

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2011
WOMAN'S QUESTIONNAIRE

NIPORT, MOHFW, and
Mitra and Associates

IDENTIFICATION														
CLUSTER NUMBER	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>													
HOUSEHOLD NUMBER														
NAME OF THE HOUSEHOLD HEAD _____														
NAME AND LINE NUMBER OF WOMAN _____														
INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>										
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>										
				NUMBER OF CHILD DEATHS 0-28 DAYS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>										
				NUMBER OF CHILD DEATHS 29 DAYS - <5 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>										
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY										
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
DATE _____	DATE _____													

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with NIPORT, the Ministry of Health and Family Welfare, and Mitra and Associates, a private research organization located in Dhaka. We are conducting a survey about health all over Bangladesh. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Do you have any questions? 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"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
103A	Are you now married, separated, deserted, divorced, widowed, or have you never been married?	CURRENTLY MARRIED 1 SEPARATED 2 DESERTED 3 DIVORCED 4 WIDOWED 5 NEVER MARRIED 6	→ END
104	Have you ever attended school/madrasha?	YES 1 NO 2	→ 108
104A	What type of school have you last attended?	SCHOOL 1 MADRASHA 2	
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest class you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS <input type="text"/> <input type="text"/>	

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 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 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? 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> 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>									
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 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? 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> 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>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? 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> 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. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226										

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 ROWS. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your next baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH	
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH	
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH	
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH	
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1 NO 2				
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)									
223A	CHECK 215, 216 AND 220 AND ENTER THE NUMBER OF DEATHS AT AGE DAYS, MONTHS AND 2-4 YEARS SINCE JANUARY 2006. IF NONE, RECORD '0' AND SKIP TO 224.							<input type="text"/>		
223B	CHECK 223A. IF ONE OR MORE READ THE FOLLOWING STATEMENT: We would like to get more information on the circumstances around the deaths of young children so that the government can provide services to help reduce these deaths. We would like to come back and talk with you about your child(ren's) death. Is this okay?							<input type="text"/>		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2006 OR LATER.					NUMBER OF BIRTHS <input type="text"/>	NONE 0	→ 226		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>C FOR EACH BIRTH SINCE JANUARY 2006, ENTER 'B' IN THE MONTH OF BIRTH IN 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>		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229A
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 229A
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2	
229A	Have you ever heard of menstrual regulation (MR)?	YES 1 NO 2	→ 230
229B	Have you ever used MR?	YES 1 NO 2	→ 230
229C	In the last three years did you use MR?	YES 1 NO 2	→ 230
229D	Where did you use it the last time?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... 11 SPECIALISED GOVT.HOSPITAL HOSPITAL 12 (SPECIFY) DISTRICT HOSPITAL 13 MCWC 14 UPAZILLA HEALTH COMPLEX ... 15 H& FWC 17 SAT. CLINIC/EPI OUTREACH ... 18 COMMUNITY CLINIC 19 GOVT. FIELD WORKER (FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 21 NGO SATELLITE CLINIC 22 NGO DEPO HOLDER 23 NGO FIELDWORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 QUALIFIED DOCTOR'S CHAMBER . 32 NON-QUALIFIED DOCTOR'S CHAMBER 33 PHARMACY/DRUG STORE 34 PRIVATE MEDICAL COLLEGE HOSPITAL 35 (SPECIFY) OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
230	Have you ever had a pregnancy that miscarried, ended using menstrual regulation, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 238																
231	When did the last such pregnancy 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> 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>																	
232	CHECK 231: LAST PREGNANCY ENDED IN JAN. 2006 OR LATER <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE JAN. 2006 <input type="checkbox"/>		→ 238																
233	How many months pregnant were you when the last such pregnancy ended? C RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	
234	Since January 2006, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 236																
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2006 C ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.																		
236	Did you have any miscarriages, abortions or stillbirths that ended before 2006?	YES 1 NO 2	→ 238																
237	When did the last such pregnancy that terminated before 2006 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> 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>																	
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	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></table> 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></table> 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></table> 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></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996																	

307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE HOSPITAL ... 11</p> <p>SPECIALISED GOVT.HOSPITAL HOSPITAL _____ 12</p> <p>(SPECIFY)</p> <p>DISTRICT HOSPITAL 13</p> <p>MCWC 14</p> <p>UPAZILLA HEALTH COMPLEX ... 15</p> <p>H& FWC 17</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC 21</p> <p>OTHER NGO SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>QUALIFIED DOCTOR'S CHAMBER 32</p> <p>PRIVATE MEDICAL COLLEGE HOSPITAL _____ 34</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>							
308	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							
308A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>								
309	<p>CHECK 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: right;">↓ ↓</p> <p>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>								
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2006 OR LATER <input type="checkbox"/></p> <p>YEAR IS 2005 OR EARLIER <input type="checkbox"/></p> <p>↓ ↓</p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2006.</p> <p>THEN SKIP TO → 314</p>								

311	<p>I would like to ask you some questions about the times you or your 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 2006. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? <p>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 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> <ul style="list-style-type: none"> * Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? * IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1. 		
312	<p>CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH</p> <p>NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/></p>	<p>→ 314</p>	
313	<p>Have you ever used anything or tried in any way to delay or avoid getting pregnant?</p>	<p>YES 1 NO 2</p>	<p>→ 324</p>
314	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 SAFE PERIOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 96</p>	<p>→ 324 → 325A → 324</p>

323	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE HOSPITAL . . . 11</p> <p>SPECIALISED GOVT.HOSPITAL HOSPITAL _____ 12 (SPECIFY)</p> <p>DISTRICT HOSPITAL 13</p> <p>MCWC 14</p> <p>UPAZILLA HEALTH COMPLEX . . . 15</p> <p>H& FWC 17</p> <p>SAT. CLINIC/EPI OUTREACH 18</p> <p>COMMUNITY CLINIC 19</p> <p>GOVT. FIELD WORKER (FWA) 20</p> <p>OTHER PUBLIC SECTOR _____ 16 (SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC 21</p> <p>NGO SATELLITE CLINIC 22</p> <p>NGO DEPO HOLDER 23</p> <p>NGO FIELD WORKER 24</p> <p>OTHER NGO SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>QUALIFIED DOCTOR'S CHAMBER . 32</p> <p>NON-QUALIFIED DOCTOR'S CHAMBER 33</p> <p>PHARMACY 34</p> <p>PRIVATE MEDICAL COLLEGE HOSPITAL _____ 35 (SPECIFY)</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>GROCERY 41</p> <p>FRIENDS/RELATIVES 42</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 325A</p>
324	<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>→ 325A</p>

325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE HOSPITAL ... A</p> <p>SPECIALISED GOVT.HOSPITAL HOSPITAL _____ B</p> <p>(SPECIFY)</p> <p>DISTRICT HOSPITAL C</p> <p>MCWC D</p> <p>UPAZILLA HEALTH COMPLEX ... E</p> <p>H& FWC F</p> <p>SAT. CLINIC/EPI OUTREACH G</p> <p>COMMUNITY CLINIC H</p> <p>GOVT. FIELD WORKER (FWA) ... I</p> <p>OTHER PUBLIC SECTOR _____ J</p> <p>(SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC K</p> <p>NGO SATELLITE CLINIC L</p> <p>NGO DEPO HOLDER M</p> <p>NGO FIELD WORKER N</p> <p>OTHER NGO SECTOR _____ O</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC P</p> <p>QUALIFIED DOCTOR'S CHAMBER . Q</p> <p>NON-QUALIFIED DOCTOR'S CHAMBER R</p> <p>PHARMACY S</p> <p>PRIVATE MEDICAL COLLEGE HOSPITAL _____ T</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ U</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>GROCERY V</p> <p>FRIENDS/RELATIVES W</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
325A	<p>In some places, there is a clinic set up for a day or part of a day in someone's house or in a school. During the past three months, was there any such clinic in this village or mohalla?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 325D</p>
325B	<p>Did you visit such temporary health clinic in the past three months?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 325D</p>

325C	What services did you receive?	FAMILY PLANNING METHODS A IMMUNIZATIONS B CHILD GROWTH MONITORING C TETANUS INJECTION D ANTENATAL CARE E VITAMIN A FOR CHILDREN F OTHER _____ X (SPECIFY) DON'T KNOW Z	
325D	Are you aware of any community clinic in your area?	YES 1 NO 2	→326
325E	Did you visit the community clinic in the past three months?	YES 1 NO 2	→326
325F	What services did you receive?	FAMILY PLANNING METHODS A IMMUNIZATIONS B CHILD GROWTH MONITORING C TETANUS INJECTION D ANTENATAL CARE E VITAMIN A FOR CHILDREN F OTHER _____ X (SPECIFY) DON'T KNOW Z	
326	In the last 6 months, were you visited by a fieldworker who talked to you about family planning or gave you a family planning method?	TALKED 1 GAVE FAMILY PLANNING METHOD 2 TALKED AND GAVE METHOD 3 NO 4	→ 401
326A	Who visited you to talk about family planning or to give you family planning methods? Name _____ Anyone else? Name _____	GOVT. FP WORKER A GOVT. HEALTH WORKER B NGO WORKER C OTHER _____ X (SPECIFY)	
326B	During the last six months, how many times did a health worker or workers visit you to talk about family planning or to give you family planning methods?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	
326C	When was the last time you were visited by a fieldworker who talked to you about family planning? IF MORE THAN ONE WORKER VISITED: When did the last worker visit you? IF LESS THAN ONE MONTH AGO WRITE '0'	MONTHS AGO <input type="text"/> DON'T KNOW 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2006 OR LATER <input type="checkbox"/> NO BIRTHS IN 2006 OR LATER <input type="checkbox"/> → 601										
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2006 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). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)										
403	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY</th> <th style="width:33%;">LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/></th> <th style="width:33%;">NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/></th> <th style="width:33%;">SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/></th> </tr> </table>	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>						
BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>								
404	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">FROM 212 AND 216</th> <th style="width:33%;">NAME _____</th> <th style="width:33%;">NAME _____</th> <th style="width:33%;">NAME _____</th> </tr> <tr> <td></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> </tr> </table>	FROM 212 AND 216	NAME _____	NAME _____	NAME _____		LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		
FROM 212 AND 216	NAME _____	NAME _____	NAME _____								
	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>								
405	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width:33%;">When you got pregnant with (NAME), did you want to get pregnant at that time?</td> <td style="width:33%;">YES 1 (SKIP TO 408) ←</td> <td style="width:33%;">YES 1 (SKIP TO 430) ←</td> <td style="width:33%;">YES 1 (SKIP TO 430) ←</td> </tr> <tr> <td>NO 2</td> <td>NO 2</td> <td>NO 2</td> </tr> </table>	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ←	YES 1 (SKIP TO 430) ←	YES 1 (SKIP TO 430) ←	NO 2	NO 2	NO 2			
When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ←		YES 1 (SKIP TO 430) ←	YES 1 (SKIP TO 430) ←							
	NO 2	NO 2	NO 2								
406	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width:33%;">Did you want to have a baby later on, or did you not want any (more) children?</td> <td style="width:33%;">LATER 1</td> <td style="width:33%;">LATER 1</td> <td style="width:33%;">LATER 1</td> </tr> <tr> <td>NO MORE 2 (SKIP TO 408) ←</td> <td>NO MORE 2 (SKIP TO 430) ←</td> <td>NO MORE 2 (SKIP TO 430) ←</td> </tr> </table>	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1	LATER 1	LATER 1	NO MORE 2 (SKIP TO 408) ←	NO MORE 2 (SKIP TO 430) ←	NO MORE 2 (SKIP TO 430) ←			
Did you want to have a baby later on, or did you not want any (more) children?	LATER 1		LATER 1	LATER 1							
	NO MORE 2 (SKIP TO 408) ←	NO MORE 2 (SKIP TO 430) ←	NO MORE 2 (SKIP TO 430) ←								
407	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:33%;">How much longer did you want to wait?</td> <td style="width:33%;">MONTHS ..1 <input type="text"/></td> <td style="width:33%;">MONTHS ..1 <input type="text"/></td> <td style="width:33%;">MONTHS ..1 <input type="text"/></td> </tr> <tr> <td>YEARS ..2 <input type="text"/></td> <td>YEARS ..2 <input type="text"/></td> <td>YEARS ..2 <input type="text"/></td> </tr> <tr> <td>DON'T KNOW 998</td> <td>DON'T KNOW ... 998</td> <td>DON'T KNOW ... 998</td> </tr> </table>	How much longer did you want to wait?	MONTHS ..1 <input type="text"/>	MONTHS ..1 <input type="text"/>	MONTHS ..1 <input type="text"/>	YEARS ..2 <input type="text"/>	YEARS ..2 <input type="text"/>	YEARS ..2 <input type="text"/>	DON'T KNOW 998	DON'T KNOW ... 998	DON'T KNOW ... 998
How much longer did you want to wait?	MONTHS ..1 <input type="text"/>		MONTHS ..1 <input type="text"/>	MONTHS ..1 <input type="text"/>							
	YEARS ..2 <input type="text"/>		YEARS ..2 <input type="text"/>	YEARS ..2 <input type="text"/>							
	DON'T KNOW 998	DON'T KNOW ... 998	DON'T KNOW ... 998								
408	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width:33%;">Did you see anyone for antenatal care for this pregnancy?</td> <td style="width:33%;">YES 1</td> <td rowspan="2" style="width:64%;"></td> </tr> <tr> <td>NO 2 (SKIP TO 415) ←</td> </tr> </table>	Did you see anyone for antenatal care for this pregnancy?	YES 1		NO 2 (SKIP TO 415) ←						
Did you see anyone for antenatal care for this pregnancy?	YES 1										
	NO 2 (SKIP TO 415) ←										
409	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width:33%;"> Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. IF 'D' MENTIONED WRITE THE NAME OF THE CSBA. NAME _____ NAME _____ </td> <td style="width:33%;"> HEALTH PERSONNEL QUAL. DOCTOR . A NURSE/MIDWIFE/ PARAMEDIC . B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANT . D MA/SACMO E HEALTH ASST. . F FAMILY WELFARE ASSISTANT G </td> <td rowspan="2" style="width:34%;"></td> </tr> <tr> <td> OTHER PERSON TRAINED TBA H UNTRAINED TBA . I UNQUALIFIED DOCTOR J NGO WORKER K OTHER _____ X (SPECIFY) </td> </tr> </table>	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. IF 'D' MENTIONED WRITE THE NAME OF THE CSBA. NAME _____ NAME _____	HEALTH PERSONNEL QUAL. DOCTOR . A NURSE/MIDWIFE/ PARAMEDIC . B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANT . D MA/SACMO E HEALTH ASST. . F FAMILY WELFARE ASSISTANT G		OTHER PERSON TRAINED TBA H UNTRAINED TBA . I UNQUALIFIED DOCTOR J NGO WORKER K OTHER _____ X (SPECIFY)						
Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. IF 'D' MENTIONED WRITE THE NAME OF THE CSBA. NAME _____ NAME _____	HEALTH PERSONNEL QUAL. DOCTOR . A NURSE/MIDWIFE/ PARAMEDIC . B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANT . D MA/SACMO E HEALTH ASST. . F FAMILY WELFARE ASSISTANT G										
	OTHER PERSON TRAINED TBA H UNTRAINED TBA . I UNQUALIFIED DOCTOR J NGO WORKER K OTHER _____ X (SPECIFY)										

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME HOME A</p> <p>PUBLIC SECTOR HOSP./MEDICAL COLLEGE B SPE. MEDICAL COL. C (SPECIFY) DIST. HOSP. D MCWC E UPAZILLA HEALTH COMPLEX F H & FAMILY WELFARE CENTRE G SAT. CLINIC/EPI OUTREACH . H COMM. CLINIC I OTHER J (SPECIFY)</p> <p>NGO SECTOR NGO STATIC CLINIC K NGO SAT CLINIC . L OTHER M (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC N QUAL.DOCTOR O TRAD. DOCTOR ... P PHARMACY Q PVT. MED COLL. HOSP. R (SPECIFY) OTHER X (SPECIFY)</p>		
412	How many times did you receive antenatal care during this pregnancy?	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
414	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	<p>YES 1 NO 2 DON'T KNOW 8</p>		
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	<p>YES 1 NO 2 (SKIP TO 418) ← DON'T KNOW 8</p>		
416	During this pregnancy, how many times did you get a tetanus injection?	<p>TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>		
417	CHECK 416:	<p>2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>(SKIP TO 430) ↓</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
418	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8		
419	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>		
430	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
433	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY. IF 'D' MENTIONED WRITE THE NAME OF THE CSBA. NAME _____ NAME _____	HEALTH PERSONNEL QUAL. DOCTOR ... A NURSE/MIDWIFE/ PARAMEDIC ... B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANT ... D MA/SACMO E HEALTH ASST. ... F FAMILY WELFARE ASSISTANT G OTHER PERSON TRAINED TBA H UNTRAINED TBA ... I UNQUALIFIED DOCTOR J RELATIVES K NEIGHBORS/FRIEND L NGO WORKER M OTHER _____ X (SPECIFY) NO ONE ASSISTED ... Y	HEALTH PERSONNEL QUAL. DOCTOR ... A NURSE/MIDWIFE/ PARAMEDIC ... B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANT ... D MA/SACMO E HEALTH ASST. ... F FAMILY WELFARE ASSISTANT ... G OTHER PERSON TRAINED TBA ... H UNTRAINED TBA ... I UNQUALIFIED DOCTOR J RELATIVES K NEIGHBORS/FRIEN L NGO WORKER ... M OTHER _____ X (SPECIFY) NO ONE ASSISTED ... Y	HEALTH PERSONNEL QUAL. DOCTOR ... A NURSE/MIDWIFE/ PARAMEDIC ... B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANT ... D MA/SACMO E HEALTH ASST. ... F FAMILY WELFARE ASSISTANT ... G OTHER PERSON TRAINED TBA ... H UNTRAINED TBA ... I UNQUALIFIED DOCTOR J RELATIVES K NEIGHBORS/FRIEN L NGO WORKER ... M OTHER _____ X (SPECIFY) NO ONE ASSISTED ... Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____							
434	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. (NAME OF PLACE)	HOME HOME 11 (SKIP TO 435A) ← PUBLIC SECTOR HOSP./MEDICAL COLLEGE 21 SPE. MED COL _____ 22 (SPECIFY) DIST. HOSP. 23 MCWC 24 UPAZILLA HEALTH COMPLEX 25 H & FAMILY WELFARE CENTRE 26 NGO SECTOR NGO STATIC CLINIC 31 OTHER _____ 36 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 PVT. MED COLL. HOSP. _____ 42 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 435A)	HOME HOME 11 (SKIP TO 448) ← PUBLIC SECTOR HOSP./MEDICAL COLLEGE ... 21 SPE. MED COL _____ 22 (SPECIFY) DIST. HOSP. ... 23 MCWC 24 UPAZILLA HEALTH COMPLEX ... 25 H & FAMILY WELFARE CENTRE 26 NGO SECTOR NGO STATIC CLINIC 31 OTHER _____ 36 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 PVT. MED COLL. HOSP. _____ 42 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 448)	HOME HOME ... 11 (SKIP TO 448) ← PUBLIC SECTOR HOSP./MEDICAL COLLEGE ... 21 SPE. MED COL _____ 22 (SPECIFY) DIST. HOSP. ... 23 MCWC 24 UPAZILLA HEALTH COMPLEX ... 25 H & FAMILY WELFARE CENTRE 26 NGO SECTOR NGO STATIC CLINIC 31 OTHER _____ 36 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 PVT. MED COLL. HOSP. _____ 42 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 448)							
434A	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="778 1059 874 1104"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="778 1104 874 1149"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="778 1149 874 1193"><tr><td></td><td></td></tr></table> DON'T KNOW 998									
435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 (SKIP TO 436) ← NO 2	YES 1 (SKIP TO 448) ← NO 2	YES 1 (SKIP TO 448) ← NO 2							
435A	CHECK 215:	LAST BIRTH IN JAN 2008 OR LATER <input type="checkbox"/> ↓ (SKIP TO 438)									
435B	CHECK 434:	DELIVERED AT HOME (CODE 11 CIRCLED) <input type="checkbox"/> ↓ (SKIP TO 435F)									

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
	Now I would like to ask you some specific questions about what was done with (NAME) during and immediately following delivery.									
435C	Was a Clean Delivery Kit used during the delivery of (NAME)? SHOW THE DELIVERY KIT	YES 1 NO 2 DON'T KNOW 8								
435D	What was used to cut the cord?	BLADE FROM DELIVERY KIT 1 BLADE FROM OTHER SOURCE . 2 BAMBOO STRIPS.... 3 SCISSOR 4 OTHER 6 (SPECIFY) CORD WAS NOT CUT (SKIP TO 435F) ← 7 DON'T KNOW 8								
435E	Was the _____ (INSTRUMENT IN 435D) boiled before the cord was cut?	YES 1 NO 2 DON'T KNOW 8								
435F	Was anything applied to the cord immediately after cutting and tying it?	YES 1 NO 2 (SKIP TO 435H) ← DON'T KNOW 8								
435G	What was applied to the cord after it was cut and tied? Anything else?	ANTIBIOTICS (POWDER/OINTM) . A ANTISEPTIC (DETOL/SAVLON HEXISOL) B SPIRIT/ALCOHOL.... C MUSTARD OIL WITH GARLIC D CHEWED RICE E TUMERIC JUICE/ POWDER F GINGER JUICE G SHIDUR H BORIC POWDER I GENTIAN VIOLET (BLUE INK) J TALCOM POWDER . K OTHER X (SPECIFY) DON'T KNOW Z								
435H	How long after delivery was (NAME) bathed for the first time? IF LESS THAN ONE DAY, RECORD IN HOURS IF LESS THAN ONE WEEK, RECORD IN DAYS	HOURS 1 <table border="1" data-bbox="778 1485 876 1525"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="778 1541 876 1581"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="778 1597 876 1637"><tr><td></td><td></td></tr></table> NOT BATHED 995 DON'T KNOW 998								
435I	How long after birth was (NAME) dried ?	<5 minutes 1 5-9 minutes 2 10+ minutes 3 Not dried 4 Don't know 8								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
435J	How long after birth was (NAME) wrapped?	<5 minutes 1 5-9 minutes 2 10+ minutes 3 No wrapped 4 Don't know 8		
435K	CHECK 434:	DELIVERED AT HOME (CODE 11 CIRCLED) <input type="checkbox"/> (SKIP TO 438) DELIVERED AT HEALTH FACILITY (CODE 21 TO 96) <input type="checkbox"/>		
436	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES 1 (SKIP TO 439) ← NO 2		
437	Did anyone check on your health after you left the facility?	YES 1 (SKIP TO 439) ← NO 2 (SKIP TO 442) ←		
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth do (NAME)?	YES 1 NO 2 (SKIP TO 442) ←		
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. IF '14' MENTIONED WRITE THE NAME OF THE CSBA. NAME _____	HEALTH PERSONNEL QUAL. DOCTOR . . . 11 NURSE/MIDWIFE/ PARAMEDIC . . . 12 FAMILY WELFARE VISITOR 13 COMMUNITY SKILLED BIRTH ATTENDANT . . . 14 MA/SACMO 15 HEALTH ASST. . . . 16 FAMILY WELFARE ASSISTANT 17 OTHER PERSON TRAINED TBA 21 UNTRAINED TBA . . . 22 UNQUALIFIED DOCTOR 23 NGO WORKER 31 OTHER _____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
439A	Where did this first check take place?	HOME HOME 11 (SKIP TO 442) ← PUBLIC SECTOR HOSP./MEDICAL COLLEGE 21 SPE. MED COL 22 (SPECIFY) DIST. HOSP. 23 MCWC 24 UPAZILLA HEALTH COMPLEX 25 H & FAMILY WELFARE CENTRE 27 SAT. CLINIC/EPI OUTREACH 28 COMM. CLINIC 29 OTHER 26 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 31 NGO SAT CLINIC . 32 OTHER 36 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 QUALIFIED DOC. CHAMBER 42 UNQUALIFIED DOC. CHAMBER 43 PHARMACY 44 PVT. MED COLL. HOSP. 45 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 442) ←								
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="778 1317 874 1368"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="778 1368 874 1420"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="778 1420 874 1471"><tr><td></td><td></td></tr></table> DON'T KNOW 998								
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 446) ← DON'T KNOW 8								
443	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH .. 1 <table border="1" data-bbox="778 1653 874 1704"><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH .. 2 <table border="1" data-bbox="778 1704 874 1756"><tr><td></td><td></td></tr></table> WKS AFTER BIRTH .. 3 <table border="1" data-bbox="778 1756 874 1807"><tr><td></td><td></td></tr></table> DON'T KNOW 998								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
444	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> <p>IF `14' MENTIONED WRITE THE NAME OF THE CSBA.</p> <p>NAME _____</p>	<p>HEALTH PERSONNEL QUAL. DOCTOR . . . 11 NURSE/MIDWIFE/ PARAMEDIC 12 FAMILY WELFARE VISITOR 13 COMMUNITY SKILLED BIRTH ATTENDANT 14 MA/SACMO 15 HEALTH ASST. . . . 16 FAMILY WELFARE ASSISTANT 17</p> <p>OTHER PERSON TRAINED TBA 21 UNTRAINED TBA . . 22 UNQUALIFIED DOCTOR 23</p> <p>NGO WORKER 31</p> <p>OTHER _____ 96 (SPECIFY)</p>		
445	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME 11</p> <p>PUBLIC SECTOR HOSP./MEDICAL COLLEGE 21 SPE. MED COL _____ 22 (SPECIFY) DIST. HOSP. . . . 23 MCWC 24 UPAZILLA HEALTH COMPLEX 25 H & FAMILY WELFARE CENTRE 27 SAT. CLINIC/EPI OUTREACH 28 COMM. CLINIC . . . 29 OTHER _____ 26 (SPECIFY)</p> <p>NGO SECTOR NGO STATIC CLINIC 31 NGO SAT CLINIC . . 32</p> <p>OTHER _____ 36 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 QUALIFIED DOC. CHAMBER 42 UNQUALIFIED DOC. CHAMBER 43 PHARMACY 44 PVT. MED COLL. HOSP. _____ 45 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____	NAME _____
446	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DONT KNOW 8			
447	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 449) ← NO 2 (SKIP TO 450) ←			
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 452) ←	YES 1 NO 2 (SKIP TO 452) ←	
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS ... <input type="text"/> <input type="text"/> DONT KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DONT KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DONT KNOW 98	
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> NANT OR PREGNANT UNSURE <input type="checkbox"/> (SKIP TO 452) ←			
451	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 453) ←			
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DONT KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DONT KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DONT KNOW 98	
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2	YES 1 NO 2	YES 1 NO 2	
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> (SKIP TO 460) DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)			
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>			
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 458) ←			

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H COFFEE I HONEY J OTHER _____ X (SPECIFY)		
458	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
459	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 460) ← NO 2		
459A	For how many months did you breastfeed (NAME)?	MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW 98		
460	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. CHILD IMMUNIZATION. HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2006 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).						
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>			
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 557)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 557)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 557)			
504	Do you have a card where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3			
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 509) ← NO 2	YES 1 (SKIP TO 509) ← NO 2	YES 1 (SKIP TO 509) ← NO 2			
506	(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF HEP-B IS GIVEN IN COMBINATION WITH DPT, RECORD SEPARATELY FOR BOTH DPT AND HEP-B.						
506A	DATE OF BIRTH	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
		LAST BIRTH DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	BCG	<input type="checkbox"/>	BCG	<input type="checkbox"/>	BCG	<input type="checkbox"/>	
	POLIO 0 (POLIO GIVEN AT BIRTH)	<input type="checkbox"/>	P0	<input type="checkbox"/>	P0	<input type="checkbox"/>	
	POLIO 1	<input type="checkbox"/>	P1	<input type="checkbox"/>	P1	<input type="checkbox"/>	
	POLIO 2	<input type="checkbox"/>	P2	<input type="checkbox"/>	P2	<input type="checkbox"/>	
	POLIO 3	<input type="checkbox"/>	P3	<input type="checkbox"/>	P3	<input type="checkbox"/>	
	DPT 1	<input type="checkbox"/>	D1	<input type="checkbox"/>	D1	<input type="checkbox"/>	
	DPT 2	<input type="checkbox"/>	D2	<input type="checkbox"/>	D2	<input type="checkbox"/>	
	DPT 3	<input type="checkbox"/>	D3	<input type="checkbox"/>	D3	<input type="checkbox"/>	
	HEP. B1	<input type="checkbox"/>	HE1	<input type="checkbox"/>	HE1	<input type="checkbox"/>	
	HEP. B2	<input type="checkbox"/>	HE2	<input type="checkbox"/>	HE2	<input type="checkbox"/>	
	HEP. B3	<input type="checkbox"/>	HE3	<input type="checkbox"/>	HE3	<input type="checkbox"/>	
	MEASLES	<input type="checkbox"/>	MEA	<input type="checkbox"/>	MEA	<input type="checkbox"/>	
	VITAMIN A	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	
507	CHECK 506A:	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 510J)	OTHER <input type="checkbox"/> ↓	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 510J)	OTHER <input type="checkbox"/> ↓	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 510J)	OTHER <input type="checkbox"/> ↓

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506A) (SKIP TO 510J) ← NO 2 (SKIP TO 510J) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506A) (SKIP TO 510J) ← NO 2 (SKIP TO 510J) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506A) (SKIP TO 510J) ← NO 2 (SKIP TO 510J) ← DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 510J) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510J) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510J) ← DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8
510C	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2
510D	How many times was the polio vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510E	A DPT/Pentavalent vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8
510F	How many times was the DPT/Pentavalent vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510G	A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510H	A HEP-B vaccination, that is, an injection given in the right thigh, sometimes given at the same time as DPT?	YES 1 NO 2 (SKIP TO 510J) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510J) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510J) ← DON'T KNOW 8
510I	How many times was a HEP-B vaccination received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510J	Did (NAME) receive any polio vaccine from the National Immunization Days (NID)?	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
510K	At which national immunization day campaigns did (NAME) receive vaccinations? RECORD ALL CAMPAIGNS MENTIONED.	CAMPAIGN 1 (POLIO/JAN 2010) A CAMPAIGN 2 (POLIO/FEB 2010) B CAMPAIGN 3 (POLIO/JAN 2011) C CAMPAIGN 4 (POLIO/FEB 2011) D	CAMPAIGN 1 (POLIO/JAN 2010) A CAMPAIGN 2 (POLIO/FEB 2010) B CAMPAIGN 3 (POLIO/JAN 2011) C CAMPAIGN 4 (POLIO/FEB 2011) D	CAMPAIGN 1 (POLIO/JAN 2010) A CAMPAIGN 2 (POLIO/FEB 2010) B CAMPAIGN 3 (POLIO/JAN 2011) C CAMPAIGN 4 (POLIO/FEB 2011) D
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
512	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
514	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
515	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
516	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
517	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
518	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
519	<p>Where did you seek advice or or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... A SPECIALIZED GOVT. HOSPITAL _____ B (SPECIFY)</p> <p>DISTRICT HOSP. C MCWC D UHC E H&FWC F SATELITE CLINIC/ EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASSISTANT I OTHER _____ J (SPECIFY)</p> <p>NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO FIELD WORKER M OTHER _____ N (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC O QUALIFIED DOCTOR ... P UNQUALIFIED DOCTOR Q PHARMACY R PRIVATE MED. COLLEGE HOSPITAL _____ S (SPECIFY)</p> <p>OTHER PRIVATE SECTOR _____ T (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... A SPECIALIZED GOVT. HOSPITAL _____ B (SPECIFY)</p> <p>DISTRICT HOSP. C MCWC D UHC E H&FWC F SATELITE CLINIC/ EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASSISTANT I OTHER _____ J (SPECIFY)</p> <p>NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO FIELD WORKER M OTHER _____ N (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC O QUALIFIED DOCTOR ... P UNQUALIFIED DOCTOR Q PHARMACY R PRIVATE MED. COLLEGE HOSPITAL _____ S (SPECIFY)</p> <p>OTHER PRIVATE SECTOR _____ T (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... A SPECIALIZED GOVT. HOSPITAL _____ B (SPECIFY)</p> <p>DISTRICT HOSP. C MCWC D UHC E H&FWC F SATELITE CLINIC/ EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASSISTANT I OTHER _____ J (SPECIFY)</p> <p>NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO FIELD WORKER M OTHER _____ N (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC O QUALIFIED DOCTOR ... P UNQUALIFIED DOCTOR Q PHARMACY R PRIVATE MED. COLLEGE HOSPITAL _____ S (SPECIFY)</p> <p>OTHER PRIVATE SECTOR _____ T (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>
522	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a) A fluid made from a special saline packet called ORSaline PACKET?</p> <p>b) A homemade sugar-salt-water solution (laban gur)?</p> <p>c) Zinc syrup?</p> <p>d) Zinc tablets?</p>	<p>YES NO DK</p> <p>ORS PKT 1 2 8</p> <p>LABAN GUR 1 2 8</p> <p>ZINC SYRUP 1 2 8</p> <p>ZINC TABLET 1 2 8</p>	<p>YES NO DK</p> <p>ORS PKT 1 2 8</p> <p>LABAN GUR 1 2 8</p> <p>ZINC SYRUP 1 2 8</p> <p>ZINC TABLET 1 2 8</p>	<p>YES NO DK</p> <p>ORS PKT 1 2 8</p> <p>LABAN GUR 1 2 8</p> <p>ZINC SYRUP 1 2 8</p> <p>ZINC TABLET 1 2 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
528	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 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 531) ←
530	CHECK 525: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 557)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 557)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 557)
531	Now I would like to know how much (NAME) was given to drink (including breastmilk) 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? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
532	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? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
533	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH																								
		NAME _____	NAME _____	NAME _____																								
536	Where did you first seek advice or treatment? FILL UP THE BOXES ACCORDING TO THE SEQUENCE OF CARE RECEIVED.	SEQUENCE OF CARE	SEQUENCE OF CARE	SEQUENCE OF CARE																								
		<table border="0"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> <p>HOME A</p> <p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE HOSPITAL ... B</p> <p>SPECIALIZED GOVT. HOSPITAL C</p> <p>_____ (SPECIFY)</p> <p>DISTRICT HOSP. . D</p> <p>MCWC E</p> <p>UHC F</p> <p>H&FWC G</p> <p>SATELITE CLINIC/ EPI OUTREACH SITE H</p> <p>COMMUNITY CLINIC I</p> <p>FAMILY WELFARE ASSIST. J</p> <p>OTHER K</p> <p>_____ (SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC L</p> <p>NGO SATELLITE CLINIC M</p> <p>NGO DEPO HOLDER N</p> <p>NGO FIELD WORKER O</p> <p>OTHER P</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC Q</p> <p>QUALIFIED DOCTOR . . . R</p> <p>UNQUALIFIED DOCTOR ... S</p> <p>PHARMACY/ DRUG STORE . T</p> <p>PRIVATE MED. COLLEGE HOSPITAL U</p> <p>_____ (SPECIFY)</p> <p>OTHER PVT. V</p> <p>_____ (SPECIFY)</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> <p>HOME A</p> <p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE HOSPITAL ... B</p> <p>SPECIALIZED GOVT. HOSPITAL C</p> <p>_____ (SPECIFY)</p> <p>DISTRICT HOSP. . D</p> <p>MCWC E</p> <p>UHC F</p> <p>H&FWC G</p> <p>SATELITE CLINIC/ EPI OUTREACH SITE H</p> <p>COMMUNITY CLINIC I</p> <p>FAMILY WELFARE ASSIST. J</p> <p>OTHER K</p> <p>_____ (SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC L</p> <p>NGO SATELLITE CLINIC M</p> <p>NGO DEPO HOLDER N</p> <p>NGO FIELD WORKER O</p> <p>OTHER P</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC Q</p> <p>QUALIFIED DOCTOR . . . R</p> <p>UNQUALIFIED DOCTOR ... S</p> <p>PHARMACY/ DRUG STORE . T</p> <p>PRIVATE MED. COLLEGE HOSPITAL U</p> <p>_____ (SPECIFY)</p> <p>OTHER PVT. V</p> <p>_____ (SPECIFY)</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> <p>HOME A</p> <p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE HOSPITAL ... B</p> <p>SPECIALIZED GOVT. HOSPITAL C</p> <p>_____ (SPECIFY)</p> <p>DISTRICT HOSP. . D</p> <p>MCWC E</p> <p>UHC F</p> <p>H&FWC G</p> <p>SATELITE CLINIC/ EPI OUTREACH SITE H</p> <p>COMMUNITY CLINIC I</p> <p>FAMILY WELFARE ASSIST. J</p> <p>OTHER K</p> <p>_____ (SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC L</p> <p>NGO SATELLITE CLINIC M</p> <p>NGO DEPO HOLDER N</p> <p>NGO FIELD WORKER O</p> <p>OTHER P</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC Q</p> <p>QUALIFIED DOCTOR . . . R</p> <p>UNQUALIFIED DOCTOR ... S</p> <p>PHARMACY/ DRUG STORE . T</p> <p>PRIVATE MED. COLLEGE HOSPITAL U</p> <p>_____ (SPECIFY)</p> <p>OTHER PVT. V</p> <p>_____ (SPECIFY)</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1	2	3	4																									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
537	At any time during the illness, did (NAME) take any drugs for the illness?	<table border="0"> <tr> <td>YES</td><td>1</td> </tr> <tr> <td>NO</td><td>2</td> </tr> <tr> <td>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 557)</td><td>←</td> </tr> <tr> <td>DON'T KNOW</td><td>8</td> </tr> </table>	YES	1	NO	2	(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 557)	←	DON'T KNOW	8	<table border="0"> <tr> <td>YES</td><td>1</td> </tr> <tr> <td>NO</td><td>2</td> </tr> <tr> <td>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 557)</td><td>←</td> </tr> <tr> <td>DON'T KNOW</td><td>8</td> </tr> </table>	YES	1	NO	2	(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 557)	←	DON'T KNOW	8	<table border="0"> <tr> <td>YES</td><td>1</td> </tr> <tr> <td>NO</td><td>2</td> </tr> <tr> <td>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 557)</td><td>←</td> </tr> <tr> <td>DON'T KNOW</td><td>8</td> </tr> </table>	YES	1	NO	2	(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 557)	←	DON'T KNOW	8
YES	1																											
NO	2																											
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DON'T KNOW	8																											

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B QUININE ... D COMBINATION WITH ARTEMISININ ... E OTHER ANTI-MALARIAL ... F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN ... I ACETA-MINOPHEN ... J IBUPROFEN ... K OTHER ... X (SPECIFY) DON'T KNOW ... Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B QUININE ... D COMBINATION WITH ARTEMISININ ... E OTHER ANTI-MALARIAL ... F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN ... I ACETA-MINOPHEN ... J IBUPROFEN ... K OTHER ... X (SPECIFY) DON'T KNOW ... Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B QUININE ... D COMBINATION WITH ARTEMISININ ... E OTHER ANTI-MALARIAL ... F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN ... I ACETA-MINOPHEN ... J IBUPROFEN ... K OTHER ... X (SPECIFY) DON'T KNOW ... Z
539	Did anybody prescribe the drug?	YES 1 NO 2 (SKIP TO 552) ←	YES 1 NO 2 (SKIP TO 552) ←	YES 1 NO 2 (SKIP TO 552) ←
540	Who prescribed the drug?	HEALTH PROFESSIONAL/WORKER QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC ... B FAMILY WELFARE VISITOR ... C CSBA D MA/SACMO E HEALTH ASSISTANT ... F FAMILY WELFARE ASSISTANT ... G OTHER PROVIDER TRAINED TBA ... H UNTRAINED TBA ... I UNQUALIFIED DOCTOR J DRUG SELLER ... K NGO WORKER L OTHER ... X (SPECIFY)	HEALTH PROFESSIONAL/WORKER QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC ... B FAMILY WELFARE VISITOR ... C CSBA D MA/SACMO E HEALTH ASSISTANT ... F FAMILY WELFARE ASSISTANT ... G OTHER PROVIDER TRAINED TBA ... H UNTRAINED TBA ... I UNQUALIFIED DOCTOR J DRUG SELLER ... K NGO WORKER L OTHER ... X (SPECIFY)	HEALTH PROFESSIONAL/WORKER QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC ... B FAMILY WELFARE VISITOR ... C CSBA D MA/SACMO E HEALTH ASSISTANT ... F FAMILY WELFARE ASSISTANT ... G OTHER PROVIDER TRAINED TBA ... H UNTRAINED TBA ... I UNQUALIFIED DOCTOR J DRUG SELLER ... K NGO WORKER L OTHER ... X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
541	Where did you get the drug?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... A SPECIALIZED GOVT. HOSPITAL _____ B (SPECIFY) DISTRICT HOPT. C MCWC D UHC E H&FWC F SATELITE CLINIC/ EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASST. (FWA) I OTHER _____ J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO DEPO HOLDER M NGO FIELD WORKER N OTHER _____ O (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC P QUALIFIED DOCTOR ... Q UNQUALIFIED DOCTOR R PHARMACY/ DRUG STORE . S PRIVATE MED. COLLEGE HOSPITAL _____ T (SPECIFY) OTHER PRIVATE _____ U (SPECIFY) OTHER SOURCE SHOP V FRIEND/RELATIVE W OTHER _____ X (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... A SPECIALIZED GOVT. HOSPITAL _____ B (SPECIFY) DISTRICT HOPT. C MCWC D UHC E H&FWC F SATELITE CLINIC/ EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASST. (FWA) I OTHER _____ J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO DEPO HOLDER M NGO FIELD WORKER N OTHER _____ O (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC P QUALIFIED DOCTOR ... Q UNQUALIFIED DOCTOR R PHARMACY/ DRUG STORE . S PRIVATE MED. COLLEGE HOSPITAL _____ T (SPECIFY) OTHER PRIVATE _____ U (SPECIFY) OTHER SOURCE SHOP V FRIEND/RELATIVE W OTHER _____ X (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... A SPECIALIZED GOVT. HOSPITAL _____ B (SPECIFY) DISTRICT HOPT. C MCWC D UHC E H&FWC F SATELITE CLINIC/ EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASST. (FWA) I OTHER _____ J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO DEPO HOLDER M NGO FIELD WORKER N OTHER _____ O (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC P QUALIFIED DOCTOR ... Q UNQUALIFIED DOCTOR R PHARMACY/ DRUG STORE . S PRIVATE MED. COLLEGE HOSPITAL _____ T (SPECIFY) OTHER PRIVATE _____ U (SPECIFY) OTHER SOURCE SHOP V FRIEND/RELATIVE W OTHER _____ X (SPECIFY)
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 557.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 557.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 557.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
557	<p>CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2009 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558</p> <p>_____</p> <p>(NAME)</p>	<p>→ 601</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
558	<p>Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME FROM 557) (drink/eat):</p> <p>a) Plain water? YES NO DK</p> <p>b) Juice or juice drinks?</p> <p>d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>e) Infant formula like Lactogen? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>f) Any other liquids?</p> <p>g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>h) Any commercially fortified baby food like Cerelac?</p> <p>i) Bread, rice, noodles, porridge, or other foods made from grains?</p> <p>j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</p> <p>k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?</p> <p>l) Any dark green, leafy vegetables like spinach, poi sag, methi, kolmi, kochu, palak?</p> <p>m) Ripe mangoes, papayas, ripe kathal, bangi or other Vitamin A rich fruits?</p> <p>n) Any other fruits like banana, grapes, apple, guava or other vegetables like cabbage, patal, kopi?</p> <p>o) Liver, kidney, heart or other organ meats?</p> <p>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</p> <p>q) Eggs?</p> <p>r) Fish, shrimps or crab ?</p> <p>s) Any foods made from beans, peas, lentils, or nuts?</p> <p>t) Cheese or other food made from milk like paneer?</p> <p>u) Any other solid, semi-solid, or soft food (bengali sweets)?</p>	<p>a) 1 2 8</p> <p>b) 1 2 8</p> <p>d) 1 2 8 NUMBER OF TIMES DRANK MILK <input type="text"/></p> <p>e) 1 2 8 NUMBER OF TIMES DRANK FORMULA <input type="text"/></p> <p>f) 1 2 8</p> <p>g) 1 2 8 NUMBER OF TIMES ATE YOGURT <input type="text"/></p> <p>h) 1 2 8</p> <p>i) 1 2 8</p> <p>j) 1 2 8</p> <p>k) 1 2 8</p> <p>l) 1 2 8</p> <p>m) 1 2 8</p> <p>n) 1 2 8</p> <p>o) 1 2 8</p> <p>p) 1 2 8</p> <p>q) 1 2 8</p> <p>r) 1 2 8</p> <p>s) 1 2 8</p> <p>t) 1 2 8</p> <p>u) 1 2 8</p>	
559	<p>CHECK 558 (CATEGORIES "g" THROUGH "u"):</p> <p>NOT A SINGLE "YES" <input type="checkbox"/></p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p>	<p>→ 561</p>	561

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 558 TO RECORD ← FOOD EATEN YESTERDAY) NO 2 →	601
561	How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input data-bbox="1273 376 1321 427" type="text"/> DON'T KNOW 8	

SECTION 6. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 103A: CURRENTLY MARRIED <input type="checkbox"/> SEPARATED/DESERTED DIVORCED/WIDOWED <input type="checkbox"/>		609
604	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	605
604A	How often did he come home in the past 12 months?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DID NOT COME IN THE LAST 12 MONTHS 96	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NO. <input type="text"/> <input type="text"/>	
609	Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
610	CHECK 609: MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> In what month and year did you start living with your (husband/partner)? Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	612
611	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
612 CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.			
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	701
614 Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.			
615	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	701
616	How many times during the last month did you have sexual intercourse? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
701	CHECK 103A: CURRENTLY MARRIED <input type="checkbox"/> ↓ SEPARATED/DESERTED DIVORCED/WIDOWED <input type="checkbox"/>		→ 712								
701A	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> ↓ HE OR SHE STERILIZED <input type="checkbox"/>		→ 710								
702	CHECK 226: PREGNANT <input type="checkbox"/> ↓ NOT PREGNANT OR UNSURE <input type="checkbox"/>		→ 704								
703	Now I have some questions about the future. 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 ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711								
704	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 707 → 712 → 710								
705	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ PREGNANT <input type="checkbox"/> ↓ How long would you like to wait from now before the birth of (a/another) child? 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ PREGNANT <input type="checkbox"/>		→ 711								
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> ↓ CURRENTLY USING <input type="checkbox"/>		→ 712								
708	CHECK 705: NOT ASKED <input type="checkbox"/> ↓ 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> ↓ 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 711								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 703 AND 704:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon. You have said that you do not want any (more) children.</p> <p>Can you tell me why you are not using a method to prevent pregnancy? Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason? Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER 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>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/></p>		→ 712
711	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 711B
711A	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>SAFE PERIOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	→ 712

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711B	<p>What is the main reason that you think you will not use a contraceptive method at any time in the future?</p>	<p>FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX . . . 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26</p> <p>OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34</p> <p>LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42</p> <p>METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR . . . 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	
712	<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 (SPECIFY)</p>	<p>→ 714</p> <p>→ 714</p>
713	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<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"/> <input type="text"/><input type="text"/><input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	
714	<p>In the last month have you:</p> <p>Heard about family planning on the radio?</p> <p>Seen anything about family planning on the television?</p> <p>Read about family planning in a newspaper or magazine?</p> <p>Read about family planning in a poster, billboard or leaflet?</p> <p>Heard about family planning from a community event?</p>	<p>YES NO</p> <p>RADIO 1 2</p> <p>TELEVISION 1 2</p> <p>NEWSPAPER OR MAGAZINE . . . 1 2</p> <p>POSTER/BILLBOARD 1 2</p> <p>COMMUNITY EVENT 1 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714A	In the last month have you heard about family planning from any community health worker?	YES 1 NO 2	→ 716
714B	Were these government or non-government worker?	GOVERNMENT A NON-GOVERNMENT B DON'T KNOW C	
716	CHECK 103A: YES, CURRENTLY MARRIED <input type="checkbox"/> SEPARATED/DESERTED DIVORCED/WIDOWED <input type="checkbox"/>		→ 801
717	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> OR NOT ASKED		→ 720
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
719	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 801
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 103A: CURRENTLY MARRIED <input type="checkbox"/> ↓ SEPARATED/DESERTED DIVORCED/WIDOWED <input type="checkbox"/> →		803
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 or madrasha?	YES 1 NO 2	→ 806
803A	What type of schooling did your husband last attend?	SCHOOL 1 MADRASHA 2	
804	What level of schooling did he last attend?	PRIMARY 1 SECONDARY 2 COLLEGE AND HIGHER 3	
805	What is the highest class he completed at that level?	CLASS <input type="text"/> <input type="text"/>	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> ↓ FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ↓ What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do? _____ _____ _____	_____ <input type="text"/> <input type="text"/> _____ _____	
807	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 811
808	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?	YES 1 NO 2	→ 811
809	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?	YES 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES 1 NO 2	→ 815
811	What is your occupation, that is, what kind of work do you mainly mainly do?	_____ <input type="text"/> <input type="text"/> _____ _____	
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
823B	Can you go to a health centre or hospital alone or with your young children?	YES, ALONE 1 YES, WITH CHILDREN 2 NO 3 OTHER _____ 6 (SPECIFY)																													
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <thead> <tr> <th></th> <th>PRES./</th> <th>PRES./</th> <th>NOT</th> </tr> <tr> <th></th> <th>LISTEN.</th> <th>NOT</th> <th>PRES.</th> </tr> <tr> <th></th> <th></th> <th>LISTEN.</th> <th></th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 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> </tbody> </table>		PRES./	PRES./	NOT		LISTEN.	NOT	PRES.			LISTEN.		CHILDREN < 10 1	2	3	HUSBAND 1	2	3	OTHER MALES 1	2	3	OTHER FEMALES	... 1	2	3	
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826	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <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>BURNS FOOD</td> <td>..... 1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT 1	2	8	NEGL. CHILDREN	... 1	2	8	ARGUES 1	2	8	REFUSES SEX 1	2	8	BURNS FOOD 1	2	8					
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SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 937																
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DONT KNOW 8																	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DONT KNOW 8																	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DONT KNOW 8																	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DONT KNOW 8																	
906	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DONT KNOW 8																	
906A	Can people get the AIDS virus by using unsterilized needle or syringe?	YES 1 NO 2 DONT KNOW 8																	
906B	Can people get the AIDS virus through unsafe blood transfusion?	YES 1 NO 2 DONT KNOW 8																	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DONT KNOW 8																	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>DURING PREG.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
937	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2																	
937A	Have you ever heard about: a) Syphilis? b) Gonorrhoea?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>SYPHILIS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GONORRHEA</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	SYPHILIS	1	2	GONORRHEA	1	2								
	YES	NO																	
SYPHILIS	1	2																	
GONORRHEA	1	2																	
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 945A																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
939	CHECK 937 and 937A: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 941	
940	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 NO 2 DON'T KNOW 8		
941	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8		
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8		
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 945A	
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 945A	
945	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL A SPECIALIZED GOVT. HOSPITAL B (SPECIFY) DISTRICT HOSPITAL C MCWC D UHC E H&FWC F SATELLITE CLINIC/EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASST. I OTHER J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO DEPO HOLDER M NGO FIELD WORKER N OTHER O (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ P QUALIFIED DOCTOR Q UNQUALIFIED DOCTOR R PHARMACY/DRUG STORE S PRIVATE MEDICAL COLLEGE HOSPITAL T (SPECIFY) OTHER U (SPECIFY) OTHER SOURCE OTHER X (SPECIFY)		
945A	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES 1 NO 2 DON'T KNOW 8		

SECTION 10. FOOD SECURITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
1001	How often did you eat three `square meals' (full stomach meals) a day in the past 12 months (not a festival day) ?	MOSTLY (3 MEALS EACH DAY) . . . 1 SOMETIMES (3 MEALS PER DAY) 2 RARELY (3 MEALS PER DAY 1-6 TIMES THIS YEAR) 3 NEVER 4									
1002	In the last 12 months how often did you yourself skip entire meals because there was not enough food?	NEVER 1 RARELY (1-6 TIMES THIS YEAR) 2 SOMETIMES (7-12 TIMES THIS YEAR) 3 OFTEN (FEW TIMES EACH MONTH) 4									
1003	In the last 12 months how often did you personally eat less food in a meal because there was not enough food?	NEVER 1 RARELY (1-6 TIMES THIS YEAR) 2 SOMETIMES (7-12 TIMES THIS YEAR) 3 OFTEN (FEW TIMES EACH MONTH) 4									
1004	In the last 12 months, how often did you or any of your family have to eat wheat (or another grain) although you wanted to eat rice (not including when you were sick)?	NEVER 1 RARELY (1-6 TIMES THIS YEAR) 2 SOMETIMES (7-12 TIMES THIS YEAR) 3 OFTEN (FEW TIMES EACH MONTH) 4									
1005	In the past 12 months how often did your family have to ask food from relatives or neighbors to make a meal?	NEVER 1 RARELY (1-6 TIMES THIS YEAR) 2 SOMETIMES (7-12 TIMES THIS YEAR) 3 OFTEN (FEW TIMES EACH MONTH) 4									
1006	RECORD THE TIME.	HOUR <table border="1" data-bbox="1174 913 1265 972" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" data-bbox="1174 981 1265 1016" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE**

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____
 (SPECIFY)

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____
 (SPECIFY)
- Z DON'T KNOW

			1	2			
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09	SEP	04					
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