

**NATIONAL INSTITUTE OF POPULATION STUDIES
PAKISTAN DEMOGRAPHIC AND HEALTH SURVEY
EVER-MARRIED WOMAN'S QUESTIONNAIRE**

| IDENTIFICATION | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------|---|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PROVINCE (PUNJAB=1; SINDH=2; NWFP=3; BALOCHISTAN=4; FATA=5) _____ DISTRICT _____ TEHSIL _____ CLUSTER NUMBER HOUSEHOLD NUMBER LARGE CITY=1; SMALL CITY=2; TOWN=3; RURAL=4 NAME OF HOUSEHOLD HEAD _____ NAME AND LINE NUMBER OF WOMAN _____ | <table style="margin: auto; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| INTERVIEWER VISITS | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | FINAL VISIT | | | | | | | | | | | | | | | | |
| DATE | _____ | _____ | _____ | DAY _____ MONTH _____ YEAR <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; text-align: center;">0</td><td style="border: 1px solid black; width: 20px; text-align: center;">0</td></tr></table> | 2 | 0 | 0 | | | | | | | | | | | | | |
| 2 | 0 | 0 | | | | | | | | | | | | | | | | | | |
| INTERVIEWER'S NAME | _____ | _____ | _____ | INT. NUMBER <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| RESULT* | _____ | _____ | _____ | RESULT <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| NEXT VISIT: DATE TIME | _____ | _____ | | TOTAL NUMBER OF VISITS <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| *RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY) | | | | | | | | | | | | | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE: URDU LANGUAGE OF INTERVIEW* LANGUAGE WOMAN SPEAKS AT HOME* * URDU = 1 SINDHI= 3 BALUCHI=5 SARAIKI=7 OTHER=9 PUNJABI=2 PUSHTO=4 ENGLISH=6 POTOHARI=8 | | | | <table style="margin: auto; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> | 1 | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| SUPERVISOR NAME _____ DATE _____ | FIELD EDITOR NAME _____ DATE _____ | OFFICE EDITOR <table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> | | | KEYED BY <table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Signature of interviewer: _____ Date: _____ RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END | | | | | | | | | | | | | | | | | | | | |

SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|--------------------|
| 101 | RECORD THE TIME. | HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> | |
| 102 | In what month and year were you born? | MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 | |
| 103 | How old are you? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> | |
| 104 | What is your current marital status? Are you married, Godforbid widowed, divorced, or separated? | MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4 NEVER MARRIED 5 | } → 107 } → END |
| 105 | Is your husband usually living with you now or is he staying elsewhere? | LIVING WITH HER 1 STAYING ELSEWHERE 2 | |
| 106 | Does your husband have other wives? | YES 1 NO 2 DON'T KNOW 8 | |
| 107 | Is/was there a blood relationship between you and your husband? | YES 1 NO 2 | → 109 |
| 108 | What type of relationship (is/was) it? | FIRST COUSIN ON FATHER'S SIDE . 1 FIRST COUSIN ON MOTHER'S SIDE . 2 SECOND COUSIN 3 OTHER RELATIONSHIP 6 | |
| 109 | Have you been married only once or more than once? | ONLY ONCE 1 MORE THAN ONCE 2 | |
| 110 | CHECK 109: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> MARRIED/ ONLY ONCE ↓ In what month and year did you start living with your husband? 4 </div> <div style="text-align: center;"> <input type="checkbox"/> MARRIED/ MORE THAN ONCE ↓ Now I would like to ask about when you started living with your first husband. In what month and year was that? </div> </div> | 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 | → 112 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 111 | How old were you when you first started living with him? | AGE <input type="text"/> <input type="text"/> | |
| 112 | Have you ever attended school? | YES 1 NO 2 | → 115 |
| 113 | What is the highest class you completed? WRITE '00' IF LESS THAN CLASS ONE; WRITE '16' = IF MA, MPHIL, PHD, MBBS, BSC/4YEARS | CLASS <input type="text"/> <input type="text"/> | |
| 114 | CHECK 113 CLASS 00 - 08 <input type="checkbox"/> ↓ CLASS 09 <input type="checkbox"/> OR HIGHER | | → 116 |
| 115 | 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 CAN READ ONLY PARTS OF SENTENCE 2 CAN READ WHOLE SENTENCE..... 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5 | |
| 116 | What is your mother tongue? | URDU 01 PUNJABI 02 SINDHI 03 PUSHTO 04 BALOCHI 05 ENGLISH 06 BARAUHI 07 SIRAIKI 08 HINDKO 09 KASHMIRI 10 PAHARI 11 POTOWARI 12 MARWARI 13 FARSI 14 OTHER 96 | |

211 Now I would like to record the names of all your births, whether still alive or not, starting with the last one you had.

**RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE FIRST ROW)**

| 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 |
|---|---------------------------------|----------------------------|--|------------------------------|--|--------------------------------------|---|---|--------------------------------|--|
| What name was given to your last (next-to-last) baby? (NAME) | Were any of these births twins? | Is (NAME) a boy or a girl? | In what month and year was (NAME) born? PROBE: What is his/her birthday? RECORD MONTHS 1 THROUGH 12 OR SEASONS WINTER = 21 SPRING = 22 SUMMER = 23 MONSOON = 24 AUTUMN = 25 DON'T KNOW = 98 | Is (NAME) still alive? | IF ALIVE: How old is (NAME)? WRITE AGE IN COMPLETED YEARS. WRITE '00' IF UNDER 1 | IF ALIVE: Is (NAME) living with you? | IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD). | 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. | IF DEAD: Where did (NAME) die? | Were there any other livebirths between (NAME) and (NAME OF PREVIOUS BIRTH), including any children who died after birth?* |
| 01 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH/ SEASON YEAR [][] [][] [][][][] DON'T KNOW 9998 | YES ... 1 NO ... 2 220 | AGE IN YEARS [][] | YES ... 1 NO ... 2 | LINE NUMBER [][] (GO TO 222) | DAYS ... 1 MONTHS 2 YEARS ... 3 | HOME 1 HOSP 2 OTHER 6 | YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH |
| 02 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH/ SEASON YEAR [][] [][] [][][][] DON'T KNOW 9998 | YES ... 1 NO ... 2 220 | AGE IN YEARS [][] | YES ... 1 NO ... 2 | LINE NUMBER [][] (GO TO 222) | DAYS ... 1 MONTHS 2 YEARS ... 3 | HOME 1 HOSP 2 OTHER 6 | YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH |
| 03 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH/ SEASON YEAR [][] [][] [][][][] DON'T KNOW 9998 | YES ... 1 NO ... 2 220 | AGE IN YEARS [][] | YES ... 1 NO ... 2 | LINE NUMBER [][] (GO TO 222) | DAYS ... 1 MONTHS 2 YEARS ... 3 | HOME 1 HOSP 2 OTHER 6 | YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH |
| 04 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH/ SEASON YEAR [][] [][] [][][][] DON'T KNOW 9998 | YES ... 1 NO ... 2 220 | AGE IN YEARS [][] | YES ... 1 NO ... 2 | LINE NUMBER [][] (GO TO 222) | DAYS ... 1 MONTHS 2 YEARS ... 3 | HOME 1 HOSP 2 OTHER 6 | YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH |
| 05 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH/ SEASON YEAR [][] [][] [][][][] DON'T KNOW 9998 | YES ... 1 NO ... 2 220 | AGE IN YEARS [][] | YES ... 1 NO ... 2 | LINE NUMBER [][] (GO TO 222) | DAYS ... 1 MONTHS 2 YEARS ... 3 | HOME 1 HOSP 2 OTHER 6 | YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH |
| 06 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH/ SEASON YEAR [][] [][] [][][][] DON'T KNOW 9998 | YES ... 1 NO ... 2 220 | AGE IN YEARS [][] | YES ... 1 NO ... 2 | LINE NUMBER [][] (GO TO 222) | DAYS ... 1 MONTHS 2 YEARS ... 3 | HOME 1 HOSP 2 OTHER 6 | YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH |
| 07 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH/ SEASON YEAR [][] [][] [][][][] DON'T KNOW 9998 | YES ... 1 NO ... 2 220 | AGE IN YEARS [][] | YES ... 1 NO ... 2 | LINE NUMBER [][] (GO TO 222) | DAYS ... 1 MONTHS 2 YEARS ... 3 | HOME 1 HOSP 2 OTHER 6 | YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH |
| 08 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH/ SEASON YEAR [][] [][] [][][][] DON'T KNOW 9998 | YES ... 1 NO ... 2 220 | AGE IN YEARS [][] | YES ... 1 NO ... 2 | LINE NUMBER [][] (GO TO 222) | DAYS ... 1 MONTHS 2 YEARS ... 3 | HOME 1 HOSP 2 OTHER 6 | YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH |

* NOTE: FOR FIRST BIRTH ALWAYS ASK - " WERE THERE ANY OTHER LIVEBIRTHS BETWEEN (NAME) AND YOUR (FIRST) MARRIAGE?"

| 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 |
|---|---------------------------------|----------------------------|---|------------------------------|--|--|---|---|--|--|
| What name was given to your last (next-to-last) baby? (NAME) | Were any of these births twins? | Is (NAME) a boy or a girl? | In what month and year was (NAME) born? PROBE: What is his/her birthday? RECORD MONTHS 1 THROUGH 12 OR SEASONS WINTER = 21 SPRING = 22 SUMMER = 23 MONSOON = 24 AUTUMN = 25 DON'T KNOW = 98 | Is (NAME) still alive? | IF ALIVE: How old is (NAME)? WRITE AGE IN COMPLETED YEARS. WRITE '00' IF UNDER 1 | IF ALIVE: Is (NAME) living with you? | IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD). | 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. | IF DEAD: Where did (NAME) die? | Were there any other livebirths between (NAME) and (NAME OF PREVIOUS BIRTH), including any children who died after birth?* |
| 09 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH/SEASON YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 | YES ... 1 NO ... 2 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | LINE NUMBER <input type="text"/> (GO TO 222) | DAYS ... 1 MONTHS 2 YEARS ... 3 | HOME 1 HOSP 2 OTHER 6 | YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↖ BIRTH |
| 10 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH/SEASON YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 | YES ... 1 NO ... 2 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | LINE NUMBER <input type="text"/> (GO TO 222) | DAYS ... 1 MONTHS 2 YEARS ... 3 | HOME 1 HOSP 2 OTHER 6 | YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↖ BIRTH |
| 11 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH/SEASON YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 | YES ... 1 NO ... 2 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | LINE NUMBER <input type="text"/> (GO TO 222) | DAYS ... 1 MONTHS 2 YEARS ... 3 | HOME 1 HOSP 2 OTHER 6 | YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↖ BIRTH |
| 12 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH/SEASON YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 | YES ... 1 NO ... 2 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | LINE NUMBER <input type="text"/> (GO TO 222) | DAYS ... 1 MONTHS 2 YEARS ... 3 | HOME 1 HOSP 2 OTHER 6 | YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↖ BIRTH |

* NOTE: FOR FIRST BIRTH ALWAYS ASK : " WERE THERE ANY OTHER LIVEBIRTHS BETWEEN (NAME) AND YOUR (FIRST) MARRIAGE?"

| | | |
|-----|--|--|
| 223 | Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, WRITE BIRTH(S) IN TABLE | YES 1 NO 2 |
| 224 | COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) CHECK: 215 FOR EACH BIRTH SINCE JANUARY 2001: MONTH AND YEAR OF BIRTH ARE RECORDED CHECK: 217 FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. CHECK: 220 FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. CHECK: 220 FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 225 | CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2001 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226. | <input type="text"/> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|--------------------------------|
| 226 | Are you pregnant now? | YES 1 NO 2 UNSURE 8 | <input type="checkbox"/> → 229 |
| 227 | How many months pregnant are you? | MONTHS <input type="text"/> | |
| 228 | At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all? | THEN 1 LATER 2 NOT AT ALL 3 | |
| 229 | Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? | YES 1 NO 2 | → 234 |
| 230 | When did the <u>last</u> such pregnancy end? PROBE TO ASK BETWEEN WHICH BIRTHS, ETC. | MONTH <input type="text"/> YEAR <input type="text"/> | |
| 231 | CHECK 230: LAST PREGNANCY ENDED IN JAN. 2001 OR LATER <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE JAN. 2001 <input type="checkbox"/> | | → 234 |
| 232 | How many months pregnant were you when the <u>last</u> such pregnancy ended? | MONTHS <input type="text"/> | |
| 233 | Since January 2001, how many pregnancies have you had that did not result in a live birth. How many of these pregnancies were miscarried, aborted or ended in a still birth? IF 7 OR MORE, RECORD '7'. | NUMBER OF MISCARRIAGES <input type="text"/> NUMBER OF ABORTIONS <input type="text"/> NUMBER OF STILLBIRTHS <input type="text"/> | |
| 234 | When did your last menstrual period start? _____ (DATE, IF GIVEN) IF LESS THAN A WEEK, RECORD DAYS, IF ONE WEEK AND LESS THAN ONE MONTH RECORD WEEKS. IF ONE MONTH AND LESS THAN A YEAR RECORD MONTHS, IF YEAR OR MORE RECORD YEARS. | DAYS AGO 1 <input type="text"/> WEEKS AGO 2 <input type="text"/> MONTHS AGO 3 <input type="text"/> YEARS AGO 4 <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996 | |
| 235 | Do you know about any problems or complications a woman can have during pregnancy or delivery or after delivery? | YES 1 NO 2 | → 301 |
| 236 | What complications or problems do you know about? _____ _____ _____ (SPECIFY) | <input type="text"/> | |

SECTION 3. CONTRACEPTION

| | | | |
|-----|--|--|--|
| 301 | <p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about?</p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p> | 302 Have you ever used (METHOD)? | |
| 01 | <p>FEMALE STERILISATION Women can have an operation to avoid having any more pregnancies.</p> | <p>YES 1</p> <p>NO 2 ↙</p> | <p>Have you ever had an operation to avoid having any more pregnancies?</p> <p>YES 1</p> <p>NO 2</p> |
| 02 | <p>MALE STERILISATION Men can have an operation to avoid having any more pregnancies.</p> | <p>YES 1</p> <p>NO 2 ↙</p> | <p>Has your husband ever had an operation to avoid having any more pregnancies?</p> <p>YES 1</p> <p>NO 2</p> |
| 03 | <p>PILL Women can take a pill every day to avoid becoming pregnant.</p> | <p>YES 1</p> <p>NO 2 ↙</p> | <p>YES 1</p> <p>NO 2</p> |
| 04 | <p>IUD Women can have a loop or coil placed inside them by a doctor or a trained health worker.</p> | <p>YES 1</p> <p>NO 2 ↙</p> | <p>YES 1</p> <p>NO 2</p> |
| 05 | <p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p> | <p>YES 1</p> <p>NO 2 ↙</p> | <p>YES 1</p> <p>NO 2</p> |
| 06 | <p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p> | <p>YES 1</p> <p>NO 2 ↙</p> | <p>YES 1</p> <p>NO 2</p> |
| 07 | <p>CONDOM Men can put a rubber sheath on their organ before sexual intercourse.</p> | <p>YES 1</p> <p>NO 2 ↙</p> | <p>YES 1</p> <p>NO 2</p> |

| | | | |
|-----|--|---|--|
| 08 | RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. | YES 1 NO 2 ↴ | YES 1 NO 2 |
| 09 | WITHDRAWAL, AZAL Men can be careful and pull out before ejaculation. | YES 1 NO 2 ↴ | YES 1 NO 2 |
| 10 | EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant. | YES 1 NO 2 ↴ | 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 ↴ | YES 1 NO 2 YES 1 NO 2 |
| 303 | CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> ↴ AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → 306 | | |
| 304 | Have you ever used anything or tried in any way to delay or avoid getting pregnant? | YES 1 NO 2 | → 322 |
| 305 | What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY). | | |
| 306 | CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> ↴ WIDOWED, DIVORCED OR SEPARATED <input type="checkbox"/> → 322 | | |
| 307 | CHECK 302 (01): WOMAN NOT STERILISED <input type="checkbox"/> ↴ WOMAN STERILISED <input type="checkbox"/> → 310 | | |
| 308 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↴ PREGNANT <input type="checkbox"/> → 322 | | |
| 309 | Are you currently doing something or using any method to delay or avoid getting pregnant? | YES 1 NO 2 | → 322 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|---|
| 310 | <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 ON LIST.</p> <p>CIRCLE 'A' FOR FEMALE STERILISATION.</p> | FEMALE STERILISATION A MALE STERILISATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G RHYTHM H WITHDRAWAL I OTHER _____ X (SPECIFY) | → 316 → 316 → 314 → 316 → 321 |
| 311 | <p>May I see the package of pills/condoms you are now using?</p> <p>RECORD NAME OF BRAND IF PACKAGE SEEN.</p> | PACKAGE SEEN 1 BRAND NAME _____ <input type="text"/> <input type="text"/> (SPECIFY) PACKAGE NOT SEEN 2 | → 313 |
| 312 | <p>Do you know the brand name of the (pills/condoms) you are using?</p> <p>RECORD NAME OF BRAND.</p> | BRAND NAME _____ <input type="text"/> <input type="text"/> (SPECIFY) DON'T KNOW 98 | |
| 313 | <p>How many (pill cycles/condoms) did you or your husband get the last time?</p> | NUMBER OF PILL CYCLES/CONDOMS ... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998 | → 316 |
| 314 | <p>Can you tell me the name of the injection you are using?</p> | BRAND NAME _____ <input type="text"/> (SPECIFY) DON'T KNOW 8 | |
| 315 | <p>Please tell me for how many weeks one injection is effective?</p> | NUMBER OF WEEKS <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 316 | <p>The last time you obtained (CURRENT METHOD), how much did you pay in total, including the cost of the method and any consultation you may have had?</p> <p>IF STERILISED: How much did you or your husband pay for the sterilisation, including any consultation?</p> | NOTHING, FREE 0000 Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rs. 1000+ . . . 9995 DON'T KNOW . . . 9998 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|---|--|-------|--|--|--|--|--|--|--|-------|
| 317 | <p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF STERILISED: Where did the sterilisation take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR FWC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>ONLY FOR MODERN METHOD</p> | <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/RHSC 11</p> <p>RURAL HEALTH CENTRE, MCH .. 12</p> <p>FAMILY WELFARE CENTRE..... 13</p> <p>MOBILE SERVICE CAMP 14</p> <p>LADY HEALTH WORKER..... 15</p> <p>LH VISITOR 16</p> <p>BASIC HEALTH UNIT 17</p> <p>MALE MOBILIZEF..... 18</p> <p>OTHER PUBLIC 19</p> <p>(SPECIFY)</p> <p>PRIVATE/NGO MEDICAL SECTOR</p> <p>PRIVATE/NGO HOSPITAL/CLINIC 21</p> <p>PHARMACY, CHEMISTS 22</p> <p>PRIVATE DOCTOR 23</p> <p>HOMEOPATH 24</p> <p>DISPENSER/COMPOUNDER 25</p> <p>OTHER PRIVATE</p> <p>MEDICAL..... 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP (NOT PHARMACY/CHEMI!.. 31</p> <p>FRIEND/RELATIVE 32</p> <p>HAKIM 33</p> <p>DAI, TRAD. BIRTH ATTENDANT . 34</p> <p>PUSHCART 35</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> | | | | | | | | | |
| 318 | <p>At the time you obtained (CURRENT METHOD) from the above source, were you told about side effects or problems you might have with the method?</p> | <p>YES 1</p> <p>NO 2</p> | → 320 | | | | | | | | |
| 319 | <p>Were you told what to do if you experienced side effects or problems?</p> | <p>YES 1</p> <p>NO 2</p> | | | | | | | | | |
| 320 | <p>Were you ever told about other methods of family planning that you could use?</p> | <p>YES 1</p> <p>NO 2</p> | | | | | | | | | |
| 321 | <p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>IF STERILISED: In what month and year was the sterilisation performed?</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><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> | | | | | | | | | → 324 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 322 | Do you know of a place where you can obtain a method of family planning? | YES 1 NO 2 | → 324 |
| 323 | Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL PLACES MENTIONED. | PUBLIC SECTOR GOVT. HOSPITAL/RHSC A RURAL HEALTH CENTRE, MCH B FAMILY WELFARE CENTRE C MOBILE SERVICE CAMP D LADY HEALTH WORKER (LHW) E LADY HEALTH VISITOR (LHV) ... F BASIC HEALTH UNIT G MALE MOBILIZER H OTHER PUBLIC I (SPECIFY) PRIVATE/NGO MEDICAL SECTOR PRIVATE, NGO HOSPITAL/CLINIC J PHARMACY, CHEMISTS K PRIVATE DOCTOR L HOMEOPATH M DISPENSER/COMPOUNDER N OTHER PRIVATE MEDICAL O (SPECIFY) OTHER SOURCE SHOP (NOT PHARMACY) P FRIEND/RELATIVE Q HAKIM R DAI, TRAD. BIRTH ATTENDANT . S PUSH CART T OTHER X (SPECIFY) | |
| 324 | In the last 12 months, were you visited by a fieldworker or a Lady Health Worker who talked to you about family planning? | YES 1 NO 2 | → 327 |
| 325 | Did you receive any care and help from this woman? | YES 1 NO 2 | → 327 |
| 326 | What type of help did you receive? CIRCLE ALL MENTIONED. | INFORMATION A CONTRACEPTIVE SUPPLIES B REFERRED TO HEALTH / FP FACILITY C TREATMENT OF SIDE EFFECTS D OTHER X (SPECIFY) | |
| 327 | In the last month, have you heard a message about family planning on: | YES NO RADIO 1 2 TELEVISION 1 2 | |
| 328 | CHECK 327: HEARD MESSAGE <input type="checkbox"/> (ANY YES IN 327) NOT HEARD MESSAGE <input type="checkbox"/> | | → 401 |

SECTION 4. PREGNANCY, LABOUR/DELIVERY AND POSTNATAL CARE

| | | | | |
|-----|--|--|---|---|
| 401 | CHECK 225: ONE OR MORE LIVE BIRTHS IN 2001 OR LATER <input type="checkbox"/> NO LIVE BIRTHS IN 2001 OR LATER <input type="checkbox"/> → 601 | | | |
| 402 | ENTER IN THE TABLE THE BIRTH NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 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 you some questions about the health of all your children born since January 2001. (We will talk about each separately.) | | | |
| 403 | BIRTH NUMBER FROM 212 | LAST BIRTH BIRTH NO. <input type="text"/> <input type="text"/> | NEXT-TO-LAST BIRTH BIRTH NO. <input type="text"/> <input type="text"/> | SECOND-FROM-LAST BIRTH BIRTH NO. <input type="text"/> <input type="text"/> |
| 404 | FROM 212 AND 216 | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> |
| 405 | At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all? | THEN 1 (SKIP TO 407) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ← | THEN 1 (SKIP TO 444) ← LATER 2 NOT AT ALL 3 (SKIP TO 444) ← | THEN 1 (SKIP TO 444) ← LATER 2 NOT AT ALL 3 (SKIP TO 444) ← |
| 406 | How much longer would you have liked 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 |
| 407 | Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD THE ALL MENTIONED. | HEALTH PERSON DOCTOR A NURSE/MIDWIFE/ LHV B OTHER PERSON DAI-TBA C LADY H. WORKER D HOMEOPATH ... E HAKIM F DISPENSER / COMPOUNDER .. G OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 417) ← | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|---|----------------------------------|--------------------------------------|
| 408 | <p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>FOR ANY HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND RECORD ALL MENTIONED.</p> | <p>HOME</p> <p>YOUR HOME ... A</p> <p>OTHER HOME ... B</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL.. C</p> <p>RHC/MCH D</p> <p>BHU/FWC E</p> <p>OTHER PUBLIC</p> <p>_____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/</p> <p>CLINIC H</p> <p>PVT. DOCTOR . . I</p> <p>HOMEOPATH . . J</p> <p>DISPENSER /</p> <p>COMPOUNDER . . K</p> <p>OTHER PRIVATE</p> <p>MED. _____ L</p> <p>(SPECIFY)</p> <p>HAKIM M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> | | |
| 409 | <p>The <u>first time</u> you went for antenatal care did you go because you had a problem or did you go just for a check-up?</p> | <p>FOR PROBLEM 1</p> <p>FOR CHECK-UP ONLY 2</p> | | |
| 410 | <p>How many months pregnant were you when you first received antenatal care for <u>this</u> pregnancy?</p> | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | | |
| 411 | <p>How much did you pay for the first antenatal visit?</p> | <p>NOTHING / FREE .. 0000</p> <p>Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Rs. 10000+ 9995</p> <p>DON'T KNOW 9998</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> | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|---|---|----------------------------------|--------------------------------------|
| 413 | <p>As part of your antenatal care during this pregnancy, were any of the following measures taken at least once?</p> <p>Were you weighed?</p> <p>Was your blood pressure measured?</p> <p>Did you get a urine test?</p> <p>Did you get a blood test?</p> <p>Did you have an ultra sound exam?</p> | <p style="text-align: center;">YES NO</p> <p>WEIGHT . . . 1 2</p> <p>B.PRESSURE 1 2</p> <p>URINE 1 2</p> <p>BLOOD . . . 1 2</p> <p>U/S EXAM . 1 2</p> | | |
| 414 | Do you know your blood group? | <p>YES 1</p> <p>NO 2</p> | | |
| 415 | During any antenatal care visit, were you told about the <u>signs</u> of pregnancy complications? | <p>YES 1</p> <p>NO 2</p> <p style="text-align: center;">(SKIP TO 418) ←</p> <p>DON'T KNOW 8</p> | | |
| 416 | During any antenatal care visit, were you told where to go if you had any of these complications? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p style="text-align: center;">(SKIP TO 418) ←</p> | | |
| 417 | <p>Why didn't you see anyone for an antenatal check-up?</p> <p>CIRCLE CODES ALL MENTIONED.</p> | <p>NOT NECESSARY .. A</p> <p>COSTS TOO MUCH .. B</p> <p>TOO FAR C</p> <p>NO TRANSPORT ... D</p> <p>NO ONE TO GO WITH E</p> <p>SERVICE NOT GOOD F</p> <p>NO TIME TO GO ... G</p> <p>DID NOT KNOW</p> <p>WHERE TO GO .. H</p> <p>DID NOT WANT TO SEE A MALE DOCTOR.. I</p> <p>LONG WAITING TIME J</p> <p>NOT ALLOWED TO GO. K</p> <p>OTHER _____ X</p> <p>_____ X</p> | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|---|--|----------------------------------|--------------------------------------|
| 418 | When you were pregnant with (NAME), did <u>anyone</u> talk to you about how to have a safe delivery? I mean things like using a safe delivery kit or a clean blade to cut the baby's cord or asking the person who helps you to wash their hands? | YES 1 NO 2 DON'T KNOW 8 | | |
| 419 | During this pregnancy, were you given an injection in the buttocks or your arm to prevent the baby from getting tetanus, that is, convulsions after birth? | YES 1 NO 2 (SKIP TO 422) ← DON'T KNOW 8 | | |
| 420 | During this pregnancy, how many times did you get this tetanus injection? | TIMES <input type="checkbox"/> DON'T KNOW 8 | | |
| 421 | CHECK 420 | 2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 426) ↓ | | |
| 422 | At any time <u>before this pregnancy</u> , did you receive any tetanus injections, either to protect yourself or another baby? | YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8 | | |
| 423 | <u>Before this pregnancy</u> , how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'. | TIMES <input type="checkbox"/> DON'T KNOW 8 | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|---|---|----------------------------------|--------------------------------------|
| 424 | <p>In what month and year did you receive the last tetanus injection before this pregnancy?</p> <p>ASK TO SEE THE CHILD HEALTH/IMMUNISATION CARD. CHECK FOR TETANUS INJECTIONS FOR MOTHER.</p> | <p>MONTH ... <input type="text"/> <input type="text"/></p> <p>DK MONTH 98</p> <p>YEAR</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(SKIP TO 426) ←</p> <p>DK YEAR 9998</p> | | |
| 425 | <p>How many years ago did you receive that tetanus injection?</p> | <p>YEARS AGO <input type="text"/> <input type="text"/></p> | | |
| 426 | <p>During this pregnancy, were you given or did you buy any iron tablets or iron syrup?</p> <p>SHOW TABLETS/SYRUP.</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 428) ←</p> <p>DON'T KNOW 8</p> | | |
| 427 | <p>During the whole pregnancy, for how many days did you take the tablets or syrup?</p> <p>IF ANSWER NOT NUMERIC, ASK FOR APPROXIMATE NUMBER.</p> | <p>DAYS .. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIDN'T TAKE ... 997</p> <p>DON'T KNOW ... 998</p> | | |
| 428 | <p>During this pregnancy, were you given or did you take calcium tablets?</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 430) ←</p> <p>DON'T KNOW 8</p> | | |
| 429 | <p>During the whole pregnancy for how many days did you take the tablets?</p> | <p>DAYS .. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIDN'T TAKE ... 997</p> <p>DON'T KNOW ... 998</p> | | |
| 430 | <p>During this pregnancy, did you have difficulty with your vision during daylight?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | | |
| 431 | <p>During this pregnancy, did you suffer from night blindness <i>[Punjabi=andirata]</i></p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | |
|-----|--|---|----------------------------------|--------------------------------------|--|--|
| 436 | CHECK 435: | ANY YES ALL NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 442) | | | | |
| 437 | Were any of these problems so severe that you were afraid you might die? | YES 1 NO 2 DO NOT REMEMBER 8 | | | | |
| 438 | Did you seek advice or treatment for the problem(s)? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. | HEALTH PERSON DOCTOR A NURSE/MIDWIFE/ LHV B OTHER PERSON DAI-TBA C LADY H. WORKER D HOMEOPATH ... E HAKIM F DISPENSER / COMPOUNDER ... G OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 441) ← | | | | |
| 439 | Where did you seek treatment for the problem(s)? Anywhere else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND RECORD ALL MENTIONED. | HOME YOUR HOME ... A OTHER HOME ... B PUBLIC SECTOR GOVT. HOSPITAL C RHC/MCH D BHU/FWC E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC H PVT. DOCTOR .. I HOMEOPATH .. J DISPENSER / COMPOUNDER .. K HAKIM L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER _____ X (SPECIFY) | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|---|---|---|
| 440 | <p>How long after you first started having the (first) problem did you seek advice or treatment?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS IF LESS THAN ONE WEEK, RECORD DAYS. IF MORE THAN ONE WEEK, RECORD WEEKS.</p> | <p>HOURS .. .1 <input type="text"/></p> <p>DAYS2 <input type="text"/></p> <p>WEEKS .. .3 <input type="text"/></p> <p>DON'T REMEMBER 998 (SKIP TO 442) ←</p> | | |
| 441 | <p>Why didn't you see anyone for the problem(s)?</p> <p>RECORD ALL MENTIONED.</p> | <p>NOT NECESSARY .. A COSTS TOO MUCH .. B TOO FAR C NO TRANSPORT ... D NO ONE TO GO WITH E SERVICE NOT GOOD F NO TIME TO GO ... G DID NOT KNOW WHERE TO GO .. H DID NOT WANT TO SEE A MALE DOCTOR I LONG WAITING TIME J NOT ALLOWED TO GO. K OTHER _____ X (SPECIFY)</p> | | |
| 442 | <p>During this pregnancy, did you and your husband discuss where you would deliver?</p> | <p>YES 1 NO 2 CANNOT REMEMBER 8</p> | | |
| 443 | <p>During this pregnancy, did you set aside any money in case of an emergency?</p> | <p>YES 1 NO 2 CANNOT REMEMBER 8</p> | | |
| 444 | <p>When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?</p> | <p>VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8</p> | | |
| 445 | <p>Was (NAME) weighed at birth?</p> | <p>YES 1 NO 2 (SKIP TO 447) ← DON'T KNOW 8</p> | <p>YES 1 NO 2 (SKIP TO 447) ← DON'T KNOW 8</p> | <p>YES 1 NO 2 (SKIP TO 447) ← DON'T KNOW 8</p> |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|---|---|---|---|
| 446 | 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 .. 99.998 | 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 .. 99.998 | 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 .. 99.998 |
| 447 | Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, ASK IF ANY ADULTS WERE PRESENT AT THE DELIVERY. | HEALTH PERSON DOCTOR A NURSE/MIDWIFE/ LHV B OTHER PERSON DAI-TBA C LADY H. WORKER D HOMEOPATH ... E HAKIM F RELATIVE/FRIEND (NOT A DAI) ... G OTHER _____ X (SPECIFY) NO ONE Y | HEALTH PERSON DOCTOR A NURSE/MIDWIFE/ LHV B OTHER PERSON DAI-TBA C LADY H. WORKER D HOMEOPATH ... E HAKIM F RELATIVE/FRIEND (NOT A DAI) ... G OTHER _____ X (SPECIFY) NO ONE Y | HEALTH PERSON DOCTOR A NURSE/MIDWIFE/ LHV B OTHER PERSON DAI-TBA C LADY H. WORKER D HOMEOPATH ... E HAKIM F RELATIVE/FRIEND (NOT A DAI) ... G OTHER _____ X (SPECIFY) NO ONE Y |
| 448 | Were you given an injection to induce labour to deliver (NAME) ? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 449 | Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE - Last birth) _____ (NAME OF PLACE - next to last birth) _____ (NAME OF PLACE - 2nd from last birth) | HOME YOUR HOME ... 11 (SKIP TO 458) ← OTHER HOME ... 12 PUBLIC SECTOR GOVT. HOSPITAL 21 RHC/MCH 22 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 458) ← | HOME YOUR HOME ... 11 (SKIP TO 464) ← OTHER HOME ... 12 PUBLIC SECTOR GOVT. HOSPITAL 21 RHC/MCH 22 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 464) ← | HOME YOUR HOME ... 11 (SKIP TO 464) ← OTHER HOME ... 12 PUBLIC SECTOR GOVT. HOSPITAL 21 RHC/MCH 22 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 464) ← |
| 450 | Why did you deliver at the hospital/health centre? | <input type="text"/> <input type="text"/> _____ _____ _____ | <input type="text"/> <input type="text"/> _____ _____ _____ | <input type="text"/> <input type="text"/> _____ _____ _____ |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|--|--|--|
| 451 | <p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. IF ONE WEEK OR MORE, RECORD WEEKS.</p> | <p>HOURS.. 1 <input type="text"/> <input type="text"/></p> <p>DAYS .. 2 <input type="text"/> <input type="text"/></p> <p>WEEKS.. 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .. 998</p> | <p>HOURS.. 1 <input type="text"/> <input type="text"/></p> <p>DAYS .. 2 <input type="text"/> <input type="text"/></p> <p>WEEKS.. 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 998</p> | <p>HOURS.. 1 <input type="text"/> <input type="text"/></p> <p>DAYS .. 2 <input type="text"/> <input type="text"/></p> <p>WEEKS.. 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p> |
| 452 | Was (NAME) delivered by caesarean section? | <p>YES 1</p> <p>NO 2</p> | <p>YES 1</p> <p>NO 2</p> | <p>YES 1</p> <p>NO 2</p> |
| 453 | In total, how much did you pay for the delivery, including doctors' fees, facility costs and medicines? | <p>NOTHING, FREE 0000</p> <p>Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Rs. 10000+ . . . 9995</p> <p>DON'T KNOW . . . 9998</p> | | |
| 454 | Before you were discharged after (NAME) was born, did any health personnel check on your health? | <p>YES 1</p> <p>NO 2 (SKIP TO 457) ←</p> | <p>YES 1 (SKIP TO 482) ←</p> <p>NO 2</p> | <p>YES 1 (SKIP TO 482) ←</p> <p>NO 2</p> |
| 455 | <p>How many hours, days or weeks after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. IF MORE THAN ONE WEEK, RECORD WEEKS.</p> | <p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 998</p> | | |
| 456 | <p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> | <p>HEALTH PERSONNEL</p> <p>DOCTOR 11 ←</p> <p>NURSE/MIDWIFE</p> <p>LHV 12 ←</p> <p>OTHER PERSON</p> <p>DAI- TBA 21 ←</p> <p>LADY H.WORKER 22</p> <p>HOMEOPATH ... 23 ←</p> <p>HAKIM 24 ←</p> <p>OTHER _____ 96 ← (SPECIFY) (SKIP TO 472) ←</p> | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | | | |
|-----|--|---|--|--|--|--|--|--|--|--|
| 457 | After you were discharged, did any health care provider or a traditional birth attendant check on your health? | YES 1 (SKIP TO 465) ← NO 2 (SKIP TO 472) ← | YES 1 (SKIP TO 482) ← NO 2 | YES 1 (SKIP TO 482) ← NO 2 | | | | | | |
| 458 | 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 NOT NECESSARY .. G NOT CUSTOMARY .. H NO TIME/ BABY CAME TOO FAST .. I OTHER _____ (SPECIFY) X | | | | | | | | |
| 459 | In total, how much did you pay for the delivery? | NOTHING, FREE 0000 Rs. <table border="1" data-bbox="727 982 896 1033" 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> Rs. 10000+ 9995 DON'T KNOW ... 9998 | | | | | | | | |
| | | | | | | | | | | |
| 460 | Was a safe delivery kit used during this delivery? | YES 1 NO 2 DOES NOT KNOW .. 8 | | | | | | | | |
| 461 | What was used to TIE the umbilical cord? | UNBOILED THREAD 1 BOILED THREAD ... 2 WASHED CLAMPS .. 3 UNWASHED CLAMPS 4 HAIR 5 OTHER _____ 6 | | | | | | | | |
| 462 | What was used to CUT the umbilical cord? | NEW RAZOR BLADE 1 OLD RAZOR BLADE 2 SCISSORS 3 KNIFE 4 TOKA, CHOPPER ... 5 OTHER _____ 6 | | | | | | | | |
| 463 | Was the instrument boiled before using or not boiled? | BOILED 1 NOT BOILED 2 DON'T KNOW 8 | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | | | |
|-----|---|---|----------------------------------|--------------------------------------|--|--|--|--|--|--|
| 464 | After (NAME) was born, did any health care provider or a traditional birth attendant check on your health? | YES 1 NO 2 (SKIP TO 468) ← | YES 1 NO 2 | YES 1 NO 2 | | | | | | |
| 465 | How many hours, days or weeks after delivery did the first check take place? IF LESS THAN 1 DAY, RECORD HOURS. IF LESS THAN 1 WEEK, RECORD DAYS; IF ONE WEEK OR MORE, RECORD WEEKS. | HOURS... 1 <table border="1" data-bbox="812 520 899 667"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS ... 2 WEEKS... 3 DON'T KNOW ... 998 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 466 | Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE LHV 12 OTHER PERSON DAI- TBA 21 LADY H.WORKER 22 HOMEOPATH ... 23 HAKIM 24 DISPENSER / COMPOUNDER .. 25 OTHER _____ 96 (SPECIFY) | | | | | | | | |
| 467 | Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, RECORD THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) | HOME YOUR HOME ... 11 OTHER HOME ... 12 PUBLIC SECTOR GOVT. HOSPITAL.. 21 RHC/MCH 22 BHU/FWC 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) | | | | | | | | |
| 468 | In the two months after (NAME) was born, did any health care provider or dai or a LHW or hakim check on <u>his/her</u> health? | YES 1 NO 2 (SKIP TO 472) ← DON'T KNOW 8 | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | | | | | | | | | |
|-----|---|--|----------------------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 469 | <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. IF ONE WEEK OR MORE, RECORD WEEKS.</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></table></p> <p>DAYS .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS.. 3 <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> <p>DON'T KNOW ... 998</p> | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 470 | <p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> | <p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE LHV 12</p> <p>OTHER PERSON DAI- TBA 21 LADY H.WORKER 22 HOMEOPATH ... 23 HAKIM 24 OTHER _____ 96 (SPECIFY)</p> | | | | | | | | | | | | | | |
| 471 | <p>Where did this first check of (NAME) take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, RECORD THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p> | <p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 RHC/MCH 22 BHU/FWC 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> | | | | | | | | | | | | | | |
| 472 | <p>How long after birth was (NAME) first bathed?</p> <p>IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. IF ONE DAY OR MORE RECORD DAYS.</p> | <p>IMMEDIATELY ... 000</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></table></p> <p>DAYS .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW ... 998</p> | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|---|----------------------------------|--------------------------------------|
| 473 | <p>During the delivery or in the 40-day period after the delivery of (NAME), did you experience any of the following problems?</p> <p style="text-align: center;">YES NO</p> <p>Severe headaches? 1 2</p> <p>Blurred vision? 1 2</p> <p>Swelling of your hands? 1 2</p> <p>Swelling of your face? 1 2</p> <p>High fever? 1 2</p> <p>Fits or convulsions? 1 2</p> <p>Labor for more than 12 hours? 1 2</p> <p>Baby's feet came first? 1 2</p> <p>Placenta came first? 1 2</p> <p>Continuous dribbling of urine even during sleep 1 2</p> <p>Bad-smelling vaginal discharge? 1 2</p> <p>Inability to control motions. 1 2</p> <p>Heavy vaginal bleeding? 1 2</p> <p style="text-align: center;">(SKIP TO 474) ←</p> <p>IF YES: When did you experience this:</p> <p style="padding-left: 100px;">Immediately after birth of baby 0</p> <p style="padding-left: 100px;">In the first 24 hours 1</p> <p style="padding-left: 100px;">Later 2</p> | | | |
| 474 | <p>CHECK 473: ANY YES <input type="checkbox"/> ALL NO <input type="checkbox"/> (SKIP TO 480)</p> | | | |
| 475 | <p>Were any of these problems so severe that you were afraid you might die?</p> | <p>YES 1</p> <p>NO 2</p> <p>CANNOT REMEMBER 8</p> | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | | | | | | | | | | | |
|-----|--|---|----------------------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 476 | <p>Did you seek advice or treatment for the problem(s)?</p> <p>IF YES: Whom did you see?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD THE ALL MENTIONED.</p> | <p>HEALTH PERSON DOCTOR A NURSE/MIDWIFE/ LHV B OTHER PERSON DAI-TBA C LADY H. WORKER D HOMEOPATH ... E HAKIM F OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 479) ←</p> | | | | | | | | | | | | | | | | |
| 477 | <p>Where did you seek treatment for the problem(s)?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND RECORD ALL MENTIONED.</p> | <p>HOME YOUR HOME ... A OTHER HOME ... B PUBLIC SECTOR GOVT. HOSPITAL C RHC/MCH D BHU/FWC E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC H PVT. DOCTOR .. I HOMEOPATH .. J DISPENSER / COMPOUNDER ... K HAKIM L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER _____ X (SPECIFY)</p> | | | | | | | | | | | | | | | | |
| 478 | <p>How long after you first started having the problem did you seek advice or treatment?</p> <p>IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. IF LESS THAN 7 DAYS, RECORD DAYS. OTHERWISE WEEKS.</p> | <p>HOURS.. ..1 <table border="1" data-bbox="812 1186 901 1249"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS2 <table border="1" data-bbox="812 1249 901 1312"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS... ..3 <table border="1" data-bbox="812 1312 901 1375"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998 (SKIP TO 480) ←</p> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | |
|-----|---|---|---|---|--|--|--|--|
| 479 | Why didn't you see anyone for the problem(s)? CIRCLE ALL MENTIONED. | NOT NECESSARY A COSTS TOO MUCH B FACILITY TOO FAR AWAY ... C NO TRANSPORT ... D NO ONE TO GO WITH E SERVICE NOT GOOD F NO TIME TO GO ... G DID NOT KNOW WHERE TO GO H DID NOT WANT TO SEE A MALE DOCTOR I LONG WAITING TIME J NOT ALLOWED TO GO. K OTHER _____ X | | | | | | |
| 480 | In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULES/CAPSULE/SYRUP. | YES 1 NO 2 | | | | | | |
| 481 | Has your menstrual period returned since the birth of (NAME)? | YES 1 (SKIP TO 483) ← NO 2 (SKIP TO 484) ← | | | | | | |
| 482 | Did your period return between the birth of (NAME) and your next pregnancy? | | | | | | | |
| 483 | For how many months after the birth of (NAME) did you <u>not</u> 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 | | | | |
| 484 | CHECK 226: IS RESPONDENT PREGNANT? | NOT <input type="checkbox"/> PREGNANT PREG- OR <input type="checkbox"/> NANT UNSURE ↓ (SKIP TO 486) ← | | | | | | |
| 485 | Have you resumed sexual relations since the birth of (NAME)? | YES 1 NO 2 (SKIP TO 487) ← | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|---|--|---|---|
| 486 | For how many months after the birth of (NAME) did you <u>not</u> have sexual relations? | 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 |
| 487 | Did you ever breastfeed (NAME)? | YES 1 NO 2 (SKIP TO 495) ← | YES 1 NO 2 (SKIP TO 495) ← | YES 1 NO 2 (SKIP TO 495) ← |
| 488 | How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS. | IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> | | |
| 489 | Did you give the (NAME) the thick milk (colostrum) that comes first or did you discard it? | GAVE COLOSTRUM 1 DISCARDED IT ... 2 DO NOT REMEMBER 8 | | |
| 490 | In the first three days after delivery, was (NAME) given anything to drink other than breast milk? | YES 1 NO 2 (SKIP TO 492) ← | | |
| 491 | What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED. | MILK (OTHER THAN BREAST MILK) . . A PLAIN WATER ... B HONEY OR SUGAR WATER ... C GHEE, BUTTER ... D FRUIT JUICE E INFANT FORMULA . F GHUTEE G GREEN TEA H OTHER _____ X (SPECIFY) | | |
| 492 | CHECK 404: IS CHILD LIVING? | LIVING DEAD <input type="checkbox"/> ↓ (SKIP TO 494) ← | | |
| 493 | Are you still breastfeeding (NAME)? | YES 1 (SKIP TO 496) ← NO 2 | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | | | | | | | | | | | | | | | |
|------------|---|---|---|--|--|-----|----|----|----------|---|---|---|----------|---|---|---|------------|---|---|---|----------|---|
| 494 | For how many months did you breastfeed (NAME)? IF LESS THAN ONE MONTH, RECORD '00' | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98 | MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW ... 98 | MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW ... 98 | | | | | | | | | | | | | | | | | | |
| 495 | CHECK 404: IS CHILD LIVING? | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 498) | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 499) | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 499) | | | | | | | | | | | | | | | | | | |
| 496 | How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. | NUMBER OF NIGHTTIME FEEDINGS .. <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | |
| 497 | How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. | NUMBER OF DAYLIGHT FEEDINGS .. <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | |
| 498 | Yesterday or last night, did (NAME) drink or eat: Plain water? Baby formula or other milk? Juice, soda, tea, rice water? Any mushy or solid food? | <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>WATER ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MILK ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>JUICE/SODA</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FOOD ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table> | | | | YES | NO | DK | WATER .. | 1 | 2 | 8 | MILK ... | 1 | 2 | 8 | JUICE/SODA | 1 | 2 | 8 | FOOD ... | 1 |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | |
| WATER .. | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | |
| MILK ... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | |
| JUICE/SODA | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | |
| FOOD ... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | |
| 499 | 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 | | | | | | | | | | | | | | | | | | |
| 499A | | 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 VACCINATION, HEALTH AND NUTRITION

| 501 | ENTER IN THE TABLE THE BIRTH NUMBER, NAME, AND SURVIVAL STATUS OF EACH LIVE BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|---|---|---|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|--|------------------------|--|--|-----|-------|------|-----|-------|------|-----|-------|------|-------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 502 | BIRTH NUMBER FROM 212 | LAST BIRTH BIRTH NUMBER <input type="text"/> <input type="text"/> | NEXT-TO-LAST BIRTH BIRTH NUMBER <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 503 | FROM 212 AND 216 | 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 601) | 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 601) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 508) ← NO CARD 3 | YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 505 | Did you ever have a vaccination card for (NAME)? | YES 1 (SKIP TO 508) ← NO 2 | YES 1 (SKIP TO 508) ← NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 506 | <p>(1) COPY DATE OF BIRTH IF GIVEN. IF NOT ON CARD, LEAVE IT BLANK. (2) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (3) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">LAST BIRTH</th> <th colspan="3">NEXT-TO-LAST BIRTH</th> <th colspan="3">SECOND-FROM-LAST BIRTH</th> </tr> <tr> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>BIRTH</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>BCG</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>POLIO 0 (POLIO GIVEN AT BIRTH)</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>POLIO 1</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>POLIO 2</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>POLIO 3</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>DPT 1</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>DPT 2</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>DPT 3</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>HBV 1</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>HBV 2</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>HBV 3</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>MEASLES</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </tbody> </table> | | | | LAST BIRTH | | | NEXT-TO-LAST BIRTH | | | SECOND-FROM-LAST BIRTH | | | DAY | MONTH | YEAR | DAY | MONTH | YEAR | DAY | MONTH | YEAR | BIRTH | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | BCG | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | POLIO 0 (POLIO GIVEN AT BIRTH) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | POLIO 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | POLIO 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | POLIO 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | DPT 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | DPT 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | DPT 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | HBV 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | HBV 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | HBV 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | MEASLES | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | LAST BIRTH | | | | NEXT-TO-LAST BIRTH | | | SECOND-FROM-LAST BIRTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DAY | MONTH | YEAR | DAY | MONTH | YEAR | DAY | MONTH | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTH | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BCG | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POLIO 0 (POLIO GIVEN AT BIRTH) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POLIO 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POLIO 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POLIO 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPT 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPT 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPT 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HBV 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HBV 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HBV 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEASLES | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|---|--|--|--|
| 507 | Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, HBV, OR MEASLES VACCINES. | YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) → (SKIP TO 510) ← NO 2 (SKIP TO 510) ← DON'T KNOW 8 | YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) → (SKIP TO 510) ← NO 2 (SKIP TO 510) ← DON'T KNOW 8 | YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) → (SKIP TO 510) ← NO 2 (SKIP TO 510) ← DON'T KNOW 8 |
| 508 | Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunisation 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 |
| 509 | Please tell me if (NAME) received any of the following vaccinations: | | | |
| 509A | A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 509B | Polio vaccine, that is, drops in the mouth? | YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8 |
| 509C | Was the first time polio drops were received in the first 2 weeks after birth or later? | FIRST 2 WEEKS ... 1 LATER 2 | FIRST 2 WEEKS ... 1 LATER 2 | FIRST 2 WEEKS ... 1 LATER 2 |
| 509D | How many times was the polio vaccine received? IF 7 OR MORE TIMES RECORD 7 | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|---|---|---|---|
| 509E | A DPT vaccination, that is, an injection given in the thigh or buttocks,(sometimes at the same time as polio drops)? | YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8 |
| 509F | How many times was a DPT vaccination received? | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 509G | A hepatitis HBV vaccination, that is an injection given in the thigh or buttocks, sometimes at the same time as polio drops? | YES 1 NO 2 (SKIP TO 509I) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509I) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509I) ← DON'T KNOW 8 |
| 509H | How many times was an HBV vaccination received? | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 509I | An injection to prevent 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 |
| 510 | Did (NAME) ever receive a polio vaccine (drops in the mouth) during a national immunisation day campaign? IF YES, CHECK 506 OR 509D IS 1 OR MORE. | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 |
| 511 | Has (NAME) ever received a vitamin A dose like this? SHOW VIT.A CAPSULES. | YES 1 NO 2 (SKIP TO 513) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 513) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 513) ← DON'T KNOW 8 |
| 512 | How many months ago did (NAME) take the last dose? PUT "00" IF LESS THAN 1 MONTH | MONTHS AGO <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS AGO <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS AGO <input type="text"/> <input type="text"/> DON'T KNOW 98 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|---|---|---|
| 513 | 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 |
| 514 | 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 |
| 515 | Has (NAME) had diarrhea in the <u>last 24 hours</u> ? | YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8 |
| 516 | How many times did (NAME) pass stool in the <u>last 24 hours</u> ? | NUMBER OF STOOLS .. <input type="text"/> <input type="text"/> | NUMBER OF STOOLS .. <input type="text"/> <input type="text"/> | NUMBER OF STOOLS .. <input type="text"/> <input type="text"/> |
| 517 | Now I would like to know how much (NAME) was given to drink during the diarrhea. 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 |
| 518 | 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 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|---|---|---|---|
| 519 | 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) ← |
| 520 | Where did you seek advice or treatment? Anywhere else? FOR ANY HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) _____ (NAME OF PLACE) _____ (NAME OF PLACE) PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND RECORD ALL MENTIONED. | PUBLIC SECTOR GOVT. HOSPITAL A RHC/MCH B BHU/FWC C LADY H.WORKER D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC F CHEMIST G PVT. DOCTOR ... H HOMEOPATH ... I DISPENSER / COMPOUNDER .. J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER SOURCE SHOP L HAKIM M DAI, TBA N OTHER _____ X (SPECIFY) | PUBLIC SECTOR GOVT. HOSPITAL A RHC/MCH B BHU/FWC C LADY H.WORKER D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC F CHEMIST G PVT. DOCTOR ... H HOMEOPATH ... I DISPENSER / COMPOUNDER .. J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER SOURCE SHOP L HAKIM M DAI, TBA N OTHER _____ X (SPECIFY) | PUBLIC SECTOR GOVT. HOSPITAL A RHC/MCH B BHU/FWC C LADY H.WORKER D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC F CHEMIST G PVT. DOCTOR ... H HOMEOPATH ... I DISPENSER / COMPOUNDER .. J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER SOURCE SHOP L HAKIM M DAI, TBA N OTHER _____ X (SPECIFY) |
| 521 | How many days after the illness began did you first seek advice or treatment for (NAME) IF THE SAME DAY RECORD '00' | Days <input type="text"/> <input type="text"/> | Days <input type="text"/> <input type="text"/> | Days <input type="text"/> <input type="text"/> |
| 522 | Was he/she given any of the following to drink at any time since he/she started having the diarrhea: | | | |
| 522A | A fluid made from a special packet called ORS or Nimkol? | YES NO DK FLUID FROM ORS PKT .. 1 2 8 | YES NO DK FLUID FROM ORS PKT .. 1 2 8 | YES NO DK FLUID FROM ORS PKT .. 1 2 8 |
| 522B | A drink made at home with sugar, salt and water? | HOMEMADE FLUID ... 1 2 8 | HOMEMADE FLUID ... 1 2 8 | HOMEMADE FLUID ... 1 2 8 |
| 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 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|---|---|---|
| 524 | <p>What (else) was given to treat the diarrhea?</p> <p>Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p> | PILLS/SYRUP A INJECTION B I V DRIP C HOME REMEDY/ HERBAL MEDICINE / ISPAGHOL D OTHER _____ X (SPECIFY) | PILLS/SYRUP A INJECTION B I V DRIP C HOME REMEDY/ HERBAL MEDICINE / ISPAGHOL D OTHER _____ X (SPECIFY) | PILLS/SYRUP A INJECTION B I V DRIP C HOME REMEDY/ HERBAL MEDICINE / ISPAGHOL D OTHER _____ X (SPECIFY) |
| 525 | <p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p> | 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 | <p>Has (NAME) had an illness with a cough at any time in the last 2 weeks?</p> | 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 | <p>When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?</p> | 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 | <p>Were these breathing symptoms due to a problem in the chest or to a blocked or runny nose?</p> | 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"/> ↓ (GO TO 503 IN NEXT COLUMN, OR, IF NO MORE BIRTHS, TO 601) | NO OR DK <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN, OR, IF NO MORE BIRTHS, TO 601) | YES <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN, OR, IF NO MORE BIRTHS, TO 601) | NO OR DK <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN, OR, IF NO MORE BIRTHS, TO 601) | YES <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN, OR, IF NO MORE BIRTHS, TO 601) | NO OR DK <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN, OR, IF NO MORE BIRTHS, TO 601) |
| 530 | Now I would like to know how much (NAME) was given to drink 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 535) → | YES 1 NO 2 (SKIP TO 535) → | YES 1 NO 2 (SKIP TO 535) → | YES 1 NO 2 (SKIP TO 535) → | YES 1 NO 2 (SKIP TO 535) → | YES 1 NO 2 (SKIP TO 535) → |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|--|--|--|
| 533 | <p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>FOR ANY HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND RECORD ALL MENTIONED.</p> | <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>RHC/MCH B</p> <p>BHU/FWC C</p> <p>LADY H.WORKER D</p> <p>OTHER PUBLIC _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC F</p> <p>PHARMACY G</p> <p>PVT. DOCTOR ... H</p> <p>HOMEOPATH ... I</p> <p>DISPENSER / COMPOUNDER ... J</p> <p>OTHER PRIVATE MED. _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>HAKIM M</p> <p>DAI, TBA N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> | <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>RHC/MCH B</p> <p>BHU/FWC C</p> <p>LADY H.WORKER D</p> <p>OTHER PUBLIC _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC F</p> <p>PHARMACY G</p> <p>PVT. DOCTOR ... H</p> <p>HOMEOPATH ... I</p> <p>DISPENSER / COMPOUNDER ... J</p> <p>OTHER PRIVATE MED. _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>HAKIM M</p> <p>DAI, TBA N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> | <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>RHC/MCH B</p> <p>BHU/FWC C</p> <p>LADY H.WORKER D</p> <p>OTHER PUBLIC _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC F</p> <p>PHARMACY G</p> <p>PVT. DOCTOR ... H</p> <p>HOMEOPATH ... I</p> <p>DISPENSER / COMPOUNDER ... J</p> <p>OTHER PRIVATE MED. _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>HAKIM M</p> <p>DAI, TBA N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> |
| 534 | <p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY, RECORD '00'.</p> | <p>DAYS <input type="text"/> <input type="text"/></p> | <p>DAYS <input type="text"/> <input type="text"/></p> | <p>DAYS <input type="text"/> <input type="text"/></p> |
| 535 | <p>Is (NAME) still sick with a (fever/ cough)?</p> | <p>FEVER ONLY 1</p> <p>COUGH ONLY ... 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW ... 8</p> | <p>FEVER ONLY 1</p> <p>COUGH ONLY ... 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW ... 8</p> | <p>FEVER ONLY 1</p> <p>COUGH ONLY ... 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW ... 8</p> |
| 536 | <p>At any time during the illness, did (NAME) take any medicine for the illness?</p> | <p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, TO 601)</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, TO 601)</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, TO 601)</p> <p>DON'T KNOW 8</p> |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|---|---|---|
| 537 | <p>What medicine did (NAME) take?</p> <p>Any other medicine?</p> <p>RECORD ALL MENTIONED.</p> | <p>ANTIMALARIAL DRUGS QUININE A CHLOROQUINE . B FANSIDAR/SP . . C OTHER ANTI-MALARIAL _____ D (SPECIFY)</p> <p>ANTIBIOTIC PILL/SYRUP . . . E INJECTION . . . F</p> <p>OTHER DRUGS ASPIRIN G PARACETEMOL/ CALPOL H BRUFEN I</p> <p>COUGH DRUGS PILL/SYRUP . . . J OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p> | <p>ANTIMALARIAL DRUGS QUININE A CHLOROQUINE . B FANSIDAR/SP . . C OTHER ANTI-MALARIAL _____ D (SPECIFY)</p> <p>ANTIBIOTIC PILL/SYRUP . . . E INJECTION . . . F</p> <p>OTHER DRUGS ASPIRIN G PARACETEMOL/ CALPOL H BRUFEN I</p> <p>COUGH DRUGS PILL/SYRUP . . . J OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p> | <p>ANTIMALARIAL DRUGS QUININE A CHLOROQUINE . B FANSIDAR/SP . . C OTHER ANTI-MALARIAL _____ D (SPECIFY)</p> <p>ANTIBIOTIC PILL/SYRUP . . . E INJECTION . . . F</p> <p>OTHER DRUGS ASPIRIN G PARACETEMOL/ CALPOL H BRUFEN I</p> <p>COUGH DRUGS PILL/SYRUP . . . J OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p> |
| 538 | <p>Was any medicine prescribed by a doctor, nurse, pharmacist, or other health practitioner?</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> |
| 539 | <p>CHECK 537:</p> <p>ANY CODE A-D CIRCLED?</p> | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO TO 503 IN NEXT COLUMN, OR, IF NO MORE BIRTHS, TO 601)</p> | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO TO 503 IN NEXT COLUMN, OR, IF NO MORE BIRTHS, TO 601)</p> | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO TO 503 IN NEXT COLUMN, OR, IF NO MORE BIRTHS, TO 601)</p> |
| 540 | <p>How long after the fever started did (NAME) first take the medicine?</p> | <p>SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW 8</p> | <p>SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW 8</p> | <p>SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW 8</p> |
| 541 | <p>For how many days did (NAME) take the medicine?</p> <p>IF 7 DAYS OR MORE, RECORD 7.</p> | <p>DAYS <input type="checkbox"/></p> <p>DON'T KNOW 8</p> | <p>DAYS <input type="checkbox"/></p> <p>DON'T KNOW 8</p> | <p>DAYS <input type="checkbox"/></p> <p>DON'T KNOW 8</p> |
| 542 | | <p>GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.</p> | <p>GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.</p> | <p>GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 601.</p> |

SECTION 6. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|--------------------------|
| 601 | CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/> | | 612 |
| 602 | CHECK 310: NEITHER STERILISED <input type="checkbox"/> HE OR SHE STERILISED <input type="checkbox"/> | | 612 |
| 602 | CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/> | | 612 |
| 603 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> 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? 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 (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT .. 3 UNDECIDED/DON'T KNOW AND PREGNANT 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT 5 | 605 612 610 609 |
| 604 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? | MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT .. 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998 | 609 612 609 609 |
| 605 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | 610 |
| 606 | CHECK 309: NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> | | 612 |
| 607 | CHECK 604: 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"/> | | 610 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 608 | <p>CHECK 603:</p> <p>WANTS TO HAVE A/ANOTHER CHILD (CODE 1) <input type="checkbox"/> ↓</p> <p>WANTS NO MORE/NONE (CODE 2) <input type="checkbox"/> ↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method? <input type="checkbox"/></p> <p>Can you tell me why you are not using a method? <input type="checkbox"/></p> <p>Any other reason? <input type="checkbox"/></p> <p>Any other reason? <input type="checkbox"/></p> <p>RECORD ALL REASONS MENTIONED.</p> | <p>FERTILITY-RELATED REASONS</p> <p>INFREQUENT SEX/NO SEX A</p> <p>MENOPAUSAL/HYSTERECTOMY B</p> <p>INFERTILE/CAN'T GET PREGNANT C</p> <p>NO MENSTRUATION AFTER BIRTH D</p> <p>BREASTFEEDING E</p> <p>UP TO GOD, CAN'T CONTROL F</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED G</p> <p>HUSBAND OPPOSED H</p> <p>OTHERS OPPOSED I</p> <p>AGAINST RELIGION J</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD K</p> <p>KNOWS NO SOURCE L</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS M</p> <p>FEAR OF SIDE EFFECTS N</p> <p>LACK OF ACCESS/TOO FAR O</p> <p>COSTS TOO MUCH P</p> <p>INCONVENIENT TO USE Q</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES R</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p> | |
| 609 | <p>CHECK 309:</p> <p>NOT ASKED <input type="checkbox"/> ↓ NO, NOT CURRENTLY USING <input type="checkbox"/> ↓ YES, CURRENTLY USING <input type="checkbox"/> → 612</p> | | |
| 610 | <p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | → 612 |
| 611 | <p>What is the main reason that you think you will not use a contraceptive method at any time in the future?</p> | <p>FERTILITY-RELATED REASONS</p> <p>INFREQUENT SEX/NO SEX 11</p> <p>MENOPAUSAL/HYSTERECTOMY 12</p> <p>INFERTILE/CAN'T GET PREGNANT 13</p> <p>NO MENSTRUATION AFTER BIRTH 14</p> <p>BREASTFEEDING 15</p> <p>UP TO GOD, CAN'T CONTROL 16</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 21</p> <p>HUSBAND OPPOSED 22</p> <p>OTHERS OPPOSED 23</p> <p>AGAINST RELIGION 24</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD 31</p> <p>KNOWS NO SOURCE 32</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS 41</p> <p>FEAR OF SIDE EFFECTS 42</p> <p>LACK OF ACCESS/TOO FAR 43</p> <p>COSTS TOO MUCH 44</p> <p>INCONVENIENT TO USE 45</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES 46</p> <p>OTHER _____ 96</p> <p>DON'T KNOW 98</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | |
|-------------------------|---|---|---------------------------|-----|----|-------------------------|---|---|---------------|---|---|---------------------|---|---|---------------------|---|---|-----------------------|---|---|--|
| 612 | <p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p> | <p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p> | <p>→ 614</p> <p>→ 614</p> | | | | | | | | | | | | | | | | | | |
| 613 | <p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p> | <p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p> | | | | | | | | | | | | | | | | | | | |
| 614 | <p>CHECK 104:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> | <p>WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/></p> | <p>→ 617</p> | | | | | | | | | | | | | | | | | | |
| 615 | <p>CHECK 310:</p> <p>NEITHER STERILISED <input type="checkbox"/></p> | <p>HE OR SHE STERILISED <input type="checkbox"/></p> | <p>→ 617</p> | | | | | | | | | | | | | | | | | | |
| 616 | <p>Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?</p> | <p>SAME NUMBER 1</p> <p>MORE CHILDREN 2</p> <p>FEWER CHILDREN 3</p> <p>DON'T KNOW 8</p> | | | | | | | | | | | | | | | | | | | |
| 617 | <p>PRESENCE OF OTHERS AT THIS POINT.</p> | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTHER IN LAW</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALE(S)</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALE(S)</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | YES | NO | CHILDREN UNDER 10 | 1 | 2 | HUSBAND | 1 | 2 | MOTHER IN LAW | 1 | 2 | OTHER MALE(S) | 1 | 2 | OTHER FEMALE(S) | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | |
| CHILDREN UNDER 10 | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| HUSBAND | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| MOTHER IN LAW | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| OTHER MALE(S) | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| OTHER FEMALE(S) | 1 | 2 | | | | | | | | | | | | | | | | | | | |

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 701 | CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/> | | → 703 |
| 702 | How old is your husband? | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> | |
| 703 | Did your (last) husband ever attend school? | YES 1 NO 2 | → 705 |
| 704 | What was the highest class he completed? WRITE '00' IF LESS THAN CLASS ONE; WRITE '16' = IF MA,MPHIL,PHD, MBBS, BSC(4 YEARS) | CLASS <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 705 | CHECK 701: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED OR SEPARATED <input type="checkbox"/> What is your husband's occupation? That is, what kind of work does he mainly do? What was your (last) husband's occupation? That is, what kind of work did he mainly do? | <input type="text"/> <input type="text"/> _____ _____ _____ | |
| 706 | Aside from your own housework, have you done any work in the last seven days? | YES 1 NO 2 | → 709 |
| 707 | As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work? | YES 1 NO 2 | → 709 |
| 708 | Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason? | YES 1 NO 2 | → 710 |
| 709 | Do you receive money for the work you do? | YES 1 NO 2 | → 712 |
| 710 | If you could find a suitable job, would you like to work? | YES 1 NO 2 | |
| 711 | Have you done any work in the last 12 months? | YES 1 NO 2 | → 713 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 712 | What is your occupation, that is, what kind of work do you mainly do? | <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="float: right; border: 1px solid black; width: 40px; height: 20px; margin-top: 10px; margin-right: 10px;"></div> | |
| 713 | Did you work at any time before you (first) got married? | YES 1 NO 2 | |
| 714 | Did you work after you (first) got married? | YES 1 NO 2 | |

SECTION 8. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 801 | Now I would like to talk about something else. Have you ever heard of an illness called AIDS? | YES 1 NO 2 | → 814 |
| 802 | Can people reduce their chance of getting the AIDS virus by staying faithful to just one partner? | YES 1 NO 2 DON'T KNOW 8 | |
| 803 | Can people get the AIDS virus from mosquito bites? | YES 1 NO 2 DON'T KNOW 8 | |
| 804 | 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 | |
| 805 | Can people get the AIDS virus by sharing food with a person who has AIDS? | YES 1 NO 2 DON'T KNOW 8 | |
| 806 | Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all? | YES 1 NO 2 DON'T KNOW 8 | |
| 807 | Can people get the AIDS virus because of witchcraft or other supernatural means? | YES 1 NO 2 DON'T KNOW 8 | |
| 808 | Is it possible for a healthy-looking person to have the AIDS virus? | YES 1 NO 2 DON'T KNOW 8 | |
| 809 | Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS? | YES 1 NO 2 | |
| 810 | Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding? | YES NO DK DURING PREGNANCY? .. 1 2 8 DURING DELIVERY? 1 2 8 BY BREASTFEEDING? 1 2 8 | |
| 811 | Have you ever talked about ways to prevent getting the virus that causes AIDS with your (former) husband? | YES 1 NO 2 DON'T KNOW 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 812 | God forbid If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not? | YES, REMAIN A SECRET 1 NO 2 DON'T KNOW / NOT SURE 8 | |
| 813 | God forbid If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household? | YES 1 NO 2 DON'T KNOW / NOT SURE 8 | |
| 814 | Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? | YES 1 NO 2 | → 901 |
| 815 | Could you kindly tell me some signs of these infections that you know about? RECORD ALL MENTIONED. | WOUND WITHOUT PAIN A WOUND WITH PAIN B WOUND, PAIN WITH LOTS C OF PIMPLES PUS LIKE DISCHARGE D DARK PUS LIKE DISCHARGE E SOUR MILK LIKE THICK F DISCHARGE SPONGE LIKE DISCHARGE G DISCHARGE WITH BAD H ODOUR/DIRTY WATER OTHER-1 _____ X (SPECIFY) OTHER-2 _____ Y (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 911 | <p>Now I would like to ask you some questions relating to other health matters. Have you had an injection for any reason in the <u>last 12 months</u>?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> | <p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 915</p> | |
| 912 | <p>Among these injections, how many were given by a doctor, nurse, pharmacist, dentist, LHV or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> | <p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 915</p> | |
| 913 | <p>The last time you had an injection from where did you obtain the syringe?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE SOURCE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF SYRINGE WAS PURCHASED FROM A CHEMIST CODE "23".</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/RHSC 11</p> <p>RHC/MCH 12</p> <p>BHU/FWC 13</p> <p>MOBILE SERVICE CAMP 14</p> <p>LADY HEALTH WORKER (LHW)</p> <p>HEALTH HOUSE 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21</p> <p>DENTAL CLINIC/OFFICE 22</p> <p>CHEMIST... 23</p> <p>OFFICE OR HOME OF NURSE/ HEALTH WORKER 24</p> <p>DISPENSER / COMPOUNDER 25</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER PLACE AT HOME 31</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | |
| 914 | <p>Did the person who gave you that injection 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> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|------|--|---|------|--|--|--|--|--|--|--|--|
| 915 | Do you think that one can protect herself/himself from getting Hepatitis B,C, and HIV AIDS if: | | | | | | | | | | |
| 915A | A syringe and needle from a new unopened packet is used while giving an injection? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | |
| 915B | If need be , blood tested for Hepatitis B,C and HIV AIDS virus is transfused? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | |
| 916 | RECORD THE TIME. | HOUR <table border="1" data-bbox="1214 594 1304 642"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MINUTES <table border="1" data-bbox="1214 642 1304 690"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____