

NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2011
WOMAN'S QUESTIONNAIRE

IDENTIFICATION																						
NAME AND CODE OF DISTRICT _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																					
NAME AND CODE OF VILLAGE/MUNICIPALITY _____																						
WARD NUMBER																						
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
NAME AND LINE NUMBER OF WOMAN _____																						
NAME OF HOUSEHOLD HEAD _____																						
WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE (YES=1; NO=2) <input type="checkbox"/>																						

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>						
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>						
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>6</td></tr><tr><td></td><td></td><td></td></tr></table>	2	0	6			
2	0	6								
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>						
TIME	_____	_____		RESULT						
				TOTAL NUMBER OF VISITS <input type="checkbox"/>						

*RESULT CODES:

1 COMPLETED	5 PARTLY COMPLETED
2 NOT AT HOME	6 INCAPACITATED
3 POSTPONED	7 OTHER _____
4 REFUSED	(SPECIFY)

LANGUAGE OF QUESTIONNAIRE	ENGLISH	<table border="1" style="margin: auto;"> <tr><td>5</td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>	5				
5							
LANGUAGE OF INTERVIEW	_____						
NATIVE LANGUAGE OF RESPONDENT	_____						
TRANSLATOR USED (YES=1; NO=2)						
LANGUAGE CODES: NEPALI=1; BHOJPURI=2; MAITHILI=3; OTHER=6							

SUPERVISOR	OFFICE EDITOR	KEYED BY									
NAME _____	NAME _____	NAME _____									
DATE _____ <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>				DATE _____ <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>				DATE _____ <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>			

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with MINISTRY OF HEALTH AND POPULATION. We are conducting a survey about health all over Nepal. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. No part of this interview is being recorded in tape or video. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
101A	COLLECT ANY RELEVANT DOCUMENTS THAT MAY HAVE INFORMATION ON THE RESPONDENT'S AGE AND HER CHILDREN'S AGE AND IMMUNISATIONS.		
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 107
105	What is the highest grade you completed? IF COMPLETED LESS THAN ONE GRADE, RECORD '00'.	GRADE <input type="text"/> <input type="text"/>	
106	CHECK 105: GRADE 5 OR LOWER <input type="checkbox"/> GRADE 6 OR HIGHER <input type="checkbox"/>		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Now I would like you to read this sentence to me. SHOW 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	
108	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
109	CHECK 107: CODE '2', '3' <input type="checkbox"/> OR '4' <input type="checkbox"/> CIRCLED CODE '1' OR '5' <input type="checkbox"/> CIRCLED	→ 111	
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
113	What is your religion?	HINDU 1 BUDDHIST 2 MUSLIM 3 KIRAT 4 CHRISTIAN 5 OTHER 6 (SPECIFY)	
114	What is your caste/ethnicity? WRITE CASTE/ETHNICITY ON LINE PROVIDED.	<div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> _____ (CASTE/ETHNICITY)	
115	In the last 12 months, how many times have you been away from your home community for one or more nights?	NUMBER OF TIMES <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> NONE 00	→ 201
116	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
	<p>Now I would like to ask you about all the pregnancies that you have had during your life. By this I mean all the children born to you whether they were born alive or dead, whether they are still living or not, whether they live with you or somewhere else, and all the pregnancies that you have had that did not result in a live birth. I understand that it is not easy to talk about children who have died, or pregnancies that ended before full term, but it is important that you tell us about all of them, so that the government can develop programs to improve children's health.</p>										
201	<p>First I would like to ask about all the births you have had during your life. Have you ever given birth?</p>	<p>YES 1 NO 2</p>	→ 206								
202	<p>Do you have any sons or daughters to whom you have given birth who are now living with you?</p>	<p>YES 1 NO 2</p>	→ 204								
203	<p>How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.</p>	<p>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></p>									
204	<p>Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>	<p>YES 1 NO 2</p>	→ 206								
205	<p>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'.</p>	<p>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></p>									
206	<p>Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?</p>	<p>YES 1 NO 2</p>	→ 208								
207	<p>How many boys have died? And how many girls have died? IF NONE, RECORD '00'.</p>	<p>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></p>									
208	<p>Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end in a miscarriage, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?</p>	<p>YES 1 NO 2</p>	→ 210								
209	<p>How many pregnancies have you had that did not end in a live birth?</p>	<p>PREGNANCY LOSSES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									
210	<p>SUM ANSWERS TO 203, 205, 207 AND 209, AND ENTER TOTAL. IF NONE, RECORD '00'.</p>	<p>TOTAL PREGNANCIES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									
211	<p>CHECK 210: Just to make sure that I have this right: you have had in TOTAL _____ pregnancies during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-210 AS NECESSARY.</p>										
212	<p>CHECK 210: ONE OR MORE PREGNANCIES <input type="checkbox"/> NO PREGNANCY <input type="checkbox"/> →</p>		→ 234								

213							
Now I would like to record all your pregnancies, whether born alive, born dead, or lost before full term, starting with the first one you had. RECORD ALL THE PREGNANCIES IN 215. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW).							
214	215	216	217	218	219	220	221
PREGNANCY HISTORY NUMBER	Think back to your first pregnancy. Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or lost before birth?	Did that baby cry, move, or breathe when it was born?	What name was given to the child?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?
01	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218) ← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226) ←	YES 1 NO 2 ↓ 226	_____ NAME	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 225
02	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218) ← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226) ←	YES 1 NO 2 ↓ 226	_____ NAME	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 225
03	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218) ← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226) ←	YES 1 NO 2 ↓ 226	_____ NAME	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 225
04	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218) ← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226) ←	YES 1 NO 2 ↓ 226	_____ NAME	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 225
05	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218) ← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226) ←	YES 1 NO 2 ↓ 226	_____ NAME	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 225
06	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218) ← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226) ←	YES 1 NO 2 ↓ 226	_____ NAME	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 225
07	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218) ← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226) ←	YES 1 NO 2 ↓ 226	_____ NAME	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 225

214	215	216	217	218	219	220	221
PREGNANCY HISTORY NUMBER	Think back to your first pregnancy. Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or lost before birth?	Did that baby cry, move, or breathe when it was born?	What name was given to the child?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?
08	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)←	YES 1 NO 2 ↓ 226	_____ NAME	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 225
09	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)←	YES 1 NO 2 ↓ 226	_____ NAME	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 225
10	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)←	YES 1 NO 2 ↓ 226	_____ NAME	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 225
11	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)←	YES 1 NO 2 ↓ 226	_____ NAME	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 225
12	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)←	YES 1 NO 2 ↓ 226	_____ NAME	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 225

222 IF BORN ALIVE AND STILL LIVING: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	223 Is (NAME) living with you?	224 RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	225 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	226 IF BORN DEAD OR LOST BEFORE BIRTH: In what month and year did this pregnancy end?	227 How many months did this pregnancy last? RECORD IN COMPLETED MONTHS.	228 Did you or someone else do something to end this pregnancy?	229 Were there any other pregnancies between the previous pregnancy and this pregnancy?
AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (NEXT PREGNANCY)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> (NEXT PREGNANCY)	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	
AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 229)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> (GO TO 229)	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 ADD ↙ PREGNANCY NO ... 2 NEXT ↙ PREGNANCY
AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 229)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> (GO TO 229)	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 ADD ↙ PREGNANCY NO ... 2 NEXT ↙ PREGNANCY
AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 229)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> (GO TO 229)	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 ADD ↙ PREGNANCY NO ... 2 NEXT ↙ PREGNANCY
AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 229)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> (GO TO 229)	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 ADD ↙ PREGNANCY NO ... 2 NEXT ↙ PREGNANCY
AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 229)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> (GO TO 229)	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 ADD ↙ PREGNANCY NO ... 2 NEXT ↙ PREGNANCY
AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 229)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> (GO TO 229)	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 ADD ↙ PREGNANCY NO ... 2 NEXT ↙ PREGNANCY

222 IF BORN ALIVE AND STILL LIVING:	223	224	225 IF DEAD:	226 IF BORN DEAD OR LOST BEFORE BIRTH:	227	228	229
How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you? YES ... 1 NO ... 2	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 229)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	In what month and year did this pregnancy end? MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	How many months did this pregnancy last? RECORD IN COMPLETED MONTHS.	Did you or someone else do something to end this pregnancy? YES ... 1 NO ... 2	Were there any other pregnancies between the previous pregnancy and this pregnancy? YES ... 1 ADD ↓ PREGNANCY NO ... 2 NEXT ↓ PREGNANCY
AGE IN YEARS <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"/> (GO TO 229)		MONTHS <input type="text"/> <input type="text"/>		
AGE IN YEARS <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"/> (GO TO 229)		MONTHS <input type="text"/> <input type="text"/>		
AGE IN YEARS <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"/> (GO TO 229)		MONTHS <input type="text"/> <input type="text"/>		
AGE IN YEARS <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"/> (GO TO 229)		MONTHS <input type="text"/> <input type="text"/>		
AGE IN YEARS <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"/> (GO TO 229)		MONTHS <input type="text"/> <input type="text"/>		
AGE IN YEARS <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"/> (GO TO 229)		MONTHS <input type="text"/> <input type="text"/>		
230	Have you had any pregnancy since the last pregnancy mentioned? IF YES, RECORD PREGNANCY(S) IN TABLE.			YES 1 NO 2			
231	COMPARE 210 WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)						
232	CHECK 220 AND ENTER THE NUMBER OF BIRTHS IN 2062 OR LATER. NUMBER OF BIRTHS <input type="text"/> NONE 0 → 234						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
233	<p>C FOR EACH BIRTH SINCE BAISAKH 2062, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) CHECK 227 FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH. CHECK 228. IF YES (CODE '1' CIRCLED), ENTER 'A' FOR ABORTION OR 'C' (IF CODE '2' CIRCLED) FOR MISCARRIAGE OR 'S' FOR STILLBIRTH, IN CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p>		
234	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 237A
235	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
236	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 237A
237	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2	
237A	CHECK 226 AND 228: HAD ABORTION SINCE 2062 <input type="checkbox"/> (1 CIRCLED IN 228) DID NOT HAVE ABORTION SINCE 2062 <input type="checkbox"/> (2 CIRCLE IN 228 OR NOT ASKED)		→ 238
237B	What was the main reason you decided to have this (last) abortion?	HEALTH OF MOTHER 01 RISK OF BIRTH DEFECT 02 NO MONEY TO TAKE CARE OF BABY . . 03 TOO YOUNG TO HAVE CHILD 04 NOT READY TO BE A MOTHER 05 WANTED TO CONTINUE SCHOOLING . . 06 DID NOT LOVE THE FATHER 07 WANTED TO DELAY CHILDBEARING . . 08 WANTED TO CONTINUE WORKING 09 WANTED TO SPACE CHILD 10 PARTNER DID NOT WANT CHILD 11 CHILD'S SEX 12 BECAUSE OF RAPE 13 TO AVOID SHAME 14 AFRAID OF PARENTS 15 NO ONE TO HELP LOOK AFTER CHILD . 16 PARENTS INSISTED 17 FATHER OF CHILD DIED 18 OTHER 96 _____ (SPECIFY)	
237C	What did you do to end this pregnancy?	DRANK MILK/COFFEE/OTHER LIQUID WITH LOTS OF SUGAR 01 DRANK HERBAL CONCOCTION 02 DRANK OTHER HOME REMEDIES 03 USED ANY HERBAL ANEMA 04 INSERTED HERB/OTHER SUBSTANCE IN THE VAGINA 05 TOOK TABLETS (UNSPECIFIED) 06 HEAVY MASSAGE 07 D & C 08 MANUAL VACUUM ASPIRATION 09 INJECTION 10 SALINE INSTILLATION 11 MEDICAL ABORTION 12 OXYTOCIN 13 CATHETER 14 EXCESSIVE PHYSICAL ACTIVITY 15 OTHER 96 _____ (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
237D	<p>Who did you see to get this done?</p> <p>PROBE: Anyone else?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>HEALTH ASST/HLTH. WKR C</p> <p>MCH WORKER D</p> <p>VHW E</p> <p>OTHER PERSON</p> <p>PHARMACIST/CHEMICAL SELLER F</p> <p>TRADITIONAL BIRTH ATTENDANT G</p> <p>FCHV H</p> <p>RELATIVE/FRIEND I</p> <p>TRADITIONAL PRACTITIONER ... J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p>	
237E	<p>Where did you go to get this done?</p>	<p>HOME</p> <p>YOUR HOME A</p> <p>OTHER HOME B</p> <p>GOVT. SECTOR</p> <p>GOVT. HOSPITAL C</p> <p>PHC CENTER _____ D</p> <p>(SPECIFY)</p> <p>HEALTH POST E</p> <p>SUB-HEALTH F</p> <p>PHC OUTREACH G</p> <p>OTHER GOVT. _____ H</p> <p>(SPECIFY)</p> <p>NON-GOVT. (NGO)</p> <p>MARIE STOPES I</p> <p>FPAN _____ J</p> <p>(SPECIFY)</p> <p>OTHER NGO _____ K</p> <p>SPECIFY</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC</p> <p>NURSING HOME _____ L</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE MED. _____ M</p> <p>SPECIFY</p> <p>OTHER _____ X</p> <p>SPECIFY</p>	
237F	<p>Did you have any complications when you had this abortion?</p>	<p>YES 1</p> <p>NO 2</p>	
237G	<p>In the first one month after the abortion, did you have any health problems because of the abortion?</p>	<p>YES 1</p> <p>NO 2</p>	
237H	<p>How much did you pay for the following services?</p> <p>Abortion service?</p> <p>Post abortion service?</p> <p>RECORD 9995 IF SERVICE NOT TAKEN.</p>	<p>ABORTION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>POST ABORTION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
237I	<p>Did anyone talk to you about family planning methods during your post abortion visit?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1204 145 1316 369"> <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> WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 241A								
240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									

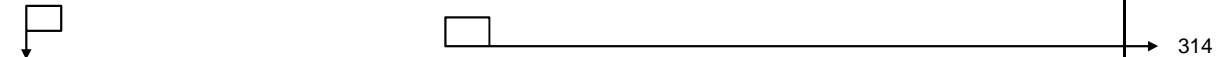
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
241A	Is abortion legal in Nepal?	YES 1 NO 2 DON'T KNOW 8	→ 241C
241B	What are the conditions under which a woman can have an abortion in Nepal?	PREGNANCY OF 12 WEEKS OR LESS GESTATION FOR ANY WOMAN ... A PREGNANCY OF 18 WEEKS IF IT IS A RESULT OF RAPE OR INCEST ... B PREGNANCY OF ANY DURATION IF LIFE OF MOTHER IS AT RISK C PREGNANCY OF ANY DURATION IF MOTHER'S PHYSICAL AND MENTAL HEALTH AT RISK D FETUS IS DEFORMED E OTHER _____ X (SPECIFY) DON'T KNOW Z	
241C	Do you know of a place where a woman can go to get a safe abortion?	YES 1 NO 2 DON'T KNOW 8	→ 301
241D	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC A PHC CENTER B HEALTH POST C SUB-HEALTH POST D PHC OUTREACH E FCHV F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECTOR MARIE STOPES H FPAN I OTHER NGO _____ J (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ NURSING HOME K PHARMACY L PRIVATE DOCTOR M OTHER PRIVATE MEDICAL _____ N (SPECIFY) OTHER SOURCE TBA O OTHER _____ X (SPECIFY)	



SECTION 3. CONTRACEPTION

301	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. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Rhythm Method. PROBE: 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	
09	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
10	Emergency Contraception. PROBE: As an emergency measure, within three/five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	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	
302	CHECK 234: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/>		→ 311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	<p>Which method are you using?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>DIAPHRAGM I</p> <p>FOAM/JELLY J</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD ... Y</p>	<p>→ 307</p> <p>→ 308A</p> <p>→ 306</p> <p>→ 308A</p>
305	<p>What is the brand name of the pills you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>NILOCON WHITE 01</p> <p>SUNAULO GULAPH 02</p> <p>FEMINYL 03</p> <p>FEMICON 04</p> <p>OK PILLS 05</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 308A</p>
306	<p>What is the brand name of the condoms you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>DHAAL 01</p> <p>PANTHER 02</p> <p>BLACK COBRA 03</p> <p>KAMASUTRA 04</p> <p>JODI 05</p> <p>NUMBER 1 06</p> <p>MOHP-NO BRAND 07</p> <p>LILY 08</p> <p>VEGA 09</p> <p>SKINLESS SKIN 10</p> <p>SAFETY 11</p> <p>GOLD 12</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 308A</p>
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC 11</p> <p>PHC CENTER 12</p> <p>MOBILE CLINIC 13</p> <p>OTHER GOVT. _____ 16 (SPECIFY)</p> <p>NON-GOVT (NGO) SECTOR</p> <p>FPAN 21</p> <p>MARIE STOPES 22</p> <p>ADRA 23</p> <p>NEPAL RED CROSS 24</p> <p>UMN 25</p> <p>OTHER NGO _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ NURSING HOME 31</p> <p>OTHER PRIVATE MEDICAL _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
308 308A	<p>In what month and year was the sterilization performed?</p> <p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							
309	<p>CHECK 308/308A, 220 AND 226:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>							
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2062 OR LATER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 2061 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO BAISAKH 2062.</p> <p>THEN SKIP TO 322</p>							
311	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO BAISAKH 2062.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? <p>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? * IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1. 								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/> 		314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	<input type="checkbox"/> → 324
314	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 324 → 317A → 326 <input type="checkbox"/> → 315A <input type="checkbox"/> → 326
315	You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC 11 PHC CENTER 12 HEALTH POST 13 SUB-HEALTH POST 14 PHC OUTREACH 15 MOBILE CLINIC 17 FCHV 18 CONDOM BOX 19	
315A	Where did you learn how to use the rhythm method? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	OTHER GOVT. _____ 16 (SPECIFY) NON-GOVT. (NGO) SECTOR FPAN 21 MARIE STOPES 22 ADRA 23 NEPAL RED CROSS 24 UMN 25 OTHER NGO. _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ NURSING HOME 31 PHARMACY 32 SANGINI OUTLET 33 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER SOURCE SHOP 41 FRIEND/RELATIVE 42 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 RHYTHM METHOD 12	→ 323 → 320 → 326
317 317A	At that time, were you told about side effects or problems you might have with the method? When you got sterilized, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 319
318	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
320	CHECK 317: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> CODE '1' CIRCLED  </div> <div style="text-align: center;"> CODE '1' NOT CIRCLED  </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> At that time, were you told about other methods of family planning that you could use? </div> <div style="width: 45%;"> When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use? </div> </div>	YES 1 NO 2	→ 322
321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
322	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD ... 96	→ 326 → 326 → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p data-bbox="236 152 783 183">Where did you obtain (CURRENT METHOD) the last time?</p> <p data-bbox="236 210 687 241">PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p data-bbox="236 268 746 327">IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr data-bbox="236 439 852 443"/> <p data-bbox="448 443 635 474">(NAME OF PLACE)</p>	<p data-bbox="906 152 1070 183">PUBLIC SECTOR</p> <p data-bbox="927 183 1331 215">GOVT. HOSPITAL/CLINIC 11</p> <p data-bbox="927 215 1331 246">PHC CENTER 12</p> <p data-bbox="927 246 1331 277">HEALTH POST 13</p> <p data-bbox="927 277 1331 309">SUB-HEALTH POST 14</p> <p data-bbox="927 309 1331 340">PHC OUTREACH 15</p> <p data-bbox="927 340 1331 371">MOBILE CLINIC 17</p> <p data-bbox="927 371 1331 403">FCHV 18</p> <p data-bbox="927 403 1331 434">CONDOM BOX 19</p> <p data-bbox="927 443 1331 501">OTHER GOVT. _____ 16 (SPECIFY)</p> <p data-bbox="906 501 1182 533">NON-GOVT. (NGO) SECTOR</p> <p data-bbox="927 533 1331 564">FPAN 21</p> <p data-bbox="927 564 1331 595">MARIE STOPES 22</p> <p data-bbox="927 595 1331 627">ADRA 23</p> <p data-bbox="927 627 1331 658">NEPAL RED CROSS 24</p> <p data-bbox="927 658 1331 689">UMN 25</p> <p data-bbox="927 698 1331 757">OTHER NGO. _____ 26 (SPECIFY)</p> <p data-bbox="906 757 1182 788">PRIVATE MEDICAL SECTOR</p> <p data-bbox="927 788 1331 819">PRIVATE HOSPITAL/CLINIC/</p> <p data-bbox="948 819 1331 851">NURSING HOME 31</p> <p data-bbox="927 851 1331 882">PHARMACY 32</p> <p data-bbox="927 882 1331 913">SANGINI OUTLET 33</p> <p data-bbox="927 913 1331 945">OTHER PRIVATE</p> <p data-bbox="948 945 1331 976">MEDICAL _____ 36 (SPECIFY)</p> <p data-bbox="906 985 1070 1016">OTHER SOURCE</p> <p data-bbox="927 1016 1331 1048">SHOP 41</p> <p data-bbox="927 1048 1331 1079">FRIEND/RELATIVE 42</p> <p data-bbox="906 1102 1331 1160">OTHER _____ 96 (SPECIFY)</p>	<p data-bbox="1374 640 1453 672">→ 326</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 326
325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC A</p> <p>PHC CENTER B</p> <p>HEALTH POST C</p> <p>SUB-HEALTH POST D</p> <p>PHC OUTREACH E</p> <p>MOBILE CLINIC F</p> <p>FCHV G</p> <p>CONDOM BOX H</p> <p>OTHER GOVT. _____ I</p> <p>(SPECIFY)</p> <p>NON-GOVT. (NGO) SECTOR</p> <p>FPAN J</p> <p>MARIE STOPES K</p> <p>ADRA L</p> <p>NEPAL RED CROSS M</p> <p>UMN N</p> <p>OTHER NGO. _____ O</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ NURSING HOME P</p> <p>PHARMACY Q</p> <p>SANGINI OUTLET R</p> <p>OTHER PRIVATE MEDICAL _____ S</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP T</p> <p>FRIEND/RELATIVE U</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
326	In the last 12 months, were you visited by a fieldworker (FCHV or RFHV) who talked to you about family planning?	YES 1 NO 2	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 232: ONE OR MORE BIRTHS IN 2062 OR LATER <input type="checkbox"/> NO BIRTHS IN 2062 OR LATER <input type="checkbox"/> → 542			
402	CHECK 220: ENTER IN THE TABLE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2062 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)			
403	PREGNANCY HISTORY NUMBER FROM 214 IN PREGNANCY HISTORY	LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>
404	FROM 218 AND 221	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 424) ← NO 2	YES 1 (SKIP TO 424) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NO MORE 2 (SKIP TO 408) ←	LATER 1 NO MORE 2 (SKIP TO 424) ←	LATER 1 NO MORE 2 (SKIP TO 424) ←
407	How much longer did you want to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 414B) ←		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. IF FCHV NOT MENTIONED PROBE	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B HEALTH ASST./ AHW C MCH WORKER ... D VHW E OTHER PERSON TRADITIONAL BIRTH ATTENDANT ... F FCHV G OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 414B) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S).</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME</p> <p>YOUR HOME ... A</p> <p>OTHER HOME ... B</p> <p>GOVT. SECTOR</p> <p>GOVT. HOSPITAL C</p> <p>PHC CENTER ... D</p> <p>HEALTH POST . E</p> <p>SUB-HEALTH ... F</p> <p>PHC OUTREACH . G</p> <p>OTHER GOVT. _____ H</p> <p>(SPECIFY)</p> <p>NON-GOVT. (NGO)</p> <p>FPAN I</p> <p>MARIE STOPES . J</p> <p>ADRA K</p> <p>UMN L</p> <p>OTHER NGO _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC/NURSING HOME N</p> <p>OTHER PRIVATE MED. _____ O</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p>	<p>YES NO</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD 1 2</p>		
413A	<p>During (any of) your antenatal care visit(s), were you advised to use a skilled birth attendant?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
414	<p>During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
414A	<p>Were you told where to go if you had any problems with the pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
414B	What kind of preparation did you make beforehand for the delivery of (NAME)? Anything else? CIRCLE ALL MENTIONED	SAVED MONEY A ARRANGED FOR TRANSPORT B FOUND BLOOD DONOR C CONTACTED HLTH WKR TO HELP WITH DELIVERY D BOUGHT SAFE DELIVERY KIT E ARRANGED FOOD F ARRANGED CLOTHES G OTHER _____ X (SPECIFY) NO PREPARATION Y		
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 418) ← DON'T KNOW 8		
416	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8		
417	CHECK 416:	2 OR MORE OTHER TIMES <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 421) ↓ ↓		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8		
419	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron/folic acid tablets? SHOW TABLETS.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
422A	CHECK 422:	LESS THAN OTHER 180 DAYS <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 423) ↓ ↓		
422B	What is the main reason for not taking the iron/folic acid tablets for atleast 180 days?	DID NOT LIKE IT ... 1 DID NOT RECEIVE COMPLETE DOSE . 2 NOT AVAILABLE ... 3 DID NOT KNOW ... 4 OTHER _____ 6 (SPECIFY)		
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
424	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
425	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 427) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 427) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 427) ← DON'T KNOW 8
426	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
427	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF FCHV NOT MENTIONED PROBE IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B HEALTH ASST./ AHW C MCHW D VHW E OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. F FCHV G RELATIVE/FRIEND . H OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 428) ←	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B HEALTH ASST./ AHW C MCHW D VHW E OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. F FCHV G RELATIVE/FRIEND . H OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 428) ←	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B HEALTH ASST./ AHW C MCHW D VHW E OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. F FCHV G RELATIVE/FRIEND . H OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 428) ←
427A	Immediately after delivery of (NAME) did you receive an injection in the thigh or buttock?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
428	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 431A) ←</p> <p>OTHER HOME ... 12</p> <p>GOVT. SECTOR GOVT. HOSPITAL 21 PHC CENTER 22 HEALTH POST 23 SUB-HEALTH POST 24 OTHER GOVT. _____ 26 (SPECIFY)</p> <p>NON-GOVT. SECTOR FPAN 31 ADRA 32 UMN 33 OTHER NGO _____ 36 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC/N.HOME ... 41 OTHER PRIVATE MED. _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) ← (SKIP TO 431A)</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 442) ←</p> <p>OTHER HOME ... 12</p> <p>GOVT. SECTOR GOVT. HOSPITAL 21 PHC CENTER 22 HEALTH POST 23 SUB-HEALTH POST 24 OTHER GOVT. _____ 26 (SPECIFY)</p> <p>NON-GOVT. SECTOR FPAN 31 ADRA 32 UMN 33 OTHER NGO _____ 36 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC/N.HOME 41 OTHER PRIVATE MED. _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) ← (SKIP TO 442)</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 442) ←</p> <p>OTHER HOME ... 12</p> <p>GOVT. SECTOR GOVT. HOSPITAL 21 PHC CENTER 22 HEALTH POST 23 SUB-HEALTH POST 24 OTHER GOVT. _____ 26 (SPECIFY)</p> <p>NON-GOVT. SECTOR FPAN 31 ADRA 32 UMN 33 OTHER NGO _____ 36 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC/N.HOME 41 OTHER PRIVATE MED. _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) ← (SKIP TO 442)</p>
428A	Did you receive cash incentive for transportation from the facility after the delivery of (NAME)?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
428B	Did the facility charge you any amount for the delivery of (NAME)?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
428C	How long did it take you to reach the facility for delivery of (NAME)?	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 998</p>		
429	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	<p>YES 1</p> <p>NO 2 (SKIP TO 430) ←</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 442) ←</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 442) ←</p>
429A	Was it planned or was it carried out due to complication?	<p>PLANNED 1</p> <p>COMPLICATION 2</p>	<p>PLANNED 1</p> <p>COMPLICATION ... 2</p>	<p>PLANNED 1</p> <p>COMPLICATION ... 2</p>
430	After you gave birth to (NAME), did anyone check on your health while you were still in the facility?	<p>YES 1 (SKIP TO 433) ←</p> <p>NO 2</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
431	Did anyone check on your health after you left the facility?	YES 1 (SKIP TO 433) ← NO 2 (SKIP TO 436) ←		
431A	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH . . . A FACILITY NOT OPEN . . B TOO FAR/ NO TRANS- PORTATION . . . C DON'T TRUST FACILITY/POOR QUALITY SERVICE . . D NO FEMALE PROVID- ER AT FACILITY . . E HUSBAND/FAMILY DID NOT ALLOW . . F SECURITY CONCERNS . . . G NOT NECESSARY . . H NOT CUSTOMARY . . I CHILD BORN BEFORE REACHING FACILITY . . . J OTHER _____ X (SPECIFY)		
431B	Was a special clean delivery kit used? SHOW CLEAN DELIVERY KIT MARKETED BY CRS	YES 1 (SKIP TO 431D) ← NO 2 DON'T KNOW . . . 8		
431C	When (NAME) was born, what instrument was used to cut the umbilical cord?	NEW/BOILED BLADE 1 USED BLADE . . . 2 KNIFE 3 HASIYA 4 KHUKURI 5 SCISSORS 7 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH																		
		NAME _____	NAME _____	NAME _____																		
431D	Was anything placed on the stump after the umbilical cord was cut?	YES 1 NO 2 (SKIP TO 431F) ← DON'T KNOW ... 8																				
431E	What was placed on the stump?	OIL A ASH B VERMILON C OINTMENT/POWDER D ANIMAL DUNG E TURMERIC F GHEE G CHLORHEXIDINE ... H OTHER _____ X (SPECIFY) DON'T KNOW ... Z																				
431F	Was (NAME) dried before the placenta was delivered?	YES 1 NO 2 DON'T KNOW ... 8																				
431G	Was (NAME) placed on your belly/breast before delivery of the placenta?	YES 1 NO 2 DON'T KNOW ... 8																				
431H	Was (NAME) wrapped in cloth before the placenta was delivered?	YES 1 NO 2 DON'T KNOW ... 8																				
431I	How long after delivery was (NAME) bathed for the first time? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998																				
432	After you gave birth to (NAME), did anyone check on your health?	YES 1 NO 2 (SKIP TO 436) ←																				
433	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. IF FCHV NOT MENTIONED PROBE	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 HEALTH ASST./ AHW 13 MCH WORKER ... 14 VHW 15 FCHV 16 OTHER _____ 96 (SPECIFY)																				
433A	Did this person talk to you about using a family planning method?	YES 1 NO 2 DON'T KNOW ... 8																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
434	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><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></p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW ... 998</p>								
436	<p>In the two months after (NAME) was born, did any health care provider check on his/her health?</p>	<p>YES 1 NO 2 (SKIP TO 440) ←</p> <p>DON'T KNOW 8</p>								
437	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HRS AFTER BIRTH .. 1 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS AFTER BIRTH .. 2</p> <p>WKS AFTER BIRTH .. 3</p> <p>DON'T KNOW ... 998</p>								
438	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> <p>IF FCHV NOT MENTIONED PROBE</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11 NURSE/MIDWIFE 12 HEALTH ASST./ AHW 13 MCH WORKER ... 14 VHW 15 FCHV 16</p> <p>OTHER _____ 96 (SPECIFY)</p>								
439	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME ... 11 OTHER HOME ... 12</p> <p>GOVT. SECTOR</p> <p>GOVT. HOSPITAL 21 PHC CENTER 22 HEALTH POST 23 SUB-HEALTH 24 PHC OUTREACH 25 OTHER GOVT. _____ 26 (SPECIFY)</p> <p>NON-GOVT. SECTOR</p> <p>FPAN 31 MARIE STOPES . 32 ADRA 33 UMN 34 OTHER GOVT. _____ 36 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC/N.HOME . 41 OTHER PRIVATE MED. _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
440	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW VITAMIN A CAPSULES	YES 1 NO 2 DON'T KNOW 8		
440A	After delivery were you given or did you buy any iron/folic acid tablets? SHOW TABLETS.	YES 1 NO 2 (SKIP TO 441) ← DON'T KNOW 8		
440B	After delivery, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . <input type="text"/> <input type="text"/> DON'T KNOW ... 98		
441	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 443) ← NO 2 (SKIP TO 444) ←		
442	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 446) ←	YES 1 NO 2 (SKIP TO 446) ←
443	For how many months after the birth of (NAME) did you not have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
444	CHECK 234: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT OR <input type="checkbox"/> NANT UNSURE (SKIP TO 446) ←		
445	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 447) ←		
446	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
447	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 449) ← NO 2	YES 1 NO 2	YES 1 NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____								
448	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (SKIP TO 454) DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)										
449	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS 1 <table border="1" data-bbox="762 600 866 651"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> DAYS 2 <table border="1" data-bbox="762 651 866 703"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>										
450	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 452) ←										
451	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRUPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS ... H COFFEE I HONEY J OTHER _____ X (SPECIFY)										
452	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)								
453	Are you still breastfeeding (NAME)?	YES 1 NO 2										
454	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8			YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8						
455		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.								

SECTION 5. CHILD IMMUNIZATION, HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE PREGNANCY HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2062 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).											
502	PREGNANCY HISTORY NUMBER FROM 214 IN BIRTH HISTORY	LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>								
503	FROM 218 AND 221	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 539)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 539)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 539)								
504	Do you have a card where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3								
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 509) ← NO 2	YES 1 (SKIP TO 509) ← NO 2	YES 1 (SKIP TO 509) ← NO 2								
506	(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.											
		LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR								
	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 1/HEP B1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1/HB1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1/HB1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 2/HEP B2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2/HB2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2/HB2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 3/HEP B3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3/HB3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3/HB3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT1/HEP B1/Hib 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1/HB1 /Hib1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1/HB1 /Hib1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 2/HEP B2/Hib2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2/HB2 /Hib2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2/HB2 /Hib2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 3/HEP B3/Hib3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3/HB3 /Hib3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3/HB3 /Hib3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	JAPANESE ENCEPHALITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
507	CHECK 506:	ALL RECORDED <input type="checkbox"/> (GO TO 511)	OTHER <input type="checkbox"/>	ALL RECORDED <input type="checkbox"/> (GO TO 511)	OTHER <input type="checkbox"/>	ALL RECORDED <input type="checkbox"/> (GO TO 511)	OTHER <input type="checkbox"/>					

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:						
510A	A BCG vaccination against tuberculosis, that is, an injection in the right arm that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 510D) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510D) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510D) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510D) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510D) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510D) ← DON'T KNOW 8
510C	How many times was the polio vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510D	A DPT/HEP B/Hib vaccination, that is, an injection given in the left thigh, usually at the same time as polio drops?	YES 1 NO 2 (SKIP TO 510F) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510F) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510F) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510F) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510F) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510F) ← DON'T KNOW 8
510E	How many times was the DPT/HEP B/Hib vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510F	A measles injection, that is, a shot in the right thigh at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510G	A Japanese encephalitis vaccination, that is, an injection given in the upper arm between the age of 12-23 months of age?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
511	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 (SKIP TO 511B) ←	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 (SKIP TO 511B) ←	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 (SKIP TO 511B) ←	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 (SKIP TO 511B) ←	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 (SKIP TO 511B) ←	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 (SKIP TO 511B) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
511A	At which national immunization day campaigns did (NAME) receive the polio vaccinations? RECORD ALL CAMPAIGNS MENTIONED.	CHAITRA 2066 ... A JESTHA 2067 ... B MAGH 2067 C FALGUN 2067 D	CHAITRA 2066 ... A JESTHA 2067 ... B MAGH 2067 C FALGUN 2067 D	CHAITRA 2066 A JESTHA 2067 B MAGH 2067 C FALGUN 2067 D
511B	Did (NAME) receive a vitamin A capsule during the event in Kartik/Baisakh? IF THE INTERVIEW IS BEFORE BAISAKH, ASK ABOUT KARTIK. IF THE INTERVIEW IS AFTER BAISAKH, ASK ABOUT BAISAKH. SHOW THE CAPSULE.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
512	In the last seven days, was (NAME) given VITA MISHRAN, or iron syrup like (this/any of these)? SHOW VITA MISHRAN SACHET OR IRON SYRUP	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
513	Was (NAME) given any drug for intestinal worms in the last six months (including any deworming ...)	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
514	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
515	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
516	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
517	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
518	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←
519	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF FCHV NOT MENTIONED PROBE _____ IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER B HEALTH POST C SUB-HTH POST D PHC OUTREACH CLINIC E FCHV F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. FPAN H UMN I OTHER NGO. _____ J (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC/NURSING HOME K PHARMACY L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)	GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER B HEALTH POST C SUB-HTH POST D PHC OUTREACH CLINIC E FCHV F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. FPAN H UMN I OTHER NGO. _____ J (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC/NURSING HOME K PHARMACY L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)	GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER B HEALTH POST C SUB-HTH POST D PHC OUTREACH CLINIC E FCHV F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. FPAN H UMN I OTHER NGO. _____ J (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC/NURSING HOME K PHARMACY L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)
520	CHECK 519:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 522) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 522) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 522) ←
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called Jeevan Jal/Navajeevan/Orestal? b) A government-recommended homemade fluid?	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID ... 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID ... 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID ... 1 2 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
523	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	
524	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)		PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)		PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	
524A	CHECK 524: GIVEN ZINC?	CODE 'C' CODE 'C' <input type="checkbox"/> CIRCLED NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 525) ←		CODE 'C' CODE 'C' <input type="checkbox"/> CIRCLED NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 525) ←		CODE 'C' CODE 'C' <input type="checkbox"/> CIRCLED NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 525) ←	
524B	How many days was (NAME) given zinc?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98		DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98		DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
526	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 529) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 529) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 529) ← DON'T KNOW 8	
527	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	
528	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 530) ←		CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 530) ←		CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 530) ←	

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
529	CHECK 525: HAD FEVER?	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 539)	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 539)	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 539)
530	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
531	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
532	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 536) ←	YES 1 NO 2 (SKIP TO 536) ←	YES 1 NO 2 (SKIP TO 536) ←	YES 1 NO 2 (SKIP TO 536) ←	YES 1 NO 2 (SKIP TO 536) ←	YES 1 NO 2 (SKIP TO 536) ←
533	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF FCHV NOT MENTIONED PROBE IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER B HEALTH POST C SUB-HTH POST D PHC OUTREACH E FCHV F OTHER GOVT. _____ (SPECIFY) G NON-GOVT. (NGO) SECT. FPAN H UMN I OTHER GOVT. _____ (SPECIFY) J PRIVATE MED. SECTOR PVT. HOSPITAL CLINIC/NURSING/ HOME K PHARMACY L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)	GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER B HEALTH POST C SUB-HTH POST D PHC OUTREACH E FCHV F OTHER GOVT. _____ (SPECIFY) G NON-GOVT. (NGO) SECT. FPAN H UMN I OTHER GOVT. _____ (SPECIFY) J PRIVATE MED. SECTOR PVT. HOSPITAL CLINIC/NURSING/ HOME K PHARMACY L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)	GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER B HEALTH POST C SUB-HTH POST D PHC OUTREACH E FCHV F OTHER GOVT. _____ (SPECIFY) G NON-GOVT. (NGO) SECT. FPAN H UMN I OTHER GOVT. _____ (SPECIFY) J PRIVATE MED. SECTOR PVT. HOSPITAL CLINIC/NURSING/ HOME K PHARMACY L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)	GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER B HEALTH POST C SUB-HTH POST D PHC OUTREACH E FCHV F OTHER GOVT. _____ (SPECIFY) G NON-GOVT. (NGO) SECT. FPAN H UMN I OTHER GOVT. _____ (SPECIFY) J PRIVATE MED. SECTOR PVT. HOSPITAL CLINIC/NURSING/ HOME K PHARMACY L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)	GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER B HEALTH POST C SUB-HTH POST D PHC OUTREACH E FCHV F OTHER GOVT. _____ (SPECIFY) G NON-GOVT. (NGO) SECT. FPAN H UMN I OTHER GOVT. _____ (SPECIFY) J PRIVATE MED. SECTOR PVT. HOSPITAL CLINIC/NURSING/ HOME K PHARMACY L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)	GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER B HEALTH POST C SUB-HTH POST D PHC OUTREACH E FCHV F OTHER GOVT. _____ (SPECIFY) G NON-GOVT. (NGO) SECT. FPAN H UMN I OTHER GOVT. _____ (SPECIFY) J PRIVATE MED. SECTOR PVT. HOSPITAL CLINIC/NURSING/ HOME K PHARMACY L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	CHECK 533:	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 536)	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 536)	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 536)
535	Where did you first seek advice or treatment? USE LETTER CODE FROM 533.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
536	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 539) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 539) DON'T KNOW 8	YES 1 NO 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 539) DON'T KNOW 8
537	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS CHLOROQUINE A PRIMAQUINE ... B QUININE C OTHER _____ D (SPECIFY) ANTIBIOTIC DRUGS COTRIMOXAZOLE E AMOXYCILLIN . F CIPROFLOXACIN G PROCAINE PENICILLIN INJECTION . H OTHER DRUGS PARACETAMOL . I IBUPROFEN ... J COUGH SYRUP K OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS CHLOROQUINE A PRIMAQUINE ... B QUININE C OTHER _____ D (SPECIFY) ANTIBIOTIC DRUGS COTRIMOXAZOLE E AMOXYCILLIN . F CIPROFLOXACIN G PROCAINE PENICILLIN INJECTION . H OTHER DRUGS PARACETAMOL . I IBUPROFEN ... J COUGH SYRUP K OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS CHLOROQUINE A PRIMAQUINE B QUININE C OTHER _____ D (SPECIFY) ANTIBIOTIC DRUGS COTRIMOXAZOLE . E AMOXYCILLIN . F CIPROFLOXACIN G PROCAINE PENICILLIN INJECTION . H OTHER DRUGS PARACETAMOL . I IBUPROFEN J COUGH SYRUP K OTHER _____ X (SPECIFY) DON'T KNOW Z
538		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 539.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 539.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 539.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
539	CHECK 220 AND 223, ALL ROWS: NUMBER OF CHILDREN BORN IN 2062 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> ↓ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 540 _____ (NAME)		542
540	The last time (NAME FROM 539) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)	
541	CHECK 522(a) ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ↓ ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		543
542	Have you ever heard of a special product called Jeevan Jal/Navajeevan/Orestal you can get for the treatment of diarrhea?	YES 1 NO 2	
543	CHECK 220 AND 223, ALL ROWS: NUMBER OF CHILDREN BORN IN 2065 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> ↓ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 544 _____ (NAME)		601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
544	<p>Now I would like to ask you about liquids or foods that (NAME FROM 543) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME FROM 543) (drink/eat):</p> <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> </table> <p>a) Plain water? a) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>b) Juice or juice drinks? b) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>c) Soup? c) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>d) Milk such as tinned, powdered, or fresh animal milk? d) 1 2 8 IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'. NUMBER OF TIMES DRANK MILK <input style="width: 30px; height: 20px;" type="text"/></p> <hr style="border-top: 1px dashed black;"/> <p>e) Infant formula like Lactogen? e) 1 2 8 IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'. NUMBER OF TIMES DRANK FORMULA <input style="width: 30px; height: 20px;" type="text"/></p> <hr style="border-top: 1px dashed black;"/> <p>f) Any other liquids? f) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>g) Yogurt? g) 1 2 8 IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'. NUMBER OF TIMES ATE YOGURT <input style="width: 30px; height: 20px;" type="text"/></p> <hr style="border-top: 1px dashed black;"/> <p>h) Any fortified baby food like Cerelac, Nestum, Champion etc? h) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>i) Roti, rice, maize, millet, noodles, porridge, or other foods made from grains? i) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside? j) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>k) White potatoes, white yams, colocasia, or any other foods made from roots? k) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>l) Any dark green, leafy vegetables like spinach, amaranth leaves, mustard leaves? l) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>m) Ripe mangoes, papayas or apricot? m) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>n) Any other fruits or vegetables? n) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>o) Liver, kidney, heart or other organ meats? o) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>p) Any meat, such as pork, buff, lamb, goat, chicken, or duck? p) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>q) Eggs? q) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>r) Fresh or dried fish or shellfish? r) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>s) Any foods made from beans, peas, lentils, or nuts? s) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>t) Cheese or other food made from milk? t) 1 2 8</p> <hr style="border-top: 1px dashed black;"/> <p>u) Any other solid, semi-solid, or soft food (jaulo, lito, sarbottam pitho etc.)? u) 1 2 8</p>		YES	NO	DK		
	YES	NO	DK				
545	<p>CHECK 544 (CATEGORIES "g" THROUGH "u"):</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">ALL "NO" <input style="width: 30px; height: 20px;" type="checkbox"/></td> <td style="text-align: center;">AT LEAST ONE "YES" <input style="width: 30px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">OR ALL DKs</td> </tr> </table>	ALL "NO" <input style="width: 30px; height: 20px;" type="checkbox"/>	AT LEAST ONE "YES" <input style="width: 30px; height: 20px;" type="checkbox"/>	↓	OR ALL DKs		→ 547
ALL "NO" <input style="width: 30px; height: 20px;" type="checkbox"/>	AT LEAST ONE "YES" <input style="width: 30px; height: 20px;" type="checkbox"/>						
↓	OR ALL DKs						
546	<p>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1 (GO BACK TO 544 TO RECORD FOOD EATEN YESTERDAY) ←</p> <p>NO 2 → 601</p>					
547	<p>How many times did (NAME FROM 543) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input style="width: 30px; height: 20px;" type="text"/></p> <p>DON'T KNOW 8</p>					

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	→ 605
604A	For how long have you and your husband not been living together? IF LESS THAN 1 YEAR, RECORD MONTHS, OTHERWISE RECORD IN COMPLETED YEARS.	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
605	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
606	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
610	CHECK 609: MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE ↓ In what month and year did you start living with your (husband/partner)? MARRIED/ LIVED WITH A MAN <input type="checkbox"/> MORE THAN ONCE ↓ Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 612

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.			
613	<p>Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER95</p>	→ 628
614	<p>Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p>		
615	<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>	→ 627

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	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"/>
617	The last time you had sexual intercourse (with this second/third person), was a condom used? (2)	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←
618	Was a condom used 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
619	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) ← (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) ← (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) ← (SKIP TO 622) ←
620	CHECK 609:	MARRIED ONLY ONCE <input type="checkbox"/> ↓ MARRIED MORE THAN ONCE (SKIP TO 622) <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> ↓ MARRIED MORE THAN ONCE (SKIP TO 622) <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> ↓ MARRIED MORE THAN ONCE (SKIP TO 622) <input type="checkbox"/>
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> (SKIP TO 623) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> (SKIP TO 623) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> (SKIP TO 623) ↓
622	How long ago did you first have sexual intercourse with this (second/third) 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"/> YEARS AGO 4 <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"/> YEARS AGO 4 <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"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
623	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
624	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DONT KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DONT KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DONT KNOW 98
625	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 616 IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	YES 1 (GO BACK TO 616 IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	
626	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DONT KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
627	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
628	<p>PRESENCE OF OTHERS DURING THIS SECTION</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													
629	<p>Do you know of a place where a person can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 701												
630	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC A</p> <p>PHC CENTER B</p> <p>HEALTH POST C</p> <p>SUB-HEALTH POST D</p> <p>PHC OUTREACH E</p> <p>MOBILE CLINIC F</p> <p>FCHV G</p> <p>OTHER GOVT. _____ H</p> <p style="text-align: center;">(SPECIFY)</p> <p>NON-GOVT. (NGO) SECTOR</p> <p>FPAN I</p> <p>MARIE STOPES J</p> <p>ADRA K</p> <p>NEPAL RED CROSS L</p> <p>UMN M</p> <p>OTHER NGO. _____ N</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ NURSING HOME O</p> <p>PHARMACY P</p> <p>SANGINI OUTLET Q</p> <p>OTHER PRIVATE MEDICAL _____ R</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP S</p> <p>FRIEND/RELATIVE T</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>													
631	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>													

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
701	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 712								
702	CHECK 234: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		→ 704								
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711								
704	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 707 → 712 → 710								
705	CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE/GAUNA 995 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 710 → 712 → 710
706	CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 711								
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 712								
708	CHECK 705: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 711								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 703 AND 704:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon.</p> <p>You have said that you do not want any (more) children.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>HUSBAND AWAY D</p> <p>MENOPAUSAL/HYSTERECTOMY E</p> <p>CAN'T GET PREGNANT F</p> <p>NOT MENSTRUATED SINCE LAST BIRTH G</p> <p>BREASTFEEDING H</p> <p>UP TO GOD/FATALISTIC I</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED J</p> <p>HUSBAND/PARTNER OPPOSED... K</p> <p>OTHERS OPPOSED L</p> <p>RELIGIOUS PROHIBITION M</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD N</p> <p>KNOWS NO SOURCE O</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>PREFERRED METHOD</p> <p>NOT AVAILABLE S</p> <p>NO METHOD AVAILABLE T</p> <p>INCONVENIENT TO USE U</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES V</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		→ 712
711	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
712	<p>CHECK 221:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	→ 714 → 714

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 15%;">BOYS</th> <th style="width: 15%;">GIRLS</th> <th style="width: 15%;">EITHER</th> <th style="width: 35%;"></th> </tr> </thead> <tbody> <tr> <td>NUMBER</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td></td> </tr> <tr> <td>OTHER</td> <td colspan="3"><input type="text"/></td> <td>96</td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		BOYS	GIRLS	EITHER		NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>		OTHER	<input type="text"/>			96		(SPECIFY)					
	BOYS	GIRLS	EITHER																					
NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>																					
OTHER	<input type="text"/>			96																				
	(SPECIFY)																							
714	<p>In the last few months have you:</p> <p>Heard about family planning on the radio?</p> <p>Seen anything about family planning on the television?</p> <p>Read about family planning in a newspaper or magazine?</p> <p>Read about family planning in brochure or flipchart?</p> <p>Seen message on family planning in a poster, hoarding board or billboard?</p> <p>Seen street dramas on family planning?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">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>BROCHURE OR FLIPCHART ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER, HOARDING/BILLBOARD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STREET DRAMA</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	BROCHURE OR FLIPCHART ...	1	2	POSTER, HOARDING/BILLBOARD	1	2	STREET DRAMA	1	2	
	YES	NO																						
RADIO	1	2																						
TELEVISION	1	2																						
NEWSPAPER OR MAGAZINE ...	1	2																						
BROCHURE OR FLIPCHART ...	1	2																						
POSTER, HOARDING/BILLBOARD	1	2																						
STREET DRAMA	1	2																						
715	<p>CHECK 601:</p> <p style="text-align: center;"> YES, <input type="checkbox"/> YES, <input type="checkbox"/> NO, <input type="checkbox"/> CURRENTLY MARRIED LIVING WITH A MAN NOT IN UNION </p> <p style="text-align: right;">→ 801</p>																							
716	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p style="text-align: center;"> CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> OR NOT ASKED </p> <p style="text-align: right;">→ 719</p>																							
717	<p>Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>MAINLY RESPONDENT</td> <td style="text-align: center;">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td style="text-align: center;">2</td> </tr> <tr> <td>JOINT DECISION</td> <td style="text-align: center;">3</td> </tr> <tr> <td>OTHER <input type="text"/></td> <td style="text-align: center;">6</td> </tr> <tr> <td></td> <td style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND/PARTNER	2	JOINT DECISION	3	OTHER <input type="text"/>	6		(SPECIFY)												
MAINLY RESPONDENT	1																							
MAINLY HUSBAND/PARTNER	2																							
JOINT DECISION	3																							
OTHER <input type="text"/>	6																							
	(SPECIFY)																							
718	<p>CHECK 304:</p> <p style="text-align: center;"> NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/> STERILIZED STERILIZED </p> <p style="text-align: right;">→ 801</p>																							
719	<p>Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>SAME NUMBER</td> <td style="text-align: center;">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td style="text-align: center;">3</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8														
SAME NUMBER	1																							
MORE CHILDREN	2																							
FEWER CHILDREN	3																							
DON'T KNOW	8																							

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p>	<p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>→ 803</p> <p>→ 806</p>
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) (husband/partner) ever attend school?	<p>YES 1</p> <p>NO 2</p>	→ 805
804	<p>What was the highest grade he completed?</p> <p>IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.</p>	<p>GRADE <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
805	<p>CHECK 801:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> FORMERLY MARRIED <input type="checkbox"/></p> <p>What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?</p>	<p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
806	Aside from your own housework, have you done any work in the last seven days?	<p>YES 1</p> <p>NO 2</p>	→ 810
807	<p>As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.</p> <p>In the last seven days, have you done any of these things or any other work?</p>	<p>YES 1</p> <p>NO 2</p>	→ 810
808	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	<p>YES 1</p> <p>NO 2</p>	→ 810
809	Have you done any work in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	→ 813A
810	What is your occupation, that is, what kind of work do you mainly do?	<p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
811	Do you do this work for a member of your family, for someone else, or are you self-employed?	<p>FOR FAMILY MEMBER 1</p> <p>FOR SOMEONE ELSE 2</p> <p>SELF-EMPLOYED 3</p>	
812	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	<p>THROUGHOUT THE YEAR 1</p> <p>SEASONALLY/PART OF THE YEAR 2</p> <p>ONCE IN A WHILE 3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	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	814
813A	Why are you not involved in any work aside from your own house work?	NO NEED TO WORK 1 WORKLOAD AT HOME 2 SMALL CHILDREN TO LOOK AFTER . 3 FAMILY DOES NOT ALLOW 4 LOOKING FOR WORK 5 LACK EDUCATION/TRAINING 7 NO OPPORTUNITY 8 OTHER _____ 6 (SPECIFY)	
814	CHECK 601: CURRENTLY MARRIED <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		822
815	CHECK 813: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		818
816	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER _____ 6 (SPECIFY)	
817	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	819
818	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)	
819	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	
820	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
821	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 SOMEONE ELSE HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6																									
822	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
823	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
823A	Do you belong to any group? Please specify.	AMA SAMUHA A BACHAT SAMUHA B MAHILA SAMUHA C OTHER _____ X (SPECIFY) DOES NOT BELONG TO ANY GROUP Z																									
824	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="1"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3					
	PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.																								
CHILDREN < 10	1	2	3																								
HUSBAND	1	2	3																								
OTHER MALES	1	2	3																								
OTHER FEMALES	1	2	3																								
824A	In your opinion, should a husband hit or beat his wife for any reason at all?	YES 1 NO 2 DON'T KNOW 8	→ 901																								
825	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8	
	YES	NO	DK																								
GOES OUT	1	2	8																								
NEGL. CHILDREN	1	2	8																								
ARGUES	1	2	8																								
REFUSES SEX	1	2	8																								
BURNS FOOD	1	2	8																								

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 921																
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
906	Can people get the AIDS virus by touching someone who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>DURING PREG.</td> <td align="center">..... 1</td> <td align="center">..... 2</td> <td align="center">..... 8</td> </tr> <tr> <td>DURING DELIVERY</td> <td align="center">... 1</td> <td align="center">... 2</td> <td align="center">... 8</td> </tr> <tr> <td>BREASTFEEDING</td> <td align="center">... 1</td> <td align="center">... 2</td> <td align="center">... 8</td> </tr> </table>		YES	NO	DK	DURING PREG. 1 2 8	DURING DELIVERY	... 1	... 2	... 8	BREASTFEEDING	... 1	... 2	... 8	
	YES	NO	DK																
DURING PREG. 1 2 8																
DURING DELIVERY	... 1	... 2	... 8																
BREASTFEEDING	... 1	... 2	... 8																
909	CHECK 908: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	→ 911																
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
911	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 915																
912	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95																	
913	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>GOVT. SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>VCT CENTER 12</p> <p>OTHER GOVT. _____ 16</p> <p>(SPECIFY)</p> <p>NON-GOVT. SECTOR</p> <p>FPAN 21</p> <p>AMDA 22</p> <p>INF 23</p> <p>NEPAL RED CROSS 24</p> <p>OTHER GOVT. _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ NURSING HOME 31</p> <p>OTHER PRIVATE MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 917</p>
915	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 917</p>
916	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>GOVT. SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>VCT CENTER B</p> <p>OTHER GOVT. _____ C</p> <p>(SPECIFY)</p> <p>NON-GOVT. SECTOR</p> <p>FPAN D</p> <p>AMDA E</p> <p>INF F</p> <p>NEPAL RED CROSS G</p> <p>OTHER GOVT. _____ H</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ NURSING HOME I</p> <p>OTHER PRIVATE MEDICAL _____ J</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
917	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
918	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
919	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
920	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
921	CHECK 901: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="text-align: center;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	YES 1 NO 2	
922	CHECK 613: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>→ 930</p> </div> </div>		
923	CHECK 921: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>YES <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>NO <input type="checkbox"/></p> <p>→ 925</p> </div> </div>		
924	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
925	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
926	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
927	CHECK 924, 925, AND 926: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p> <p>→ 930</p> </div> </div>		
928	The last time you had (PROBLEM FROM 924/925/926), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 930

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
929	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>GOVT. SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>PRIMARY HEALTH CARE B</p> <p>HEALTH POST C</p> <p>SUB-HEALTH POST D</p> <p>PHC OUTREACH . E</p> <p>FAMILY PLANNING CLINIC ... F</p> <p>MOBILE CLINIC G</p> <p>FIELDWORKER H</p> <p>OTHER GOVT. _____ I</p> <p>(SPECIFY)</p> <p>NON-GOVT. SECTOR</p> <p>FPAN J</p> <p>AMDA K</p> <p>ADRA L</p> <p>INF M</p> <p>NEPAL RED CROSS N</p> <p>UMN O</p> <p>OTHER NON-GOVT. _____ P</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ NURSING HOME Q</p> <p>OTHER PRIVATE MEDICAL _____ R</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
930	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
931	<p>Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
932	<p>CHECK 601:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>NOT IN UNION <input type="checkbox"/> → 1001</p>		
933	<p>Can you say no to your (husband/partner) if you do not want to have sexual intercourse?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	
934	<p>Could you ask your (husband/partner) to use a condom if you wanted him to?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	<p>Now I would like to ask you some other questions relating to health matters. 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 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1003A
1002	<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 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1003A
1003	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1003A	<p>CHECK 210:</p> <p>ONE OR MORE PREGNANCIES <input type="checkbox"/></p> <p>NONE <input type="checkbox"/></p>		→ 1004
1003B	<p>Have you ever experienced signs of uterine prolapse (Patheghar Khasne/ Ang Khasne)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1004
1003C	<p>Did you seek treatment for this condition?</p>	<p>YES, MEDICAL TREATMENT 1</p> <p>YES, TRADITIONAL METHODS 2</p> <p>NO 3</p>	
1004	<p>Do you currently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1006
1005	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>	
1006	<p>Do you currently smoke or use any (other) type of tobacco?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1008
1007	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>BIDI B</p> <p>CHEWING TOBACCO C</p> <p>SNUFF D</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
1008	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>Getting permission to go to the doctor?</p> <p>Getting money needed for advice or treatment?</p> <p>The distance to the health facility?</p> <p>Not wanting to go alone?</p>	<table> <thead> <tr> <th></th> <th>BIG PROB- LEM</th> <th>NOT A BIG PROB- LEM</th> </tr> </thead> <tbody> <tr> <td>PERMISSION TO GO ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>GETTING MONEY</td> <td>1</td> <td>2</td> </tr> <tr> <td>DISTANCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>GO ALONE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO ...	1	2	GETTING MONEY	1	2	DISTANCE	1	2	GO ALONE	1	2																			
	BIG PROB- LEM	NOT A BIG PROB- LEM																																		
PERMISSION TO GO ...	1	2																																		
GETTING MONEY	1	2																																		
DISTANCE	1	2																																		
GO ALONE	1	2																																		
1008A	<p>In the last few months have you heard or seen the following programs on the radio and/or television:</p> <p>Jana Swastha Radio Karyakram?</p> <p>Janasankhya Chetana ka Sworeharu Radio Karyakram?</p> <p>Hamro Swastha Radio Karyakram?</p> <p>Ama radio Karyakram?</p> <p>Hamro Swastha TV Karyakram?</p> <p>Jeevan Chakra TV Karyakram?</p> <p>Thorai bhaye pugi sari TV Karyakram?</p> <p>Ama TV Karyakram?</p> <p>Sathi Sanga Manka Kura Radio Karyakram?</p> <p>Jeevan Jyoti Radio Karyakram?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>JANA SWASTHA</td> <td>1</td> <td>2</td> </tr> <tr> <td>JANASANKHYA</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAMRO SWASTHA ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>AMA RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAMRO SWASTHA</td> <td>1</td> <td>2</td> </tr> <tr> <td>JEEVAN CHAKRA T.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>THORAI BHAYA</td> <td>1</td> <td>2</td> </tr> <tr> <td>AMA TV</td> <td>1</td> <td>2</td> </tr> <tr> <td>SATHI SANGA MANKA .</td> <td>1</td> <td>2</td> </tr> <tr> <td>JEEVAN JYOTI</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	JANA SWASTHA	1	2	JANASANKHYA	1	2	HAMRO SWASTHA ...	1	2	AMA RADIO	1	2	HAMRO SWASTHA	1	2	JEEVAN CHAKRA T.....	1	2	THORAI BHAYA	1	2	AMA TV	1	2	SATHI SANGA MANKA .	1	2	JEEVAN JYOTI	1	2	
	YES	NO																																		
JANA SWASTHA	1	2																																		
JANASANKHYA	1	2																																		
HAMRO SWASTHA ...	1	2																																		
AMA RADIO	1	2																																		
HAMRO SWASTHA	1	2																																		
JEEVAN CHAKRA T.....	1	2																																		
THORAI BHAYA	1	2																																		
AMA TV	1	2																																		
SATHI SANGA MANKA .	1	2																																		
JEEVAN JYOTI	1	2																																		
1008B	<p>Which source of media do you prefer the most to receive health-related messages?</p>	<table> <tbody> <tr> <td>NEPAL RADIO</td> <td>01</td> </tr> <tr> <td>FM</td> <td>02</td> </tr> <tr> <td>TELEVISION</td> <td>03</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td>04</td> </tr> <tr> <td>BROCHURE OR LEAFLET</td> <td>05</td> </tr> <tr> <td>FLIPCHART</td> <td>06</td> </tr> <tr> <td>POSTER</td> <td>07</td> </tr> <tr> <td>HOARDING/BILLBOARD ...</td> <td>08</td> </tr> <tr> <td>OTHER _____</td> <td>96</td> </tr> <tr> <td>(SPECIFY)</td> <td></td> </tr> </tbody> </table>	NEPAL RADIO	01	FM	02	TELEVISION	03	NEWSPAPER OR MAGAZINE	04	BROCHURE OR LEAFLET	05	FLIPCHART	06	POSTER	07	HOARDING/BILLBOARD ...	08	OTHER _____	96	(SPECIFY)															
NEPAL RADIO	01																																			
FM	02																																			
TELEVISION	03																																			
NEWSPAPER OR MAGAZINE	04																																			
BROCHURE OR LEAFLET	05																																			
FLIPCHART	06																																			
POSTER	07																																			
HOARDING/BILLBOARD ...	08																																			
OTHER _____	96																																			
(SPECIFY)																																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1009	CHECK 327 VISITED HEALTH FACILITY IN 12 MONTHS <input type="checkbox"/> NOT VISITED <input type="checkbox"/>		1009F
1009A	Which health facilities did you visit last during the past 12 months for care for yourself or your children? PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC 11 PHC CENTER 12 HEALTH POST 13 SUB-HEALTH POST 14 PHC OUTREACH 15 MOBILE CLINIC 17 OTHER GOVT. _____ 16 (SPECIFY) NON-GOVT. (NGO) SECTOR FPAN 21 MARIE STOPES 22 ADRA 23 NEPAL RED CROSS 24 UMN 25 OTHER NGO. _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ NURSING HOME 31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 SPECIFY	
1009B	CHECK 1009A CODES 11-17 CIRCLED <input type="checkbox"/> OTHER CODES/NOT CIRCLED <input type="checkbox"/>		1009F
1009C	Did you pay the registration fee during your last visit to the health facility?	YES 1 NO 2 DON'T KNOW 8	
1009D	Were you prescribed any medicines/drug by the health care provider the last time you visited the health facility?	YES 1 NO 2 DON'T KNOW 8	1009F
1009E	Did you get any medicine/drug free of cost from the health facility?	YES, FULLY 1 YES, PARTIALLY 2 NOT AT ALL 3	
1009F	Does a woman get free health services from a government health facility for the following services: Post abortion service? Delivery service?	YES NO DK POST ABORTION 1 2 8 DELIVERY 1 2 8	
1009G	Does a woman get a cash incentive if she delivers her baby at a government health facility?	YES 1 NO 2 DON'T KNOW 8	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1101	CHECK HOUSEHOLD QUESTIONNAIRE, COL. 9A AND COVER PAGE OF WOMAN QUESTIONNAIRE. WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/>		1134																												
1102	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2		1133																												
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Nepal. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.																														
1103	CHECK 601 AND 602: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>		1115																												
1104	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MONEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ...	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE ...	1	2	8	MONEY	1	2	8	
	YES	NO	DK																												
JEALOUS	1	2	8																												
ACCUSES	1	2	8																												
NOT MEET FRIENDS ...	1	2	8																												
NO FAMILY	1	2	8																												
WHERE YOU ARE ...	1	2	8																												
MONEY	1	2	8																												
1105	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. A (Does/did) your (last) husband/partner ever: a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone close to you? c) insult you or make you feel bad about yourself?	<table border="0"> <tr> <td></td> <td>OFTEN</td> <td>SOME-TIMES</td> <td>NOT AT ALL</td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> </table>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				B How often did this happen during the last 12 months: often, only sometimes, or not at all?
	OFTEN	SOME-TIMES	NOT AT ALL																												
YES 1 →	1	2	3																												
NO 2 ↓																															
YES 1 →	1	2	3																												
NO 2 ↓																															
YES 1 →	1	2	3																												
NO 2 ↓																															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																												
1106	<p>A (Does/did) your (last) husband/partner ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or any other weapon?</p> <p>h) physically force you to have sexual intercourse with him even when you did not want to?</p> <p>i) force you to perform any sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="746 286 1370 1061"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				
	OFTEN	SOME-TIMES	NOT AT ALL																																																												
YES 1 →	1	2	3																																																												
NO 2 ↓																																																															
YES 1 →	1	2	3																																																												
NO 2 ↓																																																															
YES 1 →	1	2	3																																																												
NO 2 ↓																																																															
YES 1 →	1	2	3																																																												
NO 2 ↓																																																															
YES 1 →	1	2	3																																																												
NO 2 ↓																																																															
YES 1 →	1	2	3																																																												
NO 2 ↓																																																															
YES 1 →	1	2	3																																																												
NO 2 ↓																																																															
1107	<p>CHECK 1106A (a-i):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1110																																																												
1108	<p>How long after you first (got married to/started living with) your (last) husband/partner did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p>																																																													
1109	<p>Did the following ever happen as a result of what your (last) husband/partner did to you:</p> <p>a) You had cuts, bruises or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>																																																													
1110	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1112																																																												
1111	<p>In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>																																																													
1112	<p>(Does/Did) your husband/partner drink alcohol?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1114																																																												
1113	<p>How often (does/did) he get drunk: often, only sometimes, or never?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NEVER 3</p>																																																													
1114	<p>Are (were) you afraid of your (last) husband/partner: most of the time, sometimes, or never?</p>	<p>MOST OF THE TIME AFRAID 1</p> <p>SOMETIMES AFRAID 2</p> <p>NEVER AFRAID 3</p>																																																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1115	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically? NEVER MARRIED/ NEVER LIVED WITH A MAN From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1118
1116	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E FORMER HUSBAND/ LIVE-IN PARTNER F CURRENT BOYFRIEND G FORMER BOYFRIEND H MOTHER-IN-LAW I FATHER-IN-LAW J OTHER IN-LAW K TEACHER L EMPLOYER/SOMEONE AT WORK ... M POLICE/SOLDIER N OTHER _____ X (SPECIFY)	
1117	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1118	CHECK 201, 208, AND 234: EVER BEEN PREGNANT (YES ON 201 OR 208 OR 234) <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/>		→ 1121
1119	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1121
1120	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/ LIVE-IN PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/ LIVE-IN PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK ... N POLICE/SOLDIER O OTHER _____ X (SPECIFY)	
1120A	Have you ever had a miscarriage or stillbirth as a result of these things?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1121	<p>CHECK 1106A (h) and (i)</p> <p>1106A (h)= YES <u>OR</u> 1106A (i)= YES</p> <p>Now I want to ask you about things that may have happened to you that were <u>not</u> done by your (current/last) husband/partner.</p> <p>At any time in your life, as a <u>child or as an adult</u>, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts against your will?</p>	<p>1106A (h)= NO <u>AND</u> 1106A (i) = NO <u>OR</u> 1106A NOT ASKED</p> <p>At any time in your life, as a <u>child or as an adult</u>, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts against your will?</p> <p>YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ 1124</p>
1122	<p>How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	<p>AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
1123	<p>Who was the person who was forcing you at that time?</p>	<p>CURRENT HUSBAND/ LIVE-IN PARTNER 01 FORMER HUSBAND/ LIVE-IN PARTNER 02 CURRENT/FORMER BOYFRIEND ... 03 FATHER 04 STEP-FATHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE ... 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK . 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER _____ 96 (SPECIFY)</p>	
1124	<p>CHECK 1106B (h) and (i)</p> <p>1106B (h)= 1 OR 2 <u>OR</u> 1106B (i) = 1 OR 2</p> <p>In the last 12 months, has anyone other than your (current/last) husband/partner forced you to have sexual intercourse against your will?</p>	<p>1106B (h) = 3 <u>AND</u> 1106B (i) = 3 <u>OR</u> 1106B AND NOT ASKED</p> <p>In the last 12 months has anyone forced you to have sexual intercourse against your will?</p> <p>YES 1 NO 2</p>	
1125	<p>CHECK 1106A (a-i), 1115, 1119, 1121, AND 1124:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p>		<p>→ 1129</p>
1126	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?</p>	<p>YES 1 NO 2</p>	<p>→ 1128</p>
1127	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A HUSBAND/LIVE-IN PARTNER'S FAMILY B CURRENT/LAST/LATE HUSBAND/LIVE-IN PARTNER .. C CURRENT/FORMER BOYFRIEND ... D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL . . H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION . K OTHER _____ X (SPECIFY)</p>	<p>→ 1129</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1128	Have you ever told any one else about this?	YES 1 NO 2	
1129	CHECK 613: EVER HAD SEX? HAS EVER HAD SEX <input type="checkbox"/> NEVER HAD SEX <input type="checkbox"/>		1131
1130	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO 1 FORCED TO 2 REFUSED TO ANSWER/ NO RESPONSE 3	
1131	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	

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

1132	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE ADULT	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT	1	2	3																
FEMALE ADULT	1	2	3																
1133	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____ _____ _____																		
1134	RECORD THE TIME.	HOUR <input type="text"/> MINUTES <input type="text"/>																	

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: _____

INSTRUCTIONS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE**

- B BIRTHS
- P PREGNANCIES
- C MISCARRIAGE
- A ABORTION
- S STILLBIRTH

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

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

			1	2	
12	CHAITRA	01			
11	FALGUN	02			
10	MAGH	03			
09	POUSH	04			
2	08	MANGSIR	05		2
0	07	KARTIK	06		0
6	06	ASWIN	07		6
8	05	BHADRA	08		8
04	SRAWAN	09			
03	ASHAD	10			
02	JESTHA	11			
01	BAISAKH	12			
<hr/>					
12	CHAITRA	13			
11	FALGUN	14			
10	MAGH	15			
09	POUSH	16			
2	08	MANGSIR	17		2
0	07	KARTIK	18		0
6	06	ASWIN	19		6
7	05	BHADRA	20		7
04	SRAWAN	21			
03	ASHAD	22			
02	JESTHA	23			
01	BAISAKH	24			
<hr/>					
12	CHAITRA	25			
11	FALGUN	26			
10	MAGH	27			
09	POUSH	28			
2	08	MANGSIR	29		2
0	07	KARTIK	30		0
6	06	ASWIN	31		6
6	05	BHADRA	32		6
04	SRAWAN	33			
03	ASHAD	34			
02	JESTHA	35			
01	BAISAKH	36			
<hr/>					
12	CHAITRA	37			
11	FALGUN	38			
10	MAGH	39			
09	POUSH	40			
2	08	MANGSIR	41		2
0	07	KARTIK	42		0
6	06	ASWIN	43		6
5	05	BHADRA	44		5
04	SRAWAN	45			
03	ASHAD	46			
02	JESTHA	47			
01	BAISAKH	48			
<hr/>					
12	CHAITRA	49			
11	FALGUN	50			
10	MAGH	51			
09	POUSH	52			
2	08	MANGSIR	53		2
0	07	KARTIK	54		0
6	06	ASWIN	55		6
4	05	BHADRA	56		4
04	SRAWAN	57			
03	ASHAD	58			
02	JESTHA	59			
01	BAISAKH	60			
<hr/>					
12	CHAITRA	61			
11	FALGUN	62			
10	MAGH	63			
09	POUSH	64			
2	08	MANGSIR	65		2
0	07	KARTIK	66		0
6	06	ASWIN	67		6
3	05	BHADRA	68		3
04	SRAWAN	69			
03	ASHAD	70			
02	JESTHA	71			
01	BAISAKH	72			
<hr/>					
12	CHAITRA	73			
11	FALGUN	74			
10	MAGH	75			
09	POUSH	76			
2	08	MANGSIR	77		2
0	07	KARTIK	78		0
6	06	ASWIN	79		6
2	05	BHADRA	80		2
04	SRAWAN	81			
03	ASHAD	82			
02	JESTHA	83			
01	BAISAKH	84			