

**BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 1993-94
HUSBAND QUESTIONNAIRE**

DIVISION _____	+	+	
DISTRICT _____			
UPAZILA/THANA _____			
UNION _____			
VILLAGE/MOHALLA/BLOCK _____			
CLUSTER NUMBER.....			
HOUSEHOLD NUMBER.....			
DHAKA/CHITTAGONG=1, SMALL CITY=2, TOWN=3, VILLAGE=4.....			
NAME OF HOUSEHOLD HEAD _____			
NAME AND LINE NUMBER OF HUSBAND _____			
NAME AND LINE NUMBER OF WIFE _____			

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____
				MONTH** _____
				YR 1 9 9
INTERVIEWER'S NAME	_____	_____	_____	NAME _____
RESULT *	_____	_____	_____	RESULT _____
NEXT VISIT: DATE TIME	_____	_____	_____	TOTAL NUMBER OF VISITS

*****RESULT CODES:**

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

NAME DATE	FIELD EDITED BY _____	OFFICE EDITED BY _____	KEYED BY _____	KEYED BY _____
--------------	--------------------------	---------------------------	-------------------	-------------------

- | | | | |
|-----------|-------------|-----------|--------------|
| ** MONTH: | 01 JANUARY | 05 MAY | 09 SEPTEMBER |
| | 02 FEBRUARY | 06 JUNE | 10 OCTOBER |
| | 03 MARCH | 07 JULY | 11 NOVEMBER |
| | 04 APRIL | 08 AUGUST | 12 DECEMBER |

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO																
101	RECORD THE TIME.	HOUR..... MINUTES.....	<table border="1" style="display:inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS..... VISITOR.....	<table border="1" style="display:inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> 95 96 → 103																
102A	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY..... TOWN..... COUNTRYSIDE.....	1 2 3																
103	In what month and year were you born? USE CODES BELOW FOR MONTHS. IF HE DOES NOT KNOW, WRITE 'D K' IN BOXES.	BENGALI MONTH *..... YEAR..... ENGLISH MONTH**..... YEAR.....	<table border="1" style="display:inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> <table border="1" style="display:inline-table; vertical-align: middle;"><tr><td>1</td><td>3</td><td> </td><td> </td></tr></table> <table border="1" style="display:inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> <table border="1" style="display:inline-table; vertical-align: middle;"><tr><td>1</td><td>9</td><td> </td><td> </td></tr></table>					1	3							1	9		
1	3																		
1	9																		
104	How old are you? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS...	<table border="1" style="display:inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																
105	Have you ever attended school?	YES..... NO.....	1 2 → 109																
106	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY..... SECONDARY..... COLLEGE/UNIVERSITY.....	1 2 3																
107	What is the highest class you completed?	CLASS.....	<table border="1" style="display:inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																
108	CHECK 106: PRIMARY <input type="checkbox"/> SECONDARY OR COLLEGE <input type="checkbox"/>		→ 110																
109	Can you read and write a letter in any language easily, with difficulty, or not at all?	EASILY..... WITH DIFFICULTY..... NOT AT ALL.....	1 2 3 → 111																
110	Do you usually read a newspaper or magazine at least once a week?	YES..... NO.....	1 2																
111	Do you usually listen to the radio at least once a week?	YES..... NO.....	1 2																

* BENGALI MONTHS:

01 BAISHAK	05 BADHRA	09 POUSH
02 JAISTHA	06 ASHWIN	10 MAGH
03 ASHAR	07 KARTIK	11 FALGUN
04 SRABAN	08 AGRAHAYAN	12 CHOITRA

** ENGLISH MONTHS:

01 JANUARY	05 MAY	09 SEPTEMBER
02 FEBRUARY	06 JUNE	10 OCTOBER
03 MARCH	07 JULY	11 NOVEMBER
04 APRIL	08 AUGUST	12 DECEMBER

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
112	Do you usually watch television at least once a week?	YES.....1 NO.....2	
113	What is your religion?	ISLAM.....1 CHRISTIANITY.....2 HINDUISM.....3 BUDDHISM.....4 OTHER.....5 (SPECIFY)	
114	What kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
115	CHECK 114: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	→ 201
116	Do you work mainly on your own land, or do you rent land, or do you work on someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	

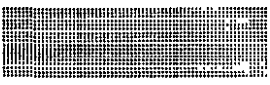
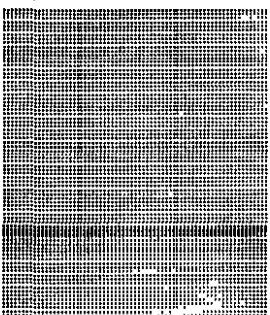
SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
201	Do you have any sons or daughters who are now living with you?	YES.....1 NO.....2	→203				
202	How many sons live with you? And how many daughters live with you? IF NONE ENTER '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
203	Do you have any sons or daughters who do not live with you?	YES.....1 NO.....2	→205				
204	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE ENTER '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
205	Have you ever had a son or daughter who was born alive but later died?	YES.....1 NO.....2	→207				
206	In all, how many boys have died? And how many girls have died? IF NONE ENTER '00'.	BOYS DEAD..... GIRLS DEAD.....	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
207	SUM ANSWERS TO 202, 204, AND 206, AND ENTER TOTAL. IF NONE ENTER '00'.	TOTAL.....	<table border="1"><tr><td> </td><td> </td></tr></table>				
208	CHECK 207: Just to make sure that I have this right: you have TOTAL ____ children born alive during your life. Is that correct?	YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-206 AS NECESSARY					

SECTION 3: CONTRACEPTION

301 Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-304 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD	303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
01] PILL, MAYA Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02] IUD, COPPER T Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03] INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04] CONDOM, RAJA Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05] FEMALE STERILIZATION, TUBAL LIGATION, TL Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Has your wife had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
06] MALE STERILIZATION, VASECTOMY Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
07] SAFE PERIOD, COUNTING DAYS, CALENDAR, RHYTHM METHOD Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use the safe period? YES.....1 NO.....2
08] WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
09] Have you heard of any other ways or methods that women or men can use to avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES/SPONT.....1 NO.....3	YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2	

305 CHECK 303: NOT A SINGLE "YES" (NEVER USED)

AT LEAST ONE "YES" (EVER USED)

SKIP TO 309

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you or your wife ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	386G
308	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).		
309	What was the first method you ever used?	PILL.....01 IUD.....02 INJECTIONS.....03 CONDOM.....04 FEMALE STERILIZATION.....05 MALE STERILIZATION.....06 SAFE PERIOD, COUNTING DAYS.....07 WITHDRAWAL.....08 OTHER _____ 09 (SPECIFY)	
311	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/>	
311A	CHECK 303: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		315A
314	Are you or your wife currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	322C
315	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 CONDOM.....04 FEMALE STERILIZATION.....05 MALE STERILIZATION.....06 SAFE PERIOD, COUNTING DAYS.....07 WITHDRAWAL.....08 OTHER _____ 09 (SPECIFY)	321
315A	CIRCLE '06' FOR MALE STERILIZATION.		
316	At any time during the same month, do you regularly use any method other than (CURRENT METHOD)?	YES.....1 NO.....2	318
317	Which method is that?	PILL.....01 IUD.....02 INJECTIONS.....03 CONDOM.....04 SAFE PERIOD, COUNTING DAYS.....07 WITHDRAWAL.....08 OTHER _____ 09 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
318	CHECK 315: USING PILL, IUD, OR INJECTION <input type="checkbox"/> USING CONDOM <input type="checkbox"/>	USING SAFE PERIOD WITHDRAWAL, OR OTHER TRADITIONAL METHOD <input type="checkbox"/>	323 326
320	Please show me the package of condoms that you are using.	PACKAGE SEEN.....1 BRAND NAME _____ PACKAGE NOT SEEN.....2	320C
320A	Why can't you show me the package of condoms that you are using?	WIFE KEEPS.....1 RAN OUT.....2 OTHER.....3 (SPECIFY)	
320B	SHOW BRAND CHART FOR CONDOMS: Please tell me which of these is the brand of condoms that you are using.	BRAND NAME _____ DOES NOT KNOW.....98	
320C	How much did the condom you last used cost?	COST..... PARTNER OBTAINED.....9995 FREE.....9996 DOES NOT KNOW.....9998	
320D	Do you use a condom every time that you have sexual intercourse or only sometimes?	EVERY TIME.....1 ONLY SOMETIMES.....2	
320E	How many times have you used condoms during the last one month?	NUMBER OF TIMES.....	323
321	In what month and year was the sterilization operation performed? USE CODES BELOW FOR MONTHS.	BENGALI MONTH *.....1 YEAR.....1 ENGLISH MONTH**.....2 YEAR.....1 9	
322A	Do you regret that (you/your wife) had the operation not to have any more children?	YES.....1 NO.....2	323A
322B	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD..1 PARTNER WANTS ANOTHER CHILD...2 SIDE EFFECTS.....3 OTHER REASON.....4 (SPECIFY)	323A
322C	Which method of family planning did you use most recently?	PILL.....01 IUD.....02 INJECTIONS.....03 CONDOM.....04 SAFE PERIOD, COUNTING DAYS.....07 WITHDRAWAL.....08 OTHER.....09 (SPECIFY)	325J

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO															
326	What is the main reason you decided to use (CURRENT METHOD FROM 315) rather than some other method of family planning?	FAMILY PLAN. WORKER RECOMMEND..01 FRIEND/RELATIVE RECOMMENDED...02 SIDE EFFECTS OF OTHER METHODS..03 CONVENIENCE.....04 ACCESS/AVAILABILITY.....05 COST.....06 WANTED PERMANENT METHOD.....07 HUSBAND PREFERRED.....08 WANTED MORE EFFECTIVE METHOD...09 OTHER _____ 10 (SPECIFY) DOES NOT KNOW.....98	→347															
328G	What is the main reason you are not using a method to delay or avoid pregnancy?	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING....09 FATALISTIC.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX/WIFE AWAY.....12 DIFFICULT TO GET PREGNANT.....13 MENOPAUSAL/HAD HYSTERECTOMY...14 INCONVENIENT.....15 MENSTRUATION NOT RETURNED.....16 BREASTFEEDING.....17 OTHER _____ 18 (SPECIFY) DK.....98																
328H	Do you know where you can obtain a method of family planning?	YES.....1 NO.....2	→347															
328I	Where is that? _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE.....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX.....13 SATELLITE CLINIC.....14 MEDICAL PRIVATE SECTOR TRADITIONAL DOCTOR.....21 QUALIFIED DOCTOR.....22 PHARMACY.....23 OTHER PRIVATE SECTOR SHOP.....31 FRIENDS/RELATIVES.....32 FIELDWORKER, FWA.....41 OTHER _____ 51 DOES NOT KNOW.....98																
347	CHECK 310, 323, AND 328G: SATELLITE CLINIC <input type="checkbox"/> SATELLITE CLINIC <input type="checkbox"/> NOT MENTIONED MENTIONED v		→348															
347A	In some places, there is a clinic set up for a day or part of a day in someone's house or in a school. This is called a satellite clinic. During the past 3 months was there any such clinic in your village/mohalla?	YES.....1 NO.....2 DOES NOT KNOW.....8	→348															
347B	Did you ever visit such a clinic?	YES.....1 NO.....2	→348															
347C	What services did they provide? CIRCLE ALL MENTIONED.	FAMILY PLANNING METHODS.....A IMMUNIZATION.....B CHILD GROWTH MONITORING.....C OTHER _____ D DOES NOT KNOW.....E																
348	In the last month, have you heard or seen a message about family planning on: the radio? television? a billboard? a poster?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BILLBOARD.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO.....	1	2	TELEVISION.....	1	2	BILLBOARD.....	1	2	POSTER.....	1	2	
	YES	NO																
RADIO.....	1	2																
TELEVISION.....	1	2																
BILLBOARD.....	1	2																
POSTER.....	1	2																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																		
349	<p>Is it acceptable or not acceptable to you for information to be provided on the radio about:</p> <p>the pill? condoms? injections? IUDs (coil, loop)? sterilization (TL)?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>PILLS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CONDOMS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>INJECTIONS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>IUD.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STERILIZATION, TL.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	PILLS.....	1	2	CONDOMS.....	1	2	INJECTIONS.....	1	2	IUD.....	1	2	STERILIZATION, TL.....	1	2	
	YES	NO																			
PILLS.....	1	2																			
CONDOMS.....	1	2																			
INJECTIONS.....	1	2																			
IUD.....	1	2																			
STERILIZATION, TL.....	1	2																			
350	<p>During the last six months has anyone visited you in your house to talk to you about family planning or to give you any family planning method?</p>	<p>YES.....1 NO.....2 DOES NOT KNOW.....8</p>																			
351	<p>Has a family planning worker visited you in the last six months for another reason?</p>	<p>YES.....1 NO.....2 DOES NOT KNOW.....8</p>	358 358																		
352	<p>How many times did a family planning worker visit you in the last six months?</p>	<p>TIMES..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> DOES NOT KNOW.....98</p>																			
353	<p>When was the last visit? IF LESS THAN ONE MONTH AGO, WRITE '00'.</p>	<p>MONTHS AGO..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> DOES NOT KNOW.....98</p>																			
354	<p>Did you receive any family planning supplies from the fieldworker during the last visit?</p>	<p>YES.....1 NO.....2</p>	357																		
355	<p>What supplies did you receive?</p>	<p>PILLS.....1 CONDOMS.....2 WIFE GOT INJECTION.....3 OTHER.....4 (SPECIFY)</p>	357 357																		
356	<p>How many cycles/condoms?</p>	<p>CYCLES/CONDOMS..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p>																			
357	<p>Thinking back to all the visits you have ever had from family planning workers, which methods of avoiding pregnancy did they discuss with you? CIRCLE ALL MENTIONED.</p>	<p>PILLS.....A IUD, LOOP.....B INJECTION.....C CONDOMS.....D FEMALE STERILIZATION.....E MALE STERILIZATION.....F NEVER DISCUSSED.....G</p>																			
358	<p>Do you think that most of the men you know use some kind of family planning method?</p>	<p>YES.....1 NO.....2 DOES NOT KNOW.....8</p>																			
359	<p>Have you ever recommended family planning to a friend, relative, or anyone else?</p>	<p>YES.....1 NO.....2</p>																			
360	<p>In the past 12 months, have you visited a health facility for any reason?</p>	<p>YES.....1 NO.....2</p>	401																		
361	<p>Did anyone at the health facility speak to you about family planning methods?</p>	<p>YES.....1 NO.....2</p>																			

SECTION 4. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
401	Have you been married only once or more than once?	ONCE.....1 MORE THAN ONCE.....2	
402	In what month and year did you start living with your (first) wife?	BENGALI MONTH *.....1 [][] YEAR..... [1][3][][] ENGLISH MONTH**.....2 [][] YEAR..... [1][9][][]	→404 →404
403	How old were you when you started living with her?	AGE..... [][] DOES NOT KNOW AGE.....98	
406	Now we need some details about your sexual activity in order to get a better understanding of family planning and fertility. When was the last time you had sexual intercourse?	NEVER.....000 DAYS AGO.....1 [][] WEEKS AGO.....2 [][] MONTHS AGO.....3 [][] YEARS AGO.....4 [][] BEFORE LAST BIRTH.....996	
408	PRESENCE OF OTHERS AT THIS POINT.	YES NO CHILDREN UNDER 10.....1 2 WIFE.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	

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SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	CHECK 315: NEITHER STERILIZED <input type="checkbox"/> SHE OR HE STERILIZED <input type="checkbox"/>		510
502	Now I have some questions about the future. Would you like to have a (another) child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS WIFE CAN'T GET PREGNANT...3 UNDECIDED OR DK.....8	504
503	How long would you like to wait from now before the birth of a (another) child?	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> SOON/NOW.....995 OTHER _____ 996 (SPECIFY) DK.....998	
504	CHECK 314: USING A METHOD? NO <input type="checkbox"/> YES <input type="checkbox"/>		510
505	Do you intend to use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DK.....8	507
506	Do you intend to use a method at any time in the future?	YES.....1 NO.....2 DK.....8	509
507	When you use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 CONDOM.....04 FEMALE STERILIZATION.....05 MALE STERILIZATION.....06 CALENDAR, COUNTING DAYS.....07 WITHDRAWAL.....08 OTHER _____ 09 (SPECIFY) UNSURE.....98	510
508	Where can you get (METHOD MENTIONED IN 507)? _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE.....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX.....13 SATELLITE CLINIC.....14 MEDICAL PRIVATE SECTOR TRADITIONAL DOCTOR.....21 QUALIFIED DOCTOR.....22 PHARMACY.....23 OTHER PRIVATE SECTOR SHOP.....31 FRIENDS/RELATIVES.....32 FIELDWORKER, FWA.....41 OTHER _____ 51 (SPECIFY) DOES NOT KNOW.....98	510

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
