child. After recording a treatment, ask the woman whether "anything else" was given, but do so without implying that something else should have been given.

Qs. 529-531: FEVER IN LAST 2 WEEKS

Fever is a symptom of both malaria and pneumonia, which are two of the principal causes of death for young children in many countries. Often children with fever receive treatment for malaria regardless of whether they have malaria or pneumonia. As a result, anti-malarial drug resistance has become a major problem. To stop it, health personnel must diagnose malaria in children, and provide treatment for malaria only to those children who are infected with malaria parasites. Malaria is diagnosed by taking a few drops of blood from the patient and examining them for the presence of malaria parasites or malaria-specific proteins.

For Q. 529 record YES only if the fever occurred in the two weeks prior to the date of interview and then go on to Q. 530 about testing the child's blood. If the response to Q. 529 is No or Don't Know, skip to Q. 532.

Q. 532: COUGH IN LAST 2 WEEKS

Record YES only if the cough occurred in the two weeks prior to the date of interview.

Q. 533: CHILD BREATHED FASTER THAN USUAL/HAD DIFFICULTY BREATHING

This question is asked whether or not the child had a cough in the past two weeks. Short, rapid breathing or difficulty breathing are signs of pneumonia or other acute respiratory infections, which are a principal cause of death among children.

Q. 534: FAST/DIFFICULT BREATHING DUE TO CHEST PROBLEM/BLOCKED NOSE

The purpose of this question is to better distinguish between a respiratory illness which is life threatening and an ordinary blocked or runny nose which is less serious.

Q. 535: FILTER FOR FEVER

Qs. 536 and 537: DRINKING AND EATING DURING FEVER/COUGH

The amount of fluids or food given while a child has fever/cough may be different from normal. If the child had a fever or a cough but not both, read the question with the appropriate illness at the end of the sentence. For example, if the child had both a fever and a cough, read the statement preceding Q. 536 as follows: “Now I would like to know how much (NAME) was given to drink (including breast milk) during the illness with a fever and a cough.” Read the entire question before accepting a response. We are interested in knowing the amount of fluids and/or food the child ate or drank. If a respondent says ‘less’, probe to determine if it was “much less” than usual or “somewhat less”.

Qs. 538-539: ADVICE OR TREATMENT FOR COUGH/FEVER SOUGHT

Record YES in Q. 538 if anyone sought advice or treatment for the child’s fever or cough (e.g., the grandmother). If advice or treatment was sought, go on to ask Q. 539. Probe to determine whether more than one person or more than one place was consulted, and record all places mentioned.

If the respondent does not know whether the facility is public or private, write the name of the facility in the space provided. At the end of the interview, inform the team supervisor about the problem in classifying the source.

Q. 540: FILTER FOR NUMBER OF PLACES ADVICE OR TREATMENT FOR FEVER/COUGH SOUGHT

Q. 541: FIRST PLACE ADVICE OR TREATMENT FOR FEVER/COUGH SOUGHT

For respondents naming more than one source in Q. 539, probe in Q. 541 for the first place where advice/treatment for fever/cough was sought. If the woman mentions a source that is not recorded in Q. 539, first probe to be sure that advice or treatment was sought from the source and then add that source in Q. 539.

Q. 542: HOW SOON WAS ADVICE/TREATMENT SOUGHT FOR FEVER/COUGH

Women are asked how long (that is, how many days) it was before advice/treatment was sought after the fever/cough started, since prompt treatment is critical.

Qs. 543-544: TREATMENT OF THE FEVER/COUGH

Ask the respondent whether the child who had fever/cough in the past two weeks has taken any drugs for the fever/cough and, if so, what drugs the child received. Note that more than one drug may have been administered to the child during the illness.

If the child did not receive any drugs for the fever/cough, or if the respondent doesn’t know, skip to Q. 549.

If the child received treatment, in Q. 544, mark all the drugs mentioned by the woman. If the woman does not know the name of the drug, ask her to show you the drug or prescription. Record DON’T KNOW only if she cannot show you the drug or prescription or you cannot determine the type of drug given to the child based on the information provided.

Q. 545: FILTER FOR ANTIMALARIAL DRUGS GIVEN TO TREAT FEVER

Q. 546-Q548: WHEN AN ANTIMALARIAL DRUG WAS FIRST GIVEN

This question is asked only if the child was given any antimalarial drug. It is assumed that the child had a fever if an antimalarial drug was given. Find out how long after the fever started the child *first* took any of the antimalarial drugs. For example, if the child took chloroquine the day after the fever started and then took a combination with artemisinin the next day, record ‘2’ for NEXT DAY.

Q. 549: FOOD FROM THE ANGANWADI CENTRE

We are interested in whether the child has received any food from the *anganwadi* centre in the last 12 months and if so, how often the food was received. Often children receive food when they attend preschool education at the centre. If the mother says that the child receives the food when he/she goes to the centre for preschool, ask her how often that is. If the *anganwadi* provides take home supplies of food meant for daily consumption at weekly or monthly intervals, record the code for 'ALMOST DAILY, code '1'.

Q. 550: EARLY CHILDHOOD CARE OR PRESCHOOL AT THE ANGANWADI CENTRE

Ask the respondent how often the child went to early childhood care or preschool at the *anganwadi* centre in the last 12 months. Note that the codes for this question are different from the other questions in this series. Record code '1' for REGULARLY, code '2' for OCCASIONALLY, and code '3' for NOT AT ALL. Read the entire question before accepting an answer.

Q. 551: GROWTH MONITORING BY THE ANGANWADI CENTRE

Q. 551 asks how often the child was weighed by the *anganwadi* centre in the last 12 months.

Qs. 552 and 553: ADVICE FROM COMMUNITY HEALTH WORKER

Q. 554: INSTRUCTION TO ASK QUESTIONS 501A FOR NEXT CHILD

At this point, go back to Q. 501A and ask the series of questions for the birth in the next column. If there are no other births, proceed with Q. 555.

Q. 555: FILTER FOR NUMBER OF CHILDREN BORN IN 2021 OR LATER

Check Qs. 215 and 218 to find out how many children the respondent has who were born in 2021 or later and who are living with her. If there are no children born during this period who are living with the respondent, mark the box on the right and go to Q. 557. If she has one or more children born during this period who are living with her, mark the box on the left. Then proceed to ask Q. 556 and record the name of the youngest child born since January 2021 and living with the respondent.

Q. 556: DISPOSAL OF STOOLS

Correct disposal of stools is linked with lower risks of spreading diarrhoeal illnesses. Mothers are asked about what was done to dispose of the stools the last time their youngest child passed stools. If the stool was collected in a diaper, do not record diapers in OTHER. Rather, record where the stool was disposed. The diaper and stool may be disposed somewhere together, or the stool may have been disposed of in one place (example: toilet), and the diaper in another (example: garbage). Record where the stool was disposed.

Q. 557: FILTER FOR CHILD OR CHILDREN HAVING RECEIVED FLUID FROM ORS PACKETS

Q. 558: KNOWLEDGE OF ORS PACKETS

This question will be asked to determine whether respondents have heard of a special ORS packet to treat diarrhoea. It is asked of all women interviewed with the exception of women with children born in 2017 or later who were given an ORS packet to treat a recent case of diarrhoea. When asking Q. 558, be sure to use any local name that is used for these packets.

Q. 559: FILTER FOR ANY LIVE BIRTH IN 2017 OR LATER

H. Section 6: Fertility Preferences

This section gathers information on desires for additional children, preferred birth intervals, attitudes toward family planning and family size, and unwanted pregnancies.

Q. 601: FILTER FOR NEVER MARRIED

Q. 602: FILTER CONCERNING STERILIZATION STATUS OF RESPONDENT/HUSBAND

Q. 603: FILTER FOR HYSTERECTOMY

Q. 604: FILTER FOR PREGNANCY STATUS

Qs. 605-606: PREFERENCE FOR ADDITIONAL CHILDREN

If the respondent is currently pregnant, ask Q. 605. Note that we want to make sure that pregnant women do not think that we are asking them whether they want the child they are pregnant with now. For this reason, we begin this question by stating “Now I have some questions about the future. After the child you are expecting now...”

If she is not pregnant or is unsure if she is pregnant, ask Q. 606. Note that the wording of the question depends on whether or not she already has children. When using a paper questionnaire, choose the correct words. The CAPI will prompt you with the proper sentence. If the respondent is not pregnant and has no living children (check Q. 216), ask the question as follows: “Would you like to have a child, or would you prefer not to have any children?” If she has one or more children, you ask instead, “Would you like to have another child, or would you prefer not to have any more children?”

Q. 607: TIME TO WAIT

Q. 607 is to be asked of all women who say that they want to have another child. First check Q. 226 to see whether the respondent is pregnant and mark the appropriate box. If she is not pregnant or unsure, ask “How long would you like to wait from now before the birth of (a/another) child?” If she is pregnant, word the question differently by asking “After the birth of the child you are expecting now, how long would you like to wait before the birth of another child.” Note that the answer can be given in months or years. Record ‘1’ if the response is in months or ‘2’ if in years and record the answer in the appropriate boxes. If she says she would like to have a baby right away, record SOON/NOW. If the woman says she cannot get pregnant, record ‘994.’ If the woman gives a different answer, record ‘996’ and write her response in the OTHER category.

Q. 608: FILTER FOR PREGNANCY STATUS

Q. 609: FILTER FOR USING A METHOD

When using a paper questionnaire, check Q. 318. If a YES is recorded, you will mark the box CURRENTLY USING on the right in Q. 609 and skip to Q. 615. If a NO is recorded, you will mark the box NOT CURRENTLY USING. If Q. 318 was not asked, you will mark the box NOT ASKED.

Q. 610: FILTER FOR TIME TO WAIT

Q. 611: REASON FOR NOT USING A METHOD TO PREVENT PREGNANCY

Check the woman’s response in Q. 605 or 606, as appropriate. When using a paper questionnaire, if she says that she wants to have a/another child (Code ‘1’ is recorded), mark the box on the left and ask the question under that box. If she wants no (more) children (Code ‘2’ recorded), mark the box on the right and ask the question under that box. When using CAPI, the appropriate question will be displayed automatically.

There are many reasons that a person may not be using contraception, so listen to your respondent carefully. Record as many reasons as the woman mentions. The following are some guides to use in deciding which code(s) to mark:

Code INFREQUENT SEX if the respondent says she is not sexually active enough to be using a method. NOT HAVING SEX would be the appropriate code if she says she is not sexually active at all.

MENOPAUSAL means she is no longer menstruating and therefore cannot get pregnant, and Hysterectomy is an operation to remove her uterus.

Code CAN'T GET PREGNANT, if the respondent says she thinks she cannot get pregnant for reasons other than she is menopausal or has had a hysterectomy.

Code NOT MENSTRUATED SINCE LAST BIRTH if the respondent says her period has not returned since her last birth.

FATALISTIC/UP TO GOD means that the respondent feels that the pregnancy is predetermined by fate and she has no control over pregnancy.

RESPONDENT OPPOSED means that the respondent herself does not approve of family planning. If her husband is opposed to family planning, record the code for HUSBAND OPPOSED. If she says she is not using because someone other than her husband tells her they are opposed to her using family planning, code OTHERS OPPOSED.

RELIGIOUS PROHIBITION means that she feels her religion does not allow the use of family planning.

SIDE EFFECTS/HEALTH CONCERNS: Side effects are undesirable consequences of using a method that do not adversely affect the health of the user. For example, side effects may be spotting or bleeding with the pill. Health concerns include consequences of using a method the respondent thinks may affect her health. For example, the respondent may say she heard the pill may be linked to breast cancer.

INCONVENIENT TO USE would be if she considers the contraceptive methods to be too troublesome to use, such as being messy. This is inconvenient to use, but not inconvenient to get the method, since LACK OF ACCESS/TOO FAR is a separate category.

If the woman's main reason is not listed as a response, write her response on the OTHER line and record 'X.' If the woman does not know at all why she is not using contraception, record DON'T KNOW.

Q. 612: FILTER FOR USING A CONTRACEPTIVE METHOD

Q. 613: INTENT TO USE CONTRACEPTION IN NEXT 12 MONTHS

This question is for all women who are currently not using a method of contraception and women who were not asked about current contraceptive use because they were pregnant at the time of the interview. The purpose of this question is to see whether the respondent has any intention of using a method of family planning within the next 12 months.

Q. 614: INTENT TO USE CONTRACEPTION IN THE FUTURE

This question is similar to Q. 613. It is asked when the response to Q. 613 indicates that the respondent is not planning on using a method of family planning within the next 12 months or does not know if she will use a method in the next 12 months. The purpose is to see whether the respondent has any intention of using a method of family planning at any time in the future.

Q. 615: PREFERRED NUMBER OF CHILDREN

Check Q. 216 to see whether the woman has any children who are alive. Mark the box on the right if she has no living children or mark the box on the left if she has at least one living child. Ask the question under the marked box. When using CAPI, the appropriate question text will be displayed.

If she already has living children, we ask her to imagine the time when she had no children and could choose exactly how many to have. We are not asking how many she would like to have by her current age (now), but rather, how many she would like over her entire life (including the future).

If she tells you a number, record it in the boxes by NUMBER, then proceed with Q. 616. If she gives an answer that is not a number, for example, "It's up to God," probe for a numeric response. If after probing, the woman will not state a number, write down her exact words in the OTHER category, and skip to Q. 617.

Q. 616: DESIRED SEX COMPOSITION OF CHILDREN

This question is asked of all women who gave a numerical response to Q. 615. Record the number of boys and girls preferred by the woman in the boxes provided under BOYS and GIRLS, respectively. If the woman says she does not mind what sex the child is, write the number of such children in the boxes under EITHER. If she gives some other answer, record '96' for OTHER and record her exact words in the space provided.

Example: If in Q. 615, a respondent says she would like to have six children, and in Q. 616 she would like to have two boys, two girls, and two more of either sex, you would record '02,' '02,' '02.'

If a respondent would like to have two children ('02' in Q. 615) and she wants two boys, you would record '02,' '00,' '00' in Q. 616.

If she would like to have three children and at least one of them should be a boy, record '01,' '00,' '02,' since she would be satisfied with either sex for the other two children.

Finally, note that if the woman gives a numeric response to this question, the sum of the numbers you record in the three sets of boxes must equal the total number in Q. 615. You must probe further if the numbers do not match.

Q. 617: RECENT EXPOSURE TO FAMILY PLANNING MESSAGES

We are interested in any information about family planning in the last 12 months, whether it is a program concerned with giving information about family planning, an advertisement about family planning, or a speech in which family planning is mentioned. Read the introductory question and then each line; wait for her response and code it before moving on to the next line.

Q. 618 FILTER: MARITAL STATUS

Qs. 620-621: DECISION MAKING

In Q. 620, we want to know whether the woman usually participates in the decision whether or not to use contraception, which would indicate that she exercises her right to control and monitor her reproductive health. Read the entire question before accepting a response. If the respondent says that someone other than her husband or partner or she herself made the decision, such as a doctor or a nurse, select SOMEONE ELSE (Code '4').

Only women who respond that they make decisions about contraception use jointly with their husband are asked Q. 621.

Q. 622: PRESSURE TO BECOME PREGNANT

The purpose of this question is to determine if the respondent ever received pressure about when not to use family planning.

Q. 623: FILTER FOR STERILIZATION

Q. 624: FILTER FOR HYSTERECTOMY

Q. 625: HUSBAND'S AND WIFE'S PREFERENCE FOR CHILDREN

This question asks for the woman's opinion of her husband's preference compared with her own. Read the entire question before accepting a response.

Qs. 627: FILTER FOR STATE MODULE

Women in households selected for the state module will be asked additional questions in Sections 8-11. If the household is not selected for the state module, the interview will end here.

I. Section 7: Other Health Issues

Q. 701: PROBLEM IN GETTING MEDICAL TREATMENT

In this question, we are trying to understand the hurdles women generally face in accessing healthcare for themselves. Make sure that the woman understands that this question refers to medical care for the respondent herself, since previous questions asked about treatment for her children.

Read out each item and record the answer given before asking about the next item. Do not leave any blank. The phrase "When you are sick" in this question does not refer to any one specific episode of illness but to the typical scenario given the respondent's present circumstances. Consequently, if a woman says she cannot answer the question because she has not been sick, you must help her understand the question is hypothetical and relates to the type of problems she might experience if she were to be sick.

"Getting permission to go" means someone's permission is necessary for her to go and get the care. It does not matter who this person is (e.g., father, husband, or mother-in-law). Record '3' for NO PROBLEM in the case where she does not need anyone's permission, as well as the case where she says, for example, she needs her mother-in-law's permission but that this is never a problem. "Getting money needed for treatment" includes money for actual treatment and/or for medicines. "Not wanting to go alone" refers to a situation where the woman will not go to get treatment alone because she herself does not want to or does not like to go alone.

Qs. 702 and 703: BLOOD TRANSFUSION

In Q. 702, ask if she has ever had a blood transfusion. If yes, then record the month and year of last blood transfusion in Q. 703

Qs. 704-707: SMOKING AND TOBACCO USE

In Q. 704, ask the respondent whether she currently smokes cigarettes. In Q. 705, record the number of cigarettes she smokes each day. Remember to fill in the first box with '0' for numbers less than 10.

Similarly, Qs. 706-707 are asked to know about smoking *bidis*.

Qs. 708-709: TYPE OF TOBACCO

These two questions are designed to find out about the use of other types of tobacco besides cigarettes and *bidis* (e.g., chewing tobacco).

Qs. 710-712: ALCOHOL USE

In Q. 710, ask the respondent whether she ever drank alcohol. Alcoholic drinks include beer, wine, spirits, [ADD LOCAL EXAMPLES]. If the respondent says she doesn't currently drink any alcohol, ask if she ever drank alcohol at any point in the past. If the respondent says NO, skip to Q. 713.

For respondents that have ever consumed alcohol, ask Q. 711 to determine on how many days in the last month they had at least one drink of alcohol and record their answer in the space provided. If they did not have any alcoholic drinks in the last month, skip to Q. 713. If she says she drank most days, select code '95' for EVERY DAY/ALMOST EVERY DAY.

In Q. 712, ask the respondent on the days when she drank alcohol, how many drinks she usually had per day. A standard drink is the amount of alcohol contained in standard glasses of beer, wine, and spirits.

Qs. 713-716: TUBERCULOSIS

These questions obtain information on women's knowledge of tuberculosis (TB) and whether persons who have the illness are stigmatized. Be sure to probe in Q. 714 to find out all the transmission routes a woman may know. Be careful not to suggest responses when probing.

Qs. 717 and 718: ANAEMIA

These questions obtain information on women's knowledge about anaemia. Be sure to probe in Q. 718 to find all the causes of anaemia a woman may know. Be careful not to suggest responses when probing.

Qs. 719 and 720: HEPATITIS B AND C

These questions obtain information on women's knowledge about Hepatitis B and/or C. Be sure to probe in Q. 720 to find out all the ways a woman may know as to how Hepatitis B/Hepatitis C is spread from one person to another. Be careful not to suggest responses when probing.

Qs. 721A and 721B: OTHER HEALTH PROBLEMS

These questions ask whether the respondent currently has diabetes, hypertension, a chronic respiratory disease including asthma, thyroid disorders including goitre, any heart disease, cancer, and any chronic kidney disorder and if yes, whether treatment was sought for the problem. Be careful to record answers for each of the seven questions before moving on to Q. 722. Additional information about these conditions is provided below:

Diabetes is a chronic disease caused by a malfunction of the pancreas resulting in increased concentrations of glucose in the blood. The condition can damage many of the body's systems, in particular the blood vessels and nerves. Symptoms include excessive secretion of urine, thirst, weight loss, and tiredness.

Hypertension, also known as high or raised blood pressure, is a condition in which the blood vessels have persistently raised pressure.

Asthma is a chronic lung condition involving repeated attacks of breathing difficulty. Symptoms

include coughing, wheezing, shortness of breath, and chest tightness. The symptoms of asthma are sometimes confused with those associated with TB.

The main characteristic of goitre is swelling in or disfigurement of the neck. The swollen area is usually painless. The condition is often brought on by a lack of iodine in the diet.

Heart disease is a problem with the heart's function or the blood vessels.

Cancer is a malignant growth or tumor resulting from the division of abnormal cells.

Any chronic kidney disorders.

Q. 721B asks whether the respondent has taken any treatment for above mentioned problems.

Qs. 722: BREAST CANCER CHECK

Breast cancer checks include clinical breast exams and mammograms. During a clinical breast exam, a healthcare worker checks the breasts' appearance and uses the pads of his or her fingers to check the breast, underarm, and collarbone area for any lumps or abnormalities. A mammogram is an x-ray that allows breast tissues to be examined for any suspicious areas. Select YES if the respondent says she has had either type of breast cancer check by a doctor or other healthcare provider.

Qs. 723 and 724: EVER TESTED FOR CERVICAL CANCER

The cervix connects the uterus (womb) to the vagina (birth canal). A woman may not know that she has cervical cancer, but tests can be done to detect cervical cancer. These tests are called Pap smears, HPV tests, or VIA tests.

Pap smears and HPV (human papilloma virus) tests: While a woman is lying down on her back with her legs apart, a healthcare provider puts a small wooden or plastic stick (a swab), or a small brush, inside the vagina (birth canal) to wipe the cervix in order to collect a sample. The sample is then sent to a laboratory for testing.

VIA test (visual inspection with acetic acid): For this test, also called a vinegar test, a healthcare worker puts vinegar on the cervix and then visually inspects the cervix for changes that would be indicative of cervical cancer.

Q. 723 explains the cervical cancer tests. Read the entire statement carefully then ask Q. 724.

Q. 725: ORAL CANCER CHECK

This question is asked to know if the woman had ever undergone an oral cancer check by a doctor or healthcare provider.

Qs. 726-727: HEALTH INSURANCE

Q. 726 seeks information about whether the respondent has any health insurance that helps to cover the cost of health care when she needs it. The health insurance may be through a mutual or community-based program, a national or state insurance scheme (e.g., Central Government Health Scheme or CGHS), a plan offered by an employer (either that of the respondent or of another family member), or a private policy purchased from a commercial provider. Record YES in Q. 726 if the respondent participates in any health insurance scheme and, in Q. 727, identify all of the types of insurance plans by which she is covered.

Qs. 728: FREQUENCY OF FOODS EATEN

Q. 728 seeks information about foods the respondent usually eats. Ask about each item and record the frequency with which she usually eats those items.

J. Section 8: Sexual Life

Q. 801: FILTER FOR EVER HAD SEX

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking them.

Q. 802: GENERAL INSTRUCTIONS

The purpose of these questions about sexual intercourse is to determine the respondent's exposure to pregnancy, since fertility levels are directly related to the frequency of intercourse. Condom use also is of interest because it can help reduce the risk of transmission of HIV/AIDS and other sexually transmitted infections. Check for the presence of any other people before starting this section. Reassure the respondent that her answers are confidential and that she does not have to answer any question.

Q. 803: FILTER FOR WOMEN WHO ARE AGE 15-24

Check Q. 103. If the respondent is age 15-24, mark the box on the left and proceed with the next question. If the respondent is age 25-49, mark the box on the right and skip to Q. 805.

Q. 804: CONDOM USE DURING FIRST SEXUAL INTERCOURSE AMONG YOUTH

This question is of interest because if used consistently and correctly, condoms can reduce the risk of transmission of HIV and other sexually transmitted infections, as well as the risk of pregnancy.

Q. 805: LAST TIME HAD SEXUAL INTERCOURSE

Q. 805 applies to the respondent's last, or most recent, sexual partner. Fill in the respondent's answer in the space according to the times units that she uses. The YEARS AGO, row should be used only if the last intercourse was at least one year ago. In other words, there should never be a response '00' YEARS.

Example: If she says, "three weeks ago," record '2' and write '03' in the boxes next to WEEKS AGO. If she says, "four days ago," record '1' and write '04' next to DAYS AGO.

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says, "about a week ago," ask, "Do you remember which day? Was it before or after the weekend?"

In some cases, you may have to convert a respondent's answer.

Example: If the respondent says, "last night," record '1' and write '00' for DAYS AGO. If she has not yet resumed intercourse since she had her last child, check Q. 215 for the month and year of birth of her last child, and ask how long before the birth of that child she had sex the last time.

If the respondent had sex within the past year, continue with Q. 807. If the last time she had sex was 12 months or longer ago, skip to Q. 818.

Qs. 806-817: GENERAL INSTRUCTIONS

Where appropriate, these questions will be asked in turn about the respondent's two most recent sexual partners in the 12 months before the survey interview. Complete all of the relevant questions for the most recent partner before asking the questions for the second-to-last partner, if any.

Q. 806: LAST TIME HAD SEXUAL INTERCOURSE

Q. 806 is completed the same way as Q. 805, only it applies to the respondent's second-to-last sexual partner, if any.

Q. 807: CONDOM USED AT LAST INTERCOURSE

When asking about the last sexual partner, ask the question as follows: "The last time you had sexual intercourse ...". When asking about the second-to-last sexual partner, ask the question like this: "The last time you had sexual intercourse with this second person ...".

Q. 808: USE OF A CONDOM EACH TIME ONE HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS

Ask the respondent whether she used a condom each time she had sexual intercourse with her partner. Make sure that she understands that you are talking about the use of condoms every time she had intercourse with the last (second-to-last) partner and not about whether she used a condom every time she had intercourse with any partner during the last 12 months.

Qs. 809-815: RELATIONSHIP WITH LAST SEX PARTNER

In Q. 809, we want to know the relationship of the respondent with the person she last had sex with. Note that the response categories are stated in terms of her relationship to the man, not his relationship to her. It also refers to the relationship at the time they last had intercourse. If the woman responds "BOYFRIEND," probe to see if the boyfriend was living with her and then record the appropriate code.

Example: A divorced woman indicates her last sex partner was her former husband. If they were married at the time they had intercourse, record 'HUSBAND'. If they were already divorced and not living together at the time, record 'OTHER' and enter former husband in the space provided for specifying the relationship.

If the woman is the wife or cohabiting partner of this man, continue on to Qs. 810 and 811, being sure to follow skip instructions. Otherwise skip directly to Q. 812, which asks about the first time the woman had a sexual relationship with this partner. For recording the duration of the relationship in Q. 812, first record the code according to the unit the respondent used, and then fill in the answer in the space provided. If the duration is less than 10, write '0' in the first box. Again, make sure the woman is clear about the partner for which the question is being asked.

The frequency of the sexual intercourse is recorded in Q. 813. For women who are age 15-24, ask the age of the partner in Q. 815.

Q. 816: SEX WITH ANYONE ELSE

This question finds out if the respondent had sex with anyone else in the past 12 months. Be sure to include the time reference in the question. If she did not have sex with a second person during the 12 months, then skip to Q. 818. If the respondent indicates that she had sex with a person other than her last partner, go back and ask Qs. 806-815 and record her responses in the second column in the table.

Q. 817: NUMBER OF SEXUAL PARTNERS IN THE LAST 12 MONTHS

Q. 817 is asked of women who report having at least two sexual partners in the past 12 months. The question is concerned with the total number of different men the respondent has had sex with in the last 12 months, including the two men already mentioned. Since the respondent is asked this question only if she has had sexual intercourse with at least two men in the last 12 months, the answer should never be '00' or '01'.

Q. 818: NUMBER OF LIFETIME SEXUAL PARTNERS

Q. 818 asks about total number of lifetime sexual partners, including partners in the last 12 months. If the number of partners is greater than 95, record '95'.

Q. 819: PRESENCE OF OTHERS DURING INTERVIEW

Observe and record whether others are present during this section of the interview.

Qs. 820-821: KNOWLEDGE OF SOURCE FOR CONDOMS

Q. 820 asks about the respondent's knowledge of a source for condoms. You will be asking this question of both women who have used condoms and women who have not used condoms. If a respondent insists she has never used condoms and therefore cannot answer this question, explain that we simply want to know whether she is aware of a source for condoms. For example, if someone asked her for advice on where to obtain condoms, could she tell them where to go?

We are interested in knowing if the respondent knows more than one place to obtain a condom so be sure to ask, after recording the first source she names, about other places she may know about where the male condom is available.

Record all response(s) to Q. 821. When using a paper questionnaire, write the name of hospitals, health centres, and clinics if the respondent does not know if they are public or private.

Q. 822: ABILITY TO GET CONDOMS

We want to know whether the respondent thinks she could get a condom herself if she wanted to. It is important again to make sure the respondent knows that the question is hypothetical; we are not asking if she plans to get a condom but whether, if she wanted to, she could herself go and get a condom.

Q. 823: FILTER FOR CONDOM USE

Q. 824: Ask from where the woman obtained the condom when used the last time. In response category OTHER, include online purchase.

K. Section 9: Husband's Background and Woman's Work

Q. 901: FILTER FOR MARITAL STATUS

Q. 902: HUSBAND'S AGE

If you have difficulty obtaining the husband's age, use the same methods to probe for his age as described in Qs. 109-110 for obtaining the respondent's age.

Qs. 903-904: HUSBAND'S EDUCATION

These questions are identical to Qs. 111-112, which were asked of the respondent. Again, note that in Q. 904 you record the highest standard completed. If a woman is currently divorced, separated, or deserted, then insert the word 'last' when asking Q. 903. The term 'school' means any kind of formal school but does not include such things as Bible school or Koranic school or adult education classes. However, it does include technical or vocational training beyond the primary school level, such as long-term courses in mechanics, engineering, secretarial work, etc.

For Q. 904, record only the number of standards that the husband successfully completed.

Examples: If a woman's husband was attending standard 9 and left school before completing

that year, record '08' in the boxes. Although standard 9 was the highest year he attended, he completed only standard 8. If a woman's husband attended only two weeks of standard 1 in primary school, record '00' in the boxes.

If a respondent says simply that her husband completed primary (or that he completed secondary), you must probe to find out the exact number of standards completed. For persons with education beyond the secondary school level, you will need to find out how many years the respondent's husband completed beyond secondary. You will then add the number of years completed beyond the secondary level to the number 12 to calculate the response to Q. 904. Note that in such cases we are using 12 years as the total number of years required to finish higher secondary. For respondents who report having education levels more than higher secondary, assume 12 years of schooling is completed and to get the total number of years of schooling add 12 to the number of completed years in college. There is no need to ask respondents whose husbands have a post-secondary education how many standards he completed in school.

Example: If a woman says her husband stopped after completing two years of B.A., add 2 years to 12 years of school and enter '14' in the boxes.

Q. 905: HUSBAND'S CURRENT (OR MOST RECENT) TYPE OF WORK

First, check Q. 901. If a woman is currently married, mark the box on the left and ask the husband's occupation. If she is not currently married but was formerly married, mark the box on the right and ask about the most last husband's occupation. CAPI gives a list of occupation codes from which the appropriate has to be selected based on the response given by the respondent.

Examples of occupations are clerk, secretary, barber, taxi driver, nurse, teacher, lawyer, salesman, rubber tapper, fisherman, rice farmer, carpenter, etc. We are not interested in the industry that he works in (e.g., agriculture, mining, or services) or where he works (in a bank, a retail clothing store, or a government office), but we need to know what his job is.

Example: If the respondent says her husband works in a shop, ask what he does there. If she reports, he works as a salesman then record the code for salesman.

Write the answer in the respondent's own words. If you are not sure how to write the occupation, it is better to give more detail than less.

"Not currently working" is not an acceptable response. If he is not employed, get a description of his most recent job. If he does more than one job, write down what he does most of the time. If he is not working because he is in school, write "student." When using a paper questionnaire, do not fill in the two code boxes for this question, since numerical codes will be assigned afterwards in the office.

Q. 906: FILTER FOR MARITAL STATUS

Qs. 907-908: HUSBAND'S WORK

Qs. 907-908 ask whether the respondent's husband has worked in the last 7 days and the last 12 months.

Qs. 909-916: EMPLOYMENT AND OCCUPATION

These questions are concerned with any work other than housework that the respondent herself does.

Q. 910 is included because it often happens that women who sell things, or work on the family farm, will not consider what do they as work, especially if they do not get paid for the work. Read the introductory sentences of Q. 910 so the respondent understands what we mean by "work."

Q. 911 checks to determine if a woman normally works but was temporarily absent from work, i.e., she was on leave or was not working for some other reason during the seven-day period before the survey.

Q. 912 is directed to women who indicate they currently are not employed in a job or business and seeks information about whether the woman had done any work in the 12 months before the survey.

As in Q. 905, write the respondent's occupation in her own words in Q. 913. Again, it is better to give more details. CAPI gives a list of occupation codes (refer Appendix A) from which the appropriate codes (main and sub-category) have to be selected based on the response given by the respondent.

Q. 914: NATURE OF EMPLOYMENT

There are three categories here. Consider a woman who works in a shop as an example. If her husband or father operates the shop and she work for him, she is working FOR FAMILY MEMBER. If she works in a shop which is owned and operated by a nonfamily member, she works FOR SOMEONE ELSE. If she runs the shop with her husband or runs it on her own, she is SELF-EMPLOYED.

Q. 915: WORK ALL OR PART OF THE YEAR

Of interest here is the regularity with which a respondent is working. If she is working all year long, record THROUGHOUT THE YEAR even if she works only part-time. For example, if she works seasonally or for only part of the year (e.g., only during the sowing season), record '2'. If she works occasionally, record '3' for ONCE IN A WHILE. If a respondent says that she works throughout the year, but she takes one month leave every year, record '1'. Taking vacation or leave does *not* make a response of THROUGHOUT THE YEAR invalid.

Q. 916: TYPE OF PAYMENT

This question asks for the type of payment that the respondent receives for her work. Payment can come in two forms: in "cash" and in "kind." For example, a woman who sells fruit in the market to people who pay money for it earns cash for her work, even if some persons who buy her fruit use credit cards for the purchase. If the woman receives a portion of the fruit she takes to the market as payment, she receives "kind" for her work.

To answer Q. 916, you will need to determine if the woman receives payment in cash only, in kind only, both in cash and in kind, or whether she is not paid at all. If a respondent is a clerk and gets paid a regular salary, she earns CASH ONLY. If she is a domestic servant and she gets food and some cash, she is paid in CASH AND KIND. If she works as a domestic servant and she is not paid a salary but instead gets lodging and food only, she is paid IN KIND ONLY. If she is working on a farm owned by the family and receives no payment of money or other goods, then she is NOT PAID.

Qs. 917-918: FILTERS FOR MARITAL STATUS AND CASH EARNINGS

Qs. 919-924: WOMAN'S CONTROL OVER AND USE OF CASH INCOME AND PARTICIPATION IN HOUSEHOLD DECISIONS

Q. 919 is a single response question that asks who usually decides how the money the respondent earns will be used. The word 'jointly' refers to the respondent's making the decision jointly with her husband (Code '3'). If the husband decides by himself, record '2.' If someone other than the respondent and her husband (e.g., another relative) makes the decision, record '6' for OTHER.

Q. 920 asks the respondent for her perception of the amount of money she earns in relation to her husband's earnings. If the respondent's husband does not bring in any money at all, record '4' and skip to Q. 922.

Q. 921 is similar to Q. 919 except that it is concerned with whether the respondent is involved in decisions about how her husband's earnings will be used. Again, the question allows for only a single response with regard to who usually decides how the husband's earnings will be used. The response codes are identical to those described in Q. 919.

Qs. 922-924 address the roles of the woman and her husband in making various household decisions. Decision-making can be a complex process, so the emphasis is again on who usually makes a specific decision. Choose the response code most appropriate after you hear the respondent's answer to each type of decision. Use Code '1' for RESPONDENT only if the woman says that she alone mainly makes the decision. When her husband alone usually makes the decision, record '2.' If she and her husband usually consult about decisions, record '3'. If she says that her in-laws usually make the decisions about the items (e.g., what food to purchase), then record '4' for SOMEONE ELSE.

Q. 925: WHETHER RESPONDENT HAS OWN MONEY

Q. 925 asks whether the respondent has any money of her own that is completely under her control, meaning she can decide how to use the money alone, without consulting with her husband (if married) or anyone else. In this question, the amount of money does not matter. What is important is whether she has any money at all, however small the amount, which she can use as she wants without anyone's permission.

Q. 926 and Q. 927: FREEDOM OF MOVEMENT

We want to know whether the respondent is free to go alone to places that she needs to go to. There are three parts to this question. Be sure to record responses for each part before going on to the next question. Note that this is not a question of whether the respondent likes to go alone or not, or whether she is capable of going alone or not; it is a question about whether she is usually allowed to go alone or not. If a response is not clear, probe to determine which code to record.

Note that the question about going to the health facility refers to going to the health facility for any reason such as to pick up medication for someone else, not just to get treatment for herself if she is ill. Thus, if a respondent says that if she is ill no one will want her to go alone, repeat the question and explain that we are interested in knowing whether she would be allowed to go alone, only with someone else, or not at all if she is not herself ill. If the respondent says "My husband always goes with me to the health facility", ask her whether he would let her go alone if one day someone could not accompany her. Record code '1' for ALONE only if she says that yes, he has no problem with her going alone. Code '2', WITH SOMEONE ELSE ONLY, should be used when she is not allowed to go without being accompanied by another person. If a respondent says that she is not allowed to go to the place at all (even if someone accompanies her), code '2'.

In Q. 927, we ask women how often in the past year the woman did not go to a public place such as market or to work or to school/college when she wanted to because she was worried about being spoken to or being touched/grabbed/pinched in a sexual way she did not want. If the woman reports, 'once in a while or few times' in the whole year then record 3 (LESS THAN ONCE A WEEK) and if she says 'never', record 4 (NOT AT ALL).

Qs. 928-929: OWNERSHIP OF HOME(S) AND/OR LAND

There is increasing evidence that ownership of property by women has positive consequences for women's empowerment, nutritional and health outcomes, and children's schooling. For these questions, 'ownership' implies that the house or land is legally registered in the woman's name or, since official property records do not always exist or are not maintained, the house or land is recognized as hers and cannot be sold without her signature or equivalent.

Q. 928 is concerned with whether the respondent owns a house either by herself or jointly with someone else. For this question, 'house' includes all dwelling types including apartments, duplexes, and houses that are semi-detached or detached, etc., as well as other types of dwellings that are specific to India. If she owns a house (either the one you are in at the time of the interview or any other house), and she is the only owner of the house (she does not share ownership with anyone), record ALONE ONLY. If she doesn't own a house on her own, but instead jointly owns one with someone else, record JOINTLY ONLY. If she owns a house alone and another house jointly with someone else, record BOTH ALONE

AND JOINTLY. If she does not own a house either alone or jointly, record DOES NOT OWN.

It does not matter if the house was bought with a loan and the loan is still being paid for; what matters is whether the respondent's name is on the ownership document or, in the case where there is no paperwork, the respondent believes she has exclusive or part ownership of the house, record as outlined above.

Q. 929 is concerned with whether the respondent owns land either by herself or jointly with someone else. The size, quality, or purpose of the land is not relevant to this question; we are only asking about her ownership of any type or size of land. The system of coding the responses is identical to Q. 928.

Note that communally owned land is not owned by her, even if she is part of the community.

Q. 930: SELF-HELP GROUP

Self-help groups (SHGs) are informal associations of people who come together to find ways to improve their living conditions. They are generally self-governed and peer-controlled. People of similar economic and social backgrounds associate generally with the help of any NGO or government agency and try to resolve their issues and improve their living conditions. SHGs are formed by poor people and the marginalized who come together to solve problems like poverty, illiteracy, healthcare, etc. which can be more effectively tackled collectively than individually.

Qs. 931-932: KNOWLEDGE OF PROGRAMMES FOR GIVING LOANS TO WOMEN FOR BUSINESSES

There are many different kinds of schemes that are set up to loan money to women to start their own business or do work to earn money. For example, micro-credit programmes give loans to rural women to buy a cow to start getting and selling milk, or to women to buy a sewing machine so that they can work as a tailor. We want to know if the respondent knows of any such programme (Q. 931) and if she has utilized any of them (Q. 932).

Q. 933: PRESENCE OF OTHERS

This is not a question to ask the respondent, but something that you answer yourself. Just look around and see who else is within listening distance while you are interviewing. If a supervisor observes the interview, be sure to include her or him as another female or male present. Do not leave any row blank.

Q. 934: ATTITUDES TOWARD BEATINGS

Read the opening question and then read each item separately. Wait for her answer before going on to the next item. If the respondent does not understand the question, you should read it out again. Be sure to read each item clearly. Sometimes respondents misunderstand the question and think you are asking about their personal experience. This question is about the respondent's opinion and not about what is happening in her relationship with her husband. Be sure that the respondent has understood the question before accepting an answer.

Qs. 935-938: REFUSAL TO HAVE SEX AND INSISTENCE ON CONDOM USE

Q. 935 asks whether or not it is justified for a wife to ask her husband to use a condom when they have sex when she knows that her husband has an infection that may be transmitted through sexual intercourse.

Q. 936 asks the respondent whether or not she thinks that a wife is justified of refusing her to having sex with her husband if she knows that her husband has sex with other women.

Q. 938 is asked to currently married women. The question is whether she can say no to her own husband if she doesn't want to have sexual intercourse with him.

L. Section 10: HIV/AIDS and Other Sexually Transmitted Infections

AIDS is an illness caused by HIV, a virus that weakens the immune system and leads to death through secondary infections, such as pneumonia. It is transmitted through sex or through contact with contaminated blood. This section asks questions concerning knowledge and behaviour related to HIV/AIDS and other diseases that are transmitted through sexual contact.

Qs. 1001-1002: HEARD OF AIDS AND HIV

These questions allow us to verify whether a respondent has heard of HIV or AIDS. If there is a local term for HIV or AIDS, use the local term in addition to the word 'HIV' or 'AIDS'.

Q. 1003: FILTER FOR KNOWLEDGE OF HIV/AIDS

Q. 1004: SOURCES OF INFORMATION ABOUT AIDS

This question seeks to obtain information about where women have learned about AIDS. Record all the sources of information mentioned by the respondent. If a respondent gives an answer that is not on the list, record 'X' for OTHER and write/type the source in the space provided.

Qs. 1005-1012: KNOWLEDGE OF WAYS TO AVOID/REDUCE CHANCES OF GETTING HIV/AIDS AND MISCONCEPTIONS ABOUT HIV/AIDS

Qs. 1005 and 1007 are asked to determine whether people know about behaviours advocated by public health programs to reduce the chance of becoming infected with HIV: being faithful to one partner and using condoms.

Qs. 1006 and 1010 are asked to measure how many people hold incorrect beliefs about the way HIV is transmitted.

Q. 1008 is asking about HIV transmission when receiving blood transfusions and Q. 1009 is concerned with injecting drugs. Note that Q. 1009 is not just about sharing needles used for drugs.

After we've asked about specific behaviours, we ask the respondent if she knows any other ways of avoiding or reducing the chances of getting HIV/AIDS. In Q. 1012 we ask respondents who indicate they know other ways what ways they know about. You are to record all the ways mentioned. If the respondent answers 'practice safe sex', ask what she means by safe sex, and record the answer appropriately. When a respondent gives an answer that is not on the list, record 'W' for OTHER and write the answer in the space provided. If the respondent provides answers that are not on the list, you should use code 'W' for the first response and code 'X' for the second response.

Q. 1013: HEALTHY-LOOKING PERSON WITH HIV/AIDS

We want to know if the respondent thinks that a healthy-looking person could be infected with HIV.

Q. 1014: TRANSMISSION FROM MOTHER-TO-CHILD

This question asks whether a mother who is infected with HIV can pass on the virus to her baby in any of three ways: while she is pregnant with the baby, during delivery of the baby, or while breastfeeding her baby. Ask each item one at a time and take care to mark the response next to the item about which you are asking.

Q. 1015: FILTER FOR KNOWLEDGE OF ROUTE OF TRANSMISSION

Q. 1016: DRUG REDUCING RISK OF MOTHER-TO-CHILD TRANSMISSION

This question is asked to respondents who know at least one way by which HIV can be passed on from a mother to her child. Ask the respondent if she knows of any ‘special drugs’ that can reduce the risk of transmitting HIV from a mother to her baby. In many instances, respondents will know that drugs are available, but will not know their names. Hence, in this question ‘special’ refers to Western or modern medicines.

Q. 1017: MEDICINE FOR PEOPLE WITH HIV/AIDS

This question is asking only about medicine that would be provided by a doctor or nurse to help a person with HIV live longer. Home remedies the respondent may know about are not to be recorded here.

Qs. 1018-1019: FILTERS FOR LAST BIRTH SINCE JANUARY 2021 AND RECEIPT OF ANTENATAL CARE

Q. 1020: PRIVACY

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking them.

Q. 1021: COMPONENTS OF ANTENATAL CARE

We want to know if the respondent was given information about each of the listed topics during any of her antenatal care visits. It does not matter whether the topic was discussed only once or more than once or discussed in only one visit or more frequently. Ask about each topic and record the response before asking about the next one. In the third item, we are asking whether a health provider gave her information about getting tested for HIV/AIDS; we are not asking whether or not she actually got tested. We will ask that in a later question.

Qs. 1022-1023: TESTING FOR HIV DURING ANTENATAL CARE

First in Q. 1022 we ask whether the respondent was ever offered an HIV test during her antenatal care visits, in other words, whether someone asked her if she wanted to be tested. This may have been at any of her antenatal visits during her last pregnancy. Then in Q. 1023 we ask her if she was tested for HIV during an antenatal care visit for this pregnancy. We do not need to know the result of the test, simply whether or not she was tested. Notice that you are to ask if she was tested even if she said that the test was not offered.

Q. 1024: WHERE TEST WAS DONE

Ask the respondent where she was tested for HIV. Record her response. When using a paper questionnaire, again, write the name of the source in the space provided if the respondent does not know if it is a private or public health sector. Advise the team supervisor who will try to identify the type of source.

Q. 1025: TOLD THE RESULTS OF THE TEST

Ask the respondent if she was told the result of her HIV test. Sometimes people are tested for HIV but are not told the result of the test, or do not go to get the result. Be clear to the respondent that you are not asking to know the result of the test, only whether she knows the result of the test.

Q. 1026: COUNSELLING AFTER TESTING

Counselling is an integral component of the HIV test. Counselling should be provided no matter whether the test is positive or negative. Be clear to the respondent we are not asking for the result of the test. This

question is asked to determine whether or not the respondent received counselling following testing.

Q. 1027: FILTER FOR PLACE OF BIRTH OF LAST BIRTH

Qs. 1028-1030: TESTING FOR HIV PRIOR TO DELIVERY

For Q. 1028, stress that we are interested in knowing whether she was offered a test between the time that she went for delivery but before the baby was born.

For Qs. 1029-1030, be clear to the respondent that we do not want to know the result of the test, only whether or not she has ever been tested and whether or not she got the results of the test.

Q. 1031: TESTED SINCE THE TEST DURING ANTENATAL CARE

For women who received an HIV test during antenatal care, we ask whether they have had another HIV test since the test they had during their pregnancy.

Q. 1032: HOW MANY MONTHS AGO THE MOST RECENT HIV TEST WAS DONE

If the respondent knows she was tested, but is not sure when it took place, probe to obtain an estimate of how many months ago it was. Note that all responses to this question skip to Q. 1039 because Qs. 1033-1036 would be repetitive and Qs. 1037-1038 are only asked of women who have never been tested.

Q. 1033: EVER BEEN TESTED FOR HIV

Be clear to the respondent that we do not want to know the result of the test, only whether or not she has ever been tested.

Q. 1034: TIMING OF MOST RECENT HIV TEST

Ask the respondent when she was last tested for HIV. If the respondent knows she was tested, but is not sure when it took place, probe to obtain an estimate of how many months ago it was.

Q. 1035: RESULTS OF TEST

Ask the respondent if she was told the result of the test. Sometimes people are tested for the HIV but are not told whether or not they are infected, or do not go to get the result. Be clear to the respondent that you are not asking to know the results of the test (whether or not she has the virus), only whether the respondent got the result of her test. If the respondent has been tested more than once, we are asking whether the respondent got the result from the last time she was tested.

Q.1036: WHERE TEST WAS DONE

Ask the respondent where the test was done and follow the same procedure as in Q. 1024 in recording the source.

Qs. 1037-1038: KNOW WHERE TO GO TO GET TESTED

For those respondents who have never been tested for HIV we ask if they know of a place they can go to get tested. In this question, you need to probe and record all the places respondents know about for testing. In Q. 1038, follow the procedures described in Q. 1036 in recording the source.

Qs. 1039-1047: ATTITUDES TOWARDS PEOPLE WITH HIV/AIDS

Stigma and discrimination towards people living with HIV creates a hostile environment that impacts their quality of life in many ways such as access to education and healthcare, lack of social support, increased risk of violence. These questions are meant to ascertain the respondent's own personal

opinions and attitudes towards people infected with HIV or with people who are sick with AIDS. To obtain this information, we present hypothetical (imaginary) situations to respondents and ask them to tell us how they would react to the situation. The questions address the following situations:

- Willingness to buy vegetables from a vendor with HIV/AIDS: Would the respondent buy vegetables from someone in the market if she knew the seller had HIV/AIDS?
- Allowing children with HIV to attend school: Should children who are HIV positive be allowed to attend school with children who are HIV negative?
- Concern about keeping the status of a family member infected with HIV a secret or not: Would the respondent be willing to have other people in the community know if a member of her family was infected with HIV/AIDS?
- Willingness to care for a family member ill with HIV in her own household: Would the respondent be willing to care for a relative who had HIV/AIDS in her own household? If the respondent says she would be willing, but her husband would not let her, record YES because it is her attitude you are concerned with not her husband's.
- Attitude about a female and male teacher infected with HIV/AIDS but who is not sick continuing to teach: What is the respondent's opinion about how each case should be handled?
- Interactions with HIV positive persons: Should people with HIV be treated in the same hospital with patients who are HIV negative? And should HIV positive people be allowed to work in the same place as people without HIV?

Q. 1048: KNOWLEDGE OF OTHER SEXUALLY TRANSMITTED INFECTIONS

Check Qs. 1001 and 1002. If the respondent has heard of HIV or AIDS, ask Q. 1048a to determine whether she knows other infections that can be transmitted through sexual contact. If she has not heard of HIV or AIDS, ask Q. 1048b to determine if she has heard about infections that can be transmitted through sexual contact. Ask the respondent whether she knows other infections that can be transmitted through sexual contact. She is not being asked to actually tell you what specific sexually transmitted infections (STIs) she knows about, but only that she has heard about infections other than AIDS that are transmitted through sexual contact.

Q. 1049: SYPHILIS

We want to know if the respondent has heard of syphilis which is a bacterial infection usually spread by sexual contact. The disease starts as a painless sore – typically on the genitals, rectum, or mouth. Syphilis spreads from person to person via skin or mucous membrane contact with these sores.

Q. 1050: FILTER FOR EVER HAD SEXUAL INTERCOURSE

Q. 1051: FILTER FOR KNOWLEDGE OF STIs

Qs. 1052-1054: SEXUALLY TRANSMITTED INFECTIONS

We want to know if the respondent has had an STI (Q. 1052) or symptoms of an STI in the past 12 months. Symptoms of an STI include discharge from the vagina (Q. 1053) or sores or ulcers around the vagina (Q. 1054).

Q. 1055: FILTER FOR HAD INFECTION

This filter requires you to check Qs. 1052-1054 to determine if the respondent has had an STI or symptoms associated with such infections in the past 12 months.

Qs. 1056-1057: ADVICE OR TREATMENT SOUGHT FOR STI

Ask the respondent whether she sought advice or treatment the last time she had an infection and/or experienced one of the symptoms. If the respondent sought treatment, ask about the place or places where treatment or advice was sought using the same approach as Q. 1038. We are interested in all of

the places from which she may have gotten assistance so be sure to probe to make sure the respondent has mentioned all of the sources from which she received advice or treatment.

M. Section 11: Household Relations

Q. 1101: FILTER FOR WOMAN'S ELIGIBILITY FOR INTERVIEW OF THIS SECTION

Q. 1102: FILTER FOR PRIVACY

It is very important to establish absolute privacy during this section. Check your physical surroundings for the presence of others. Check both the area you are sitting in and all areas within hearing distance. Be sure that there is privacy in the sense that there are no persons anywhere near you who will be able to hear and understand your questions. If there are children within hearing distance old enough to understand your questions, ask them politely to leave. Only small infants not capable of understanding can remain. Do not proceed with the interview until you have ensured privacy. The importance of these data cannot be overemphasized, and you must do everything you can to obtain privacy before the interview can continue. If you are unable to ensure privacy you will be forced to skip the section and miss out on some very important information.

If, despite your best efforts, you are unable to obtain privacy, you must record code '2' and skip to Q. 1139. Fill out an explanation of what happened and end the interview.

If privacy has been obtained, record code '1' and proceed with the interview. Speak clearly and be very considerate of the feelings of the respondent. Keep your voice low throughout the interview.

When asking the questions in this section, you should avoid showing curiosity, surprise, or any other emotion, whether favorable or unfavorable. Be aware that these topics can be difficult for the respondent to address. She may be embarrassed or fearful of her husband or others, or she may just feel that these matters are too private to discuss. It is your job to win her trust so that she feels comfortable reporting such personal information to you.

Q. 1103: INTRODUCTORY STATEMENT

The introductory sentences should be treated like an additional informed consent. The respondent should be reassured about the confidentiality of the information. If there is more than one eligible woman in the household, you should informally explain to this respondent that no one else in the household is being asked these questions and that no one else will know what has been discussed. After reading the introductory statement, answer any questions the respondent may have. Once the respondent has no more questions and/or does not object to your asking the questions, you should proceed.

Q. 1104: FILTER FOR MARITAL STATUS

Check Q. 301 for the respondent's marital status. If she is not currently married but has ever been married, mark the box in the center and ask Q. 1105-1115 in the past tense and referring to her last husband.

When using a paper questionnaire, if she has never been married or is married but *gauna* has not been performed, mark the box on the right and skip to Q. 1118. When using CAPI, the appropriate question will be displayed.

Q. 1105: QUESTION ON MARITAL CONTROL BY THE HUSBAND

For each item, read the item and then pause, giving the respondent enough time to give her answer. Do not force her to respond if she is unwilling. Record her response before asking the next item. Remember to keep your voice calm and low.

Note that you have to phrase the questions according to the actual marital status of the respondent. For example, if a woman is formerly married, ask Q. 1105 like this: "...Please tell me if these apply to your relationship with your last husband. He was jealous or angry if you talked to other men?" If the

respondent is currently married ask: "...Please tell me if these apply to your relationship with your husband. He is jealous or angry if you talk to other men?" Read each item, record the response and then go to the next item.

Qs. 1106-1107: EMOTIONAL AND PHYSICAL TREATMENT OF WOMEN BY THEIR HUSBAND

Again, it is necessary to ask the questions according to the actual marital status of the respondent. The questions have several different parts. Each part should be read out slowly and clearly so that the respondent hears the entire question before responding. After each question, pause and give the respondent sufficient time to answer. Answering these questions could be particularly difficult for the respondent; be patient.

Qs. 1106A-B: In these questions we are interested in knowing whether the respondent has suffered any form of emotional abuse by her current husband if she is currently married or her last husband if she is formerly married. As in earlier questions, first read the introductory statement then ask each item slowly and clearly. If the answer to an item is YES, record code '1' and then ask question Q. 1106B to determine how often each type of incident occurred in the preceding 12 months.

The answer codes for Q. 1106B are OFTEN, SOMETIMES, and NOT IN THE LAST 12 MONTHS. Respondents may not always give you an answer in these terms. For example, a respondent may ask "What do you mean by 'often'?" In this case you should respond with "Whatever you yourself consider to be often." If she gives you a quantitative answer such as "It happened once or twice last year," then use the following general rule of thumb: If it occurred 5 or more times, code it as OFTEN. If it occurred 1-4 times, code it as SOMETIMES.

In Q. 1106A(a), we are trying to determine whether or not the respondent has felt humiliated because of something her husband said or did in front of others. The focus is on her feeling humiliated, not on what the husband said or did to humiliate her. For example, if a respondent says "He likes to scold me in front of guests and I feel really embarrassed and ashamed," record code '1'. If the respondent says YES, record code '1' and ask question Q. 1106B(a).

In Q. 1106A(b) we want to know whether or not the husband has done something that made the respondent feel afraid for either herself or someone she cares about (such as her children, her mother, her friends, etc.). The type of harm threatened is not important here; rather the respondent's own perception that there was a threat is important. If the respondent says YES, record code '1' and ask question Q. 1106B(b).

In Q. 1106A(c), we want to know whether her husband insults her or makes her feel bad about herself. Examples include making her feel that she is no good at anything she does, she does not know how to behave, etc. Again, we are not interested in what he does or says, but whether the end result is that the respondent feels that she herself is just not good enough. If the respondent says YES, record code '1' and ask question Q. 1106B(c).

Qs. 1107A-B: These questions address physical and sexual violence perpetrated by the husband. Respondents may find these questions painful, and some respondents may get emotional or upset. If a respondent does lose her composure, be sympathetic and kind. Give the respondent a chance to recover before proceeding. Do not force the respondent to answer; at the same time, keep in mind that, no matter how painful, most respondents are willing to share this information if you are patient, nonjudgmental, and empathetic. As in Q. 1106, record code '1' for an affirmative response to an item and ask Q. 1107B to determine frequency in the past 12 months, before proceeding to the next item.

Most items in Q. 1107A are self-explanatory. Respondents might not see the distinction between items (h), (i), and (j). Item (h) asks about the use of physical force to have sexual intercourse, whereas items (i) and (j) ask about the use of physical force (item i) and other non-physical means (item j) to force her to perform sexual acts she did not want to. We are not trying to find out what the sexual acts are, just whether the respondent was forced to do something sexual that she did not want to do. Remember that

if a respondent says YES to an item on Q. 1107A, she is asked Q. 1107B.

Q. 1108: FILTER FOR ANY PHYSICAL OR SEXUAL VIOLENCE

Q. 1109: TIME OF FIRST OCCURRENCE

This question allows us to determine when the physical and/or sexual violence by the husband first began in relation to the start of her marriage. Note that we want to know the timing of the first occurrence of abuse. If one or more items in Q. 1107A have been coded '1', then we want information on the first time that any of the items coded YES happened. For example, if the respondent has said yes to being slapped (Q. 1107A(c)) and to being attacked with a knife (Q. 1107A(g)), then we want to know when it was that she was first slapped or attacked, whichever type of abuse happened first. If the response given is less than one year after they started living together, record '00', otherwise, record the answer in completed number of years. For example, if the respondent says "One and a half years after marriage," record '01' in the boxes. If the first act of violence occurred before the couple got married/began living together, record code '95'.

Q. 1110: INJURIES

We are interested in knowing whether the respondent has been physically hurt as a result of some deliberate act by her husband. Anything that was a clear accident is not being counted. In Q. 1110(a), cuts refer to injuries in which the skin is broken, and bruises and aches to injuries in which the skin has not been broken. Q. 1110(b) refers to severe burns. Q. 1110(c) refers to more serious injuries to the eyes, actual sprains, bones dislocated but not completely broken, and minor burns. Finally, Q. 1110(d) refers to wounds which are not just small cuts, but which are much more serious or broken bones and other more serious injuries.

Qs. 1111-1112: WOMAN'S BEHAVIOUR TOWARD HUSBAND

Q. 1111 seeks to determine whether the respondent herself is ever an instigator of domestic violence. Read the question slowly so that the respondent hears all parts. This question is referring to any act by the respondent that would physically hurt the husband. However, it is asking about physical abuse by the respondent that took place when the husband was not already in the process of abusing her. All acts such as those asked about specifically in Q. 1107 are included even though we are not listing them again separately. If the respondent says that she has never hit her husband, record code '2' for NO and skip to Q. 1113. Also record code '2' if the respondent says that she hit her husband but only after he had begun to beat her. If the respondent says "I hit him in self-defense," probe to find out whether he was already beating her when she hit him or whether she hit him first. If she has never ever hit him first, record code '2'; if she has hit him first whether in self-defense or not, record code '1'.

Q. 1112 is only for women who have said that they have tried to physically hurt their husband when he was not hitting them. We are interested in knowing the frequency with which the respondent has done these things to her husband during the last year. The response should NOT include any time that the wife hit or beat the husband when he was already beating or physically hurting her. Also see instructions for Q. 1106B for what to code as OFTEN and SOMETIMES.

Qs. 1113-1114: HUSBAND'S DRINKING

In Q. 1113, we are interested in knowing whether or not the husband drinks alcoholic beverages. If the husband drinks alcohol, the response should be YES regardless of the type of alcoholic beverage or the frequency of consumption. Q. 1114 is only asked from respondents whose husband drinks alcoholic beverages. In this question we are interested not in the frequency of drinking but of getting drunk—whatever it is that the respondent understands by 'drunk'. If she asks you what you mean by being 'drunk', explain that a person is considered 'drunk' if he has had so much alcohol that he is not in complete control of himself.

Q. 1115: FEAR OF HUSBAND

This question is asked of all ever-married women, whether or not they have reported abuse or drinking by their current or last husband. It is again referring to the current husband for women who are currently married and the last (most recent) husband for formerly married women. The question is self-explanatory, and the respondent will have to choose between the three answer codes: MOST OF THE TIME AFRAID, SOMETIMES AFRAID, or NEVER AFRAID. Again we are not interested in why she is/was afraid, but only whether she is/was afraid of her husband.

Q. 1116: FILTER FOR MARRIED MORE THAN ONCE

Qs. 1117A-B: PHYSICAL/SEXUAL/EMOTIONAL ABUSE BY PREVIOUS HUSBAND

Qs. 1117A(a-c) asks the respondent if she has undergone physical/sexual/emotional abuse from a previous husband. For currently married women the previous husband is any husband other than her current one. For formerly married women, the previous husband is any husband other than her last (most recent) husband.

If the respondent reports abuse, record code '1' and proceed to Q. 1117B. If she does not report abuse, record code '2'. Q. 1117B is asked to know from the respondent how long ago the abuse last occurred.

Q. 1118: HISTORY OF ABUSE

This question is asked of all women, whether or not they have reported abuse by their current or last husband and whether or not they have ever been married. Check Q. 301 for marital status. Ask the question corresponding to the respondent's marital status.

Ever-married women: Ask the version of Q. 1118 which is on the left. All ever-married women have already been asked about husband abuse in earlier questions. In this question, they are being asked about their experience of physical abuse since they were age 15 by any person other than their current or any previous husband. If the woman has been married only once, read the question like this "From the time you were 15 years old, has anyone other than your husband..." and if she is formerly married or has been married more than once, read the question like this: "From the time you were 15 years old, has anyone other than any husband..." For example, an ever-married woman could have been abused by one of her parents or her in-laws or a teacher.

Women who have never been married: Ask the version of Q. 1118 which is on the right. Note that this is the first time that these women are being asked about any type of abuse. Be sure that the respondent understands the question and give her sufficient time to answer.

For both sets of women, read the question slowly, pausing briefly after each type of violent act mentioned. Be sure that married women understand that the question excludes violence by a husband.

Q. 1119: ABUSER INFORMATION

This question seeks to find out who, other than the respondent's current/last husband, has physically hurt the respondent. Record all those persons the respondent mentions. If she mentions someone who has not been listed, record code X and specify who it is. Note that more than one answer is acceptable.

Q. 1120: RECENT ABUSE

This question seeks to find out how often the person(s) whose code is recorded in Q. 1119 has physically hurt, slapped, or kicked the respondent in the last year. If more than one code is recorded in Q. 1119, then you must find out the frequency with which this occurred in the past year, irrespective of which of the persons mentioned was doing it. So, if a respondent said that both her step-mother and step-father beat her, find out whether, in total, she was beaten often, sometimes, or never in the past year. Record the appropriate code.

Q. 1121: FILTER FOR EVER BEEN PREGNANT

Qs. 1122-1123: ABUSE DURING PREGNANCY

Qs. 1122-1123 are asked only of women who have ever been pregnant or are currently pregnant. Even if women have already reported violence by a husband or by anyone else, we want to know if any violence has occurred during any pregnancy, current or past. For women who have been pregnant more than once, it does not matter whether violence occurred in only one or more than one pregnancy. Code '1' should be recorded if violence occurred even in one pregnancy.

Q. 1123 asks about the perpetrators of the violence during pregnancy. Multiple responses may be recorded since more than one person may have abused the respondent during one or more pregnancies. Make sure to probe for additional responses. Also, note that unlike in Q. 1119, in this question a current or former husband could be the perpetrator.

Q. 1124: FILTER FOR EVER MARRIED

Q. 1125-1130: HISTORY OF FORCED SEX AND SEXUAL ACTS

These questions are trying to find out whether the respondent has a history of forced sexual intercourse or sexual acts. No definition of force is being given here—force can include physical force, emotional force, or anything else that the respondent considers as force, such as threats to her or her children, etc. What is important is that the respondent believes that she was being forced to have sex or perform sexual acts when she did not want to.

Q. 1125 and Q. 1126 are essentially the same question but are worded somewhat differently by marital status of the respondent. These questions are very important but difficult. There are three different things that you have to keep in mind when asking either of these questions:

1. The questions are asking not only about sexual intercourse, but also about being forced to do anything sexual when she didn't want to. Sexual violence does not always take the form of sexual intercourse. Thus, a woman who has said she has never had sexual intercourse may have been forced to perform other sexual acts against her will which would also be considered sexual violence.
2. The questions are also trying to capture sexual violence that may have occurred when the respondent was a child and not just in the recent past. Childhood sexual abuse is very difficult to capture, and respondents sometimes find it difficult to talk about.
3. The term 'forced in any way' is included with the idea that, especially in childhood abuse, the force can take many different forms. For example, it may be in the form of emotional blackmail where the abusing adult may be using the threat of withdrawing their love from the child.
4. Finally, if the respondent seems nervous or looks worried, you must assure her again about the confidentiality of the information she is giving you. Tell her again that anything she says will not be told to anyone and no one will know that she was asked these questions.

When asking these questions, remember to word the question correctly for ever-married women.

Q. 1125 is asked of ever-married women: Ever-married women have already been asked about spousal sexual abuse in earlier questions. Here, they are being asked about sexual abuse by any person other than their current or previous husband. They are being asked to report their experience of any kind of sexual abuse ever in their lifetime, including both childhood and adulthood.

Q. 1126 is asked of never married women: Read the questions slowly with the right phrases emphasized. They are being asked to report their experience of any kind of sexual abuse ever in their lifetime, including both childhood and adulthood.

In Q. 1127, all respondents who report ever having been forced to perform sexual acts are asked who the person was who was forcing them at the time that the sexual violence first occurred. That is why this question does not allow multiple answers. Even if the respondent has been sexually abused by more than one person, we are asking her about the first time this happened and who the person was who was abusing her that first time. For ever-married women, remember that the question is asking women about sexual abuse by men who are not their current or former husband. Note that current and former husband are permitted as answer codes because some women may say that the person who first abused them became their husband after the abuse but was not their husband at the time of the abuse. However, before you record either '01' or '02', be sure to remind the respondent that you are asking about the relationship at the time of the first abuse. If she still says that the person became her husband later, then record '01' if the person is her current husband and '02' if the person was a former husband.

In Q. 1128, check Q. 301 for the respondent's marital status. Ask the appropriate version of the question according to whether the respondent has ever been married or not. Again, remember to ask the question correctly for ever-married women. Note that answers skip to Q. 1130.

Filter Q. 1129 is for ever-married women who said NO or refused to answer Q. 1125. For these women, the filter asks you to check back to Q. 1107A items (h), (i), and (j) and Q. 1117A item (b). If any of these items is a YES, then ask Q. 1130. If each of them is a NO, then skip to Q. 1131.

Q. 1130 has two different forms depending on marital status. Hence first check Q. 301 for the respondent's marital status. If the respondent has ever been married, then ask the question on the left; if the respondent has never been married, then ask the one on the right. This question is asking about the respondent's age at the time of the first occurrence of sexual abuse, whoever the first abuser was. Remember to record the age in completed years.

Q. 1131: FILTER FOR ANY ABUSE

Only women who have reported any kind of physical or sexual abuse are asked Qs. 1132-1134. If the respondent has not experienced any kind of abuse, that is, there is not even one YES in any of the relevant questions, then skip to Q. 1137. If there is at least one question that is coded YES, then ask Qs. 1132-1134.

Qs. 1132-1134: HELP SEEKING

Q. 1132 refers to any kind of help that the respondent may have sought for the abuse. She could have asked her own family or gone to the police, for example. The nature of the help being sought is not important, but only whether she ever sought help. If she did seek help, code all the persons/types of people or organizations she sought help from in Q. 1133.

Note that in Q. 1133, multiple responses may be recorded. Make sure to probe for more responses. All women who are asked Q. 1133 skip to Q. 1135.

Q. 1134 should be asked only of women who reported that they did not seek help for the abuse from anyone. With this question, we want to know if they have at least told someone about the abuse.

Q. 1135: FILTER FOR MEDICAL HELP SOUGHT

Q. 1136: SOURCE OF MEDICAL HELP

Ask where all she sought medical help. This is a multiple response question.

Q. 1137: RESPONDENT'S FATHER AND MOTHER

In this question we are interested in knowing whether the respondent's father ever beat her mother. All women are asked this question even if they have not experienced violence themselves. Record code '8' if the respondent really does not know if her father beat her mother.

Q. 1138: INTERRUPTIONS

Please provide information on the extent of privacy maintained during the interview. This is not a question for the respondent, but something you answer yourself. Record a code in each line to indicate whether or not the interview was interrupted by the respondent's husband, another male adult, or a female adult. We are interested here in knowing which persons interrupted the interview and how frequently. If the husband walked through the room once and later came in to ask the respondent a question, record code '2' for YES, MORE THAN ONCE. Such interruptions may influence the respondent's answers. Remember, in no circumstances should you have continued the interview unless there was no one who could have heard.

Q. 1139: COMMENTS/EXPLANATION

If the interview could not be completed use this space to give a complete explanation. You must explain why you were unable to obtain privacy. If you were able to complete the interview, give any information in this space that might help to interpret the results. Also note any factors that may have influenced the respondent's answers.

Remember to thank the respondent for her cooperation and reassure her of the confidentiality of her responses. At this point, check your questionnaire carefully.

If the respondent has asked about sources of help or referrals, this is the time when you should provide this information to her as you have been trained to do.

Q. 1140: TIME INTERVIEW ENDED

If there was an extended break during the interview time; for example, the respondent excused herself to care for a sick child and returned to complete the interview 45 minutes later, make a note to report how long a break was taken.

Be sure to thank the respondent for her cooperation. When using a paper questionnaire, at this point, check your questionnaire carefully. Before leaving the house, make sure you have followed the skip patterns correctly and that your marks are legible. Also, inform the respondent that a health technician will be coming to her household to weigh and measure the height of the respondent (and her young children) and conduct a test for anaemia, blood pressure, blood glucose, and if selected, blood spots for additional tests. If she has any simple, general questions about these measurements, you can answer them, but tell her that the health technician will explain the measurements in more detail and will answer all of her questions.

N. Interviewer's Observations

After you have checked over your questionnaire and thanked the respondent, note any comments on the last page. You may make comments about the woman you interviewed, about specific questions on the questionnaire, or about any other aspects of the interview. If anything about the interview was unusual or should be brought to the attention of the supervisor, note it here. Even if the interview was straightforward, a few comments on each interview will be helpful in editing and processing the questionnaires. For example, if a respondent attended school in a different country, one with a different system for dividing grades into primary and secondary, note that here. If you were unable to complete the interview for any reason, or if answers that were not precoded require further explanation, use this space. All these comments are helpful to the supervisor and data processing staff in interpreting the information in the questionnaire.

O. Calendar

GENERAL DESCRIPTION OF THE CALENDAR

The paper calendar is located at the end of the Woman's Questionnaire. It is called a "calendar" because it is where you will record information about the timing of recent events in the respondent's life. The calendar is "recent" in that only events occurring in the year of the survey plus the five full calendar years preceding the current year are included.

From the top of the page to the bottom, the paper calendar includes 72 boxes (each box representing one month of time) divided into six sections (each representing one year or 12 months of time) in which to record information about the woman's experiences with childbearing and contraceptive use. From left to right, there are two columns:

- Column (1): Births, pregnancies, and contraceptive use
- Column (2): Ultrasound conducted during pregnancy
- Column (3): Reason for discontinuing contraceptive use

Earlier in the manual, procedures for completing the calendar were described briefly. In this section, we discuss in much more detail the methods by which you are going to fill in the calendar using a paper questionnaire. But before we proceed, a couple of points need to be understood:

- 1) You may at this point ask, "What and where are the questions that I am supposed to ask that will allow me to complete the calendar on a paper questionnaire?" First, the calendar is completed at the same time that the Woman's Questionnaire is completed. Much of the information you need to complete the calendar is drawn directly from the responses to questions in Sections 2 (Reproduction) and 3 (Contraception). **When using a paper questionnaire**, these questions have a large 'C' in them to help you identify questions related to the calendar. When using CAPI, this information will be entered in the electronic calendar as you proceed.

Second, the calendar will give you a visual "snapshot" of the woman's last five or six years of life that will help you to ask probing questions as necessary to improve the accuracy of the information. The calendar is built in a series of steps. At each step, you can and should determine whether or not a woman's response is consistent with previous responses and where to place the event in relation to other events. For example, if there have been 12 months between the birth of Baby A and the beginning of the pregnancy resulting in Baby B, you can easily see in the calendar that these 12 months need to be accounted for in terms of use or nonuse of a contraceptive method.

There are many ways to get this information, and the calendar allows you to be innovative in obtaining the responses you need to completely fill in the calendar with the correct codes. Simply bear in mind that there may well be more than one correct way to "build" the calendar.

- 2) Whereas interviewing procedures may be flexible, the method of recording information on the calendar is not. Only certain codes (shown to the left of the calendar) are acceptable for use in the calendar. You need to translate the woman's responses to codes. Only one code may appear in each box.

Column (1): BIRTHS, PREGNANCIES, AND CONTRACEPTIVE USE

The calendar provides a record of the timing of all live births, pregnancies and periods of contraceptive use. **Every month in column (1) of the calendar up to the month of interview must be accounted for, i.e., filled in with a code.**

When using a paper questionnaire, the following describes the codes used in recording information

in the calendar:

Q. 225: Pregnancies ending in live births. The first entry in the calendar will be made after you have completed and checked the responses in the birth history (Qs. 211-221). As Q. 225 instructs, for each live birth in January 2015 or later (Q. 215), you will place a ‘B’ in the month of birth and a ‘P’ in each of the preceding months according to the duration of the pregnancy. The number of months in which ‘P’s are recorded prior to the month ‘B’ must be one less than the total number of months the woman reports she was pregnant.

Paper Example: A respondent gave birth in September 2017. She reported that the baby was full-term. For this birth, enter a ‘B’ in September 2017 and ‘P’s in the eight months prior to September, i.e., in the months January through August 2017.

Q. 226 and 227: Current pregnancy. For women who are currently pregnant, place a ‘P’ in the month of interview and in each preceding month of pregnancy. The number of ‘P’s in the calendar should equal the number of completed months of pregnancy given in Q. 227.

Qs. 234-235: Pregnancies ending in a nonlive birth. For the **last** pregnancy that ended in a non-live birth (Qs. 229-234), place an ‘M’ for miscarriage, an ‘A’ for abortion, or an ‘S’ for stillbirth in the month of pregnancy termination and a ‘P’ in each month of pregnancy. For all earlier nonlive birth pregnancies in the calendar period, place a ‘T’ in the month of pregnancy termination and a ‘P’ in each month of pregnancy.

Paper Example: A respondent reports she had her last pregnancy that ended in a miscarriage in the fourth month of pregnancy (i.e., after three completed months) in June 2018. Place an ‘M’ in June 2018 and a ‘P’ in each of the three preceding months.

Qs. 321-322: Contraceptive use. For contraceptive use in January 2015 or later, write the code for each method used in the months it was used. If more than one method is used at the same time, record the method that appears highest on the list of method codes. If a method was used for an extensive period (at least four months), enter the code in the first and last months of use and connect them with a squiggly line. As a last step, months without any method use (...and no pregnancy or pregnancy termination) should be coded ‘0’ indicating that no method was used.

If a respondent tells you that she switched from one contraceptive method to another in the middle of a month, record the method that she used in the beginning of the month in the cell for that month. Record the new method in the following month.

Paper Example: A respondent said she used the pill until the middle of May, 2015 when she had an IUD inserted. Record ‘5’ for pill in May 2015 and ‘3’ for IUD in June 2015.

If a respondent used a method at the beginning of a month, and stopped so she was not using any method at the end of the month, record the code for the method she was using in the box corresponding to the month she stopped. Record ‘0’ for “no method” in the following month.

In general, when a respondent has switched or discontinued contraceptive use within a month, in the calendar you will record what she was using at the beginning of that month. One exception to this rule is in the month of the interview. Before getting to Q. 311 on history of contraceptive use, you will already have filled in the calendar in Q. 304 for current contraceptive use. For the month of interview, you will have recorded what the respondent is using as of the day of the interview, even if it is different from what she was using at the beginning of the month of interview.

Column (2): ULTRASOUND CONDUCTED DURING PREGNANCY

For a current pregnancy, record “Y” for YES or “N” for NO in the current month for whether an ultrasound test was conducted at any time during the current pregnancy. For live births and non-live births, record “Y” or “N” in the ultrasound column in the row corresponding to the month and year when the child was born or the month and year when a non-live birth was terminated.

Column (3): REASON FOR DISCONTINUING CONTRACEPTIVE USE

For every discontinuation of a method, the reason for discontinuation is recorded in Column (3) in the last month the method was used. For example, if Column (1) indicates discontinuation of pill use in April 2017, then you should identify and record the reason for the discontinuation in Column (3) in the same month, April 2017.

Points to Remember

- Only one code is entered in any one box (month) of the calendar.
- In column (1) all boxes should be filled in.
- In column (2) record “Y” if ultrasound was conducted and if not record “N”
- Column (3) records a reason for each interruption of method use that occurs in Column (1). The code is entered in the last month of use.
- Each squiggly line must have both endpoints defined by the same code.
- To label the births, write the child’s name to the left of the code ‘B’. This will make your work easier and more accurate because birth dates serve as your best reference points.

ILLUSTRATIVE CASES

In this section, we provide several examples that illustrate how to complete the calendar when using a paper questionnaire. Up to six steps may be necessary:

- 1) Transfer the dates of live births from the birth history to the calendar
- 2) Record the months of pregnancy (P) for any pregnancies terminating in live births (B) and non-live births (M), (A), (S), or (T)
- 3) Record the months of contraceptive use and nonuse.
- 4) For each pregnancy record “Y” if ultrasound was conducted and if not record “N”.
- 5) Record the reason for discontinuation of contraceptive use.

For each example, we assume that the respondent knows the dates of birth of her children and also the dates during which she used contraception. During actual fieldwork, you may need to probe to correct errors in the reporting of this information.

CALENDAR EXAMPLE

Case #1

Scenario: The respondent was interviewed in March 2023. She had two births since January 2018. The first was Ravi, born full term in September 2019, and the second was Ajay, born one month early in February 2022. The dates of birth of the children are obtained from Q. 215 in the birth history. The woman did not have any other pregnancies, has never used contraception, and did not have an ultrasound test during any of her pregnancies.

STEP 1

The first step is to record the birth dates for Ravi and Ajay. A 'B' is recorded in the month of birth of each of the children and the child's name is written to the left of the 'B' in Column (1) in the month corresponding to the child's birth date.

Step 1

WOMAN'S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
RAVI	18 September 2019	1	SEP 2019	B
AJAY	25 February 2022	1	FEB 2022	B

STEP 2

The second step involves entering a 'P' in each of the months of pregnancy prior to the month in which each live birth occurred. For Ravi, 'P's would be entered from January 2019 to August 2019 (8 months), while for Ajay it is 7 months from July 2021 to January 2022 (before the month of birth).

Step 2

WOMAN'S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
Pregnant	January-August 2019	8	JAN-AUG 2019	P
Ravi	18 September 2019	1	SEP 2019	B
Pregnant	July 2021-January 2022	7	JUL 2021-JAN 2022	P
Ajay	25 February 2022	1	FEB 2019	B

STEP 3

The respondent did not use contraception during the calendar period. Thus, in the calendar, you will fill in the rest of the boxes with '0's to show the periods of non-use.

Step 3

WOMAN'S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
Nonuse	January -December 2018	12	JAN-DEC 2018	0
Pregnant	January-August 2019	8	JAN-AUG 2019	P
Ravi	18 September 2019	1	SEP 2019	B
Nonuse	October 2019-June 2021	21	OCT 2019-JUN 2021	0
Pregnant	July 2021-January 2022	7	JUL 2021-JAN 2022	P
Ajay	25 February 2022	1	FEB 2022	B
Nonuse	March 2022-March 2023	16	MAR 2022-MAR 2023	0

Calendar Entries for CASE #1

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMN 1, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1:

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- A ABORTIONS
- M MISCARRIAGES
- S STILLBIRTHS
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD/PPIUCD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 DAILY PILL
- 7 WEEKLY PILL
- 8 CONDOM/NIRODH
- 9 FEMALE CONDOM
- J STANDARD DAYS METHOD
- L LACTATIONAL AMENORRHOEA METHOD
- R RHYTHM METHOD
- W WITHDRAWAL

- X OTHER MODERN METHODS
- Y OTHER TRADITIONAL METHODS

COLUMN 2:

ULTRASOUND CONDUCTED DURING PREGNANCY

- Y YES
- N NO

COLUMN 3:

DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 METHOD FAILED/BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 FEAR OF SIDE EFFECTS/ HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- 9 FATALISTIC/ UP TO GOD
- F DIFFICULT TO GET PREGNANT/MENOPAUSAL
- A MARITAL DISSOLUTION/SEPARATION
- D LACK OF SEXUAL SATISFACTION
- L CREATED MENSTRUAL PROBLEM
- M GAINED WEIGHT
- G DID NOT LIKE METHOD
- N LACK OF PRIVACY FOR USE

- X OTHER _____
(SPECIFY)
- Z DON'T KNOW

			1	2	3	
12 DEC	01					
11 NOV	02					
10 OCT	03					
09 SEP	04					
2 08 AUG	05					2
0 07 JUL	06					0
2 06 JUN	07					2
3 05 MAY	08					3
04 APR	09					
03 MAR	10	0				
02 FEB	11					
01 JAN	12					
<hr/>						
12 DEC	13					
11 NOV	14					
10 OCT	15					
09 SEP	16					
2 08 AUG	17					2
0 07 JUL	18					0
2 06 JUN	19					2
2 05 MAY	20					2
04 APR	21					
03 MAR	22	0				
02 FEB	23	B	N			
01 JAN	24	P				
<hr/>						
12 DEC	25	P				
11 NOV	26	P				
10 OCT	27	P				
09 SEP	28	P				
2 08 AUG	29	P				2
0 07 JUL	30	P				0
2 06 JUN	31	0				2
1 05 MAY	32					1
04 APR	33					
03 MAR	34					
02 FEB	35					
01 JAN	36					
<hr/>						
12 DEC	37					
11 NOV	38					
10 OCT	39					
09 SEP	40					
2 08 AUG	41					2
0 07 JUL	42					0
2 06 JUN	43					2
0 05 MAY	44					0
04 APR	45					
03 MAR	46					
02 FEB	47					
01 JAN	48					
<hr/>						
12 DEC	49					
11 NOV	50					
10 OCT	51	0				
09 SEP	52	B	N			
2 08 AUG	53	P				2
0 07 JUL	54	P				0
1 06 JUN	55	P				1
9 05 MAY	56	P				9
04 APR	57	P				
03 MAR	58	P				
02 FEB	59	P				
01 JAN	60	P				
<hr/>						
12 DEC	61	0				
11 NOV	62					
10 OCT	63					
09 SEP	64					
2 08 AUG	65					2
0 07 JUL	66					0
1 06 JUN	67					1
8 05 MAY	68					8
04 APR	69					
03 MAR	70					
02 FEB	71					
01 JAN	72	0				

Ajay

Ravi

CASE #2

Scenario: The respondent was interviewed in May 2023. During the period covered by the calendar, she had one birth (Ram), occurring in September 2021 in the 9th month of pregnancy, and one other pregnancy miscarried in the third month of her pregnancy in July 2019. She had an ultrasound test during both pregnancies. The pregnancy that ended in a miscarriage occurred accidentally while her husband and she were using the condom. They used the condom from the time they married in November 2015 until she became pregnant.

Immediately after the miscarriage, she began using the weekly pill. She deliberately interrupted use of the pill because she wanted a child. She became pregnant with Ram after five months of trying. She is currently using the weekly pill, which she began using five months after the birth of Ram.

Calendar Entries for CASE #2

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMN 1, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1:

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- A ABORTIONS
- M MISCARRIAGES
- S STILLBIRTHS
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD/PPIUCD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 DAILY PILL
- 7 WEEKLY PILL
- 8 CONDOM/NIRODH
- 9 FEMALE CONDOM
- J STANDARD DAYS METHOD
- L LACTATIONAL AMENORRHOEA METHOD
- R RHYTHM METHOD
- W WITHDRAWAL

- X OTHER MODERN METHODS
- Y OTHER TRADITIONAL METHODS

COLUMN 2:

ULTRASOUND CONDUCTED DURING PREGNANCY

- Y YES
- N NO

COLUMN 3:

DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 METHOD FAILED/BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 FEAR OF SIDE EFFECTS/ HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- 9 FATALISTIC/ UP TO GOD
- F DIFFICULT TO GET PREGNANT/MENOPAUSAL
- A MARITAL DISSOLUTION/SEPARATION
- D LACK OF SEXUAL SATISFACTION
- L CREATED MENSTRUAL PROBLEM
- M GAINED WEIGHT
- G DID NOT LIKE METHOD
- N LACK OF PRIVACY FOR USE

- X OTHER _____
(SPECIFY)
- Z DON'T KNOW

			1	2	3	
12 DEC	01					
11 NOV	02					
10 OCT	03					
09 SEP	04					
2 08 AUG	05					2
0 07 JUL	06					0
2 06 JUN	07					2
3 05 MAY	08	7				3
04 APR	09					
03 MAR	10					
02 FEB	11					
01 JAN	12					
<hr/>						
12 DEC	13					
11 NOV	14					
10 OCT	15					
09 SEP	16					
2 08 AUG	17					2
0 07 JUL	18					0
2 06 JUN	19					2
2 05 MAY	20					2
04 APR	21					
03 MAR	22	7				
02 FEB	23	0				
01 JAN	24					
<hr/>						
12 DEC	25					
11 NOV	26					
10 OCT	27	0				
09 SEP	28	B	Y			
2 08 AUG	29	P				2
0 07 JUL	30	P				0
2 06 JUN	31	P				2
1 05 MAY	32	P				1
04 APR	33	P				
03 MAR	34	P				
02 FEB	35	P				
01 JAN	36	P				
<hr/>						
12 DEC	37	0				
11 NOV	38					
10 OCT	39					
09 SEP	40					
2 08 AUG	41	0				2
0 07 JUL	42	7			2	0
2 06 JUN	43					2
0 05 MAY	44					0
04 APR	45					
03 MAR	46					
02 FEB	47					
01 JAN	48					
<hr/>						
12 DEC	49					
11 NOV	50					
10 OCT	51					
09 SEP	52					
2 08 AUG	53	7				2
0 07 JUL	54	M	Y			0
1 06 JUN	55	P				1
9 05 MAY	56	P				9
04 APR	57	8			1	
03 MAR	58					
02 FEB	59					
01 JAN	60					
<hr/>						
12 DEC	61					
11 NOV	62					
10 OCT	63					
09 SEP	64					
2 08 AUG	65					2
0 07 JUL	66					0
1 06 JUN	67					1
8 05 MAY	68					8
04 APR	69					
03 MAR	70					
02 FEB	71					
01 JAN	72	8				

CASE #3

The respondent was interviewed in April 2023. The woman's only birth in this period (Sita) occurred in March 2022 after an accidental pregnancy while using withdrawal, a method she had been using for one year. She did not have an ultrasound test for this pregnancy. The pregnancy lasted nine months. She is currently pregnant, having failed with the use of withdrawal two months earlier. She has not yet had an ultrasound test. She and her husband had been using withdrawal since Sita was born. She also had a stillbirth in December 2019 in the fourth month of pregnancy. She had an ultrasound test before the stillbirth. That pregnancy began several months after her marriage, while no method was being used. After that stillbirth, she did not use any method for six months before beginning to use withdrawal.

Calendar Entries for CASE #3

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMN 1, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1:

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- A ABORTIONS
- M MISCARRIAGES
- S STILLBIRTHS
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD/PPIUCD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 DAILY PILL
- 7 WEEKLY PILL
- 8 CONDOM/NIRODH
- 9 FEMALE CONDOM
- J STANDARD DAYS METHOD
- L LACTATIONAL AMENORRHOEA METHOD
- R RHYTHM METHOD
- W WITHDRAWAL
- X OTHER MODERN METHODS
- Y OTHER TRADITIONAL METHODS

Sita

COLUMN 2:

ULTRASOUND CONDUCTED DURING PREGNANCY

- Y YES
- N NO

COLUMN 3:

DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 METHOD FAILED/BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 FEAR OF SIDE EFFECTS/ HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- 9 FATALISTIC/ UP TO GOD
- F DIFFICULT TO GET PREGNANT/MENOPAUSAL
- A MARITAL DISSOLUTION/SEPARATION
- D LACK OF SEXUAL SATISFACTION
- L CREATED MENSTRUAL PROBLEM
- M GAINED WEIGHT
- G DID NOT LIKE METHOD
- N LACK OF PRIVACY FOR USE
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

		1	2	3	
12 DEC	01				
11 NOV	02				
10 OCT	03				
09 SEP	04				
2 08 AUG	05				2
0 07 JUL	06				0
2 06 JUN	07				2
3 05 MAY	08				3
04 APR	09	P	N		
03 MAR	10	P			
02 FEB	11	W		1	
01 JAN	12				
<hr/>					
12 DEC	13				
11 NOV	14				
10 OCT	15				
09 SEP	16				
2 08 AUG	17				2
0 07 JUL	18				0
2 06 JUN	19				2
2 05 MAY	20				2
04 APR	21	W			
03 MAR	22	B	N		
02 FEB	23	P			
01 JAN	24	P			
<hr/>					
12 DEC	25	P			
11 NOV	26	P			
10 OCT	27	P			
09 SEP	28	P			
2 08 AUG	29	P			2
0 07 JUL	30	P			0
2 06 JUN	31	W		1	2
1 05 MAY	32				1
04 APR	33				
03 MAR	34				
02 FEB	35				
01 JAN	36				
<hr/>					
12 DEC	37				
11 NOV	38				
10 OCT	39				
09 SEP	40				
2 08 AUG	41				2
0 07 JUL	42	W			0
2 06 JUN	43	0			2
0 05 MAY	44				0
04 APR	45				
03 MAR	46				
02 FEB	47				
01 JAN	48	0			
<hr/>					
12 DEC	49	S	Y		
11 NOV	50	P			
10 OCT	51	P			
09 SEP	52	P			
2 08 AUG	53	0			2
0 07 JUL	54				0
1 06 JUN	55				1
9 05 MAY	56				9
04 APR	57				
03 MAR	58				
02 FEB	59				
01 JAN	60				
<hr/>					
12 DEC	61				
11 NOV	62				
10 OCT	63				
09 SEP	64				
2 08 AUG	65				2
0 07 JUL	66				0
1 06 JUN	67				1
8 05 MAY	68				8
04 APR	69				
03 MAR	70				
02 FEB	71				
01 JAN	72	0			

CASE #4

The respondent was interviewed in January 2023. She reported two births in the reference period, Seema in July 2021 and Suraj in November 2018. The pregnancy with Seema lasted nine months, and the pregnancy with Suraj lasted eight months. At the time of Seema's birth, the respondent was surgically sterilized in a government hospital. Seema was conceived after four months of trying to become pregnant. Before this she had used the daily pill, which she had started using three months after the birth of Suraj. Before becoming pregnant with Suraj, she neither had a nonlive birth nor used a contraceptive method. She had an ultrasound test during her pregnancy with Seema but not when she was pregnant with Suraj.

Calendar Entries for CASE #4

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMN 1, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1:

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- A ABORTIONS
- M MISCARRIAGES
- S STILLBIRTHS
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD/PPIUCD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 DAILY PILL
- 7 WEEKLY PILL
- 8 CONDOM/NIRODH
- 9 FEMALE CONDOM
- J STANDARD DAYS METHOD
- L LACTATIONAL AMENORRHOEA METHOD
- R RHYTHM METHOD
- W WITHDRAWAL

- X OTHER MODERN METHODS
- Y OTHER TRADITIONAL METHODS

Seema

COLUMN 2:

ULTRASOUND CONDUCTED DURING PREGNANCY

- Y YES
- N NO

COLUMN 3:

DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 METHOD FAILED/BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 FEAR OF SIDE EFFECTS/ HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- 9 FATALISTIC/ UP TO GOD
- F DIFFICULT TO GET PREGNANT/MENOPAUSAL
- A MARITAL DISSOLUTION/SEPARATION
- D LACK OF SEXUAL SATISFACTION
- L CREATED MENSTRUAL PROBLEM
- M GAINED WEIGHT
- G DID NOT LIKE METHOD
- N LACK OF PRIVACY FOR USE

Suraj

- X OTHER _____
(SPECIFY)
- Z DON'T KNOW

			1	2	3	
12 DEC	01					
11 NOV	02					
10 OCT	03					
09 SEP	04					
2 08 AUG	05					2
0 07 JUL	06					0
2 06 JUN	07					2
3 05 MAY	08					3
04 APR	09					
03 MAR	10					
02 FEB	11					
01 JAN	12	1				
<hr/>						
12 DEC	13					
11 NOV	14					
10 OCT	15					
09 SEP	16					
2 08 AUG	17					2
0 07 JUL	18					0
2 06 JUN	19					2
2 05 MAY	20					2
04 APR	21					
03 MAR	22					
02 FEB	23					
01 JAN	24					
<hr/>						
12 DEC	25					
11 NOV	26					
10 OCT	27					
09 SEP	28					
2 08 AUG	29	1				2
0 07 JUL	30	B	Y			0
2 06 JUN	31	P				2
1 05 MAY	32	P				1
04 APR	33	P				
03 MAR	34	P				
02 FEB	35	P				
01 JAN	36	P				
<hr/>						
12 DEC	37	P				
11 NOV	38	P				
10 OCT	39	0				
09 SEP	40	0				
2 08 AUG	41	0				2
0 07 JUL	42	0				0
2 06 JUN	43	6			2	2
0 05 MAY	44					0
04 APR	45					
03 MAR	46					
02 FEB	47					
01 JAN	48					
<hr/>						
12 DEC	49					
11 NOV	50					
10 OCT	51					
09 SEP	52					
2 08 AUG	53					2
0 07 JUL	54					0
1 06 JUN	55					1
9 05 MAY	56					9
04 APR	57					
03 MAR	58	6				
02 FEB	59	0				
01 JAN	60	0				
<hr/>						
12 DEC	61	0				
11 NOV	62	B	N			
10 OCT	63	P				
09 SEP	64	P				
2 08 AUG	65	P				2
0 07 JUL	66	P				0
1 06 JUN	67	P				1
8 05 MAY	68	P				8
04 APR	69	P				
03 MAR	70	0				
02 FEB	71	0				
01 JAN	72	0				

CASE #5

This respondent was interviewed in May 2023. She had two births since January 2018; the first resulted in twins but only one was born alive (Riya), while the other was a stillbirth. Riya was born in June 2018. Her younger brother, Vijay, was born in February 2020 in the eighth month of pregnancy. She did not have an ultrasound test during any of these pregnancies. Note that since the first of these pregnancies began before January 2018, only five P's are indicated in the calendar. Also note that the stillbirth is not recorded as a pregnancy termination, because it involved a pregnancy that resulted in a live birth (Riya), and you may place only one code in a box.

Her first contraceptive use during the period (the daily pill) began nine months after the last birth. She used the daily pill for six months and then switched to an IUCD the next month because she wanted a more effective method. She used the IUCD until September 2022, when she separated from her husband. She has not used any contraception since.

Calendar Entries for CASE #5

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMN 1, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1:

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- A ABORTIONS
- M MISCARRIAGES
- S STILLBIRTHS
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD/PPIUCD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 DAILY PILL
- 7 WEEKLY PILL
- 8 CONDOM/NIRODH
- 9 FEMALE CONDOM
- J STANDARD DAYS METHOD
- L LACTATIONAL AMENORRHOEA METHOD
- R RHYTHM METHOD
- W WITHDRAWAL
- X OTHER MODERN METHODS
- Y OTHER TRADITIONAL METHODS

COLUMN 2:

ULTRASOUND CONDUCTED DURING PREGNANCY

- Y YES
- N NO

COLUMN 3:

DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 METHOD FAILED/BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 FEAR OF SIDE EFFECTS/ HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- 9 FATALISTIC/ UP TO GOD
- F DIFFICULT TO GET PREGNANT/MENOPAUSAL
- A MARITAL DISSOLUTION/SEPARATION
- D LACK OF SEXUAL SATISFACTION
- L CREATED MENSTRUAL PROBLEM
- M GAINED WEIGHT
- G DID NOT LIKE METHOD
- N LACK OF PRIVACY FOR USE
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

		1	2	3	
12 DEC	01				
11 NOV	02				
10 OCT	03				
09 SEP	04				
2 08 AUG	05				2
0 07 JUL	06				0
2 06 JUN	07				2
3 05 MAY	08	0			3
04 APR	09				
03 MAR	10				
02 FEB	11				
01 JAN	12				
<hr/>					
12 DEC	13				
11 NOV	14				
10 OCT	15	0			
09 SEP	16	3		A	
2 08 AUG	17				2
0 07 JUL	18				0
2 06 JUN	19				2
2 05 MAY	20				2
04 APR	21				
03 MAR	22				
02 FEB	23				
01 JAN	24				
<hr/>					
12 DEC	25				
11 NOV	26				
10 OCT	27				
09 SEP	28				
2 08 AUG	29				2
0 07 JUL	30				0
2 06 JUN	31	3			2
1 05 MAY	32	6		4	1
04 APR	33				
03 MAR	34				
02 FEB	35				
01 JAN	36				
<hr/>					
12 DEC	37	6			
11 NOV	38	0			
10 OCT	39				
09 SEP	40				
2 08 AUG	41				2
0 07 JUL	42				0
2 06 JUN	43				2
05 MAY	44				0
04 APR	45				
03 MAR	46	0			
02 FEB	47	B	N		
01 JAN	48	P			
<hr/>					
12 DEC	49	P			
11 NOV	50	P			
10 OCT	51	P			
09 SEP	52	P			
2 08 AUG	53	P			2
0 07 JUL	54	P			0
1 06 JUN	55	0			1
9 05 MAY	56				9
04 APR	57				
03 MAR	58				
02 FEB	59				
01 JAN	60				
<hr/>					
12 DEC	61				
11 NOV	62				
10 OCT	63				
09 SEP	64				
2 08 AUG	65				2
0 07 JUL	66	0			0
1 06 JUN	67	B	N		1
8 05 MAY	68	P			8
04 APR	69	P			
03 MAR	70	P			
02 FEB	71	P			
01 JAN	72	P			

Vijay

Riya

CASE #6

The respondent was interviewed in March 2023 and was in her fourth month of pregnancy at the time of the interview (had completed three months of pregnancy). She had an ultrasound test during her first trimester. Her most recent birth occurred in November 2021 (Payal) after nine months of pregnancy during which she had no ultrasound test. She had no other pregnancy prior to Payal. She first began using the diaphragm the month after Payal was born. She stopped using the standard days method after she became pregnant while using this method.

Calendar Entries for CASE #6

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMN 1, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1:

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- A ABORTIONS
- M MISCARRIAGES
- S STILLBIRTHS
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD/PPIUCD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 DAILY PILL
- 7 WEEKLY PILL
- 8 CONDOM/NIRODH
- 9 FEMALE CONDOM
- J STANDARD DAYS METHOD
- L LACTATIONAL AMENORRHOEA METHOD
- R RHYTHM METHOD
- W WITHDRAWAL

- X OTHER MODERN METHODS
- Y OTHER TRADITIONAL METHODS

Payal

COLUMN 2:

ULTRASOUND CONDUCTED DURING PREGNANCY

- Y YES
- N NO

COLUMN 3:

DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 METHOD FAILED/BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 FEAR OF SIDE EFFECTS/ HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- 9 FATALISTIC/ UP TO GOD
- F DIFFICULT TO GET PREGNANT/MENOPAUSAL
- A MARITAL DISSOLUTION/SEPARATION
- D LACK OF SEXUAL SATISFACTION
- L CREATED MENSTRUAL PROBLEM
- M GAINED WEIGHT
- G DID NOT LIKE METHOD
- N LACK OF PRIVACY FOR USE
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

		1	2	3	
12 DEC	01				
11 NOV	02				
10 OCT	03				
09 SEP	04				
2 08 AUG	05				2
0 07 JUL	06				0
2 06 JUN	07				2
3 05 MAY	08				3
04 APR	09				
03 MAR	10	P	Y		
02 FEB	11	P			
01 JAN	12	P			
<hr/>					
12 DEC	13	P			
11 NOV	14	J		1	
10 OCT	15				
09 SEP	16				
2 08 AUG	17				2
0 07 JUL	18				0
2 06 JUN	19				2
2 05 MAY	20				2
04 APR	21				
03 MAR	22				
02 FEB	23				
01 JAN	24	J			
<hr/>					
12 DEC	25	S			
11 NOV	26	B	N		
10 OCT	27	P			
09 SEP	28	P			
2 08 AUG	29	P			2
0 07 JUL	30	P			0
2 06 JUN	31	P			2
1 05 MAY	32	P			1
04 APR	33	P			
03 MAR	34	P			
02 FEB	35	0			
01 JAN	36				
<hr/>					
12 DEC	37				
11 NOV	38				
10 OCT	39				
09 SEP	40				
2 08 AUG	41				2
0 07 JUL	42				0
2 06 JUN	43				2
0 05 MAY	44				0
04 APR	45				
03 MAR	46				
02 FEB	47				
01 JAN	48				
<hr/>					
12 DEC	49				
11 NOV	50				
10 OCT	51				
09 SEP	52				
2 08 AUG	53				2
0 07 JUL	54				0
1 06 JUN	55				1
9 05 MAY	56				9
04 APR	57				
03 MAR	58				
02 FEB	59				
01 JAN	60				
<hr/>					
12 DEC	61				
11 NOV	62				
10 OCT	63				
09 SEP	64				
2 08 AUG	65				2
0 07 JUL	66				0
1 06 JUN	67				1
8 05 MAY	68				8
04 APR	69				
03 MAR	70				
02 FEB	71				
01 JAN	72	0			

CASE #7

The respondent was interviewed in April 2023. She has had only one pregnancy (and no births) since January 2018. The pregnancy lasted for three months between November 2021 and January 2022 and ended in an abortion. She had an ultrasound during this pregnancy.

The respondent first used contraception at the start of her first marriage in March 2019. She and her husband used the condom for a couple of years except for the six-month period beginning August 2020, when her husband disapproved. She and her husband resumed using the condom in February 2021 and continued use until she accidentally became pregnant in November 2021. The respondent got sterilized in a government hospital immediately after this pregnancy.

Calendar Entries for CASE #7

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMN 1, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1:

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- A ABORTIONS
- M MISCARRIAGES
- S STILLBIRTHS
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD/PPIUCD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 DAILY PILL
- 7 WEEKLY PILL
- 8 CONDOM/NIRODH
- 9 FEMALE CONDOM
- J STANDARD DAYS METHOD
- L LACTATIONAL AMENORRHOEA METHOD
- R RHYTHM METHOD
- W WITHDRAWAL

- X OTHER MODERN METHODS
- Y OTHER TRADITIONAL METHODS

COLUMN 2:

ULTRASOUND CONDUCTED DURING PREGNANCY

- Y YES
- N NO

COLUMN 3:

DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 METHOD FAILED/BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 FEAR OF SIDE EFFECTS/ HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- 9 FATALISTIC/ UP TO GOD
- F DIFFICULT TO GET PREGNANT/MENOPAUSAL
- A MARITAL DISSOLUTION/SEPARATION
- D LACK OF SEXUAL SATISFACTION
- L CREATED MENSTRUAL PROBLEM
- M GAINED WEIGHT
- G DID NOT LIKE METHOD
- N LACK OF PRIVACY FOR USE

- X OTHER _____
(SPECIFY)
- Z DON'T KNOW

		1	2	3	
12 DEC	01				
11 NOV	02				
10 OCT	03				
09 SEP	04				
2 08 AUG	05				2
0 07 JUL	06				0
2 06 JUN	07				2
3 05 MAY	08				3
04 APR	09	1			
03 MAR	10				
02 FEB	11				
01 JAN	12				
<hr/>					
12 DEC	13				
11 NOV	14				
10 OCT	15				
09 SEP	16				
2 08 AUG	17				2
0 07 JUL	18				0
2 06 JUN	19				2
2 05 MAY	20				2
04 APR	21				
03 MAR	22				
02 FEB	23	1			
01 JAN	24	A	Y		
<hr/>					
12 DEC	25	P			
11 NOV	26	P			
10 OCT	27	8		1	
09 SEP	28				
2 08 AUG	29				2
0 07 JUL	30				0
2 06 JUN	31				2
1 05 MAY	32				1
04 APR	33				
03 MAR	34				
02 FEB	35	8			
01 JAN	36	0			
<hr/>					
12 DEC	37				
11 NOV	38				
10 OCT	39				
09 SEP	40				
2 08 AUG	41	0			2
0 07 JUL	42	8		3	0
2 06 JUN	43				2
0 05 MAY	44				0
04 APR	45				
03 MAR	46				
02 FEB	47				
01 JAN	48				
<hr/>					
12 DEC	49				
11 NOV	50				
10 OCT	51				
09 SEP	52				
2 08 AUG	53				2
0 07 JUL	54				0
1 06 JUN	55				1
9 05 MAY	56				9
04 APR	57				
03 MAR	58	8			
02 FEB	59	0			
01 JAN	60				
<hr/>					
12 DEC	61				
11 NOV	62				
10 OCT	63				
09 SEP	64				
2 08 AUG	65				2
0 07 JUL	66				0
1 06 JUN	67				1
8 05 MAY	68				8
04 APR	69				
03 MAR	70				
02 FEB	71				
01 JAN	72	0			

VII. MAN'S QUESTIONNAIRE

The Man's Questionnaire consists of a cover page and eight sections as follows:

Section 1:	Respondent's Background
Section 2:	Marriage and Cohabitation
Section 3:	Other Health Issues
Section 4:	Sexual Life
Section 5:	Attitudes towards Gender Roles
Section 6:	HIV/AIDS and Other Sexually Transmitted Infections

Most of the questions in the Man's Questionnaire are similar to those we have already discussed in the Woman's Questionnaire but are written to reflect that the respondent is male. However, in most cases, the question numbers are different and often the questions appear in a different order. For example, although the HIV/AIDS questions are almost identical, they are in Section 10 in the Woman's Questionnaire and Section 6 in the Man's Questionnaire.

Figure 5 lists questions number from the Man's Questionnaire and the corresponding question numbers from the Woman's questionnaire.

- This manual does not repeat instructions for questions in the Man's Questionnaire that have already been covered in Section VI on the Woman's Questionnaire. Using this table, you can refer to the instructions in that section for the corresponding questions.
- Occasionally, a question in the Man's Questionnaire will be similar to, but not exactly the same as a question in the Woman's Questionnaire. In these cases, the table shows the question number from the Woman's Questionnaire in parentheses.
- The table does not include the question numbers of questions that are unique to the Man's Questionnaire. Instructions on administering these questions can be found in the following sections.

FIGURE 5
QUESTION NUMBERS FOR CORRESPONDING QUESTIONS IN THE
WOMAN'S AND MAN'S QUESTIONNAIRES

Question Number		Question Number	
Man's Questionnaire	Woman's Questionnaire	Man's Questionnaire	Woman's Questionnaire
101-130	101-130	502-503	922-923
201	301	504-505	928-929
209	307	506-507	934-935
(211-213)	308-309	508	626
216-218	313-315	512	921
301-320	702-721	514	920
322-324	726-728	515	919
401-401A	801-802	601-617	1001-1017
402-415	804-817	619	1023
424	818	621	1025
430	824	622	1024
436-438	820-822	623 to 644	1037 to 1057

A. Section 1: Respondent's Background

Almost all of Section 1 is the same for male and female respondents. As a reminder, accurate recording of the respondent's age is important. Refer to Section VI. B of this manual for detailed instructions about Qs. 109-110 on the age of the respondent.

B. Section 2: Marriage and Cohabitation

Q. 202: OTHER WIVES

In this question, we are interested whether the respondent has one wife or more than one wife. This does not include 'girlfriends' unless the husband is living together with the girlfriend as if married.

Q. 203: NUMBER OF WIVES

We are interested in the total number of wives the respondent has. Since the number has been assigned two boxes, remember to fill in the first box with '0' for numbers less than 10.

Qs. 204-205: IDENTIFYING THE WIFE/WIVES OF THE RESPONDENT

Record the name(s) of the respondent's wife/wives and, **when using a paper questionnaire**, record the line number from the Household Schedule in the boxes provided. The number of names in Q. 204 should be equal to the number of wives in Q. 203. If a wife is not listed in the Household Schedule, record the line number as '00' in the boxes next to her name. This can happen if you are interviewing a man who is visiting a household, but his wife stayed at home or if he is interviewed at his home, but his wife lives in a different household. For Q. 205, ask the man his wife's/wives' age(s).

C. Section 3: Other Health Issues

All of the questions in Section 3 are the same as those in Section 7 of the Woman's Questionnaire.

D. Section 4: Sexual Life

Qs. 416-423: QUESTIONS ABOUT COMMERCIAL SEX

These questions ask specifically about commercial sex and condom use during commercial sex in the past 12 months. Qs. 416-417 are checks to identify those respondents who reported that at least one of their last three sexual partners in the last 12 months was a sex worker. In Q. 417, check Q. 407 to identify the sexual partner or partners who were sex workers, then check Q. 405 in the same column to see if the respondent used a condom the last time he had sex with that partner.

Example: A man's last sexual partner (Column 1) was a sex worker. He used a condom the last time he had sex with her. His second-to-last sexual partner was his wife. His third-to-last sexual partner was another sex worker. He did not use a condom the last time he had sex with her. Tick the box for 'OTHER' and skip to Q. 424.

Qs. 418-419 are asked of respondents who did not report that any of their last three sexual partners in the last 12 months was a sex worker. Some men may omit sex workers from their sexual history due to shame or embarrassment. In addition, a man may have visited a sex worker in the last 12 months, but she was not one of his most recent three sexual partners and was therefore not reported in the sexual history or a man may have visited a sex worker but not in the past 12 months.

Qs. 420-421 both ask about condom use with prostitutes. Paid sex is considered a high-risk sexual behaviour. Individuals who pay for sex may be at greater risk of becoming infected with HIV or another STIs. Using a condom every time one pays for sex reduces the chances of infection. Q. 420 asks about use of a condom the last time the respondent paid for sex, while Q. 421 seeks to find out if the respondent used a condom every time he paid for sex in the last 12 months.

Q 422-423: In these questions, we want to know whether individuals have given any gift and goods to have sex ever and in the last 12 months.

Qs. 426: CONDOM BRAND

Record the brand of condom used at the last sexual encounter.

Q. 427-430: PERSON WHO OBTAINED THE CONDOMS AND NUMBER, COST, AND SOURCE OF CONDOMS

These questions ask the respondent who got the condoms the last time he obtained them, the number of condoms obtained, the cost, and the source.

Q. 431: REASON FOR USING A CONDOM

Ask if he used a condom to avoid pregnancy, avoid STIs, or for any other reason. Record all reasons mentioned.

E. Section 5: Attitudes Towards Gender Roles

Q. 509: JUSTIFIED BEHAVIOUR

These questions ask for the man's opinion on whether a man is justified in behaving in specific ways if a woman refuses to have sex with him when he wants her to. You are not asking if he does these things to his wife.

E. Section 6: HIV/AIDS and Other Sexually Transmitted Infections

This section asks a group of questions on knowledge of and behaviour related to HIV and other diseases that are transmitted through sexual contact. This series of questions is almost identical those in Section 10 of the Woman's Questionnaire. The Woman's Questionnaire includes questions on antenatal care, which are omitted for men. In addition, Qs. 640-641 on symptoms of STIs use different wording to apply to men rather than women.

Q. 634: CIRCUMCISION

Circumcision involves the surgical removal of the foreskin of the penis. Circumcision may be performed for religious, medical, or cultural reasons and can be carried out at birth, during adolescence, or at other times during a man's life.

VIII. BIOMARKER QUESTIONNAIRE

WEIGHT, HEIGHT, BLOOD PRESSURE MEASUREMENT, BLOOD GLUCOSE TESTING, DBS FOR HIV, HEPATITIS B, AND HEPATITIS C TESTING (Qs. 201-478)

Certain individuals in the household (both usual residents and visitors) are eligible for the measurement of blood pressure, blood glucose, HIV, Hepatitis-B and Hepatitis-C prevalence and height and weight measurements among women age 15-49 and men age 15-54. Among young children age 0-71 months, length/height and weight will be measured and DBS will be collected from children age 4-5 for Hepatitis-B testing.

Interviewers will complete the headings of the paper biomarker questionnaire for children, women, and men (Qs. 202, 203, 302, and 401). To do so, you will use the information collected in the household schedule and summarized in the CAPI.

A separate training manual for clinical, anthropometric, and biochemical (CAB) testing is available.

NATIONAL FAMILY HEALTH SURVEY-6

Appendix A

OCCUPATION CODES USED IN CAPI

Professional / technical / managerial	
1	Physical Scientists
2	Physical Science
3	Architects, Engineers, Technologists And Surveyors
4	Engineering Technicians
5	Aircraft And Ships Officers
6	Life Scientists
7	Life Science Technicians
8	Physicians And Surgeons
9	Nursing And Other Medical And Health Technicians
10	Scientific, Medical And Technical Persons, Other
11	Mathematicians, Statisticians And Related Workers
12	Economists, And Related Workers
13	Accountants, Auditors And Related Workers
14	Social Scientists And Related Workers
15	Jurists
16	Teachers
17	Poets, Authors, Journalists And Related Workers
18	Sculptors, Painters, Photographers, And Related Creative Artists
19	Composers And Performing Artists
20	Professional Workers, N.E.C.
21	Elected And Legislative Officials
22	Administrative And Executive Officials Government And Local Bodies
23	Working Proprietors, Directors And Managers, Wholesale And Retail Trade
24	Directors And Managers, Financial Institutions
25	Working Proprietors, Directors And Managers Mining
26	Working Proprietors, Directors Managers And Related
27	Working Proprietors, Directors And Managers, Other Services
29	Administrative, Executive And Managerial Workers, N.E.C.
Clerical	
30	Clerical And Other Supervisors
31	Village Officials
32	Stenographers, Typist And Card And Tape Punching Operators
33	Book Keepers, Cashiers And Related Workers
34	Computing Machine Operators
35	Clerical And Related Workers
36	Transport And Communication Supervisors
37	Transport Conductors And Guards
38	Mail Distributors And Related Workers
39	Telephone And Telegraph Operators
Sales	
40	Merchants And Shopkeepers, Wholesale And Retail Trade
41	Manufacturers, Agents
42	Technical Salesmen And Commercial Travellers
43	Salesmen, Shop Assistants And Related Workers

44	Insurance, Real Estate, Securities And Business Service,
45	Money Lenders And Pawn Brokers
49	Sales Workers, N.E.C.
Services / household and domestic	
50	Hotel And Restaurant Keepers
51	House Keepers, Matron And Stewards (Domestic & Institutional)
52	Cooks, Waiters, Bartenders And Related Workers (Domestic & Institutional)
53	Maids And Related House Keeping Service Workers, N.E.C.
54	Building Caretakers, Sweepers, Cleaners And Related Workers
55	Launderers, Dry-Cleaners And Pressers, N.E.C.
56	Hair Dresser, Barbers, Beauticians And Related Workers
57	Protective Service Workers
59	Service Workers
Agricultural	
60	Farm Plantation, Dairy And Other Managers And Supervisors
61	Cultivators
62	Farmers, Other Than Cultivators
63	Agricultural Labourer
64	Plantation Labourers & Related Workers
65	Other Farm Workers
66	Forestry Workers
67	Hunters And Related Workers
68	Fishermen And Related Workers
Skilled and unskilled manual	
71	Miners, Quarrymen, Well Drillers & Related Workers
72	Metal Processors
73	Wood Preparation Workers And Paper Makers
74	Chemical Processors And Related Workers
75	Spinners, Weavers, Knitters, Dyers And Related Workers
76	Tanners, Fellmongers And Pelt Dressers
77	Food And Beverage Processors
78	Tobacco Preparers & Tobacco Product Makers
79	Tailors, Dress Makers, Sewers, Upholsterers & Related Workers
80	Shoemakers & Leather Goods Makers
81	Carpenters, Cabinet & Related Wood Workers
82	Stone Cutters & Carvers
83	Blacksmiths, Tool Makers And Machine Tools Operators
84	Machinery Fitters, Machine Assemblers And Precision Instrument Makers (Except Electrical)
85	Electrical Fitters & Related Electrical & Electronic Workers
86	Broadcasting Station And Sound Equipment Operators And Cinema Projectionists
87	Plumbers, Welders, Sheet Metal & Structural Metal Preparers And Erectors
88	Jewellery & Precious Metal Workers And Metal Engravers
89	Glass Formers, Potters & Related Workers
90	Rubber And Plastic Product Makers Workers
91	Paper & Paper Board Products Makers
92	Painters
93	Stationery Engines And Related Equipment Operators, Oilers
94	Transport Equipment Operators (Driver)
95	Labourers (Labourers, N.E.C.)
Other	
96	Other (New Workers Seeking Employment)
97	Student / Workers Not Reporting Any Occupation)
98	DK (Don't Know)

NATIONAL FAMILY HEALTH SURVEY-5

Appendix B

CAPI - FIELD EDITING MESSAGES

72 **W** **0072** **HH⇒Check head of household's age (line n, QH09=n) with his/her parent's age (line n, QH09=n)**

It is expected that the parent's of the head of household would be at least 12 years older than the head. Check for data entry errors in the ages of the head and each of his/her parents; also, if the parent is a woman who has been interviewed, see if the woman listed this child in her birth history—if not, then make no correction to the data.

73 **W** **0073** **HH⇒Check spouse's age (line n, QH09=n) with his/her parent's age (line n, QH09=n)**

It is expected that the parent's of the spouse of the head of household would be at least 12 years older than the spouse. Check for data entry errors in the ages of the spouse and each of her/his parents; also, if the parent is a woman who has been interviewed, see if the parent listed the spouse (her child) in her birth history—if not, then make no correction to the data..

123 **E** **0123** **HH⇒Line n: Child has different mother/father (x vs. y) in household according to relationship codes**

In some cases it is possible to identify the mother or father of a member of the household, solely on the basis of the relationship of each of the members to the head of the household. In these cases the line number of the mother or father recorded is checked against the line number of the mother or father identified to check for errors.

During data entry, verify that the relationship codes, line number of parents (QH16/QH18), sex, and age have been correctly entered for each member. If no typing mistake has been made, then no further action need be taken.

During editing, check the relationship codes, line number of parents (QH16/QH18), sex, and age to help identify the correct relationships. In most situations, the relationship code of the member or the parent should be changed, or the parent's line number should be modified. In a few cases, it may be decided that no correction of the data will be made.

EXAMPLES:

1.	Line	Relationship	Sex	Age	Mother	Father
	01	01	1	35		
	02	02	2	30		
	03	03	2	08	02	00
	04	03	2	02	02	01

In this example there are four household members: the head of the household, his spouse, and their two children. The mother of both of the children is line 02, the father of the second child is line 01, but the father of the first child is reported as not living in the household, although the relationship code of the child indicates that he/she is the child of the head of the household. There are two possibilities in this situation: either the line number of the father should be 01 for the first child, or the head of the household is not the natural father of the child (perhaps the wife was previously married and had the child during that marriage).

The individual questionnaire for the spouse can be used to look for indications as to whether

the head of the household is the natural father of the child. For example, if the spouse had been married more than once, it is likely that the child was the child of a previous marriage. In this case the relationship code for the child should be changed to 12 (stepchild) or 11 (other relative). If the spouse was only married once and the first marriage was prior to the birth of the child, then it is safe to assume that the child is actually the father's and the line number of the father (QH18) should be corrected to 01.

2.	Line	Relationship	Sex	Age	Mother	Father
	01	01	1	35		
	02	02	2	19		
	03	03	2	08	00	01
	04	03	2	02	02	01

This situation, though similar to the previous example, differs in some important ways. The mother of the first child does not live in the household, whereas the mother of the second child is line 02. The woman listed as line 02 is 19 years old and would have been 11 at the birth of the first child (line 03). Thus, it appears that the child is the child of a different woman, not listed in the household, and so no correction is needed for the mother's line number. The head of the household is clearly the father of the child, so no change is needed for the relationship code. The data, in this example, should be left unchanged.

2141 E **2141 BirthHist: Child n's sex in birth history (Q213)=n, but sex in household (QH04)=n**

The sex of the child given in the women's questionnaire (Q213) is different from the sex of the child in the household questionnaire (QH04).

Check that the line number given in Q219 refers to the correct child in the household schedule by checking the name and age of the referenced child. If Q219 points to the wrong child, correct Q219. If Q219 refers to the correct child, check questions Q201-Q205 to check if there was a mistake with the sex in question Q213. Also review the child's name to see if that can be used to determine the sex of the child. If there is no way to determine the sex of the child, assume that the sex given in the women's questionnaire is correct and change the sex given in the household questionnaire (QH04) for the line referenced by Q219.

2171 E **2171 BirthHist: Child n's age (Q217=n) and DOB (Q215=mm/yyyy) inconsistent with date of interview=mm/yyyy**

For all surviving children in the birth history table (i.e., when Q216=1), the age calculated on the basis of the date of birth (Q215, month and year) must be equal to the child's age reported in Q217.

In resolving inconsistencies in the calculated and reported ages for children, first check the consistency between the two items of information (date/age) and similar information for the preceding and/or subsequent births. Using all of this information, the following rules should be applied in resolving inconsistencies between the child's date of birth and age:

- i) If both the date and age are consistent with information for the surrounding births, then either the date of birth or the age should be corrected. If the month and year of birth are both reported, change the age to be consistent with the month and year of birth, otherwise change the month or year of birth to be consistent with the age.
- ii) If one response is inconsistent with information relating to a preceding or subsequent birth while the other response is consistent, change the inconsistent response.
- iii) If both items are inconsistent, follow the procedures outlined in message 9905 for correcting errors relating to the interval between two births.

- 2185 **W** **2185** **BirthHist: Child with HH #n not found in woman's birth history**
- In the household schedule, a child was listed stating the respondent as his or her mother, but that child is not listed in the birth history of the respondent.
- Check each entry in the birth history, reviewing the name (Q212), age (Q217), sex (Q213), and residency status (Q218) of each child to see if they are listed in the household schedule. For each child listed in the household schedule, ensure that question Q219 is referencing the correct child. Conversely, check all women's questionnaires to see if any of the women in the household claims this "orphaned" child as her own. It could be that the mother is the stepmother to the child, and therefore not given in her birth history. Any living children in a woman's birth history who is not found in the household schedule should have Q219 set to 00.
- 2186 **E** **2186** **Child n has no line number in household (Q219=n), but mother is de jure member (QH05=n) and child lives with mother (Q218=n)**
- A child listed in the birth history is reported to live with the respondent according to Q218, and the respondent is a usual (*de jure*) member of the household according to QH05 in the household questionnaire, however, the child is not listed in the household schedule according to Q219.
- Check the household schedule to see if the child is listed in the household—if so, change Q219 to the line number from the household schedule. If not, check the residency status of both the respondent and the child in the household schedule and check questions Q201-Q205 and question Q218 in the women's questionnaire. If there is no obvious error, then make no change to the data.
- 2192 **W** **2192** **BirthHist: Child n: Age at death (Q220=u/n) and DOB (Q215=mm/yyyy) inconsistent with date of interview=mm/yyyy**
- The child's age at death (Q220) should be less than or equal to the interval between the birth of the child (Q215) and the date of the interview. Check for data entry errors, but otherwise make no corrections.
- 2200 **E** **2200** **BirthHist: Child n with HH #/Q219=n is also referenced in woman #n's questionnaire**
- The child's line number given in Q219 was also recorded as the child of another woman.
- Check the line numbers given in Q219 for the two individual questionnaires where the same child was recorded. Check also the household schedule by checking the name, age and sex of the child referred to. Correct Q219 for the child that was incorrectly coded. Review the procedures for message 2182 for additional help in resolving the error.
- 2212 **E** **2212** **BirthHist: Child n with HH#/Q219=n: child's DOB (Q215=mm/yyyy) and DOB in height/weight section (AB103=dd/mm/yyyy) differ**
- The child's date of birth in the women's questionnaire and the date of birth in the height and weight section of the household questionnaire must be the same.
- Compare the age (Q217) and date of birth (Q215) with the date of birth given in AB103 of the household questionnaire. If there are no obvious errors and the age and date of birth in Q217 and Q215 are consistent with each other, change the date of birth in AB103 in the household questionnaire to be consistent with Q215.
- This is one of the few instances where data recorded in the household questionnaire is changed based on information recorded in the individual questionnaire. It is done because the height and weight ranges are validated against one another based on the child's age and sex, and therefore the information needs to be as accurate as possible. It is NOT necessary

to change the age of the child in the household listing (QH09). However, if the child's age as recorded in the woman's birth history makes the child ineligible for the height/weight roster, then their age should be corrected in the household listing, and their entry should be struck from the height/weight roster.

3211 E 3211 **Current method start date (Q338=mm/yyyy = cmc cmc-cmc) does not agree with calendar (cmc=cmc-cmc [mm/yyyy-mm/yyyy] row n)**

The date of start of use of current method in Q338 does not agree with the date of start of use as recorded in Col1 of the calendar. For both pieces of data, the date of start of use may not be exact. If Q338 does not contain an exact date then the programs allow a range of dates for the start of use of the current method. Similarly, if the start date for usage as recorded in the calendar is immediately after a birth or pregnancy termination, then it is assumed that the start date for usage may have taken place during the pregnancy, and so a range of dates is allowed based on the calendar. This message appears if the range of dates from each of the sources does not overlap.

During data entry, check for typing errors in Q338 and in Col1 of the calendar. If no data entry error was made then leave the error for correction during the editing stage.

During editing, again ensure that no data entry error was made. Otherwise change the usage start date recorded in Q338 to agree with the calendar, unless there is compelling reason to believe that the calendar is incorrect.

3212 E 3212 **Female sterilization use in calendar in row n (cmc=cmc [mm/yyyy]) but not continuously used after that date**

The respondent has used female sterilization, but there has been a break in the period of use.

If the break in the use was caused by a birth or pregnancy termination, and the date of sterilization as recorded in Q338 is prior to the date of birth or pregnancy termination, then it is assumed that the female sterilization method failed. In this case no further action is necessary.

If the sterilization use was interrupted by a period of nonuse or by the use of a different method, then this period of interruption of sterilization should be changed to the code for sterilization (code 1).

3215 E 3215 **Sterilization start date (cmc=cmc-cmc [mm/yyyy-mm/yyyy]) before date of first union (cmc=cmc-cmc [mm/yyyy-mm/yyyy])**

The start date for use of current method is reported as being before the date of union. If the method that is currently being used is sterilization, it is very unusual, but is not impossible. If, after carefully checking the data on the date of union and the date of sterilization there is no error in the data entered, then the data should be left unchanged.

3216 E 3216 **Current method start date (cmc=cmc-cmc [mm/yyyy-mm/yyyy]) and minimum age at first contraceptive use (n) inconsistent: DOB=cmc-cmc [mm/yyyy-mm/yyyy]**

The respondent's age at start of use of the current contraceptive method is younger than a prescribed minimum age (20 for sterilization and 12 for all other methods). As in message 3215, this will be unusual, but not impossible. Again the data should be carefully checked for typing errors, but no correction is necessary unless a data entry error was made.

4139 E 4139 **Columns x & y: Twins should have the same responses. Q447(x)=n but Q447(x+1)=y. Please check.**

Questions Q405, Q407, Q447 through Q469, Q483, Q486, Q499B, and Q499C relate to the woman's prenatal care and the birth conditions of the children, but not to the individual

children themselves. Therefore, for twins the responses should be identical for each child. However, in rare cases the responses to questions Q447-A456 may be different. For example, a woman may give birth to one child at home, experience complications, and then go to hospital to give birth to the other child.

Check the data entered for these questions to ensure there are no typing errors. Look for possible changes in responses marked on the questionnaire to try and deduce the correct answer. For questions Q405-Q407, the responses should be identical. In general, check for missing data in one of the variables in one column, with data given in the other column. If missing data is found, replace it with the response found in the other column. If there are two different responses and it is not possible to determine which response is correct, change the data in the second of the two columns cited to agree with the data in the first of the two columns.

4140 E 4140 **Columns x & y: Twins should have the same responses. Q405-Q407, ZZQ430-A456. Please check.**

Questions Q405, Q407 through Q462, Q499C, Q499L, and Q499P relate to the woman's prenatal care and the birth conditions of the children, but not to the individual children themselves. Therefore, for twins the responses should be identical for each child. However, in rare cases the responses to questions Q430-A456 may be different. For example, a woman may give birth to one child at home, experience complications, and then go to hospital to give birth to the other child.

Check the data entered for these questions to ensure there are no typing errors. Look for possible changes in responses marked on the questionnaire to try and deduce the correct answer. For questions Q405-Q407, the responses should be identical. In general, check for missing data in one of the variables in one column, with data given in the other column. If missing data is found, replace it with the response found in the other column. If there are two different responses and it is not possible to determine which response is correct, change the data in the second of the two columns cited to agree with the data in the first of the two columns.

4141 E 4141 **Columns x & y: Twins should have the same responses. Q499E(x)=n but Q499E(y)=n, Q499F(x)=n but Q499F(y)=n. Please check.**

Questions Q405, Q407, Q447 through Q469, Q483, Q486, Q499B, and Q499C relate to the woman's prenatal care and the birth conditions of the children, but not to the individual children themselves. Therefore, for twins the responses should be identical for each child. However, in rare cases the responses to questions Q447-A456 may be different. For example, a woman may give birth to one child at home, experience complications, and then go to hospital to give birth to the other child.

Check the data entered for these questions to ensure there are no typing errors. Look for possible changes in responses marked on the questionnaire to try and deduce the correct answer. For questions Q405-Q407, the responses should be identical. In general, check for missing data in one of the variables in one column, with data given in the other column. If missing data is found, replace it with the response found in the other column. If there are two different responses and it is not possible to determine which response is correct, change the data in the second of the two columns cited to agree with the data in the first of the two columns.

Additionally, check Q805 in the event it can help determine the error.

- 4219 W ---Question not asked
- 4472 E 4472 **Vacc col n: Date of x (dd/mm/yyyy) is before minimum date of birth of child, calculated as dd/mm/yyyy**
- Vaccination dates in Q509 cannot occur before the child's date of birth.
- The date of the BCG, polio 0-3, fIP V 1-2, Hepatitis B 0-3, PENTA V 1-3, Rotavirus 1-3, Japanese Encephalitis 1-2, MCV/MMR/MR 1-2, PCV 1-2, and DPT1, PCV, and OPV booster vaccination recorded is after the date of interview.
- 4473 E 4473 **Vacc col n: Date of x (dd/mm/yyyy) is earlier than y (dd/mm/yyyy)**
- Dates for immunizations of a particular type (Polio or PENTA) that are given in series must be consistent in their order, i.e., the date for the second and third immunizations in a series cannot be earlier than or on the same date as the first immunization, and so forth.
- 4475 E 4475 **Vacc col n: Date of x (dd/mm/yyyy) is after date of death (dd/mm/yyyy)**
- The vaccination date is recorded after the latest possible date at which the child could have died, calculated from the age at death given in the birth history.
- Check the child's age at death (Q220) against the vaccination dates and compare the vaccination dates to each other and against the vaccination dates of the other children listed. Use the procedures in message 4473 to try to determine whether the error exists in the vaccination date or in the age at death. If the error is in the vaccination date it should be corrected or set to the inconsistent code (97 in the day or month, 9997 in the year of vaccination). However, if the error appears to be in the age at death, no change should be made, as the imputation program will create a variable with a flag informing of the problem.
- 5061 E 5061 **Sex (QH04=n) of husband/partner (Q304 line=n) not male**
- The sex of the respondent's husband whose line number is given in question Q304 is not male according to AH04 in the household schedule.
- Check that the line number given in Q304 refers to the correct person in the household schedule by checking the name given in QH05 with the name (QH02), age (QH09), and relationship (QH03) codes of that partner given in the household schedule. If Q304 points to the wrong person, try to determine the correct person in the household schedule and change Q304 to that line number (QH01). If the person does not exist in the household schedule, set Q304 to 00.
- 5062 W 5062 **Age (QH09=n) of the husband/partner (Q304 line=n) is under n**
- The age of the respondent's husband whose line number is given in Q304 is less than 15 years according to QH09 in the household schedule.
- Follow the procedure for message 5061 above. Ensure the age of the husband is correctly recorded in the household schedule by reviewing the man's individual questionnaire, if present. If there is no obvious mistake in the age, then make no changes to the data.
- 5064 W 5064 **Relationship between woman (QH03=n) and husband (QH03=n, Q304 line=n) seems incorrect**
- The respondent's relationship to the head of household and her husband are inconsistent.
- Check the relationship codes in the household schedule and ensure that the woman and husband are correctly related. Check the line numbers to ensure the correct line number has been entered in Q304. If everything has been entered correctly, then make no changes.

5121 W 5121 **First union before age n: DOB (Q109)=mm/yyyy, age (Q110)=n, DOU (Q312)=mm/yyyy, age at u (Q313)=n**

The first union took place before the respondent reached a specified minimum age (usually 12). Check for keying errors in the data and recording errors on the questionnaire, but if the data appear correct, then leave the data unchanged.

5132 E 5132 **Age at first union (Q313=n) and date of first union (Q312=mm/yyyy) inconsistent with date of interview (mm/yyyy), age (Q110=n), and/or DOB (Q109=mm/yyyy)**

The age at first union and date of first union are not consistent with the respondent's date of birth. This error is one of the most common messages to be produced during editing. There are several possible reasons for the error:

- The age at first union is incorrect.
- The date of first union is incorrect.
- The date of birth and age of the respondent are incorrect.

Although the first and second cases are the more common, the third situation should not be overlooked, particularly if either the date of birth or the current age of the respondent has already been changed in the field by the field editor or during earlier machine editing.

During data entry, check for typing errors, but make no other changes to the data.

During editing, there are several pieces of data to be taken into account in checking the age and date of first union, including:

- Age of the respondent (Q110)
- Date of birth of the respondent (Q109)
- Date of birth of the first child (Q215, row 1)
- Date of sterilization (Q338)
- Age at first sexual intercourse (Q315)
- Date of interview

Using these data it should be possible to deduce which piece of data is incorrect and to make the required correction. However, if there is any uncertainty as to what the correction should be, then either the age at first union or the date of first union should be set to the inconsistent code 97/9997. Here there may also be some uncertainty as to which piece of data is to be changed to the inconsistent code. As a general guideline, a complete date of an event, with both the year and month reported, is assumed to be more accurate than the age at the event, while the age at the event is assumed to be more accurately reported than a date when the complete date of the event has not been given (i.e., the month or year is missing or unknown). It should be remembered that the program will use the data available in imputing the complete date of an event, and so the least reliable piece should be changed to 97 or 9997.

EXAMPLES:

1.	Int. Date	Q110	Q109	Q313	Q312	Q215(1)	Q338	Q315
	08/2002	25	12/1976	21	06/2000	04/1999	-	95

As the first sexual intercourse was at marriage and the first child was born in 1999, the year of first union (Q313Y) should be set to 1998. If the age at first union is correct, the only year consistent with that is 1998.

2.	Int. Date	Q110	Q109	Q313	Q312	Q215(1)	Q338	Q315
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08/2002 42 04/1960 18 98/1984 98/1975 - 14

There is no data here to indicate whether the date of first union or the age at first union is more accurate. Taking either of the two, the first birth would have been before the union; therefore the recommendation would be to set the year of first union to 9997. The year of first union was chosen for correction on the basis that incomplete dates are assumed to be less accurate than the age at the event.

3.	Int. Date	Q110	Q109	Q313	Q312	Q215(1)	Q338	Q315
	08/2002	38	98/1963	29	98/1984	03/1987	98/1991	19

Change the age at first union to 97 as an age of 29 would imply that the union was after the first birth. Additionally, if the age at first union was correct it would imply that the sterilization was before the union.

4.	Int. Date	Q110	Q109	Q313	Q312	Q215(1)	Q338	Q315
	08/2002	48 46	98/1956	17	98/1971	98/1973	-	96

In the last case the age of the respondent has earlier been corrected in the field from 48 to 46 to be consistent with the respondent's date of birth. However, the age at first union and date of first union are now inconsistent. The current age originally recorded was probably correct and should be reinstated to 48, and the year of birth of the respondent should be changed to 9997. With this change, the age at first union and date of first union will be consistent.

9806 W 9806 **Calendar: Discontinuation (x) in consecutive months n. Please check!**

According to the calendar, there are reasons for discontinuation recorded in the calendar for two consecutive months, implying that the respondent discontinued contraceptive methods in consecutive months.

Check that there are two discontinuations of methods recorded in the two months in Col1 of the calendar. If there are no errors then leave the data unchanged.

9812 E 9812 **Calendar: Became pregnant while using (Col3=x), but use in row n not followed by a pregnancy**

The respondent stated that she stopped using the contraceptive method, because she became pregnant while using it, but there is no pregnancy recorded in the month after the discontinuation.

If the discontinuation is followed by a single month of non-use of contraception and then the start of the pregnancy, move forward the last month of use of the contraceptive and the reason for discontinuation to replace the month of non-use.

In all other cases, the reason for the discontinuation should be replaced by the missing code (a "?").

9813 E 9813 **Calendar: Stopped to become pregnant (Col3=x), but no month of non-use or pregnancy after discontinuation in row n**

The respondent stated that she stopped using the contraceptive method to try and become pregnant, but the discontinuation of the method is not followed by either the start of a pregnancy or at least one month without using a contraceptive method.

Change the code for the reason for discontinuation of the contraceptive method to the code "?".

9905 E 9905 **Interval between births inconsistent: child n1: cmc(n)=cmc-cmc [mm/yyyy-mm/yyyy], child n2: cmc(n)=cmc-cmc [mm/yyyy-mm/yyyy], interval=n**

The interval between births (i.e., the number of months between the date of birth of one child and the date of birth of the next child) must be greater than or equal to 9 months for all births in the birth history.

If the interval between two births is less than 9 months, examine the information on the dates of birth (and ages) for other births occurring before and after the births in question. The ages recorded in the household listing for all the children in question (QH09) should also be examined, as should information on the dates of immunization (if any) reported for the children in A506 and the date of birth declared on the children’s anthropometry section QH203.

The following is an example of a birth history in which there is an interval of less than nine months between a pair of births (child 02 and child 03). The example assumes an interview date of August 2002.

Q212	Q215M	Q215Y	Q217
01	09	1997	04
02	03	2000	02
03	09	2000	01
04	06	2002	00

To resolve the inconsistency between the reported dates of birth for child 02 and child 03 check:

i) The ages of the children in the household listing. If the age in the household listing for one child (or both children) is different from the age reported in question Q217, change the age and year of birth for that child to be consistent with the age in the household listing, providing that the corrected age and birth year will yield a more consistent birth interval.

EXAMPLE: For instance, assuming in the above example, that the household listing shows that child 02 was 3 years old, the age in question Q217 should be changed to 03 and the year of birth to 1999.

ii) The immunization record (for children under 5 years) in question A506. If the immunization record for the children in question indicates that the year of birth for one of the children may have been different from that reported in the birth history, change the year of birth to be consistent with the immunization record.

EXAMPLE: The immunization record (question A506) shows that child 02 had a BCG shot in April 2000, child 03 had a BCG shot in October 2001 and child 04 had a BCG shot in July 2002. Since the pattern of immunizations for both child 02 and child 04 suggests that the respondent in question takes her children to receive the BCG immunization when the children are one month old, it is likely that child 03 was born in 2001, the year in which the BCG immunization was given. Thus, for child 03, the year of birth in question Q215 should be changed to 2001 and the age in question Q217 to 00.

In general, it will not be possible to easily resolve birth interval inconsistencies. If neither of the birth dates can be corrected, then the month for the later of the two births should be changed to 97, unless the later child's month of birth is late in the year and setting it to 97 will not yield enough of a time difference, or the interval between that birth and a subsequent one is less than 12 months. In the latter case, the month of birth for the first child in the pair of births for which the interval is too short should be changed to 97.

- 22140 **W 22140** **Age of youngest child (QM212=n) not plausible with father's age (QM103=n) minimum age at birth=n**
- Question QM212 reports the current age of the man's youngest living child. This is added to the minimum age at which a man is expected to father a child (generally 12 to 15 years of age) and this cannot exceed the man's current age.
- 25061 **E 25061** **Ag Sex (QH04=n) of wife/partner n (QM204 line=n) is not female (n)**
- If there are no keying errors, then leave the response as is
- The sex of the respondent's wife whose line number is given in QM204 is not female according to AH04 in the household schedule.
- Check that the line number given in QM204 refers to the correct person in the household schedule by checking the name, age, and relationship of the person referred to. If QM204 points to the wrong person, use the household schedule to determine the correct person and change QM204 to this line number. If the person does not exist in the household schedule, set QM204 to 00.
- 25062 **W 25062** **Age (QH09=n) of wife/partner n (QM204 line=n) is under 12 years**
- The age of the respondent's wife whose line number is given in QM204 is less than 12 years according to AH07 in the household schedule.
- Check that the line number given in QM204 refers to the correct person in the household schedule by checking the name, age and relationship of the person referred to. If QM204 points to the wrong person, check the household schedule for the right person and change QM204 to this line number. If the person does not exist in the household schedule, set QM204 to 00.
- Also check that the age of the wife is correctly recorded in the household schedule. If there is no obvious mistake in the age, then make no changes to the data.
- 25064 **W 25064** **Relationship between man and wife n (QM204=n) is not correct, relationship code (QH03) for man is n, for woman is n**
- The relationship to the head of household of the respondent and his wife are inconsistent.
- Check the relationship codes in the household schedule and ensure that the man and wife are correctly related. Check the line numbers to ensure the correct line number has been entered in QM204. However, if there are no keying errors, then make no changes to the data.
- 25121 **W 25121** **First union before age n: DOB (QM109)=mm/yyyy, age (QM110)=n, DOU (QM215)=mm/yyyy, age at u (QM216)=n**
- The first union took place before the respondent reached a specified minimum age (usually 15). Check for keying errors in the data and recording errors on the questionnaire, but if the data appear correct then leave the data unchanged.
- 25130 **E 25130** **Age at first union (QM204=n) exceeds current age (QM110=n); interview date=mm/yyyy, DOB (QM109)=mm/yyyy, DOU (QM215)=mm/yyyy**
- The age at first union in QM216 must be less than or equal to the age of the respondent reported in QM110. During data entry this message should be used just for the correction of typing errors, with corrections to the questionnaire data being left until the editing stage.
- Check the age at first union against the date of first union reported in QM215 and try to

correct QM216 based on this information and the date of birth of the respondent. For example, the respondent was born in October 1974 and is 26 years old in August 2001. He was married at age 28 in September 1993. Clearly the respondent must have been 18 in September 1993. Question QM216 should be corrected to 18.

If the age at first union is greater than the respondent's current age and it is not possible to deduce the correct age at first union from the date of first union, change QM216 to code 97.

NOTES