

4 Feb/97

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 1996-97
 MEN'S QUESTIONNAIRE (FOR CURRENTLY MARRIED MEN 15-59)

DIVISION _____	<table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td style="width:50%;"></td><td style="width:50%;"></td></tr> <tr><td style="width:50%;"></td><td style="width:50%;"></td></tr> </table>												
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UNION _____													
VILLAGE/MOHALLA/BLOCK _____													
CLUSTER NUMBER.....	<table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td style="width:33%;"></td><td style="width:33%;"></td><td style="width:33%;"></td></tr> <tr><td style="width:33%;"></td><td style="width:33%;"></td><td style="width:33%;"></td></tr> </table>												
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DHAKA/CHITTAGONG=1, SMALL CITY=2, TOWN=3, VILLAGE=4.....	<table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td style="width:50%;"></td><td style="width:50%;"></td></tr> </table>												
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td style="width:50%;"></td><td style="width:50%;"></td></tr> </table>												
NAME AND LINE NUMBER OF MAN _____													

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td style="width:33%;"></td><td style="width:33%;"></td><td style="width:33%;"></td></tr></table>						
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1	9	9								
INTERVIEWER'S NAME	_____	_____	_____	CODE <table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td style="width:33%;"></td><td style="width:33%;"></td><td style="width:33%;"></td></tr></table>						
RESULT *	_____	_____	_____	RESULT <table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td style="width:33%;"></td><td style="width:33%;"></td><td style="width:33%;"></td></tr></table>						
NEXT VISIT: DATE TIME	_____ _____	_____ _____	<table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td style="width:33%;"></td><td style="width:33%;"></td><td style="width:33%;"></td></tr> </table>				TOTAL NUMBER OF VISITS <table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td style="width:33%;"></td><td style="width:33%;"></td><td style="width:33%;"></td></tr></table>			
***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 <table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td style="width:50%;"></td><td style="width:50%;"></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..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... <input type="text"/> <input type="text"/> 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 HE DOES NOT KNOW, WRITE 'D K' IN BOXES.	BENGALI.....1 MONTH *..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> 1 <input type="text"/> 3 <input type="text"/> <input type="text"/> ENGLISH.....2 MONTH**..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/>	
106	How old are you? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS... <input type="text"/> <input type="text"/>	
106A	Are you now married, widowed, or divorced?	NEVER MARRIED.....1 MARRIED.....2 WIDOWED.....3 DIVORCED/DESERTED.....4	→END →END →END
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..... <input type="text"/> <input type="text"/>	
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 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
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.....5 (SPECIFY)	
119	Are you currently working?	YES.....1 NO.....2	
120	What is your occupation, that is, what kind of work do you mainly do?	<div style="display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 5px;"></div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black;"></div>	
121	CHECK 120:	DOES NOT WORK IN AGRICULTURE	→123
	WORKS IN AGRICULTURE	UNEMPLOYED	→201
	<input type="checkbox"/> ↓		
122	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	
123	Do you do this 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	
124	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	
125	Do you earn cash for this work? PROBE: Do you make money for working?	YES.....1 NO.....2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	How I would like to ask about your children. I am interested only in the children that are biologically yours. Have you ever had children?	YES.....1 NO.....2	→206
202	Do you have any sons or daughters 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 ENTER '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<input type="text"/> <input type="text"/>
204	Do you have any sons or daughters who 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, ENTER '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<input type="text"/> <input type="text"/>
206	Have you ever had a son or daughter who was born alive but later died?	YES.....1 NO.....2	→208
207	In all, how many boys have died? And how many girls have died? IF NONE ENTER '00'.	BOYS DEAD..... GIRLS DEAD.....	<input type="text"/> <input type="text"/>
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE ENTER '00'.	TOTAL.....	<input type="text"/> <input type="text"/>
209	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 201-208 AS NECESSARY		
210	CHECK 208: HAS HAD CHILDREN <input type="checkbox"/> HAS NEVER HAD CHILDREN (NONE) <input type="checkbox"/>		→301
210A	In what month and year was your last child born?	BENGALI.....1 MONTH..... YEAR..... 1 3 ENGLISH.....2 MONTH..... YEAR..... 1 9	
210B	CHECK 210A: LAST CHILD BORN SINCE BAISHAK 1398 (APRIL 1991) <input type="checkbox"/>	BORN BEFORE BAISHAK 1398 (APRIL 1991) <input type="checkbox"/>	→301
211	When you were expecting your lastborn child, did you want to have the child then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
212	<p>When one of your children is sick with diarrhea, what signs of illness would tell you that he or she should be taken to a health facility or health worker?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>REPEATED WATERY STOOLS.....A ANY WATERY STOOLS.....B REPEATED VOMITING.....C ANY VOMITING.....D BLOOD IN STOOLS.....E FEVER.....F MARKED THIRST.....G NOT EATING/DRINKING WELL.....H GETTING SICKER/VERY SICK.....I NOT GETTING BETTER.....J OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z</p>	
213	<p>When one of your children is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>RAPID BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C FEVER.....D UNABLE TO DRINK.....E NOT EATING/DRINKING WELL.....F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z</p>	
214A	<p>Do you have any child born since Baishak 1398 (April 1991) who is still alive?</p>	<p>YES.....1 NO.....2</p>	→ 301
214B	<p>What is the name of your child under age 5?</p>	<p>_____ (NAME)</p>	
215A	<p>Has (NAME) ever been sick?</p>	<p>YES.....1 NO.....2</p>	→ 301
215B	<p>Have you or your wife ever taken (NAME) to a health facility or health worker or any other place/person for treatment, when he/she was sick?</p>	<p>YES.....1 NO.....2 DOES NOT KNOW.....8</p>	→ 218 → 218
216	<p>The last time (NAME) was taken for treatment, what was his/her illness?</p>	<p>DIARRHEA.....A FEVER.....B COUGH.....C SKIN DISEASE.....D LOSS OF APPETITE.....E OTHER _____ X (SPECIFY) CANNOT RECALL.....Z</p>	
217	<p>Who took (NAME) for treatment the last time, yourself or your wife or somebody else?</p>	<p>HIMSELF.....1 HIS WIFE.....2 BOTH.....3 OTHER PERSON _____ 6 (SPECIFY) CANNOT RECALL.....8</p>	
218	<p>Did you ever bring/buy any medicine for (NAME)?</p>	<p>YES.....1 NO.....2</p>	→ 301
219	<p>Who bought/brought the medicine?</p>	<p>HIMSELF.....1 HIS WIFE.....2 BOTH.....3 OTHER PERSON _____ 6 (SPECIFY) CANNOT RECALL.....8</p>	

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	Has your wife 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	Have you ever had an operation to avoid having any 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 (SPECIFY) (SPECIFY)	3	YES.....1 NO.....2 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 or your wife ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	331
307	What have you used or done? CORRECT 303-305 (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 living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN.....	<input type="text"/>
310	CHECK 303: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		314A
313	Are you or your wife currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	331
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)	328 318 328 330A
314A	CIRCLE '07' FOR MALE STERILIZATION.		
317C	Please show me the package of condoms that you are using.	PACKAGE SEEN.....1 BRAND NAME _____ PACKAGE NOT SEEN.....2	317F
317D	Why can't you show me the package of condoms that you are using?	WIFE KEEPS.....1 RAN OUT.....2 OTHER.....6 (SPECIFY)	
317E	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	<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317F	How much did the condom you last used cost?	COST..... <input type="text"/> <input type="text"/> PARTNER OBTAINED.....95 FREE.....96 DOES NOT KNOW.....98	
317G	Do you use a condom every time that you have sexual intercourse or only sometimes?	EVERY TIME.....1 ONLY SOMETIMES.....2	
317H	How many times have you used condoms during the last one month?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/>	→328
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 OTHER _____ 96 (SPECIFY) DOES NOT KNOW..... 98	
319	Do you regret that (you/your wife) had the operation not to have any more children?	YES.....1 NO.....2	→321
320	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD.01 PARTNER WANTS ANOTHER CHILD....02 SIDE EFFECTS.....03 CHILD DIED.....04 OTHER REASON _____ 96	
321	In what month and year was the sterilization operation performed? USE CODES BELOW FOR MONTHS.	BENGALI MONTH *.....1 <input type="text"/> <input type="text"/> YEAR..... 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ENGLISH MONTH**.....2 <input type="text"/> <input type="text"/> YEAR..... 1 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
321A	How much did the operation cost you?	COST..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....9996 DOES NOT KNOW.....9998	→329A
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)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE.....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX.....13 SATELLITE 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 DOES NOT KNOW..... 98	→329

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
328A	CHECK 314: USING PILLS OR CONDOMS <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/>		329
328B	Who obtained the (pills/condoms) the last time you got them?	RESPONDENT.....1 WIFE.....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	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?		
330	People select the place where they get family planning services for various reasons. What was the main reason you went to (NAME OF PLACE IN Q.328 OR Q.318) instead of the other place you know about? RECORD RESPONSE AND CIRCLE CODE. _____	ACCESS-RELATED REASONS CLOSER TO HOME.....11 CLOSER TO MARKET/WORK.....12 AVAILABILITY OF TRANSPORT....13 SERVICE-RELATED REASONS STAFF MORE COMPETENT/ FRIENDLY.....21 CLEANER FACILITY.....22 OFFERS MORE PRIVACY.....23 SHORTER WAITING TIME.....24 LONGER HRS. OF OPERATION....25 USE OTHER SERVICES AT THE FACILITY.....26 LOWER COST/CHEAPER.....31 WANTED ANONYMITY.....41 WORKER SUPPLIED AT HOME.....51 METHOD NOT AVAILABLE ELSEWHERE.61 OTHER.....96 (SPECIFY) DOES NOT KNOW.....98	
330A	What is the reason you decided to use (CURRENT METHOD) rather than some other method of family planning? Any other reason? CIRCLE ALL MENTIONED.	FAMILY PLAN. WORKER RECOMMENDED.A FRIEND/RELATIVE RECOMMENDED....B SIDE EFFECTS OF OTHER METHODS...C METHOD EASY TO USE.....D ACCESS/AVAILABILITY.....E COST.....F WANTED PERMANENT METHOD.....G HUSBAND PREFERRED.....H WANTED MORE EFFECTIVE METHOD....I FIELDWORKER CAME TO HOUSE.....J OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	
330B	When a couple is making a decision, sometimes the husband has more influence, sometimes the wife has more influence and sometimes other people have more influence. In your family, who had the most influence in deciding to use family planning the first time you used a method?	RESPONDENT HAD MORE INFLUENCE...1 WIFE HAD MORE INFLUENCE.....2 BOTH, HUSBAND AND WIFE EQUAL....3 OTHER RELATIVE.....4 OTHER.....6	334

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	What is the main reason you are not using a method of contraception to avoid pregnancy?	FERTILITY-RELATED REASONS NOT HAVING SEX.....21 INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS (MORE) CHILDREN.....26 PREGNANT.....27 OPPOSITION TO USE RESPONDENT OPPOSED.....31 WIFE 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) DOES NOT KNOW.....98	
332	Do you know where you can obtain a method of family planning?	YES.....1 NO.....2	→334
333	Where is that? _____ (NAME OF PLACE) IF HE SAYS MORE THAN ONE PLACE, ASK FOR THE PLACE HE WOULD MOST LIKELY USE.	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	
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 DOES NOT KNOW.....8	→338
336	Did you ever visit such a temporary health clinic?	YES.....1 NO.....2	→338
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 (SPECIFY) DOES NOT KNOW.....Z	
338	Have you ever visited a health facility/centre with your wife or your children?	YES.....1 NO.....2	→351

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
339	For what services did you go there? CIRCLE ALL MENTIONED.	FAMILY PLANNING METHODS.....A IMMUNIZATION.....B CHILD GROWTH MONITORING.....C T.T. FOR PREGNANT WOMEN.....D ANTENATAL CARE.....E OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	
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	
353	CHECK 302 AND 303: HEARD ABOUT MALE STER. <input type="checkbox"/> BUT DID NOT USE OTHER <input type="checkbox"/>		→357
354A	From where did you hear about male sterilization?	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	
354B	Do you know of a place where you can obtain male sterilization?	YES.....1 NO.....2	
355	Has any fieldworker ever discussed with you about male sterilization?	YES.....1 NO.....2	
356	Some people say that vasectomy makes a man weak, while others say that it has no effect. What do you think?	MAKES HIM WEAK.....1 NO EFFECT.....2 DOES NOT KNOW.....8	
357	CHECK 208: HAS LIVING CHILD(REN) <input type="checkbox"/> HAS NO LIVING CHILD(REN) <input type="checkbox"/>		→401
358	When a couple is making a decision, sometimes the husband has more influence, sometimes the wife has more influence and sometimes other people have more influence. In your family, who has the most influence in deciding about the health care of children?	RESPONDENT HAD MORE INFLUENCE...1 WIFE HAD MORE INFLUENCE.....2 BOTH, HUSBAND AND WIFE EQUAL....3 OTHER RELATIVE.....4 OTHER _____ 6	

SECTION 4. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
401	WRITE THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR HIS WIFE. IF WIFE DOES NOT LIVE IN THE HOUSEHOLD, WRITE '00'.	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
401A	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.....1 MONTH *..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> →501 ENGLISH.....2 MONTH**..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">9</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> →501			1	3					1	9			
1	3														
1	9														
403	How old were you when you started living with her?	AGE..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> DOES NOT KNOW AGE.....98													

* 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

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 314: NEITHER STERILIZED <input type="checkbox"/> SHE OR HE STERILIZED <input type="checkbox"/>		514
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	506
503	How long would you like to wait from now before the birth of a (another) child?	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> SOON/NOW.....995 OTHER.....996 (SPECIFY) DK.....998	
506	CHECK 313: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		514
507	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DK.....8	509
508	Do you intend to use a method at any time in the future?	YES.....1 NO.....2 DK.....8	511
509	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	514
509A	Where can you get (METHOD MENTIONED IN 509)? _____ (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 NGO CLINIC.....42 OTHER.....96 (SPECIFY) DOES NOT KNOW.....98	514

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
511	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 WIFE 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																
514	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....3																
516	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 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>RADIO.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER/MAGAZINE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER/BILLBOARD.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO.....	1	2	TELEVISION.....	1	2	NEWSPAPER/MAGAZINE.....	1	2	POSTER/BILLBOARD.....	1	2	
	YES	NO																
RADIO.....	1	2																
TELEVISION.....	1	2																
NEWSPAPER/MAGAZINE.....	1	2																
POSTER/BILLBOARD.....	1	2																
518	In the last few months have you discussed family planning with your friends, neighbors, or relatives?	YES.....1 NO.....2	→521															
519	With whom? Anyone else? RECORD ALL MENTIONED.	WIFE.....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 (SPECIFY)																
521	Spouses/partners do not always agree on everything. Now I want to ask you about your wife's views on family planning. Do you think that your wife approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DON'T KNOW.....8																
522	How often have you talked to your wife about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3 SOMETIMES.....4																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
523	Do you think your wife wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DON'T KNOW.....8	
529	<p>CHECK 216:</p> <p>HAS LIVING CHILD(REN) <input type="checkbox"/></p> <p>NO LIVING CHILD(REN) <input type="checkbox"/></p> <p>↓ ↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>RECORD SINGLE NUMBER OR OTHER ANSWER.</p>	<p>NUMBER..... <input type="text"/></p> <p>OTHER ANSWER _____ 96 (SPECIFY)</p>	
530	How many of these would you like to be boys and how many would you like to be girls?	<p>BOYS..... <input type="text"/></p> <p>GIRLS..... <input type="text"/></p> <p>EITHER..... <input type="text"/></p> <p>UP TO GOD.....95 OTHER _____ 96 (SPECIFY)</p>	

SECTION 6. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
601	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	 →609								
602	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)									
603	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	 →607								
604	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									
605	CHECK 604: MENTIONED SAFE SEX <input type="checkbox"/> DID NOT MENTION SAFE SEX <input type="checkbox"/>		 →607								
606	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									
607	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DON'T KNOW.....8									
608	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									
609	RECORD THE TIME.	HOUR..... <table border="1" data-bbox="1245 1780 1319 1829"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES..... <table border="1" data-bbox="1245 1829 1319 1877"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

INTERVIEWER'S OBSERVATIONS

(To be filled in after completing interview)

Comments About Respondent:

Comments on Specific Questions:

Any Other Comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____

Date: _____

EDITOR'S OBSERVATIONS

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 1996-97
COMMUNITY QUESTIONNAIRE

21/11/96

DIVISION _____ DISTRICT _____ UPAZILA/THANA _____ UNION _____ VILLAGE/MOHALLA/BLOCK _____ CLUSTER NUMBER..... DHAKA/CHITTAGONG=1, SMALL CITY=2, TOWN=3, VILLAGE=4..	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
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DATE QUESTIONNAIRE IS COMPLETED..... DAY	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
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INFORMANTS WHO PROVIDED INFORMATION: (WRITE POSITION, E.G., VILLAGE LEADER, FWA)	YEAR <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">9</td> <td style="width: 20px; height: 20px; text-align: center;">9</td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	1	9	9									
1	9	9											
1. _____ 2. _____ 3. _____ 4. _____ 5. _____													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">NAME</td> <td style="width: 25%; padding: 5px;">FIELD EDITED BY _____</td> <td style="width: 25%; padding: 5px;">OFFICE EDITED BY _____</td> <td style="width: 25%; padding: 5px;">KEYED BY _____</td> <td style="width: 10%; padding: 5px;">KEYED BY <table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td style="padding: 5px;">DATE</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> </table>	NAME	FIELD EDITED BY _____	OFFICE EDITED BY _____	KEYED BY _____	KEYED BY <table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			DATE	_____	_____	_____	_____	
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DATE	_____	_____	_____	_____									

** 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

I. GENERAL DESCRIPTION

NO.	QUESTIONS	CODING CATEGORIES	SKIP TO
1	How far is it from here to the thana headquarters in miles? IF LESS THAN 1 MILE, WRITE '00'. IF 97 MILES OR MORE, WRITE 97 IF UNKNOWN RECORD '98'(BUT TRY TO GET AN ESTIMATE).	MILES..... <input type="text"/> <input type="text"/>	
2	How far is it from here to the district headquarters in miles IF LESS THAN 1 MILE, WRITE '00'. IF 97 MILES OR MORE, WRITE 97 IF UNKNOWN RECORD '98'(BUT TRY TO GET AN ESTIMATE).	MILES..... <input type="text"/> <input type="text"/>	
3	In this village/mohalla, are there any mother's clubs or ladies associations?	YES.....1 NO.....2	
4	In this village/mohalla, is there a Grameen Bank?	YES.....1 NO.....2	
5	In this village/mohalla, are there any cottage industries of BSIC?	YES.....1 NO.....2	
6	In this village/mohalla, is there any cooperative society?	YES.....1 NO.....2	
7	In this village/mohalla, are there any NGOs having income-generating activities?	YES.....1 NO.....2	
8	In this village/mohalla, is there a television for the community?	YES.....1 NO.....2	
9	Please tell me if the following things are in this village/mohalla. Is there a Madrasha here? IF YES, WRITE "00". IF NO, ASK: How far is it to the nearest Madrasha? IF DON'T KNOW, PUT 98. Is there a primary school here in the village/mohalla? Is there a high school here? Is there a post office here? Is there a daily market here? Is there a weekly market here? Is there a cinema here? Is there a rural dispensary (RD) here? Is there a pharmacy here? Is there a government or NGO health clinic here? NOTE: FOR EACH, IF IN VILLAGE/MOHALLA, WRITE "00". IF NOT IN VILLAGE/MOHALLA, ASK HOW FAR. WRITE IN MILES. IF DO NOT KNOW, WRITE "98". IF MORE THAN 97, WRITE "97"	MILES MADRASHA SCHOOL..... <input type="text"/> <input type="text"/> PRIMARY SCHOOL..... <input type="text"/> <input type="text"/> HIGH SCHOOL..... <input type="text"/> <input type="text"/> POST OFFICE..... <input type="text"/> <input type="text"/> DAILY MARKET..... <input type="text"/> <input type="text"/> WEEKLY MARKET..... <input type="text"/> <input type="text"/> CINEMA..... <input type="text"/> <input type="text"/> RD..... <input type="text"/> <input type="text"/> PHARMACY..... <input type="text"/> <input type="text"/> HEALTH CLINIC..... <input type="text"/> <input type="text"/>	

II. COMMUNITY-BASED SERVICES

NO.	QUESTIONS	CODING CATEGORIES	SKIP TO
10	Is there a family planning fieldworker who visits this village/mohalla? PROBE: Does a woman come to visit houses here to talk about family planning?	YES.....1 NO.....2 DOES NOT KNOW.....8	→ 16 → 16
11	What is the name of the family planning fieldworker?	_____ _____ (NAME OF CBD WORKER)	
12	Is there another family planning fieldworker who visits this village/mohalla?	YES.....1 NO.....2 DOES NOT KNOW.....8	→ 14 → 14
13	What is her name?	_____ _____ (NAME OF CBD WORKER)	
16	Is there any health worker working in this village/mohalla? Is there any family planning worker who lives in this village/mohalla?	YES.....1 NO.....2 DOES NOT KNOW.....8 YES.....1 NO.....2 DOES NOT KNOW.....8	→ 18 → 18
18	Is there anyone in this village/mohalla who sells family planning methods from his or her house?	YES.....1 NO.....2 DOES NOT KNOW.....8	→ 19A → 19A
19	Which methods does he/she sell? CIRCLE ALL MENTIONED.	PILL.....A CONDOM.....B IUD.....C OTHER.....D (SPECIFY)	
19A	Is there any shop in this village/mohalla which sells family planning methods?	YES.....1 NO.....2 DOES NOT KNOW.....8	→ 20 → 20
19	Which methods does the shop sell? CIRCLE ALL MENTIONED.	PILL.....A CONDOM.....B IUD.....C OTHER.....D (SPECIFY)	
20	In some places, there is a clinic which is set up temporarily in someone's house or a school on certain days to provide health and family planning services to mothers and children. Is there a clinic like this held in this village/mohalla in the last 6 months?	YES.....1 NO.....2 DOES NOT KNOW.....8	→ 22
21	Is there a clinic like this held nearby to this village/mohalla in the last 6 months? IF YES: How far away is the place where they have the clinic?	YES.....1 NO.....2 DOES NOT KNOW.....8 MILES..... <input type="text"/> <input type="text"/>	→ 24 → 24

NO.	QUESTIONS	CODING CATEGORIES	SKIP TO
22	What services are available from this temporary clinic? CIRCLE ALL MENTIONED.	FAMILY PLANNING PILL.....A CONDOM.....B IUD INSERTIONS.....C FAMILY PLANNING INJECTIONS.....D IMMUNIZATIONS.....E ORAL REHYDRATION PACKETS.....F VITAMIN A CAPSULES.....G WEIGHING CHILDREN.....H CHECKING PREGNANT WOMEN.....I TETANUS INJECTIONS.....J OTHER _____ K (SPECIFY)	
23	How frequently are these temporary clinics held?	NO. OF TIMES PER MONTH.....1 <input type="text"/> <input type="text"/> PER YEAR.....2 <input type="text"/> <input type="text"/>	
24	How far away is the nearest Family Welfare Center?	MILES..... <input type="text"/> <input type="text"/>	
25	How far away is the nearest hospital or thana health complex?	MILES..... <input type="text"/> <input type="text"/>	