

NATIONAL FAMILY HEALTH SURVEY, INDIA 2005-2006 (NFHS- 3)  
WOMAN'S QUESTIONNAIRE [STATE NAME]

CONFIDENTIAL  
For research  
purposes only

| IDENTIFICATION  |  |
|---|--|
| STATE _____   | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| DISTRICT _____  |  |
| TEHSIL/TALUK _____  |  |
| CITY/TOWN/VILLAGE _____   |  |
| MEGA CITY/LARGE CITY/SMALL CITY/LARGE TOWN/SMALL TOWN/RURAL .....<br>(MEGA CITY=1, LARGE CITY=2, SMALL CITY=3, LARGE TOWN=4, SMALL TOWN=5, RURAL=6) |  |
| PSU NUMBER .....  |  |
| HOUSEHOLD NUMBER .....  |  |
| NAME AND LINE NUMBER OF WOMAN _____   |  |
| ADDRESS OF HOUSEHOLD _____<br>_____   |  |
| IS WOMAN SELECTED FOR QUESTIONS ON HOUSEHOLD RELATIONS (SECTION 10)?<br>(YES = 1, NO = 2) .....   | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>  |

| INTERVIEWER VISITS   |                    |               |       |   |             |           |  |               |                    |               |             |                 |           |
|--|--------------------|---------------|-------|---|-------------|-----------|--|---------------|--------------------|---------------|-------------|-----------------|-----------|
|  | 1                  | 2             | 3     | FINAL VISIT   |             |           |  |               |                    |               |             |                 |           |
| DATE   | _____              | _____         | _____ | DAY<br>MONTH<br>YEAR<br>INT. NO.<br>RESULT CODE   |             |           |  |               |                    |               |             |                 |           |
| INTERVIEWER'S NAME   | _____              | _____         | _____ |   |             |           |  |               |                    |               |             |                 |           |
| RESULT*  | _____              | _____         | _____ |   |             |           |  |               |                    |               |             |                 |           |
| NEXT VISIT: DATE   | _____              | _____         | _____ | TOTAL NUMBER OF VISITS  |             |           |  |               |                    |               |             |                 |           |
| TIME   | _____              | _____         | _____ | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |             |           |  |               |                    |               |             |                 |           |
| <p>*RESULT CODES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1 COMPLETED</td> <td style="width: 33%;">4 REFUSED</td> <td style="width: 33%;"></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>7 OTHER _____</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td style="text-align: right;">(SPECIFY)</td> </tr> </table> |                    |               |       |   | 1 COMPLETED | 4 REFUSED |  | 2 NOT AT HOME | 5 PARTLY COMPLETED | 7 OTHER _____ | 3 POSTPONED | 6 INCAPACITATED | (SPECIFY) |
| 1 COMPLETED  | 4 REFUSED          |               |       |   |             |           |  |               |                    |               |             |                 |           |
| 2 NOT AT HOME  | 5 PARTLY COMPLETED | 7 OTHER _____ |       |   |             |           |  |               |                    |               |             |                 |           |
| 3 POSTPONED  | 6 INCAPACITATED    | (SPECIFY)     |       |   |             |           |  |               |                    |               |             |                 |           |

|  |   |             |                |            |          |            |             |           |           |            |            |          |         |             |              |            |                |          |             |           |           |
|--|---|-------------|----------------|------------|----------|------------|-------------|-----------|-----------|------------|------------|----------|---------|-------------|--------------|------------|----------------|----------|-------------|-----------|-----------|
| NATIVE LANGUAGE OF RESPONDENT**  | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |             |                |            |          |            |             |           |           |            |            |          |         |             |              |            |                |          |             |           |           |
| <p>** LANGUAGE CODES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">01 ASSAMESE</td> <td style="width: 25%;">06 KANNADA</td> <td style="width: 25%;">11 MARATHI</td> <td style="width: 25%;">16 TAMIL</td> </tr> <tr> <td>02 BENGALI</td> <td>07 KASHMIRI</td> <td>12 NEPALI</td> <td>17 TELUGU</td> </tr> <tr> <td>03 ENGLISH</td> <td>08 KONKANI</td> <td>13 ORIYA</td> <td>18 URDU</td> </tr> <tr> <td>04 GUJARATI</td> <td>09 MALAYALAM</td> <td>14 PUNJABI</td> <td>19 OTHER _____</td> </tr> <tr> <td>05 HINDI</td> <td>10 MANIPURI</td> <td>15 SINDHI</td> <td style="text-align: right;">(SPECIFY)</td> </tr> </table> |   | 01 ASSAMESE | 06 KANNADA     | 11 MARATHI | 16 TAMIL | 02 BENGALI | 07 KASHMIRI | 12 NEPALI | 17 TELUGU | 03 ENGLISH | 08 KONKANI | 13 ORIYA | 18 URDU | 04 GUJARATI | 09 MALAYALAM | 14 PUNJABI | 19 OTHER _____ | 05 HINDI | 10 MANIPURI | 15 SINDHI | (SPECIFY) |
| 01 ASSAMESE  | 06 KANNADA  | 11 MARATHI  | 16 TAMIL       |            |          |            |             |           |           |            |            |          |         |             |              |            |                |          |             |           |           |
| 02 BENGALI   | 07 KASHMIRI   | 12 NEPALI   | 17 TELUGU      |            |          |            |             |           |           |            |            |          |         |             |              |            |                |          |             |           |           |
| 03 ENGLISH   | 08 KONKANI  | 13 ORIYA    | 18 URDU        |            |          |            |             |           |           |            |            |          |         |             |              |            |                |          |             |           |           |
| 04 GUJARATI  | 09 MALAYALAM  | 14 PUNJABI  | 19 OTHER _____ |            |          |            |             |           |           |            |            |          |         |             |              |            |                |          |             |           |           |
| 05 HINDI   | 10 MANIPURI   | 15 SINDHI   | (SPECIFY)      |            |          |            |             |           |           |            |            |          |         |             |              |            |                |          |             |           |           |

|            |              |               |          |
|------------|--------------|---------------|----------|
| SUPERVISOR | FIELD EDITOR | OFFICE EDITOR | KEYED BY |
| NAME _____ | NAME _____   |               |          |
| DATE _____ | DATE _____   |               |          |

# SECTION 1. RESPONDENT'S BACKGROUND

## INTRODUCTION AND INFORMED CONSENT

Namaste. My name is \_\_\_\_\_ and I am working with (NAME OF ORGANIZATION). We are conducting a national survey about the health of women, men, and children. We would very much appreciate your participation in this survey. Several different health-related topics will be discussed including use of health services, the quality of health care, marital and sexual relationships, and infectious diseases. This information will help the government to assess health and information needs and to better plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and if you choose to participate, you may withdraw at any time. However, we hope that you will take part in this survey since your participation is important.

At this time, do you want to ask me anything about the survey?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP |
|-----|--|--|------|
| 101 | RECORD THE TIME.   | HOUR ..... <input type="text"/> <input type="text"/><br>MINUTES ..... <input type="text"/> <input type="text"/>  |      |
| 102 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?<br><br>IF LESS THAN ONE YEAR, RECORD '00' YEARS. | YEARS ..... <input type="text"/> <input type="text"/><br>ALWAYS ..... 95<br>VISITOR ..... 96   | →104 |
| 103 | Just before you moved here, did you live in a city, in a town, or in the countryside?  | CITY ..... 1<br>TOWN ..... 2<br>COUNTRYSIDE ..... 3  |      |
| 104 | In what month and year were you born?  | MONTH ..... <input type="text"/> <input type="text"/><br>DON'T KNOW MONTH ..... 98<br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW YEAR ..... 9998 |      |
| 105 | How old were you at your last birthday?<br>COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.                                       | AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/>   |      |
| 106 | Have you ever attended school?   | YES ..... 1<br>NO ..... 2  | →109 |
| 107 | What is the highest standard you completed?  | STANDARD ..... <input type="text"/> <input type="text"/>   |      |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP |
|-----|--|---|------|
| 108 | CHECK 107:<br>STANDARD 0-5 <input type="checkbox"/> STANDARD 6 AND ABOVE <input type="checkbox"/>  |   | →112 |
| 109 | Now I would like you to read this sentence to me.<br>SHOW A SENTENCE FROM THE LITERACY CARD TO THE RESPONDENT.<br><br>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:<br>Can you read any part of the sentence to me? | CANNOT READ AT ALL ..... 1<br>ABLE TO READ ONLY PARTS OF SENTENCE ..... 2<br>ABLE TO READ WHOLE SENTENCE ... 3<br>NO CARD WITH REQUIRED LANGUAGE ..... 4<br>(SPECIFY LANGUAGE)<br>BLIND/VISUALLY IMPAIRED ..... 5                   |      |
| 110 | Have you ever participated in a literacy programme or any other programme that involves learning to read or write (not including primary school)?  | YES ..... 1<br>NO ..... 2   |      |
| 111 | CHECK 109:<br>CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>   |   | →113 |
| 112 | Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?   | ALMOST EVERY DAY ..... 1<br>AT LEAST ONCE A WEEK ..... 2<br>LESS THAN ONCE A WEEK ..... 3<br>NOT AT ALL ..... 4   |      |
| 113 | Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?  | ALMOST EVERY DAY ..... 1<br>AT LEAST ONCE A WEEK ..... 2<br>LESS THAN ONCE A WEEK ..... 3<br>NOT AT ALL ..... 4   |      |
| 114 | Do you watch television almost every day, at least once a week, less than once a week or not at all?   | ALMOST EVERY DAY ..... 1<br>AT LEAST ONCE A WEEK ..... 2<br>LESS THAN ONCE A WEEK ..... 3<br>NOT AT ALL ..... 4   |      |
| 115 | Do you usually go to a cinema hall or theatre to see a movie at least once a month?  | YES ..... 1<br>NO ..... 2   |      |
| 116 | What is your religion?   | HINDU ..... 01<br>MUSLIM ..... 02<br>CHRISTIAN ..... 03<br>SIKH ..... 04<br>BUDDHIST/NEO-BUDDHIST ..... 05<br>JAIN ..... 06<br>JEWISH ..... 07<br>PARSI/ZOROASTRIAN ..... 08<br>NO RELIGION ..... 09<br>OTHER ..... 96<br>(SPECIFY) |      |
| 117 | What is your caste or tribe?   | CASTE ..... 1<br>(SPECIFY)<br>TRIBE ..... 2<br>(SPECIFY)<br>NO CASTE/TRIBE ..... 3<br>DON'T KNOW ..... 8  | →201 |
| 118 | Do you belong to a scheduled caste, a scheduled tribe, other backward class, or none of these?   | SCHEDULED CASTE ..... 1<br>SCHEDULED TRIBE ..... 2<br>OBC ..... 3<br>NONE OF THEM ..... 4   |      |

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |  |  |  |  |  |  |  |  |
|-----|---|---|-------|--|--|--|--|--|--|--|--|
| 201 | Now I would like to ask about all the births you have had during your life. Have you ever given birth?  | YES ..... 1<br>NO ..... 2   | → 206 |  |  |  |  |  |  |  |  |
| 202 | Do you have any sons or daughters to whom you have given birth who are now living with you?   | YES ..... 1<br>NO ..... 2   | → 204 |  |  |  |  |  |  |  |  |
| 203 | How many sons live with you?<br><br>And how many daughters live with you?<br><br>IF NONE, RECORD '00'.  | SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>     |       |  |  |  |  |  |  |  |  |
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|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
| 204 | Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?  | YES ..... 1<br>NO ..... 2   | → 206 |  |  |  |  |  |  |  |  |
| 205 | How many sons are alive but do not live with you?<br><br>And how many daughters are alive but do not live with you?<br><br>IF NONE, RECORD '00'.  | SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> |       |  |  |  |  |  |  |  |  |
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|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
| 206 | Have you ever given birth to a boy or girl who was born alive but later died?<br>IF NO, PROBE:<br>Any baby who cried or showed signs of life but did not survive?   | YES ..... 1<br>NO ..... 2   | → 208 |  |  |  |  |  |  |  |  |
| 207 | How many boys have died?<br><br>And how many girls have died?<br><br>IF NONE, RECORD '00'.  | BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>               |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.<br>IF NONE, RECORD '00'.   | TOTAL ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>  |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
| 209 | CHECK 208:<br><br>Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?<br><br>YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY. |   |       |  |  |  |  |  |  |  |  |
| 210 | CHECK 208:<br><br>ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 227  |   |       |  |  |  |  |  |  |  |  |

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.  
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.  
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE).

| 212<br>What name<br>was given<br>to your<br>(first/next)<br>baby? | 213<br>Were<br>any of<br>these<br>births<br>twins? | 214<br>Is<br>(NAME)<br>a boy or<br>a girl? | 215<br>In what month<br>and year was<br>(NAME) born?<br><br>PROBE:<br><br>What is his/her<br>birthday? | 216<br>Is<br>(NAME)<br>still<br>alive? | 217<br>IF ALIVE:<br>How old was<br>(NAME) at<br>his/her last<br>birthday?<br><br>RECORD<br>AGE IN<br>COM-<br>PLETED<br>YEARS. | 218<br>IF ALIVE:<br>Is (NAME)<br>living with<br>you? | 219<br>IF ALIVE:<br>RECORD<br>HOUSE-<br>HOLD LINE<br>NUMBER<br>OF CHILD<br>(RECORD<br>'00' IF CHILD<br>NOT LISTED<br>IN HOUSE-<br>HOLD). | 220<br>IF DEAD:<br>How old was (NAME)<br>when he/she died?<br>IF '1 YR', PROBE:<br><br>How many months<br>old was (NAME)?<br><br>RECORD DAYS IF<br>LESS THAN 1<br>MONTH; MONTHS<br>IF LESS THAN<br>TWO YEARS; OR<br>YEARS. | 221<br>Were there<br>any other<br>live births<br>between<br>(NAME OF<br>PREVIOUS<br>BIRTH) and<br>(NAME),<br>including<br>any children<br>who died<br>after birth? |
|---|--|--|--|--|---|--|--|--|--|
| (NAME)  |  |  |  |  |   |  |  |  |  |
| 01  | SING 1<br>MULT 2                                   | BOY 1<br>GIRL 2                            | MONTH <input type="text"/><br>YEAR <input type="text"/>  | YES ... 1<br>NO ... 2<br>↓<br>220      | AGE IN<br>YEARS <input type="text"/>  | YES ... 1<br>NO ... 2                                | LINE NUMBER <input type="text"/><br>↓<br>(NEXT BIRTH)  | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  |  |
| 02  | SING 1<br>MULT 2                                   | BOY 1<br>GIRL 2                            | MONTH <input type="text"/><br>YEAR <input type="text"/>  | YES ... 1<br>NO ... 2<br>↓<br>220      | AGE IN<br>YEARS <input type="text"/>  | YES ... 1<br>NO ... 2                                | LINE NUMBER <input type="text"/><br>↓<br>(GO TO 221)   | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |
| 03  | SING 1<br>MULT 2                                   | BOY 1<br>GIRL 2                            | MONTH <input type="text"/><br>YEAR <input type="text"/>  | YES ... 1<br>NO ... 2<br>↓<br>220      | AGE IN<br>YEARS <input type="text"/>  | YES ... 1<br>NO ... 2                                | LINE NUMBER <input type="text"/><br>↓<br>(GO TO 221)   | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |
| 04  | SING 1<br>MULT 2                                   | BOY 1<br>GIRL 2                            | MONTH <input type="text"/><br>YEAR <input type="text"/>  | YES ... 1<br>NO ... 2<br>↓<br>220      | AGE IN<br>YEARS <input type="text"/>  | YES ... 1<br>NO ... 2                                | LINE NUMBER <input type="text"/><br>↓<br>(GO TO 221)   | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |
| 05  | SING 1<br>MULT 2                                   | BOY 1<br>GIRL 2                            | MONTH <input type="text"/><br>YEAR <input type="text"/>  | YES ... 1<br>NO ... 2<br>↓<br>220      | AGE IN<br>YEARS <input type="text"/>  | YES ... 1<br>NO ... 2                                | LINE NUMBER <input type="text"/><br>↓<br>(GO TO 221)   | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |
| 06  | SING 1<br>MULT 2                                   | BOY 1<br>GIRL 2                            | MONTH <input type="text"/><br>YEAR <input type="text"/>  | YES ... 1<br>NO ... 2<br>↓<br>220      | AGE IN<br>YEARS <input type="text"/>  | YES ... 1<br>NO ... 2                                | LINE NUMBER <input type="text"/><br>↓<br>(GO TO 221)   | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |
| 07  | SING 1<br>MULT 2                                   | BOY 1<br>GIRL 2                            | MONTH <input type="text"/><br>YEAR <input type="text"/>  | YES ... 1<br>NO ... 2<br>↓<br>220      | AGE IN<br>YEARS <input type="text"/>  | YES ... 1<br>NO ... 2                                | LINE NUMBER <input type="text"/><br>↓<br>(GO TO 221)   | DAYS ... 1<br>MONTHS 2<br>YEARS ... 3  | YES ... 1<br>NO ... 2  |

|  |  |                                  |  |                                 |   |  |  |   |   |
|--|--|----------------------------------|--|---------------------------------|---|--|--|---|---|
| 212<br>What name<br>your next<br>baby? | 213<br>Were<br>these<br>births<br>twins?   | 214<br>Is<br>a boy or<br>a girl? | 215<br>In what month<br>(NAME) born?<br><br>PROBE:<br><br>What is his/her<br>birthday? | 216<br>Is<br>still<br>alive?    | 217<br>IF ALIVE:<br>How old was<br>(NAME) at<br>his/her last<br>birthday?<br><br>RECORD<br>AGE IN<br>COM-<br>PLETED<br>YEARS. | 218<br>IF ALIVE:<br>Is (NAME)<br>living with<br>you? | 219<br>IF ALIVE:<br>RECORD<br>HOUSE-<br>HOLD LINE<br>NUMBER OF<br>CHILD<br>(RECORD '00'<br>IF CHILD NOT<br>LISTED IN<br>HOUSE-<br>HOLD). | 220<br>IF DEAD:<br>How old was (NAME)<br>when he/she died?<br>IF '1 YR', PROBE:<br><br>How many months old<br>was (NAME)?<br>RECORD DAYS IF<br>LESS THAN 1<br>MONTH; MONTHS IF<br>LESS THAN TWO<br>YEARS; OR YEARS. | 221<br>Were there<br>live births<br>between<br>(NAME OF<br>PREVIOUS<br>BIRTH) and<br>(NAME),<br>including<br>any children<br>who died<br>after birth? |
| (NAME)                                 |  |                                  |  |                                 |   |  |  |   |   |
| 08                                     | SING 1<br>MULT 2   | BOY 1<br>GIRL 2                  | MONTH <input type="text"/><br>YEAR <input type="text"/>                                | YES... 1<br>NO... 2<br>↓<br>220 | AGE IN<br>YEARS <input type="text"/>  | YES... 1<br>NO... 2                                  | LINE NUMBER <input type="text"/><br>↓<br>(GO TO 221)   | DAYS... 1<br>MONTHS 2<br>YEARS... 3   | YES... 1<br>NO... 2   |
| 09                                     | SING 1<br>MULT 2   | BOY 1<br>GIRL 2                  | MONTH <input type="text"/><br>YEAR <input type="text"/>                                | YES... 1<br>NO... 2<br>↓<br>220 | AGE IN<br>YEARS <input type="text"/>  | YES... 1<br>NO... 2                                  | LINE NUMBER <input type="text"/><br>↓<br>(GO TO 221)   | DAYS... 1<br>MONTHS 2<br>YEARS... 3   | YES... 1<br>NO... 2   |
| 10                                     | SING 1<br>MULT 2   | BOY 1<br>GIRL 2                  | MONTH <input type="text"/><br>YEAR <input type="text"/>                                | YES... 1<br>NO... 2<br>↓<br>220 | AGE IN<br>YEARS <input type="text"/>  | YES... 1<br>NO... 2                                  | LINE NUMBER <input type="text"/><br>↓<br>(GO TO 221)   | DAYS... 1<br>MONTHS 2<br>YEARS... 3   | YES... 1<br>NO... 2   |
| 11                                     | SING 1<br>MULT 2   | BOY 1<br>GIRL 2                  | MONTH <input type="text"/><br>YEAR <input type="text"/>                                | YES... 1<br>NO... 2<br>↓<br>220 | AGE IN<br>YEARS <input type="text"/>  | YES... 1<br>NO... 2                                  | LINE NUMBER <input type="text"/><br>↓<br>(GO TO 221)   | DAYS... 1<br>MONTHS 2<br>YEARS... 3   | YES... 1<br>NO... 2   |
| 12                                     | SING 1<br>MULT 2   | BOY 1<br>GIRL 2                  | MONTH <input type="text"/><br>YEAR <input type="text"/>                                | YES... 1<br>NO... 2<br>↓<br>220 | AGE IN<br>YEARS <input type="text"/>  | YES... 1<br>NO... 2                                  | LINE NUMBER <input type="text"/><br>↓<br>(GO TO 221)   | DAYS... 1<br>MONTHS 2<br>YEARS... 3   | YES... 1<br>NO... 2   |
| 222                                    | Have you had any live births since the birth of (NAME OF LASTBIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.   |                                  |  |                                 |   | YES ..... 1<br>NO ..... 2                            |  |   |   |
| 223                                    | Before the birth of (NAME OF FIRST BIRTH), did you have any other live births? IF YES, RECORD BIRTH(S) IN TABLE.   |                                  |  |                                 |   | YES ..... 1<br>NO ..... 2                            |  |   |   |
| 224                                    | COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:<br>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)<br>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.<br>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.<br>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.<br>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. |                                  |  |                                 |   |  |  |   |   |
| 225                                    | CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2000 OR LATER. IF NONE, RECORD '0'.  |                                  |  |                                 |   |  |  |   |   |

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |  |  |  |  |  |  |  |  |
|-----|---|---|-------|--|--|--|--|--|--|--|--|
| 201 | Now I would like to ask about all the births you have had during your life. Have you ever given birth?  | YES ..... 1<br>NO ..... 2   | → 206 |  |  |  |  |  |  |  |  |
| 202 | Do you have any sons or daughters to whom you have given birth who are now living with you?   | YES ..... 1<br>NO ..... 2   | → 204 |  |  |  |  |  |  |  |  |
| 203 | How many sons live with you?<br><br>And how many daughters live with you?<br><br>IF NONE, RECORD '00'.  | SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>     |       |  |  |  |  |  |  |  |  |
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| 204 | Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?  | YES ..... 1<br>NO ..... 2   | → 206 |  |  |  |  |  |  |  |  |
| 205 | How many sons are alive but do not live with you?<br><br>And how many daughters are alive but do not live with you?<br><br>IF NONE, RECORD '00'.  | SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> |       |  |  |  |  |  |  |  |  |
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| 206 | Have you ever given birth to a boy or girl who was born alive but later died?<br>IF NO, PROBE:<br>Any baby who cried or showed signs of life but did not survive?   | YES ..... 1<br>NO ..... 2   | → 208 |  |  |  |  |  |  |  |  |
| 207 | How many boys have died?<br><br>And how many girls have died?<br><br>IF NONE, RECORD '00'.  | BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>               |       |  |  |  |  |  |  |  |  |
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| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.<br>IF NONE, RECORD '00'.   | TOTAL ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>  |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
| 209 | CHECK 208:<br><br>Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?<br><br>YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY. |   |       |  |  |  |  |  |  |  |  |
| 210 | CHECK 208:<br><br>ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 227  |   |       |  |  |  |  |  |  |  |  |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP                           |
|-----|--|---|--------------------------------|
| 226 | <p>FOR EACH BIRTH SINCE JANUARY 2001, ENTER 'B' IN THE MONTH OF BIRTH IN <b>COLUMN 1</b> OF THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p> <p>FOR EACH BIRTH ASK: At any time when you were pregnant with (NAME), did you have an ultrasound test?</p> <p>RECORD 'Y' IF YES AND 'N' IF NO IN <b>COLUMN 2</b> IN THE MONTH OF BIRTH.</p> |   |                                |
| 227 | Are you pregnant now?  | YES ..... 1<br>NO ..... 2<br>UNSURE ..... 8   | <input type="checkbox"/> → 231 |
| 228 | <p>How many months pregnant are you?</p> <p>RECORD NUMBER OF MONTHS PREGNANT.</p> <p>ENTER 'P's IN <b>COLUMN 1</b> OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE REMAINING NUMBER OF MONTHS PREGNANT.</p>   | MONTHS ..... <input type="text"/> <input type="text"/>  |                                |
| 229 | <p>At any time during this pregnancy, have you had an ultrasound test?</p> <p>RECORD 'Y' IF YES AND 'N' IF NO IN <b>COLUMN 2</b> OF THE CALENDAR IN THE CURRENT MONTH.</p>   |   |                                |
| 230 | At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?   | THEN ..... 1<br>LATER ..... 2<br>NOT AT ALL ..... 3   |                                |
| 231 | Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?  | YES ..... 1<br>NO ..... 2   | → 240                          |
| 232 | When did the last such pregnancy end?  | MONTH ..... <input type="text"/> <input type="text"/><br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                |
| 233 | <p>CHECK 232:</p> <p>LAST PREGNANCY ENDED IN <input type="checkbox"/> JANUARY 2001 OR LATER</p> <p>LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JANUARY 2001</p>   |   | → 240                          |
| 234 | <p>How many months pregnant were you when the last such pregnancy ended?</p> <p>RECORD NUMBER OF MONTHS THE PREGNANCY LASTED. ENTER 'T' IN <b>COLUMN 1</b> OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF MONTHS.</p>  | MONTHS ..... <input type="text"/> <input type="text"/>  |                                |
| 235 | <p>At any time during this pregnancy, did you have an ultrasound test?</p> <p>RECORD 'Y' IF YES AND 'N' IF NO IN <b>COLUMN 2</b> OF THE CALENDAR IN THE MONTH IN WHICH THE PREGNANCY WAS TERMINATED.</p>   |   |                                |



| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|--|---|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 236 | Since January 2001, have you had any other pregnancies that did not result in a live birth?  | YES ..... 1<br>NO ..... 2   | → 238 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 237 | <p>ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2001.</p> <p>ENTER 'T' IN <b>COLUMN 1</b> OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF MONTHS.</p> <p>FOR EACH TERMINATED PREGNANCY ASK: At any time this pregnancy, did you have an ultrasound test?</p> <p>RECORD 'Y' IF YES AND 'N' IF NO IN <b>COLUMN 2</b> OF THE CALENDAR IN THE MONTH IN WHICH THE PREGNANCY WAS TERMINATED.</p> |   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 238 | Did you have any pregnancies that terminated before January 2001 that did not result in a live birth?  | YES ..... 1<br>NO ..... 2   | → 240 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 239 | When did the last such pregnancy that terminated before January 2001 end?  | MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 240 | <p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p>   | DAYS AGO ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>WEEKS AGO ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>MONTHS AGO ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>YEARS AGO ..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>IN MENOPAUSE/<br>HAS HAD HYSTERECTOMY ... 994<br>BEFORE LAST BIRTH ..... 995<br>NEVER MENSTRUATED ..... 996 |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 241 | From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 301 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 242 | Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?   | JUST BEFORE HER PERIOD<br>BEGINS ..... 1<br>DURING HER PERIOD ..... 2<br>RIGHT AFTER HER<br>PERIOD HAS ENDED ..... 3<br>HALFWAY BETWEEN<br>TWO PERIODS ..... 4<br><br>OTHER ..... 6<br>(SPECIFY)<br>DON'T KNOW ..... 8  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

SECTION 3A. MARRIAGE AND COHABITATION

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP                    |
|------|--|--|-------------------------|
| 301  | What is your current marital status?   | CURRENTLY MARRIED ..... 1<br>MARRIED, GAUNA NOT PERFORMED ..... 2<br>WIDOWED ..... 3<br>DIVORCED ..... 4<br>SEPARATED ..... 5<br>DESERTED ..... 6<br>NEVER MARRIED ..... 7 | → 303<br>→ 306<br>→ 308 |
| 302  | ENTER '0' IN <b>COLUMN 3</b> OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 2001                                       |  | → 316                   |
| 303  | Are you living with your husband now, or is he staying elsewhere?  | LIVING WITH HUSBAND ..... 1<br>STAYING ELSEWHERE ..... 2   | → 305                   |
| 304  | For how long have you and your husband not been living together?<br><br>IF LESS THAN 1 YEAR, RECORD MONTHS;<br>OTHERWISE RECORD COMPLETED YEARS. | MONTHS ..... 1<br>YEARS ..... 2  |                         |
| 305  | RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE.<br>IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.                | NAME .....<br>LINE NO. ....  |                         |
| 306  | Besides yourself, does your husband have other wives?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | → 308                   |
| 307  | How many other wives does your husband have?   | NUMBER OF OTHER WIVES .....<br>DON'T KNOW ..... 8  |                         |
| 308  | Have you been married only once or more than once?   | ONLY ONCE ..... 1<br>MORE THAN ONCE ..... 2  | → 309A                  |
| 309  | In what month and year did you get married?  | MONTH .....<br>DON'T KNOW MONTH ..... 98   |                         |
| 309A | Now I would like to ask about when you married your first husband.<br>In what month and year was that?   | YEAR .....<br>DON'T KNOW YEAR ..... 9998   | → 311                   |
| 310  | How old were you when you (first) got married?   | AGE .....  |                         |
| 311  | CHECK 301:<br>CODE '2' CIRCLED<br>CODE '2' NOT CIRCLED   |  | → 314                   |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP |
|-----|---|--|------|
| 312 | <p>CHECK 308:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED<br/>ONLY ONCE <input type="checkbox"/></p> <p>↓</p> <p>In what month and year<br/>did you start living with<br/>your husband?</p> </div> <div style="text-align: center;"> <p>MARRIED<br/>MORE THAN ONCE <input type="checkbox"/></p> <p>↓</p> <p>Now I would like to ask about<br/>when you started living with<br/>your first husband. In what<br/>month and year was that?</p> </div> </div>  | <div style="display: flex; justify-content: space-between;"> <div> <p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p> </div> <div style="text-align: right;">→ 314</div> </div> |      |
| 313 | How old were you when you first started living with him?  | AGE ..... <input type="text"/> <input type="text"/>  |      |
| 314 | <p><u>FOR CURRENTLY MARRIED WOMEN WHO HAVE BEEN MARRIED ONLY ONCE AND WOMEN WHO ARE MARRIED BUT GAUNA NOT PERFORMED:</u><br/>DETERMINE MONTHS MARRIED OR MARRIED BUT GAUNA NOT PERFORMED SINCE JANUARY 2001. ENTER 'X' IN <b>COLUMN 3</b> OF CALENDAR FOR EACH MONTH MARRIED, 'N' FOR EACH MONTH MARRIED BUT GAUNA NOT PERFORMED, AND '0' FOR EACH MONTH NOT MARRIED.</p> <p><u>FOR CURRENTLY MARRIED WOMEN WHO HAVE BEEN MARRIED MORE THAN ONCE:</u><br/>PROBE FOR DATE WHEN CURRENT MARRIAGE STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS MARRIAGES.</p> <p><u>FOR WOMEN WHO ARE NOT CURRENTLY MARRIED:</u><br/>PROBE FOR DATE WHEN LAST MARRIAGE STARTED, WHEN SHE WAS MARRIED BUT GAUNA WAS NOT PERFORMED, TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS MARRIAGES.</p> |  |      |
| 315 | <p>CHECK 301:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CODE '2' CIRCLED <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>CODE '2' NOT<br/>CIRCLED <input type="checkbox"/></p> <p>→ 317</p> </div> </div>  |  |      |
| 316 | <p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> <p>Now I need to ask you some questions about sexual life in order to gain a better understanding of some family life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you do not want to answer, just let me know and I will skip to the next question.</p> <p>Have you ever had sexual intercourse?</p>  | <p>YES ..... 1</p> <p>NO ..... 2 → 318</p>   |      |
| 317 | <p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> <p>(Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you do not want to answer, just let me know and I will skip to the next question.)</p> <p>How old were you when you had sexual intercourse for the very first time?</p>  | <p>NEVER HAD SEXUAL<br/>INTERCOURSE ..... 00</p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED<br/>LIVING WITH (FIRST)<br/>HUSBAND ..... 95</p>   |      |

SECTION 3B. CONTRACEPTION

|     |  |  |  |
|-----|--|--|--|
| 318 | <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.</p> <p>Which ways or methods have you heard about?<br/>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:</p> <p>Have you ever heard of (METHOD)?<br/>CIRCLE CODE '1' IN 318 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 318 READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE '1' IF METHOD IS RECOGNIZED AND CODE '2' IF NOT RECOGNIZED. THEN PERFORM THE CHECK AT THE BOTTOM OF THE COLUMN. IF 316 = YES OR NOT ASKED, ASK 320 FOR EACH METHOD WITH CODE '1' CIRCLED IN 318.</p> |  | 320 Have you ever used (METHOD)?   |
| 01  | FEMALE STERILIZATION Women can have an operation to avoid having any more children.  | YES ..... 1<br>NO ..... 2 ↘  | Have you ever had an operation to avoid having any more children?<br>YES ..... 1<br>NO ..... 2                 |
| 02  | MALE STERILIZATION Men can have an operation to avoid having any more children.  | YES ..... 1<br>NO ..... 2 ↘  | Has your husband/partner ever had an operation to avoid having any more children?<br>YES ..... 1<br>NO ..... 2 |
| 03  | PILL Women can take a pill every day or every week to avoid becoming pregnant.   | YES ..... 1<br>NO ..... 2 ↘  | YES ..... 1<br>NO ..... 2  |
| 04  | IUD OR LOOP Women can have a loop or coil placed inside them by a doctor or a nurse.   | YES ..... 1<br>NO ..... 2 ↘  | YES ..... 1<br>NO ..... 2  |
| 05  | INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.  | YES ..... 1<br>NO ..... 2 ↘  | YES ..... 1<br>NO ..... 2  |
| 06  | CONDOM OR NIRODH Men can put a rubber sheath on their penis before sexual intercourse.   | YES ..... 1<br>NO ..... 2 ↘  | YES ..... 1<br>NO ..... 2  |
| 07  | FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.  | YES ..... 1<br>NO ..... 2 ↘  | YES ..... 1<br>NO ..... 2  |
| 08  | RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.  | YES ..... 1<br>NO ..... 2 ↘  | YES ..... 1<br>NO ..... 2  |
| 09  | WITHDRAWAL Men can be careful and pull out before climax.  | YES ..... 1<br>NO ..... 2 ↘  | YES ..... 1<br>NO ..... 2  |
| 10  | EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.   | YES ..... 1<br>NO ..... 2 ↘  | YES ..... 1<br>NO ..... 2  |
| 11  | Have you heard of any other ways or methods that women or men can use to avoid pregnancy?  | YES ..... 1<br>_____ (SPECIFY)<br>_____ (SPECIFY)<br>NO ..... 2  | YES ..... 1<br>NO ..... 2<br><br>YES ..... 1<br>NO ..... 2   |
| 319 |  | CHECK 316:<br>YES OR GO TO 320<br>NOT <input type="checkbox"/> FOR KNOWN<br>ASKED METHODS<br>NO <input type="checkbox"/> SKIP TO 323 |  |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP                      |
|------|---|---|---------------------------|
| 321  | CHECK 320:<br><div style="display: flex; justify-content: space-around;"> <div> NOT A SINGLE<br/>"YES"<br/>(NEVER USED) <input type="checkbox"/> </div> <div> AT LEAST ONE<br/>"YES"<br/>(EVER USED) <input type="checkbox"/> </div> </div> |   | 325                       |
| 322  | Have you ever used anything or tried in any way to delay or avoid getting pregnant?   | YES ..... 1<br>NO ..... 2   | 324                       |
| 323  | ENTER '0' IN <b>COLUMN 1</b> OF CALENDAR IN EACH BLANK MONTH.   |   |                           |
| 324  | What have you used or done?<br>CORRECT 320 AND 321(AND 318 IF NECESSARY).   |   |                           |
| 325  | CHECK 208:<br><div style="display: flex; justify-content: space-around;"> <div> ONE OR MORE<br/>BIRTHS <input type="checkbox"/> </div> <div> NO BIRTHS <input type="checkbox"/> </div> </div>   |   | 327                       |
| 326  | Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.<br>How many living children did you have at that time, if any?<br><br>IF NONE, RECORD '00'.                             | NUMBER OF CHILDREN .... <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/>   |                           |
| 327  | CHECK 320(01):<br><div style="display: flex; justify-content: space-around;"> <div> WOMAN NOT<br/>STERILIZED <input type="checkbox"/> </div> <div> WOMAN<br/>STERILIZED <input type="checkbox"/> </div> </div>                              |   | 330A                      |
| 328  | CHECK 227:<br><div style="display: flex; justify-content: space-around;"> <div> NOT PREGNANT<br/>OR UNSURE <input type="checkbox"/> </div> <div> PREGNANT <input type="checkbox"/> </div> </div>  |   | 344                       |
| 329  | Are you currently doing something or using any method to delay or avoid getting pregnant?   | YES ..... 1<br>NO ..... 2   | 344                       |
| 330  | Which method are you using?<br><br>CIRCLE ALL MENTIONED.<br><br>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.  | FEMALE STERILIZATION ..... A<br>MALE STERILIZATION ..... B<br>PILL ..... C<br>IUD/LOOP ..... D<br>INJECTABLES ..... E<br>IMPLANTS ..... F<br>CONDOM/NIRODH ..... G<br>FEMALE CONDOM ..... H<br>DIAPHRAGM ..... I<br>FOAM/JELLY ..... J<br>RHYTHM METHOD ..... K<br>WITHDRAWAL ..... L<br><br>OTHER ..... X<br>(SPECIFY) | 335<br>334<br>334<br>341A |
| 330A | CIRCLE 'A' FOR FEMALE STERILIZATION.  |   |                           |
| 331  | May I see the package of (pills/condoms) you are using?<br><br>RECORD NAME OF BRAND.  | PACKAGE SEEN ..... 1<br><br>BRAND NAME (SPECIFY) <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/><br><br>PACKAGE NOT SEEN ..... 2                               | 333                       |
| 332  | Do you know the brand name of the (pills/condoms) you are using?<br><br>RECORD NAME OF BRAND.   | BRAND NAME (SPECIFY) <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/><br><br>DON'T KNOW ..... 998   |                           |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP   |
|------|--|--|--------|
| 333  | How many (pill cycles/condoms) did you get the last time?  | NUMBER OF PILL CYCLES/CONDOMS <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 998   |        |
| 334  | The last time you obtained (CURRENT METHOD IN 330), how much did you pay in total, including the cost of the method and any consultation you may have had?   | COST ..... Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>FREE ..... 9995<br>DON'T KNOW ..... 9998   | → 341A |
| 335  | In what facility did the sterilization take place?<br><br>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE) | PUBLIC MEDICAL SECTOR<br>GOVT./MUNICIPAL HOSPITAL ..... 11<br>GOVT. DISPENSARY ..... 12<br>UHC/UHP/UFWC ..... 13<br>CHC/RURAL HOSPITAL/PHC ..... 14<br>SUB-CENTRE ..... 15<br>GOVT. MOBILE CLINIC ..... 16<br>CAMP ..... 17<br>OTHER PUBLIC SECTOR<br>HEALTH FACILITY ..... 18<br><br>NGO OR TRUST HOSPITAL/CLINIC ..... 21<br><br>PRIVATE MEDICAL SECTOR<br>PVT. HOSPITAL ..... 31<br>PVT. DOCTOR/CLINIC ..... 32<br>PVT. MOBILE CLINIC ..... 33<br>OTHER PRIVATE HEALTH<br>FACILITY ..... 34<br><br>OTHER ..... 96<br>(SPECIFY)<br>DON'T KNOW ..... 98 |        |
| 336  | CHECK 330/330A:<br><br>CODE 'A' <input type="checkbox"/> CIRCLED<br>CODE 'A' <input type="checkbox"/> NOT CIRCLED  |  | → 341  |
| 337  | Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?  | YES ..... 1<br>NO ..... 2  |        |
| 338  | How would you rate the care you received during and immediately after the operation: very good, all right, not so good, or bad?  | VERY GOOD ..... 1<br>ALL RIGHT ..... 2<br>NOT SO GOOD ..... 3<br>BAD ..... 4   |        |
| 339  | How much did you pay in total for the sterilization, including any consultation you may have had?  | COST ... Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>FREE ..... 99995<br>DON'T KNOW ..... 99998  |        |
| 340  | Do you regret that you had the sterilization?  | YES ..... 1<br>NO ..... 2  |        |
| 341  | In what month and year was the sterilization performed?  |  |        |
| 341A | In what month and year did you start using (CURRENT METHOD) continuously?<br>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?  | MONTH ..... <input type="text"/> <input type="text"/><br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |        |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES | SKIP |
|-----|---|-------------------|------|
| 342 | <p>CHECK 341/341A, 215 AND 232:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 341/341A? YES <input type="checkbox"/></p> <p><b>FOR METHODS OTHER THAN STERILIZATION:</b> GO BACK TO 341/341A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p> <p><b>FOR FEMALE STERILIZATION:</b> GO BACK TO 329. ASK 329 AND FOLLOW CORRECT SKIP PATTERN.</p> <p>NO <input type="checkbox"/></p>  |                   |      |
| 343 | <p>CHECK 341/341A:</p> <p>YEAR IS 2001 OR LATER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN <b>COLUMN 1</b> OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE WITH 344.</p> <p>YEAR IS 2000 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN <b>COLUMN 1</b> OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2001</p> <p>THEN SKIP TO <span style="float: right;">351</span></p>  |                   |      |
| 344 | <p>I would like to ask you some questions about the times you or your husband/partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2001.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p><b>IN COLUMN 1</b>, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p><b>COLUMN 1:</b></p> <ul style="list-style-type: none"> <li>* When was the last time you used a method? Which method was that?</li> <li>* When did you start using that method? How long after the birth of (NAME)?</li> <li>* How long did you use the method then?</li> </ul> <p><b>IN COLUMN 4</b>, ENTER CODES FOR DISCONTINUATION IN THE SAME ROW AS THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 4 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p><b>COLUMN 4:</b></p> <ul style="list-style-type: none"> <li>* Why did you stop using the (METHOD)?</li> <li>* Did you become pregnant while using (METHOD), did you stop using to get pregnant, or did you stop for some other reason?</li> </ul> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> <li>* How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN <b>COLUMN 1</b>.</li> </ul> |                   |      |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP                                      |
|-----|---|--|---|
| 345 | CHECK 330/330A:<br><br>CIRCLE METHOD CODE:<br><br>IF MORE THAN ONE METHOD CODE CIRCLED IN 330/330A,<br>CIRCLE CODE FOR HIGHEST METHOD IN LIST.  | NO CODE CIRCLED ..... 00<br>FEMALE STERILIZATION ..... 01<br>MALE STERILIZATION ..... 02<br>PILL ..... 03<br>IUD/LOOP ..... 04<br>INJECTABLES ..... 05<br>IMPLANTS ..... 06<br>CONDOM/NIRODH ..... 07<br>FEMALE CONDOM ..... 08<br>DIAPHRAGM ..... 09<br>FOAM/JELLY ..... 10<br>RHYTHM METHOD ..... 11<br>WITHDRAWAL ..... 12<br>OTHER METHOD ..... 96 | → 353<br>→ 356<br>→ 352<br>→ 349<br>→ 356 |
| 346 | You started using (CURRENT METHOD) in (DATE).<br>At that time, were you told about side effects or problems<br>you might have with the method?  | YES ..... 1<br>NO ..... 2  | → 348                                     |
| 347 | Were you ever told by a health or family planning worker about<br>side effects or problems you might have with the method?  | YES ..... 1<br>NO ..... 2  | → 349                                     |
| 348 | Were you told what to do if you experienced side effects<br>or problems?  | YES ..... 1<br>NO ..... 2  |   |
| 349 | CHECK 346:<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> CODE '1'<br/>CIRCLED<br/>↓ </div> <div style="text-align: center;"> CODE '1'<br/>NOT<br/>CIRCLED    ↓ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> At that time, were you told<br/>about other methods of family<br/>planning that you could use? </div> <div style="width: 45%;"> When you obtained (CURRENT<br/>METHOD) in (DATE), were<br/>you told about other methods<br/>of family planning that you<br/>could use? </div> </div> | YES ..... 1<br>NO ..... 2  | → 351                                     |
| 350 | Were you ever told by a health or family planning worker about<br>other methods of family planning that you could use?  | YES ..... 1<br>NO ..... 2  |   |
| 351 | CHECK 330/330A:<br><br>CIRCLE METHOD CODE:<br><br>IF MORE THAN ONE METHOD CODE CIRCLED IN 330/330A,<br>CIRCLE CODE FOR HIGHEST METHOD IN LIST.  | FEMALE STERILIZATION ..... 01<br>MALE STERILIZATION ..... 02<br>PILL ..... 03<br>IUD/LOOP ..... 04<br>INJECTABLES ..... 05<br>IMPLANTS ..... 06<br>CONDOM/NIRODH ..... 07<br>FEMALE CONDOM ..... 08<br>DIAPHRAGM ..... 09<br>FOAM/JELLY ..... 10<br>RHYTHM METHOD ..... 11<br>WITHDRAWAL ..... 12<br>OTHER METHOD ..... 96                             | → 356<br>→ 356                            |



| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP         |
|-----|---|---|--------------|
| 352 | <p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>                             | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL ..... 11</p> <p>GOVT. DISPENSARY ..... 12</p> <p>UHC/UHP/UFWC ..... 13</p> <p>CHC/RURAL HOSPITAL/PHC ..... 14</p> <p>SUB-CENTRE/ANM ..... 15</p> <p>GOVT. MOBILE CLINIC ..... 16</p> <p>CAMP ..... 17</p> <p>ANGANWADI/ICDS CENTRE ..... 18</p> <p>ASHA ..... 19</p> <p>OTHER COMMUNITY-BASED WORKER ..... 20</p> <p>OTHER PUBLIC MEDICAL SECTOR ..... 21</p> <p>NGO OR TRUST HOSPITAL/CLINIC ..... 31</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL ..... 41</p> <p>PVT. DOCTOR/CLINIC ..... 42</p> <p>PVT. MOBILE CLINIC ..... 43</p> <p>VAIDYA/HAKIM/HOMEOPATH ..... 44</p> <p>TRADITIONAL HEALER ..... 45</p> <p>PHARMACY/DRUGSTORE ..... 46</p> <p>DAI (TBA) ..... 47</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 48</p> <p>OTHER SOURCE</p> <p>SHOP ..... 51</p> <p>HUSBAND ..... 52</p> <p>FRIEND/RELATIVE ..... 53</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> | <p>→ 356</p> |
| 353 | <p>Were you ever told by a health or family planning worker about any methods of family planning that you can use to avoid pregnancy?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p>  |              |
| 354 | <p>Do you know of a place where you can obtain a method of family planning?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p>  | <p>→ 356</p> |
| 355 | <p>Where is that?</p> <p>Any other place?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>RECORD ALL PLACES MENTIONED.</p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL ..... A</p> <p>GOVT. DISPENSARY ..... B</p> <p>UHC/UHP/UFWC ..... C</p> <p>CHC/RURAL HOSPITAL/PHC ..... D</p> <p>SUB-CENTRE/ANM ..... E</p> <p>GOVT. MOBILE CLINIC ..... F</p> <p>CAMP ..... G</p> <p>ANGANWADI/ICDS CENTRE ..... H</p> <p>ASHA ..... I</p> <p>OTHER COMMUNITY-BASED WORKER ..... J</p> <p>OTHER PUBLIC MEDICAL SECTOR ..... K</p> <p>NGO OR TRUST HOSPITAL/CLINIC ..... L</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL ..... M</p> <p>PVT. DOCTOR/CLINIC ..... N</p> <p>PVT. MOBILE CLINIC ..... O</p> <p>VAIDYA/HAKIM/HOMEOPATH ..... P</p> <p>TRADITIONAL HEALER ..... Q</p> <p>PHARMACY/DRUGSTORE ..... R</p> <p>DAI (TBA) ..... S</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... T</p> <p>OTHER SOURCE</p> <p>SHOP ..... U</p> <p>FRIEND/RELATIVE ..... V</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>  |              |

SECTION 3C. CONTACTS WITH HEALTH PERSONNEL

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |  |  |  |  |  |  |  |  |
|-----|---|---|-------|--|--|--|--|--|--|--|--|
| 356 | Now I would like to talk to you about any contacts you have had recently with an ANM or Lady Health Visitor. In the last three months have you met with an ANM or LHV?  | YES ..... 1<br>NO ..... 2   | → 358 |  |  |  |  |  |  |  |  |
| 357 | In the last three months, how many times did you meet with (this person/these persons):<br><br>a. At home?<br>b. At the anganwadi centre?<br>c. At a health facility or camp?<br>d. Anywhere else?                                | HOME .....<br>AWC .....<br>HEALTH FACILITY/CAMP .....<br>ELSEWHERE .....<br><div style="display: inline-block; vertical-align: middle;"><table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></div>  |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
| 358 | In the last three months, have you met with an anganwadi worker or other community health worker?   | YES ..... 1<br>NO ..... 2   | → 361 |  |  |  |  |  |  |  |  |
| 359 | Who did you meet?<br><br>Anyone else?<br><br>RECORD ALL MENTIONED.  | ANGANWADI WORKER ..... A<br>ASHA ..... B<br>MPW ..... C<br><br>OTHER ..... X<br>(SPECIFY)   |       |  |  |  |  |  |  |  |  |
| 360 | In the last three months, how many times did you meet with (this person/these persons):<br><br>a. At home?<br>b. At the anganwadi centre?<br>c. At a health facility or camp?<br>d. Anywhere else?                                | HOME .....<br>AWC .....<br>HEALTH FACILITY/CAMP .....<br>ELSEWHERE .....<br><div style="display: inline-block; vertical-align: middle;"><table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></div>  |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
|     |   |   |       |  |  |  |  |  |  |  |  |
| 361 | CHECK 356 AND 358:<br>AT LEAST ONE 'YES' <input type="checkbox"/> BOTH 'NO' <input type="checkbox"/>  |   | → 367 |  |  |  |  |  |  |  |  |
| 362 | During (this contact/all these contacts) with [PERSONS MENTIONED IN 356 AND 359] in the last three months, what were the different services provided and matters talked about?<br><br>Anything else?<br><br>RECORD ALL MENTIONED. | FAMILY PLANNING ..... A<br>IMMUNIZATION ..... B<br>ANTENATAL CARE ..... C<br>DELIVERY CARE ..... D<br>DELIVERY PREPAREDNESS ..... E<br>POSTNATAL CARE ..... F<br>DISEASE PREVENTION ..... G<br>MEDICAL TREATMENT FOR SELF ... H<br>TREATMENT FOR SICK CHILD .... I<br>TREATMENT FOR OTHER PERSON . J<br>MALARIA CONTROL ..... K<br>SUPPLEMENTARY FOOD ..... L<br>GROWTH MONITORING OF CHILD ... M<br>EARLY CHILDHOOD CARE ..... N<br>PRE-SCHOOL EDUCATION ..... O<br>NUTRITION/HEALTH EDUCATION ... P<br>FAMILY LIFE EDUCATION ..... Q<br>MENSTRUAL HYGIENE ..... R<br>OTHER ..... X<br>(SPECIFY) |       |  |  |  |  |  |  |  |  |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP   |
|-----|---|--|--|
| 363 | Who did you meet during your (most recent) contact?   | ANM ..... 1<br>LHV ..... 2<br>ANGANWADI WORKER ..... 3<br>ASHA ..... 4<br>MPW ..... 5<br><br>OTHER ..... 6<br>(SPECIFY)  |  |
| 364 | Did she/he talk to you nicely, somewhat nicely, or not nicely?  | NICELY ..... 1<br>SOMEWHAT NICELY ..... 2<br>NOT NICELY ..... 3  |  |
| 365 | When she/he explained something to you, did she/he try to make sure that you understood the information?  | YES ..... 1<br>NO ..... 2<br>NO EXPLANATION NEEDED ..... 3   |  |
| 366 | CHECK 357c AND 360c:<br>357c AND 360c = 00 OR BLANK <input type="checkbox"/><br>OTHER <input type="checkbox"/>  |  | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> → 368 </div> |
| 367 | In the last three months, have you visited a health facility or camp for any reason for yourself (or for your children)?  | YES ..... 1<br>NO ..... 2  | → 401  |
| 368 | What type of health facility did you visit most recently for yourself (or for your children)?<br><br>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE) | PUBLIC MEDICAL SECTOR<br>GOVT./MUNICIPAL HOSPITAL ... 11<br>GOVT. DISPENSARY ..... 12<br>UHC/UHP/UFWC ..... 13<br>CHC/RURAL HOSPITAL/PHC ..... 14<br>SUB-CENTRE ..... 15<br>GOVT. MOBILE CLINIC ..... 16<br>CAMP ..... 17<br>ANGANWADI/ICDS CENTRE ..... 18<br>OTHER PUBLIC SECTOR<br>HEALTH FACILITY ..... 19<br><br>NGO OR TRUST HOSPITAL/CLINIC .. 21<br><br>PRIVATE MEDICAL SECTOR<br>PVT. HOSPITAL/CLINIC ..... 31<br>PVT. MOBILE CLINIC ..... 32<br>PHARMACY/DRUGSTORE ..... 33<br>OTHER PRIVATE SECTOR<br>HEALTH FACILITY ..... 34<br><br>OTHER ..... 96<br>(SPECIFY) |  |
| 369 | What service did you go for?<br><br>Any other service?<br><br>RECORD ALL MENTIONED.   | FAMILY PLANNING ..... A<br>IMMUNIZATION ..... B<br>ANTENATAL CARE ..... C<br>DELIVERY CARE ..... D<br>POSTNATAL CARE ..... E<br>DISEASE PREVENTION ..... F<br>MEDICAL TREATMENT FOR SELF ... G<br>TREATMENT FOR CHILD ..... H<br>TREATMENT FOR OTHER PERSON . I<br>GROWTH MONITORING OF CHILD ... J<br>HEALTH CHECK-UP ..... K<br><br>OTHER ..... X<br>(SPECIFY)   |  |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |
|-----|---|---|-------|
| 370 | How long did you have to wait before you received the service you went for?                 | MINUTES ..... 1 <input type="text"/> <input type="text"/><br><br>HOURS ..... 2 <input type="text"/> <input type="text"/><br><br>NO WAIT AT ALL ..... 995<br>DID NOT RECEIVE SERVICE ..... 996 | → 373 |
| 371 | Was the person who provided the service to you responsive to your problems and needs?       | YES ..... 1<br>NO ..... 2   |       |
| 372 | Did she/he respect your need for privacy if you needed it?                                  | YES ..... 1<br>NO ..... 2<br>SAYS PRIVACY NOT NEEDED ..... 3  |       |
| 373 | Would you say that the (camp/health facility) was very clean, somewhat clean, or not clean? | VERY CLEAN ..... 1<br>SOMEWHAT CLEAN ..... 2<br>NOT CLEAN ..... 3   |       |

SECTION 4. PREGNANCY, DELIVERY, POSTNATAL CARE AND CHILDREN'S NUTRITION

|     |  |  |   |   |
|-----|--|--|---|---|
| 401 | CHECK 225: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">           ONE OR MORE<br/>BIRTHS<br/>IN 2001<br/>OR LATER           <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> <div style="text-align: center;">           NO<br/>BIRTHS<br/>IN 2001<br/>OR LATER           <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> </div> <div style="text-align: right; margin-top: -20px;">→ 556</div> |  |   |   |
| 402 | ENTER IN THE TABLE BELOW THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).<br><br>Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)   |  |   |   |
| 403 | LINE NUMBER FROM 212   | LAST BIRTH<br><br>LINE NUMBER ..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>   | NEXT-TO-LAST BIRTH<br><br>LINE NUMBER ..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>  | SECOND-FROM-LAST BIRTH<br><br>LINE NUMBER ..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>  |
| 404 | FROM 212 AND 216   | NAME .....<br><br>LIVING <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DEAD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>                                    | NAME .....<br><br>LIVING <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DEAD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>                       | NAME .....<br><br>LIVING <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DEAD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>                       |
| 405 | At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?  | THEN ..... 1<br>(SKIP TO 407) ←<br>LATER ..... 2<br><br>NOT AT ALL ..... 3<br>(SKIP TO 407) ←  | THEN ..... 1<br>(SKIP TO 435) ←<br>LATER ..... 2<br><br>NOT AT ALL ..... 3<br>(SKIP TO 435) ←   | THEN ..... 1<br>(SKIP TO 435) ←<br>LATER ..... 2<br><br>NOT AT ALL ..... 3<br>(SKIP TO 435) ←   |
| 406 | How much longer would you have liked to wait?  | MONTHS .. 1 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><br>YEARS .. 2 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><br><br>DON'T KNOW ..... 998            | MONTHS .. 1 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><br>YEARS .. 2 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><br><br>DON'T KNOW ... 998 | MONTHS .. 1 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><br>YEARS .. 2 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><br><br>DON'T KNOW ... 998 |
| 407 | Was this pregnancy registered with the ANM?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 409) ←   |   |   |
| 408 | Did you get a card from the ANM?   | YES ..... 1<br>NO ..... 2  |   |   |
| 409 | Did you see anyone for antenatal care for this pregnancy?<br><br>IF YES: Whom did you see?<br><br>Anyone else?<br><br>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.  | HEALTH PERSONNEL<br>DOCTOR ..... A<br>ANM/NURSE/<br>MIDWIFE/LHV ..... B<br>OTHER HEALTH<br>PERSONNEL ..... C<br><br>OTHER PERSON<br>DAI/TBA ..... D<br>ANGANWADI/ICDS<br>WORKER ..... E<br><br>OTHER ..... X<br>(SPECIFY)<br>NO ONE ..... Y<br>(SKIP TO 417) ← |   |   |

| NO. | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____ | SECOND-FROM-LAST BIRTH<br>NAME _____ |
|-----|--|---|----------------------------------|--------------------------------------|
| 410 | <p>Where did you receive antenatal care for this pregnancy?</p> <p>Any other place?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____<br/>(NAME OF PLACE(S))</p> <p>RECORD ALL PLACES MENTIONED.</p> | <p>HOME</p> <p>YOUR HOME . . . . A</p> <p>PARENTS' HOME . . . . B</p> <p>OTHER HOME . . . . C</p> <p>PUB. MED. SECTOR</p> <p>GOVT./MUNIC.</p> <p>HOSPITAL . . . . D</p> <p>GOVT. DISP. . . . E</p> <p>UHC/UHP/UFWC . . . . F</p> <p>CHC/RUR. HOSP./</p> <p>PHC . . . . . G</p> <p>SUB-CENTRE . . . . H</p> <p>ANGANWADI/ICDS</p> <p>CENTRE . . . . . I</p> <p>VILLAGE CLINIC</p> <p>BY ANM . . . . . J</p> <p>OTHER PUBLIC</p> <p>SECT. HEALTH</p> <p>FACILITY . . . . . K</p> <p>NGO/TRUST HOSP./</p> <p>CLINIC . . . . . L</p> <p>PVT. MED. SECTOR</p> <p>PVT. HOSP./</p> <p>MATERNITY</p> <p>HOME/CLINIC . . . . M</p> <p>OTHER PVT.</p> <p>SECT. HEALTH</p> <p>FACILITY . . . . . N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> |                                  |                                      |
| 411 | <p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>MONTHS . . . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . . . 98</p>   |   |                                  |                                      |
| 412 | <p>How many times did you receive antenatal care during this pregnancy?</p> <p>NUMBER OF TIMES . . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . . . 98</p>  |   |                                  |                                      |

| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____ | SECOND-FROM-LAST BIRTH<br>NAME _____ |  |  |  |  |  |  |  |  |
|-----|---|--|----------------------------------|--------------------------------------|--|--|--|--|--|--|--|--|
| 413 | <p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>a. Were you weighed?</p> <p>b. Was your blood pressure measured?</p> <p>c. Did you give a urine sample?</p> <p>d. Did you give a blood sample?</p> <p>e. Was your abdomen checked?</p> <p>f. Were you told your expected delivery date?</p> <p>g. Were you advised to deliver in a hospital or health facility?</p> <p>h. Were you advised about proper nutrition during pregnancy?</p> | <p>YES NO</p> <p>WEIGHT ..... 1 2</p> <p>BP ..... 1 2</p> <p>URINE ..... 1 2</p> <p>BLOOD ..... 1 2</p> <p>ABDOMEN ..... 1 2</p> <p>DELIVERY DATE ..... 1 2</p> <p>DELIVERY ADVICE ..... 1 2</p> <p>NUTRITION ADVICE ..... 1 2</p> |                                  |                                      |  |  |  |  |  |  |  |  |
| 414 | <p>During (any of) your antenatal care visit(s), were you told about the following signs of pregnancy complications?</p> <p>a. Vaginal bleeding?</p> <p>b. Convulsions?</p> <p>c. Prolonged labour?</p>   | <p>YES NO</p> <p>BLEEDING ..... 1 2</p> <p>CONVULSIONS ..... 1 2</p> <p>PROLONGED LABOUR ..... 1 2</p>   |                                  |                                      |  |  |  |  |  |  |  |  |
| 415 | <p>Were you told where to go if you had any pregnancy complications?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p>   |                                  |                                      |  |  |  |  |  |  |  |  |
| 416 | <p>Was (NAME'S) father present during (any of) your antenatal visits?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p>   |                                  |                                      |  |  |  |  |  |  |  |  |
| 417 | <p>During this pregnancy, were you given an injection to prevent you and the baby from getting tetanus?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 420) ←</p> <p>DON'T KNOW ..... 8</p>  |                                  |                                      |  |  |  |  |  |  |  |  |
| 418 | <p>During this pregnancy, how many times did you get a tetanus injection?</p>   | <p>TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>  |                                  |                                      |  |  |  |  |  |  |  |  |

| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____ | SECOND-FROM-LAST BIRTH<br>NAME _____ |
|-----|---|--|----------------------------------|--------------------------------------|
| 419 | CHECK 418:  | 2 OR MORE TIMES <input type="checkbox"/><br>(SKIP TO 422)      OTHER <input type="checkbox"/>        |                                  |                                      |
| 420 | At any time before this pregnancy, did you receive any tetanus injections?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 422) ←<br>DON'T KNOW ..... 8                                   |                                  |                                      |
| 421 | How many years ago did you receive the last tetanus injection before this pregnancy?  | YEARS AGO ..... <input type="text"/> <input type="text"/>  |                                  |                                      |
| 422 | During this pregnancy, were you given or did you buy any iron folic acid tablets or syrup?<br>SHOW TABLETS/SYRUP.                                       | YES ..... 1<br>NO ..... 2<br>(SKIP TO 424) ←<br>DON'T KNOW ..... 8                                   |                                  |                                      |
| 423 | During the whole pregnancy, for how many days did you take the tablets or syrup?<br><br>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS. | NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW .... 998 |                                  |                                      |
| 424 | During this pregnancy, did you take any drug to get rid of worms in your intestines?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                                  |                                      |
| 425 | During this pregnancy, did you have difficulty with your vision during daylight?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                                  |                                      |
| 426 | During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                                  |                                      |
| 427 | During this pregnancy, did you have convulsions not from fever?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                                  |                                      |
| 428 | During this pregnancy, did you have swelling of the legs, body or face?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                                  |                                      |
| 429 | During this pregnancy, did you feel excessive fatigue?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                                  |                                      |



| NO. | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____ | SECOND-FROM-LAST BIRTH<br>NAME _____ |  |  |
|-----|--|--|----------------------------------|--------------------------------------|--|--|
| 430 | During this pregnancy, did you have any vaginal bleeding?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                                  |                                      |  |  |
| 431 | Did you receive any supplementary nutrition from the anganwadi centre during this pregnancy?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 433) ←   |                                  |                                      |  |  |
| 432 | During this pregnancy, were you always able to get the supplementary nutrition from the anganwadi centre when you wanted it?   | YES, ALWAYS ..... 1<br>NO ..... 2  |                                  |                                      |  |  |
| 433 | During the last three months of this pregnancy, did you meet with an ANM, Lady Health Visitor, anganwadi worker, or other community health worker?<br><br>IF YES: Where did you meet this/ these person(s)?  | HOME ONLY ..... 1<br>ELSEWHERE ONLY ..... 2<br>BOTH HOME AND ELSEWHERE ..... 3<br>DID NOT MEET ..... 4<br>(SKIP TO 435) ←                        |                                  |                                      |  |  |
| 434 | During any of these meetings in the last three months of this pregnancy, did you receive advice on the following at least once?<br><br>a. Breastfeeding?<br>b. Keeping the baby warm?<br>c. The need for cleanliness at the time of delivery?<br>d. Family planning or delaying your next child? | YES NO<br><br>BREASTFEED .... 1 2<br>BABY WARM .... 1 2<br>CLEANLINESS .... 1 2<br>FAMILY PLAN .... 1 2  |                                  |                                      |  |  |
| 435 | When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?  | VERY LARGE ..... 1<br>LARGER THAN AVERAGE ..... 2<br>AVERAGE ..... 3<br>SMALLER THAN AVERAGE ..... 4<br>VERY SMALL ..... 5<br>DON'T KNOW ..... 8 |                                  |                                      | VERY LARGE ..... 1<br>LARGER THAN AVERAGE ..... 2<br>AVERAGE ..... 3<br>SMALLER THAN AVERAGE ..... 4<br>VERY SMALL ..... 5<br>DON'T KNOW ..... 8 | VERY LARGE ..... 1<br>LARGER THAN AVERAGE ..... 2<br>AVERAGE ..... 3<br>SMALLER THAN AVERAGE ..... 4<br>VERY SMALL ..... 5<br>DON'T KNOW ..... 8 |
| 436 | Was (NAME) weighed at birth?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 438) ←<br>DON'T KNOW ..... 8   |                                  |                                      | YES ..... 1<br>NO ..... 2<br>(SKIP TO 438) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 438) ←<br>DON'T KNOW ..... 8   |

| NO. | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST BIRTH<br>NAME _____  |
|-----|--|---|---|---|
| 437 | How much did (NAME) weigh?<br><br>RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.   | KG FROM CARD<br>1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/><br><br>KG FROM RECALL<br>2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/><br><br>DON'T KNOW . . 99.998   | KG FROM CARD<br>1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/><br><br>KG FROM RECALL<br>2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/><br><br>DON'T KNOW . 99.998   | KG FROM CARD<br>1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/><br><br>KG FROM RECALL<br>2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/><br><br>DON'T KNOW . 99.998   |
| 438 | Who assisted with the delivery of (NAME)?<br><br>Anyone else?<br>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.<br><br>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY. | HEALTH PERSONNEL<br>DOCTOR . . . . . A<br>ANM/NURSE/<br>MIDWIFE/LHV . . B<br>OTHER HEALTH<br>PERSONNEL . C<br><br>OTHER PERSON<br>DAI (TBA) . . . . D<br>FRIEND/RELATIVE E<br><br>OTHER _____ X<br>(SPECIFY)<br>NO ONE . . . . . Y  | HEALTH PERSONNEL<br>DOCTOR . . . . . A<br>ANM/NURSE/<br>MIDWIFE/LHV . B<br>OTHER HEALTH<br>PERSONNEL . C<br><br>OTHER PERSON<br>DAI (TBA) . . . . D<br>FRIEND/RELATIVE E<br><br>OTHER _____ X<br>(SPECIFY)<br>NO ONE . . . . . Y  | HEALTH PERSONNEL<br>DOCTOR . . . . . A<br>ANM/NURSE/<br>MIDWIFE/LHV . B<br>OTHER HEALTH<br>PERSONNEL . C<br><br>OTHER PERSON<br>DAI (TBA) . . . . D<br>FRIEND/RELATIVE E<br><br>OTHER _____ X<br>(SPECIFY)<br>NO ONE . . . . . Y  |
| 439 | Where did you give birth to (NAME)?<br><br>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE)                                    | HOME<br>YOUR HOME . . . . 11<br>(SKIP TO 446) ←<br>PARENTS' HOME 12<br>OTHER HOME . . . . 13<br>(SKIP TO 446) ←<br><br>PUB. MED. SECTOR<br>GOVT./MUNIC.<br>HOSPITAL . . . . 21<br>GOVT. DISP. . . . 22<br>UHC/UHP/UFWC 23<br>CHC/RUR. HOSP/<br>PHC . . . . . 24<br>SUB-CENTRE . . . . 25<br>OTHER PUB.<br>SECT. HEALTH<br>FACILITY . . . . . 26<br><br>NGO/TRUST HOSP./<br>CLINIC . . . . . 31<br><br>PVT. MED. SECTOR<br>PVT. HOSP./<br>MATERNITY<br>HOME/CLINIC . . 41<br>OTHER PVT.<br>SECT. HEALTH<br>FACILITY . . . . . 42<br><br>OTHER _____ 96<br>(SPECIFY)<br>(SKIP TO 446) ← | HOME<br>YOUR HOME . . . . 11<br>(SKIP TO 448) ←<br>PARENTS' HOME 12<br>OTHER HOME . . . . 13<br>(SKIP TO 448) ←<br><br>PUB. MED. SECTOR<br>GOVT./MUNIC.<br>HOSPITAL . . . . 21<br>GOVT. DISP. . . . 22<br>UHC/UHP/UFWC 23<br>CHC/RUR. HOSP/<br>PHC . . . . . 24<br>SUB-CENTRE . . . . 25<br>OTHER PUB.<br>SECT. HEALTH<br>FACILITY . . . . . 26<br><br>NGO/TRUST HOSP./<br>CLINIC . . . . . 31<br><br>PVT. MED. SECTOR<br>PVT. HOSP./<br>MATERNITY<br>HOME/CLINIC . 41<br>OTHER PVT.<br>SECT. HEALTH<br>FACILITY . . . . . 42<br><br>OTHER _____ 96<br>(SPECIFY)<br>(SKIP TO 448) ← | HOME<br>YOUR HOME . . . . 11<br>(SKIP TO 448) ←<br>PARENTS' HOME 12<br>OTHER HOME . . . . 13<br>(SKIP TO 448) ←<br><br>PUB. MED. SECTOR<br>GOVT./MUNIC.<br>HOSPITAL . . . . 21<br>GOVT. DISP. . . . 22<br>UHC/UHP/UFWC 23<br>CHC/RUR. HOSP/<br>PHC . . . . . 24<br>SUB-CENTRE . . . . 25<br>OTHER PUB.<br>SECT. HEALTH<br>FACILITY . . . . . 26<br><br>NGO/TRUST HOSP./<br>CLINIC . . . . . 31<br><br>PVT. MED. SECTOR<br>PVT. HOSP./<br>MATERNITY<br>HOME/CLINIC . 41<br>OTHER PVT.<br>SECT. HEALTH<br>FACILITY . . . . . 42<br><br>OTHER _____ 96<br>(SPECIFY)<br>(SKIP TO 448) ← |

| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____             | SECOND-FROM-LAST BIRTH<br>NAME _____         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 440 | How long after (NAME) was delivered did you stay there?<br>IF LESS THAN ONE DAY,<br>RECORD HOURS.<br>IF LESS THAN ONE WEEK,<br>RECORD DAYS.         | HOURS .. 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>DAYS ..... 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>WEEKS .. 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>DON'T KNOW .... 998 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | HOURS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>DAYS ... 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>WEEKS . 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>DON'T KNOW ... 998 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | HOURS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>DAYS ... 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>WEEKS . 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>DON'T KNOW ... 998 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 441 | Was (NAME) delivered by caesarean section?  | YES ..... 1<br>NO ..... 2   | YES ..... 1<br>NO ..... 2                    | YES ..... 1<br>NO ..... 2                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 442 | Before you were discharged (FROM PLACE IN 439) after (NAME) was born, did any health personnel check on your health?                                | YES ..... 1<br>NO ..... 2<br>(SKIP TO 445) ←  | YES ..... 1<br>(SKIP TO 461) ←<br>NO ..... 2 | YES ..... 1<br>(SKIP TO 461) ←<br>NO ..... 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 443 | How long after delivery did the first check take place?<br><br>IF LESS THAN ONE DAY,<br>RECORD HOURS.<br>IF LESS THAN ONE WEEK,<br>RECORD DAYS.     | HOURS .. 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>DAYS ..... 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>WEEKS .. 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>DON'T KNOW .... 998 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 444 | Who checked on your health at that time?<br><br>PROBE FOR MOST QUALIFIED PERSON.  | HEALTH PERSONNEL<br>DOCTOR ..... 11<br>ANM/NURSE/<br>MIDWIFE/LHV ..... 12<br>OTHER HEALTH<br>PERSONNEL ..... 13<br><br>OTHER PERSON<br>DAI (TBA) ..... 21<br><br>OTHER ..... 96<br>(SPECIFY) _____<br>(SKIP TO 459) ←   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 445 | In the two months after you were discharged, did any health personnel, anganwadi worker, or traditional birth attendant [dai] check on your health? | YES ..... 1<br>(SKIP TO 449) ←<br>NO ..... 2<br>(SKIP TO 459) ←   | YES ..... 1<br>(SKIP TO 461) ←<br>NO ..... 2 | YES ..... 1<br>(SKIP TO 461) ←<br>NO ..... 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____ | SECOND-FROM-LAST BIRTH<br>NAME _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|---|--|----------------------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 446 | <p>Why didn't you deliver in a health facility?</p> <p>PROBE:</p> <p>Any other reason?</p> <p>RECORD ALL MENTIONED.</p>   | <p>COSTS TOO MUCH . . . . A</p> <p>FACILITY NOT OPEN . . . . B</p> <p>TOO FAR/ NO</p> <p>TRANSPORTATION . . . . C</p> <p>DON'T TRUST</p> <p>FACILITY/POOR</p> <p>QUALITY SERVICE . . . . D</p> <p>NO FEMALE PROVID-<br/>ER AT FACILITY . . . . E</p> <p>HUSBAND/FAMILY</p> <p>DID NOT ALLOW . . . . F</p> <p>NOT NECESSARY . . . . G</p> <p>NOT CUSTOMARY . . . . H</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>  |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 447 | <p>At the time of delivery of (NAME) were the following done?</p> <p>a. Was a disposable delivery kit used?</p> <p>b. Was the baby immediately wiped dry and then wrapped without being bathed?</p> <p>c. Was a clean blade used to cut the cord?</p> | <p>YES NO DK</p> <p>DDK USED . . 1 2 8</p> <p>WIPE AND</p> <p>WRAP . . 1 2 8</p> <p>BLADE . . . . 1 2 8</p>  |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 448 | <p>In the two months after (NAME) was born, did any health personnel, anganwadi worker, or a traditional birth attendant check on your health?</p>  | <p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>(SKIP TO 455) ←</p>  |                                  |                                      | <p>YES . . . . . 1</p> <p>NO . . . . . 2</p> | <p>YES . . . . . 1</p> <p>NO . . . . . 2</p> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 449 | <p>How many hours, days or weeks after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>   | <p>HOURS . . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS . . . . 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS . . 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW . . . . 998</p> |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |   |  |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|     |   |  |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |   |  |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |   |  |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |   |  |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 450 | <p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>   | <p>HEALTH PERSONNEL</p> <p>DOCTOR . . . . . 11</p> <p>ANM/NURSE/<br/>MIDWIFE/LHV . . . . 12</p> <p>OTHER HEALTH<br/>PERSONNEL . . . . 13</p> <p>OTHER PERSON</p> <p>DAI (TBA) . . . . . 21</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>  |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____ | SECOND-FROM-LAST BIRTH<br>NAME _____ |
|-----|---|--|----------------------------------|--------------------------------------|
| 451 | <p>Where did this first check take place?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>HOME</p> <p>YOUR HOME ..... 11</p> <p>PARENTS' HOME .... 12</p> <p>OTHER HOME ..... 13</p> <p>PUB. MED. SECTOR</p> <p>GOVT./MUNIC.</p> <p>HOSPITAL ..... 21</p> <p>GOVT. DISP. .... 22</p> <p>UHC/UHP/UFWC .... 23</p> <p>CHC/RUR. HOSP/</p> <p>PHC ..... 24</p> <p>SUB-CENTRE ..... 25</p> <p>ANGANWADI/ICDS</p> <p>CENTRE ..... 26</p> <p>OTHER PUB.</p> <p>SECT. HEALTH</p> <p>FACILITY ..... 27</p> <p>NGO/TRUST HOSP./</p> <p>CLINIC ..... 31</p> <p>PVT. MED. SECTOR</p> <p>PVT. HOSP./</p> <p>MATERNITY</p> <p>HOME/CLINIC .... 41</p> <p>OTHER PVT.</p> <p>SECT. HEALTH</p> <p>FACILITY ..... 42</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> |                                  |                                      |
| 452 | CHECK 445:  | <p>YES NOT ASKED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 459)</p>   |                                  |                                      |
| 453 | Was the health of (NAME) also checked at this time?   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 455) ←</p>  |                                  |                                      |
| 454 | Was this the first time the health of (NAME) was checked?   | <p>YES ..... 1</p> <p>(SKIP TO 459) ←</p> <p>NO ..... 2</p> <p>(SKIP TO 456) ←</p>   |                                  |                                      |
| 455 | In the two months after (NAME) was born, did any health personnel or a traditional birth attendant check on his/her health?   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 459) ←</p> <p>DON'T KNOW ..... 8</p>  |                                  |                                      |

| NO. | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____ | SECOND-FROM-LAST BIRTH<br>NAME _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|--|---|----------------------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 456 | How many hours, days or weeks after the birth of (NAME) did the first check take place?<br><br>IF LESS THAN ONE DAY, RECORD HOURS.<br>IF LESS THAN ONE WEEK, RECORD DAYS.  | HRS AFTER BIRTH ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>DAYS AFTER BIRTH ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>WKS AFTER BIRTH ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>DON'T KNOW ..... 998 |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |  |   |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|     |  |   |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|     |  |   |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |  |   |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |  |   |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |  |   |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 457 | Who checked on (NAME)'s health at that time?<br><br>PROBE FOR MOST QUALIFIED PERSON.   | HEALTH PERSONNEL<br>DOCTOR ..... 11<br>ANM/NURSE/<br>MIDWIFE/LHV ..... 12<br>OTHER HEALTH<br>PERSONNEL ..... 13<br><br>OTHER PERSON<br>DAI (TBA) ..... 21<br><br>OTHER ..... 96<br>(SPECIFY)  |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 458 | Where did this first check of (NAME) take place?<br><br><br><br>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE) | HOME<br>YOUR HOME ..... 11<br>PARENTS' HOME ..... 12<br>OTHER HOME ..... 13<br><br>PUB. MED. SECTOR<br>GOVT./MUNIC.<br>HOSPITAL ..... 21<br>GOVT. DISP. .... 22<br>UHC/UHP/UFWC ..... 23<br>CHC/RUR. HOSP./<br>PHC ..... 24<br>SUB-CENTRE ..... 25<br>ANGANWADI/ICDS<br>CENTRE ..... 26<br>OTHER PUB.<br>SECT. HEALTH<br>FACILITY ..... 27<br><br>NGO/TRUST HOSP./<br>CLINIC ..... 31<br><br>PVT. MED. SECTOR<br>PVT. HOSP./<br>MATERNITY<br>HOME/CLINIC .... 41<br>OTHER PVT.<br>SECT. HEALTH<br>FACILITY ..... 42<br><br>OTHER ..... 96<br>(SPECIFY)  |                                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST BIRTH<br>NAME _____   |
|-----|---|--|---|--|
| 459 | In the first two months after delivery, did you have:<br>a) Massive vaginal bleeding?<br><br>b) Very high fever?  | YES ..... 1<br>NO ..... 2<br><br>YES ..... 1<br>NO ..... 2   |   |  |
| 460 | Has your menstrual period returned since the birth of (NAME)?   | YES ..... 1<br>(SKIP TO 462) ←<br>NO ..... 2<br>(SKIP TO 463) ←  |   |  |
| 461 | Did your period return between the birth of (NAME) and your next pregnancy?   |  |   |  |
| 462 | For how many months after the birth of (NAME) did you <u>not</u> have a period?   | MONTHS ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98  | MONTHS ... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98 | MONTHS .... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98 |
| 463 | CHECK 227:<br>IS RESPONDENT PREGNANT?   | NOT PREG- <input type="checkbox"/> PREGNANT OR <input type="checkbox"/><br>UNSURE<br>(SKIP TO 465) ←   |   |  |
| 464 | Have you resumed sexual relations since the birth of (NAME)?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 466) ←   |   |  |
| 465 | For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?   | MONTHS ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98  | MONTHS ... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98 | MONTHS .... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98 |
| 466 | Did you ever breastfeed (NAME)?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 473) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 473) ←                                | YES ..... 1<br>NO ..... 2<br>(SKIP TO 473) ←                                 |
| 467 | How long after birth did you first put (NAME) to the breast?<br><br>IF LESS THAN HALF AN HOUR, CIRCLE '000'.<br>IF LESS THAN 24 HOURS, RECORD HOURS.<br>OTHERWISE, RECORD DAYS. | IMMEDIATELY/<br>WITHIN HALF<br>AN HOUR ..... 000<br><br>HOURS .. 1 <input type="text"/> <input type="text"/><br>DAYS ..... 2 <input type="text"/> <input type="text"/> |   |  |
| 468 | In the first three days after delivery, was (NAME) given anything to drink other than breast milk?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 470) ←   |   |  |

| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST BIRTH<br>NAME _____   |
|-----|---|--|---|--|
| 469 | What was (NAME) given to drink?<br><br>Anything else?<br><br>RECORD ALL LIQUIDS MENTIONED.  | MILK (OTHER THAN BREAST MILK) . . . . A<br>PLAIN WATER . . . . . B<br>SUGAR OR GLUCOSE WATER . . . . C<br>GRIPPE WATER . . . . . D<br>SUGAR-SALT-WATER SOLUTION . . . . . E<br>FRUIT JUICE . . . . . F<br>INFANT FORMULA . . . . G<br>TEA . . . . . H<br>HONEY . . . . . I<br>JANAM GHUTTI . . . . J<br><br>OTHER _____ X<br>(SPECIFY) |   |  |
| 470 | CHECK 404:<br><br>IS CHILD LIVING?  | LIVING DEAD <input type="checkbox"/><br><input type="checkbox"/> (SKIP TO 472) ←   |   |  |
| 471 | Are you still breastfeeding (NAME)?   | YES . . . . . 1<br>(SKIP TO 474) ←<br>NO . . . . . 2   | YES . . . . . 1<br>(SKIP TO 476) ←<br>NO . . . . . 2  | YES . . . . . 1<br>(SKIP TO 476) ←<br>NO . . . . . 2   |
| 472 | For how many months did you breastfeed (NAME)?  | MONTHS . . . . <input type="text"/> <input type="text"/><br>DON'T KNOW . . . . 98  | MONTHS . . . <input type="text"/> <input type="text"/><br>DON'T KNOW . . . 98   | MONTHS . . . <input type="text"/> <input type="text"/><br>DON'T KNOW . . . 98  |
| 473 | CHECK 404:<br><br>IS CHILD LIVING?  | LIVING DEAD <input type="checkbox"/><br><input type="checkbox"/> (SKIP TO 476)<br>(GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 478)  | LIVING DEAD <input type="checkbox"/><br><input type="checkbox"/> (SKIP TO 476)<br>(GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 478) | LIVING DEAD <input type="checkbox"/><br><input type="checkbox"/> (SKIP TO 476)<br>(GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 478) |
| 474 | How many times did you breastfeed last night between sunset and sunrise?<br><br>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. | NUMBER OF NIGHT TIME FEEDINGS . <input type="text"/> <input type="text"/>  |   |  |
| 475 | How many times did you breastfeed yesterday during the daylight hours?<br>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.       | NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>  |   |  |
| 476 | Did (NAME) drink anything from a bottle with a nipple yesterday or last night?  | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . . . 8  | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . . . 8   | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . . . 8  |
| 477 |   | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 478.   | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 478.  | GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 478.  |



| NO.                 | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP         |     |    |    |                   |   |   |   |               |   |   |   |            |   |   |   |             |   |   |   |                  |   |   |   |                     |   |   |   |  |
|---------------------|---|--|--------------|-----|----|----|-------------------|---|---|---|---------------|---|---|---|------------|---|---|---|-------------|---|---|---|------------------|---|---|---|---------------------|---|---|---|--|
| 478                 | <p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD<br/>BORN IN 2002 OR LATER<br/>AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING<br/>WITH HER (AND CONTINUE WITH 479)</p> <p>_____</p> <p>(NAME)</p>  | <p>DOES NOT HAVE ANY CHILDREN<br/>BORN IN 2002 OR LATER<br/>AND LIVING WITH HER <input type="checkbox"/></p>   | <p>→ 501</p> |     |    |    |                   |   |   |   |               |   |   |   |            |   |   |   |             |   |   |   |                  |   |   |   |                     |   |   |   |  |
| 479                 | <p>Now I would like to ask you about liquids (NAME FROM 478)<br/>drank yesterday during the day or at night.</p> <p>Did (NAME FROM 478) drink:</p> <p>a. Plain water?</p> <p>b. Commercially produced infant formula?</p> <p>c. Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d. Fruit juice?</p> <p>e. Tea or coffee?</p> <p>f. Any other liquids?</p> | <table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORMULA .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MILK .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>JUICE .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TEA/COFFEE .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER LIQUIDS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> |              | YES | NO | DK | PLAIN WATER ..... | 1 | 2 | 8 | FORMULA ..... | 1 | 2 | 8 | MILK ..... | 1 | 2 | 8 | JUICE ..... | 1 | 2 | 8 | TEA/COFFEE ..... | 1 | 2 | 8 | OTHER LIQUIDS ..... | 1 | 2 | 8 |  |
|                     | YES   | NO   | DK           |     |    |    |                   |   |   |   |               |   |   |   |            |   |   |   |             |   |   |   |                  |   |   |   |                     |   |   |   |  |
| PLAIN WATER .....   | 1   | 2  | 8            |     |    |    |                   |   |   |   |               |   |   |   |            |   |   |   |             |   |   |   |                  |   |   |   |                     |   |   |   |  |
| FORMULA .....       | 1   | 2  | 8            |     |    |    |                   |   |   |   |               |   |   |   |            |   |   |   |             |   |   |   |                  |   |   |   |                     |   |   |   |  |
| MILK .....          | 1   | 2  | 8            |     |    |    |                   |   |   |   |               |   |   |   |            |   |   |   |             |   |   |   |                  |   |   |   |                     |   |   |   |  |
| JUICE .....         | 1   | 2  | 8            |     |    |    |                   |   |   |   |               |   |   |   |            |   |   |   |             |   |   |   |                  |   |   |   |                     |   |   |   |  |
| TEA/COFFEE .....    | 1   | 2  | 8            |     |    |    |                   |   |   |   |               |   |   |   |            |   |   |   |             |   |   |   |                  |   |   |   |                     |   |   |   |  |
| OTHER LIQUIDS ..... | 1   | 2  | 8            |     |    |    |                   |   |   |   |               |   |   |   |            |   |   |   |             |   |   |   |                  |   |   |   |                     |   |   |   |  |

| NO.     | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
|---------|---|--|------|-----|----|----|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|---------|---|---|---|--|
| 480     | <p>Now I would like to ask you about the food (NAME FROM 478) ate yesterday during the day or at night, either separately or combined with other foods.</p> <p>Did (NAME FROM 478) eat:</p> <p>a. Any porridge or gruel?</p> <p>b. Any commercially fortified baby food such as Cerelac or Farex?</p> <p>c. Any bread, roti, chapati, rice, noodles, biscuits, idli, or any other foods made from grains?</p> <p>d. Any pumpkin, carrots, or sweet potatoes that are yellow or orange inside?</p> <p>e. Any white potatoes, white yams, cassava, or any other foods made from roots?</p> <p>f. Any dark green, leafy vegetables?</p> <p>g. Any ripe mangoes, papayas, cantaloupe, or jackfruit?</p> <p>h. Any other fruits or vegetables?</p> <p>i. Any liver, kidney, heart or other organ meats?</p> <p>j. Any chicken, duck or other birds?</p> <p>k. Any other meat?</p> <p>l. Any eggs?</p> <p>m. Any fresh or dried fish or shellfish?</p> <p>n. Any foods made from beans, peas, or lentils?</p> <p>o. Any nuts?</p> <p>p. Any cheese, yogurt or other milk products?</p> <p>q. Any food made with oil, fat, ghee or butter?</p> <p>r. Any other solid or semi-solid food?</p> | <table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>h .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>i .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>j .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>k .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>l .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>m .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>n .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>o .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>p .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>q .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>r .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table> |      | YES | NO | DK | a ..... | 1 | 2 | 8 | b ..... | 1 | 2 | 8 | c ..... | 1 | 2 | 8 | d ..... | 1 | 2 | 8 | e ..... | 1 | 2 | 8 | f ..... | 1 | 2 | 8 | g ..... | 1 | 2 | 8 | h ..... | 1 | 2 | 8 | i ..... | 1 | 2 | 8 | j ..... | 1 | 2 | 8 | k ..... | 1 | 2 | 8 | l ..... | 1 | 2 | 8 | m ..... | 1 | 2 | 8 | n ..... | 1 | 2 | 8 | o ..... | 1 | 2 | 8 | p ..... | 1 | 2 | 8 | q ..... | 1 | 2 | 8 | r ..... | 1 | 2 | 8 |  |
|         | YES   | NO   | DK   |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| a ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| b ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| c ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| d ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| e ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| f ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| g ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| h ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| i ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| j ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| k ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| l ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| m ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| n ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| o ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| p ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| q ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| r ..... | 1   | 2  | 8    |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| 481     | <p>CHECK 480: AT LEAST ONE "YES"</p> <p><input type="checkbox"/></p>  | <p>NOT A SINGLE "YES" <input type="checkbox"/></p>   | 501  |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |
| 482     | <p>How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>  | <p>NUMBER OF TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>  |      |     |    |    |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |         |   |   |   |  |

**SECTION 5. IMMUNIZATION, HEALTH, AND WOMEN'S NUTRITION**

|     |  |   |   |  |
|-----|--|---|---|--|
| 501 | <p>ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p> |   |   |  |
| 502 | <p>LINE NUMBER FROM 212</p>  | <p>LAST BIRTH</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p>  | <p>NEXT-TO-LAST BIRTH</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p>  | <p>SECOND-FROM-LAST BIRTH</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p>   |
| 503 | <p>FROM 212 AND 216</p>  | <p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)</p> | <p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)</p> | <p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)</p> |
| 504 | <p>Has (NAME) ever received a vitamin A dose (like this/any of these)? SHOW COMMON AMPULES/SYRUPS. CAPSULES</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 507) ←</p> <p>DON'T KNOW ..... 8</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 507) ←</p> <p>DON'T KNOW ..... 8</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 507) ←</p> <p>DON'T KNOW ..... 8</p>  |
| 505 | <p>How many times has (NAME) received a vitamin A dose? IF 7 OR MORE TIMES, RECORD '7'</p>   | <p>TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>   | <p>TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>   | <p>TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>  |
| 506 | <p>How many months ago did (NAME) take the last dose?</p>  | <p>MONTHS AGO .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>   | <p>MONTHS AGO .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>   | <p>MONTHS AGO .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>  |
| 507 | <p>Is (NAME) currently taking iron pills or iron syrup (like this/any of these)? SHOW COMMON CAPSULES/SYRUPS.</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   |
| 508 | <p>Has (NAME) taken any drug to get rid of intestinal worms in the past 6 months?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>   |



| NO.  | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST BIRTH<br>NAME _____  |
|------|--|---|---|---|
| 513  | <p>Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a Pulse Polio campaign?</p> <p>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.</p> | <p>YES ..... 1<br/>(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 511) (SKIP TO 516)</p> <p>NO ..... 2<br/>(SKIP TO 516)</p> <p>DON'T KNOW ..... 8</p> | <p>YES ..... 1<br/>(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 511) (SKIP TO 516)</p> <p>NO ..... 2<br/>(SKIP TO 516)</p> <p>DON'T KNOW ..... 8</p> | <p>YES ..... 1<br/>(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 511) (SKIP TO 516)</p> <p>NO ..... 2<br/>(SKIP TO 516)</p> <p>DON'T KNOW ..... 8</p> |
| 514  | Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a Pulse Polio campaign?  | <p>YES ..... 1</p> <p>NO ..... 2<br/>(SKIP TO 518)</p> <p>DON'T KNOW ..... 8</p>  | <p>YES ..... 1</p> <p>NO ..... 2<br/>(SKIP TO 518)</p> <p>DON'T KNOW ..... 8</p>  | <p>YES ..... 1</p> <p>NO ..... 2<br/>(SKIP TO 518)</p> <p>DON'T KNOW ..... 8</p>  |
| 515  | Please tell me if (NAME) received any of the following vaccinations:   |   |   |   |
| 515A | A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  |
| 515B | Polio vaccine, that is, drops in the mouth, including vaccine received in a Pulse Polio campaign?  | <p>YES ..... 1</p> <p>NO ..... 2<br/>(SKIP TO 515E)</p> <p>DON'T KNOW ..... 8</p>   | <p>YES ..... 1</p> <p>NO ..... 2<br/>(SKIP TO 515E)</p> <p>DON'T KNOW ..... 8</p>   | <p>YES ..... 1</p> <p>NO ..... 2<br/>(SKIP TO 515E)</p> <p>DON'T KNOW ..... 8</p>   |
| 515C | Was the first polio vaccine received in the first two weeks after birth or later?  | <p>FIRST 2 WEEKS ... 1</p> <p>LATER ..... 2</p>   | <p>FIRST 2 WEEKS ... 1</p> <p>LATER ..... 2</p>   | <p>FIRST 2 WEEKS ... 1</p> <p>LATER ..... 2</p>   |
| 515D | <p>How many times was the polio vaccine received?</p> <p>IF MORE THAN 7, RECORD '7'.</p>   | <p>NUMBER OF TIMES ..... <input type="text"/></p>   | <p>NUMBER OF TIMES ..... <input type="text"/></p>   | <p>NUMBER OF TIMES ..... <input type="text"/></p>   |
| 515E | A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?  | <p>YES ..... 1</p> <p>NO ..... 2<br/>(SKIP TO 515G)</p> <p>DON'T KNOW ..... 8</p>   | <p>YES ..... 1</p> <p>NO ..... 2<br/>(SKIP TO 515G)</p> <p>DON'T KNOW ..... 8</p>   | <p>YES ..... 1</p> <p>NO ..... 2<br/>(SKIP TO 515G)</p> <p>DON'T KNOW ..... 8</p>   |

| NO.  | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____   | SECOND-FROM-LAST BIRTH<br>NAME _____   |
|------|--|--|--|--|
| 515F | How many times was a DPT vaccination received?   | NUMBER OF TIMES ..... <input type="text"/>   | NUMBER OF TIMES ..... <input type="text"/>   | NUMBER OF TIMES ..... <input type="text"/>   |
| 515G | An injection to prevent measles?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |
| 516  | CHECK 511 AND 514: ANY VACCINATIONS RECEIVED?  | <input type="checkbox"/> YES      NO <input type="checkbox"/><br>↓ (SKIP TO 518) ←   | <input type="checkbox"/> YES      NO <input type="checkbox"/><br>↓ (SKIP TO 518) ←   | <input type="checkbox"/> YES      NO <input type="checkbox"/><br>↓ (SKIP TO 518) ←   |
| 517  | Where did (NAME) receive most of his/her vaccinations?<br><br>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE) | PUB. MED. SECTOR<br>GOVT./MUNICIPAL HOSPITAL ... 11<br>GOVT. DISP. ... 12<br>UHC/UHP/UFWC 13<br>CHC/RUR. HOSP/PHC ..... 14<br>SUB-CENTRE ... 15<br>GOVT. MOBILE CLINIC ..... 16<br>CAMP ..... 17<br>ANGANWADI/ICDS CENTRE ..... 18<br>PULSE POLIO ... 19<br>OTHER PUBLIC SECT. HEALTH FACILITY ..... 20<br><br>NGO/TRUST HOSP./CLINIC ..... 31<br><br>PVT. MED. SECTOR<br>PVT. HOSPITAL . 41<br>PVT. DOCTOR/CLINIC ..... 42<br>PVT. PARAMEDIC 43<br>VAIDYA/HAKIM/HOMEOPATH 44<br>PHARMACY/DRUGSTORE . 45<br>OTHER PVT. HEALTH FAC. . 46<br><br>OTHER _____ 96<br>(SPECIFY) | PUB. MED. SECTOR<br>GOVT./MUNICIPAL HOSPITAL ... 11<br>GOVT. DISP. ... 12<br>UHC/UHP/UFWC 13<br>CHC/RUR. HOSP/PHC ..... 14<br>SUB-CENTRE ... 15<br>GOVT. MOBILE CLINIC ..... 16<br>CAMP ..... 17<br>ANGANWADI/ICDS CENTRE ..... 18<br>PULSE POLIO ... 19<br>OTHER PUBLIC SECT. HEALTH FACILITY ..... 20<br><br>NGO/TRUST HOSP./CLINIC ..... 31<br><br>PVT. MED. SECTOR<br>PVT. HOSPITAL . 41<br>PVT. DOCTOR/CLINIC ..... 42<br>PVT. PARAMEDIC 43<br>VAIDYA/HAKIM/HOMEOPATH 44<br>PHARMACY/DRUGSTORE . 45<br>OTHER PVT. HEALTH FAC. . 46<br><br>OTHER _____ 96<br>(SPECIFY) | PUB. MED. SECTOR<br>GOVT./MUNICIPAL HOSPITAL ... 11<br>GOVT. DISP. ... 12<br>UHC/UHP/UFWC 13<br>CHC/RUR. HOSP/PHC ..... 14<br>SUB-CENTRE ... 15<br>GOVT. MOBILE CLINIC ..... 16<br>CAMP ..... 17<br>ANGANWADI/ICDS CENTRE ..... 18<br>PULSE POLIO ... 19<br>OTHER PUBLIC SECT. HEALTH FACILITY ..... 20<br><br>NGO/TRUST HOSP./CLINIC ..... 31<br><br>PVT. MED. SECTOR<br>PVT. HOSPITAL . 41<br>PVT. DOCTOR/CLINIC ..... 42<br>PVT. PARAMEDIC 43<br>VAIDYA/HAKIM/HOMEOPATH 44<br>PHARMACY/DRUGSTORE . 45<br>OTHER PVT. HEALTH FAC. . 46<br><br>OTHER _____ 96<br>(SPECIFY) |
| 518  | Has (NAME) had diarrhoea in the last 2 weeks?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 532) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 532) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 532) ←<br>DON'T KNOW ..... 8   |
| 519  | How long ago did the diarrhoea start?<br><br>IF LESS THAN ONE WEEK, RECORD NUMBER OF DAYS AGO; OTHERWISE RECORD WEEKS AGO.   | NO. OF DAYS AGO 1 <input type="text"/> 0 <input type="text"/><br><br>NO. OF WEEKS AGO 2 <input type="text"/> <input type="text"/><br><br>DON'T KNOW ..... 998  | NO. OF DAYS AGO 1 <input type="text"/> 0 <input type="text"/><br><br>NO. OF WEEKS AGO 2 <input type="text"/> <input type="text"/><br><br>DON'T KNOW ..... 998  | NO. OF DAYS AGO 1 <input type="text"/> 0 <input type="text"/><br><br>NO. OF WEEKS AGO 2 <input type="text"/> <input type="text"/><br><br>DON'T KNOW ..... 998  |

| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST BIRTH<br>NAME _____  |
|-----|---|---|---|---|
| 520 | Was there any blood in the stools?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |
| 521 | Now I would like to know how much (NAME) was given to drink during the diarrhoea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink?<br><br>IF LESS, PROBE:<br><br>Was he/she given much less than usual to drink or somewhat less? | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8                    | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8                    | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8                    |
| 522 | When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?<br>IF LESS, PROBE:<br><br>Was he/she given much less than usual to eat or somewhat less?   | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8 | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8 | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8 |
| 523 | Did you seek advice or treatment for the diarrhoea from any source?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 528) ←  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 528) ←  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 528) ←  |

| NO. | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST BIRTH<br>NAME _____  |
|-----|--|---|---|---|
| 524 | <p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____<br/>(NAME OF PLACE(S))</p> <p>RECORD ALL SOURCES MENTIONED.</p> | <p>PUB. MED. SECTOR</p> <p>GOVT./MUNICIPAL</p> <p>HOSPITAL ... A</p> <p>GOVT. DISP. ... B</p> <p>UHC/UHP/UFWC C</p> <p>CHC/RUR. HOSP/</p> <p>PHC ..... D</p> <p>SUB-CENTRE/</p> <p>ANM ..... E</p> <p>GOVT. MOBILE</p> <p>CLINIC ..... F</p> <p>CAMP ..... G</p> <p>ANGANWADI/ICDS</p> <p>CENTRE ..... H</p> <p>ASHA ..... I</p> <p>OTHER PUB.</p> <p>SECT. HEALTH</p> <p>FACILITY ..... J</p> <p>NGO/TRUST HOSP./</p> <p>CLINIC ..... K</p> <p>PVT. MED. SECTOR</p> <p>PVT. HOSPITAL . L</p> <p>PVT. DOCTOR/</p> <p>CLINIC ..... M</p> <p>PVT. PARAMEDIC N</p> <p>VAIDYA/HAKIM/</p> <p>HOMEOPATH O</p> <p>TRADITIONAL</p> <p>HEALER ..... P</p> <p>PHARMACY/</p> <p>DRUGSTORE . Q</p> <p>OTHER PVT.</p> <p>HEALTH FAC. . R</p> <p>OTHER SOURCE</p> <p>SHOP ..... S</p> <p>FRIEND/RELATIVE T</p> <p>OTHER _____ X<br/>(SPECIFY)</p> | <p>PUB. MED. SECTOR</p> <p>GOVT./MUNICIPAL</p> <p>HOSPITAL ... A</p> <p>GOVT. DISP. ... B</p> <p>UHC/UHP/UFWC C</p> <p>CHC/RUR. HOSP/</p> <p>PHC ..... D</p> <p>SUB-CENTRE/</p> <p>ANM ..... E</p> <p>GOVT. MOBILE</p> <p>CLINIC ..... F</p> <p>CAMP ..... G</p> <p>ANGANWADI/ICDS</p> <p>CENTRE ..... H</p> <p>ASHA ..... I</p> <p>OTHER PUB.</p> <p>SECT. HEALTH</p> <p>FACILITY ..... J</p> <p>NGO/TRUST HOSP./</p> <p>CLINIC ..... K</p> <p>PVT. MED. SECTOR</p> <p>PVT. HOSPITAL . L</p> <p>PVT. DOCTOR/</p> <p>CLINIC ..... M</p> <p>PVT. PARAMEDIC N</p> <p>VAIDYA/HAKIM/</p> <p>HOMEOPATH O</p> <p>TRADITIONAL</p> <p>HEALER ..... P</p> <p>PHARMACY/</p> <p>DRUGSTORE . Q</p> <p>OTHER PVT.</p> <p>HEALTH FAC. . R</p> <p>OTHER SOURCE</p> <p>SHOP ..... S</p> <p>FRIEND/RELATIVE T</p> <p>OTHER _____ X<br/>(SPECIFY)</p> | <p>PUB. MED. SECTOR</p> <p>GOVT./MUNICIPAL</p> <p>HOSPITAL ... A</p> <p>GOVT. DISP. ... B</p> <p>UHC/UHP/UFWC C</p> <p>CHC/RUR. HOSP/</p> <p>PHC ..... D</p> <p>SUB-CENTRE/</p> <p>ANM ..... E</p> <p>GOVT. MOBILE</p> <p>CLINIC ..... F</p> <p>CAMP ..... G</p> <p>ANGANWADI/ICDS</p> <p>CENTRE ..... H</p> <p>ASHA ..... I</p> <p>OTHER PUB.</p> <p>SECT. HEALTH</p> <p>FACILITY ..... J</p> <p>NGO/TRUST HOSP./</p> <p>CLINIC ..... K</p> <p>PVT. MED. SECTOR</p> <p>PVT. HOSPITAL . L</p> <p>PVT. DOCTOR/</p> <p>CLINIC ..... M</p> <p>PVT. PARAMEDIC N</p> <p>VAIDYA/HAKIM/</p> <p>HOMEOPATH O</p> <p>TRADITIONAL</p> <p>HEALER ..... P</p> <p>PHARMACY/</p> <p>DRUGSTORE . Q</p> <p>OTHER PVT.</p> <p>HEALTH FAC. . R</p> <p>OTHER SOURCE</p> <p>SHOP ..... S</p> <p>FRIEND/RELATIVE T</p> <p>OTHER _____ X<br/>(SPECIFY)</p> |
| 525 | CHECK 524:   | <p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 527) ←</p>  | <p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 527) ←</p>  | <p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 527) ←</p>  |
| 526 | Where did you first seek advice or treatment?<br>USE LETTER CODE FROM 524.   | FIRST PLACE ... <input type="checkbox"/>  | FIRST PLACE ... <input type="checkbox"/>  | FIRST PLACE ... <input type="checkbox"/>  |
| 527 | How many days after the diarrhoea began did you first seek advice or treatment for (NAME)?<br>IF THE SAME DAY, RECORD '00'.  | DAYS ..... <input type="text"/> <input type="text"/>  | DAYS ..... <input type="text"/> <input type="text"/>  | DAYS ..... <input type="text"/> <input type="text"/>  |



| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____   | SECOND-FROM-LAST BIRTH<br>NAME _____   |
|-----|---|--|--|--|
| 528 | Does (NAME) still have diarrhoea?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |
| 529 | Was he/she given any of the following to drink at any time since he/she started having the diarrhoea:<br>a.<br><br>A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?<br><br>b.<br><br>Gruel made from rice [OR OTHER LOCAL GRAIN]? | YES NO DK<br><br>FLUID<br>FROM<br>ORS PKT .. 1 2 8<br><br>GRUEL .. 1 2 8   | YES NO DK<br><br>FLUID<br>FROM<br>ORS PKT .. 1 2 8<br><br>GRUEL .. 1 2 8   | YES NO DK<br><br>FLUID<br>FROM<br>ORS PKT .. 1 2 8<br><br>GRUEL .. 1 2 8   |
| 530 | Was anything (else) given to treat the diarrhoea?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 532) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 532) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 532) ←<br>DON'T KNOW ..... 8   |
| 531 | What (else) was given to treat the diarrhoea?<br><br>Anything else?<br><br>RECORD ALL TREATMENTS GIVEN.   | PILL OR SYRUP<br>ANTIBIOTIC ..... A<br>ANTIMOTILITY ... B<br>ZINC ..... C<br>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D<br>UNKNOWN PILL OR SYRUP ... E<br><br>INJECTION<br>ANTIBIOTIC ..... F<br>NON-ANTIBIOTIC G<br>UNKNOWN<br>INJECTION ... H<br><br>INTRAVENOUS (IV) . I<br>HOME REMEDY/<br>HERBAL MED-ICINE ..... J<br><br>OTHER _____ X<br>(SPECIFY) | PILL OR SYRUP<br>ANTIBIOTIC ..... A<br>ANTIMOTILITY ... B<br>ZINC ..... C<br>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D<br>UNKNOWN PILL OR SYRUP ... E<br><br>INJECTION<br>ANTIBIOTIC ..... F<br>NON-ANTIBIOTIC G<br>UNKNOWN<br>INJECTION ... H<br><br>INTRAVENOUS (IV) . I<br>HOME REMEDY/<br>HERBAL MED-ICINE ..... J<br><br>OTHER _____ X<br>(SPECIFY) | PILL OR SYRUP<br>ANTIBIOTIC ..... A<br>ANTIMOTILITY ... B<br>ZINC ..... C<br>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D<br>UNKNOWN PILL OR SYRUP ... E<br><br>INJECTION<br>ANTIBIOTIC ..... F<br>NON-ANTIBIOTIC G<br>UNKNOWN<br>INJECTION ... H<br><br>INTRAVENOUS (IV) . I<br>HOME REMEDY/<br>HERBAL MED-ICINE ..... J<br><br>OTHER _____ X<br>(SPECIFY) |
| 532 | Has (NAME) been ill with a fever at any time in the last 2 weeks?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |
| 533 | Has (NAME) been ill with a cough at any time in the last 2 weeks?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 536) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 536) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 536) ←<br>DON'T KNOW ..... 8   |

| NO. | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST BIRTH<br>NAME _____  |
|-----|--|---|---|---|
| 534 | When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 537) ←<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 537) ←<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 537) ←<br>DON'T KNOW ..... 8  |
| 535 | When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?   | CHEST ONLY ... 1<br>NOSE ONLY ..... 2<br>BOTH ..... 3<br>OTHER ..... 6<br>(SPECIFY) _____<br>DON'T KNOW ..... 8<br>(SKIP TO 537) ←  | CHEST ONLY ... 1<br>NOSE ONLY ..... 2<br>BOTH ..... 3<br>OTHER ..... 6<br>(SPECIFY) _____<br>DON'T KNOW ..... 8<br>(SKIP TO 537) ←  | CHEST ONLY ... 1<br>NOSE ONLY ..... 2<br>BOTH ..... 3<br>OTHER ..... 6<br>(SPECIFY) _____<br>DON'T KNOW ..... 8<br>(SKIP TO 537) ←  |
| 536 | CHECK 532:<br><br>HAD FEVER?   | YES NO OR DK<br><input type="checkbox"/> <input type="checkbox"/><br>↓ (SKIP TO 552) ←  | YES NO OR DK<br><input type="checkbox"/> <input type="checkbox"/><br>↓ (SKIP TO 552) ←  | YES NO OR DK<br><input type="checkbox"/> <input type="checkbox"/><br>↓ (SKIP TO 552) ←  |
| 537 | How long ago did the (fever/cough) start?<br><br>IF LESS THAN ONE WEEK, RECORD NUMBER OF DAYS AGO; OTHERWISE RECORD WEEKS AGO.   | NO. OF 1 <input type="text" value="0"/> <input type="text"/><br>DAYS AGO<br><br>NO. OF 2 <input type="text"/> <input type="text"/><br>WEEKS AGO<br><br>DON'T KNOW ..... 998 | NO. OF 1 <input type="text" value="0"/> <input type="text"/><br>DAYS AGO<br><br>NO. OF 2 <input type="text"/> <input type="text"/><br>WEEKS AGO<br><br>DON'T KNOW ..... 998 | NO. OF 1 <input type="text" value="0"/> <input type="text"/><br>DAYS AGO<br><br>NO. OF 2 <input type="text"/> <input type="text"/><br>WEEKS AGO<br><br>DON'T KNOW ..... 998 |
| 538 | Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink?<br><br>IF LESS, PROBE:<br><br>Was he/she given much less than usual to drink or somewhat less? | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8  | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8  | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>NOTHING TO DRINK 5<br>DON'T KNOW ..... 8  |
| 539 | When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?<br><br>IF LESS, PROBE:<br><br>Was he/she given much less than usual to eat or somewhat less?  | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8                                 | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8                                 | MUCH LESS ..... 1<br>SOMEWHAT LESS . 2<br>ABOUT THE SAME . 3<br>MORE ..... 4<br>STOPPED FOOD . 5<br>NEVER GAVE FOOD 6<br>DON'T KNOW ..... 8                                 |

| NO. | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST BIRTH<br>NAME _____  |
|-----|--|---|---|---|
| 540 | Did you seek advice or treatment for the illness from any source?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 545) ←  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 545) ←  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 545) ←  |
| 541 | Where did you seek advice or treatment?<br><br>Anywhere else?<br><br>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S).<br><br>_____<br>(NAME OF PLACE(S))<br><br>RECORD ALL SOURCES MENTIONED. | PUB. MED. SECTOR<br>GOVT./MUNICIPAL<br>HOSPITAL ... A<br>GOVT. DISP. ... B<br>UHC/UHP/UFWC C<br>CHC/RUR. HOSP/<br>PHC ..... D<br>SUB-CENTRE/<br>ANM ..... E<br>ANGANWADI/ICDS<br>CENTRE ..... F<br>GOVT. MOBILE<br>CLINIC ..... G<br>CAMP ..... H<br>OTHER PUB.<br>SECT. HEALTH<br>FACILITY ..... I<br>ASHA ..... J<br><br>NGO/TRUST HOSP./<br>CLINIC ..... K<br><br>PVT. MED. SECTOR<br>PVT. HOSPITAL . L<br>PVT. DOCTOR/<br>CLINIC ..... M<br>PVT. PARAMEDIC N<br>VAIDYA/HAKIM/<br>HOMEOPATH O<br>TRADITIONAL<br>HEALER ..... P<br>PHARMACY/<br>DRUGSTORE . Q<br>OTHER PVT.<br>HEALTH FAC. . R<br><br>OTHER SOURCE<br>SHOP ..... S<br>FRIEND/RELATIVE T<br><br>OTHER _____ X<br>(SPECIFY) | PUB. MED. SECTOR<br>GOVT./MUNICIPAL<br>HOSPITAL ... A<br>GOVT. DISP. ... B<br>UHC/UHP/UFWC C<br>CHC/RUR. HOSP/<br>PHC ..... D<br>SUB-CENTRE/<br>ANM ..... E<br>ANGANWADI/ICDS<br>CENTRE ..... F<br>GOVT. MOBILE<br>CLINIC ..... G<br>CAMP ..... H<br>OTHER PUB.<br>SECT. HEALTH<br>FACILITY ..... I<br>ASHA ..... J<br><br>NGO/TRUST HOSP./<br>CLINIC ..... K<br><br>PVT. MED. SECTOR<br>PVT. HOSPITAL . L<br>PVT. DOCTOR/<br>CLINIC ..... M<br>PVT. PARAMEDIC N<br>VAIDYA/HAKIM/<br>HOMEOPATH O<br>TRADITIONAL<br>HEALER ..... P<br>PHARMACY/<br>DRUGSTORE . Q<br>OTHER PVT.<br>HEALTH FAC. . R<br><br>OTHER SOURCE<br>SHOP ..... S<br>FRIEND/RELATIVE T<br><br>OTHER _____ X<br>(SPECIFY) | PUB. MED. SECTOR<br>GOVT./MUNICIPAL<br>HOSPITAL ... A<br>GOVT. DISP. ... B<br>UHC/UHP/UFWC C<br>CHC/RUR. HOSP/<br>PHC ..... D<br>SUB-CENTRE/<br>ANM ..... E<br>ANGANWADI/ICDS<br>CENTRE ..... F<br>GOVT. MOBILE<br>CLINIC ..... G<br>CAMP ..... H<br>OTHER PUB.<br>SECT. HEALTH<br>FACILITY ..... I<br>ASHA ..... J<br><br>NGO/TRUST HOSP./<br>CLINIC ..... K<br><br>PVT. MED. SECTOR<br>PVT. HOSPITAL . L<br>PVT. DOCTOR/<br>CLINIC ..... M<br>PVT. PARAMEDIC N<br>VAIDYA/HAKIM/<br>HOMEOPATH O<br>TRADITIONAL<br>HEALER ..... P<br>PHARMACY/<br>DRUGSTORE . Q<br>OTHER PVT.<br>HEALTH FAC. . R<br><br>OTHER SOURCE<br>SHOP ..... S<br>FRIEND/RELATIVE T<br><br>OTHER _____ X<br>(SPECIFY) |
| 542 | CHECK 541:   | TWO OR ONLY<br><input type="checkbox"/> MORE ONE<br>CODES CODE<br>CIRCLED CIRCLED<br>↓<br>(SKIP TO 544) ←   | TWO OR ONLY<br><input type="checkbox"/> MORE ONE<br>CODES CODE<br>CIRCLED CIRCLED<br>↓<br>(SKIP TO 544) ←   | TWO OR ONLY<br><input type="checkbox"/> MORE ONE<br>CODES CODE<br>CIRCLED CIRCLED<br>↓<br>(SKIP TO 544) ←   |
| 543 | Where did you first seek advice or treatment?<br>USE LETTER CODE FROM 541.   | FIRST PLACE ... <input type="checkbox"/>  | FIRST PLACE ... <input type="checkbox"/>  | FIRST PLACE ... <input type="checkbox"/>  |

| NO. | QUESTIONS AND FILTERS  | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____   | SECOND-FROM-LAST BIRTH<br>NAME _____   |
|-----|--|--|--|--|
| 544 | How many days after the illness began did you first seek advice or treatment for (NAME)?<br>IF THE SAME DAY, RECORD '00'.  | DAYS ..... <input type="text"/> <input type="text"/>   | DAYS ..... <input type="text"/> <input type="text"/>   | DAYS ..... <input type="text"/> <input type="text"/>   |
| 545 | Is (NAME) still sick with a (fever/ cough)?  | FEVER ONLY ..... 1<br>COUGH ONLY ..... 2<br>BOTH FEVER AND<br>COUGH ..... 3<br>NO, NEITHER ..... 4<br>DON'T KNOW ..... 8   | FEVER ONLY ..... 1<br>COUGH ONLY ..... 2<br>BOTH FEVER AND<br>COUGH ..... 3<br>NO, NEITHER ..... 4<br>DON'T KNOW ..... 8   | FEVER ONLY ..... 1<br>COUGH ONLY ..... 2<br>BOTH FEVER AND<br>COUGH ..... 3<br>NO, NEITHER ..... 4<br>DON'T KNOW ..... 8   |
| 546 | At any time during the illness, did (NAME) take any drugs for the illness?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 552) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 552) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 552) ←<br>DON'T KNOW ..... 8   |
| 547 | What drugs did (NAME) take?<br><br>Any other drugs?<br><br>RECORD ALL MENTIONED.   | ANTIMALARIAL DRUGS<br>CHLOROQUINE . A<br>PRIMAQUINE ... B<br>SP/FANSIDAR ... C<br>COMBINATION<br>WITH<br>ARTEMISININ . D<br>OTHER ANTI-<br>MALARIAL ... E<br>UNKNOWN ANTI-<br>MALARIAL ... F<br><br>ANTIBIOTIC DRUG . G<br><br>OTHER DRUGS<br>ASPIRIN ..... H<br>ACETA-<br>MINOPHEN ... I<br>IBUPROFEN ... J<br><br>OTHER _____ X<br>(SPECIFY)<br>UNKNOWN DRUG . Z | ANTIMALARIAL DRUGS<br>CHLOROQUINE .. A<br>PRIMAQUINE .... B<br>SP/FANSIDAR .... C<br>COMBINATION<br>WITH<br>ARTEMISININ .. D<br>OTHER ANTI-<br>MALARIAL ... E<br>UNKNOWN ANTI-<br>MALARIAL ... F<br><br>ANTIBIOTIC DRUG . G<br><br>OTHER DRUGS<br>ASPIRIN ..... H<br>ACETA-<br>MINOPHEN ... I<br>IBUPROFEN ... J<br><br>OTHER _____ X<br>(SPECIFY)<br>UNKNOWN DRUG . Z | ANTIMALARIAL DRUGS<br>CHLOROQUINE .. A<br>PRIMAQUINE .... B<br>SP/FANSIDAR .... C<br>COMBINATION<br>WITH<br>ARTEMISININ .. D<br>OTHER ANTI-<br>MALARIAL ... E<br>UNKNOWN ANTI-<br>MALARIAL ... F<br><br>ANTIBIOTIC DRUG . G<br><br>OTHER DRUGS<br>ASPIRIN ..... H<br>ACETA-<br>MINOPHEN ... I<br>IBUPROFEN ... J<br><br>OTHER _____ X<br>(SPECIFY)<br>UNKNOWN DRUG . Z |
| 548 | CHECK 547:<br>ANY CODE A-G CIRCLED?  | YES NO<br><input type="checkbox"/> <input type="checkbox"/><br>↓ (SKIP TO 552) ←   | YES NO<br><input type="checkbox"/> <input type="checkbox"/><br>↓ (SKIP TO 552) ←   | YES NO<br><input type="checkbox"/> <input type="checkbox"/><br>↓ (SKIP TO 552) ←   |
| 549 | Did you already have (NAME OF DRUG FROM 547) at home when the child became ill?<br><br>IF YES, CIRCLE CODE FOR THAT DRUG.<br><br>ASK SEPARATELY FOR EACH ANTIMALARIAL OR ANTIBIOTIC DRUG GIVEN IN 547. | ANTIMALARIAL DRUGS<br>CHLOROQUINE . A<br>PRIMAQUINE ... B<br>SP/FANSIDAR . C<br>COMBINATION<br>WITH<br>ARTEMISININ . D<br>OTHER ANTI-<br>MALARIAL ... E<br>UNKNOWN ANTI-<br>MALARIAL ... F<br>ANTIBIOTIC DRUG . G<br>NONE OF THEM<br>AT HOME ..... Y   | ANTIMALARIAL DRUGS<br>CHLOROQUINE .. A<br>PRIMAQUINE .... B<br>SP/FANSIDAR .... C<br>COMBINATION<br>WITH<br>ARTEMISININ .. D<br>OTHER ANTI-<br>MALARIAL ... E<br>UNKNOWN ANTI-<br>MALARIAL ... F<br>ANTIBIOTIC DRUG . G<br>NONE OF THEM<br>AT HOME ..... Y   | ANTIMALARIAL DRUGS<br>CHLOROQUINE . A<br>PRIMAQUINE ... B<br>SP/FANSIDAR . C<br>COMBINATION<br>WITH<br>ARTEMISININ . D<br>OTHER ANTI-<br>MALARIAL ... E<br>UNKNOWN ANTI-<br>MALARIAL ... F<br>ANTIBIOTIC DRUG . G<br>NONE OF THEM<br>AT HOME ..... Y   |

| NO. | QUESTIONS AND FILTERS   | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST BIRTH<br>NAME _____  |
|-----|---|---|---|---|
| 550 | CHECK 547:<br>ANY CODE A-F CIRCLED?   | YES                      NO<br><input type="checkbox"/> <input type="checkbox"/><br>↓                      ↓<br>(SKIP TO 552) ←   | YES                      NO<br><input type="checkbox"/> <input type="checkbox"/><br>↓                      ↓<br>(SKIP TO 552) ←   | YES                      NO<br><input type="checkbox"/> <input type="checkbox"/><br>↓                      ↓<br>(SKIP TO 552) ←   |
| 551 | How long after the fever started, did (NAME) first take (DRUG(S) FROM 547 A-F)? | SAME DAY        ..... 1<br>NEXT DAY        ..... 2<br>TWO DAYS AFTER<br>FEVER        ..... 3<br>THREE DAYS AFTER<br>FEVER        ..... 4<br>FOUR OR MORE<br>DAYS AFTER<br>FEVER        ..... 5<br>DON'T KNOW    ..... 8 | SAME DAY        ..... 1<br>NEXT DAY        ..... 2<br>TWO DAYS AFTER<br>FEVER        ..... 3<br>THREE DAYS AFTER<br>FEVER        ..... 4<br>FOUR OR MORE<br>DAYS AFTER<br>FEVER        ..... 5<br>DON'T KNOW    ..... 8 | SAME DAY        ..... 1<br>NEXT DAY        ..... 2<br>TWO DAYS AFTER<br>FEVER        ..... 3<br>THREE DAYS AFTER<br>FEVER        ..... 4<br>FOUR OR MORE<br>DAYS AFTER<br>FEVER        ..... 5<br>DON'T KNOW    ..... 8 |
| 552 |   | GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.  | GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.  | GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.  |

| NO.                    | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP               |                     |                       |                    |                |   |   |   |                     |   |   |   |                |   |   |   |                    |   |   |   |                     |   |   |   |                        |   |   |   |               |   |   |   |                |   |   |   |  |
|------------------------|--|---|--------------------|---------------------|-----------------------|--------------------|----------------|---|---|---|---------------------|---|---|---|----------------|---|---|---|--------------------|---|---|---|---------------------|---|---|---|------------------------|---|---|---|---------------|---|---|---|----------------|---|---|---|--|
| 553                    | <p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2001 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p>   |   | 556                |                     |                       |                    |                |   |   |   |                     |   |   |   |                |   |   |   |                    |   |   |   |                     |   |   |   |                        |   |   |   |               |   |   |   |                |   |   |   |  |
| 554                    | <p>The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?</p>   | <p>CHILD USED TOILET OR LATRINE ... 01<br/>PUT/RINSED<br/>INTO TOILET OR LATRINE ..... 02<br/>PUT/RINSED<br/>INTO DRAIN OR DITCH ..... 03<br/>THROWN INTO GARBAGE ..... 04<br/>BURIED ..... 05<br/>LEFT IN THE OPEN ..... 06</p> <p>OTHER _____ 96<br/>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>   |                    |                     |                       |                    |                |   |   |   |                     |   |   |   |                |   |   |   |                    |   |   |   |                     |   |   |   |                        |   |   |   |               |   |   |   |                |   |   |   |  |
| 555                    | <p>CHECK 529(a), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p>  |   | 557                |                     |                       |                    |                |   |   |   |                     |   |   |   |                |   |   |   |                    |   |   |   |                     |   |   |   |                        |   |   |   |               |   |   |   |                |   |   |   |  |
| 556                    | <p>Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET] you can get for the treatment of diarrhoea?</p> <p>IF SHE HAS NEVER HEARD OF ORS, SHOW GOVERNMENT AND COMMERCIAL ORS PACKETS AND ASK:</p> <p>Have you ever seen a packet like one of these before?</p>  | <p>YES ..... 1<br/>NO ..... 2</p>   |                    |                     |                       |                    |                |   |   |   |                     |   |   |   |                |   |   |   |                    |   |   |   |                     |   |   |   |                        |   |   |   |               |   |   |   |                |   |   |   |  |
| 557                    | <p>Now I would like to ask you some questions about medical care for you yourself.</p> <p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem, a small problem, or no problem?</p> <p>a. Getting permission to go?</p> <p>b. Getting money needed for treatment?</p> <p>c. The distance to the health facility?</p> <p>d. Having to take transport?</p> <p>e. Finding someone to go with you?</p> <p>f. Concern that there may not be a female health provider?</p> <p>g. Concern that there may not be any health provider?</p> <p>h. Concern that there may be no drugs available?</p> | <table border="0"> <thead> <tr> <th></th><th>BIG<br/>PROB-<br/>LEM</th><th>SMALL<br/>PROB-<br/>LEM</th><th>NO<br/>PROB-<br/>LEM</th></tr> </thead> <tbody> <tr> <td>PERMISSION ...</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>GETTING MONEY .....</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>DISTANCE .....</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>TAKING TRANSPORT .</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FINDING SOMEONE ...</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO FEMALE PROVIDER ...</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO PROVIDER .</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO DRUGS .....</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table> |                    | BIG<br>PROB-<br>LEM | SMALL<br>PROB-<br>LEM | NO<br>PROB-<br>LEM | PERMISSION ... | 1 | 2 | 3 | GETTING MONEY ..... | 1 | 2 | 3 | DISTANCE ..... | 1 | 2 | 3 | TAKING TRANSPORT . | 1 | 2 | 3 | FINDING SOMEONE ... | 1 | 2 | 3 | NO FEMALE PROVIDER ... | 1 | 2 | 3 | NO PROVIDER . | 1 | 2 | 3 | NO DRUGS ..... | 1 | 2 | 3 |  |
|                        | BIG<br>PROB-<br>LEM  | SMALL<br>PROB-<br>LEM   | NO<br>PROB-<br>LEM |                     |                       |                    |                |   |   |   |                     |   |   |   |                |   |   |   |                    |   |   |   |                     |   |   |   |                        |   |   |   |               |   |   |   |                |   |   |   |  |
| PERMISSION ...         | 1  | 2   | 3                  |                     |                       |                    |                |   |   |   |                     |   |   |   |                |   |   |   |                    |   |   |   |                     |   |   |   |                        |   |   |   |               |   |   |   |                |   |   |   |  |
| GETTING MONEY .....    | 1  | 2   | 3                  |                     |                       |                    |                |   |   |   |                     |   |   |   |                |   |   |   |                    |   |   |   |                     |   |   |   |                        |   |   |   |               |   |   |   |                |   |   |   |  |
| DISTANCE .....         | 1  | 2   | 3                  |                     |                       |                    |                |   |   |   |                     |   |   |   |                |   |   |   |                    |   |   |   |                     |   |   |   |                        |   |   |   |               |   |   |   |                |   |   |   |  |
| TAKING TRANSPORT .     | 1  | 2   | 3                  |                     |                       |                    |                |   |   |   |                     |   |   |   |                |   |   |   |                    |   |   |   |                     |   |   |   |                        |   |   |   |               |   |   |   |                |   |   |   |  |
| FINDING SOMEONE ...    | 1  | 2   | 3                  |                     |                       |                    |                |   |   |   |                     |   |   |   |                |   |   |   |                    |   |   |   |                     |   |   |   |                        |   |   |   |               |   |   |   |                |   |   |   |  |
| NO FEMALE PROVIDER ... | 1  | 2   | 3                  |                     |                       |                    |                |   |   |   |                     |   |   |   |                |   |   |   |                    |   |   |   |                     |   |   |   |                        |   |   |   |               |   |   |   |                |   |   |   |  |
| NO PROVIDER .          | 1  | 2   | 3                  |                     |                       |                    |                |   |   |   |                     |   |   |   |                |   |   |   |                    |   |   |   |                     |   |   |   |                        |   |   |   |               |   |   |   |                |   |   |   |  |
| NO DRUGS .....         | 1  | 2   | 3                  |                     |                       |                    |                |   |   |   |                     |   |   |   |                |   |   |   |                    |   |   |   |                     |   |   |   |                        |   |   |   |               |   |   |   |                |   |   |   |  |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP |       |        |      |       |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
|-----|---|---|------|-------|--------|------|-------|----|---|---|---|---|----|---|---|---|---|----|---|---|---|---|----|---|---|---|---|----|---|---|---|---|----|---|---|---|---|----|---|---|---|---|--|
| 558 | <p>How often do you yourself consume the following food items: daily, weekly, occasionally, or never?</p> <p>a. Milk or curd?</p> <p>b. Pulses or beans?</p> <p>c. Dark green leafy vegetables?</p> <p>d. Fruits?</p> <p>e. Eggs?</p> <p>f. Fish?</p> <p>g. Chicken or meat?</p>  | <table border="1"> <thead> <tr> <th></th><th>DAILY</th><th>WEEKLY</th><th>OCC.</th><th>NEVER</th></tr> </thead> <tbody> <tr> <td>a.</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>b.</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>c.</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>d.</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>e.</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>f.</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>g.</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> </tbody> </table> |      | DAILY | WEEKLY | OCC. | NEVER | a. | 1 | 2 | 3 | 4 | b. | 1 | 2 | 3 | 4 | c. | 1 | 2 | 3 | 4 | d. | 1 | 2 | 3 | 4 | e. | 1 | 2 | 3 | 4 | f. | 1 | 2 | 3 | 4 | g. | 1 | 2 | 3 | 4 |  |
|     | DAILY   | WEEKLY  | OCC. | NEVER |        |      |       |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| a.  | 1   | 2   | 3    | 4     |        |      |       |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| b.  | 1   | 2   | 3    | 4     |        |      |       |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| c.  | 1   | 2   | 3    | 4     |        |      |       |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| d.  | 1   | 2   | 3    | 4     |        |      |       |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| e.  | 1   | 2   | 3    | 4     |        |      |       |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| f.  | 1   | 2   | 3    | 4     |        |      |       |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| g.  | 1   | 2   | 3    | 4     |        |      |       |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| 559 | <p>Now I would like to ask you some questions about any injections you have had in the last 12 months. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES:<br/>How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>  | <p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00 → 564</p>  |      |       |        |      |       |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| 560 | <p>CHECK 559:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONE INJECTION <input type="checkbox"/></p> <p>↓</p> <p>Was this injection administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?<br/>IF YES, RECORD '01'.</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE INJECTION <input type="checkbox"/></p> <p>↓</p> <p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> </div> </div> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> | <p>NUMBER OF INJECTIONS ..... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00 → 564</p>  |      |       |        |      |       |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |
|-----|---|---|-------|
| 561 | <p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL ... 11</p> <p>GOVT. DISPENSARY ..... 12</p> <p>UHC/UHP/UFWC ..... 13</p> <p>CHC/RURAL HOSPITAL/PHC ..... 14</p> <p>SUB-CENTRE ..... 15</p> <p>GOVT. MOBILE CLINIC ..... 16</p> <p>CAMP ..... 17</p> <p>ANGANWADI/ICDS CENTRE ..... 18</p> <p>OTHER PUBLIC MEDICAL SECTOR ..... 19</p> <p>NGO OR TRUST HOSPITAL/CLINIC . 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL ..... 31</p> <p>PVT. DOCTOR/CLINIC ..... 32</p> <p>PVT. PARAMEDIC ..... 33</p> <p>VAIDYA/HAKIM/HOMEOPATH ... 34</p> <p>PHARMACY/DRUGSTORE ..... 35</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 36</p> <p>OTHER PLACE</p> <p>SHOP ..... 41</p> <p>AT HOME ..... 42</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> |       |
| 562 | Did the person who gave you that injection take the syringe and needle from a new, unopened package?  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  | → 564 |
| 563 | As far as you know, was the needle sterilized?  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  |       |
| 564 | Have you ever had a blood transfusion?  | <p>YES ..... 1</p> <p>NO ..... 2</p>  |       |
| 565 | Do you currently smoke cigarettes or bidis?   | <p>YES ..... 1</p> <p>NO ..... 2</p>  | → 567 |
| 566 | In the last 24 hours, how many cigarettes or bidis did you smoke?   | CIGARETTES/BIDIS ..... <input type="text"/> <input type="text"/>  |       |
| 567 | Do you currently smoke or use tobacco in any other form?  | <p>YES ..... 1</p> <p>NO ..... 2</p>  | → 569 |
| 568 | <p>In what other form do you currently smoke or use tobacco?</p> <p>Any other form?</p> <p>RECORD ALL MENTIONED.</p>  | <p>CIGAR/PIPE ..... A</p> <p>PAAN MASALA ..... B</p> <p>GHUTKA ..... C</p> <p>OTHER CHEWING TOBACCO ..... D</p> <p>SNUFF ..... E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>  |       |
| 569 | Do you drink alcohol?   | <p>YES ..... 1</p> <p>NO ..... 2</p>  | → 571 |



| NO.                                      | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP       |     |    |            |              |   |   |   |            |   |   |   |  |   |   |   |  |
|--|---|---|------------|-----|----|------------|--------------|---|---|---|------------|---|---|---|--|---|---|---|--|
| 570                                      | How often do you drink alcohol: almost every day, about once a week or less often?  | ALMOST EVERY DAY ..... 1<br>ABOUT ONCE A WEEK ..... 2<br>LESS OFTEN ..... 3   |            |     |    |            |              |   |   |   |            |   |   |   |  |   |   |   |  |
| 571                                      | Have you ever heard of an illness called tuberculosis or TB?  | YES ..... 1<br>NO ..... 2   | → 575      |     |    |            |              |   |   |   |            |   |   |   |  |   |   |   |  |
| 572                                      | How does tuberculosis spread from one person to another?<br><br>PROBE: Any other ways?<br><br>RECORD ALL MENTIONED.   | THROUGH THE AIR WHEN<br>COUGHING OR SNEEZING ..... A<br>THROUGH SHARING UTENSILS ..... B<br>THROUGH TOUCHING A PERSON<br>WITH TB ..... C<br>THROUGH FOOD ..... D<br>THROUGH SEXUAL CONTACT ..... E<br>THROUGH MOSQUITO BITES ..... F<br><br>OTHER ..... X<br>(SPECIFY)<br>DON'T KNOW ..... Z  |            |     |    |            |              |   |   |   |            |   |   |   |  |   |   |   |  |
| 573                                      | Can tuberculosis be cured?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |            |     |    |            |              |   |   |   |            |   |   |   |  |   |   |   |  |
| 574                                      | If a member of your family got tuberculosis, would you want it to remain a secret from the neighbours or not?   | YES, REMAIN A SECRET ..... 1<br>NO ..... 2<br>DON'T KNOW/NOT SURE/<br>DEPENDS ..... 8   |            |     |    |            |              |   |   |   |            |   |   |   |  |   |   |   |  |
| 575                                      | Do you currently have :   | <table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DON'T KNOW</th></tr> </thead> <tbody> <tr> <td>a. Diabetes?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b. Asthma?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c. Goiter or any other thyroid disorder?</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table> |            | YES | NO | DON'T KNOW | a. Diabetes? | 1 | 2 | 8 | b. Asthma? | 1 | 2 | 8 | c. Goiter or any other thyroid disorder? | 1 | 2 | 8 |  |
|  | YES   | NO  | DON'T KNOW |     |    |            |              |   |   |   |            |   |   |   |  |   |   |   |  |
| a. Diabetes?                             | 1   | 2   | 8          |     |    |            |              |   |   |   |            |   |   |   |  |   |   |   |  |
| b. Asthma?                               | 1   | 2   | 8          |     |    |            |              |   |   |   |            |   |   |   |  |   |   |   |  |
| c. Goiter or any other thyroid disorder? | 1   | 2   | 8          |     |    |            |              |   |   |   |            |   |   |   |  |   |   |   |  |
| 576                                      | CHECK 215: ANY LIVE BIRTH IN 2000 OR LATER?<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES <input type="checkbox"/></div> <div>NO <input type="checkbox"/></div> </div> |   | → 601      |     |    |            |              |   |   |   |            |   |   |   |  |   |   |   |  |

**SECTION 5A. UTILIZATION OF ICDS SERVICES**

|     |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|
| 577 | ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 5 BIRTHS, USE ADDITIONAL QUESTIONNAIRES). |   |   |   |   |   |
| 578 | LINE NUMBER FROM 212  | LAST BIRTH<br>LINE NUMBER <input type="text"/>  | NEXT-TO-LAST BIRTH<br>LINE NUMBER <input type="text"/>  | SECOND-FROM-LAST BIRTH<br>LINE NUMBER <input type="text"/>  | THIRD-FROM-LAST BIRTH<br>LINE NUMBER <input type="text"/>   | FOURTH-FROM-LAST BIRTH<br>LINE NUMBER <input type="text"/>  |
| 579 | FROM 212 AND 216  | NAME _____<br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/><br>↓<br>(GO TO 587)   | NAME _____<br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/><br>↓<br>(GO TO 587)   | NAME _____<br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/><br>↓<br>(GO TO 587)   | NAME _____<br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/><br>↓<br>(GO TO 587)   | NAME _____<br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/><br>↓<br>(GO TO 587)   |
| 580 | During the last 12 months, has (NAME) received any benefits from the anganwadi or ICDS centre?<br><br>IF NO, PROBE:<br><br>Any benefits such as supplementary food, growth monitoring, immunizations, health check-ups or education?    | YES .....<br><br>NO ..... 2<br>(GO TO 587) ←  | YES .....<br><br>NO ..... 2<br>(GO TO 587) ←  | YES .....<br><br>NO ..... 2<br>(GO TO 587) ←  | YES .....<br><br>NO ..... 2<br>(GO TO 587) ←  | YES .....<br><br>NO ..... 2<br>(GO TO 587) ←  |
| 581 | In the last 12 months, how often has (NAME) received food from the anganwadi/ICDS centre? IF CHILD RECEIVES TAKE-HOME RATIONS FOR DAILY CONSUMPTION WEEKLY OR MONTHLY CODE '1'.   | NOT AT ALL ..... 0<br>ALMOST DAILY ..... 1<br>AT LEAST ONCE<br>A WEEK ..... 2<br>AT LEAST ONCE<br>A MONTH ..... 3<br>LESS OFTEN ..... 4<br>DON'T KNOW ..... 8 | NOT AT ALL ..... 0<br>ALMOST DAILY ..... 1<br>AT LEAST ONCE<br>A WEEK ..... 2<br>AT LEAST ONCE<br>A MONTH ..... 3<br>LESS OFTEN ..... 4<br>DON'T KNOW ..... 8 | NOT AT ALL ..... 0<br>ALMOST DAILY ..... 1<br>AT LEAST ONCE<br>A WEEK ..... 2<br>AT LEAST ONCE<br>A MONTH ..... 3<br>LESS OFTEN ..... 4<br>DON'T KNOW ..... 8 | NOT AT ALL ..... 0<br>ALMOST DAILY ..... 1<br>AT LEAST ONCE<br>A WEEK ..... 2<br>AT LEAST ONCE<br>A MONTH ..... 3<br>LESS OFTEN ..... 4<br>DON'T KNOW ..... 8 | NOT AT ALL ..... 0<br>ALMOST DAILY ..... 1<br>AT LEAST ONCE<br>A WEEK ..... 2<br>AT LEAST ONCE<br>A MONTH ..... 3<br>LESS OFTEN ..... 4<br>DON'T KNOW ..... 8 |
| 582 | In the last 12 months, how often has (NAME) had a health check-up from the anganwadi/ICDS centre?   | NOT AT ALL ..... 0<br>AT LEAST ONCE<br>A MONTH ..... 1<br>LESS OFTEN ..... 2<br>DON'T KNOW ..... 8  | NOT AT ALL ..... 0<br>AT LEAST ONCE<br>A MONTH ..... 1<br>LESS OFTEN ..... 2<br>DON'T KNOW ..... 8  | NOT AT ALL ..... 0<br>AT LEAST ONCE<br>A MONTH ..... 1<br>LESS OFTEN ..... 2<br>DON'T KNOW ..... 8  | NOT AT ALL ..... 0<br>AT LEAST ONCE<br>A MONTH ..... 1<br>LESS OFTEN ..... 2<br>DON'T KNOW ..... 8  | NOT AT ALL ..... 0<br>AT LEAST ONCE<br>A MONTH ..... 1<br>LESS OFTEN ..... 2<br>DON'T KNOW ..... 8  |
| 583 | In the last 12 months, has (NAME) received any immunizations through the anganwadi/ICDS centre?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |
| 584 | In the last 12 months, how often did (NAME) go to the anganwadi/ICDS centre for early childhood care or for preschool: regularly, occasionally, or not at all?  | REG. .... 1<br>OCC. .... 2<br>NOT AT ALL ..... 3<br>DON'T KNOW ..... 8  | REG. .... 1<br>OCC. .... 2<br>NOT AT ALL ..... 3<br>DON'T KNOW ..... 8  | REG. .... 1<br>OCC. .... 2<br>NOT AT ALL ..... 3<br>DON'T KNOW ..... 8  | REG. .... 1<br>OCC. .... 2<br>NOT AT ALL ..... 3<br>DON'T KNOW ..... 8  | REG. .... 1<br>OCC. .... 2<br>NOT AT ALL ..... 3<br>DON'T KNOW ..... 8  |

|     | NAME FROM 212   | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST<br>BIRTH<br>NAME _____  | SECOND-FROM-<br>LAST BIRTH<br>NAME _____   | THIRD-FROM-<br>LAST BIRTH<br>NAME _____  | FOURTH-FROM-<br>LAST BIRTH<br>NAME _____   |
|-----|---|--|--|--|--|--|
| 585 | In the last 12 months, how often has (NAME's) weight been measured by the anganwadi/ICDS centre?  | NOT AT ALL . . . . 0<br>(GO TO 587) ←<br>AT LEAST ONCE<br>A MONTH . . . . 1<br>AT LEAST ONCE<br>IN 3 MONTHS . . 2<br>LESS OFTEN . . . . 3<br>DON'T KNOW . . . 8<br>(GO TO 587) ← | NOT AT ALL . . . . 0<br>(GO TO 587) ←<br>AT LEAST ONCE<br>A MONTH . . . . 1<br>AT LEAST ONCE<br>IN 3 MONTHS . . 2<br>LESS OFTEN . . . . 3<br>DON'T KNOW . . . 8<br>(GO TO 587) ← | NOT AT ALL . . . . 0<br>(GO TO 587) ←<br>AT LEAST ONCE<br>A MONTH . . . . 1<br>AT LEAST ONCE<br>IN 3 MONTHS . . 2<br>LESS OFTEN . . . . 3<br>DON'T KNOW . . . 8<br>(GO TO 587) ← | NOT AT ALL . . . . 0<br>(GO TO 587) ←<br>AT LEAST ONCE<br>A MONTH . . . . 1<br>AT LEAST ONCE<br>IN 3 MONTHS . . 2<br>LESS OFTEN . . . . 3<br>DON'T KNOW . . . 8<br>(GO TO 587) ← | NOT AT ALL . . . . 0<br>(GO TO 587) ←<br>AT LEAST ONCE<br>A MONTH . . . . 1<br>AT LEAST ONCE<br>IN 3 MONTHS . . 2<br>LESS OFTEN . . . . 3<br>DON'T KNOW . . . 8<br>(GO TO 587) ← |
| 586 | After (NAME) was weighed, did you ever receive counselling from the anganwadi/ICDS worker or ANM? | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . 8  | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . 8  | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . 8  | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . 8  | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . 8  |
| 587 | When you were pregnant with (NAME), did you receive any benefits from the anganwadi/ICDS centre?  | YES . . . . . 1<br>NO . . . . . 2<br>(GO TO 589) ←   | YES . . . . . 1<br>NO . . . . . 2<br>(GO TO 589) ←   | YES . . . . . 1<br>NO . . . . . 2<br>(GO TO 589) ←   | YES . . . . . 1<br>NO . . . . . 2<br>(GO TO 589) ←   | YES . . . . . 1<br>NO . . . . . 2<br>(GO TO 589) ←   |
| 588 | Did you receive any of the following benefits:  | YES      NO<br>a. Supplementary food?      1      2<br>b. Health check-ups?      1      2<br>c. Health and nutrition education?      1      2                                    | YES      NO<br>a. Supplementary food?      1      2<br>b. Health check-ups?      1      2<br>c. Health and nutrition education?      1      2                                    | YES      NO<br>a. Supplementary food?      1      2<br>b. Health check-ups?      1      2<br>c. Health and nutrition education?      1      2                                    | YES      NO<br>a. Supplementary food?      1      2<br>b. Health check-ups?      1      2<br>c. Health and nutrition education?      1      2                                    | YES      NO<br>a. Supplementary food?      1      2<br>b. Health check-ups?      1      2<br>c. Health and nutrition education?      1      2                                    |
| 589 | When you were breastfeeding (NAME) did you receive any benefits from the anganwadi/ICDS centre?   | YES . . . . . 1<br>NO . . . . . 2<br>(GO TO 591) ←<br>DID NOT<br>BREASTFEED . . 3  | YES . . . . . 1<br>NO . . . . . 2<br>(GO TO 591) ←<br>DID NOT<br>BREASTFEED . . 3  | YES . . . . . 1<br>NO . . . . . 2<br>(GO TO 591) ←<br>DID NOT<br>BREASTFEED . . 3  | YES . . . . . 1<br>NO . . . . . 2<br>(GO TO 591) ←<br>DID NOT<br>BREASTFEED . . 3  | YES . . . . . 1<br>NO . . . . . 2<br>(GO TO 591) ←<br>DID NOT<br>BREASTFEED . . 3  |
| 590 | Did you receive any of the following benefits:  | YES      NO<br>a. Supplementary food?      1      2<br>b. Health check-ups?      1      2<br>c. Health and nutrition education?      1      2                                    | YES      NO<br>a. Supplementary food?      1      2<br>b. Health check-ups?      1      2<br>c. Health and nutrition education?      1      2                                    | YES      NO<br>a. Supplementary food?      1      2<br>b. Health check-ups?      1      2<br>c. Health and nutrition education?      1      2                                    | YES      NO<br>a. Supplementary food?      1      2<br>b. Health check-ups?      1      2<br>c. Health and nutrition education?      1      2                                    | YES      NO<br>a. Supplementary food?      1      2<br>b. Health check-ups?      1      2<br>c. Health and nutrition education?      1      2                                    |
| 591 |   | GO TO 579 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601.   | GO TO 579 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601.   | GO TO 579 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601.   | GO TO 579 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601.   | GO TO 579 IN FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 601.  |

SECTION 6. SEXUAL LIFE

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP                      |
|-----|---|---|---------------------------|
| 601 | <p>CHECK 316 AND 317:</p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> (316 = 2 OR 317 = 00)</p> <p><input type="checkbox"/> HAS HAD SEXUAL INTERCOURSE</p>   |   | → 618                     |
|     | <p>READ TO RESPONDENTS</p> <p>Now I need to ask you some more questions about relationships and sexual life. Once again, let me assure you that your answers are completely confidential. If we should come to any question that you don't want to answer, just let me know and I will skip to the next question.</p> |   |                           |
| 602 | <p>CHECK 105:</p> <p>15-24 YEARS OLD <input type="checkbox"/></p> <p>25-49 YEARS OLD <input type="checkbox"/></p>   |   | → 606                     |
| 603 | How old was the person you <u>first</u> had sexual intercourse with?  | <p>AGE OF PARTNER ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>    | → 605                     |
| 604 | Would you say this person was ten or more years older than you?   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>                                      |                           |
| 605 | The first time you had sexual intercourse, was a condom used?   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>                         |                           |
| 606 | <p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS, OR MONTHS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS AGO.</p>  | <p>DAYS AGO ..... 1</p> <p>WEEKS AGO ..... 2</p> <p>MONTHS AGO ..... 3</p> <p>YEARS AGO ..... 4</p> | <p>→ 608</p> <p>→ 617</p> |

| NO. | QUESTIONS AND FILTERS   | LAST<br>SEXUAL PARTNER   | SECOND-TO-LAST<br>SEXUAL PARTNER  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|---|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 607 | When was the last time you had sexual intercourse with this other person?   |  | DAYS AGO ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>WEEKS AGO .... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>MONTHS AGO ... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 608 | The last time you had sexual intercourse (with this other person), was a condom used?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 610) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 610) ←  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 609 | Did you use a condom every time you had sexual intercourse with this person in the last 12 months?  | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 610 | What was this person's relationship to you?   | HUSBAND ..... 01<br>(SKIP TO 615) ←<br>LIVE-IN PARTNER ..... 02<br>BOYFRIEND NOT LIVING<br>WITH RESPONDENT ..... 03<br>OTHER FRIEND ..... 04<br>RELATIVE ..... 05<br>CASUAL<br>ACQUAINTANCE ..... 06<br>SEX WORKER CLIENT ..... 07<br>OTHER ..... 96<br>(SPECIFY)  | HUSBAND ..... 01<br>(SKIP TO 616) ←<br>LIVE-IN PARTNER ..... 02<br>BOYFRIEND NOT LIVING<br>WITH RESPONDENT ..... 03<br>OTHER FRIEND ..... 04<br>RELATIVE ..... 05<br>CASUAL<br>ACQUAINTANCE ..... 06<br>SEX WORKER CLIENT ..... 07<br>OTHER ..... 96<br>(SPECIFY)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 611 | For how long (have you had/did you have) a sexual relationship with this person?<br><br>IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS. | DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>MONTHS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>YEARS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>MONTHS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>YEARS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 612 | CHECK 105:  | 15-24 YEARS ..... 25-49<br><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> OLD YEARS<br>(SKIP TO 615) ←   |   |  |  |  |  |  | 15-24 YEARS ..... 25-49<br><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> OLD YEARS<br>(SKIP TO 616) ←           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 613 | How old is this person?   | AGE<br>OF PARTNER ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>(SKIP TO 615) ←<br>DON'T KNOW ..... 98   |   |  |  |  |  |  | AGE<br>OF PARTNER ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>(SKIP TO 616) ←<br>DON'T KNOW ..... 98 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 614 | Would you say this person is ten or more years older than you?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 615 | Apart from this person, have you had sexual intercourse with any other person in the last 12 months?  | YES ..... 1<br>(GO BACK TO 607<br>IN NEXT COLUMN) ←<br>NO ..... 2<br>(SKIP TO 617) ←   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |
|-----|---|---|-------|
| 616 | In total, with how many different people have you had sexual intercourse in the last 12 months?   | NUMBER OF PARTNERS<br>IN LAST 12 MONTHS <input type="text"/> <input type="text"/>   |       |
|     | IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  | DON'T KNOW ..... 98   |       |
| 617 | In total, with how many different people have you had sexual intercourse in your lifetime?  | NUMBER OF PARTNERS<br>IN LIFETIME ..... <input type="text"/> <input type="text"/>   |       |
|     | IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  | DON'T KNOW ..... 98   |       |
| 618 | Do you know of a place where a person can get condoms?  | YES ..... 1<br>NO ..... 2   | → 701 |
| 619 | Where is that?<br><br>Any other place?<br><br>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S).<br><br>_____<br>(NAME OF PLACE(S))<br><br><br><br>RECORD ALL SOURCES MENTIONED. | PUBLIC MEDICAL SECTOR<br>GOVT./MUNICIPAL HOSPITAL ... A<br>GOVT. DISPENSARY ..... B<br>UHC/UHP/UFWC ..... C<br>CHC/RURAL HOSPITAL/PHC ..... D<br>SUB-CENTRE/ANM ..... E<br>GOVT. MOBILE CLINIC ..... F<br>CAMP ..... G<br>ANGANWADI/ICDS CENTRE ..... H<br>ASHA ..... I<br>OTHER COMMUNITY<br>BASED WORKER ..... J<br>OTHER PUBLIC MEDICAL<br>SECTOR ..... K<br>(SPECIFY)<br><br>NGO OR TRUST HOSPITAL/<br>CLINIC ..... L<br><br>PRIVATE MEDICAL SECTOR<br>PRIVATE HOSPITAL/CLINIC/<br>DOCTOR ..... M<br>PRIVATE PARAMEDIC ..... N<br>VAIDYA/HAKIM/HOMEOPATH ..... O<br>TRADITIONAL HEALER ..... P<br>PHARMACY/DRUGSTORE ..... Q<br>DAI (TBA) ..... R<br>OTHER PRIVATE MEDICAL<br>SECTOR ..... S<br>(SPECIFY)<br><br>RATION SHOP ..... T<br>OTHER SHOP ..... U<br>VENDING MACHINE ..... V<br><br>OTHER ..... X<br>(SPECIFY) |       |
| 620 | If you wanted to, could you yourself get a condom?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW/UNSURE ..... 8  |       |

SECTION 7. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP                     |
|-----|---|--|--------------------------|
| 701 | CHECK 301:<br><br>NEVER MARRIED <input type="checkbox"/><br><br>OTHER <input type="checkbox"/>  |  | 714                      |
| 702 | CHECK 330/330A:<br><br>CODE 'A' OR CODE 'B' <input type="checkbox"/><br>CIRCLED<br><br>OTHER <input type="checkbox"/>   |  | 714                      |
| 703 | CHECK 227:<br><br>NOT PREGNANT OR UNSURE <input type="checkbox"/><br><br>Now I have some questions about the future.<br>Would you like to have (a/another) child, or would you prefer not to have any (more) children?<br><br>PREGNANT <input type="checkbox"/><br><br>Now I have some questions about the future.<br>After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? | HAVE (A/ANOTHER) CHILD ..... 1<br>NO MORE/NONE ..... 2<br>SAYS SHE CAN'T GET PREGNANT ... 3<br>UNDECIDED/DON'T KNOW:<br>AND PREGNANT ..... 4<br>AND NOT PREGNANT OR UNSURE ..... 5 | 705<br>714<br>711<br>709 |
| 704 | CHECK 227:<br><br>NOT PREGNANT OR UNSURE <input type="checkbox"/><br><br>How long would you like to wait from now before the birth of (a/another) child?<br><br>PREGNANT <input type="checkbox"/><br><br>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?   | MONTHS ..... 1<br>YEARS ..... 2<br><br>SOON/NOW ..... 993<br>SAYS SHE CAN'T GET PREGNANT 994<br><br>OTHER ..... 996<br>(SPECIFY)<br>DON'T KNOW ..... 998                           | 709<br>714<br>709        |
| 705 | CHECK 227:<br><br>NOT PREGNANT OR UNSURE <input type="checkbox"/><br><br>PREGNANT <input type="checkbox"/>  |  | 711                      |
| 706 | CHECK 329: USING A CONTRACEPTIVE METHOD?<br><br>NOT ASKED <input type="checkbox"/><br><br>NOT CURRENTLY USING <input type="checkbox"/><br><br>CURRENTLY USING <input type="checkbox"/>  |  | 714                      |
| 707 | CHECK 704:<br><br>NOT ASKED <input type="checkbox"/><br><br>24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/><br><br>00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>   |  | 711                      |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP |
|-----|--|---|------|
| 708 | <p>CHECK 703:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE<br/>A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.<br/>Can you tell me why you are not using a method?</p> <p>PROBE:</p> <p>Any other reason?</p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/<br/>NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.<br/>Can you tell me why you are not using a method?</p> <p>PROBE:</p> <p>Any other reason?</p> </div> </div> <p style="text-align: center;">RECORD ALL REASONS MENTIONED.</p> | <p>NOT CURRENTLY MARRIED ..... A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX ..... C</p> <p>MENOPAUSAL/HYSTERECTOMY . D</p> <p>SUBFECUND/INFECUND ..... E</p> <p>POSTPARTUM AMENORRHEIC ... F</p> <p>BREASTFEEDING ..... G</p> <p>FATALISTIC/UP TO GOD ..... H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND OPPOSED ..... J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS ..... O</p> <p>FEAR OF SIDE EFFECTS ..... P</p> <p>LACK OF ACCESS/TOO FAR ..... Q</p> <p>COSTS TOO MUCH ..... R</p> <p>INCONVENIENT TO USE ..... S</p> <p>INTERFERES WITH BODY'S</p> <p>NORMAL PROCESSES ..... T</p> <p>DON'T LIKE EXISTING METHODS .. U</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p> |      |
| 709 | <p>CHECK 329: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT<br/>ASKED <input type="checkbox"/></p> <p>NO,<br/>NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES,<br/>CURRENTLY USING <input type="checkbox"/></p> </div>  |   | 714  |
| 710 | Do you think you will use a contraceptive method to delay or avoid pregnancy in the next 12 months?  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  | 712  |
| 711 | Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  | 713  |
| 712 | Which contraceptive method would you prefer to use?  | <p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD/LOOP ..... 04</p> <p>INJECTABLES ..... 05</p> <p>IMPLANTS ..... 06</p> <p>CONDOM/NIRODH ..... 07</p> <p>FEMALE CONDOM ..... 08</p> <p>DIAPHRAGM ..... 09</p> <p>FOAM/JELLY ..... 10</p> <p>RHYTHM METHOD ..... 11</p> <p>WITHDRAWAL ..... 12</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>UNSURE ..... 98</p>  | 714  |



| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP                      |
|-----|--|--|---------------------------|
| 713 | What is the main reason that you think you will not use a contraceptive method at any time in the future?  | <p>FERTILITY-RELATED REASONS</p> <p>INFREQUENT SEX/NO SEX ..... 11</p> <p>MENOPAUSAL/HYSTERECTOMY ..... 12</p> <p>SUBFECUND/INFECUND ..... 13</p> <p>FATALISTIC ..... 14</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE ..... 15</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... 21</p> <p>HUSBAND OPPOSED ..... 22</p> <p>OTHERS OPPOSED ..... 23</p> <p>RELIGIOUS PROHIBITION ..... 24</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... 31</p> <p>KNOWS NO SOURCE ..... 32</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS ..... 41</p> <p>FEAR OF SIDE EFFECTS ..... 42</p> <p>LACK OF ACCESS/TOO FAR ..... 43</p> <p>COSTS TOO MUCH ..... 44</p> <p>INCONVENIENT TO USE ..... 45</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... 46</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p> |                           |
| 714 | <p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p> | <p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>  | <p>→ 716</p> <p>→ 716</p> |
| 715 | How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?   | <p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>  |                           |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP       |
|-----|--|---|------------|
| 716 | In the last few months have you heard or seen any message about family planning:   | <div style="text-align: right;">YES NO</div> a. On the radio? RADIO ..... 1 2<br>b. On the television? TELEVISION ..... 1 2<br>c. In a newspaper or magazine? NEWSPAPER OR MAGAZINE .... 1 2<br>d. On a wall painting or hoarding? WALL PAINTING OR HOARDING . 1 2                      |            |
| 717 | CHECK 301:<br><br>CURRENTLY MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/>  |   | 723        |
| 718 | CHECK 330/330A:<br><br>CODE 'B' OR 'G' OR 'L' CIRCLED <input type="checkbox"/><br>NO CODE CIRCLED <input type="checkbox"/><br>OTHER <input type="checkbox"/> |   | 720<br>722 |
| 719 | Does your husband know that you are using a method of family planning?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | 721        |
| 720 | Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?                             | MAINLY RESPONDENT ..... 1<br>MAINLY HUSBAND ..... 2<br>JOINT DECISION ..... 3<br>OTHER ..... 6  |            |
| 721 | CHECK 330/330A:<br><br>CODE 'A' OR CODE 'B' CIRCLED <input type="checkbox"/><br>OTHER <input type="checkbox"/>   |   | 723        |
| 722 | Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?                                      | SAME NUMBER ..... 1<br>MORE CHILDREN ..... 2<br>FEWER CHILDREN ..... 3<br>DON'T KNOW ..... 8  |            |
| 723 | Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:         | <div style="text-align: right;">YES NO DON'T KNOW</div> a. She knows her husband has a sexually transmitted disease. HAS STD ..... 1 2 8<br>b. She knows her husband has sex with other women. OTHER WOMEN ..... 1 2 8<br>c. She is tired or not in the mood. TIRED/NOT IN MOOD . 1 2 8 |            |

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |
|-----|--|--|-------|
| 801 | <p>CHECK 301:</p> <p>CURRENTLY MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/></p> <p>NEVER MARRIED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>  | <p>→ 806</p> <p>→ 803</p>  |       |
| 802 | How old was your husband on his last birthday?   | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>                           |       |
| 803 | Did your (last) husband ever attend school?  | <p>YES ..... 1</p> <p>NO ..... 2</p>   | → 805 |
| 804 | What was the highest standard he completed?  | <p>STANDARD ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p> |       |
| 805 | <p>CHECK 801:</p> <p>CURRENTLY MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>What is your husband's occupation?<br/>That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's occupation?<br/>That is, what kind of work did he mainly do?</p> | <p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>    |       |
| 806 | Aside from your own housework, have you done any work in the last seven days?  | <p>YES ..... 1</p> <p>NO ..... 2</p>   | → 810 |
| 807 | As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?   | <p>YES ..... 1</p> <p>NO ..... 2</p>   | → 810 |
| 808 | Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?   | <p>YES ..... 1</p> <p>NO ..... 2</p>   | → 810 |
| 809 | Have you done any work in the last 12 months?  | <p>YES ..... 1</p> <p>NO ..... 2</p>   | → 817 |
| 810 | What is your occupation, that is, what kind of work do you mainly do?  | <p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>    |       |
| 811 | <p>CHECK 810:</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/></p> <p>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>  | → 813  |       |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |
|-----|---|---|-------|
| 812 | Do you work mainly on your own land, on family land, or on land that you rent from someone else, or do you work on someone else's land? | OWN LAND ..... 1<br>FAMILY LAND ..... 2<br>RENTED LAND ..... 3<br>SOMEONE ELSE'S LAND ..... 4   |       |
| 813 | Do you do this work for a member of your family, for someone else, or are you self-employed?  | FOR FAMILY MEMBER ..... 1<br>FOR SOMEONE ELSE ..... 2<br>SELF-EMPLOYED ..... 3  |       |
| 814 | Do you usually work at home or away from home?  | HOME ..... 1<br>AWAY ..... 2  |       |
| 815 | Do you usually work throughout the year, or do you work seasonally, or only once in a while?  | THROUGHOUT THE YEAR ..... 1<br>SEASONALLY/PART OF THE YEAR ..... 2<br>ONCE IN A WHILE ..... 3   |       |
| 816 | Are you paid in cash or kind for this work, or are you not paid at all?   | CASH ONLY ..... 1<br>CASH AND KIND ..... 2<br>IN KIND ONLY ..... 3<br>NOT PAID ..... 4  |       |
| 817 | CHECK 301:<br><br>CURRENTLY MARRIED <input type="checkbox"/><br>↓<br>OTHER <input type="checkbox"/> → 823                               |   |       |
| 818 | CHECK 816:<br><br>CODE '1' OR '2' CIRCLED <input type="checkbox"/><br>↓<br>OTHER <input type="checkbox"/> → 821                         |   |       |
| 819 | Who decides how the money you earn will be used: mainly you, mainly your husband, or you and your husband jointly?                      | RESPONDENT ..... 1<br>HUSBAND ..... 2<br>RESPONDENT AND HUSBAND JOINTLY ..... 3<br>OTHER ..... 6  |       |
| 820 | Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?            | MORE THAN HUSBAND ..... 1<br>LESS THAN HUSBAND ..... 2<br>ABOUT THE SAME ..... 3<br>HUSBAND HAS NO EARNINGS ..... 4<br>DON'T KNOW ..... 8 | → 822 |
| 821 | Who decides how your husband's earnings will be used: mainly you, mainly your husband, or you and your husband jointly?                 | RESPONDENT ..... 1<br>HUSBAND ..... 2<br>RESPONDENT AND HUSBAND JOINTLY ..... 3<br>HUSBAND HAS NO EARNINGS ..... 4<br>OTHER ..... 6       |       |
| 822 | Who usually makes the following decisions: mainly you, mainly your husband, you and your husband jointly, or someone else?              | RESPONDENT = 1<br>HUSBAND = 2<br>RESPONDENT & HUSBAND JOINTLY = 3<br>SOMEONE ELSE = 4<br>OTHER RESPONSE = 6                               |       |
|     | a. Decisions about health care for yourself?  | a. 1 2 3 4 6  |       |
|     | b. Decisions about making major household purchases?  | b. 1 2 3 4 6  |       |
|     | c. Decisions about making purchases for daily household needs?  | c. 1 2 3 4 6  |       |
|     | d. Decisions about visits to your family or relatives?  | d. 1 2 3 4 6  |       |

| NO.                 | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP             |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
|---------------------|--|---|------------------|-------------------|------------------------------|------------------|---------------------|---|---|---|------------------|---|---|---|-------------------|---|---|---|-------------------|---|---|---|------------------|---|---|---|------------------|---|---|---|------------------|---|---|---|--|
| 823                 | Do you have any money of your own that you alone can decide how to use?  | YES ..... 1<br>NO ..... 2   |                  |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| 824                 | Are you usually allowed to go to the following places alone, only with someone else, or not at all?<br><br>a. To the market?<br><br>b. To the health facility?<br><br>c. To places outside this (village/community)?   | <table> <tr> <th></th><th>ALONE</th><th>WITH<br/>SOMEONE<br/>ELSE ONLY</th><th>NOT<br/>AT<br/>ALL</th></tr> <tr> <td>MKT .....</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>HEALTH .....</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OUT .....</td><td>1</td><td>2</td><td>3</td></tr> </table>  |                  | ALONE             | WITH<br>SOMEONE<br>ELSE ONLY | NOT<br>AT<br>ALL | MKT .....           | 1 | 2 | 3 | HEALTH .....     | 1 | 2 | 3 | OUT .....         | 1 | 2 | 3 |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
|                     | ALONE  | WITH<br>SOMEONE<br>ELSE ONLY  | NOT<br>AT<br>ALL |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| MKT .....           | 1  | 2   | 3                |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| HEALTH .....        | 1  | 2   | 3                |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| OUT .....           | 1  | 2   | 3                |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| 825                 | Do you have a bank or savings account that you yourself use?   | YES ..... 1<br>NO ..... 2   |                  |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| 826                 | Do you know of any programmes in this area that give loans to women to start or expand a business of their own?  | YES ..... 1<br>NO ..... 2   | → 828            |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| 827                 | Have you yourself ever taken a loan, in cash or in kind, from any of these programmes, to start or expand a business?  | YES ..... 1<br>NO ..... 2   |                  |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| 828                 | PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)  | <table> <tr> <th></th><th>PRES./<br/>LISTEN.</th><th>PRES./<br/>NOT<br/>LISTEN.</th><th>NOT<br/>PRES.</th></tr> <tr> <td>CHILDREN &lt; 10 .....</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>HUSBAND .....</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALES .....</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER FEMALES ...</td><td>1</td><td>2</td><td>3</td></tr> </table>   |                  | PRES./<br>LISTEN. | PRES./<br>NOT<br>LISTEN.     | NOT<br>PRES.     | CHILDREN < 10 ..... | 1 | 2 | 3 | HUSBAND .....    | 1 | 2 | 3 | OTHER MALES ..... | 1 | 2 | 3 | OTHER FEMALES ... | 1 | 2 | 3 |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
|                     | PRES./<br>LISTEN.  | PRES./<br>NOT<br>LISTEN.  | NOT<br>PRES.     |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| CHILDREN < 10 ..... | 1  | 2   | 3                |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| HUSBAND .....       | 1  | 2   | 3                |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| OTHER MALES .....   | 1  | 2   | 3                |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| OTHER FEMALES ...   | 1  | 2   | 3                |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| 829                 | Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:<br><br>a. If she goes out without telling him?<br><br>b. If she neglects the house or the children?<br><br>c. If she argues with him?<br><br>d. If she refuses to have sex with him?<br><br>e. If she doesn't cook food properly?<br><br>f. If he suspects her of being unfaithful?<br><br>g. If she shows disrespect for in-laws? | <table> <tr> <th></th><th>YES</th><th>NO</th><th>DON'T<br/>KNOW</th></tr> <tr> <td>GOES OUT .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NEGL. CHILDREN .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ARGUES .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>REFUSES SEX ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>POOR COOKING ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>UNFAITHFUL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DISRESPECT .....</td><td>1</td><td>2</td><td>8</td></tr> </table> |                  | YES               | NO                           | DON'T<br>KNOW    | GOES OUT .....      | 1 | 2 | 8 | NEGL. CHILDREN . | 1 | 2 | 8 | ARGUES .....      | 1 | 2 | 8 | REFUSES SEX ...   | 1 | 2 | 8 | POOR COOKING ... | 1 | 2 | 8 | UNFAITHFUL ..... | 1 | 2 | 8 | DISRESPECT ..... | 1 | 2 | 8 |  |
|                     | YES  | NO  | DON'T<br>KNOW    |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| GOES OUT .....      | 1  | 2   | 8                |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| NEGL. CHILDREN .    | 1  | 2   | 8                |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| ARGUES .....        | 1  | 2   | 8                |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| REFUSES SEX ...     | 1  | 2   | 8                |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| POOR COOKING ...    | 1  | 2   | 8                |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| UNFAITHFUL .....    | 1  | 2   | 8                |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |
| DISRESPECT .....    | 1  | 2   | 8                |                   |                              |                  |                     |   |   |   |                  |   |   |   |                   |   |   |   |                   |   |   |   |                  |   |   |   |                  |   |   |   |                  |   |   |   |  |

SECTION 9. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |
|-----|---|--|-------|
| 901 | Now I would like to talk about something else.<br>Have you ever heard of an illness called AIDS?  | YES ..... 1<br>NO ..... 2  | → 927 |
| 902 | From which sources of information have you learned about AIDS?<br><br>Any other source?<br><br>RECORD ALL MENTIONED.                          | RADIO ..... A<br>TELEVISION ..... B<br>CINEMA ..... C<br>NEWSPAPERS/MAGAZINES ..... D<br>POSTERS/HOARDINGS ..... E<br>EXHIBITION/MELA ..... F<br>HEALTH WORKERS ..... G<br>ADULT EDUC. PROGRAMME ..... H<br>RELIGIOUS LEADERS ..... I<br>POLITICAL LEADERS ..... J<br>SCHOOL/TEACHERS ..... K<br>COMMUNITY MEETINGS ..... L<br>HUSBAND ..... M<br>FRIENDS/RELATIVES ..... N<br>WORK PLACE ..... O<br><br>OTHER ..... X<br>_____<br>(SPECIFY) |       |
| 903 | In your opinion, can people reduce their chances of getting HIV/AIDS by having just one uninfected sex partner who has no other sex partners? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |
| 904 | In your opinion, can people get HIV/AIDS from mosquito bites?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |
| 905 | In your opinion, can people reduce their chances of getting HIV/AIDS by using a condom every time they have sex?                              | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |
| 906 | In your opinion, can people get HIV/AIDS by sharing food with a person who has AIDS?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |
| 907 | In your opinion, can people get HIV/AIDS by hugging someone who has AIDS?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |
| 908 | In your opinion, can people reduce their chance of getting HIV/AIDS by abstaining from sexual intercourse?                                    | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |
| 909 | Is there anything else a person can do to avoid or reduce the chances of getting HIV/AIDS?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | → 911 |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP         |
|-----|---|---|--------------|
| 910 | <p>What can a person do?</p> <p>Anything else?</p> <p>RECORD ALL WAYS MENTIONED.</p>  | <p>ABSTAIN FROM SEX ..... A</p> <p>USE CONDOMS ..... B</p> <p>LIMIT SEX TO ONE PARTNER/STAY<br/>FAITHFUL TO ONE PARTNER ... C</p> <p>LIMIT NUMBER OF SEXUAL<br/>PARTNERS ..... D</p> <p>AVOID SEX WITH SEX WORKERS . E</p> <p>AVOID SEX WITH PERSONS WHO<br/>HAVE MANY PARTNERS ..... F</p> <p>AVOID SEX WITH HOMOSEXUALS . G</p> <p>AVOID SEX WITH PERSONS WHO<br/>INJECT DRUGS ..... H</p> <p>AVOID BLOOD TRANSFUSIONS ... I</p> <p>USE BLOOD ONLY FROM<br/>RELATIVES ..... J</p> <p>AVOID INJECTIONS ..... K</p> <p>USE ONLY NEW/STERILIZED<br/>NEEDLES ..... L</p> <p>AVOID IV DRIP ..... M</p> <p>AVOID SHARING RAZORS/BLADES . N</p> <p>AVOID KISSING ..... O</p> <p>AVOID MOSQUITO BITES ..... P</p> <p>OTHER _____ W<br/>(SPECIFY)</p> <p>OTHER _____ X<br/>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p> |              |
| 911 | Is it possible for a healthy-looking person to have HIV/AIDS?   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  |              |
| 912 | Can HIV/AIDS be transmitted from a mother to her baby?  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  | <p>→ 914</p> |
| 913 | Are there any special medications that a doctor or a nurse can give to a woman infected with HIV/AIDS to reduce the risk of transmitting HIV/AIDS to the baby?      | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  |              |
| 914 | Have you heard about special antiretroviral drugs (USE LOCAL NAME(S)) that people infected with HIV/AIDS can get from a doctor or a nurse to help them live longer? | <p>YES ..... 1</p> <p>NO ..... 2</p>  |              |
| 915 | I don't want to know the results, but have you ever been tested to see if you have HIV/AIDS?  | <p>YES ..... 1</p> <p>NO ..... 2</p>  | → 920        |
| 916 | When was the last time you were tested?   | <p>LESS THAN 12 MONTHS AGO ..... 1</p> <p>12-23 MONTHS AGO ..... 2</p> <p>2 OR MORE YEARS AGO ..... 3</p>   |              |
| 917 | The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, was it required, or was it done without your consent?    | <p>ASKED FOR THE TEST ..... 1</p> <p>OFFERED AND ACCEPTED ..... 2</p> <p>REQUIRED ..... 3</p> <p>WITHOUT CONSENT ..... 4</p>  |              |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |
|-----|---|---|-------|
| 918 | I don't want to know the results, but did you get the results of the test?  | YES ..... 1<br>NO ..... 2   |       |
| 919 | Where was the test done?<br><br>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE)  | PUBLIC MEDICAL SECTOR<br>GOVT./MUNICIPAL HOSPITAL ..... 11<br>GOVT. DISPENSARY ..... 12<br>UHC/UHP/UFWC ..... 13<br>CHC/RURAL HOSP./PHC ..... 14<br>SUB-CENTRE ..... 15<br>GOVT. MOBILE CLINIC ..... 16<br>VCT CLINIC ..... 17<br>STI CLINIC ..... 18<br>OTHER PUBLIC MEDICAL SECTOR ..... 19<br>(SPECIFY)<br><br>NGO OR TRUST HOSPITAL/CLINIC ..... 21<br><br>PRIVATE MEDICAL SECTOR<br>PRIVATE HOSPITAL/CLINIC/<br>PRIVATE DOCTOR ..... 31<br>VCT CLINIC ..... 32<br>STI CLINIC ..... 33<br>OTHER PRIVATE MEDICAL SECTOR ..... 34<br>(SPECIFY)<br><br>OTHER ..... 96<br>(SPECIFY) | → 922 |
| 920 | Do you know of a place where people can go to get tested for HIV/AIDS?  | YES ..... 1<br>NO ..... 2   | → 922 |
| 921 | Where is that?<br><br>Any other place?<br><br>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.<br><br>_____<br>(NAME OF PLACE(S))<br><br>RECORD ALL PLACES MENTIONED. | PUBLIC MEDICAL SECTOR<br>GOVT./MUNICIPAL HOSPITAL ..... A<br>GOVT. DISPENSARY ..... B<br>UHC/UHP/UFWC ..... C<br>CHC/RURAL HOSP./PHC ..... D<br>SUB-CENTRE ..... E<br>GOVT. MOBILE CLINIC ..... F<br>VCT CLINIC ..... G<br>STI CLINIC ..... H<br>OTHER PUBLIC MEDICAL SECTOR ..... I<br>(SPECIFY)<br><br>NGO OR TRUST HOSPITAL/CLINIC ..... J<br><br>PRIVATE MEDICAL SECTOR<br>PRIVATE HOSPITAL/CLINIC/<br>PRIVATE DOCTOR ..... K<br>VCT CLINIC ..... L<br>STI CLINIC ..... M<br>OTHER PRIVATE MEDICAL SECTOR ..... N<br>(SPECIFY)<br><br>OTHER ..... X<br>(SPECIFY)                |       |
| 922 | Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV/AIDS?   | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8  |       |



| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |
|-----|---|---|-------|
| 923 | If a member of your family got infected with HIV/AIDS, would you want it to remain a secret or not?   | YES, REMAIN A SECRET ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8                 |       |
| 924 | If a relative of yours became sick with the HIV/AIDS, would you be willing to care for her or him in your own household?  | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8                                  |       |
| 925 | In your opinion, if a female teacher has HIV/AIDS but is not sick, should she be allowed to continue teaching in the school?  | SHOULD BE ALLOWED ..... 1<br>SHOULD NOT BE ALLOWED ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |       |
| 926 | In your opinion, if a male teacher has HIV/AIDS but is not sick, should he be allowed to continue teaching in the school?   | SHOULD BE ALLOWED ..... 1<br>SHOULD NOT BE ALLOWED ..... 2<br>DK/NOT SURE/DEPENDS ..... 8 |       |
| 927 | CHECK 901:<br><br><div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HEARD ABOUT <input type="checkbox"/><br/>HIV/AIDS<br/>↓<br/> Apart from AIDS, have you<br/>heard about other<br/>infections that can be<br/>transmitted through<br/>sexual contact? </div> <div style="text-align: center;"> NOT HEARD <input type="checkbox"/><br/>ABOUT HIV/AIDS<br/>↓<br/> Have you heard about infections<br/>that can be transmitted through<br/>sexual contact? </div> </div> | YES ..... 1<br>NO ..... 2   |       |
| 928 | CHECK 316 AND 317:<br><div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HAS HAD SEXUAL <input type="checkbox"/><br/>INTERCOURSE<br/>↓ </div> <div style="text-align: center;"> HAS NOT HAD SEXUAL <input type="checkbox"/><br/>INTERCOURSE<br/>(316 = 2 OR 317 = 00) </div> </div>  |   | → 936 |
| 929 | CHECK 927: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?<br><br><div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> YES <input type="checkbox"/><br/>↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> → 931 </div> </div>  |   |       |
| 930 | Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |
| 931 | Sometimes women experience a bad smelling abnormal genital discharge.<br>During the last 12 months, have you had a bad smelling abnormal genital discharge?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |
| 932 | Sometimes women have a genital sore or ulcer.<br>During the last 12 months, have you had a genital sore or ulcer?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |
| 933 | CHECK 930, 931, AND 932:<br><br><div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> AT LEAST <input type="checkbox"/><br/>ONE 'YES'<br/>↓ </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> → 936 </div> </div>   |   |       |
| 934 | The last time you had (PROBLEM FROM 930/931/932), did you seek any kind of advice or treatment?   | YES ..... 1<br>NO ..... 2   | → 936 |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP |
|-----|---|--|------|
| 935 | <p>Who did you see?</p> <p>Anyone else?</p> <p>RECORD ALL PERSONS SEEN.</p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVT. DOCTOR ..... A</p> <p>PUBLIC HEALTH NURSE ..... B</p> <p>ANM/LHV ..... C</p> <p>MALE MPW/SUPERVISOR ..... D</p> <p>ANGANWADI WORKER ..... E</p> <p>VILLAGE HEALTH GUIDE ..... F</p> <p>ASHA ..... G</p> <p>OTHER PUBLIC SECTOR</p> <p>HEALTH WORKER ..... H</p> <p>(SPECIFY)</p> <p>NGO WORKER ..... I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE DOCTOR ..... J</p> <p>PRIVATE NURSE ..... K</p> <p>COMPOUNDER/PHARMACIST ... L</p> <p>VAIDYA/HAKIM/HOMEOPATH ..... M</p> <p>DAI (TBA) ..... N</p> <p>TRADITIONAL HEALER ..... O</p> <p>OTHER PRIVATE SECTOR</p> <p>HEALTH WORKER ..... P</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p> |      |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  |   |       |       |             | SKIP |  |
|--|---|--|---|-------|-------|-------------|------|--|
| 936  | Now I would like to ask your opinion about family life education for children.<br>For each of the following, please tell me whether or not it should be taught in school, and if yes, at what age the topic should first be taught. | 936B:<br><br>At what age should boys first be taught this topic in school? |   |       |       |             |      |  |
| 936A   | First we will talk about boys. Should boys be taught in school about_____ ?   |  | AT AGE  |       |       |             |      |  |
|  |   |  | <10   | 10-12 | 13-15 | 16 OR OLDER | DK   |  |
|  | a. Moral values   | YES 1 →<br>NO 2  | a. 1  | 2     | 3     | 4           | 8    |  |
|  | b. Changes in boys' bodies at puberty   | YES 1 →<br>NO 2  | b. 1  | 2     | 3     | 4           | 8    |  |
|  | c. Changes in girls' bodies at puberty, including menstruation  | YES 1 →<br>NO 2  | c. 1  | 2     | 3     | 4           | 8    |  |
|  | d. Sex and sexual behaviour   | YES 1 →<br>NO 2  | d. 1  | 2     | 3     | 4           | 8    |  |
|  | e. Contraception  | YES 1 →<br>NO 2  | e. 1  | 2     | 3     | 4           | 8    |  |
|  | f. HIV/AIDS   | YES 1 →<br>NO 2  | f. 1  | 2     | 3     | 4           | 8    |  |
|  | g. Condom use to avoid sexually transmitted diseases  | YES 1 →<br>NO 2  | g. 1  | 2     | 3     | 4           | 8    |  |
|  | 936C  | Now let us talk about girls. Should girls be taught in school about_____ ? | 936D:<br><br>At what age should girls first be taught this topic in school? |       |       |             |      |  |
|  |   |  | AT AGE  |       |       |             |      |  |
|  |   |  | <10   | 10-12 | 13-15 | 16 OR OLDER | DK   |  |
| a. Moral values  |   | YES 1 →<br>NO 2  | a. 1  | 2     | 3     | 4           | 8    |  |
| b. Changes in boys' bodies at puberty                          |   | YES 1 →<br>NO 2  | b. 1  | 2     | 3     | 4           | 8    |  |
| c. Changes in girls' bodies at puberty, including menstruation |   | YES 1 →<br>NO 2  | c. 1  | 2     | 3     | 4           | 8    |  |
| d. Sex and sexual behaviour                                    |   | YES 1 →<br>NO 2  | d. 1  | 2     | 3     | 4           | 8    |  |
| e. Contraception   |   | YES 1 →<br>NO 2  | e. 1  | 2     | 3     | 4           | 8    |  |
| f. HIV/AIDS  |   | YES 1 →<br>NO 2  | f. 1  | 2     | 3     | 4           | 8    |  |
| g. Condom use to avoid sexually transmitted diseases           |   | YES 1 →<br>NO 2  | g. 1  | 2     | 3     | 4           | 8    |  |

SECTION 10. HOUSEHOLD RELATIONS

| NO.                    | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP       |       |            |            |                  |   |   |   |                  |   |   |   |                        |   |   |   |                 |   |   |   |                     |   |   |   |             |   |   |   |  |
|------------------------|---|--|------------|-------|------------|------------|------------------|---|---|---|------------------|---|---|---|------------------------|---|---|---|-----------------|---|---|---|---------------------|---|---|---|-------------|---|---|---|--|
| 1000                   | CHECK FRONT COVER: WOMAN SELECTED FOR THIS SECTION?<br><br>YES <input type="checkbox"/><br>NO <input type="checkbox"/>  |  | 1028       |       |            |            |                  |   |   |   |                  |   |   |   |                        |   |   |   |                 |   |   |   |                     |   |   |   |             |   |   |   |  |
| 1001                   | CHECK FOR PRESENCE OF OTHERS:<br>DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.<br><br>PRIVACY OBTAINED ..... 1<br>PRIVACY NOT POSSIBLE ..... 2  |  | 1027       |       |            |            |                  |   |   |   |                  |   |   |   |                        |   |   |   |                 |   |   |   |                     |   |   |   |             |   |   |   |  |
|                        | READ TO THE RESPONDENT<br><br>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in India. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.   |  |            |       |            |            |                  |   |   |   |                  |   |   |   |                        |   |   |   |                 |   |   |   |                     |   |   |   |             |   |   |   |  |
| 1002                   | CHECK 301 AND 308:<br><br>CURRENTLY MARRIED <input type="checkbox"/><br>FORMERLY MARRIED (1003 TO 1013: READ IN PAST TENSE) <input type="checkbox"/><br>MARRIED MORE THAN ONCE (1003 TO 1013: REFER TO CURRENT/LAST HUSBAND ONLY) <input type="checkbox"/><br>NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/>  |  | 1014       |       |            |            |                  |   |   |   |                  |   |   |   |                        |   |   |   |                 |   |   |   |                     |   |   |   |             |   |   |   |  |
| 1003                   | First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband.<br><br>a. He (is/was) jealous or angry if you (talk/talked) to other men.<br>b. He frequently (accuses/accused) you of being unfaithful.<br>c. He (does/did) not permit you to meet your female friends.<br>d. He (tries/tried) to limit your contact with your family.<br>e. He (insists/insisted) on knowing where you (are/were) at all times.<br>f. He (does/did) not trust you with any money. | <table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MONEY .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>  |            | YES   | NO         | DK         | JEALOUS .....    | 1 | 2 | 8 | ACCUSES .....    | 1 | 2 | 8 | NOT MEET FRIENDS ..... | 1 | 2 | 8 | NO FAMILY ..... | 1 | 2 | 8 | WHERE YOU ARE ..... | 1 | 2 | 8 | MONEY ..... | 1 | 2 | 8 |  |
|                        | YES   | NO   | DK         |       |            |            |                  |   |   |   |                  |   |   |   |                        |   |   |   |                 |   |   |   |                     |   |   |   |             |   |   |   |  |
| JEALOUS .....          | 1   | 2  | 8          |       |            |            |                  |   |   |   |                  |   |   |   |                        |   |   |   |                 |   |   |   |                     |   |   |   |             |   |   |   |  |
| ACCUSES .....          | 1   | 2  | 8          |       |            |            |                  |   |   |   |                  |   |   |   |                        |   |   |   |                 |   |   |   |                     |   |   |   |             |   |   |   |  |
| NOT MEET FRIENDS ..... | 1   | 2  | 8          |       |            |            |                  |   |   |   |                  |   |   |   |                        |   |   |   |                 |   |   |   |                     |   |   |   |             |   |   |   |  |
| NO FAMILY .....        | 1   | 2  | 8          |       |            |            |                  |   |   |   |                  |   |   |   |                        |   |   |   |                 |   |   |   |                     |   |   |   |             |   |   |   |  |
| WHERE YOU ARE .....    | 1   | 2  | 8          |       |            |            |                  |   |   |   |                  |   |   |   |                        |   |   |   |                 |   |   |   |                     |   |   |   |             |   |   |   |  |
| MONEY .....            | 1   | 2  | 8          |       |            |            |                  |   |   |   |                  |   |   |   |                        |   |   |   |                 |   |   |   |                     |   |   |   |             |   |   |   |  |
| 1004A                  | Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband.<br><br>(Does/did) your (last) husband ever:<br><br>a. Say or do something to humiliate you in front of others?<br><br>b. Threaten to hurt or harm you or someone close to you?<br><br>c. Insult you or make you feel bad about yourself?   | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>CHECK 301: ASK ONLY IF RESPONDENT IS NOT A WIDOW</b> </div> <div> 1004B How often did this happen during the last 12 months: often, only sometimes, or not at all? </div> <table> <thead> <tr> <th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>a. YES 1<br/>NO 2</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b. YES 1<br/>NO 2</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c. YES 1<br/>NO 2</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table> |            | OFTEN | SOME-TIMES | NOT AT ALL | a. YES 1<br>NO 2 | 1 | 2 | 3 | b. YES 1<br>NO 2 | 1 | 2 | 3 | c. YES 1<br>NO 2       | 1 | 2 | 3 |                 |   |   |   |                     |   |   |   |             |   |   |   |  |
|                        | OFTEN   | SOME-TIMES   | NOT AT ALL |       |            |            |                  |   |   |   |                  |   |   |   |                        |   |   |   |                 |   |   |   |                     |   |   |   |             |   |   |   |  |
| a. YES 1<br>NO 2       | 1   | 2  | 3          |       |            |            |                  |   |   |   |                  |   |   |   |                        |   |   |   |                 |   |   |   |                     |   |   |   |             |   |   |   |  |
| b. YES 1<br>NO 2       | 1   | 2  | 3          |       |            |            |                  |   |   |   |                  |   |   |   |                        |   |   |   |                 |   |   |   |                     |   |   |   |             |   |   |   |  |
| c. YES 1<br>NO 2       | 1   | 2  | 3          |       |            |            |                  |   |   |   |                  |   |   |   |                        |   |   |   |                 |   |   |   |                     |   |   |   |             |   |   |   |  |

| NO.   | QUESTIONS AND FILTERS   | CODING CATEGORIES  |       |            | SKIP       |
|-------|---|--|-------|------------|------------|
| 1005A | (Does/did) your (last) husband ever do any of the following things to you:              | <div>1005B</div> <div>CHECK 301: ASK ONLY<br/>IF RESPONDENT IS NOT A WIDOW</div> <div>How often did this happen during the last 12 months: often, only sometimes, or not at all?</div> |       |            |            |
|       |   |  | OFTEN | SOME-TIMES | NOT AT ALL |
| a.    | Slap you?   | YES 1<br>NO 2  | a. 1  | 2          | 3          |
| b.    | Twist your arm or pull your hair?   | YES 1<br>NO 2  | b. 1  | 2          | 3          |
| c.    | Push you, shake you, or throw something at you?   | YES 1<br>NO 2  | c. 1  | 2          | 3          |
| d.    | Punch you with his fist or with something that could hurt you?                          | YES 1<br>NO 2  | d. 1  | 2          | 3          |
| e.    | Kick you, drag you or beat you up?  | YES 1<br>NO 2  | e. 1  | 2          | 3          |
| f.    | Try to choke you or burn you on purpose?  | YES 1<br>NO 2  | f. 1  | 2          | 3          |
| g.    | Threaten or attack you with a knife, gun, or any other weapon?                          | YES 1<br>NO 2  | g. 1  | 2          | 3          |
| h.    | Physically force you to have sexual intercourse with him even when you did not want to? | YES 1<br>NO 2  | h. 1  | 2          | 3          |
| i.    | Force you to perform any sexual acts you did not want to?                               | YES 1<br>NO 2  | i. 1  | 2          | 3          |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP   |     |    |                                    |                      |   |                          |                      |   |   |   |   |  |                            |   |  |
|--|--|---|--------|-----|----|------------------------------------|----------------------|---|--------------------------|----------------------|---|---|---|---|--|----------------------------|---|--|
| 1006   | CHECK 1005A (a-i):<br><div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">           AT LEAST ONE<br/>'YES' <input type="checkbox"/> </div> <div style="text-align: center;">           NOT A SINGLE<br/>'YES' <input type="checkbox"/> </div> </div>   |   | → 1009 |     |    |                                    |                      |   |                          |                      |   |   |   |   |  |                            |   |  |
| 1007   | How long after you first got married to your (last) husband did (this/any of these things) first happen?<br><br>IF LESS THAN ONE YEAR, RECORD '00'.  | NUMBER OF YEARS ..... <input type="text"/> <input type="text"/><br>BEFORE MARRIAGE ..... 95   |        |     |    |                                    |                      |   |                          |                      |   |   |   |   |  |                            |   |  |
| 1008   | Did the following ever happen as a result of what your (last) husband did to you at any time:  | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a. You had cuts, bruises or aches?</td> <td style="text-align: center;">CUTS/BRUISES ..... 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. You had severe burns?</td> <td style="text-align: center;">SEVERE BURNS ..... 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. You had eye injuries, sprains, dislocations, or minor burns?</td> <td style="text-align: center;">EYE INJURIES, SPRAINS<br/>DISLOCATIONS, ETC. ... 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. You had deep wounds, broken bones, broken teeth, or any other serious injury?</td> <td style="text-align: center;">OTHER SERIOUS INJURY ... 1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> |        | YES | NO | a. You had cuts, bruises or aches? | CUTS/BRUISES ..... 1 | 2 | b. You had severe burns? | SEVERE BURNS ..... 1 | 2 | c. You had eye injuries, sprains, dislocations, or minor burns? | EYE INJURIES, SPRAINS<br>DISLOCATIONS, ETC. ... 1 | 2 | d. You had deep wounds, broken bones, broken teeth, or any other serious injury? | OTHER SERIOUS INJURY ... 1 | 2 |  |
|  | YES  | NO  |        |     |    |                                    |                      |   |                          |                      |   |   |   |   |  |                            |   |  |
| a. You had cuts, bruises or aches?   | CUTS/BRUISES ..... 1   | 2   |        |     |    |                                    |                      |   |                          |                      |   |   |   |   |  |                            |   |  |
| b. You had severe burns?   | SEVERE BURNS ..... 1   | 2   |        |     |    |                                    |                      |   |                          |                      |   |   |   |   |  |                            |   |  |
| c. You had eye injuries, sprains, dislocations, or minor burns?                  | EYE INJURIES, SPRAINS<br>DISLOCATIONS, ETC. ... 1  | 2   |        |     |    |                                    |                      |   |                          |                      |   |   |   |   |  |                            |   |  |
| d. You had deep wounds, broken bones, broken teeth, or any other serious injury? | OTHER SERIOUS INJURY ... 1   | 2   |        |     |    |                                    |                      |   |                          |                      |   |   |   |   |  |                            |   |  |
| 1009   | Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?   | YES ..... 1<br>NO ..... 2   | → 1012 |     |    |                                    |                      |   |                          |                      |   |   |   |   |  |                            |   |  |
| 1010   | CHECK 301:<br><div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">           RESPONDENT IS<br/>NOT A WIDOW <input type="checkbox"/> </div> <div style="text-align: center;">           RESPONDENT IS<br/>A WIDOW <input type="checkbox"/> </div> </div>   |   | → 1012 |     |    |                                    |                      |   |                          |                      |   |   |   |   |  |                            |   |  |
| 1011   | In the last 12 months, how often have you done this to your husband: often, only sometimes, or not at all?   | OFTEN ..... 1<br>SOMETIMES ..... 2<br>NOT AT ALL ..... 3  |        |     |    |                                    |                      |   |                          |                      |   |   |   |   |  |                            |   |  |
| 1012   | Does (did) your husband drink alcohol?   | YES ..... 1<br>NO ..... 2   | → 1014 |     |    |                                    |                      |   |                          |                      |   |   |   |   |  |                            |   |  |
| 1013   | How often does (did) he get drunk: often, only sometimes, or never?  | OFTEN ..... 1<br>SOMETIMES ..... 2<br>NEVER ..... 3   |        |     |    |                                    |                      |   |                          |                      |   |   |   |   |  |                            |   |  |
| 1014   | CHECK 301:<br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED<br/><br/>           From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?         </div> <div style="width: 45%;"> <input type="checkbox"/> EVER MARRIED<br/><br/>           From the time you were 15 years old has anyone other than your (current/last) husband hit, slapped, kicked, or done anything else to hurt you physically?         </div> </div> | YES ..... 1<br>NO ..... 2<br>REFUSED TO ANSWER/<br>NO ANSWER ..... 3  | → 1017 |     |    |                                    |                      |   |                          |                      |   |   |   |   |  |                            |   |  |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP   |
|------|--|--|--|
| 1015 | <p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>  | MOTHER/STEP-MOTHER ..... A<br>FATHER/STEP-FATHER ..... B<br>SISTER/BROTHER ..... C<br>DAUGHTER/SON ..... D<br>OTHER RELATIVE ..... E<br>FORMER HUSBAND/PARTNER ..... F<br>CURRENT BOYFRIEND ..... G<br>FORMER BOYFRIEND ..... H<br>MOTHER-IN-LAW ..... I<br>FATHER-IN-LAW ..... J<br>OTHER IN-LAW ..... K<br>TEACHER ..... L<br>EMPLOYER/SOMEONE AT WORK ..... M<br>POLICE/SOLDIER ..... N<br><br>OTHER ..... X<br>(SPECIFY) |  |
| 1016 | <p>In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?</p>  | OFTEN ..... 1<br>SOMETIMES ..... 2<br>NOT AT ALL ..... 3   |  |
| 1017 | <p>At any time in your life, as a child or as an adult, has anyone ever <u>forced you in any way</u> to have sexual intercourse or perform any other sexual acts?</p>  | YES ..... 1<br>NO ..... 2<br>REFUSED TO ANSWER/<br>NO ANSWER ..... 3   | <div style="border: 1px solid black; width: 10px; height: 10px; margin: 0 auto;"></div> 1021 |
| 1018 | <p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p>  | AGE IN COMPLETED YEARS ..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div><br>DON'T KNOW ..... 98  |  |
| 1019 | <p>Who was the person who was forcing you at that time?</p>  | CURRENT HUSBAND ..... 01<br>FORMER HUSBAND ..... 02<br>CURRENT/FORMER BOYFRIEND ..... 03<br>FATHER ..... 04<br>STEP-FATHER ..... 05<br>OTHER RELATIVE ..... 06<br>IN-LAW ..... 07<br>OWN FRIEND/ACQUAINTANCE ..... 08<br>FAMILY FRIEND ..... 09<br>TEACHER ..... 10<br>EMPLOYER/SOMEONE AT WORK ..... 11<br>POLICE/SOLDIER ..... 12<br>PRIEST/RELIGIOUS LEADER ..... 13<br>STRANGER ..... 14<br><br>OTHER ..... 96           |  |
| 1020 | <p>CHECK 301:</p> <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> NEVER MARRIED<br/> OR MARRIED, GAUNA<br/> NOT PERFORMED </div> <div> <input type="checkbox"/> EVER MARRIED </div> </div><br><div style="display: flex;"> <div style="flex: 1;"> <p>In the last 12 months has anyone forced you to have sexual intercourse or perform any other sexual acts against your will?</p> </div> <div style="flex: 1;"> <p>In the last 12 months, has anyone other than your (current/last) husband forced you to have sexual intercourse or perform any other sexual acts against your will?</p> </div> </div> | YES ..... 1<br>NO ..... 2<br>REFUSED TO ANSWER/<br>NO ANSWER ..... 3   |  |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP   |
|------|--|--|--------|
| 1021 | CHECK 1005A (a-i), 1014, AND 1017:<br><br><div style="display: flex; justify-content: space-around;"> <div>AT LEAST ONE<br/>'YES' <input type="checkbox"/></div> <div>NOT A SINGLE<br/>'YES' <input type="checkbox"/></div> </div> |  | → 1025 |
| 1022 | Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop the person(s) from doing this to you again?                                      | YES ..... 1<br>NO ..... 2  | → 1024 |
| 1023 | From whom have you sought help to stop this?<br><br>Anyone else?<br><br>RECORD ALL MENTIONED.  | OWN FAMILY ..... A<br>HUSBAND'S FAMILY ..... B<br>CURRENT/LAST HUSBAND ..... C<br>CURRENT/FORMER BOYFRIEND ..... D<br>FRIEND ..... E<br>NEIGHBOUR ..... F<br>RELIGIOUS LEADER ..... G<br>DOCTOR/MEDICAL PERSONNEL ..... H<br>POLICE ..... I<br>LAWYER ..... J<br>SOCIAL SERVICE ORGANIZATION ..... K<br>OTHER ..... X<br>(SPECIFY) | → 1025 |
| 1024 | Have you ever told any one else about this?  | YES ..... 1<br>NO ..... 2  |        |
| 1025 | As far as you know, did your father ever beat your mother?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |        |

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

|      |   |   |  |
|------|---|---|--|
| 1026 | DID YOU HAVE TO INTERRUPT THIS SECTION OF THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?   | <div style="display: flex; justify-content: space-around;"> <div>YES<br/>ONCE</div> <div>YES, MORE<br/>THAN ONCE</div> <div>NO</div> </div> <div style="display: flex; justify-content: space-around;"> <div>HUSBAND ..... 1</div> <div>2</div> <div>3</div> </div> <div style="display: flex; justify-content: space-around;"> <div>OTHER MALE ADULT ..... 1</div> <div>2</div> <div>3</div> </div> <div style="display: flex; justify-content: space-around;"> <div>FEMALE ADULT ..... 1</div> <div>2</div> <div>3</div> </div> |  |
| 1027 | INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE<br><br><div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> |   |  |
| 1028 | RECORD THE TIME.  | HOUR ..... <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 15px;"></div> <div style="width: 15px;"></div> </div><br>MINUTES ..... <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 15px;"></div> <div style="width: 15px;"></div> </div>                         |  |



INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**INSTRUCTIONS:**

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

FOR COLUMNS 1 AND 3, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

**COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE**

B BIRTHS

P PREGNANCIES

T TERMINATIONS

0 NO METHOD

1 FEMALE STERILIZATION

2 MALE STERILIZATION

3 PILL

4 IUD/LOOP

5 INJECTABLES

6 IMPLANTS

7 CONDOM/NIRODH

8 FEMALE CONDOM

9 DIAPHRAGM

J FOAM OR JELLY

L RHYTHM METHOD

M WITHDRAWAL

X OTHER \_\_\_\_\_

(SPECIFY)

**COL.2: ULTRASOUND CONDUCTED DURING PREGNANCY**

Y YES

N NO

**COL. 3: MARRIAGE**

X MARRIED

N MARRIED, GAUNA NOT PERFORMED

0 NOT MARRIED

**COL. 4: DISCONTINUATION OF CONTRACEPTIVE USE**

0 INFREQUENT SEX/HUSBAND AWAY

1 METHOD FAILED/BECAME PREGNANT  
WHILE USING

2 WANTED TO BECOME PREGNANT

3 HUSBAND/PARTNER DISAPPROVED

4 WANTED MORE EFFECTIVE METHOD

5 HEALTH CONCERNS/PROBLEMS

6 SIDE EFFECTS

7 LACK OF ACCESS/TOO FAR

8 COSTS TOO MUCH

9 INCONVENIENT TO USE

F FATALISTIC

A DIFFICULT TO GET PREGNANT/MENOPAUSAL

D MARITAL DISSOLUTION/SEPARATION

L LACK OF SEXUAL SATISFACTION

M CREATED MENSTRUAL PROBLEM

G GAINED WEIGHT

N DID NOT LIKE METHOD

P LACK OF PRIVACY FOR USE

X OTHER \_\_\_\_\_

(SPECIFY)

Z DON'T KNOW

|    |     |     | 1  | 2 | 3 | 4 |    |       |
|----|-----|-----|----|---|---|---|----|-------|
| 12 | DEC | 01  |    |   |   |   | 01 | DEC   |
| 11 | NOV | 02  |    |   |   |   | 02 | NOV   |
| 10 | OCT | 03  |    |   |   |   | 03 | OCT   |
| 09 | SEP | 04  |    |   |   |   | 04 | SEP   |
| 2  | 08  | AUG | 05 |   |   |   | 05 | AUG 2 |
| 0  | 07  | JUL | 06 |   |   |   | 06 | JUL 0 |
| 0  | 06  | JUN | 07 |   |   |   | 07 | JUN 0 |
| 6  | 05  | MAY | 08 |   |   |   | 08 | MAY 6 |
|    | 04  | APR | 09 |   |   |   | 09 | APR   |
|    | 03  | MAR | 10 |   |   |   | 10 | MAR   |
|    | 02  | FEB | 11 |   |   |   | 11 | FEB   |
|    | 01  | JAN | 12 |   |   |   | 12 | JAN   |
| 12 | DEC | 13  |    |   |   |   | 13 | DEC   |
| 11 | NOV | 14  |    |   |   |   | 14 | NOV   |
| 10 | OCT | 15  |    |   |   |   | 15 | OCT   |
| 09 | SEP | 16  |    |   |   |   | 16 | SEP   |
| 2  | 08  | AUG | 17 |   |   |   | 17 | AUG 2 |
| 0  | 07  | JUL | 18 |   |   |   | 18 | JUL 0 |
| 0  | 06  | JUN | 19 |   |   |   | 19 | JUN 0 |
| 5  | 05  | MAY | 20 |   |   |   | 20 | MAY 5 |
|    | 04  | APR | 21 |   |   |   | 21 | APR   |
|    | 03  | MAR | 22 |   |   |   | 22 | MAR   |
|    | 02  | FEB | 23 |   |   |   | 23 | FEB   |
|    | 01  | JAN | 24 |   |   |   | 24 | JAN   |
| 12 | DEC | 25  |    |   |   |   | 25 | DEC   |
| 11 | NOV | 26  |    |   |   |   | 26 | NOV   |
| 10 | OCT | 27  |    |   |   |   | 27 | OCT   |
| 09 | SEP | 28  |    |   |   |   | 28 | SEP   |
| 2  | 08  | AUG | 29 |   |   |   | 29 | AUG 2 |
| 0  | 07  | JUL | 30 |   |   |   | 30 | JUL 0 |
| 0  | 06  | JUN | 31 |   |   |   | 31 | JUN 0 |
| 4  | 05  | MAY | 32 |   |   |   | 32 | MAY 4 |
|    | 04  | APR | 33 |   |   |   | 33 | APR   |
|    | 03  | MAR | 34 |   |   |   | 34 | MAR   |
|    | 02  | FEB | 35 |   |   |   | 35 | FEB   |
|    | 01  | JAN | 36 |   |   |   | 36 | JAN   |
| 12 | DEC | 37  |    |   |   |   | 37 | DEC   |
| 11 | NOV | 38  |    |   |   |   | 38 | NOV   |
| 10 | OCT | 39  |    |   |   |   | 39 | OCT   |
| 09 | SEP | 40  |    |   |   |   | 40 | SEP   |
| 2  | 08  | AUG | 41 |   |   |   | 41 | AUG 2 |
| 0  | 07  | JUL | 42 |   |   |   | 42 | JUL 0 |
| 0  | 06  | JUN | 43 |   |   |   | 43 | JUN 0 |
| 3  | 05  | MAY | 44 |   |   |   | 44 | MAY 3 |
|    | 04  | APR | 45 |   |   |   | 45 | APR   |
|    | 03  | MAR | 46 |   |   |   | 46 | MAR   |
|    | 02  | FEB | 47 |   |   |   | 47 | FEB   |
|    | 01  | JAN | 48 |   |   |   | 48 | JAN   |
| 12 | DEC | 49  |    |   |   |   | 49 | DEC   |
| 11 | NOV | 50  |    |   |   |   | 50 | NOV   |
| 10 | OCT | 51  |    |   |   |   | 51 | OCT   |
| 09 | SEP | 52  |    |   |   |   | 52 | SEP   |
| 2  | 08  | AUG | 53 |   |   |   | 53 | AUG 2 |
| 0  | 07  | JUL | 54 |   |   |   | 54 | JUL 0 |
| 0  | 06  | JUN | 55 |   |   |   | 55 | JUN 0 |
| 2  | 05  | MAY | 56 |   |   |   | 56 | MAY 2 |
|    | 04  | APR | 57 |   |   |   | 57 | APR   |
|    | 03  | MAR | 58 |   |   |   | 58 | MAR   |
|    | 02  | FEB | 59 |   |   |   | 59 | FEB   |
|    | 01  | JAN | 60 |   |   |   | 60 | JAN   |
| 12 | DEC | 61  |    |   |   |   | 61 | DEC   |
| 11 | NOV | 62  |    |   |   |   | 62 | NOV   |
| 10 | OCT | 63  |    |   |   |   | 63 | OCT   |
| 09 | SEP | 64  |    |   |   |   | 64 | SEP   |
| 2  | 08  | AUG | 65 |   |   |   | 65 | AUG 2 |
| 0  | 07  | JUL | 66 |   |   |   | 66 | JUL 0 |
| 0  | 06  | JUN | 67 |   |   |   | 67 | JUN 0 |
| 1  | 05  | MAY | 68 |   |   |   | 68 | MAY 1 |
|    | 04  | APR | 69 |   |   |   | 69 | APR   |
|    | 03  | MAR | 70 |   |   |   | 70 | MAR   |
|    | 02  | FEB | 71 |   |   |   | 71 | FEB   |
|    | 01  | JAN | 72 |   |   |   | 72 | JAN   |