

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 1993-94  
WOMAN QUESTIONNAIRE

DIVISION _____	□	□
DISTRICT _____		
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 WOMAN _____	□	□

INTERVIEWER VISITS							
	1	2	3	FINAL VISIT			
DATE	_____	_____	_____	DAY <table border="1" style="display:inline-table; vertical-align:middle;"><tr><td> </td><td> </td></tr></table>			
				MONTH** <table border="1" style="display:inline-table; vertical-align:middle;"><tr><td> </td><td> </td></tr></table>			
				YR <table border="1" style="display:inline-table; vertical-align:middle;"><tr><td>1</td><td>9</td><td>9</td></tr></table>	1	9	9
1	9	9					
INTERVIEWER'S NAME	_____	_____	_____	CODE <table border="1" style="display:inline-table; vertical-align:middle;"><tr><td> </td><td> </td><td> </td></tr></table>			
RESULT *	_____	_____	_____	RESULT <table border="1" style="display:inline-table; vertical-align:middle;"><tr><td> </td><td> </td></tr></table>			
NEXT VISIT: DATE TIME	_____	_____	●●●●●●●●●●	TOTAL NUMBER OF VISITS <table border="1" style="display:inline-table; vertical-align:middle;"><tr><td> </td></tr></table>			
* RESULT CODES:							
1 COMPLETED	4 REFUSED	7 OTHER _____ (SPECIFY)					
2 NOT AT HOME	5 PARTLY COMPLETED						
3 POSTPONED	6 INCAPACITATED						

NAME DATE	FIELD EDITED BY _____ _____	OFFICE EDITED BY _____ _____	KEYED BY _____ _____	KEYED BY <table border="1" style="display:inline-table; vertical-align:middle;"><tr><td> </td><td> </td></tr></table>		

- \*\* 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	SKIP
101	RECORD THE TIME.	HOUR..... MINUTES.....	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS.....95 VISITOR.....96	105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY.....1 TOWN.....2 COUNTRYSIDE.....3	
105	In what month and year were you born?  USE CODES BELOW FOR MONTHS.  IF SHE DOES NOT KNOW, WRITE 'D K' IN BOXES.	BENGALI.....1 MONTH *..... YEAR..... 1 3 ENGLISH.....2 MONTH**..... YEAR..... 1 9	
106	How old are you?  COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS...	
106A	Are you now married, widowed, or divorced?	MARRIED.....1 WIDOWED.....2 DIVORCED/DESERTED.....3	
107	Have you ever attended school?	YES.....1 NO.....2	114
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 COLLEGE/UNIVERSITY.....3	
109	What is the highest class you completed?	CLASS.....	
113	CHECK 108:  PRIMARY <input type="checkbox"/> SECONDARY OR COLLEGE <input type="checkbox"/>		115
114	Can you read and write a letter in any language easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	116
115	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
116	Do you usually listen to the radio at least once a week?	YES.....1 NO.....2	

**\* BENGALI MONTHS:**

01 BAISHAK	05 BADHRA	09 POUH
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
117	Do you usually watch television at least once a week?	YES.....1 NO.....2	
118	What is your religion?	ISLAM.....1 HINDUISM.....2 BUDDHISM.....3 CHRISTIANITY.....4 OTHER.....6 (SPECIFY)	→119A
119	How many times a day do you usually pray? IF NONE, WRITE '0'.	TIMES..... <input type="text"/>	
119A	Do you belong to any of the following organizations? Grameen Bank? BRAC? BRDP? Mother's club? Any other organization?	YES NO GRAMEEN BANK.....1 2 BRAC.....1 2 BRDP.....1 2 MOTHER'S CLUB.....1 2 OTHER.....1 2 (SPECIFY)	
120	CHECK Q.7 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/>	THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/>	→201
121	Now I would like to ask about the place in which you usually live. Do you usually live in a city, in a town, or in a village? IF CITY: In which city do you live?	DHAKA/CHITTAGONG.....1 SMALL CITY.....2 TOWN.....3 VILLAGE.....4	
122	In which division is that located?	RAJSHAHI.....1 DHAKA.....2 CHITTAGONG.....3 KHULNA.....4 BARISHAL.....5 SYLHET.....6	
123	Now I would like to ask about the household in which you usually live. What is the source of water your household uses for dishwashing?	PIPED WATER PIPED INSIDE DWELLING.....11 PIPED OUTSIDE DWELLING.....12 WELL WATER TUBEWELL.....21 SURFACE WELL/OTHER WELL.....22 SURFACE WATER POND/TANK/LAKE.....31 RIVER/STREAM.....32 RAINWATER.....41 OTHER.....96 (SPECIFY)	
124	What is the source of drinking water for members of your household?	PIPED WATER PIPED INSIDE DWELLING.....11 PIPED OUTSIDE DWELLING.....12 WELL WATER TUBEWELL.....21 SURFACE WELL/OTHER WELL.....22 SURFACE WATER POND/TANK/LAKE.....31 RIVER/STREAM.....32 RAINWATER.....41 OTHER.....96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
125	What kind of toilet facility does your household have?	SEPTIC TANK/MODERN TOILET.....11 PIT TOILET/LATRINE WATER SEALED/SLAB LATRINE.....21 PIT LATRINE.....22 OPEN LATRINE.....23 HANGING LATRINE.....24 NO FACILITY/BUSH/FIELD.....31 OTHER _____ 96 (SPECIFY)																									
126	Where do adult women in your household usually defecate?	SEPTIC TANK/MODERN TOILET.....11 PIT TOILET/LATRINE WATER SEALED/SLAB LATRINE.....21 PIT LATRINE.....22 OPEN LATRINE.....23 HANGING LATRINE.....24 NO FACILITY/BUSH/FIELD.....31 OTHER _____ 96 (SPECIFY)																									
127	Where do children in your household usually defecate?	SEPTIC TANK/MODERN TOILET.....11 PIT TOILET/LATRINE WATER SEALED/SLAB LATRINE.....21 PIT LATRINE.....22 OPEN LATRINE.....23 HANGING LATRINE.....24 NO FACILITY/BUSH/FIELD.....31 OTHER _____ 96 (SPECIFY) NO CHILDREN.....97																									
128	Does your household have electricity?	YES.....1 NO.....2																									
129	Does your household have: Almirah (wardrobe)? A table, chair or bench? A watch or clock? A cot or bed? A radio that is working? A television that is working? A bicycle?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ALMIRAH.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TABLE/CHAIR/BENCH.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WATCH/CLOCK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COT/BED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ALMIRAH.....	1	2	TABLE/CHAIR/BENCH.....	1	2	WATCH/CLOCK.....	1	2	COT/BED.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	BICYCLE.....	1	2	
	YES	NO																									
ALMIRAH.....	1	2																									
TABLE/CHAIR/BENCH.....	1	2																									
WATCH/CLOCK.....	1	2																									
COT/BED.....	1	2																									
RADIO.....	1	2																									
TELEVISION.....	1	2																									
BICYCLE.....	1	2																									
130	Does any member of your household own agricultural land?	YES.....1 NO.....2																									
131	What is the material of the roof of your house?	NATURAL ROOF KATCHA (BAMBOO/THATCH).....11 RUDIMENTARY ROOF TIN.....21 FINISHED ROOF CEMENT/CONCRETE.....31 OTHER _____ 96 (SPECIFY)																									
132	What is the material of the walls of your house?	NATURAL WALLS JUTE/BAMBOO/MUD (KATCHA).....11 RUDIMENTARY WALLS WOOD.....21 FINISHED WALLS BRICK/CEMENT.....31 TIN.....32 OTHER _____ 96 (SPECIFY)																									
133	What is the material of the floor of your house?	NATURAL FLOOR EARTH/BAMBOO (KATCHA).....11 RUDIMENTARY FLOOR WOOD.....21 FINISHED FLOOR (PUKKA) CEMENT/CONCRETE.....31 OTHER _____ 96																									

**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206				
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204				
203	How many sons live with you? And how many daughters live with you?  IF NONE RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	→206				
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you?  IF NONE RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208				
207	In all, how many boys have died? And how many girls have died?  IF NONE RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.  IF NONE RECORD '00'.	TOTAL.....	<table border="1"><tr><td></td><td></td></tr></table>				
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL ___ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY						
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →		→227				

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

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215		216	217	218	219	220	221
What name was given to your (first/next) baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? WRITE IN EITHER BENGALI OR ENGLISH DATES, BUT NOT BOTH.  USE CODES AT BOTTOM OF PAGE FOR MONTHS.		Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died?  IF 'ONE YEAR', ASK: How many months old was (NAME)? RECORD DAYS IF UNDER 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH.  IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
(NAME)			BENGALI	ENGLISH						
01	SING.1 MULT.2	BOY..1 GIRL.2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES.1 NO..2 ↓ 219	AGE IN YEARS [ ] [ ]	YES...1 NO....2 (NEXT BIRTH)	DAYS...1 MONTHS.2 YEARS..3		
02	SING.1 MULT.2	BOY..1 GIRL.2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES.1 NO..2 ↓ 219	AGE IN YEARS [ ] [ ]	YES...1 NO....2 (GO TO 220)	DAYS...1 MONTHS.2 YEARS..3	YES...1 NO....2 (NEXT BIRTH)	YES..1 NO...2
03	SING.1 MULT.2	BOY..1 GIRL.2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES.1 NO..2 ↓ 219	AGE IN YEARS [ ] [ ]	YES...1 NO....2 (GO TO 220)	DAYS...1 MONTHS.2 YEARS..3	YES...1 NO....2 (NEXT BIRTH)	YES..1 NO...2
04	SING.1 MULT.2	BOY..1 GIRL.2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES.1 NO..2 ↓ 219	AGE IN YEARS [ ] [ ]	YES...1 NO....2 (GO TO 220)	DAYS...1 MONTHS.2 YEARS..3	YES...1 NO....2 (NEXT BIRTH)	YES..1 NO...2
05	SING.1 MULT.2	BOY..1 GIRL.2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES.1 NO..2 ↓ 219	AGE IN YEARS [ ] [ ]	YES...1 NO....2 (GO TO 220)	DAYS...1 MONTHS.2 YEARS..3	YES...1 NO....2 (NEXT BIRTH)	YES..1 NO...2
06	SING.1 MULT.2	BOY..1 GIRL.2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES.1 NO..2 ↓ 219	AGE IN YEARS [ ] [ ]	YES...1 NO....2 (GO TO 220)	DAYS...1 MONTHS.2 YEARS..3	YES...1 NO....2 (NEXT BIRTH)	YES..1 NO...2
07	SING.1 MULT.2	BOY..1 GIRL.2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES.1 NO..2 ↓ 219	AGE IN YEARS [ ] [ ]	YES...1 NO....2 (GO TO 220)	DAYS...1 MONTHS.2 YEARS..3	YES...1 NO....2 (NEXT BIRTH)	YES..1 NO...2

212	213	214	215	216	217	218	219	220	221
What name was given to your next baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  WRITE IN EITHER BENGALI OR ENGLISH DATES, BUT NOT BOTH.  USE CODES AT BOTTOM OF PAGE FOR MONTHS.  BENGALI                      ENGLISH	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died?  IF 'ONE YEAR', ASK: How many months old was (NAME)? RECORD DAYS IF UNDER 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH.  IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME) OF PREVIOUS BIRTH) and (NAME)?

08	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <sup>1</sup> <input type="text"/> <input type="text"/> <input type="text"/> YR 1 <input type="text"/> <input type="text"/> <input type="text"/>	MONTH <sup>2</sup> <input type="text"/> <input type="text"/> <input type="text"/> YR 1 9 <input type="text"/> <input type="text"/>	YES..1 NO..2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO...2 (GO TO ← 220)	DAYS...1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS..3 <input type="text"/> <input type="text"/>	YES...1 NO...2 (NEXT ← BIRTH)	YES..1 NO...2
09	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <sup>1</sup> <input type="text"/> <input type="text"/> <input type="text"/> YR 1 <input type="text"/> <input type="text"/> <input type="text"/>	MONTH <sup>2</sup> <input type="text"/> <input type="text"/> <input type="text"/> YR 1 9 <input type="text"/> <input type="text"/>	YES..1 NO..2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO...2 (GO TO ← 220)	DAYS...1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS..3 <input type="text"/> <input type="text"/>	YES...1 NO...2 (NEXT ← BIRTH)	YES..1 NO...2
10	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <sup>1</sup> <input type="text"/> <input type="text"/> <input type="text"/> YR 1 <input type="text"/> <input type="text"/> <input type="text"/>	MONTH <sup>2</sup> <input type="text"/> <input type="text"/> <input type="text"/> YR 1 9 <input type="text"/> <input type="text"/>	YES..1 NO..2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO...2 (GO TO ← 220)	DAYS...1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS..3 <input type="text"/> <input type="text"/>	YES...1 NO...2 (NEXT ← BIRTH)	YES..1 NO...2

222 FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH. YES.....1 →GO TO 223  
IS THE DIFFERENCE 4 YEARS OR MORE? NO.....2 →GO TO 224

223 Have you had any live births since the birth of (NAME OF LAST BIRTH)? YES.....1  
NO.....2

224 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:  
NUMBERS ARE SAME  NUMBERS ARE DIFFERENT  → (PROBE AND RECONCILE)  
CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.   
FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.   
FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.   
FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.

225 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE BAISHAK 1398 OR APRIL 1991 IF NONE, RECORD '0'.

226 FOR EACH BIRTH SINCE BAISHAK 1398 (APRIL 1991) ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND 'P' IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME TO THE LEFT OF THE 'B' CODE.

\* 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
227	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	230
228	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS. ENTER "P" IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT.	MONTHS..... <input type="text"/>	
229	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</u> want to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO.....2	236
231	When did the last such pregnancy end?  USE CODES BELOW FOR MONTHS.	BENGALI.....1 MONTH *..... <input type="text"/>  YEAR..... <input type="text"/> <input type="text"/>  ENGLISH.....2 MONTH**..... <input type="text"/>  YEAR..... <input type="text"/> <input type="text"/>	
232	CHECK 231:  LAST PREGNANCY ENDED SINCE BAISHAK 1398 OR APRIL 1991 <input type="checkbox"/>	LAST PREGNANCY ENDED BEFORE BAISHAK 1398 OR APRIL 1991 <input type="checkbox"/>	236
232A	Was that a stillbirth, a miscarriage, a menstrual regulation, or an abortion?	STILLBIRTH.....1 MISCARRIAGE.....2 MENSTRUAL REGULATION.....3 ABORTION.....4	
233	How many months pregnant were you when the pregnancy ended?  ENTER THE APPROPRIATE CODE IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.	MONTHS..... <input type="text"/>	
234	Did you ever have any other such pregnancies?	YES.....1 NO.....2	236
235	ASK FOR DATES AND DURATIONS OF ANY OTHER PREGNANCIES BACK TO BAISHAK 1398 (APRIL 1991). ENTER THE APPROPRIATE CODE IN COLUMN 1 OF CALENDAR IN MONTH PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.		
236	When did your last menstrual period start?	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......994 BEFORE LAST BIRTH......995 NEVER MENSTRUATED......996	

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SECTION 3. CONTRACEPTION

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.

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.

301 Which ways or methods have you heard about?	302 Have you ever heard of (METHOD)?		303 Have you ever used (METHOD)?
	SPONTANEOUS YES	PROBED YES NO	
01] PILL, MAYA Women can take a pill every day.	1	2 3	YES.....1 NO.....2
02] IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2 3	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.	1	2 3	YES.....1 NO.....2
04] IMPLANT, NORPLANT Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2 3	YES.....1 NO.....2
05] CONDOM, RAJA Men can put a rubber sheath on their penis during sexual intercourse.	1	2 3	YES.....1 NO.....2
06] FEMALE STERILIZATION, TUBAL LIGATION, TL Women can have an operation to avoid having any more children.	1	2 3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
07] MALE STERILIZATION, VASECTOMY Men can have an operation to avoid having any more children.	1	2 3	Has your husband ever had an operation to avoid having more children? YES.....1 NO.....2
08] MENSTRUAL REGULATION, MR When a woman's menstrual period does not come on time, she can go to a health centre or to the FWV and have a tube put in her for a short while to bring her period.	1	2 3	YES.....1 NO.....2
09] 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 get pregnant.	1	2 3	YES.....1 NO.....2
10] WITHDRAWAL Men can be careful and pull out before climax.	1	2 3	YES.....1 NO.....2
11] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	3	YES.....1 NO.....2
		(SPECIFY)	YES.....1 NO.....2
		(SPECIFY)	YES.....1 NO.....2

304 CHECK 303:

NOT A SINGLE "YES" (NEVER USED)

AT LEAST ONE "YES" (EVER USED)  → SKIP TO 308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	307
306	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		330F
307	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
308	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.  What was the first method that you ever used?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 MENSTRUAL REGULATION.....08 SAFE PERIOD, COUNTING DAYS.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY)	
309	How many children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
310	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		314A
311	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED <input type="checkbox"/>		325
312	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		325
313	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	325
314	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 MENSTRUAL REGULATION.....08 SAFE PERIOD, COUNTING DAYS.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY)	317A 317B 317A 317C 318 325 323 324
314A	CIRCLE '06' FOR FEMALE STERILIZATION.		
315	May I see the package of pills you are using now?  RECORD NAME OF BRAND IF PACKAGE IS SEEN.	PACKAGE SEEN.....1  BRAND NAME <input type="text"/> <input type="text"/>  PACKAGE NOT SEEN.....2	317

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	SHOW BRAND CHART FOR PILLS: Please tell me which of these is the brand of pills that you are now using.	BRAND NAME _____ <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	
316A	Why don't you have a package of pills available?  CIRCLE ALL MENTIONED.	RAN OUT.....A COST TOO MUCH.....B HUSBAND AWAY.....C HAS MENSTRUAL PERIOD.....D NOT AVAILABLE AT HER SOURCE.....E FWA HAS NOT BROUGHT RESUPPLY....F OTHER _____ X (SPECIFY)	
317	How much does one (packet/cycle) of pills cost you?	COST..... <input type="text"/> <input type="text"/> FREE.....96 DOES NOT KNOW.....98	} } } → 324
317A	How much did it cost you to have the device put in?  FOR IUD USERS AND IMPLANT USERS	COST..... <input type="text"/> <input type="text"/> <input type="text"/> FREE.....996 DOES NOT KNOW.....998	} } } → 324
317B	How much does it cost you to get one injection?	COST..... <input type="text"/> <input type="text"/> <input type="text"/> FREE.....996 DK.....998	} } } → 324
317C	May I see the package of condoms that you are using?  RECORD NAME OF BRAND.	PACKAGE SEEN.....1  BRAND NAME _____ <input type="text"/> <input type="text"/>  PACKAGE NOT SEEN.....2	} } } → 324
317D	Why can't you show me the package of condoms that you are using?	HUSBAND KEEPS.....1 RAN OUT.....2 OTHER _____ 3 (SPECIFY)	
317E	SHOW BRAND CHART FOR CONDOMS: Please tell me which of these is the brand of condoms that you are using.	BRAND NAME _____ <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	} } → 324
318	Where did the sterilization take place?  _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE.....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX.....13 MEDICAL PRIVATE SECTOR PRIVATE CLINIC/DOCTOR.....21 TRADITIONAL DOCTOR.....22 NGO CLINIC.....42 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	
319	Do you regret that (you/your husband) had the operation not to have any more children?	YES.....1 NO.....2	} } → 321
320	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD..1 PARTNER WANTS ANOTHER CHILD....2 SIDE EFFECTS.....3 CHILD DIED.....4 OTHER REASON _____ 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
321	<p>In what month and year was the sterilization operation performed?</p> <p>USE CODES BELOW FOR MONTHS.</p>	<p>BENGALI.....1 MONTH *.....<input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR.....<input type="text" value="1"/><input type="text"/><input type="text"/><input type="text"/></p> <p>ENGLISH.....2 MONTH**.....<input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR.....<input type="text" value="1"/><input type="text" value="9"/><input type="text"/><input type="text"/></p>			
321A	<p>How much did the operation cost you?</p>	<p>COST.....<input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>FREE.....996</p> <p>DOES NOT KNOW.....998</p>			
322	<p><b>CHECK 321:</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>STERILIZED BEFORE BAISHAK 1398 <input type="checkbox"/></p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO BAISHAK 1398 (APRIL 1991)</p> <p>THEN SKIP TO <math>\longrightarrow</math> 329A</p> </td> <td style="width: 50%; vertical-align: top;"> <p>STERILIZED AFTER BAISHAK 1398 <input type="checkbox"/></p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION.</p> <p>THEN SKIP TO <math>\longrightarrow</math> 325</p> </td> </tr> </table>		<p>STERILIZED BEFORE BAISHAK 1398 <input type="checkbox"/></p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO BAISHAK 1398 (APRIL 1991)</p> <p>THEN SKIP TO <math>\longrightarrow</math> 329A</p>	<p>STERILIZED AFTER BAISHAK 1398 <input type="checkbox"/></p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION.</p> <p>THEN SKIP TO <math>\longrightarrow</math> 325</p>	
<p>STERILIZED BEFORE BAISHAK 1398 <input type="checkbox"/></p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO BAISHAK 1398 (APRIL 1991)</p> <p>THEN SKIP TO <math>\longrightarrow</math> 329A</p>	<p>STERILIZED AFTER BAISHAK 1398 <input type="checkbox"/></p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION.</p> <p>THEN SKIP TO <math>\longrightarrow</math> 325</p>				
323	<p>You told me that you use the safe period (calendar, rhythm) method. Please tell me which days of your monthly cycle are not safe.</p>	<p>DURING HER PERIOD.....1</p> <p>RIGHT AFTER HER PERIOD ENDS.....2</p> <p>IN THE MIDDLE OF HER CYCLE.....3</p> <p>JUST BEFORE HER PERIOD BEGINS...4</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....8</p>			
324	<p>ENTER METHOD CODE FROM 314 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> <li>• When did you start using continuously?</li> <li>• How long have you been using this method continuously?</li> </ul>				
325	<p>I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO BAISHAK 1398 (APRIL 1991). USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER CODE IN EACH MONTH OF METHOD USE OR '0' FOR NONUSE.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 1: • When was the last time you used a method? Which method was that?</p> <p>• When did you start using that method? How long after the birth of (NAME)?</p> <p>• How long did you use the method then?</p> <p>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COL.2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 2: • Why did you stop using the (METHOD)?</p> <p>• Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <p>• How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>				

\* 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
327	CHECK 314:  CIRCLE METHOD CODE:	NOT ASKED.....00 PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 MENSTRUAL REGULATION.....08 SAFE PERIOD/RHYTHM.....09 WITHDRAWAL.....10  OTHER METHOD.....96	→ 330F → 329A → 330F → 332
328	Where did you obtain (METHOD) the last time?  IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE) _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE.....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX.....13 SATELLITE/EPI CLINIC.....14 MEDICAL PRIVATE SECTOR PRIVATE CLINIC/DOCTOR.....21 TRADITIONAL DOCTOR.....22 PHARMACY.....23 OTHER PRIVATE SECTOR SHOP.....31 FRIENDS/RELATIVES.....32 FIELDWORKER, FWA.....41 NGO CLINIC.....42 OTHER _____ 96 (SPECIFY) DOES NOT KNOW..... 98	→ 328E
328A	CHECK 315:  USING PILLS OR CONDOMS <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/>		→ 328C
328B	Who obtained the (pills/condoms) the last time you got them?	RESPONDENT.....1 HUSBAND.....2 SON/DAUGHTER.....3 OTHER RELATIVE.....4 OTHER _____ 6 (SPECIFY)	→ 329
328C	At the place where you got your method the last time, did anyone there ever tell you about side effects or other problems you might have using this method?	YES.....1 NO.....2 CANNOT REMEMBER.....8	
328D	Did anyone there ever tell you about other methods that you might use?	YES.....1 NO.....2 CANNOT REMEMBER.....8	→ 329
328E	Did the family planning fieldworker ever tell you about side effects or problems you might have with this (CURRENT METHOD)?	YES.....1 NO.....2 CANNOT REMEMBER.....8	
328F	Did the family planning fieldworker ever tell you about other methods that you might use?	YES.....1 NO.....2 CANNOT REMEMBER.....8	
329	Do you know another place where you could have obtained (CURRENT METHOD) the last time?	YES.....1 NO.....2	→ 330A
329A	At the time of the sterilization operation, did you know another place where you could have received the operation?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	People select the place where they get family planning services for various reasons.	<p>ACCESS-RELATED REASONS</p> <p>CLOSER TO HOME.....11</p> <p>CLOSER TO MARKET/WORK.....12</p> <p>AVAILABILITY OF TRANSPORT....13</p> <p>SERVICE-RELATED REASONS</p> <p>STAFF MORE COMPETENT/ FRIENDLY.....21</p> <p>CLEANER FACILITY.....22</p> <p>OFFERS MORE PRIVACY.....23</p> <p>SHORTER WAITING TIME.....24</p> <p>LONGER HRS. OF OPERATION.....25</p> <p>USE OTHER SERVICES AT THE FACILITY.....26</p> <p>LOWER COST/CHEAPER.....31</p> <p>WANTED ANONYMITY.....41</p> <p>WORKER SUPPLIED AT HOME.....51</p> <p>METHOD NOT AVAILABLE ELSEWHERE.61</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DOES NOT KNOW.....98</p>	
330A	<p>What is the reason you decided to use (CURRENT METHOD) rather than some other method of family planning?</p> <p>Any other reason?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>FAMILY PLAN. WORKER RECOMMENDED.A</p> <p>FRIEND/RELATIVE RECOMMENDED....B</p> <p>SIDE EFFECTS OF OTHER METHODS...C</p> <p>METHOD EASY TO USE.....D</p> <p>ACCESS/AVAILABILITY.....E</p> <p>COST.....F</p> <p>WANTED PERMANENT METHOD.....G</p> <p>HUSBAND PREFERRED.....H</p> <p>WANTED MORE EFFECTIVE METHOD....I</p> <p>FIELDWORKER CAME TO HOUSE.....J</p> <p>OTHER _____ X (SPECIFY)</p> <p>DOES NOT KNOW.....Z</p>	
330B	Are you having any problems in using (CURRENT METHOD)?	<p>YES.....1</p> <p>NO.....2</p>	→ 334
330C	<p>What problems are you having with using (METHOD)?</p> <p>PROBE: Any other problems?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>WEIGHT GAIN.....A</p> <p>WEIGHT LOSS.....B</p> <p>TOO MUCH BLEEDING.....C</p> <p>HYPERTENSION.....D</p> <p>HEADACHE.....E</p> <p>NAUSEA.....F</p> <p>NO MENSTRUATION.....G</p> <p>WEAK/TIRED.....H</p> <p>DIZZINESS.....I</p> <p>HUSBAND DISAPPROVES.....J</p> <p>OTHER RELATIVE DISAPPROVES.....K</p> <p>RELIGION DISAPPROVES.....L</p> <p>ACCESS/AVAILABILITY.....M</p> <p>COSTS TOO MUCH.....N</p> <p>INCONVENIENT TO USE.....O</p> <p>STERILIZED, WANTS CHILDREN.....P</p> <p>ABDOMINAL PAIN.....Q</p> <p>OTHER _____ X (SPECIFY)</p> <p>DOES NOT KNOW.....Z</p>	
330D	When you first started having these problems, did you talk to anyone about these problems?	<p>YES.....1</p> <p>NO.....2</p>	→ 334
330E	Who did you talk to about these problems?	<p>FIELDWORKER, FWA.....1</p> <p>STAFF AT SATELLITE CLINIC.....2</p> <p>STAFF AT FAMILY WELFARE CLINIC..3</p> <p>RELATIVE, FRIEND.....4</p> <p>OTHER _____ 6 (SPECIFY)</p>	→ 334

330F	CHECK 106A:	
	CURRENTLY MARRIED <input type="checkbox"/>	WIDOWED/DIVORCED <input type="checkbox"/>
	→ 334	

331	What is the main reason you are not using a method of contraception to avoid pregnancy?	<p><b>FERTILITY-RELATED REASONS</b></p> NOT HAVING SEX.....21 INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS (MORE) CHILDREN.....26 PREGNANT.....27 <p><b>OPPOSITION TO USE</b></p> RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 <p><b>LACK OF KNOWLEDGE</b></p> KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 <p><b>METHOD-RELATED REASONS</b></p> HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56                 OTHER _____ 96 (SPECIFY)                 DOES NOT KNOW.....98
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332	Do you know where you can obtain a method of family planning?	YES.....1 NO.....2 → 334
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333	Where is that?  _____ (NAME OF PLACE)  IF WOMAN SAYS MORE THAN ONE PLACE, ASK FOR THE PLACE SHE WOULD MOST LIKELY USE.	<p><b>PUBLIC SECTOR</b></p> HOSPITAL/MEDICAL COLLEGE.....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX.....13 SATELLITE/EPI CLINIC.....14 <p><b>MEDICAL PRIVATE SECTOR</b></p> PRIVATE CLINIC/DOCTOR.....21 TRADITIONAL DOCTOR.....22 PHARMACY.....23 <p><b>OTHER PRIVATE SECTOR</b></p> SHOP.....31 FRIENDS/RELATIVES.....32 FIELDWORKER, FWA.....41 NGO CLINIC.....42                 OTHER _____ 96 (SPECIFY)                 DOES NOT KNOW.....98
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334	CHECK 328 AND 333:	
	SATELLITE CLINIC/EPI SITE NOT MENTIONED <input type="checkbox"/>	SATELLITE/EPI CLINIC MENTIONED <input type="checkbox"/>
	→ 336	

335	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. During the past 3 months, was there any such clinic in this village/mohalla?	YES.....1 NO.....2 → 339 DOES NOT KNOW.....8 → 339
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336	Did you ever visit such a temporary health clinic?	YES.....1 NO.....2 → 339
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
337	What services did they provide? CIRCLE ALL MENTIONED.	FAMILY PLANNING METHODS.....A IMMUNIZATION.....B CHILD GROWTH MONITORING.....C T.T. FOR PREGNANT WOMEN.....D ANTENATAL CARE.....E OTHER.....X DOES NOT KNOW.....Z	
339	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?	YES.....1 NO.....2 DOES NOT KNOW.....8	342 342
340	How many times did a family planning worker visit you in the last six months?	TIMES..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	
341	When was the last visit? IF LESS THAN ONE MONTH AGO, WRITE '00'.	MONTHS AGO..... <input type="text"/> DOES NOT KNOW.....8	344 344
342	During the last six months have you had any contact with a fieldworker about family planning?	YES.....1 NO.....2 DOES NOT KNOW.....8	344 344
343	When was the last time you had contact with the fieldworker about family planning? IF LESS THAN ONE MONTH AGO, WRITE '00'.	MONTHS AGO..... <input type="text"/> DOES NOT KNOW.....8	
344	CHECK 339 AND 342: "YES" IN EITHER HAS BEEN VISITED <input type="checkbox"/> OR CONTACT WITH FW "NO" IN BOTH NO VISITS OR CON- <input type="checkbox"/> TACT WITH FIELDWORKER		351
345	Did you receive any family planning supplies from the fieldworker during the last visit/contact?	YES.....1 NO.....2	348
346	What supplies did you receive?	PILLS.....1 CONDOMS.....2 INJECTION.....3 OTHER.....6	348 348
347	How many cycles/condoms?	CYCLES/CONDOMS..... <input type="text"/> <input type="text"/>	
348	Thinking back to all the contacts you have ever had from family planning workers, which methods of avoiding pregnancy did they discuss with you? CIRCLE ALL MENTIONED.	PILLS.....A IUD.....B INJECTION.....C IMPLANT/NORPLANT.....D CONDOMS.....E FEMALE STERILIZATION.....F MALE STERILIZATION.....G NEVER DISCUSSED.....Y	
349	Did the family planning fieldworker ever refer you to a clinic for any reason?	YES.....1 NO.....2 DOES NOT KNOW.....8	351
350	Why did she refer you to a clinic?	FOR STERILIZATION.....11 TO GET AN IUD INSERTED.....12 TO GET INJECTION.....13 TO GET OTHER FP METHODS.....14 FOR TREATMENT OF SIDE EFFECTS..15 FOR OTHER HEALTH REASONS.....16 FOR ANTENATAL CARE.....17 OTHER.....96	
351	Have you ever recommended family planning to a friend, relative, or anyone else?	YES.....1 NO.....2	
352	Do you think that women should have a medical check up when they are pregnant, even if they are not sick?	YES.....1 NO.....2 DOES NOT KNOW.....8	



SECTION 4A. PREGNANCY AND BREASTFEEDING

401 CHECK 215:  
 ONE OR MORE BIRTHS SINCE BAISHAK 1398 (APRIL 1991)  NO BIRTHS SINCE BAISHAK 1398  (SKIP TO 501)

402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE BAISHAK 1398 (APRIL 1991) IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

Now I would like to ask you some more questions about the health of all your children born in the past 5 years. (We will talk about one child at a time.)

403	LINE NUMBER FROM Q. 212	LAST BIRTH LINE..... <input type="text"/>	NEXT-TO-LAST BIRTH LINE..... <input type="text"/>	SECOND-FROM-LAST BIRTH LINE..... <input type="text"/>
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404	FROM Q. 212 AND Q. 216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
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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 want <u>no (more)</u> children at all?	THEN.....1	THEN.....1	THEN.....1
LATER.....2		LATER.....2	LATER.....2	
NO MORE.....3		NO MORE.....3	NO MORE.....3	

407	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?  IF YES, Whom did you see? Anyone else?  RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR...C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (DAI)...D UNTRAINED TBA (DAI).....E OTHER.....X (SPECIFY) NO ONE.....Y (SKIP TO 410)←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR...C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (DAI)...D UNTRAINED TBA (DAI).....E OTHER.....X (SPECIFY) NO ONE.....Y (SKIP TO 410)←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR...C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (DAI)...D UNTRAINED TBA (DAI).....E OTHER.....X (SPECIFY) NO ONE.....Y (SKIP TO 410)←
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408	How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>
	DOES NOT KNOW.....98	DOES NOT KNOW.....98	DOES NOT KNOW.....98	

409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... <input type="text"/>	NO. OF TIMES..... <input type="text"/>	NO. OF TIMES..... <input type="text"/>
	DOES NOT KNOW.....98	DOES NOT KNOW.....98	DOES NOT KNOW.....98	

410	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1	YES.....1	YES.....1
NO.....2 (SKIP TO 411A)←		NO.....2 (SKIP TO 411A)←	NO.....2 (SKIP TO 411A)←	
DOES NOT KNOW.....8		DOES NOT KNOW.....8	DOES NOT KNOW.....8	

411	During this pregnancy how many times did you get this injection?	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>
	DOES NOT KNOW.....8	DOES NOT KNOW.....8	DOES NOT KNOW.....8	

411A	When you were pregnant with (NAME), did anyone take your blood pressure (put a cuff on your arm and pump air into it)?	YES.....1	YES.....1	YES.....1
NO.....2		NO.....2	NO.....2	
DOES NOT KNOW.....8		DOES NOT KNOW.....8	DOES NOT KNOW.....8	

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME	NAME	NAME
41B	When you were pregnant with (NAME), did anyone take your urine for testing?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
412	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 THANA HEALTH COMPLEX...22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER.....96 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 THANA HEALTH COMPLEX...22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER.....96 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 THANA HEALTH COMPLEX...22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER.....96 (SPECIFY)
413	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR...C OTHER PERSON TRAINED TBA.....D TBA.....E RELATIVE.....F OTHER.....X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR...C OTHER PERSON TRAINED TBA.....D TBA.....E RELATIVE.....F OTHER.....X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR...C OTHER PERSON TRAINED TBA.....D TBA.....E RELATIVE.....F OTHER.....X (SPECIFY) NO ONE.....Y
414	Around the time of the birth of (NAME), did you have any of the following problems:	YES NO	YES NO	YES NO
	Long labor, that is, did your regular contractions last more than 12 hours?	LABOR MORE THAN 12 HOURS..1 2	LABOR MORE THAN 12 HOURS..1 2	LABOR MORE THAN 12 HOURS..1 2
	Excessive bleeding that was so much that you feared it was life threatening?	EXCESSIVE BLEEDING.....1 2	EXCESSIVE BLEEDING.....1 2	EXCESSIVE BLEEDING.....1 2
	A high fever with bad smelling vaginal discharge?	FEVER/BAD SMELLING VAG. DISCHARGE.....1 2	FEVER/BAD SMELLING VAG. DISCHARGE.....1 2	FEVER/BAD SMELLING VAG. DISCHARGE.....1 2
	Convulsions not caused by fever?	CONVULSIONS.....1 2	CONVULSIONS.....1 2	CONVULSIONS.....1 2
419	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 421)←		
		NO.....2 (SKIP TO 422)←		
420	Did your period return between the birth of (NAME) and your next pregnancy?		YES .....1 NO.....2 (SKIP TO 424)←	YES .....1 NO.....2 (SKIP TO 424)←
421	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98
422	CHECK 227: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 424)		
423	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 425)←		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
424	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98
425	Did you ever breastfeed (NAME)?	YES.....1 NO.....2 (SKIP TO 431) ←	YES.....1 NO.....2 (SKIP TO 431) ←	YES.....1 NO.....2 (SKIP TO 431) ←
426	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"/>		
426A	Was (NAME) given colostrum (first milk from the breast) to drink?	YES.....1 NO.....2		
426B	Was (NAME) given water or any other liquid to drink soon after birth?	YES.....1 NO.....2		
427	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 429)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 429)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 429)
428	Are you still breastfeeding (NAME)?	YES.....1 NO.....2 (SKIP TO 432) ←	YES.....1 NO.....2 (SKIP TO 432) ←	YES.....1 NO.....2 (SKIP TO 432) ←
429	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98
430	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....96 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....96 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....96 (SPECIFY)
431	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 435) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 435) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 435) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)
432	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"/>	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>

		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME		NAME		NAME	
433	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"/>		NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>		NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>	
435	At any time yesterday or last night was (NAME) given any of the following?:						
		YES NO		YES NO		YES NO	
	Plain water?	PLAIN WATER.....	1 2	PLAIN WATER.....	1 2	PLAIN WATER.....	1 2
	Sugar water or honey?	SUGAR WATER, HONEY..	1 2	SUGAR WATER, HONEY..	1 2	SUGAR WATER, HONEY..	1 2
	Juice?	JUICE.....	1 2	JUICE.....	1 2	JUICE.....	1 2
	Tea?	TEA.....	1 2	TEA.....	1 2	TEA.....	1 2
	Baby formula?	BABY FORMULA.....	1 2	BABY FORMULA.....	1 2	BABY FORMULA.....	1 2
	Cow's milk?	COW'S MILK.....	1 2	COW'S MILK.....	1 2	COW'S MILK.....	1 2
	Other liquids?	OTHER LIQUIDS.....	1 2	OTHER LIQUIDS.....	1 2	OTHER LIQUIDS.....	1 2
	Meat?	MEAT.....	1 2	MEAT.....	1 2	MEAT.....	1 2
	Other solid or mushy food?	SOLID/MUSHY FOOD...	1 2	SOLID/MUSHY FOOD...	1 2	SOLID/MUSHY FOOD...	1 2
439	GO BACK TO 405 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 440.						

SECTION 4B. IMMUNIZATION AND HEALTH

440 ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE BAISHAK 1398 (APRIL 1991) IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
441	LINE NUMBER FROM Q. 212 <input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>

  

	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 <input type="checkbox"/> IN NEXT COLUMN; IF NO MORE BIRTHS GO TO 501)	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 <input type="checkbox"/> IN NEXT COLUMN; IF NO MORE BIRTHS GO TO 501)	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 <input type="checkbox"/> IN NEXT COLUMN; IF NO MORE BIRTHS GO TO 501)
--	--	--	--

442 FROM q. 212 AND q. 216

443 Do you have a card where (NAME'S) vaccinations are written down?  
IF YES: May I see it, please?

	YES, SEEN.....1 (SKIP TO 445) ←	YES, SEEN.....1 (SKIP TO 445) ←	YES, SEEN.....1 (SKIP TO 445) ←
	YES, NOT SEEN.....2 (SKIP TO 447) ←	YES, NOT SEEN.....2 (SKIP TO 447) ←	YES, NOT SEEN.....2 (SKIP TO 447) ←
	NO CARD.....3	NO CARD.....3	NO CARD.....3

444 Did you ever have a vaccination card for (NAME)?

	YES.....1 (SKIP TO 447) ←	YES.....1 (SKIP TO 456) ←	YES.....1 (SKIP TO 456) ←
	NO.....2	NO.....2	NO.....2

445 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD  
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE WAS RECORDED.

	DAY	MO	YR
BCG	BCG		
DPT 1	D1		
DPT 2	D2		
DPT 3	D3		
POLIO 1	P1		
POLIO 2	P2		
POLIO 3	P3		
MEASLES	MEA		
VITAMIN A	V A		

  

446 Has (NAME) received any vaccinations that are not recorded on this card?  
RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 0-3 AND/OR MEASLES VACCINE(S).

	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) ←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) ←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) ←
	NO.....2 DOES NOT KNOW.....8 (SKIP TO 449) ←	NO.....2 DOES NOT KNOW.....8 (SKIP TO 449) ←	NO.....2 DOES NOT KNOW.....8 (SKIP TO 449) ←

447 Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?

	YES.....1 NO.....2 (SKIP TO 449) ←	YES.....1 NO.....2 (SKIP TO 449) ←	YES.....1 NO.....2 (SKIP TO 449) ←
	DOES NOT KNOW.....8	DOES NOT KNOW.....8	DOES NOT KNOW.....8

		LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME	SECOND-FROM-LAST BIRTH NAME
448	Has (NAME) received any of the following vaccinations:			
448A	A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
448B	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
448C	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
448D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2
448E	DPT vaccination, that is, an injection usually given at the same time as polio drops?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
448F	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
448G	An injection to prevent measles?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
449	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
450	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 454)← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 454)← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 454)← DOES NOT KNOW.....8
451	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
452	Did you seek advice or treatment for the cough?	YES.....1 NO.....2 (SKIP TO 454)←	YES.....1 NO.....2 (SKIP TO 454)←	YES.....1 NO.....2 (SKIP TO 454)←
453	Where did you seek advice or treatment?  Anywhere else?  RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A FAMILY WELFARE CENTER..B THANA HEALTH COMPLEX...C SATELLITE CLINIC.....D EPI CLINIC.....E SATELLITE/EPI CLINIC...F FWV/FIELDWORKER.....G MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC...H PHARMACY.....I PRIVATE DOCTOR.....J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL DOCTOR....L NGO CLINIC.....M HOMEOPATHIC DOCTOR....N OTHER.....X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A FAMILY WELFARE CENTER..B THANA HEALTH COMPLEX...C SATELLITE CLINIC.....D EPI CLINIC.....E SATELLITE/EPI CLINIC...F FWV/FIELDWORKER.....G MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC...H PHARMACY.....I PRIVATE DOCTOR.....J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL DOCTOR....L NGO CLINIC.....M HOMEOPATHIC DOCTOR....N OTHER.....X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A FAMILY WELFARE CENTER..B THANA HEALTH COMPLEX...C SATELLITE CLINIC.....D EPI CLINIC.....E SATELLITE/EPI CLINIC...F FWV/FIELDWORKER.....G MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC...H PHARMACY.....I PRIVATE DOCTOR.....J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL DOCTOR....L NGO CLINIC.....M HOMEOPATHIC DOCTOR....N OTHER.....X (SPECIFY)

		LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME	SECOND-FROM-LAST BIRTH NAME
454	Has (NAME) had diarrhea in the last two weeks?	YES.....1 NO.....2 (SKIP TO 464)← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 464)← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 464)← DOES NOT KNOW.....8
455	Was there any blood in the stools?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
457	Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DOES NOT KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DOES NOT KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DOES NOT KNOW.....8
459	When (NAME) had diarrhea, was he/she given any of the following to drink:	YES NO DK	YES NO DK	YES NO DK
	A fluid made from a special saline packet?	FLUID FROM PACKET..1 2 8	FLUID FROM PACKET..1 2 8	FLUID FROM PACKET..1 2 8
	Home-made sugar-salt-water solution (laban gur)?	LABAN GUR.....1 2 8	LABAN GUR.....1 2 8	LABAN GUR.....1 2 8
	Water?	WATER.....1 2 8	WATER.....1 2 8	WATER.....1 2 8
	Any other liquids?	OTHER LIQUID.....1 2 8	OTHER LIQUID.....1 2 8	OTHER LIQUID.....1 2 8
460	Was anything (else) given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 462)← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 462)← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 462)← DOES NOT KNOW.....8
461	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	PILL OR SYRUP.....A INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/HERBS.....D OTHER.....X (SPECIFY)	PILL OR SYRUP.....A INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/HERBS.....D OTHER.....X (SPECIFY)	PILL OR SYRUP.....A INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/HERBS.....D OTHER.....X (SPECIFY)
462	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 464)←	YES.....1 NO.....2 (SKIP TO 464)←	YES.....1 NO.....2 (SKIP TO 464)←
463	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A FAMILY WELFARE CENTER...B THANA HEALTH COMPLEX...C SATELLITE CLINIC.....D EPI CLINIC.....E SATELLITE/EPI CLINIC...F FWV/FIELDWORKER.....G MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC...H PHARMACY.....I PRIVATE DOCTOR.....J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL DOCTOR.....L NGO CLINIC.....M HOMEOPATHIC DOCTOR.....N OTHER.....X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A FAMILY WELFARE CENTER...B THANA HEALTH COMPLEX...C SATELLITE CLINIC.....D EPI CLINIC.....E SATELLITE/EPI CLINIC...F FWV/FIELDWORKER.....G MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC...H PHARMACY.....I PRIVATE DOCTOR.....J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL DOCTOR.....L NGO CLINIC.....M HOMEOPATHIC DOCTOR.....N OTHER.....X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A FAMILY WELFARE CENTER...B THANA HEALTH COMPLEX...C SATELLITE CLINIC.....D EPI CLINIC.....E SATELLITE/EPI CLINIC...F FWV/FIELDWORKER.....G MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC...H PHARMACY.....I PRIVATE DOCTOR.....J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL DOCTOR.....L NGO CLINIC.....M HOMEOPATHIC DOCTOR.....N OTHER.....X (SPECIFY)
464	In the past 6 months, has (NAME) taken a Vitamin A capsule? SHOW CAPSULE.	YES.....1 NO.....2 NOT SURE/DOES NOT KNOW..8	YES.....1 NO.....2 NOT SURE/DOES NOT KNOW..8	YES.....1 NO.....2 NOT SURE/DOES NOT KNOW..8
465	GO BACK TO 442 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 501			

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
501	Have you been married only once or more than once?	ONCE.....1 MORE THAN ONCE.....2																
502	In what month and year did you get married (for the first time?)	BENGALI.....1 MONTH *..... YEAR..... 1 ENGLISH.....2 MONTH**..... YEAR..... 1 9	504 504															
503	How old were you when you got married?	AGE..... DOES NOT KNOW AGE.....98																
504	<p>DETERMINE MONTHS MARRIED SINCE BAISHAK 1398. ENTER "X" IN COLUMN 3 OF CALENDAR FOR EACH MONTH MARRIED AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE BAISHAK 1398.</p> <p>FOR WOMEN WITH MORE THAN ONE MARRIAGE: PROBE FOR DATE WHEN CURRENT MARRIAGE STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS MARRIAGE.</p> <p>FOR WOMEN NOT CURRENTLY MARRIED: PROBE FOR DATE WHEN LAST MARRIAGE STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS MARRIAGES.</p>																	
505	How long after you were married did you start living with your husband?  IF IMMEDIATELY AFTER MARRIAGE, WRITE '00 DAYS'	DAYS.....1 MONTHS.....2																
506	CHECK 106A:  CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED <input type="checkbox"/>		509															
508	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2																
508A	INTERVIEWER: WRITE LINE NUMBER OF HUSBAND FROM THE HOUSEHOLD QUESTIONNAIRE. IF HUSBAND IS NOT LISTED, WRITE '00'.	LINE NUMBER OF HUSBAND.....																
509	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>HUSBAND.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>OTHER MALES.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10.....	1	2																
HUSBAND.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																

\* BENGALI MONTHS:

01 BAISHAK	05 BADHRA	09 POUISH
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



SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		629
601A	CHECK 314: NEITHER STERILIZED <input type="checkbox"/> SHE OR HE STERILIZED <input type="checkbox"/>		614
602	CHECK 227: 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?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED OR DOES NOT KNOW.....8	604
603	CHECK 227: 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?	MONTHS.....1 YEARS.....2 SOON/NOW.....994 SAYS SHE CAN'T GET PREGNANT...995 OTHER _____ 996 (SPECIFY) DOES NOT KNOW.....998	
604	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		607
605	If you became pregnant in the next few weeks, would you be happy, unhappy, or would it not matter very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	
606	CHECK 313: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		614
607	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DOES NOT KNOW.....8	609
608	Do you think you will use a method at any time in the future?	YES.....1 NO.....2 DOES NOT KNOW.....8	611
609	When you use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANT.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 MENSTRUAL REGULATION.....08 CALENDAR, COUNTING DAYS.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY) UNSURE.....98	614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
609A	Where can you get (METHOD MENTIONED IN 609)?  _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE.....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX.....13 SATELLITE CLINIC/EPI.....14 MEDICAL PRIVATE SECTOR TRADITIONAL DOCTOR.....21 QUALIFIED DOCTOR.....22 PHARMACY.....23 OTHER PRIVATE SECTOR SHOP.....31 FRIENDS/RELATIVES.....32 FIELDWORKER, FWA.....41 NGO CLINIC.....42 OTHER _____ 96 (SPECIFY) DOES NOT KNOW..... 98	614															
611	What is the main reason you do not intend to use a method?	FERTILITY-RELATED REASONS INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98																
614	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....3																
616	In the last month, have you heard or seen a message about family planning on:  the radio? television? newspaper or magazine? a poster or billboard?	<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>NEWSPAPER/MAGAZINE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER/BILLBOARD.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO.....	1	2	TELEVISION.....	1	2	NEWSPAPER/MAGAZINE.....	1	2	POSTER/BILLBOARD.....	1	2	
	YES	NO																
RADIO.....	1	2																
TELEVISION.....	1	2																
NEWSPAPER/MAGAZINE.....	1	2																
POSTER/BILLBOARD.....	1	2																
617	CHECK 314:  RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>		620															
618	How often have you talked to your husband about family planning in the last three months?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3																
619	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DON'T KNOW.....8																
620	Spouses/partners do not always agree on everything. Now I want to ask you about your husband's views on family planning.  Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DON'T KNOW.....8																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
621	In the last three months, have you discussed family planning with your friends, neighbors, or relatives?	YES.....1 NO.....2	→624
622	With whom?  Anyone else?  RECORD ALL MENTIONED.	HUSBAND/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S)/SISTERS-IN-LAW.....D BROTHER(S)/BROTHERS-IN-LAW.....E DAUGHTER.....F MOTHER-IN-LAW.....G FATHER-IN-LAW.....H FRIENDS/NEIGHBORS.....I OTHER.....X	
624	Since you have been married, how frequently do you go shopping/marketing?	ONCE A MONTH OR MORE.....1 SEVERAL TIMES A YEAR.....2 ONCE A YEAR OR LESS.....3 NEVER.....4	→626
625	Do you usually go by yourself or do you go with children or your husband or other relatives?	BY HERSELF.....1 WITH CHILDREN.....2 WITH HUSBAND.....3 WITH OTHER RELATIVES OR FRIENDS.....4	
626	Do you go outside the village/town/city alone (or with your young children)?	YES, ALONE.....1 YES, WITH CHILDREN.....2 NO.....3 OTHER.....6 (SPECIFY)	→627 →627 →627
626A	Can you go outside the village/town/city alone (or with your young children)?	YES, ALONE.....1 YES, WITH CHILDREN.....2 NO.....3 OTHER.....6	→628
627	How frequently do you go outside this village/town/city?	ONCE A MONTH OR MORE.....1 SEVERAL TIMES A YEAR.....2 LESS THAN ONCE A YEAR.....3 NEVER.....4	
628	Do you go to a health center or hospital alone (or with your young children)?	YES, ALONE.....1 YES, WITH CHILDREN.....2 YES, WITH HUSBAND.....3 NO.....4 OTHER.....6 (SPECIFY)	→629 →629 →629 →629
628A	Can you go to a health center or hospital alone (or with your young children)?	YES, ALONE.....1 YES, WITH CHILDREN.....2 YES, WITH HUSBAND.....3 NO.....4 OTHER.....6	
629	CHECK 216: HAS LIVING CHILD(REN) <input type="checkbox"/> NO LIVING CHILD(REN) <input type="checkbox"/>  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?  RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER..... <input type="text"/> <input type="text"/>  OTHER ANSWER.....96 (SPECIFY)	
630	How many of these would you like to be boys and how many would you like to be girls?	BOYS..... <input type="text"/> <input type="text"/> GIRLS..... <input type="text"/> <input type="text"/> EITHER..... <input type="text"/> <input type="text"/> UP TO GOD.....95 OTHER.....96	

**SECTION 7. HUSBAND'S BACKGROUND, RESIDENCE AND WOMAN'S WORK**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<b>CHECK 106A:</b> CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/>		703
702	How old was your husband on his last birthday?	AGE..... <input type="text"/>	
703	Did your (last) husband ever attend school?	YES.....1 NO.....2 DOES NOT KNOW.....8	706
704	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3 DOES NOT KNOW.....8	706
705	What was the highest (grade/form/year) he completed?	GRADE..... <input type="text"/> DOES NOT KNOW.....98	
706	What kind of work does (did) your (last) husband mainly do?	<input type="text"/> <input type="text"/>	
707	<b>CHECK 706:</b> WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/>		709
708	(Does/did) your husband work mainly on his own land or family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	
709	Aside from your own housework, are you currently working?	YES.....1 NO.....2	712
710	As you know, some women take up jobs for which they are paid in cash or in kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work? Are you currently doing any of these things or any other work?	YES.....1 NO.....2	801
712	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/>	
713	<b>CHECK 712:</b> WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		715

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	Do you work mainly on your own land or family land, or do you rent land, or work on someone else's land?	OWN/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	
715	In your current work, do you work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 SELF-EMPLOYED.....3	
716	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 ONLY SOME TIMES (SEASONAL).....2 ONCE IN A WHILE.....3	
720	Do you earn cash for this work? PROBE: Do you make money for working?	YES.....1 NO.....2	→723
722	Most of the time when you work for cash, do you decide how the money you earn will be used, or does someone else decide how your earnings are used?	RESPONDENT DECIDES.....1 SOMEONE ELSE DECIDES.....2 JOINTLY.....3	
723	Do you work at home or away from home?	HOME.....1 AWAY.....2	
724	CHECK 217 AND 218: HAS CHILD BORN SINCE BAISHAK 1398 AND LIVING AT HOME?      YES      NO <input type="checkbox"/> <input type="checkbox"/>		→801
725	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT.....01 HUSBAND/PARTNER.....02 OLDER CHILD(REN).....03 OTHER RELATIVES.....04 NEIGHBORS.....05 FRIENDS.....06 SERVANTS/HIRED HELP.....07 CHILD IS IN SCHOOL.....08 INSTITUTIONAL CHILDCARE.....09 OTHER.....96 (SPECIFY)	

SECTION 8. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
801	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	→809				
802	From which sources of information have you learned most about AIDS?  Any other sources?  RECORD ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPHLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J  OTHER _____ X (SPECIFY)					
803	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DON'T KNOW.....8	→807				
804	What can a person do?  Any other ways?  RECORD ALL MENTIONED.	SAFE SEX.....A ABSTAIN FROM SEX.....B USE CONDOMS.....C HAVE ONLY ONE SEX PARTNER.....D AVOID SEX WITH PROSTITUTES.....E USE STERILE SYRINGES/BUY SYRNGS.F AVOID BLOOD TRANSFUSIONS.....G AVOID KISSING.....H AVOID MOSQUITO BITES.....I AVOID TRADITIONAL DOCTORS.....J  OTHER _____ W (SPECIFY)  OTHER _____ X (SPECIFY) DON'T KNOW.....Z					
805	CHECK 804:  MENTIONED SAFE SEX <input type="checkbox"/> DID NOT MENTION SAFE SEX <input type="checkbox"/>		→807				
806	What does "safe sex" mean to you?	ABSTAIN FROM SEX.....B USE CONDOMS.....C HAVE ONLY ONE SEX PARTNER.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F  OTHER _____ X (SPECIFY) DON'T KNOW.....Z					
807	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DON'T KNOW.....8					
808	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease?	ALMOST NEVER.....1 SOMETIMES.....2 ALMOST ALWAYS.....3 DON'T KNOW.....8					
809	RECORD THE TIME.	HOUR..... <table border="1" data-bbox="1285 1772 1361 1814"><tr><td></td><td></td></tr></table> MINUTES..... <table border="1" data-bbox="1285 1814 1361 1856"><tr><td></td><td></td></tr></table>					

**SECTION 9. HEIGHT AND WEIGHT**

901	CHECK 215: ONE OR MORE BIRTHS BAISHAK 1398 (APRIL 1991)	<input type="checkbox"/>	NO BIRTHS SINCE BAISHAK 1398 (APRIL 1991)	<input type="checkbox"/> → END
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IN 902 (COLUMNS 2 AND 3) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE BAISHAK 1398 AND STILL ALIVE. IN 903 AND 904 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE BAISHAK 1398. IN 906 AND 908 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE BAISHAK 1398 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE BAISHAK 1398, USE ADDITIONAL QUESTIONNAIRES).

		1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO YOUNGEST LIVING CHILD	4 SECOND-TO YOUNGEST LIVING CHILD
902	LINE NO. FROM Q.212		□ □	□ □	□ □
903	NAME FROM Q.212 FOR CHILDREN	(NAME)	(NAME)	(NAME)	(NAME)
904	DATE OF BIRTH FROM Q.215, AND ASK FOR DAY OF BIRTH		DAY..... □ □ MONTH.... □ □ YEAR..... □ □	DAY..... □ □ MONTH.... □ □ YEAR..... □ □	DAY..... □ □ MONTH.... □ □ YEAR..... □ □
905	BCG SCAR ON TOP OF LEFT SHOULDER**		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
906	HEIGHT (in centimeters)	□ □ □ □ . □	□ □ □ □ . □	□ □ □ □ . □	□ □ □ □ . □
907	WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
908	WEIGHT (in kilograms)	□ □ □ □ . □	□ □ □ □ . □	□ □ □ □ . □	□ □ □ □ . □
909	DATE WEIGHED AND MEASURED	DAY..... □ □ MONTH.... □ □ YEAR..... □ □	DAY..... □ □ MONTH.... □ □ YEAR..... □ □	DAY..... □ □ MONTH.... □ □ YEAR..... □ □	DAY..... □ □ MONTH.... □ □ YEAR..... □ □
910	RESULT	MEASURED.....1 NOT PRESENT....3 REFUSED.....4 OTHER.....6  (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6  (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6  (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6  (SPECIFY)
911	NAME OF MEASURER:	□ □ □	NAME OF ASSISTANT:	□ □ □	

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



INSTRUCTIONS:  
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
 FOR COLUMNS 1, 3, AND 4, ALL MONTHS  
 SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: Births, Pregnancies, Contraceptive Use

- B BIRTHS
- P PREGNANCIES
- S STILLBIRTHS
- M MISCARRIAGES
- R MENSTRUAL REGULATION
- A ABORTION
- 0 NO METHOD
- 1 PILL
- 2 IUD
- 3 INJECTIONS
- 4 IMPLANTS
- 5 CONDOM
- 6 FEMALE STERILIZATION
- 7 MALE STERILIZATION
- 9 PERIODIC ABSTINENCE/RHYTHM
- W WITHDRAWAL
- X OTHER \_\_\_\_\_

(SPECIFY)

COL.2: Discontinuation of Contraceptive Use

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COST TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSE
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER \_\_\_\_\_

(SPECIFY)

Z DON'T KNOW

COL.3: Marriage/Union

- X IN UNION (MARRIED OR LIVING TOGETHER)
- 0 NOT IN UNION

1 2 3

	12	CHOITRA	01				03	MAR	
	11	FALGUN	02				02	FEB	1
	10	MAGH	03				01	JAN	7
	09	POUSH	04				12	DEC	
	08	AGRAHAYAN	05				11	NOV	
1	07	KARTIK	06				10	OCT	
4	06	ASHWIN	07				09	SEP	
0	05	BADHRA	08				08	AUG	
3	04	SRABAN	09				07	JUL	
	03	ASHAR	10				06	JUN	1
	02	JAISTHA	11				05	MAY	9
	01	BAISHAK	12				04	APR	9
									6
	12	CHOITRA	13				03	MAR	
	11	FALGUN	14				02	FEB	
	10	MAGH	15				01	JAN	
	09	POUSH	16				12	DEC	
	08	AGRAHAYAN	17				11	NOV	
1	07	KARTIK	18				10	OCT	
4	06	ASHWIN	19				09	SEP	
0	05	BADHRA	20				08	AUG	
2	04	SRABAN	21				07	JUL	
	03	ASHAR	22				06	JUN	1
	02	JAISTHA	23				05	MAY	9
	01	BAISHAK	24				04	APR	9
									5
	12	CHOITRA	25				03	MAR	
	11	FALGUN	26				02	FEB	
	10	MAGH	27				01	JAN	
	09	POUSH	28				12	DEC	
	08	AGRAHAYAN	29				11	NOV	
1	07	KARTIK	30				10	OCT	
4	06	ASHWIN	31				09	SEP	
0	05	BADHRA	32				08	AUG	
1	04	SRABAN	33				07	JUL	
	03	ASHAR	34				06	JUN	1
	02	JAISTHA	35				05	MAY	9
	01	BAISHAK	36				04	APR	9
									4
	12	CHOITRA	37				03	MAR	
	11	FALGUN	38				02	FEB	
	10	MAGH	39				01	JAN	
	09	POUSH	40				12	DEC	
	08	AGRAHAYAN	41				11	NOV	
1	07	KARTIK	42				10	OCT	
4	06	ASHWIN	43				09	SEP	
0	05	BADHRA	44				08	AUG	
0	04	SRABAN	45				07	JUL	
	03	ASHAR	46				06	JUN	1
	02	JAISTHA	47				05	MAY	9
	01	BAISHAK	48				04	APR	9
									3
	12	CHOITRA	49				03	MAR	
	11	FALGUN	50				02	FEB	
	10	MAGH	51				01	JAN	
	09	POUSH	52				12	DEC	
	08	AGRAHAYAN	53				11	NOV	
1	07	KARTIK	54				10	OCT	
3	06	ASHWIN	55				09	SEP	
9	05	BADHRA	56				08	AUG	
9	04	SRABAN	57				07	JUL	
	03	ASHAR	58				06	JUN	1
	02	JAISTHA	59				05	MAY	9
	01	BAISHAK	60				04	APR	9
									2
	12	CHOITRA	61				03	MAR	
	11	FALGUN	62				02	FEB	
	10	MAGH	63				01	JAN	
	09	POUSH	64				12	DEC	
	08	AGRAHAYAN	65				11	NOV	
1	07	KARTIK	66				10	OCT	
3	06	ASHWIN	67				09	SEP	
9	05	BADHRA	68				08	AUG	1
8	04	SRABAN	69				07	JUL	9
	03	ASHAR	70				06	JUN	9
	02	JAISTHA	71				05	MAY	1
	01	BAISHAK	72				04	APR	

