

DEPARTMENT OF CENSUS AND STATISTICS OF SRI LANKA
 DEMOGRAPHIC AND HEALTH SURVEY
 INDIVIDUAL QUESTIONNAIRE

IDENTIFICATION	
ZONE _____	[] []
DISTRICT _____	[] []
SECTOR: URB/RURAL/ESTATE _____	[] []
WARD/GS DIV/ESTATE _____	[] [] [] []
SURVEY BLOCK NUMBER _____	[] [] [] [] [] []
HOUSING UNIT NUMBER _____	[] [] [] [] [] [] [] []
HOUSEHOLD NUMBER _____	[] [] [] [] [] [] [] [] [] []
LINE NUMBER OF ELIGIBLE WOMAN _____	[] [] [] [] [] [] [] [] [] []

INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	[] [] [] []	[] [] [] []	[] [] [] []	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">DAY</td> </tr> <tr> <td style="text-align: center;">[] []</td> <td style="text-align: center;">[] []</td> </tr> </table>	MONTH	DAY	[] []	[] []
MONTH	DAY							
[] []	[] []							
INTERVIEWER'S NAME..	[] [] [] []	[] [] [] []	[] [] [] []	[] [] [] []				
RESULT (*)	[] [] [] []	[] [] [] []	[] [] [] []	[] [] [] []				
NEXT VISIT: DATE	[] [] [] []	[] [] [] []	[] [] [] []	TOTAL NUMBER OF VISITS []				
TIME	[] [] [] []	[] [] [] []	[] [] [] []					
*RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 OTHER								

NAME	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY
DATE	[] [] [] []	[] [] [] []	[] [] [] []

SECTION 1: RESPONDENT'S BACKGROUND.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD NUMBER OF PEOPLE LISTED IN THE HOUSEHOLD SCHEDULE.	NUMBER OF PEOPLE... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	
102	RECORD NUMBER OF CHILDREN AGE 5 AND UNDER LISTED IN THE HOUSEHOLD SCHEDULE AND WHO USUALLY LIVE IN THE HOUSEHOLD.	NUMBER OF CHILDREN AGE 5 AND UNDER... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	
103	RECORD THE TIME.	HOUR..... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> MINUTES..... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	
104	First I would like to ask some questions about yourself and your household. For most of the time until you were 12 years old, did you live in metropolitan Colombo, another urban area, in a village, or on an estate?	COLOMBO METRO (ZONE 1)..1 OTHER URBAN.....2 VILLAGE.....3 ESTATE.....4	
105	How long have you been living continuously in this _____ (URBAN AREA, VILLAGE, OR ESTATE)?	ALWAYS.....95 VISITOR.....96 YEARS..... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	→107 →107
106	Just before you moved here, did you live in metropolitan Colombo, another urban area, in a village, or on an estate?	COLOMBO METRO (ZONE 1)..1 OTHER URBAN.....2 VILLAGE.....3 ESTATE.....4	
107	In what month and year were you born?	MONTH..... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> DK MONTH.....98 YEAR..... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> DK YEAR.....98	
108	How old were you at your last birthday? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	
109	Have you ever attended school?	YES.....1 NO.....2	→113

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
110	What was the highest grade in school you completed? CIRCLE BOTH LEVEL AND GRADE.	PRIMARY ...1 SECONDARY..2 HIGHER.....3	00 01 02 03 04 05 06 07 08 09 10 11 12 13 →112
111	What was the highest exam you passed?	TECHNICAL.....1 G.C.E. O LEVEL.....2 G.C.E. A LEVEL.....3 UNIV./PROFESSIONAL.....4 OTHER _____ 5 (specify) NONE.....6	
112	CHECK 110: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→114
113	Can you read a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→115
114	Do you read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
115	Do you usually watch television every week?	YES.....1 NO.....2	
116	Do you usually listen to a radio every day?	YES.....1 NO.....2	
117	What is the major source of drinking water for members of your household?	PIPED INTO RESIDENCE...01 PIPED ONTO PREMISES...02 PUBLIC TAP.....03 TUBE WELL/ABESIN. PUMP.04 PROTECTED WELL.....05 UNPROTECTED WELL.....06 RIVER/CANAL/TANK/ SPRING WATER.....07 RAINWATER.....08 OTHER _____ 09 (specify)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
118	What is the major source of water for household use OTHER than drinking (eg., handwashing, cooking) for members of your household?	PIPED INTO RESIDENCE...01 PIPED ONTO PREMISES...02 PUBLIC TAP.....03 TUBE WELL/ABESIN. PUMP.04 PROTECTED WELL.....05 UNPROTECTED WELL.....06 RIVER/CANAL/TANK/ SPRING WATER.....07 RAINWATER.....08 OTHER.....09 (specify)	120															
119	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																
120	What kind of toilet facility is available for use by members of this household?	FLUSH.....1 WATER SEAL.....2 PIT.....3 BUCKET.....4 OTHER.....5 (specify) NONE (BUSH).....6	122															
121	Is this facility for the exclusive use of members of this household, or is it shared?	HOUSEHOLD MEMBERS ONLY..1 SHARED WITH OTHERS.....2																
122	Do you have, right now, a cake of bath soap on the premises?	YES.....1 NO.....2																
123	Does your house have: Electricity? A radio? A television? A refrigerator?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>ELECTRICITY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <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>REFRIGERATOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																
ELECTRICITY.....	1	2																
RADIO.....	1	2																
TELEVISION.....	1	2																
REFRIGERATOR.....	1	2																
123	Does any member of your household own: A bicycle? A motorcycle? A car? A tractor?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>BICYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRACTOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2	TRACTOR.....	1	2	
	YES	NO																
BICYCLE.....	1	2																
MOTORCYCLE.....	1	2																
CAR.....	1	2																
TRACTOR.....	1	2																
124	MAIN MATERIAL OF THE FLOOR. (INTERVIEWER: RECORD OBSERVATION)	TERRAZZO FLOOR TILE.....1 CEMENT.....2 WOOD.....3 DUNG/MUD.....4 SAND.....5 OTHER.....6 (specify)																

SECTION 2: REPRODUCTION.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
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 son or daughter you have given birth to who is 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 ENTER ZEROS <00>.	SONS AT HOME..... <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS AT HOME. <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
204	Do you have any son or daughter you have given birth to who is alive but does not live with you?	YES.....1 NO.....2	206								
205	How many sons live elsewhere? How many daughters live elsewhere? IF NONE ENTER ZEROS <00>.	SONS ELSEWHERE.... <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS ELSEWHERE..... <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any (other) boy or girl who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	208								
207	How many boys have died? And how many girls have died? IF NONE ENTER ZEROS <00>.	BOYS DEAD..... <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> GIRLS DEAD..... <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
208	SUM ANSWERS TO 203, 205, 207, AND ENTER TOTAL. IF NONE ENTER ZEROS <00>..	TOTAL..... <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in total ____ live births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-209 AS NECESSARY										
210	CHECK 208: ONE OR MORE LIVE BIRTHS <input type="checkbox"/> NO LIVE BIRTHS <input type="checkbox"/>		220								

211 Now I would like to talk to you about all of your births.
It is important that you begin with your first birth and then report subsequent births in the order that they occurred. Now, please tell me the name of your first birth.

INTERVIEWER: FIRST, RECORD THE NAMES OF ALL BIRTHS THE WOMAN MENTIONS BY PROGRESSING DOWN COLUMN 212.
SECOND, ASK QUESTIONS 213-218, AS APPROPRIATE FOR EACH BIRTH.
THIRD, RECORD TWINS ON SEPARATE LINES, AND CONNECT WITH A BRACKET.

212 What is the name of your (FIRST, SECOND, etc.) birth?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born? month	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died? RECORD DAYS IF < 1 MONTH (31 DAYS); MONTHS IF < 2 YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday?	218 IF ALIVE: Is (NAME) living with you now?
01 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR.... <input type="text"/>	YES NO 1 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (GO TO NEXT BIRTH)	AGE <input type="text"/>	YES NO 1 2
02 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR.... <input type="text"/>	YES NO 1 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (GO TO NEXT BIRTH)	AGE <input type="text"/>	YES NO 1 2
03 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR.... <input type="text"/>	YES NO 1 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (GO TO NEXT BIRTH)	AGE <input type="text"/>	YES NO 1 2
04 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR.... <input type="text"/>	YES NO 1 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (GO TO NEXT BIRTH)	AGE <input type="text"/>	YES NO 1 2
05 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR.... <input type="text"/>	YES NO 1 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (GO TO NEXT BIRTH)	AGE <input type="text"/>	YES NO 1 2
06 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR.... <input type="text"/>	YES NO 1 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (GO TO NEXT BIRTH)	AGE <input type="text"/>	YES NO 1 2
07 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR.... <input type="text"/>	YES NO 1 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (GO TO NEXT BIRTH)	AGE <input type="text"/>	YES NO 1 2

TICK HERE IF CONTINUATION SHEET IS USED → PROCEED TO NEXT PAGE.

219 COMPARE 208 WITH NUMBERS OF BIRTHS IN HISTORY ABOVE AND MARK CORRECT BOX.

NUMBERS ARE SAME NUMBERS ARE DIFFERENT (PROBE AND RECONCILE)

INTERVIEWER:
 FOR EACH LIVE BIRTH: YEAR OF BIRTH IS RECORDED
 FOR EACH LIVE CHILD: CURRENT AGE IS RECORDED
 FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED

212 What is the name of your (EIGHTH, NINTH, etc.) birth?	213 Is (NAME) a boy or a girl?	214 In what month year was (NAME) born? month	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died?	217 IF ALIVE: How old was (NAME) at his/her last birthday?	218 IF ALIVE: Is (NAME) living with you now?
08 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR.... <input type="text"/>	YES NO 1 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (GO TO NEXT BIRTH)	AGE <input type="text"/>	YES NO 1 2
09 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR.... <input type="text"/>	YES NO 1 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (GO TO NEXT BIRTH)	AGE <input type="text"/>	YES NO 1 2
10 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR.... <input type="text"/>	YES NO 1 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (GO TO NEXT BIRTH)	AGE <input type="text"/>	YES NO 1 2
11 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR.... <input type="text"/>	YES NO 1 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (GO TO NEXT BIRTH)	AGE <input type="text"/>	YES NO 1 2
12 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR.... <input type="text"/>	YES NO 1 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (GO TO NEXT BIRTH)	AGE <input type="text"/>	YES NO 1 2
13 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR.... <input type="text"/>	YES NO 1 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (GO TO NEXT BIRTH)	AGE <input type="text"/>	YES NO 1 2
14 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR.... <input type="text"/>	YES NO 1 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (GO TO 219)	AGE <input type="text"/>	YES NO 1 2

219 COMPARE 208 WITH NUMBERS OF BIRTHS IN HISTORY ABOVE AND MARK CORRECT BOX WITH AN "X".

NUMBERS ARE SAME

NUMBERS ARE DIFFERENT

(PROBE AND RECONCILE)

INTERVIEWER:

FOR EACH LIVE BIRTH: YEAR OF BIRTH IS RECORDED
 FOR EACH LIVE CHILD: CURRENT AGE IS RECORDED
 FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
220	How long ago did your last menstrual period start?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
		BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996 DOES NOT KNOW.....998	→222 →223								
221	CHECK 220: LESS THAN 1 MONTH OR 4 WEEKS (30 DAYS OR LESS) <input type="checkbox"/> →GO TO 223 AND CIRCLE 2. 1 MONTH OR MORE, AND LESS THAN 2 MONTHS (MORE THAN 4 WEEKS AND LESS THAN 8 WEEKS) <input type="checkbox"/> →ASK 223. 2 MONTHS OR MORE (MORE THAN 8 WEEKS) <input type="checkbox"/>										
222	Why did your last menstruation occur so long ago?	MENOPAUSAL.....1 IRREGULAR DUE TO INJECTIONS.....2 POSTPARTUM.....3 PREGNANT.....4 DOES NOT KNOW.....5 NOT UNUSUAL.....6	→223, CIRCLE 2. →223, CIRCLE 1. →223 →223								
223	Are you pregnant now?	YES.....1 NO.....2 NOT SURE.....3	→228								
224	For how many months have you been pregnant?	MONTHS.....	<table border="1"> <tr><td></td><td></td></tr> </table>								
225	Have you had a tetanus injection since you have been pregnant?	YES.....1 NO.....2 DK.....8									
226	Did you see anyone for a check on this pregnancy?	YES.....1 NO.....2	→228								
227	Whom did you see? PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.	DOCTOR.....1 GOVT NURSE/MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY)									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
228	<p>When during her monthly cycle do you think a woman has the greatest chance of becoming pregnant?</p> <p>PROBE: What are the days during the month when a woman has to be careful to avoid becoming pregnant?</p>	<p>DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS.....4 AT ANY TIME.....5 OTHER.....6 (SPECIFY) DOES NOT KNOW.....8</p>																
229	PRESENCE OF OTHERS AT THIS POINT:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10..</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10..	1	2	HUSBAND.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10..	1	2																
HUSBAND.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																

SECTION 3: CONTRACEPTION

301 Now I would like to talk about a different topic. There are various ways that a couple can delay or avoid a pregnancy. Which of these methods have you heard of?

INTERVIEWER: a) CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.

b) THEN PROCEED DOWN THE COLUMN, CONTINUING Q. 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.

c) THEN FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN Q. 302, ASK Q. 303-305 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (READ METHOD AND DESCRIPTION)?	303 Have you ever used (METHOD)	304 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)	305 What would you say is the main problem, if any, in getting or using (METHOD)? (CODES BELOW)
PILL "Women can take a pill every day."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
IUD "Women can have a loop or coil placed inside them by a doctor or a nurse."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
INJECTIONS "Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
DIAPHRAGM, FOAM, JELLY "Women can place a sponge or suppository or diaphragm or jelly or cream inside them immediately before intercourse."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
CONDOM "Men can use a rubber sheath during sexual intercourse."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____

CODES FOR 304

GOVT HOSP/MCH CENTER.....01
 PRIV DR/PRIV NURSING HOME.....02
 NON-GOVT CLINIC.....03
 MOBILE CLINIC.....04
 GOVT PUBLIC HEALTH MIDWIFE/NURSE.....05
 OTHER FIELD WORKERS.....06
 AYURVEDIC DOCTOR.....07
 FRIEND/RELATIVE.....08
 PHARMACY/SHOP.....09
 OTHER (specify above).....10
 NOWHERE.....11
 DOES NOT KNOW.....98

CODES FOR 305

NOT EFFECTIVE.....02
 HUSBAND DISAPPROVES.....03
 HEALTH CONCERNS.....04
 ACCESS/AVAILABILITY.....05
 COSTS TOO MUCH.....06
 INCONVENIENT TO USE.....07
 OTHER (specify above).....10
 NONE.....11
 DOES NOT KNOW.....98

	302 Have you ever heard of (READ METHOD AND DESCRIPTION)?	303 Have you ever used (METHOD)	304 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)	305 What would you say is the main problem, if any, in getting or using (METHOD)? (CODES BELOW)
FEMALE STERILIZATION "Women can have an operation to avoid having any more children."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
MALE STERILIZATION "Men can have an operation to avoid having any more children."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
SAFE PERIOD "Couples can avoid having sexual intercourse on certain days of each month when the woman is more likely to get pregnant."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	Where would you go to obtain advice about SAFE PER.? <input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
WITHDRAWAL "Men can be careful and pull out before climax."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
NORPLANT "Women can have a tube inserted into their arms and avoid pregnancy for many years."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
ANY OTHER METHODS? "Have you heard of any other ways or methods that women or men can use to avoid pregnancy?" (specify) _____	YES/SPON.....1 NO.....3	YES.....1 NO.....2		

- CODES FOR 304**
- GOVT HOSP/MCH CENTER.....01
 - PRIV DR/PRIV NURSING HOME.....02
 - NON-GOVT CLINIC.....03
 - MOBILE CLINIC.....04
 - GOVT PUBLIC HEALTH MIDWIFE/NURSE.....05
 - OTHER FIELD WORKERS.....06
 - AYURVEDIC DOCTOR.....07
 - FRIEND/RELATIVE.....08
 - PHARMACY/SHOP.....09
 - OTHER (specify above).....10
 - NOWHERE.....11
 - DOES NOT KNOW.....98

- CODES FOR 305**
- NOT EFFECTIVE.....02
 - HUSBAND DISAPPROVES.....03
 - HEALTH CONCERNS.....04
 - ACCESS/AVAILABILITY.....05
 - COSTS TOO MUCH.....06
 - INCONVENIENT TO USE.....07
 - OTHER (specify above).....10
 - NONE.....11
 - DOES NOT KNOW.....98

306 CHECK 303: EVER USED A METHOD?

NO-NEVER USER YES-EVER USER

→309

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
307	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	→315
308	What have you used or done? CORRECT 302-303 AND OBTAIN INFORMATION FOR 304 TO 306 AS NECESSARY.		
309	CHECK 303: EVER USED SAFE PERIOD <input type="checkbox"/> NEVER USED SAFE PERIOD <input type="checkbox"/>		→311
310	The last time you used the safe period, how did you determine on which days you had to abstain?	BASED ON CALENDAR.....1 BASED ON BODY TEMPERATURE.....2 BASED ON CERVICAL MUCUS (BILLINGS METHOD).....3 BASED ON BODY TEMPERATURE AND MUCUS.....4 OTHER5 (SPECIFY)	
311	How many living children, if any, did you already have when you first did something to avoid getting pregnant? IF NONE ENTER ZEROS <00>.	NUMBER OF CHILDREN..... <input type="text"/>	
312	CHECK 223: NOT PREGNANT/NOT SURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→324
313	Are you currently doing something or using any method to avoid getting pregnant?	YES.....1 NO.....2	→319
314	Have you done something or used a method in the past month to avoid getting pregnant?	YES.....1 NO.....2	→319

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
315	<p>Some women abstain from sexual relations completely for more than one or two months for the following reasons:</p> <p>1: To avoid pregnancy 2: Because the eldest child is of marriage age 3: Because the husband is away 4: A woman has just had a baby or is breast-feeding 5: Illness 6: Religious reasons.</p> <p>Have you ever abstained for any of these reasons?</p>	<p>YES.....1 NO.....2</p>	323
316	<p>Are you currently abstaining for any of these reasons?</p>	<p>YES.....1 NO.....2</p>	323
317	<p>Which reason?</p>	<p>AVOID PREGNANCY.....1 ELDEST CHILD OF MARRIAGE AGE.....2 HUSBAND AWAY.....3 POSTPARTUM/BREASTFDG....4 ILLNESS.....5 RELIGIOUS REASONS.....6 OTHER.....7 (specify)</p>	<p>319 323</p>
319	<p>Which method are you using?</p>	<p>PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 FEMALE STERILIZATION...06 MALE STERILIZATION.....07 SAFE PERIOD.....08 WITHDRAWAL.....09 NORPLANT.....10 OTHER.....11 (specify) PROLONGED ABSTINENCE...12</p>	<p>320 327 322 323 327 323</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
320	Please show me the package of pills you are now using. (RECORD MAKE OF BRAND.)	NITHUR1.....01 EUGYNON.....02 MICROGYNON.....03 OVALEN.....04 OVRAL.....05 TRIQUILAR.....06 TRINORDIOL.....07 NORDETTE.....08 OTHER.....09 (specify) NOT ABLE TO SHOW.....08	
321	How much does one packet (cycle) of pills cost you?	COST...Rs. <input type="text"/> <input type="text"/> Cts. <input type="text"/> <input type="text"/> FREE.....9996 OK.....9998	>327
322	In what month and year did you (he) have the operation?	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>	>327A
323	CHECK 306: NEVER USED <input type="checkbox"/> EVER USED <input type="checkbox"/>		>324
323A	CHECK 317: 317=1 OR 2 <input type="checkbox"/> 317=3-7 OR NOTHING CIRCLED <input type="checkbox"/>		>347
324	Have you obtained a method to avoid pregnancy in the last twelve months from a hospital, a clinic, a doctor, or a fieldworker?	YES.....1 NO.....2	>326
325	Which method did you obtain?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 MALE STERILIZATION.....07 SAFE PERIOD.....08 NORPLANT.....10 OTHER.....11 (specify)	>327
326	Have you obtained instructions for using the safe period in the last twelve months from a hospital, clinic, a doctor, or a fieldworker?	YES.....1 NO.....2	>329

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
327 OR 327A	Where did you obtain (METHOD) the last time? Where did the sterilization take place?	GOVT HOSP/MCH CENTER...01 PRIV DR/PRIV NRSNG HOME...02 NON-GOVT CLINIC...03 MOBILE CLINIC...04 GOVT PUBLIC HEALTH MIDWIFE/NURSE...05 OTHER FIELD WORKERS...06 AYURVEDIC DOCTOR...07 FRIEND/RELATIVE...08 PHARMACY/SHOP...09 OTHER...10 (specify) DK...98	>329
328	Was there anything you disliked about the service you received there? IF YES: What?	WAIT TOO LONG...1 STAFF DISCOURTEOUS...2 SERVICES EXPENSIVE...3 NOT ABLE TO GET DESIRED SERVICES/METHOD...4 OTHER...5 (SPECIFY) NO COMPLAINTS...6	
329	CHECK 223: NOT PREGNANT <input type="checkbox"/> OR NOT SURE PREGNANT <input type="checkbox"/>		>347
330	CHECK 319: ME/SHE STERILIZED <input type="checkbox"/> (SKIP TO 332) CURRENTLY USING ANOTHER METHOD <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/>		>341
331	For how long have you been using (CURRENT METHOD) continuously?	MONTHS..... <input type="text"/> YEARS..... <input type="text"/> SINCE LAST BIRTH...96	
332	Have you experienced any problems from using (CURRENT METHOD)?	YES.....1 NO.....2	>334
333	What is the main problem you experienced?	METHOD FAILED...02 HUSBAND DISAPPROVED...03 HEALTH CONCERNS...04 ACCESS/AVAILABILITY...05 COSTS TOO MUCH...06 INCONVENIENT TO USE...07 OTHER...10 (specify) DK...98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
334	At any time during the same month, do you regularly use any other method than (CURRENT METHOD)?	YES.....1 NO.....2	→336
335	Which method is that? CHECK 302-333 AND CORRECT AS NECESSARY	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 SAFE PERIOD.....08 WITHDRAWAL.....09 NORPLANT.....10 OTHER _____11 (specify)	
336	Have you ever used any other method before (CURRENT METHOD) (since your last birth) to avoid getting pregnant?	YES.....1 NO.....2	→350
337	Which method did you use before (CURRENT METHOD)?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 MALE STERILIZATION...07 SAFE PERIOD.....08 WITHDRAWAL.....09 NORPLANT.....10 OTHER _____11 (specify)	
338	In what month and year did you start using (METHOD BEFORE CURRENT) (the last time)?	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>	
339	For how long had you been using (METHOD BEFORE CURRENT) before you stopped using it (last time)?	MONTHS..... <input type="text"/> <input type="text"/> YEARS..... <input type="text"/> <input type="text"/> DK.....98	
340	What was the main reason you stopped using (METHOD BEFORE CURRENT) then?	METHOD FAILED.....02 HUSBAND DISAPPROVED....03 HEALTH CONCERNS.....04 ACCESS/AVAILABILITY....05 COST TOO MUCH.....06 INCONVENIENT TO USE...07 INFREQUENT SEX.....08 TO USE PERMANENT METH..09 OTHER _____10 (specify) DK.....98	→350

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
341	CHECK 208: ANY BIRTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→343
342	Since your last birth have you used any method to avoid getting pregnant?	YES.....1 NO.....2	→347
343	Which was the last method you used?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 MALE STERILIZATION.....07 SAFE PERIOD.....08 WITHDRAWAL.....09 MORPLANT.....10 OTHER.....11 (specify) DK.....98	
344	In what month and year did you start using that method (the last time)?	MONTH..... <input type="checkbox"/> <input type="checkbox"/> YEAR..... <input type="checkbox"/> <input type="checkbox"/>	
345	For how long had you been using (LAST METHOD) before you stopped using it (last time)?	MONTHS..... <input type="checkbox"/> <input type="checkbox"/> YEARS..... <input type="checkbox"/> <input type="checkbox"/>	
346	What was the main reason you stopped using (LAST METHOD) then?	TO BECOME PREGNANT.....01 METHOD FAILED.....02 HUSBAND DISAPPROVED.....03 HEALTH CONCERNS.....04 ACCESS/AVAILABILITY.....05 COST TOO MUCH.....06 INCONVENIENT TO USE.....07 INFREQUENT SEX.....08 OTHER.....09 (specify) DK.....98	
347	Do you intend to use a method to avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	→350

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO												
348	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 FEMALE STERILIZATION...06 MALE STERILIZATION...07 SAFE PERIOD.....08 WITHDRAWAL.....09 NORPLANT.....10 OTHER.....11 (specify) NOT SURE.....12													
349	Do you intend to use (PREFERRED METHOD) in the next 12 months?	YES.....1 NO.....2 DK.....8													
350	In the last month, have you heard or seen a message about family planning on the radio or on tv?	YES.....1 NO.....2	→352												
351	Did you hear it once or more than once?	ONCE.....1 MORE THAN ONCE.....2													
352	Do you think that it is acceptable or not acceptable for family planning information to be provided on radio? On television?	<table border="1"> <thead> <tr> <th></th> <th>ACC.</th> <th>NOT ACC.</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TV</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		ACC.	NOT ACC.	DK	RADIO	1	2	8	TV	1	2	8	
	ACC.	NOT ACC.	DK												
RADIO	1	2	8												
TV	1	2	8												
353	When do you listen to the radio?	MORNING.....1 AFTERNOON.....2 EVENING.....3													
354	What programs do you listen to? (CIRCLE ALL MENTIONED.)	NEWS OR BEHIND NEWS.....1 QUIZ, DISCUSSIONS, DOCUMENTARIES.....1 PLAYS, SOAPS, MUSIC.....1 OTHER.....1 (specify)													
355	CHECK 223: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	→356												
355A	CHECK 214: HAD BIRTH SINCE JAN. 1982 <input type="checkbox"/>	NO BIRTH SINCE JAN. 1982 <input type="checkbox"/>	→501												

356 Now I would like to get some more information about (your pregnancy and) the children you had in the last five years.

INTERVIEWER: FIRST, MARK PREGNANCY STATUS, AND FROM P. 10 RECORD NAMES OF BIRTHS SINCE 1982.
SECOND, MARK APPROPRIATE BOX IN 357, AND ASK THE APPROPRIATE QUESTIONS FOR EACH COLUMN FOR WHICH THE HEADING IS FILLED OUT.

ASK QUESTIONS ABOUT ALL BIRTHS	CURRENTLY PREGNANT?	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND FROM LAST BIRTH
	YES <input type="checkbox"/> NO <input type="checkbox"/>	(name)	(name)	(name)
357 CHECK 306: EVER USED A METHOD <input type="checkbox"/> NEVER USED A METHOD <input type="checkbox"/>	(ASK 358-365 FOR EACH COLUMN) (ASK 364 FOR EACH COLUMN)			
358 Before you became pregnant (with NAME) and after the birth of (NAME) did you do anything to avoid getting pregnant, even for a short time?	YES.....1 NO.....2 SKIP TO 364 ←	YES.....1 NO.....2 SKIP TO 364 ←	YES.....1 NO.....2 SKIP TO 364 ←	YES.....1 NO.....2 SKIP TO 364 ←
359 Which was the last method you used then? (CODES BELOW)	OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>
360 Any method before that? (RECORD CODE.) (IF NONE, ENTER 00)	PRECEDING METHOD <input type="checkbox"/>	PRECEDING METHOD <input type="checkbox"/>	PRECEDING METHOD <input type="checkbox"/>	PRECEDING METHOD <input type="checkbox"/>
361 For how long had you used (LAST METHOD) that time?	MONTHS... <input type="checkbox"/> YEARS... <input type="checkbox"/>	MONTHS... <input type="checkbox"/> YEARS... <input type="checkbox"/>	MONTHS... <input type="checkbox"/> YEARS... <input type="checkbox"/>	MONTHS... <input type="checkbox"/> YEARS... <input type="checkbox"/>
362 Did you become pregnant while you were still using (LAST METHOD)?	YES.....1 (SKIP TO 365) ← NO.....2	YES.....1 (SKIP TO 365) ← NO.....2	YES.....1 (SKIP TO 365) ← NO.....2	YES.....1 (SKIP TO 365) ← NO.....2
363 What was the main reason you stopped using (LAST METHOD)? IF RESPONSE IS "TO GET PREGNANT", CIRCLE 01 AND GO TO NEXT COLUMN. IF NOT, SEE CODES BELOW.	TO GET PREG...01 (GO TO NEXT COL.) OTHER: <input type="checkbox"/>	TO GET PREG...01 (GO TO NEXT COL.) OTHER: <input type="checkbox"/>	TO GET PREG...01 (GO TO NEXT COL.) OTHER: <input type="checkbox"/>	TO GET PREG...01 (GO TO 401) OTHER: <input type="checkbox"/>
364 At the time you became pregnant (with NAME) did you want to have that child then, to wait until later, or to have no (more) children at all?	THEN.....1 LATER.....2 NO MORE.....3 (ALL TO NEXT COL.)	THEN.....1 LATER.....2 NO MORE.....3 (ALL TO NEXT COL.)	THEN.....1 LATER.....2 NO MORE.....3 (ALL TO NEXT COL.)	THEN.....1 LATER.....2 NO MORE.....3 (ALL TO NEXT COL.)
365 Did you want to have that child, but at a later time, or not have another child at all?	HAVE CHILD LATER.....1 NOT HAVE CHILD.2 (ALL TO NEXT COL.)	HAVE CHILD LATER.....1 NOT HAVE CHILD.2 (ALL TO NEXT COL.)	HAVE CHILD LATER.....1 NOT HAVE CHILD.2 (ALL TO NEXT COL.)	HAVE CHILD LATER.....1 NOT HAVE CHILD.2 (ALL TO 401)

CODES FOR 359, 360

PILL.....01
IUD.....02
INJECTION.....03
DIAPH/FM/JLY.....04
CONDOM.....05
MALE STERIL.....07
SAFE PERIOD.....08
WITHDRAWAL.....09
NORPLANT.....10
OTHER (specify above).....11

CODES FOR 363

NOT EFFECTIVE.....02
HUSBAND DISAPPROVED.....03
HEALTH CONCERNS.....04
ACCESS/AVAILABILITY.....05
COST TOO MUCH.....06
INCONVENIENT TO USE.....07
INFREQUENT SEX.....08
OTHER (specify above).....10
DK.....98

SECTION 4: HEALTH OF CHILDREN

401 CHECK 214: HAD BIRTH SINCE JAN. 1982

NO BIRTH SINCE JAN. 1982

(SKIP TO 501)

402 FROM QUESTION 212 ON P. 10, RECORD THE NAMES AND LINE NUMBERS OF ALL BIRTHS SINCE JAN. 1982 IN THE FOLLOWING TABLE. FOR EACH BIRTH, CHECK IF ALIVE OR DEAD, AND MARK THE APPROPRIATE BOX.

	LAST BIRTH <input type="checkbox"/> (name and line number)	NEXT-TO-LAST BIRTH <input type="checkbox"/> (name and line number)	SECOND-TO-LAST BIRTH <input type="checkbox"/> (name and line number)
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
<p>ASK QUESTIONS 403-422 FOR ALL BIRTHS, ALIVE AND DEAD</p> <p>403 Did you receive a tetanus injection when you were pregnant with (NAME)?</p>	<p>YES, 1 DOSE.....1 YES, 2 DOSES.....2 NO.....3 DOES NOT KNOW....4</p>	<p>YES, 1 DOSE.....1 YES, 2 DOSES.....2 NO.....3 DOES NOT KNOW....4</p>	<p>YES, 1 DOSE.....1 YES, 2 DOSES.....2 NO.....3 DOES NOT KNOW....4</p>
<p>404 Did the Family Health midwife visit you when you were pregnant with (NAME)?</p>	<p>YES.....1 NO.....2</p>	<p>YES.....1 NO.....2</p>	<p>YES.....1 NO.....2</p>
<p>405 Did you visit a doctor or a clinic for a check on this pregnancy?</p>	<p>YES.....1 NO.....2</p>	<p>YES.....1 NO.....2</p>	<p>YES.....1 NO.....2</p>
<p>406 In what type of place was (NAME) born?</p>	<p>GOVT HOSP/MATERNITY HOME.....1 PRIV NURSING HM..2 AT HOME.....3 OTHER.....4 (specify)</p>	<p>GOVT HOSP/MATERNITY HOME.....1 PRIV NURSING HM..2 AT HOME.....3 OTHER.....4 (specify)</p>	<p>GOVT HOSP/MATERNITY HOME.....1 PRIV NURSING HM..2 AT HOME.....3 OTHER.....4 (specify)</p>
<p>407 Who assisted with the delivery of (NAME)?</p> <p>PROBE AND RECORD MOST QUALIFIED PERSON.</p>	<p>DOCTOR.....1 GOVT NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 REL/NEIGHBOR.....4 OTHER.....5 (specify) NO ONE.....6</p>	<p>DOCTOR.....1 GOVT NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 REL/NEIGHBOR.....4 OTHER.....5 (specify) NO ONE.....6</p>	<p>DOCTOR.....1 GOVT NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 REL/NEIGHBOR.....4 OTHER.....5 (specify) NO ONE.....6</p>
<p>408 Did you ever feed (NAME) at the breast?</p>	<p>YES..... 1 NO..... 2 (SKIP TO 414) ←</p>	<p>YES..... 1 NO..... 2 (SKIP TO 414) ←</p>	<p>YES..... 1 NO..... 2 (SKIP TO 414) ←</p>

<p>409 How many days after birth did you begin feeding (NAME) at the breast?</p>	<p>SAME DAY.....1 NEXT DAY.....2 TWO DAYS AFTER...3 THREE + DAYS....4</p>	<p>SAME DAY.....1 NEXT DAY.....2 TWO DAYS AFTER...3 THREE + DAYS....4</p>	<p>SAME DAY.....1 NEXT DAY.....2 TWO DAYS AFTER...3 THREE + DAYS....4</p>
<p>410 Was the colostrum (the first milk produced) given to (NAME) or was it thrown away?</p>	<p>FED TO BABY.....1 (SKIP TO 412)< THROWN AWAY.....2</p>	<p>FED TO BABY.....1 (SKIP TO 413)< THROWN AWAY.....2</p>	<p>FED YO BABY.....1 (SKIP TO 413)< THROWN AWAY.....2</p>
<p>411 Why did you throw it away?</p>	<p>MILK BAD FOR BABY.....1 MILK YELLOW.....2 BABY REFUSED.....3 HABIT.....4</p>	<p>MILK BAD FOR BABY.....1 MILK YELLOW.....2 BABY REFUSED.....3 HABIT.....4</p>	<p>MILK BAD FOR BABY.....1 MILK YELLOW.....2 BABY REFUSED.....3 HABIT.....4</p>
<p>412 Are you still breastfeeding (NAME)? IF DEAD, CIRCLE '3'.</p>	<p>YES.....1 (SKIP TO 415)< NO.....2 CHILD DEAD.....3</p>	<p>YES.....1 (SKIP TO 415)< NO.....2 CHILD DEAD.....3</p>	<p>YES.....1 (SKIP TO 415)< NO.....2 CHILD DEAD.....3</p>
<p>413 At what age did you totally stop breastfeeding (NAME)?</p>	<p>MONTHS.... <input type="text"/> <input type="text"/> AT DEATH.....96 (SKIP TO 415)<</p>	<p>MONTHS.... <input type="text"/> <input type="text"/> AT DEATH.....96 (SKIP TO 415)<</p>	<p>MONTHS.... <input type="text"/> <input type="text"/> AT DEATH.....96 (SKIP TO 415)<</p>
<p>414 What is the main reason you (never breastfed/stopped breastfeeding) (NAME)?</p>	<p>NO MILK.....01 INSUFFICNT MILK.02 NIPPLE INJURED..03 MOTHER ILL.....04 MOTHER BUSY.....05 OTHER MILK/FOOD BTR FOR BABY...06 BABY ILL.....07 BABY REFUSED....08 OTHER.....09 (specify) BECAME PREGNANT.10 BABY DIED RIGHT AFTER BIRTH....11 (SKIP TO 420)<</p>	<p>NO MILK.....01 INSUFFICNT MILK.02 NIPPLE INJURED..03 MOTHER ILL.....04 MOTHER BUSY.....05 OTHER MILK/FOOD BTR FOR BABY...06 BABY ILL.....07 BABY REFUSED....08 OTHER.....09 (specify) BECAME PREGNANT.10 BABY DIED RIGHT AFTER BIRTH....11 (SKIP TO 420)<</p>	<p>NO MILK.....01 INSUFFICNT MILK.02 NIPPLE INJURED..03 MOTHER ILL.....04 MOTHER BUSY.....05 OTHER MILK/FOOD BTR FOR BABY...06 BABY ILL.....07 BABY REFUSED....08 OTHER.....09 (specify) BECAME PREGNANT.10 BABY DIED RIGHT AFTER BIRTH....11 (SKIP TO 420)<</p>

<p>415 At what age did you begin to give the following foods to (NAME)? READ OUT CATEGORIES. Powdered milk: half cream Powdered milk: full cream Cow/goat milk Cungee Eggs Mashed potatoes/cereal Fruit/juice/soup</p> <p>00 IF GIVEN IN FIRST MONTH 96 IF NEVER GIVEN 98 IF DK</p>	<p style="text-align: center;">MONTHS</p> <table border="1" style="width: 100%;"> <tr><td>HALF CREAM</td><td></td><td></td></tr> <tr><td>FULL CREAM</td><td></td><td></td></tr> <tr><td>COW MILK</td><td></td><td></td></tr> <tr><td>CUNGEE</td><td></td><td></td></tr> <tr><td>EGGS</td><td></td><td></td></tr> <tr><td>POTATOES</td><td></td><td></td></tr> <tr><td>FRUIT</td><td></td><td></td></tr> </table>	HALF CREAM			FULL CREAM			COW MILK			CUNGEE			EGGS			POTATOES			FRUIT			<p style="text-align: center;">MONTHS</p> <table border="1" style="width: 100%;"> <tr><td>HALF CREAM</td><td></td><td></td></tr> <tr><td>FULL CREAM</td><td></td><td></td></tr> <tr><td>COW MILK</td><td></td><td></td></tr> <tr><td>CUNGEE</td><td></td><td></td></tr> <tr><td>EGGS</td><td></td><td></td></tr> <tr><td>POTATOES</td><td></td><td></td></tr> <tr><td>FRUIT</td><td></td><td></td></tr> </table>	HALF CREAM			FULL CREAM			COW MILK			CUNGEE			EGGS			POTATOES			FRUIT			<p style="text-align: center;">MONTHS</p> <table border="1" style="width: 100%;"> <tr><td>HALF CREAM</td><td></td><td></td></tr> <tr><td>FULL CREAM</td><td></td><td></td></tr> <tr><td>COW MILK</td><td></td><td></td></tr> <tr><td>CUNGEE</td><td></td><td></td></tr> <tr><td>EGGS</td><td></td><td></td></tr> <tr><td>POTATOES</td><td></td><td></td></tr> <tr><td>FRUIT</td><td></td><td></td></tr> </table>	HALF CREAM			FULL CREAM			COW MILK			CUNGEE			EGGS			POTATOES			FRUIT		
HALF CREAM																																																																		
FULL CREAM																																																																		
COW MILK																																																																		
CUNGEE																																																																		
EGGS																																																																		
POTATOES																																																																		
FRUIT																																																																		
HALF CREAM																																																																		
FULL CREAM																																																																		
COW MILK																																																																		
CUNGEE																																																																		
EGGS																																																																		
POTATOES																																																																		
FRUIT																																																																		
HALF CREAM																																																																		
FULL CREAM																																																																		
COW MILK																																																																		
CUNGEE																																																																		
EGGS																																																																		
POTATOES																																																																		
FRUIT																																																																		
<p>416 At what age did you start at least one food on a daily basis?</p>	<p style="text-align: center;">MONTHS</p> <table border="1" style="width: 100%;"> <tr><td></td><td></td></tr> </table>			<p style="text-align: center;">MONTHS</p> <table border="1" style="width: 100%;"> <tr><td></td><td></td></tr> </table>			<p style="text-align: center;">MONTHS</p> <table border="1" style="width: 100%;"> <tr><td></td><td></td></tr> </table>																																																											
<p>417 CHECK 416:</p>	<p>6 MONTHS OR LESS <input type="checkbox"/> (SKIP TO 419)<</p> <p>7 MONTHS OR MORE <input type="checkbox"/></p>	<p>6 MONTHS OR LESS <input type="checkbox"/> (SKIP TO 419)<</p> <p>7 MONTHS OR MORE <input type="checkbox"/></p>	<p>6 MONTHS OR LESS <input type="checkbox"/> (SKIP TO 419)<</p> <p>7 MONTHS OR MORE <input type="checkbox"/></p>																																																															
<p>418 Why did you wait so long to begin daily supplemental feeding of (NAME)?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>																																																															
<p>419 When you began daily supplemental feeding of (NAME), did you continue full breastfeeding, did you reduce, or did you stop completely?</p>	<p>CONTINUED FULL...1 REDUCED.....2 STOPPED.....3 NEVER B'FED.....4</p>	<p>CONTINUED FULL...1 REDUCED.....2 STOPPED.....3 NEVER B'FED.....4</p>	<p>CONTINUED FULL...1 REDUCED.....2 STOPPED.....3 NEVER B'FED.....4</p>																																																															
<p>420 How many months after the birth of (NAME) did your period return?</p>	<p>MONTHS.... <table border="1" style="width: 40px;"><tr><td></td><td></td></tr></table></p> <p>NOT RETURNED...96</p>			<p>MONTHS.... <table border="1" style="width: 40px;"><tr><td></td><td></td></tr></table></p> <p>NEVER RETURNED..96</p>			<p>MONTHS.... <table border="1" style="width: 40px;"><tr><td></td><td></td></tr></table></p> <p>NEVER RETURNED..96</p>																																																											
<p>421 Have you resumed sexual relations since the birth of (NAME)?</p>	<p>YES (OR PREG)...1 NO.....2 (GO TO NEXT COL)<</p>	<p style="text-align: center;">↓</p>	<p style="text-align: center;">↓</p>																																																															
<p>422 How many months after the birth of (NAME) did you resume sexual relations?</p>	<p>MONTHS.... <table border="1" style="width: 40px;"><tr><td></td><td></td></tr></table></p> <p>(GO BACK TO P. 24 ASK 403 NEXT BIRTH)</p>			<p>MONTHS.... <table border="1" style="width: 40px;"><tr><td></td><td></td></tr></table></p> <p>(GO BACK TO P. 24 ASK 403 NEXT BIRTH)</p>			<p>MONTHS.... <table border="1" style="width: 40px;"><tr><td></td><td></td></tr></table></p> <p>(ALL GO TO 423)</p>																																																											

423 FROM PAGE 10, RECORD THE NAMES OF ALL BIRTHS SINCE JAN. 1982 IN THE FOLLOWING TABLE. FOR EACH BIRTH, CHECK IF ALIVE OR DEAD, AND MARK THE APPROPRIATE BOX.

	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-TO-LAST-BIRTH																																																																																																																																							
	(name)	(name)	(name)																																																																																																																																							
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>																																																																																																																																							
<p>ASK QUESTIONS 424-434 FOR ALL SURVIVING BIRTHS</p> <p>424 Do you have a clinic card, a child growth card or any other document showing what immunizations (NAME) was given?</p>	<p>YES, CARD SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 426)← NO CARD.....3</p>	<p>YES, CARD SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 426)← NO CARD.....3</p>	<p>(GO TO 453) YES, CARD SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 426)← NO CARD.....3</p>																																																																																																																																							
<p>425 RECORD THE DATES OF INJECTIONS FROM THE CARD. CIRCLE "1" IF NOT GIVEN.</p> <p>BCG TRIPLE 1 POLIO 1 TRIPLE 2 POLIO 2 TRIPLE 3 POLIO 3 MEASLES</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>NOT GVN</th> <th>YEAR</th> <th>MON</th> <th>DAY</th> </tr> </thead> <tbody> <tr><td>BCG 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>TR 1 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>PL 1 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>TR 2 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>PL 2 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>TR 3 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>PL 3 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>MS 1</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>(ALL GO TO 430)</p>		NOT GVN	YEAR	MON	DAY	BCG 1					TR 1 1					PL 1 1					TR 2 1					PL 2 1					TR 3 1					PL 3 1					MS 1					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>NOT GVN</th> <th>YEAR</th> <th>MON</th> <th>DAY</th> </tr> </thead> <tbody> <tr><td>BCG 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>TR 1 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>PL 1 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>TR 2 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>PL 2 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>TR 3 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>PL 3 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>MS 1</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>(ALL GO TO 430)</p>		NOT GVN	YEAR	MON	DAY	BCG 1					TR 1 1					PL 1 1					TR 2 1					PL 2 1					TR 3 1					PL 3 1					MS 1					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>NOT GVN</th> <th>YEAR</th> <th>MON</th> <th>DAY</th> </tr> </thead> <tbody> <tr><td>BCG 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>TR 1 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>PL 1 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>TR 2 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>PL 2 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>TR 3 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>PL 3 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>MS 1</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>(ALL GO TO 430)</p>		NOT GVN	YEAR	MON	DAY	BCG 1					TR 1 1					PL 1 1					TR 2 1					PL 2 1					TR 3 1					PL 3 1					MS 1				
	NOT GVN	YEAR	MON	DAY																																																																																																																																						
BCG 1																																																																																																																																										
TR 1 1																																																																																																																																										
PL 1 1																																																																																																																																										
TR 2 1																																																																																																																																										
PL 2 1																																																																																																																																										
TR 3 1																																																																																																																																										
PL 3 1																																																																																																																																										
MS 1																																																																																																																																										
	NOT GVN	YEAR	MON	DAY																																																																																																																																						
BCG 1																																																																																																																																										
TR 1 1																																																																																																																																										
PL 1 1																																																																																																																																										
TR 2 1																																																																																																																																										
PL 2 1																																																																																																																																										
TR 3 1																																																																																																																																										
PL 3 1																																																																																																																																										
MS 1																																																																																																																																										
	NOT GVN	YEAR	MON	DAY																																																																																																																																						
BCG 1																																																																																																																																										
TR 1 1																																																																																																																																										
PL 1 1																																																																																																																																										
TR 2 1																																																																																																																																										
PL 2 1																																																																																																																																										
TR 3 1																																																																																																																																										
PL 3 1																																																																																																																																										
MS 1																																																																																																																																										
<p>426 Has (NAME) ever had an immunization to prevent him/her from getting diseases?</p>	<p>YES.....1 NO.....2 (SKIP TO 430)← DK.....8</p>	<p>YES.....1 NO.....2 (SKIP TO 430)← DK.....8</p>	<p>YES.....1 NO.....2 (SKIP TO 430)← DK.....8</p>																																																																																																																																							
<p>427 Please tell me if (NAME) has had any of the following injections:</p> <p>BCG TRIPLE 1 POLIO 1 TRIPLE 2 POLIO 2 TRIPLE 3 POLIO 3</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>BCG</td><td>1</td><td>2</td></tr> <tr><td>TRIPLE 1</td><td>1</td><td>2</td></tr> <tr><td>POLIO 1</td><td>1</td><td>2</td></tr> <tr><td>TRIPLE 2</td><td>1</td><td>2</td></tr> <tr><td>POLIO 2</td><td>1</td><td>2</td></tr> <tr><td>TRIPLE 3</td><td>1</td><td>2</td></tr> <tr><td>POLIO 3</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	BCG	1	2	TRIPLE 1	1	2	POLIO 1	1	2	TRIPLE 2	1	2	POLIO 2	1	2	TRIPLE 3	1	2	POLIO 3	1	2	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>BCG</td><td>1</td><td>2</td></tr> <tr><td>TRIPLE 1</td><td>1</td><td>2</td></tr> <tr><td>POLIO 1</td><td>1</td><td>2</td></tr> <tr><td>TRIPLE 2</td><td>1</td><td>2</td></tr> <tr><td>POLIO 2</td><td>1</td><td>2</td></tr> <tr><td>TRIPLE 3</td><td>1</td><td>2</td></tr> <tr><td>POLIO 3</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	BCG	1	2	TRIPLE 1	1	2	POLIO 1	1	2	TRIPLE 2	1	2	POLIO 2	1	2	TRIPLE 3	1	2	POLIO 3	1	2	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>BCG</td><td>1</td><td>2</td></tr> <tr><td>TRIPLE 1</td><td>1</td><td>2</td></tr> <tr><td>POLIO 1</td><td>1</td><td>2</td></tr> <tr><td>TRIPLE 2</td><td>1</td><td>2</td></tr> <tr><td>POLIO 2</td><td>1</td><td>2</td></tr> <tr><td>TRIPLE 3</td><td>1</td><td>2</td></tr> <tr><td>POLIO 3</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	BCG	1	2	TRIPLE 1	1	2	POLIO 1	1	2	TRIPLE 2	1	2	POLIO 2	1	2	TRIPLE 3	1	2	POLIO 3	1	2																																																															
	YES	NO																																																																																																																																								
BCG	1	2																																																																																																																																								
TRIPLE 1	1	2																																																																																																																																								
POLIO 1	1	2																																																																																																																																								
TRIPLE 2	1	2																																																																																																																																								
POLIO 2	1	2																																																																																																																																								
TRIPLE 3	1	2																																																																																																																																								
POLIO 3	1	2																																																																																																																																								
	YES	NO																																																																																																																																								
BCG	1	2																																																																																																																																								
TRIPLE 1	1	2																																																																																																																																								
POLIO 1	1	2																																																																																																																																								
TRIPLE 2	1	2																																																																																																																																								
POLIO 2	1	2																																																																																																																																								
TRIPLE 3	1	2																																																																																																																																								
POLIO 3	1	2																																																																																																																																								
	YES	NO																																																																																																																																								
BCG	1	2																																																																																																																																								
TRIPLE 1	1	2																																																																																																																																								
POLIO 1	1	2																																																																																																																																								
TRIPLE 2	1	2																																																																																																																																								
POLIO 2	1	2																																																																																																																																								
TRIPLE 3	1	2																																																																																																																																								
POLIO 3	1	2																																																																																																																																								

428 At what age was (NAME) given the last of these immunizations?	MONTHS.... <input type="text"/> <input type="text"/>	MONTHS.... <input type="text"/> <input type="text"/>	MONTHS.... <input type="text"/> <input type="text"/>
429 Was (NAME) given a measles vaccine?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
430 Has (NAME) had diarrhea in the last 24 hours?	YES..... 1 (SKIP TO 432)← NO.....2	YES..... 1 (SKIP TO 432)← NO.....2	YES..... 1 (SKIP TO 432)← NO.....2
431 Has (NAME) had diarrhea in the last two weeks?	YES..... 1 NO..... 2 (GO TO NEXT COL)← DK.....8	YES..... 1 NO..... 2 (GO TO NEXT COL)← DK.....8	YES..... 1 NO..... 2 (GO TO 435)← DK.....8
432 Did you take (NAME) to a government hospital or clinic, to a Western doctor, or to an Ayurvedic doctor to treat the diarrhea (the last time)? IF YES: Where did you take him/her?	YES, GOVT HOSP/CLIN..1 YES, WESTERN DR.....2 YES, AYURVETIC DR....3 NO, NOT TAKEN.....9	YES, GOVT HOSP/CLIN..1 YES, WESTERN DR.....2 YES, AYURVETIC DR....3 NO, NOT TAKEN.....9	YES, GOVT HOSP/CLIN..1 YES, WESTERN DR.....2 YES, AYURVETIC DR....3 NO, NOT TAKEN.....9
433 Was (NAME) given any packet of Jeevance or UNICEF salts to treat the diarrhea (the last time)?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
434 Was there anything (else) you or somebody did to treat the diarrhea? IF YES: What was done? CIRCLE CODE 1 FOR ALL MENTIONED.	HOME SUGAR/SALT/ WATER SOLUTION..1 TABLETS/INJECTIONS, SYRUPS.....1 INCREASE FLUIDS..1 INCREASE FOODS...1 GIVE CUNJEE.....1 DECREASE FLUIDS..1 DECREASE FOODS...1 OTHER.....1 (specify) NOTHING.....1 (ALL GO TO NEXT COL)	HOME SUGAR/SALT/ WATER SOLUTION..1 TABLETS/INJECTIONS, SYRUPS.....1 INCREASE FLUIDS..1 INCREASE FOODS...1 GIVE CUNJEE.....1 DECREASE FLUIDS..1 DECREASE FOODS...1 OTHER.....1 (specify) NOTHING.....1 (ALL GO TO NEXT COL)	HOME SUGAR/SALT/ WATER SOLUTION..1 TABLETS/INJECTIONS, SYRUPS.....1 INCREASE FLUIDS..1 INCREASE FOODS...1 GIVE CUNJEE.....1 DECREASE FLUIDS..1 DECREASE FOODS...1 OTHER.....1 (specify) NOTHING.....1 (ALL GO TO 435)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
435	CHECK 433: "1" MARKED FOR ANY BIRTH? IF 433 IS EMPTY, MARK "NO". NO <input type="checkbox"/> YES <input type="checkbox"/>		>439
436	Have you ever heard of JEEVANEE or UNICEF Salts which you can give to a child with diarrhea?	JEEVANEE.....1 UNICEF.....2 BOTH.....3 NEITHER.....4	>438
437	INTERVIEWER: SHOW JEEVANEE AND UNICEF PACKETS. ASK: Have you ever seen either or both packets before?	JEEVANEE.....1 UNICEF.....2 BOTH.....3 NEITHER.....4	>446
438	Have you ever given either JEEVANEE or UNICEF Salts to any of your children?	YES.....1 NO.....2	>446
439	Where did you obtain the packet (the last time)?	GOVT HOSP/CLIN.....1 MOH OFFICE.....2 PHARMACY.....3 PRIV. DOCTOR.....4 OTHER.....5 (specify)	
440	How much did one packet cost? IF FREE, ENTER RS.00.00.	COST....Rs. <input type="text"/> <input type="text"/> <input type="text"/> DK.....9998	
441	I now have some questions about how to prepare Jeevanee.		
442	Please describe the type of water used to mix Jeevanee.	PLAIN WATER.....1 BOILED AND COOLED.....2 OTHER/DK.....3	
443	Describe how the powder is mixed.	1 PACKET IN 1 LITER OF WATER.....1 OTHER/DK.....2	>445
444	How do you measure the water?	1 LITER VESSEL.....1 2.5 BOTTLES SODA WATER...2 1 1/3 BOTTLES ARRACK....3 5 TEA CUPS.....4 OTHER/DK.....5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																					
445	How long can you keep the solution once it has been mixed?	24 HOURS OR LESS.....1 OTHER/DK.....2																						
446	CHECK 412 FOR LAST BIRTH: LAST CHILD STILL BREAST-FED <input type="checkbox"/> ALL OTHERS <input type="checkbox"/>		501																					
447	How many times did you breastfeed (NAME OF LAST BIRTH) last night, between sundown and sunrise?	NUMBER OF TIMES.... <input type="text"/> <input type="text"/> CHILD SLEEPS AT BREAST .96																						
448	How many times did you breastfeed (NAME OF LAST BIRTH) yesterday during the daylight hours?	NUMBER OF TIMES.... <input type="text"/> <input type="text"/> AS OFTEN AS WANTED.....96																						
449	At any time yesterday or last night, was (NAME OF LAST BIRTH) given any of the following? READ OUT CODING CATEGORIES PLAIN WATER? JUICE? POWDERED MILK? COW'S OR GOAT'S MILK? ANY OTHER LIQUID? ANY SOLID OR MUSHY FOOD?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>JUICE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POWDERED MILK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COW OR GOAT MILK....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANY OTHER LIQUID....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOLID OR MUSHY FOOD.</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	PLAIN WATER.....	1	2	JUICE.....	1	2	POWDERED MILK.....	1	2	COW OR GOAT MILK....	1	2	ANY OTHER LIQUID....	1	2	SOLID OR MUSHY FOOD.	1	2	
	YES	NO																						
PLAIN WATER.....	1	2																						
JUICE.....	1	2																						
POWDERED MILK.....	1	2																						
COW OR GOAT MILK....	1	2																						
ANY OTHER LIQUID....	1	2																						
SOLID OR MUSHY FOOD.	1	2																						
450	CHECK 449: NO FOOD OR LIQUIDS GIVEN (ALL "2" CIRCLED) <input type="checkbox"/> WAS GIVEN FOOD OR LIQUIDS (AT LEAST ONE "1" CIRCLED) <input type="checkbox"/>		452																					
451	Were any of these given in a bottle with a nipple?	YES.....1 NO.....2																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
452	CHECK 430 AND 431 FOR LAST BIRTH:		
	NO DIARRHEA IN LAST 2 WEEKS <input type="checkbox"/>		→501
	HAD DIARRHEA IN LAST 2 WEEKS <input type="checkbox"/>		
453	When (NAME) had diarrhea recently, did you continue (full) breastfeeding, did you reduce, or did you stop completely?	CONTINUED FULL1 REDUCED.....2 STOPPED COMPLETELY.....3	→501
454	Why did you (reduce/stop)?	<input type="checkbox"/> <input type="checkbox"/> <hr/> <hr/>	

SECTION 5: MARRIAGE.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO												
501	Are you currently married, or are you widowed, divorced, or separated?	MARRIED.....1 WIDOWED.....2 DIVORCED.....3 SEPARATED.....4	}502												
501A	Are you and your husband currently living together?	YES.....1 NO.....2													
502	Have you been married once, or more than once?	ONCE.....1 MORE THAN ONCE.....2													
503	In what month and year did you start living with your (first) husband as husband and wife?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	}505												
504	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>													
505	Where did you live before you began living with your husband--in metropolitan Colombo, another urban area, in a village, or on an estate?	COLOMBO METRO (ZONE 1)..1 OTHER URBAN.....2 VILLAGE.....3 ESTATE.....4													
506	Did your (first) husband live in the same place before marriage, or in a different urban area, village, or estate?	SAME U.A./VILLAGE/EST...1 DIFFERENT URBAN AREA...2 DIFFERENT VILLAGE.....3 DIFFERENT ESTATE.....4	}508												
507	How many miles was his place from yours?	MILES..... <input type="text"/> <input type="text"/> <input type="text"/>													
508	Are your mother and father still alive?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>WOMAN'S MOTHER..1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>WOMAN'S FATHER..1</td> <td>2</td> <td>8</td> <td></td> </tr> </table>		YES	NO	DK	WOMAN'S MOTHER..1	2	8		WOMAN'S FATHER..1	2	8		
	YES	NO	DK												
WOMAN'S MOTHER..1	2	8													
WOMAN'S FATHER..1	2	8													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																				
509	Are your first husband's parents still alive?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>HUSB'S MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HUSB'S FATHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	HUSB'S MOTHER	1	2	8	HUSB'S FATHER	1	2	8									
	YES	NO	DK																				
HUSB'S MOTHER	1	2	8																				
HUSB'S FATHER	1	2	8																				
510	CHECK 508 AND 509: AT LEAST ONE PARENT NOT LIVING (NOT ALL 1'S CIRCLED) <input type="checkbox"/> ALL PARENTS LIVING (ALL 1'S CIRCLED) <input type="checkbox"/>		→514																				
511	FOR EACH "1" CIRCLED IN 508 AND 509, CIRCLE A "1" FOR THE CORRESPONDING PARENT IN 512. THEN ASK 512 FOR THOSE PARENTS NOT HAVING A "1" CIRCLED.																						
512	Was (MENTION PARENTS NOT ALIVE NOW) alive at the time you began living with your (first) husband?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>WOMAN'S MOTHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WOMAN'S FATHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HUSB'S MOTHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HUSB'S FATHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	WOMAN'S MOTHER.....	1	2	8	WOMAN'S FATHER.....	1	2	8	HUSB'S MOTHER.....	1	2	8	HUSB'S FATHER.....	1	2	8	
	YES	NO	DK																				
WOMAN'S MOTHER.....	1	2	8																				
WOMAN'S FATHER.....	1	2	8																				
HUSB'S MOTHER.....	1	2	8																				
HUSB'S FATHER.....	1	2	8																				
513	CHECK 512: SOME PARENT ALIVE AT MARRIAGE <input type="checkbox"/> NO PARENT ALIVE AT MARRIAGE <input type="checkbox"/>		→517																				
514	At the time you began living with your (first) husband, did you and he live with any of these parents for at least 6 months?	YES.....1 NO.....2	→516																				
515	For about how many years did you live with the parents at that time?	YEARS..... <input type="text"/> <input type="text"/> UP TO THE PRESENT.....96	→517																				
516	Are you now living either with your parents or with your husband's parents?	YES.....1 NO.....2																					
517	CHECK 501: CURRENTLY MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/>		→601																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
518	Have you had sexual intercourse in the last four weeks?	YES.....1 NO.....2	→520
519	How many times?	TIMES.....	<input type="text"/> <input type="text"/>
520	When was the last time you had sexual intercourse?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....995	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →525
521	CHECK 223: NOT PREGNANT/ NOT SURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→525
522	CHECK 315: NOT USING CONTRACEPTION <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→525
523	If you became pregnant in the next few weeks, would you feel happy, unhappy, or would it not matter very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	→525
524	What is the main reason that you are not using a method to avoid pregnancy?	LACK OF KNOWLEDGE OR LACK OF SOURCE.....01 OPPOSED TO FP.....02 HUSBAND DISAPPROVES.....03 OTHER PEOPLE DISAPPR.....04 INFREQUENT SEX.....05 POSTPARTUM/BF.....06 MENOPAUSAL/SUBFECUND.....07 HEALTH CONCERNS.....08 ACCESS/AVAILABILITY.....09 COSTS TOO MUCH.....10 RELIGION.....11 INCONVENIENT TO USE.....12 OTHER _____ 13 (specify) DK.....98	
525	PRESENCE OF OTHERS AT THIS POINT:	YES NO CHILDREN UNDER 10..1 2 HUSBAND.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	

SECTION 6: FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	<p>CHECK 319:</p> <p style="text-align: center;"> <input type="checkbox"/> WOMAN STERILIZED (SKIP TO 609) <input type="checkbox"/> HUSBAND STERILIZED (SKIP TO 610) <input type="checkbox"/> OTHER </p>		
602	<p>CHECK 501:</p> <p> <input type="checkbox"/> CURRENTLY MARRIED <input type="checkbox"/> OTHER </p>		612
603	<p>Now I have some questions about the future.</p> <p>CHECK 223:</p> <p> <input type="checkbox"/> NOT PREGNANT/NOT SURE Would you like to have a (another) child or would you prefer not to have any (any more) children? </p> <p> <input type="checkbox"/> PREGNANT After the child you are expecting, would you like to have another child or would you prefer not to have any more children? </p>	<p>HAVE A/ANOTHER CHILD.....1</p> <p>NO (MORE) CHILDREN.....2</p> <p>UNDECIDED OR DK.....8</p>	<p>606</p> <p>605</p>
604	<p>Would you say that you definitely do not want to have (more) children, or are you not sure?</p>	<p>DEFINITELY NO MORE.....1</p> <p>NOT SURE.....2</p>	<p>612</p>
605	<p>Are you more inclined toward having a (another) child, or toward not having a (another) child?</p>	<p>HAVE ANOTHER.....1</p> <p>NOT HAVE ANOTHER.....2</p> <p>NOT SURE.....8</p>	<p>607</p> <p>612</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
606	Would you say that you definitely want a (another) child, or are you not sure?	DEFINITELY MORE.....1 NOT SURE.....2	
607	How long would you like to wait from now before the birth of a (another) child?	MONTHS.....1 <input type="text"/> <input type="text"/> }>612 YEARS.....2 <input type="text"/> <input type="text"/> }>612 DON'T KNOW.....998	
608	How old would your youngest child be? IF NO LIVING CHILDREN, CIRCLE '96'.	YEARS..... <input type="text"/> <input type="text"/> }>612 NO LIVING CHILDREN.....96 DK.....98	
609	Was your last child born by caesarean section?	YES.....1 NO.....2	
610	Do you regret that you (your husband) had the operation not to have any more children?	YES.....1 NO.....2 }>612	
611	Would you like to have another child or would you prefer not to have any more children?	HAVE ANOTHER.....1 NO MORE.....2 DK.....8	
612	<p>CHECK 202 and 204 AND MARK CORRECT BOX. RECORD SINGLE NUMBER, RANGE or OTHER ANSWER.</p> <p><input type="checkbox"/> HAS NO LIVING CHILDREN: If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><input type="checkbox"/> HAS LIVING CHILDREN: 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>NUMBER..... <input type="text"/> <input type="text"/></p> <p>RANGE: <input type="text"/> <input type="text"/> BETWEEN AND <input type="text"/> <input type="text"/></p> <p>OTHER ANSWER: _____</p> <p>(specify)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
707	What kind of work does (did) your husband mainly do?	FARMING.....01 FISHING/HUNTING.....02 ESTATE WORKER.....03 UNSKILLED LABORER/ OWN ACCOUNT.....04 UNSKILLED LABORER/ PRVT/GOVT EMPLOYE.....05 SKILLED LABORER/ OWN ACCOUNT.....06 SKILLED LABORER/ PRVT/GOVT EMPLOYE.....07 PETTY TRADER/HAWKER.....08 COTTAGE INDUSTRY.....09 DOMESTIC WORKER.....10 TEACHER: PRIM/SECOND....11 TEACHER: UNIV/OTHER....12 NURSE/HEALTH WORKER....13 TECHNICAL/MGR/PROF.....14 OTHER.....15 (specify) DOES NOT KNOW.....98	→709
708	Does (did) he earn a regular wage or salary?	YES.....1 NO.....2 DOES NOT KNOW.....8	→711
709	Does (did) your husband work mainly on his or his family's or on someone else's land?	HIS/FAMILY LAND.....1 SOMEONE ELSE'S LAND....2	→710
709A	Does (did) he hire others to work the land for him?	YES.....1 NO.....2	→711
710	Does (did) he work mainly for money or does (did) he work for a share of the crops?	MONEY.....1 SHARE OF CROPS.....2	
711	Now I have some questions about your work.		
712	Before you married your (first) husband, did you ever work regularly to earn money, other than on a farm or in a business run by your family?	YES.....1 NO.....2	→714

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
713	When you were earning money then, did you turn most of it over to your family or did you keep most of it for yourself?	TURNED OVER TO FAMILY...1 KEPT FOR SELF.....2	
714	Since you were first married, have you ever worked regularly to earn money other than on a farm or in a business run by your family?	YES.....1 NO.....2	→716
715	Are you now working to earn money, other than on a farm or in a business run by your family?	YES.....1 NO.....2	→717
716	Are you now working to earn money on a farm or in a business run by your family?	YES.....1 NO.....2	→801
717	What kind of work do you mainly do?	FARMING.....01 FISHING/HUNTING.....02 ESTATE WORKER.....03 UNSKILLED LABORER/ OWN ACCOUNT.....04 UNSKILLED LABORER/ PRVT/GOVT EMPLOYE.....05 SKILLED LABORER/ OWN ACCOUNT.....06 SKILLED LABORER/ PRVT/GOVT EMPLOYE.....07 PETTY TRADER/WALKER.....08 COTTAGE INDUSTRY.....09 DOMESTIC WORKER.....10 TEACHER: PRIM/SECOND...11 TEACHER: UNIV/OTHER...12 NURSE/HEALTH WORKER...13 TECHNICAL/MGR/PROF. PROFESSIONAL.....14 OTHER.....15 (specify) DOES NOT KNOW.....98	

SECTION 8: SOCIOECONOMIC INDICATORS.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
801	Has your household experienced any food shortages in the past 6 months?	YES.....1 NO.....2	→803				
802	Has your household experienced any food shortages in the past 2 weeks?	YES.....1 NO.....2					
803	INTERVIEWER: DO MEMBERS OF THE HOUSEHOLD APPEAR WEALTHY ENOUGH TO OWN A CHANGE OF CLOTHES?	YES.....1 NO.....2					
804	RECORD THE TIME.	HOUR..... MINUTES.....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <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> </tr> </table>				

SECTION 9: LENGTH AND WEIGHT.

INTERVIEWER: FROM PAGE 10, RECORD NAMES AND LINE NUMBERS OF ALL LIVING CHILDREN BORN SINCE JANUARY 1, 1984.

START WITH THE YOUNGEST CHILD.
RECORD DATE OF BIRTH IN 901 AND CHECK AGE IN 902.
THEN GO TO TEAR-OFF SHEET.

	<input type="checkbox"/> 1 YOUNGEST LIVING CHILD <div style="text-align: right; margin-right: 20px;"> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> </div> (name and line #)	<input type="checkbox"/> 2 NEXT-TO-YOUNGEST LIVING CHILD (name)	<input type="checkbox"/> 3 SECOND-TO-YOUNGEST LIVING CHILD (name)
901 DATE OF BIRTH	MONTH... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> YEAR.... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	MONTH... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> YEAR.... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	MONTH... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> YEAR.... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>
902 CHECK AGE: 3-36 MONTHS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> v GO TO NEXT PAGE.
903 LENGTH (in cms)	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> . <input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> . <input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> . <input style="width: 20px; height: 15px;" type="text"/>
904 WEIGHT (in kg)	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> . <input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> . <input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> . <input style="width: 20px; height: 15px;" type="text"/>
905 STATE REASON IF UNABLE TO RECORD	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
906 NAME OF MEASURER:	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	NAME OF ASSISTANT:	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>

INTERVIEWER'S OBSERVATIONS.
(To be filled in after completing interview.)

Person Interviewed: _____

Specific Questions: _____

Other Aspects: _____

Name of Interviewer: _____ Date: _____

SUPERVISOR'S OBSERVATIONS.

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS.

Name of Field Editor: _____ Date: _____

Name of Keyer: _____ Date: _____

TEAR-OFF MEASUREMENT SHEET.

INTERVIEWER: FILL IN IDENTIFICATION INFORMATION AND 901-T.
GIVE THIS TEAR-OFF SHEET TO MEASURERS.

MEASURER: COMPLETE 903-T, 904-T, 905-T, AND 906-T.
GIVE THIS TEAR-OFF SHEET TO TEAM SUPERVISOR.

IDENTIFICATION

SURVEY BLOCK NUMBER _____
HOUSING UNIT NUMBER _____
HOUSEHOLD NUMBER _____
LINE NUMBER OF ELIGIBLE WOMAN _____

1 YOUNGEST LIVING CHILD

(name)

901-T
DATE
OF BIRTH

MONTH...
YEAR....

2 NEXT-TO-YOUNGEST LIVING CHILD

(name)

MONTH...
YEAR....

3 SECOND-TO-YOUNGEST LIVING CHILD

(name)

MONTH...
YEAR....

903-T
LENGTH
(in cms)

--	--	--

904-T
WEIGHT
(in kg)

--	--	--

905-T
STATE
REASON
IF UNABLE
TO RECORD

906-T

NAME OF MEASURER: _____

--	--

NAME OF ASSISTANT: _____

--	--

INTERVIEWERS: EACH EVENING, RECORD THE INFORMATION FROM 903-T, 904-T, 905-T, AND 906-T INTO 903, 904, 905, AND 906.