

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2014
WOMAN'S QUESTIONNAIRE

IDENTIFICATION																
CLUSTER NUMBER HOUSEHOLD NUMBER NAME OF THE HOUSEHOLD HEAD _____ NAME AND LINE NUMBER OF ELIGIBLE WOMAN _____	<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>															
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> 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> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">4</td></tr></table> INT. CODE <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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>					2	0	1	4				
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INTERVIEWER'S NAME	_____	_____	_____	INT. CODE <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*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>												
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>												
TIME	_____	_____														
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)																
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 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 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 if 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.

In case you need more information about the survey, you may contact with Mr. S. N Mitra, Executive Director, Mitra and Associates, 2/17 Iqbal Road, Block A, Mohammadpur, Dhaka 1207, Bangladesh. Telephone number are: 8118065,9115503, 01711278663.

Do you have any questions? May I begin the interview now?

NAME 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" data-bbox="1236 369 1340 481" 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" data-bbox="1236 436 1340 548" 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" data-bbox="1236 660 1340 772" 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" data-bbox="1236 728 1340 840" 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" data-bbox="1236 1032 1340 1144" 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" data-bbox="1236 1099 1340 1211" 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" data-bbox="1236 1240 1340 1285" 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 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	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 MONTHS 2 YEARS . . 3	
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 MONTHS 2 YEARS . . 3	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 MONTHS 2 YEARS . . 3	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 MONTHS 2 YEARS . . 3	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 MONTHS 2 YEARS . . 3	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 MONTHS 2 YEARS . . 3	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 MONTHS 2 YEARS . . 3	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"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH	
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH	
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH	
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH	
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	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)									
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2009 OR LATER.					NUMBER OF BIRTHS <input type="text"/>	NONE 0	→ 226		

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. 2009 OR LATER <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE JAN. 2009 <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 2009, 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 2009 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 2009?	YES 1 NO 2	→ 238																
237	When did the last such pregnancy that terminated before 2009 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																	
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 301A																
240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS ... 4 OTHER 6 (SPECIFY) _____ DON'T KNOW 8																	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.			
301A	Have you heard about EMERGENCY CONTRACEPTION PILLS (ECP) As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within three days to prevent pregnancy.	YES 1 NO 2	→301D
301B	Have you ever used EC?	YES 1 NO 2	→301D
301C	Did you use EC in last 12 months?	YES 1 NO 2	
301D	Have you heard about LACTATIONAL AMENORRHEA METHOD (LAM)? Up to 6 months after child birth, a woman can use a method that requires she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES 1 NO 2	→ 302
301E	Have you ever used LAM?	YES 1 NO 2	
302	CHECK 103A: CURRENTLY MARRIED <input type="checkbox"/> SEPARATED/DESERTED DIVORCED/WIDOWED <input type="checkbox"/>		→311
302A	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 311
304	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G LACTATIONAL AMEN. METHOD H SAFE PERIOD/PERIODIC ABST. I WITHDRAWAL J OTHER _____ X SPECIFY	→ 307 → 308A → 306 → 308A
305	May I see the brand name of the pills you are using? RECORD NAME OF BRAND IF PACKAGE SEEN. IF PACKAGE NOT SEEN SHOW THE BRAND CHART. Please tell me among these which brand of pills are you using? SHOW AND WRITE THE BRAND NAME OF THE PILLS.	PACKAGE/CHART SEEN 1 BRAND NAME _____ <input type="checkbox"/> <input type="checkbox"/> (SPECIFY) DON'T KNOW 8	→ 306A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306	<p>May I see the brand name of the condom you are using?</p> <p>RECORD NAME OF BRAND IF PACKAGE SEEN. IF PACKAGE NOT SEEN SHOW THE BRAND CHART.</p> <p>Please tell me among these which brand of condom are you using?</p> <p>SHOW AND WRITE THE BRAND NAME OF CONDOMS.</p>	<p>PACKAGE/CHART SEEN 1</p> <p>BRAND NAME _____ <input type="text"/> <input type="text"/></p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>	
306A	<p>Who obtained the (pills/condoms) the last time you got them?</p>	<p>RESPONDENT 1</p> <p>HUSBAND 2</p> <p>SON/DAUGHTER 3</p> <p>OTHER RELATIVE 4</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p>	<p>308A</p>
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>HOSP./MEDICAL 11</p> <p>COLLEGE/SPE. MED. COL</p> <p>DISTRICT HOSPITAL 12</p> <p>MCWC 13</p> <p>UPAZILLA HEALTH COMPLEX ... 14</p> <p>UH & FWC 15</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>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 <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></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>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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>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>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2009 OR LATER <input type="checkbox"/></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>YEAR IS 2008 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2009.</p> <p>THEN SKIP TO <input type="checkbox"/> 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 2009. 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> <p>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?</p> <ul style="list-style-type: none"> * 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"/></p> <p>ANY METHOD USED <input type="checkbox"/></p>		→ 314
313	<p>Have you ever used anything or tried in any way to delay or avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	→ 324

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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</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>LACTATIONAL AMEN. METHOD 11</p> <p>SAFE PERIOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER MODERN METHOD 96</p>	<p>→ 324</p> <p>→ 325A</p> <p>→ 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> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSP./MEDICAL 11</p> <p>COLLEGE/SPE. MED. COL</p> <p>DISTRICT HOSPITAL 12</p> <p>MCWC 13</p> <p>UPAZILLA HEALTH COMPLEX 14</p> <p>UH & FWC 15</p> <p>SAT. CLINIC/EPI OUTREACH 17</p> <p>COMMUNITY CLINIC 18</p> <p>GOVT. FIELD WORKER (FWA) 19</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p>(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</p> <p>(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/DRUG STOF..... 34</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>FRIENDS/RELATIVES 42</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 325A</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→325A
325	Where is that? 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 HOSP./MEDICAL A COLLEGE/SPE. MED. COL DISTRICT HOSPITAL B MCWC C UPAZILLA HEALTH COMPLEX ... D UH & FWC E SAT. CLINIC/EPI OUTREACH F COMMUNITY CLINIC G GOVT. FIELD WORKER (FWA) ... H OTHER PUBLIC SECTOR _____ I (SPECIFY) NGO SECTOR NGO STATIC CLINIC J NGO SATELLITE CLINIC K NGO DEPO HOLDER L NGO FIELD WORKER M OTHER NGO SECTOR _____ N (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC O QUALIFIED DOCTOR'S CHAMBER . P NON-QUALIFIED DOCTOR'S CHAMBER..... Q PHARMACY/DRUG STOF..... R OTHER PRIVATE MEDICAL SECTOR _____ S (SPECIFY) OTHER SOURCE SHOP V FRIENDS/RELATIVES W OTHER _____ X (SPECIFY)	
325A	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?	YES 1 NO 2 DON'T KNOW 8	→325D
325B	Did you visit such temporary health clinic in the past three months?	YES 1 NO 2	→325D

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 METHC..... A IMMUNIZATIONS B CHILD GROWTH MONITOR..... C TETANUS INJECTION D ANTENATAL CARE E VITAMIN A FOR CHILDRI..... F MEDICINE..... G 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 215: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2011 OR LATER ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS IN 2011 OR LATER ↓ <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: -10px;">→ 501</div>			
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2011 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 three years. (We will talk about each separately.)			
403	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"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 430) ← NO 2	YES 1 (SKIP TO 430) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NO MORE 2 (SKIP TO 408) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←
407	How much longer did you want to wait?	MONTHS ... 1 <input type="text"/> <input type="text"/> YEARS ... 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW 998
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 415) ←		
409	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 COMMUNITY HEALTH CARE PROVIDER F HEALTH ASST. G FAMILY WELFARE ASSISTANT H NGO WORKER I OTHER PERSON TRAINED TBA J UNTRAINED TBA K UNQUALIFIED DOCTOR L OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	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>_____ (NAME OF PLACE(S))</p>	<p>HOME HOME A</p> <p>PUBLIC SECTOR HOSP./MEDICAL B COLLEGE/SPE. MED. COL</p> <p>DIST. HOSP. C MCWC D UPAZILLA HEALTH COMPLEX E UH & FAMILY WELFARE CENTRE F SAT. CLINIC/EPI OUTREACH G COMM. CLINIC H OTHER PUBLIC SECTOR _____ I (SPECIFY)</p> <p>NGO SECTOR NGO STATIC CLINIC J NGO SAT CLINIC K OTHER _____ L (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC M QUAL. DOCTOR N TRAD. DOCTOR O PHARMACY P OTHER _____ X (SPECIFY)</p>		
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Was your weight measured?</p> <p>Was your blood pressure measured?</p> <p>Did you have a urine test?</p> <p>Did you have a blood test?</p> <p>Did you have an ultrasonography?</p> <p>Did you counsel about danger signs?</p>	<p>YES NO</p> <p>WEIGHT 1 2</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD 1 2</p> <p>ULTRASON 1 2</p> <p>DANGER SIGNS 1 2</p>		
414	<p>During (any of) your antenatal care visit(s), were you told about signs of pregnancy complications?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
415	<p>When you got pregnant with (NAME), did any fieldworker/ community worker visited you at your home to counsel on healthy pregnancy or checkup?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 430) ←</p>		
416	<p>Who visited?</p>	<p>HEALTH ASST. A</p> <p>FAMILY WELFARE ASSISTANT B</p> <p>NGO WORKER C</p> <p>TRAINED TBA D</p> <p>UNTRAINED TBA E</p> <p>OTHER _____ X (SPECIFY)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
417	What did they do: Did s/he measure your weight? Did s/he measure your blood pressure? Did s/he do a urine test? Did s/he do a blood test? Did s/he counsel about danger signs?						
		YES NO					
		WEIGHT 1 2					
		BP 1 2					
		URINE 1 2					
		BLOOD 1 2					
		DANGER SIGNS 1 2					
418	How many home visits did you receive during the last pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/>					
		DON'T KNOW 98					
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 COMMUNITY HEALTH CARE PROVIDER F HEALTH ASST. G FAMILY WELFARE ASSISTANT H NGO WORKER I OTHER PERSON TRAINED TBA J UNTRAINED TBA K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/ FRIENDS N 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 COMMUNITY HEALTH CARE PROVIDER F HEALTH ASST. G FAMILY WELFARE ASSISTANT H NGO WORKER I OTHER PERSON TRAINED TBA J UNTRAINED TBA .. K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/ FRIENDS N 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 COMMUNITY HEALTH CARE PROVIDER F HEALTH ASST. .. G FAMILY WELFARE ASSISTANT G NGO WORKER I OTHER PERSON TRAINED TBA J UNTRAINED TBA .. K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/ FRIENDS N OTHER X (SPECIFY) NO ONE ASSISTED .. Y	
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 435i) ← PUBLIC SECTOR HOSP./MEDICAL 21 COLLEGE/SPE. MED. COL DIST. HOSP. 22 MCWC 23 UPAZILLA HEALTH COMPLEX 24 UH & FAMILY WELFARE CENTRE 25 COM. CLINIC 27 OTHER PUBLIC SECTOR 26 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 31 DELIVERY HUT 36 PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 OTHER 96 (SPECIFY) (SKIP TO 435i) ←		HOME HOME 11 (SKIP TO 448) ← PUBLIC SECTOR HOSP./MEDICAL 21 COLLEGE/SPE. MED. COL DIST. HOSP. 22 MCWC 23 UPAZILLA HEALTH COMPLEX 24 UH & FAMILY WELFARE CENTRE 25 COM. CLINIC 27 COTHER PUBLIC SECTOR 26 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 31 DELIVERY HUT..... 36 PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 OTHER 96 (SPECIFY) (SKIP TO 448) ←		HOME HOME 11 (SKIP TO 448) ← PUBLIC SECTOR HOSP./MEDICAL 21 COLLEGE/SPE. MED. COL DIST. HOSP. 22 MCWC 23 UPAZILLA HEALTH COMPLEX 24 UH & FAMILY WELFARE CENTRE 25 COM. CLINIC 27 OTHER PUBLIC SECTOR 26 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 31 DELIVERY HUT 36 PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 OTHER 96 (SPECIFY) (SKIP TO 448) ←	

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH												
		NAME _____	NAME _____	NAME _____												
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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS ... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS ... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998														
435	Was (NAME) delivered by caesarean section, that is, did they cut your belly open to take the baby out?	YES 1 NO 2 (SKIP TO 435) ←														
435A	What day of the week was the birth birth delivered by caesarean section?	SUNDAY 01 MONDAY 02 TUESDAY 03 WEDNESDAY 04 THURSDAY 05 FRIDAY 06 SATURDAY 07														
435B	At what time of day was the caesarean section or operation done?	06:01 AM TO 09:00 AM 01 09:01 AM TO 12:00 NOON 02 12:01 PM TO 02:00 PM 03 02:01 PM TO 04:00 PM 04 04:01 PM TO 06:00 PM 05 06:01 PM TO 09:00 PM 06 09:01 PM TO 12:00 AM 07 12:01 AM TO 03:00 AM 08 03:01 AM TO 06:00 AM 09														
435C	How many days before the delivery was the decision to have caesarean section made?	THE DAY OF DELIVERY 1 THE DAY BEFORE DELIVERY 2 2 - 7 DAYS BEFORE DELIVERY 3 8 - 30 DAYS BEFORE DELIVERY 4 30+ DAYS BEFORE DELIVERY 5														
435D	Who proposed first to have the birth delivered by caesarean section, you, a family member or a doctor?	RESPONDENT 1 (SKIP TO 435F) ← FAMILY MEMBER 2 DOCTOR 3														
435E	Were you or your family told the reasons for having the operation?	YES 1 NO 2 (SKIP TO 435G) ←														
435F	What were the reasons for making the decision to have the operation? Any other reason? CIRCLE ALL MENTIONED.	CONVENIENCE A DO NOT WANT TO GO THROUGH LABOR PAIN B MAL PRESENTATION C PREMATURE BABY D CORD PROLAPSED E MULTIPLE BIRTHS F FAILURE TO PROGRESS IN LABOR G PRE-ECLAMPSIA H DIABETES I PREVIOUS C/S J LESS PRESSURE ON BABY'S BRAIN K OTHER COMPLICATIONS DURING DELIVERY L OTHER X														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
435G	CHECK 212: CHILD NOT FIRST BIRTH <input type="checkbox"/> CHILD FIRST BIRTH <input type="checkbox"/> → 435i ↓									
435H	Did you have caesarean section before this birth?	YES 1 NO 2								
435i	Did you or any of your family member ever used a mobile phone to get health services or advice for you or (NAME) during pregnancy or delivery?	YES 1 NO 2 (SKIP TO 435iv) ←								
435ii	What was the reason the mobile phone was used? Any other reason? CIRCLE ALL MENTIONED.	TO ASK WHAT TO DO TO CONTACT SERVICE PROVIDER A TO ARRANGE TRANSPORT B TO ARRANGE FOR MONEY TO ARRANGE OF DELIVERY C OTHER D (SPECIFY) E X								
435iii	Who did you call? Any other person? CIRCLE ALL MENTIONED.	HEALTH PERSONNEL/ QUAL. DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANT D MA/SACMO E COMMUNITY HEALTH CARE PROVIDER F HEALTH ASST. G FAMILY WELFARE ASSISTANT H NGO WORKER I OTHER PERSON TRAINED TBA J UNTRAINED TBA K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/ FRIENDS N OTHER X (SPECIFY)								
435iv	How much did you pay in total for your last delivery? IF MORE THAN 999995, WRITE 999995	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> Taka DON'T KNOW 999998 NOTHING 000000 (SKIP TO 435AA) ←								
435v	Where did you get the money for (NAME'S) delivery? Any other source? CIRCLE ALL MENTIONED.	FAMILY FUND A BORROWED B SOLD ASSETS/ MORTGAGE C GIFT FROM FAMILY D GIFT FROM NEIGHBOR/ FRIEND E VOUCHER F INSURANCE G OTHER X (SPECIFY)								

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH												
		NAME _____	NAME _____	NAME _____												
435AA	CHECK 434: DELIVERED AT HOME?	YES (CODE 11 CIRCLED) <input type="checkbox"/> NO (ANY CODE 21 TO 96 CIRCLED) <input type="checkbox"/> (SKIP TO 435AE)														
435AB	Now I would like to ask you some specific questions about what was done with (NAME) during and immediately following delivery. Was a Clean Delivery Kit used during the delivery of (NAME)? SHOW THE DELIVERY KIT.	YES 1 NO 2 DON'T KNOW 8														
435AC	What was used to cut the cord?	BLADE FROM DELIVERY KIT 1 BLADE FROM OTHER SOURCE 2 BAMBOO STRIPS 3 SCISSORS 4 OTHER _____ 6 (SPECIFY) CORD WAS NOT CUT (SKIP TO 435AE) 7 DON'T KNOW 8														
435AD	Was the (INSTRUMENT IN 435AC) boiled before the cord was cut?	YES 1 NO 2 DON'T KNOW 8														
435AE	Was anything applied to the cord immediately after cutting and tying it?	YES 1 NO 2 (SKIP TO 435AG) 3 DON'T KNOW 8														
435AF	What was applied to the cord after it was cut and tied? Anything else?	ANTIBIOTICS (POWDER/OINTMT.) 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 TALCUM POWDER K CHLORHEXIDINE L OTHER _____ X (SPECIFY) DON'T KNOW Z														
435AG	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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS ... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS ... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> NOT BATHED 995 DON'T KNOW 998														
435AH	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 _____
435AI	After the birth, was (NAME) put directly on the bare skin of your chest? Show the woman a picture of skin-to-skin position.	YES 1 NO 2 DON'T KNOW 8		
435AJ	CHECK 434: DELIVERED AT HOME?	YES (CODE 11 CIRCLED) <input type="checkbox"/> NO (ANY CODE 21 TO 96 CIRCLED) <input type="checkbox"/> (SKIP TO 438)		
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' IS CIRCLED, 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 COMMUNITY HEALTH CARE PROVIDER 16 HEALTH ASST. 17 FAMILY WELFARE ASSISTANT 18 NGO WORKER 21 OTHER PERSON TRAINED TBA 31 UNTRAINED TBA 32 UNQUALIFIED DOCTOR 33 OTHER _____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH															
		NAME _____	NAME _____	NAME _____															
439A	Where did this first check take place?	HOME HOME 11 PUBLIC SECTOR HOSP./MEDICAL 21 COLLEGE/SPE. MED. COL DIST. HOSP. 22 MCWC 23 UPAZILLA HEALTH COMPLEX 24 UH & FAMILY WELFARE CENTRE 25 SAT. CLINIC/EPI OUTREACH 27 COMM. CLINIC 28 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 OTHER 96 (SPECIFY) _____																	
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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS ... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998																	
440A	During the first two days after delivery, did any health care provider either do the following for you at home or at a health facility: Breast examination? Check vaginal discharge? Check temperature? Counsel on danger signs?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BREAST EXAM.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>VAG. DISCHARGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TEMPERATURE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COUNSEL ON DANGER SIGNS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BREAST EXAM.	1	2	VAG. DISCHARGE	1	2	TEMPERATURE	1	2	COUNSEL ON DANGER SIGNS	1	2		
	YES	NO																	
BREAST EXAM.	1	2																	
VAG. DISCHARGE	1	2																	
TEMPERATURE	1	2																	
COUNSEL ON DANGER SIGNS	1	2																	
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 445B) ← DON'T KNOW 8																	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
443	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HRS AFTER BIRTH 1 <input type="text"/> <input type="text"/></p> <p>DAYS AFTER BIRTH 2 <input type="text"/> <input type="text"/></p> <p>WKS AFTER BIRTH 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>		
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</p> <p>QUAL. DOCTOR 11</p> <p>NURSE/MIDWIFE/ PARAMEDIC 12</p> <p>FAMILY WELFARE VISITOR 13</p> <p>COMMUNITY SKILLED BIRTH ATTENDANT 14</p> <p>MA/SACMO 15</p> <p>COMMUNITY HEALTH CARE PROVIDER 16</p> <p>HEALTH ASST. 17</p> <p>FAMILY WELFARE ASSISTANT 18</p> <p>NGO WORKER 21</p> <p>OTHER PERSON</p> <p>TRAINED TBA 31</p> <p>UNTRAINED TBA 32</p> <p>UNQUALIFIED DOCTOR 33</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</p> <p>YOUR HOME 11</p> <p>PUBLIC SECTOR</p> <p>HOSP./MEDICAL 21</p> <p>COLLEGE/SPE. MED. COL</p> <p>DIST. HOSP. 22</p> <p>MCWC 23</p> <p>UPAZILLA HEALTH COMPLEX 24</p> <p>UH & FAMILY WELFARE CENTRE 25</p> <p>SAT. CLINIC/EPI OUTREACH 27</p> <p>COMM. CLINIC 28</p> <p>OTHER _____ 26 (SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC</p> <p>CLINIC 31</p> <p>NGO SAT CLINIC..... 32</p> <p>OTHER _____ 36 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC 41</p> <p>QUALIFIED DOC. CHAMBER 42</p> <p>UNQUALIFIED DOC. CHAMBER 43</p> <p>PHARMACY 44</p> <p>OTHER _____ 96 (SPECIFY)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
445A	<p>During the first two days after delivery, did any health care provider do the following for (NAME) either at home or at a facility:</p> <p style="text-align: right;">YES NO</p> <p>Examine the cord? EXAMINE CORD .. 1 2 Counsel on danger signs? COUNSEL ON DANGER SIGNS .. 1 2 Assess temperature? TEMPERATURE ... 1 2 Counsel you on breastfeeding? COUNSEL BF 1 2 Observe breastfeeding? OBSERVE BF 1 2 Assess weight? WEIGHT 1 2</p>			
445B	<p>During the first month of (NAME)'s birth, did s(he) experience any illness?</p>	<p>YES 1 NO 2 (SKIP TO 446) ←</p>		
445C	<p>Did you seek advice or treatment for the illness from any source?</p>	<p>YES 1 NO 2 (SKIP TO 446) ←</p>		
445D	<p>Where did you seek advice or treatment?</p> <p>Any other place?</p>	<p>HOME A</p> <p>PUBLIC SECTOR HOSP./MEDICAL B COLLEGE/SPE. MED. COL DISTRICT HOSP..... C MCWC D UHC E UH & FWC F SATELITE CLINIC/ EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASSIST. I OTHER _____ J (SPECIFY)</p> <p>NGO SECTOR NGO STATIC CLINIC L NGO SATELLITE CLINIC M NGO DEPO HOLDER N NGO FIELD WORKER O OTHER _____ P (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC Q QUALIFIED DOCTOR R UNQUALIFIED DOCTOR S PHARMACY/ DRUG STORE T OTHER PVT. _____ U (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
445E	Who provided the care?	HEALTH PROFESSIONAL/ WORKER QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR C CSBA D MA/SACMO E COMMUNITY HEALTH CARE PROVIDER F HEALTH ASSISTANT G FAMILY WELFARE ASSISTANT H NGO WORKER I OTHER PROVIDER TRAINED TBA J UNTRAINED TBA K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/ FRIENDS N OTHER X (SPECIFY)		
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 DON'T 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"/> DON'T KNOW 98	MONTHS... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT OR UNSURE (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"/> DON'T KNOW 98	MONTHS... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T 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"/> DEAD <input type="checkbox"/> (SKIP TO 460) (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH					
		NAME _____	NAME _____	NAME _____					
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 <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> DAYS 2 <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>							
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) ←							
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 GRAPE 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 <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> 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 2009 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"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <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.			
506A	DATE OF BIRTH	DAY MONTH YEAR <input type="text"/>	DAY MONTH YEAR <input type="text"/>	DAY MONTH YEAR <input type="text"/>
		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	BCG	DAY MONTH YEAR <input type="text"/>	DAY MONTH YEAR <input type="text"/>	DAY MONTH YEAR <input type="text"/>
	POLIO 0 (POLIO GIVEN AT BIRTH)	P0 <input type="text"/>	P0 <input type="text"/>	P0 <input type="text"/>
	PENTA 1	PT1 <input type="text"/>	PT1 <input type="text"/>	PT1 <input type="text"/>
	PENTA 2	PT2 <input type="text"/>	PT2 <input type="text"/>	PT2 <input type="text"/>
	PENTA 3	PT3 <input type="text"/>	PT3 <input type="text"/>	PT3 <input type="text"/>
	POLIO 1	P1 <input type="text"/>	P1 <input type="text"/>	P1 <input type="text"/>
	POLIO 2	P2 <input type="text"/>	P2 <input type="text"/>	P2 <input type="text"/>
	POLIO 3	P3 <input type="text"/>	P3 <input type="text"/>	P3 <input type="text"/>
	POLIO 4	P4 <input type="text"/>	P4 <input type="text"/>	P4 <input type="text"/>
	MR AT 9 MONTHS	MR9 <input type="text"/>	MR9 <input type="text"/>	MR9 <input type="text"/>
	MEASLES AT 9 MONTHS	M9 <input type="text"/>	M9 <input type="text"/>	M9 <input type="text"/>
	MEASLES AT 15 MONTHS	M15 <input type="text"/>	M15 <input type="text"/>	M15 <input type="text"/>
507	CHECK 506A:	BCG TO MEASLES AT 15 MONTHS ALL RECORDED <input type="checkbox"/> (GO TO 510I)	BCG TO MEASLES AT 15 MONTHS ALL RECORDED <input type="checkbox"/> (GO TO 510I)	BCG TO MEASLES AT 15 MONTHS ALL RECORDED <input type="checkbox"/> (GO TO 510I)
		VIT. A <input type="checkbox"/>	VIT. A <input type="checkbox"/>	VIT. A <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	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 510I) ← NO 2 (SKIP TO 510I) ← DON'T KNOW 8	YES..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506A) (SKIP TO 510I) ← NO 2 (SKIP TO 510I) ← DON'T KNOW 8	YES..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506A) (SKIP TO 510I) ← NO 2 (SKIP TO 510I) ← 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 510I) ← DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 510I) ← DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 510I) ← 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 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 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 a measles and rubella (MR) injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles and or rubella?	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 measles injection, that is, a shot in the arm at the age of 15 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
510I	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 _____
510J	At which national immunization day campaigns did (NAME) receive vaccinations? RECORD ALL CAMPAIGNS MENTIONED.	CAMPAIGN 1 (POLIO/JAN 2011) . . . A CAMPAIGN 2 (POLIO/FEB 2011) . . . B CAMPAIGN 3 (POLIO/JAN 2012) . . . C CAMPAIGN 4 (POLIO/FEB 2012) . . . D CAMPAIGN 5 (POLIO/DEC 2013) . . . E CAMPAIGN 6 (MR/JAN 2014) . . . F CAMPAIGN 7 (MR/FEB 2014) . . . G	CAMPAIGN 1 (POLIO/JAN 2011) . . . A CAMPAIGN 2 (POLIO/FEB 2011) . . . B CAMPAIGN 3 (POLIO/JAN 2012) . . . C CAMPAIGN 4 (POLIO/FEB 2012) . . . D CAMPAIGN 5 (POLIO/DEC 2013) . . . E CAMPAIGN 6 (MR/JAN 2014) . . . F CAMPAIGN 7 (MR/FEB 2014) . . . G	CAMPAIGN 1 (POLIO/JAN 2011) . . . A CAMPAIGN 2 (POLIO/FEB 2011) . . . B CAMPAIGN 3 (POLIO/JAN 2012) . . . C CAMPAIGN 4 (POLIO/FEB 2012) . . . D CAMPAIGN 5 (POLIO/DEC 2013) . . . E CAMPAIGN 6 (MR/JAN 2014) . . . F CAMPAIGN 7 (MR/FEB 2014) . . . G
511	Within the last six months, was (NAME) given a vitamin A dose like 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? (PLEASE USE THE LOCAL NAME)	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 about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or	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			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH		
		NAME _____			NAME _____			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>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>HOSP./MEDICAL A</p> <p>COLLEGE/SPE.</p> <p>MED. COL</p> <p>DISTRICT HOSP. B</p> <p>MCWC C</p> <p>UHC D</p> <p>UH & FWC E</p> <p>SATELITE CLINIC/ EPI OUTREACH</p> <p>SITE F</p> <p>COMMUNITY</p> <p>CLINIC G</p> <p>FAMILY WELFARE</p> <p>ASSISTANT H</p> <p>OTHER _____ I</p> <p>(SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC</p> <p>CLINIC J</p> <p>NGO SATELLITE</p> <p>CLINIC K</p> <p>NGO FIELD</p> <p>WORKER L</p> <p>OTHER _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC N</p> <p>QUALIFIED</p> <p>DOCTOR ... O</p> <p>UNQUALIFIED</p> <p>DOCTOR P</p> <p>PHARMACY Q</p> <p>OTHER PRIVATE</p> <p>SECTOR _____ R</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>HOSP./MEDICAL A</p> <p>COLLEGE/SPE.</p> <p>MED. COL</p> <p>DISTRICT HOSP. B</p> <p>MCWC C</p> <p>UHC D</p> <p>UH & FWC..... E</p> <p>SATELITE CLINIC/ EPI OUTREACH</p> <p>SITE F</p> <p>COMMUNITY</p> <p>CLINIC G</p> <p>FAMILY WELFARE</p> <p>ASSISTANT H</p> <p>OTHER _____ I</p> <p>(SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC</p> <p>CLINIC J</p> <p>NGO SATELLITE</p> <p>CLINIC K</p> <p>NGO FIELD</p> <p>WORKER L</p> <p>OTHER _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC N</p> <p>QUALIFIED</p> <p>DOCTOR ... O</p> <p>UNQUALIFIED</p> <p>DOCTOR P</p> <p>PHARMACY Q</p> <p>OTHER PRIVATE</p> <p>SECTOR _____ R</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>HOSP./MEDICAL A</p> <p>COLLEGE/SPE.</p> <p>MED. COL</p> <p>DISTRICT HOSP. B</p> <p>MCWC C</p> <p>UHC D</p> <p>UH & FWC..... E</p> <p>SATELITE CLINIC/ EPI OUTREACH</p> <p>SITE F</p> <p>COMMUNITY</p> <p>CLINIC G</p> <p>FAMILY WELFARE</p> <p>ASSISTANT H</p> <p>OTHER _____ I</p> <p>(SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC</p> <p>CLINIC J</p> <p>NGO SATELLITE</p> <p>CLINIC K</p> <p>NGO FIELD</p> <p>WORKER L</p> <p>OTHER _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC N</p> <p>QUALIFIED</p> <p>DOCTOR ... O</p> <p>UNQUALIFIED</p> <p>DOCTOR P</p> <p>PHARMACY Q</p> <p>OTHER PRIVATE</p> <p>SECTOR _____ R</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>						
522	<p>Was he/she given any of the follow 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 GUF 1 2 8</p> <p>ZINC SYRU 1 2 8</p> <p>ZINC TABLI 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 TABLE* 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 SYRUF 1 2 8</p> <p>ZINC TABLE 1 2 8</p>						

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES..... 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES..... 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8
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	MUCH LES!: 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	MUCH LES!: 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>	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>	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>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
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537	At any time during the illness, did (NAME) take any drugs for the illness?	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 557)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 557)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 557)</p> <p>DON'T KNOW 8</p>																						

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 CHLOROQUIN ... B PRIMAQUINE ... C QUININE D COMBINATION WITH ARTEMISININ E OTHER ANTI- MALARIAL _____ ... F (SPECIFY) ANTIBIOTIC DRUGS BETA LACTUM ... G MACROLIDES ... H QUINOLONE ... I CEPHALOS- PORIN J COTRIMOXA- ZOLE K GENTAMYCIN ... L METRONI- DAZOLE M OTHER DRUGS _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE... B PRIMAQUINE ... C QUININE D COMBINATION WITH ARTEMISININ E OTHER ANTI- MALARIAL _____ ... F (SPECIFY) ANTIBIOTIC DRUGS BETA LACTUM ... G MACROLIDES ... H QUINOLONE ... I CEPHALOS- PORIN J COTRIMOXA- ZOLE K GENTAMYCIN ... L METRONI- DAZOLE M OTHER DRUGS _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE... B PRIMAQUINE ... C QUININE D COMBINATION WITH ARTEMISININ E OTHER ANTI- MALARIAL _____ ... F (SPECIFY) ANTIBIOTIC DRUGS BETA LACTUM ... G MACROLIDES ... H QUINOLONE ... I CEPHALOS- PORIN J COTRIMOXA- ZOLE K GENTAMYCIN ... L METRONI- DAZOLE M OTHER DRUGS _____ X (SPECIFY) DON'T KNOW Z
539	Did anybody prescribe the drug?	YES..... 1 NO 2 (SKIP TO 552)←J	YES..... 1 NO 2 (SKIP TO 552)←J	YES..... 1 NO 2 (SKIP TO 552)←J
540	Who prescribed the drug?	HEALTH PROFESSIONAL/ WORKER QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR C CSBA D MA/SACMO E COMMUNITY HEALTH CARE PROVIDER ... F HEALTH ASSISTANT ... G FAMILY WELFARE ASSISTANT ... H NGO WORKER I OTHER PROVIDER TRAINED TBA ... J UNTRAINED TBA . K UNQUALIFIED DOCTOR L DRUG SELLER . M OTHER _____ X (SPECIFY)	HEALTH PROFESSIONAL/ WORKER QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR C CSBA D MA/SACMO E COMMUNITY HEALTH CARE PROVIDER ... F HEALTH ASSISTANT ... G FAMILY WELFARE ASSISTANT ... H NGO WORKER I OTHER PROVIDER TRAINED TBA ... J UNTRAINED TBA . K UNQUALIFIED DOCTOR L DRUG SELLER . M OTHER _____ X (SPECIFY)	HEALTH PROFESSIONAL/ WORKER QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR C CSBA D MA/SACMO E COMMUNITY HEALTH CARE PROVIDER ... F HEALTH ASSISTANT ... G FAMILY WELFARE ASSISTANT ... H NGO WORKER I OTHER PROVIDER TRAINED TBA ... J UNTRAINED TBA . K UNQUALIFIED DOCTOR L DRUG SELLER . M 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 HOSP./MEDICAL A COLLEGE/SPE. MED. COL DISTRICT HOSPT. B MCWC C UHC D UH & FWC E SATELITE CLINIC/ EPI OUTREACH SITE F COMMUNITY CLINIC G FAMILY WELFARE ASST. (FWA) H OTHER _____ I (SPECIFY)	PUBLIC SECTOR HOSP./MEDICAL A COLLEGE/SPE. MED. COL DISTRICT HOSPT. B MCWC C UHC D UH & FWC E SATELITE CLINIC/ EPI OUTREACH SITE F COMMUNITY CLINIC G FAMILY WELFARE ASST. (FWA) H OTHER _____ I (SPECIFY)	PUBLIC SECTOR . HOSP./MEDICAL A COLLEGE/SPE. MED. COL DISTRICT HOSPT. B MCWC C UHC D UH & FWC E SATELITE CLINIC/ EPI OUTREACH SITE F COMMUNITY CLINIC G FAMILY WELFARE ASST. (FWA) H OTHER _____ I (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 2012 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>		601																																																																																																																													
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> <table border="0"> <thead> <tr> <th></th> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) Plain water?</td> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) Juice or juice drinks?</td> <td>b)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) Clear broth?</td> <td>c)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) Milk such as tinned, powdered, or fresh animal milk?</td> <td>d)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</td> <td>NUMBER OF TIMES DRANK MILK</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e) Infant formula like Lactogen?</td> <td>e)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</td> <td>NUMBER OF TIMES DRANK FORMULA</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>f) Any other liquids?</td> <td>f)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) Yogurt?</td> <td>g)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</td> <td>NUMBER OF TIMES ATE YOGURT</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>h) Any commercially fortified baby food like Cerelac?</td> <td>h)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i) Bread, rice, noodles, porridge, or other foods made from grains?</td> <td>i)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</td> <td>j)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?</td> <td>k)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l) Any dark green, leafy vegetables like spinach, poi sag, methi, kolmi, kochu,</td> <td>l)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m) Ripe mangoes, papayas, ripe kathal, bangi or other Vitamin A rich fruits?</td> <td>m)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n) Any other fruits like banana, grapes, apple, guava or other vegetables like cabbage, patal, kopi?</td> <td>n)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o) Liver, kidney, heart or other organ meats?</td> <td>o)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</td> <td>p)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q) Eggs?</td> <td>q)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r) Fish, shrimps or crab ?</td> <td>r)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>s) Any foods made from beans, peas, lentils, or nuts?</td> <td>s)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>t) Cheese or other food made from milk like paneer?</td> <td>t)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>u) Any other solid, semi-solid, or soft food (bengali sweets)?</td> <td>u)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>			YES	NO	DK	a) Plain water?	a)	1	2	8	b) Juice or juice drinks?	b)	1	2	8	c) Clear broth?	c)	1	2	8	d) Milk such as tinned, powdered, or fresh animal milk?	d)	1	2	8	IF YES: How many times did (NAME) drink milk? 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c) Clear broth?	c)	1	2	8																																																																																																																												
d) Milk such as tinned, powdered, or fresh animal milk?	d)	1	2	8																																																																																																																												
IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK			<input type="checkbox"/>																																																																																																																												
e) Infant formula like Lactogen?	e)	1	2	8																																																																																																																												
IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA			<input type="checkbox"/>																																																																																																																												
f) Any other liquids?	f)	1	2	8																																																																																																																												
g) Yogurt?	g)	1	2	8																																																																																																																												
IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT			<input type="checkbox"/>																																																																																																																												
h) Any commercially fortified baby food like Cerelac?	h)	1	2	8																																																																																																																												
i) Bread, rice, noodles, porridge, or other foods made from grains?	i)	1	2	8																																																																																																																												
j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	j)	1	2	8																																																																																																																												
k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?	k)	1	2	8																																																																																																																												
l) Any dark green, leafy vegetables like spinach, poi sag, methi, kolmi, kochu,	l)	1	2	8																																																																																																																												
m) Ripe mangoes, papayas, ripe kathal, bangi or other Vitamin A rich fruits?	m)	1	2	8																																																																																																																												
n) Any other fruits like banana, grapes, apple, guava or other vegetables like cabbage, patal, kopi?	n)	1	2	8																																																																																																																												
o) Liver, kidney, heart or other organ meats?	o)	1	2	8																																																																																																																												
p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p)	1	2	8																																																																																																																												
q) Eggs?	q)	1	2	8																																																																																																																												
r) Fish, shrimps or crab ?	r)	1	2	8																																																																																																																												
s) Any foods made from beans, peas, lentils, or nuts?	s)	1	2	8																																																																																																																												
t) Cheese or other food made from milk like paneer?	t)	1	2	8																																																																																																																												
u) Any other solid, semi-solid, or soft food (bengali sweets)?	u)	1	2	8																																																																																																																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
559	CHECK 558 (CATEGORIES "g" THROUGH "u"): NOT A SINGLE "YES" <input type="checkbox"/> ↓ AT LEAST ONE "YES" <input type="checkbox"/> →		561
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 type="checkbox"/> 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	→ 611A
611	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
611A	Do you think you got married at an age that was right for you, or would you have preferred to marry earlier or later?	EARLIER 1 RIGHT TIME 2 LATER 3	→ 611C
611B	At what age would you have preferred to get married?	AGE IN YEARS <input type="text"/> <input type="text"/>	
611C	Were you studying or attending school just before you got married?	YES 1 NO 2	→ 611E
611D	Did you continue your studies after marriage? IF YES: For how long?	NO 1 YES, LESS THAN A YEAR 2 YES, FOR 1-2 YEARS 3 YES, FOR 3-4 YEARS 4 YES, FOR 5+ YEARS 5	
611E	Were you working outside home just before you got married?	YES 1 NO 2	→ 612

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
611F	Did you continue working after marriage? IF YES: For how long?	NO 1 YES, LESS THAN A YEAR 2 YES, FOR 1-2 YEARS 3 YES, FOR 3-4 YEARS 4 YES, FOR 5+ YEARS 5									
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 INTERCOURSE00 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 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 <table border="1" data-bbox="1235 775 1342 1010" style="display: inline-table; vertical-align: middle;"> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	→701
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										
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 <input type="checkbox"/> → 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 <input type="checkbox"/> → 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"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>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?</p> <p>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</p> <p>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"/></p> <p>↓</p> <p>NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>CURRENTLY USING <input type="checkbox"/></p>		<p>→ 712</p>
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>	<p>→ 711B</p>
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>LACTATIONAL AMEN. METHOD 11</p> <p>SAFE PERIOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	<p>→ 712</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711B	What is the main reason that you think you will not use a contraceptive method at any time in the future?	FERTILITY-RELATED REASONS NO SEX 21 INFREQUENT SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 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 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
712	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> ↓ ↓ 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? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→ 714 → 714
713	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?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
714	In the last month have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in a poster, billboard or leaflet? Heard about family planning from a community event?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2 POSTER/BILLBOARD 1 2 COMMUNITY EVENT 1 2	

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"/> ↓ OR NOT ASKED NOT CURRENTLY USING <input type="checkbox"/>		→ 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	<p>CHECK 103A:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> SEPARATED/DESERTED DIVORCED/WIDOWED <input type="checkbox"/></p> <p>↓ →</p>		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	<p>CHECK 801:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>↓ ↓</p> <p>What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?</p>	<p>_____ <input type="text"/><input type="text"/></p> <p>_____</p> <p>_____</p>	
807	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 811
808	<p>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.</p> <p>In the last seven days, have you done any of these things or any other work?</p>	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 do?	<p>_____ <input type="text"/><input type="text"/></p> <p>_____</p> <p>_____</p>	
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
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
814	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
815	CHECK 103A: CURRENTLY MARRIED <input type="checkbox"/> SEPARATED/DESERTED DIVORCED/WIDOWED <input type="checkbox"/>		→ 823A
816	CHECK 814: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 820
817	Who usually decides how the money you earn will be used: you, you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER _____ 6 (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
823	Who usually makes decisions about your child health care?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
823A	Do 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

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="1"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</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./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3					
	PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.																								
CHILDREN < 10	1	2	3																								
HUSBAND	1	2	3																								
OTHER MALES	1	2	3																								
OTHER FEMALES	1	2	3																								
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="1"> <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 DON'T KNOW 8																	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T 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 DON'T KNOW 8																	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
906	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
906A	Can people get the AIDS virus by using unsterilized needle or syringe?	YES 1 NO 2 DON'T KNOW 8																	
906B	Can people get the AIDS virus through unsafe blood transfusion?	YES 1 NO 2 DON'T KNOW 8																	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T 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) Gonorrhea?	<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 HOSP./MEDICAL COLLEGE/SPE. MED. COL A DISTRICT HOSPITAL B MCWC C UHC D H&FWC E SATELITE CLINIC/EPI OUTREACH SITE F COMMUNITY CLINIC G FAMILY WELFARE ASST. H OTHER _____ I (SPECIFY) NGO SECTOR NGO STATIC CLINIC J NGO SATELLITE CLINIC K NGO DEPO HOLDER L NGO FIELD WORKER M OTHER _____ N (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ O QUALIFIED DOCTOR P UNQUALIFIED DOCTOR Q PHARMACY/DRUG STORE R PRIVATE MEDICAL COLLEGE HOSPITAL _____ S (SPECIFY) OTHER SOURCE OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
945A	<p>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?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>									
946	<p>RECORD THE TIME.</p>	<p>HOUR <table border="1" data-bbox="1241 297 1342 353"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" data-bbox="1241 353 1342 409"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									
947	<p>Thank you for taking the time to answer these questions. I would like to inform you that additional information on family planning and antenatal care for women who give birth in the past five years will be collected in the near future in order to find better ways to provide health services for women and families.</p> <p>Another member of our team may return in a few days or weeks to ask you a few additional questions about these topics.</p> <p>Do you agree to allow another member of our team to contact you about participating in a short interview? Your responses will remain confidential.</p>	<p>RESPONDENT AGREES TO BE REVISITED 1 <input data-bbox="1289 459 1342 517" type="checkbox"/> RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 <input data-bbox="1289 573 1342 631" type="checkbox"/></p> <p>SIGNATURE OF INTERVIEWER: _____</p> <p>DATE: _____</p>									

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
- K LACTATIONAL AMENORRHEA METHOD
- 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	
12	DEC	01			
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10	OCT	03			
09	SEP	04			
2	08	AUG	05		2
0	07	JUL	06		0
1	06	JUN	07		1
4	05	MAY	08		1
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	03	MAR	10		
	02	FEB	11		
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10	OCT	15			
09	SEP	16			
2	08	AUG	17		2
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1	06	JUN	19		1
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11	NOV	26			
10	OCT	27			
09	SEP	28			
2	08	AUG	29		2
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1	06	JUN	31		1
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1	06	JUN	43		1
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10	OCT	51			
09	SEP	52			
2	08	AUG	53		2
0	07	JUL	54		0
1	06	JUN	55		1
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	04	APR	57		
	03	MAR	58		
	02	FEB	59		
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11	NOV	62			
10	OCT	63			
09	SEP	64			
2	08	AUG	65		2
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0	06	JUN	67		0
9	05	MAY	68		9
	04	APR	69		
	03	MAR	70		
	02	FEB	71		
	01	JAN	72		