

CONFIDENTIAL
 For research
 purposes only

IDENTIFICATION	
STATE _____	[] []
DISTRICT _____	
TEHSIL/TALUK _____	
CITY/TOWN/VILLAGE _____	
MEGA CITY/LARGE CITY/SMALL CITY/LARGE TOWN/SMALL TOWN/RURAL (MEGA CITY=1, LARGE CITY=2, SMALL CITY=3, LARGE TOWN =4, SMALL TOWN=5, RURAL=6)	[]
PSU NUMBER	[] [] []
HOUSEHOLD NUMBER	[] [] [] []
NAME AND LINE NUMBER OF MAN _____	[] []
ADDRESS OF HOUSEHOLD _____ _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT*	_____	_____	_____	RESULT CODE
NEXT VISIT: DATE TIME	_____	_____	_____	TOTAL NUMBER OF VISITS
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)				
NATIVE LANGUAGE OF RESPONDENT** ** LANGUAGE CODES: 01 ASSAMESE 06 KANNADA 11 MARATHI 16 TAMIL 02 BENGALI 07 KASHMIRI 12 NEPALI 17 TELUGU 03 ENGLISH 08 KONKANI 13 ORIYA 18 URDU 04 GUJARATI 09 MALAYALAM 14 PUNJABI 19 OTHER _____ 05 HINDI 10 MANIPURI 15 SINDHI (SPECIFY)				

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ [] [] []	NAME _____ [] [] []	[] []	[] []
DATE _____ [] [] []	DATE _____ [] [] []	[] []	[] []

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND INFORMED CONSENT

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

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

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

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

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

May I begin the interview now?

Signature of interviewer: _____ Date: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community for at least one night?	NUMBER OF TRIPS AWAY .. <input type="text"/> <input type="text"/> NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES 1 NO 2	
106	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	→111
109	What is the highest standard you completed?	STANDARD <input type="text"/> <input type="text"/>	
110	CHECK 109: STANDARD 0-5 <input type="checkbox"/> ↓ STANDARD 6 AND ABOVE <input type="checkbox"/>		→114
111	Now I would like you to read this sentence to me. SHOW A SENTENCE FROM THE LITERACY CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	Have you ever participated in a literacy programme or any other programme that involves learning to read or write (not including primary school)?	YES 1 NO 2	
113	CHECK 111: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> ↓ CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	Do you usually go to a cinema hall or theatre to see a movie at least once a month?	YES 1 NO 2	
118	What is your religion?	HINDU 01 MUSLIM 02 CHRISTIAN 03 SIKH 04 BUDDHIST/NEO-BUDDHIST 05 JAIN 06 JEWISH 07 PARSI/ZOROASTRIAN 08 NO RELIGION 09 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	What is your caste or tribe?	CASTE _____ 1 (SPECIFY) TRIBE _____ 2 (SPECIFY) NO CASTE/TRIBE 3 DON'T KNOW 8	→ 121
120	Do you belong to a scheduled caste, a scheduled tribe, other backward class, or none of these?	SCHEDULED CASTE 1 SCHEDULED TRIBE 2 OBC 3 NONE OF THEM 4	
121	Have you done any work in the last seven days?	YES 1 NO 2	→ 125
122	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, or any other such reason?	YES 1 NO 2	→ 125
123	Have you done any work in the last 12 months?	YES 1 NO 2	→ 125
124	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 1 LOOKING FOR WORK 2 RETIRED 3 UNABLE TO WORK/ILL/ HANDICAPPED 4 HOUSEWORK/CHILDCARE 5 OTHER _____ 6 (SPECIFY)	→ 201
125	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
126	CHECK 125: WORKS IN <input type="checkbox"/> AGRICULTURE DOES NOT WORK <input type="checkbox"/> IN AGRICULTURE		→ 128
127	Do you work mainly on your own land, on family land, or on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
128	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	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 206								
202	Do you have any sons or daughters that you have fathered 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="1255 447 1357 562" 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="1255 562 1357 678" 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 you have fathered 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="1255 793 1357 909" 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="1255 909 1357 1024" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter 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 DON'T KNOW 8	<input type="checkbox"/> → 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1255 1182 1357 1297" 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="1255 1297 1357 1413" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	(In addition to the children that you have just told me about), do you have: a. Any other living sons or daughters who are biologically your children but who are not legally yours or do not have your last/family name? b. Any other sons or daughters who died who were biologically your children but who were not legally yours or did not have your last/family name? <input type="checkbox"/> NO TO BOTH ↓ <input type="checkbox"/> OTHER → PROBE AND CORRECT 201-207 AS NECESSARY.										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <input type="text"/> <input type="text"/>	
210	CHECK 209: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>HAS HAD MORE THAN ONE CHILD</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>HAS HAD ONLY ONE CHILD</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>HAS NOT HAD ANY CHILDREN</p> <input type="checkbox"/> </div> </div>		<p style="text-align: right;">→ 213</p> <p style="text-align: right;">→ 301</p>
211	Do the children that you have fathered all have the same biological mother?	YES 1 NO 2	→ 213
212	In all, how many women have you fathered children with?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>	
213	How old were you when your (first) child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	
214	How many years old is your (youngest) living child?	AGE IN YEARS <input type="text"/> <input type="text"/> NO LIVING CHILD 95	

SECTION 3. CONTRACEPTION AND MALE INVOLVEMENT

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR METHODS 02, 06, 08, AND 09, ASK 302 IF 301 HAS CODE 1 CIRCLED.</p>		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↙	Have you ever had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day or every week to avoid becoming pregnant.	YES 1 NO 2	
04	IUD OR LOOP Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
06	CONDOM OR NIRODH Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↙	YES 1 NO 2
07	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
08	RHYTHM METHOD Every month that a woman is sexually active, she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ↙	YES 1 NO 2
09	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↙	YES 1 NO 2
10	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2	
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
303	CHECK 302 (02) RESPONDENT IS STERILIZED YES <input type="checkbox"/> NO <input type="checkbox"/>		310															
304	Now I would like to talk about when you were sterilized. In what facility did the sterilization take place? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL ... 11 GOVT. DISPENSARY 12 UHC/UHP/UFWC 13 CHC/RURAL HOSPITAL/PHC ... 14 SUB-CENTRE 15 GOVT. MOBILE CLINIC 16 CAMP 17 OTHER PUBLIC SECTOR HEALTH FACILITY 18 NGO OR TRUST HOSPITAL/CLINIC . 21 PRIVATE MEDICAL SECTOR PVT. HOSPITAL 31 PVT. DOCTOR/CLINIC 32 PVT. MOBILE CLINIC 33 OTHER PRIVATE HEALTH FACILITY 34 OTHER _____ 96 (SPECIFY) DON'T KNOW 98																
305	In what month and year was the sterilization performed?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
306	Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?	YES 1 NO 2 DON'T KNOW 8																
307	How would you rate the care you received during and immediately after the operation: very good, all right, not so good, or bad?	VERY GOOD 1 ALL RIGHT 2 NOT SO GOOD 3 BAD 4																
308	How much did you pay in total for the sterilization, including any consultation you may have had?	COST ... Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 99995 DON'T KNOW 99998																
309	Do you regret that you had the sterilization?	YES 1 NO 2																
310	In the last few months have you heard or seen any message about family planning: a. On the radio? b. On the television? c. In a newspaper or magazine? d. On a wall painting or hoarding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WALL PAINTING/HOARDING .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2	WALL PAINTING/HOARDING .	1	2	
	YES	NO																
RADIO	1	2																
TELEVISION	1	2																
NEWSPAPER OR MAGAZINE	1	2																
WALL PAINTING/HOARDING .	1	2																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
311	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 313												
312	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													
313	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES 1 NO 2 DEPENDS 3 DON'T KNOW 8													
314	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a. Contraception is women's business and a man should not have to worry about it. b. Women who use contraception may become promiscuous.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">AGREE</th> <th style="width: 10%; text-align: center;">DIS- AGREE</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>CONTRACEPTION WOMEN'S BUSINESS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>WOMAN MAY BECOME PROMISCUOUS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		AGREE	DIS- AGREE	DK	CONTRACEPTION WOMEN'S BUSINESS	1	2	8	WOMAN MAY BECOME PROMISCUOUS	1	2	8	
	AGREE	DIS- AGREE	DK												
CONTRACEPTION WOMEN'S BUSINESS	1	2	8												
WOMAN MAY BECOME PROMISCUOUS	1	2	8												
315	CHECK 301 (06) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 317												
316	If a male condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 NOT AT ALL 3 DON'T KNOW/UNSURE 8													
317	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 319												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	<p>Where is that?</p> <p>Any other place?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL ... A</p> <p>GOVT. DISPENSARY B</p> <p>UHC/UHP/UFWC C</p> <p>CHC/RURAL HOSPITAL/PHC ... D</p> <p>SUB-CENTRE/ANM E</p> <p>GOVT. MOBILE CLINIC F</p> <p>CAMP G</p> <p>ANGANWADI/ICDS CENTRE ... H</p> <p>ASHA I</p> <p>OTHER COMMUNITY-BASED WORKER J</p> <p>OTHER PUBLIC MEDICAL SECTOR K</p> <p>NGO OR TRUST HOSPITAL/CLINIC . L</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL M</p> <p>PVT. DOCTOR/CLINIC N</p> <p>PVT. MOBILE CLINIC O</p> <p>VAIDYA/HAKIM/HOMEOPATH ... P</p> <p>TRADITIONAL HEALER Q</p> <p>PHARMACY/DRUGSTORE R</p> <p>DAI (TBA) S</p> <p>OTHER PRIVATE MEDICAL SECTOR T</p> <p>OTHER SOURCE</p> <p>SHOP U</p> <p>FRIEND/RELATIVE V</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
319	<p>In the last 3 months, have you visited a health facility or camp for any reason for yourself (or for your children)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 326</p>
320	<p>What type of health facility did you visit most recently for yourself (or for your children)?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL ... 11</p> <p>GOVT. DISPENSARY 12</p> <p>UHC/UHP/UFWC 13</p> <p>CHC/RURAL HOSPITAL/PHC ... 14</p> <p>SUB-CENTRE 15</p> <p>GOVT. MOBILE CLINIC 16</p> <p>CAMP 17</p> <p>ANGANWADI/ICDS CENTRE ... 18</p> <p>OTHER PUBLIC SECTOR HEALTH FACILITY 19</p> <p>NGO OR TRUST HOSPITAL/CLINIC . 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL 31</p> <p>CLINIC/PVT. MOBILE CLINIC ... 32</p> <p>PHARMACY/DRUGSTORE 33</p> <p>OTHER PRIVATE SECTOR HEALTH FACILITY 34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	What service did you go for? Any other service? RECORD ALL MENTIONED.	FAMILY PLANNING A IMMUNIZATION B DISEASE PREVENTION C MEDICAL TREATMENT FOR SELF D TREATMENT FOR CHILD E TREATMENT FOR OTHER PERSON F GROWTH MONITORING OF CHILD G HEALTH CHECK-UP H OTHER _____ X (SPECIFY)	
322	How long did you have to wait before you received the service you went for?	MINUTES 1 <input type="text"/> <input type="text"/> HOURS 2 <input type="text"/> <input type="text"/> NO WAIT AT ALL 995 DID NOT RECEIVE SERVICE 996	▶ 325
323	Was the person who provided the service to you responsive to your problems and needs?	YES 1 NO 2	
324	Did she/he respect your need for privacy if you needed it?	YES 1 NO 2 SAYS PRIVACY NOT NEEDED 3	
325	Would you say that the health facility/camp was very clean, somewhat clean, or not clean?	VERY CLEAN 1 SOMEWHAT CLEAN 2 NOT CLEAN 3	
326	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> OTHER <input type="checkbox"/> IS AGE 0-3 ↓		→ 401
327	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD AND ENTER THE LINE NUMBER OF THE CHILD FROM THE HOUSEHOLD QUESTIONNAIRE. IF CHILD IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, WRITE '00' IN THE BOXES FOR THE LINE NUMBER.	_____ (NAME OF (YOUNGEST) CHILD) LINE NUMBER OF (YOUNGEST) CHILD FROM THE HOUSEHOLD SCHEDULE <input type="text"/> <input type="text"/>	
328	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	▶ 330 ▶ 331
329	Were you ever present during any antenatal check-up?	PRESENT 1 NOT PRESENT 2	▶ 331
330	What was the main reason why (NAME)'s mother did not have any antenatal check-up?	HE DID NOT THINK IT WAS NECESSARY/DID NOT ALLOW 01 FAMILY DID NOT THINK IT NECESSARY/DID NOT ALLOW 02 CHILD'S MOTHER DID NOT WANT CHECK-UP 03 HAS HAD CHILDREN BEFORE 04 COSTS TOO MUCH 05 TOO FAR/NO TRANSPORTATION 06 NO FEMALE HEALTH WORKER AVAILABLE 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	At any time when (NAME)'s mother was pregnant with (NAME), did any health provider or health worker ever tell you about the following signs of pregnancy complications? a. Vaginal bleeding? b. Convulsions? c. Prolonged labour?	<p style="text-align: right;">YES NO</p> BLEEDING 1 2 CONVULSIONS 1 2 PROLONGED LABOUR .. 1 2	
332	Were you ever told what to do if (NAME)'s mother had any pregnancy complication?	YES 1 NO 2	
333	At any time during the pregnancy did any health provider or health worker speak to you about: a. The importance of delivering the baby in a hospital or health facility? b. The importance of proper nutrition for the mother during pregnancy? c. Family planning or delaying your next child?	<p style="text-align: right;">YES NO</p> DELIVERY ADVICE 1 2 NUTRITION ADVICE 1 2 FAMILY PLANNING 1 2	
334	Was (NAME) born in a hospital or any other health facility?	HOSPITAL/HEALTH FACILITY 1 SOMEWHERE ELSE 2	→ 337
335	When (NAME)'s mother was pregnant with (NAME), did anyone explain to you the importance of the following: a. The need for the mother to breastfeed the baby immediately after delivery? b. The need to keep the baby warm immediately after birth? c. The need for cleanliness at the time of delivery? d. The need for a new or unused blade to cut the cord?	<p style="text-align: right;">YES NO</p> BREASTFEEDING 1 2 BABY WARM 1 2 CLEANLINESS 1 2 CLEAN BLADE 1 2	
336	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COSTS TOO MUCH 01 FACILITY NOT OPEN 02 TOO FAR/NO TRANSPORTATION . 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE 04 NO FEMALE PROVIDER 05 NOT THE FIRST CHILD 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY 07 HE DID NOT THINK IT NECESSARY/ DID NOT ALLOW 08 FAMILY DID NOT THINK IT WAS NECESSARY/DID NOT ALLOW . 09 OTHER 96 (SPECIFY) DON'T KNOW 98	
337	When a child has diarrhoea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	

SECTION 4. MARRIAGE AND SEXUAL LIFE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	What is your current marital status?	CURRENTLY MARRIED 1 MARRIED, GAUNA NOT PERFORMED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 DESERTED 6 NEVER MARRIED 7	→ 407 → 414
402	Do you currently have one wife or more than one wife? IF ONLY ONE WIFE, RECORD '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES <input type="text"/> <input type="text"/>	
403	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE. IF A WIFE IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, RECORD '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES. (IF RESPONDENT HAS MORE THAN FOUR WIVES, USE SPACE AT THE BOTTOM OF THE PAGE.) CHECK 402: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONLY ONE WIFE <input type="checkbox"/> ↓ Please tell me the name of your wife. WIFE NUMBER NAME 1 _____ 2 _____ 3 _____ 4 _____ </div> <div style="text-align: center;"> MORE THAN ONE WIFE <input type="checkbox"/> ↓ Please tell me the name of each of your wives, starting with the one you married first. </div> </div>	<div style="text-align: center;"> LINE NUMBER IN HOUSEHOLD QUESTIONNAIRE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>	
404	Are you living with your wife/wives now, or is she/are they staying elsewhere?	LIVING WITH WIFE/AT LEAST ONE WIFE 1 NOT LIVING WITH WIFE/ANY WIVES .. 2	→ 406
405	For how long have you not been living with your wife/ any of your wives? IF LESS THAN 1 YEAR, RECORD MONTHS; OTHERWISE RECORD COMPLETED YEARS.	MONTHS 1 YEARS 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
406	<p>CHECK 402:</p> <p>ONLY ONE WIFE <input type="checkbox"/></p> <p>MORE THAN ONE WIFE <input type="checkbox"/></p> <p>Have you ever been married to any woman other than your current wife?</p> <p>Have you ever been married to any other woman in addition to those you have told me about?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 408</p>
407	<p>Have you been married once or more than once?</p>	<p>ONCE 1</p> <p>MORE THAN ONCE 2</p>	<p>→ 409</p> <p>→ 409A</p>
408	<p>CHECK 402 AND 406:</p> <p>402=01 AND 406='2' <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		<p>→ 409A</p>
409	<p>In what month and year did you get married?</p>	<p>MONTH <input type="text"/></p> <p>DON'T KNOW MONTH 98</p>	
409A	<p>Now I would like to ask about when you married your first wife. In what month and year was that?</p>	<p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	<p>→ 411</p>
410	<p>How old were you when you (first) got married?</p>	<p>AGE <input type="text"/></p>	
411	<p>CHECK 401:</p> <p>MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		<p>→ 414</p>
412	<p>CHECK 402 AND 406 AND, IF 402 AND 406 NOT ASKED, CHECK 407:</p> <p>MARRIED ONLY ONCE (402=01 AND 406='2') OR (407='1') <input type="checkbox"/></p> <p>MARRIED MORE THAN ONCE (402>01 OR 406='1') OR (407='2') <input type="checkbox"/></p> <p>In what month and year did you start living with your wife?</p> <p>Now I would like to ask about when you started living with your first wife. In what month and year was that?</p>	<p>MONTH <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	<p>→ 415</p>
413	<p>How old were you when you first started living with her?</p>	<p>AGE <input type="text"/></p>	<p>→ 415</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414	<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> <p>Now I need to ask you some questions about sexual life in order to gain a better understanding of some family life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you do not want to answer, just let me know and I will skip to the next question.</p> <p>Have you ever had sexual intercourse?</p>	<p>YES 1</p> <p>NO 2</p>	→ 416
415	<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> <p>(Now I need to ask you some questions about sexual life in order to gain a better understanding of some family life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you do not want to answer, just let me know and I will skip to the next question.)</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE 95</p>	<p>→ 446</p> <p>→ 418</p> <p>→ 418</p>
416	<p>CHECK 401:</p> <p>NEVER MARRIED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		→ 446
417	<p>Do you intend to wait until you get married to have sexual intercourse for the first time?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	→ 446
418	<p>The first time you had sexual intercourse, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	
419	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS, OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	<p>→ 421</p> <p>→ 434</p>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
420	When was the last time you had sexual intercourse with this person?		DAYS AGO . 1 <input type="text"/> <input type="text"/> WEEKS AGO . 2 <input type="text"/> <input type="text"/> MONTHS AGO . 3 <input type="text"/> <input type="text"/>	DAYS AGO . 1 <input type="text"/> <input type="text"/> WEEKS AGO . 2 <input type="text"/> <input type="text"/> MONTHS AGO . 3 <input type="text"/> <input type="text"/>
421	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 423) ←	YES 1 NO 2 (SKIP TO 423) ←	YES 1 NO 2 (SKIP TO 423) ←
422	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
423	What was this person's relationship to you?	WIFE 01 (SKIP TO 428) ← LIVE-IN PARTNER . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . 03 OTHER FRIEND ... 04 RELATIVE 05 CASUAL ACQUAINTANCE .. 06 SEX WORKER . 07 OTHER _____ 96 (SPECIFY)	WIFE 01 (SKIP TO 428) ← LIVE-IN PARTNER . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . 03 OTHER FRIEND ... 04 RELATIVE 05 CASUAL ACQUAINTANCE .. 06 SEX WORKER . 07 OTHER _____ 96 (SPECIFY)	WIFE 01 (SKIP TO 429) ← LIVE-IN PARTNER . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . 03 OTHER FRIEND ... 04 RELATIVE 05 CASUAL ACQUAINTANCE .. 06 SEX WORKER . 07 OTHER _____ 96 (SPECIFY)
424	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
425	CHECK 107:	AGE 15-24 <input type="text"/> AGE 25-54 <input type="text"/> ↓ (SKIP TO 428) ←	AGE 15-24 <input type="text"/> AGE 25-54 <input type="text"/> ↓ (SKIP TO 428) ←	AGE 15-24 <input type="text"/> AGE 25-54 <input type="text"/> ↓ (SKIP TO 429) ←
426	How old is this person?	AGE OF PARTNER . <input type="text"/> <input type="text"/> (SKIP TO 428) ← DON'T KNOW 98	AGE OF PARTNER . <input type="text"/> <input type="text"/> (SKIP TO 428) ← DON'T KNOW 98	AGE OF PARTNER . <input type="text"/> <input type="text"/> (SKIP TO 429) ← DON'T KNOW 98
427	Would you say this person is ten or more years older than you?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
428	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 420 ← IN NEXT COLUMN) NO 2 (SKIP TO 430) ←	YES 1 (GO BACK TO 420 ← IN NEXT COLUMN) NO 2 (SKIP TO 430) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
429	In total, with how many different people have you had sex in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	
430	CHECK 423, ALL COLUMNS: NO PARTNERS ARE SEX WORKERS <input type="checkbox"/>	AT LEAST ONE PARTNER IS A SEX WORKER <input type="checkbox"/>	→ 434
431	In the last 12 months, did you pay anyone in exchange for sex?	YES 1 NO 2	→ 434
432	The last time you paid someone in exchange for sex, was a condom used?	YES 1 NO 2	→ 434
433	Was a condom used every time you paid someone in exchange for sex in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
434	In total, with how many different people have you had sex in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	
435	CHECK 421, COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER): YES <input type="checkbox"/> NO, BLANK <input type="checkbox"/>		→ 442
436	You told me that the last time you had intercourse you used a condom. What brand of condom did you use the last time?	BRAND NAME _____ <input type="text"/> <input type="text"/> <input type="text"/> (SPECIFY) DON'T KNOW 998	
437	Who obtained the condom: you, your partner, or someone else?	MAN HIMSELF 1 PARTNER 2 SOMEONE ELSE 3	→ 441
438	How many condoms did you get the last time?	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98	
439	The last time you obtained condoms, how much did you pay in total, including the cost of the method and any consultation you may have had?	COST Rs. <input type="text"/> <input type="text"/> <input type="text"/> FREE 995 DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
440	<p>From where did you obtain the condom the last time?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL ... 11</p> <p>GOVT. DISPENSARY 12</p> <p>UHC/UHP/UFWC 13</p> <p>CHC/RURAL HOSPITAL/PHC 14</p> <p>SUB-CENTRE/ANM 15</p> <p>GOVT. MOBILE CLINIC 16</p> <p>CAMP 17</p> <p>ANGANWADI WORKER 18</p> <p>ASHA 19</p> <p>OTHER COMMUNITY BASED WORKER 20</p> <p>OTHER PUBLIC MEDICAL SECTOR 21</p> <p>NGO OR TRUST HOSPITAL/CLINIC . 31</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC/ DOCTOR 41</p> <p>PVT. PARAMEDIC 42</p> <p>VAIDYA/HAKIM/HOMEOPATH ... 43</p> <p>TRADITIONAL HEALER 44</p> <p>PHARMACY/DRUGSTORE 45</p> <p>DAI (TBA) 46</p> <p>OTHER PRIVATE MEDICAL SECTOR 47</p> <p>OTHER SOURCE</p> <p>RATION SHOP 51</p> <p>OTHER SHOP 52</p> <p>WIFE 53</p> <p>FRIEND/RELATIVE 54</p> <p>VENDING MACHINE 55</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
441	<p>This last time you used a condom, did you use it to avoid pregnancy, to avoid a sexually transmitted disease, or for some other reason?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p>AVOID PREGNANCY A</p> <p>AVOID STD B</p> <p>SOME OTHER REASON C</p>	
442	<p>CHECK 302 (02): RESPONDENT EVER STERILIZED</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p style="text-align: right;">→ 445</p>		
443	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p style="text-align: right;">→ 445</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
444	What method did you or your partner use? PROBE: Did you use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION A PILL B IUD/LOOP C INJECTABLES D IMPLANTS E FEMALE CONDOM F DIAPHRAGM G FOAM/JELLY H RHYTHM METHOD I WITHDRAWAL J OTHER _____ X (SPECIFY)	
445	CHECK 421, ALL COLUMNS, AND 432: OTHER <input type="checkbox"/> ANY 'YES' <input type="checkbox"/>	→ 501	
446	Do you know of a place where a person can get condoms?	YES 1 NO 2	→ 501
447	Where is that? Any other place? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S)) RECORD ALL SOURCES MENTIONED.	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL ... A GOVT. DISPENSARY B UHC/UHP/UFWC C CHC/RURAL HOSPITAL/PHC D SUB-CENTRE/ANM E GOVT. MOBILE CLINIC F CAMP G ANGANWADI/ICDS CENTRE H ASHA I OTHER COMMUNITY-BASED WORKER J OTHER PUBLIC MEDICAL SECTOR _____ K SPECIFY NGO OR TRUST HOSPITAL/CLINIC . L PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC/ DOCTOR M PVT. PARAMEDIC N VAIDYA/HAKIM/HOMEOPATH ... O TRADITIONAL HEALER P PHARMACY/DRUGSTORE Q DAI (TBA) R OTHER PRIVATE MEDICAL SECTOR S OTHER SOURCE RATION SHOP T OTHER SHOP U VENDING MACHINE V OTHER _____ X (SPECIFY)	
448	If you wanted to, could you yourself get a condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<p>CHECK 401:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>NEVER MARRIED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		<p>→ 506</p> <p>→ 503</p>
502	<p>CHECK 402:</p> <p>HAS ONE WIFE <input type="checkbox"/></p> <p>HAS MORE THAN ONE WIFE <input type="checkbox"/></p> <p>Is your wife currently pregnant?</p> <p>Are any of your wives currently pregnant?</p>	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 3</p>	
503	<p>CHECK 302(02): EVER STERILIZED?</p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p>		<p>→ 506</p>
504	<p>CHECK 502:</p> <p>YES, PREGNANT <input type="checkbox"/></p> <p>NOT PREGNANT, UNSURE, OR NOT ASKED <input type="checkbox"/></p> <p>Now I have some questions about the future. After the child(ren) your wife/wives is/are expecting now, would you like to have another child or would you prefer not to have any more children at all?</p> <p>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 at all?</p>	<p>HAVE A/ANOTHER CHILD 1</p> <p>NO MORE/NONE 2</p> <p>WIFE/WIVES ALL INFECUND/STERILIZED 3</p> <p>RESPONDENT INFECUND 4</p> <p>UNDECIDED/DON'T KNOW 8</p>	<p>→ 506</p>
505	<p>How long would you like to wait from now before the birth of (a/another) child?</p>	<p>MONTHS 1 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>SOON/NOW 993</p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DON'T KNOW 998</p>	
506	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
507	<p>How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 6. SELECTED HEALTH AND NUTRITION ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
601	<p>How often do you yourself consume the following food items: daily, weekly, occasionally, or never?</p> <p>a. Milk or curd?</p> <p>b. Pulses or beans?</p> <p>c. Dark green leafy vegetables?</p> <p>d. Fruits?</p> <p>e. Eggs?</p> <p>f. Fish?</p> <p>g. Chicken or meat?</p>	<table border="1"> <thead> <tr> <th></th> <th>DAILY</th> <th>WEEKLY</th> <th>OCC.</th> <th>NEVER</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>b.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>c.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>d.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>e.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>f.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>g.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		DAILY	WEEKLY	OCC.	NEVER	a.	1	2	3	4	b.	1	2	3	4	c.	1	2	3	4	d.	1	2	3	4	e.	1	2	3	4	f.	1	2	3	4	g.	1	2	3	4	
	DAILY	WEEKLY	OCC.	NEVER																																							
a.	1	2	3	4																																							
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c.	1	2	3	4																																							
d.	1	2	3	4																																							
e.	1	2	3	4																																							
f.	1	2	3	4																																							
g.	1	2	3	4																																							
602	<p>Now I would like to ask you some questions about any injections you have had in the last 12 months. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text" value=""/><input type="text" value=""/></p> <p>NONE 00 → 607</p>																																									
603	<p>CHECK 602:</p> <p>ONE INJECTION <input type="checkbox"/> MORE THAN ONE INJECTION <input type="checkbox"/></p> <p>Was this injection administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF YES, RECORD '01'.</p> <p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text" value=""/><input type="text" value=""/></p> <p>NONE 00 → 607</p>																																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
604	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL ... 11</p> <p>GOVT. DISPENSARY 12</p> <p>UHC/UHP/UFWC 13</p> <p>CHC/RURAL HOSPITAL/PHC 14</p> <p>SUB-CENTRE 15</p> <p>GOVT. MOBILE CLINIC 16</p> <p>CAMP 17</p> <p>ANGANWADI/ICDS CENTRE 18</p> <p>OTHER PUBLIC MEDICAL SECTOR 19</p> <p>NGO OR TRUST HOSPITAL/CLINIC . 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL 31</p> <p>PVT. DOCTOR/CLINIC 32</p> <p>PVT. PARAMEDIC 33</p> <p>VAIDYA/HAKIM/HOMEOPATH ... 34</p> <p>PHARMACY/DRUGSTORE 35</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p>OTHER PLACE</p> <p>SHOP 41</p> <p>AT HOME 42</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
605	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 607
606	As far as you know, was the needle sterilized?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
607	Have you ever had a blood transfusion?	<p>YES 1</p> <p>NO 2</p>	
608	Do you currently smoke cigarettes or bidis?	<p>YES 1</p> <p>NO 2</p>	→ 610
609	<p>In the last 24 hours, how many cigarettes or bidis did you smoke?</p> <p>IF NONE, RECORD '00'.</p>	<p>CIGARETTES/BIDIS <input type="text"/> <input type="text"/></p>	
610	Do you currently smoke or use tobacco in any other form?	<p>YES 1</p> <p>NO 2</p>	→ 612
611	<p>In what other form do you currently smoke or use tobacco?</p> <p>Any other form?</p> <p>RECORD ALL MENTIONED.</p>	<p>CIGAR/PIPE A</p> <p>PAAN MASALA B</p> <p>GHUTKA C</p> <p>OTHER CHEWING TOBACCO D</p> <p>SNUFF E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
612	Do you drink alcohol?	<p>YES 1</p> <p>NO 2</p>	→ 614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
613	How often do you drink alcohol: almost every day, about once a week, or less often?	ALMOST EVERY DAY 1 ABOUT ONCE A WEEK 2 LESS OFTEN 3																	
614	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 618																
615	How does tuberculosis spread from one person to another? Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS ... B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER _____ X (SPECIFY) DON'T KNOW Z																	
616	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8																	
617	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8																	
618	Do you currently have: a. Diabetes? b. Asthma? c. Goiter or another thyroid disorder?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%; text-align: center;">YES</th> <th style="width: 15%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>DIABETES 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>ASTHMA 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>GOITER/THYROID . . 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> </tbody> </table>		YES	NO	DON'T KNOW	DIABETES 1	2	8		ASTHMA 1	2	8		GOITER/THYROID . . 1	2	8		
	YES	NO	DON'T KNOW																
DIABETES 1	2	8																	
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GOITER/THYROID . . 1	2	8																	

SECTION 7. ATTITUDES TOWARDS GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
701	<p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p> <p>a. Making major household purchases?</p> <p>b. Making purchases for daily household needs?</p> <p>c. Deciding about visits to the wife's family or relatives?</p> <p>d. Deciding what to do with the money the wife earns from her work?</p> <p>e. Deciding how many children to have?</p>	HUS- BAND	WIFE	BOTH EQUAL- LY	DON'T KNOW/ DEPENDS	
	a.	1	2	3	8	
	b.	1	2	3	8	
	c.	1	2	3	8	
	d.	1	2	3	8	
	e.	1	2	3	8	
702	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>a. If she goes out without telling him?</p> <p>b. If she neglects the house or the children?</p> <p>c. If she argues with him?</p> <p>d. If she refuses to have sex with him?</p> <p>e. If she doesn't cook food properly?</p> <p>f. If he suspects her of being unfaithful?</p> <p>g. If she shows disrespect for in-laws?</p>					
				YES	NO	DON'T KNOW
	a.	GOES OUT		1	2	8
	b.	NEGL. CHILDREN . . .		1	2	8
	c.	ARGUES		1	2	8
	d.	REFUSES SEX		1	2	8
	e.	POOR COOKING		1	2	8
	f.	UNFAITHFUL		1	2	8
	g.	DISRESPECT		1	2	8
703	<p>When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?</p>					
		YES			1	
		NO			2	
		DON'T KNOW			8	
704	<p>Please tell me if you think a wife is justified in refusing to have sex with her husband when:</p> <p>a. She knows her husband has a sexually transmitted disease.</p> <p>b. She knows her husband has sex with other women.</p> <p>c. She is tired or not in the mood.</p>					
				YES	NO	DON'T KNOW
	a.	HAS STD		1	2	8
	b.	OTHER WOMEN		1	2	8
	c.	TIRED/NOT IN MOOD .		1	2	8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
705	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to: a. Get angry and reprimand her? b. Refuse to give her money or other means of financial support? c. Use force and have sex with her even if she doesn't want to? d. Go and have sex with another woman?	<table border="0"> <tr> <td></td> <td></td> <td></td> <td>YES</td> <td>NO</td> <td>DON'T KNOW</td> </tr> <tr> <td>ANGRY</td> <td>.....</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>REFUSE SUPPORT</td> <td>...</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>USE FORCE</td> <td>.....</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>SEX WITH OTHER WOMEN</td> <td>.....</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> </table>				YES	NO	DON'T KNOW	ANGRY	1	2	8		REFUSE SUPPORT	...	1	2	8		USE FORCE	1	2	8		SEX WITH OTHER WOMEN	1	2	8		
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706	CHECK 401: CURRENTLY MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/>		<input type="checkbox"/> → 712																														
707	(Is your wife/Are any of your wives) currently employed for cash?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 711																														
708	Who decides how the money your wife earns will be used: mainly you, mainly your wife, or you and your wife jointly?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY . 3 OTHER 6																															
709	CHECK 128: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		<input type="checkbox"/> → 712																														
710	Would you say that the money you earn is more than what your wife earns, less than what she earns, or about the same?	MORE THAN WIFE 1 LESS THAN WIFE 2 ABOUT THE SAME 3 DON'T KNOW 8																															
711	Who decides how your earnings will be used: mainly you, mainly your wife, or you and your wife jointly?	RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY . 3 OTHER 6																															
712	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																															

SECTION 8. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 827
802	From which sources of information have you learned about AIDS? Any other source? RECORD ALL MENTIONED.	RADIO A TELEVISION B CINEMA C NEWSPAPERS/MAGAZINES D POSTERS/HOARDINGS E EXHIBITION/MELA F HEALTH WORKERS G ADULT EDUC. PROGRAMME H RELIGIOUS LEADERS I POLITICAL LEADERS J SCHOOL/TEACHERS K COMMUNITY MEETINGS L WIFE M FRIENDS/RELATIVES N WORK PLACE O OTHER _____ X (SPECIFY)	
803	In your opinion, can people reduce their chances of getting HIV/AIDS by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
804	In your opinion, can people get HIV/AIDS from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
805	In your opinion, can people reduce their chances of getting HIV/AIDS by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
806	In your opinion, can people get HIV/AIDS by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
807	In your opinion, can people get HIV/AIDS by hugging someone who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
808	In your opinion, can people reduce their chance of getting HIV/AIDS by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
809	Is there anything else a person can do to avoid or reduce the chances of getting HIV/AIDS?	YES 1 NO 2 DON'T KNOW 8	→ 811

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>What can a person do?</p> <p>Anything else?</p> <p>RECORD ALL WAYS MENTIONED.</p>	<p>ABSTAIN FROM SEX A</p> <p>USE CONDOMS B</p> <p>LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C</p> <p>LIMIT NUMBER OF SEXUAL PARTNERS D</p> <p>AVOID SEX WITH SEX WORKERS ... E</p> <p>AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F</p> <p>AVOID SEX WITH HOMOSEXUALS ... G</p> <p>AVOID SEX WITH PERSONS WHO INJECT DRUGS H</p> <p>AVOID BLOOD TRANSFUSIONS I</p> <p>USE BLOOD ONLY FROM RELATIVES J</p> <p>AVOID INJECTIONS K</p> <p>USE ONLY NEW/STERILIZED NEEDLES L</p> <p>AVOID IV DRIP M</p> <p>AVOID SHARING RAZORS/BLADES ... N</p> <p>AVOID KISSING O</p> <p>AVOID MOSQUITO BITES P</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	Is it possible for a healthy-looking person to have HIV/AIDS?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
812	Can HIV/AIDS be transmitted from a mother to her baby?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 814
813	Are there any special medications that a doctor or a nurse can give to a woman infected with HIV/AIDS to reduce the risk of transmitting HIV/AIDS to the baby?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
814	Have you heard about special antiretroviral drugs (USE LOCAL NAME(S)) that people infected with HIV/AIDS can get from a doctor or a nurse to help them live longer?	<p>YES 1</p> <p>NO 2</p>	
815	I don't want to know the results, but have you ever been tested to see if you have HIV/AIDS?	<p>YES 1</p> <p>NO 2</p>	→ 820
816	When was the last time you were tested?	<p>LESS THAN 12 MONTHS AGO 1</p> <p>12 - 23 MONTHS AGO 2</p> <p>2 OR MORE YEARS AGO 3</p>	
817	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, was it required, or was it done without your consent?	<p>ASKED FOR THE TEST 1</p> <p>OFFERED AND ACCEPTED 2</p> <p>REQUIRED 3</p> <p>WITHOUT CONSENT 4</p>	
818	I don't want to know the results, but did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819	<p>Where was the test done?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL 11</p> <p>GOVT. DISPENSARY 12</p> <p>UHC/UHP/UFWC 13</p> <p>CHC/RURAL HOSP./PHC 14</p> <p>SUB-CENTRE 15</p> <p>GOVT. MOBILE CLINIC 16</p> <p>VCT CLINIC 17</p> <p>STI CLINIC 18</p> <p>OTHER PUBLIC MEDICAL SECTOR _____ 19</p> <p>(SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/PRIVATE DOCTOR 31</p> <p>VCT CLINIC 32</p> <p>STI CLINIC 33</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 34</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 822</p>
820	<p>Do you know of a place where people can go to get tested for HIV/AIDS?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 822</p>
821	<p>Where is that?</p> <p>Any other place?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL A</p> <p>GOVT. DISPENSARY B</p> <p>UHC/UHP/UFWC C</p> <p>CHC/RURAL HOSP./PHC D</p> <p>SUB-CENTRE E</p> <p>GOVT. MOBILE CLINIC F</p> <p>VCT CLINIC G</p> <p>STI CLINIC H</p> <p>OTHER PUBLIC MEDICAL SECTOR _____ I</p> <p>(SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC J</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/PRIVATE DOCTOR K</p> <p>VCT CLINIC L</p> <p>STI CLINIC M</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ N</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
822	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV/AIDS?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	

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837C	<p>Now let us talk about girls. Should girls be taught in school about_____?</p> <table border="1" data-bbox="760 260 948 915"> <thead> <tr> <th></th> <th>YES</th> <th>1 →</th> </tr> </thead> <tbody> <tr> <td>a. Moral values</td> <td>NO</td> <td>2</td> </tr> <tr> <td>b. Changes in boys bodies at puberty</td> <td>YES</td> <td>1 →</td> </tr> <tr> <td></td> <td>NO</td> <td>2</td> </tr> <tr> <td>c. Changes in girls bodies at puberty, including menstruation</td> <td>YES</td> <td>1 →</td> </tr> <tr> <td></td> <td>NO</td> <td>2</td> </tr> <tr> <td>d. Sex and sexual behaviour</td> <td>YES</td> <td>1 →</td> </tr> <tr> <td></td> <td>NO</td> <td>2</td> </tr> <tr> <td>e. Contraception</td> <td>YES</td> <td>1 →</td> </tr> <tr> <td></td> <td>NO</td> <td>2</td> </tr> <tr> <td>f. HIV/AIDS</td> <td>YES</td> <td>1 →</td> </tr> <tr> <td></td> <td>NO</td> <td>2</td> </tr> <tr> <td>g. Condom use to avoid sexually transmitted diseases</td> <td>YES</td> <td>1 →</td> </tr> <tr> <td></td> <td>NO</td> <td>2</td> </tr> </tbody> </table>		YES	1 →	a. Moral values	NO	2	b. Changes in boys bodies at puberty	YES	1 →		NO	2	c. Changes in girls bodies at puberty, including menstruation	YES	1 →		NO	2	d. Sex and sexual behaviour	YES	1 →		NO	2	e. Contraception	YES	1 →		NO	2	f. HIV/AIDS	YES	1 →		NO	2	g. Condom use to avoid sexually transmitted diseases	YES	1 →		NO	2	<p>837D: At what age should girls first be taught this topic in school?</p> <table border="1" data-bbox="948 260 1398 915"> <thead> <tr> <th></th> <th colspan="5">AT AGE</th> </tr> <tr> <th></th> <th><10</th> <th>10-12</th> <th>13-15</th> <th>16 OR OLDER</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>b.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>c.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>d.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>e.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>f.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>g.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> </tbody> </table>		AT AGE						<10	10-12	13-15	16 OR OLDER	DK	a.	1	2	3	4	8	b.	1	2	3	4	8	c.	1	2	3	4	8	d.	1	2	3	4	8	e.	1	2	3	4	8	f.	1	2	3	4	8	g.	1	2	3	4	8	
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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: _____

PSU INFORMATION FORM

STATE

PAGE _____ OF _____ PAGES

DISTRICT	TEHSIL/TALUK	CITY/TOWN/VILLAGE	CITY SIZE/ RURAL AREA*	PSU NUMBER	ALTITUDE	PSU COVERAGE BY ANGANWADI/ICDS CENTRE AND YEAR ESTABLISHED (IF YES)
			<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	METRES..... < 1,000 METRES.....9995	YES...1 NO...2 YEAR <input type="text"/> <input type="text"/> <input type="text"/>
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* CODES FOR CITY SIZE/RURAL AREA

MEGA CITY=1, LARGE CITY=2, SMALL CITY=3, LARGE TOWN=4, SMALL TOWN=5, RURAL=6

NAME OF SUPERVISOR _____

PSU INFORMATION FORM (ONLY FOR 8 SPECIFIED CITIES)**

STATE _____

PAGE _____ OF _____ PAGES

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						YES...1 YEAR	NO...2	CENSUS? YES NO	SUPERVISOR? YES NO
			<input type="checkbox"/>	<input type="text"/>	<input type="text"/> METRES..... < 1,000 METRES.....9995	YES...1 YEAR	NO...2	YES NO	YES NO
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** Chennai, Delhi, Hyderabad, Indore, Kolkata, Meerut, Mumbai, Nagpur

NAME OF SUPERVISOR _____

<input type="text"/>	<input type="text"/>
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