

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 1999-2000
WOMAN'S QUESTIONNAIRE

IDENTIFICATION																	
DIVISION _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>																
DISTRICT _____																	
THANA _____																	
UNION/WARD _____																	
VILLAGE/MOHALLA/BLOCK _____																	
CLUSTER NUMBER _____																	
HOUSEHOLD NUMBER _____																	
DHAKA/CHITTAGONG=1, SMALL CITY=2, TOWN=3, VILLAGE=4 _____																	
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> </table>																
NAME AND LINE NUMBER OF ELIGIBLE WOMAN _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> </table>																

INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY MONTH* YEAR	
INTERVIEWER'S NAME	_____	_____	_____	CODE	
RESULT*	_____	_____	_____	RESULT**	
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS	
TIME	_____	_____		<table border="1" style="margin: auto;"> <tr><td> </td></tr> </table>	

****RESULT CODES :**

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

***MONTH CODES**

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

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>		
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SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ . We came from the Mitra and Associates, a private research organization, is located at Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a national survey about the health of women and children under the authority of NIPORT of Ministry of Health and Family Welfare. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2
OEND
3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME STARTED.	HOUR MINUTES.....	<input type="text"/> <input type="text"/>
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY1 TOWN2 COUNTRYSIDE3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	NUMBER OF YEARS ALWAYS95 VISITOR96	<input type="text"/> <input type="text"/> → 105
104	Just before you moved here, did you live in a city, a town, or in the country side?	CITY1 TOWN2 COUNTRYSIDE3	
105	In what month and year were you born?	MONTH DON'T KNOW MONTH98 YEAR DON'T KNOW YEAR9998	
106	How old are you at your last birthday? COMPARE AND CORRECT 105 AND /OR 106 IF INCONSISTENT	AGE IN COMPLETED YEARS	<input type="text"/> <input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
106A	Are you now married, widowed, or divorced?	CURRENTLY MARRIED 1 SEPARATED 2 DESERTED 3 DIVORCED 4 WIDOWED 5 NEVER MARRIED 6	END																		
107	Have you ever attended school?	YES 1 NO 2	→ 111																		
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"/>																			
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 112																		
111	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	→ 113																		
112	Do you usually read a newspaper or magazine?	YES 1 NO 2	→ 113																		
112A	How often do you read newspaper or magazine: every day, at least once a week, or less than once a week?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3																			
113	Do you listen to the radio?	YES 1 NO 2	→ 114																		
113A	How often do you listen to the radio: every day, at least once a week, less than once a week?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3																			
114	Do you watch television?	YES 1 NO 2	→ 115																		
114A	How often do you watch television: every day, at least once a week, less than once a week?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3																			
115	What is your religion?	ISLAM 1 HINDUISM 2 BUDDHISM 3 CHRISTIANITY 4 OTHER 6																			
118	Do you belong to any of the following organizations? Grameen Bank? BRAC? BRDB? Mother's Club? Any other organization (such as micro credit)?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>GRAMEEN BANK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BRAC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BRDB</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTHER'S CLUB</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> <p style="text-align: center;">(SPECIFY)</p>		YES	NO	GRAMEEN BANK	1	2	BRAC	1	2	BRDB	1	2	MOTHER'S CLUB	1	2	OTHER	1	2	
	YES	NO																			
GRAMEEN BANK	1	2																			
BRAC	1	2																			
BRDB	1	2																			
MOTHER'S CLUB	1	2																			
OTHER	1	2																			
119	CHECK Q. 5 IN THE HOUSEHOLD SECTION: THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/>	THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/>	→ 201																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	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/ KHULNA/RAJSHAHI1 SMALL CITY2 TOWN3 VILLAGE4	
121	In which division is that located?	RAJSHAHI1 DHAKA2 CHITTAGONG3 KHULNA3 BARISAL3 SYLHET3	
122	Now I would like to ask you some questions about your household where you usually live. What is the main source of water your household uses for dishwashing?	PIPED WATER PIPED INSIDE DWELLING11 PIPED OUTSIDE DWELLING12 WELL WATER TUBEWELL/DEEP TUBEWELL21 SURFACE WELL/OTHER WELL22 SURFACE WATER POND/TANK/LAKE31 RIVER/STREAM32 RAINWATER41 OTHER _____ 96 (SPECIFY)	
123	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INSIDE DWELLING11 PIPED OUTSIDE DWELLING12 WELL WATER TUBEWELL/DEEP TUBEWELL21 SURFACE WELL/OTHER WELL22 SURFACE WATER POND/TANK/LAKE31 RIVER/STREAM32 RAINWATER41 BOTTLED WATER51 OTHER _____ 96 (SPECIFY)	
123A	Do you boil drinking water?	YES1 NO2	
124	What kind of toilet facility does your household have?	SEPTIC TANK/MODERN TOILET11 PIT TOILET/LATRINE WATER SEALED/SLAB LATRINE21 PIT LATRINE22 OPEN LATRINE23 HANGING LATRINE24 NO FACILITY/BUSH/FIELD31 OTHER _____ 96 (SPECIFY)	0 126
125	Do you share this facility with other households?	YES1 NO2	
126	Does your household (or any member of your household) have:	YES NO ELECTRICITY1 2 Almirah (wardrobe)? ALMIRAH1 2 A table or chair? TABLE/CHAIR1 2 A bench? BENCH1 2 A watch or clock? WATCH/CLOCK1 2 A cot or bed? COT/BED1 2 A radio that is working? RADIO1 2 A television that is working? TELEVISION1 2 A bicycle? BICYCLE1 2 A Motorcycle? MOTORCYCLE1 2 A Sewing machine? SEWING MACHINE1 2 Telephone? TELEPHONE1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
127	What is the material of the roof of your house?	NATURAL ROOF KATCHA (BAMBOO/THATCH) 11 RUDIMENTARY ROOF TIN 21 FINISHED ROOF (PUKKA) CEMENT/CONCRETE/TILED 31 OTHER _____ 96 (SPECIFY)									
128	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)									
129	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 (SPECIFY)									
130	Does your household own any homestead? IF 'NO', PROBE: Does your household own homestead any other places?	YES 1 NO 2									
130A	Does your household own any land (other than the homestead land)?	YES 1 NO 2	0 132								
131	How much land does your household own (other than the homestead land)? AMOUNT _____ SPECIFY UNIT _____	AMOUNT <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">ACRES</td> <td colspan="2" style="text-align: center;">DECIMALS</td> </tr> </table> NONE 0000					ACRES		DECIMALS		
ACRES		DECIMALS									
132	In terms of household food consumption, how do you classify your household: deficit in whole year; sometimes deficit; neither deficit nor surplus; surplus.	DEFICIT IN WHOLE YEAR 1 SOMETIMES DEFICIT 2 NEITHER DEFICIT NOT SURPLUS 3 SURPLUS 4									
133	Does your family have vulnerable group feeding (VGF) card?	YES 1 NO 2									
134	Do you have any male/female member in this household who are receiving old age pension/widow or destitute benefit?	YES 1 NO 2									

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.....	
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.....	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only 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.....	
208	SUM ANSWERS TO 203, 205 AND 207, AND ENTER TOTAL. IF NONE, RECORD "00".	TOTAL.....	
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"/> →		226

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 . IF NO NAME WAS GIVEN, RECORD 'NO NAME' IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first /next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girls?	In what month and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING1 MULT..... 2	BOY... 1 GIRL..... 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES. 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.. 1 NO..... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/>	
02	SING1 MULT..... 2	BOY... 1 GIRL..... 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES. 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.. 1 NO..... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	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
03	SING1 MULT..... 2	BOY... 1 GIRL..... 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES. 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.. 1 NO..... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	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
04	SING1 MULT..... 2	BOY... 1 GIRL..... 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES. 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.. 1 NO..... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	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
05	SING1 MULT..... 2	BOY... 1 GIRL..... 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES. 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.. 1 NO..... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	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
06	SING1 MULT..... 2	BOY... 1 GIRL..... 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES. 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.. 1 NO..... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	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
07	SING1 MULT..... 2	BOY... 1 GIRL..... 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES. 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.. 1 NO..... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	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
08	SING1 MULT..... 2	BOY... 1 GIRL..... 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES. 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.. 1 NO..... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	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

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	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? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
09	SING1 MULT.... 2	BOY. .. 1 GIRL.... 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES. 1 NO.... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES. .. 1 NO..... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS.....1 MONTHS...2 YEARS.....3	YES... 1 NO..... 2
10	SING1 MULT.... 2	BOY. .. 1 GIRL.... 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES. 1 NO.... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES. .. 1 NO..... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS.....1 MONTHS...2 YEARS.....3	YES... 1 NO..... 2
11	SING1 MULT.... 2	BOY. .. 1 GIRL.... 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES. 1 NO.... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES. .. 1 NO..... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS.....1 MONTHS...2 YEARS.....3	YES... 1 NO..... 2
12	SING1 MULT.... 2	BOY. .. 1 GIRL.... 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES. 1 NO.... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES. .. 1 NO..... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS.....1 MONTHS...2 YEARS.....3	YES... 1 NO..... 2

222	Have you had any pregnancy outcome since the birth of (NAME OF LAST BIRTH)?	YES.....1 NO.....2
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) CHECK: 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	<input type="text"/> <input type="text"/> <input type="text"/>
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE APRIL 1994 (BAISHAK 1401). IF NONE, RECORD '0'.	<input type="text"/>
225	FOR EACH BIRTH SINCE APRIL 1994 OR BAISHAK 1401, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES.....1 NO2 UNSURE.....8	Q29
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN1 LATER2 NOT AT ALL3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth or had a menstrual regulation?	YES.....1 NO2	Q36
230	When did the last such pregnancy end?	MONTH..... YEAR	
231	CHECK 230: LAST PREGNANCY ENDED SINCE APRIL 1994 (BAISHAK 1401) 3 LAST PREGNANCY ENDED BEFORE APRIL 1994 (BAISHAK 1401)		Q35
231A	Was that a stillbirth, a miscarriage, a menstrual regulation, or an abortion?	STILLBIRTH1 MISCARRIAGE.....2 MENSTRUAL REGULATION3 ABORTION.....4	
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS	
233	Have you ever had any other pregnancies which did not result in a live birth?	YES.....1 NO2	Q35
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO APRIL 1994 (BAISHAK 1401). ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	IN THE BOXES AT THE BOTTOM OF THE CALENDAR, FILL IN THE MONTH AND YEAR OF TERMINATION OF THE LAST NON-LIVE BIRTH PREGNANCY PRIOR TO APRIL 1994 (BAISHAK 1401).		
236	When did your last menstrual period start? <hr/> (DATE, IF GIVEN)	DAYS AGO 1 WEEKS AGO..... 2 MONTHS AGO 3 YEARS AGO..... 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED996	

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 IN 302. 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?	SPONTANEOUS	302 Have you ever heard of (METHOD)? PROBED		303 Have you ever used (METHOD)?
		YES	YES	NO	
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2	3 <input type="checkbox"/>	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION, VASECTOMY Men can have an operation to avoid having any more children.	1	2	3 <input type="checkbox"/>	Has your husband ever had an operation to avoid having any more children? YES 1 NO 2
03	PILL, MAYA Women can take a pill every day	1	2	3 <input type="checkbox"/>	YES 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
05	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
06	IMPLANTS, NORPLANTS 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 <input type="checkbox"/>	YES 1 NO 2
07	CONDOM, RAJA Men can put a rubber sheath on their penis before sexual intercourse.	1	2	3 <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	YES 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	2	3	YES 1 NO 2 YES 1 NO 2
			_____ (SPECIFY)		
			_____ (SPECIFY)		
303A	CHECK 303: NOT A SINGLE AT LEAST ONE				- 0306A
		"YES"	"YES"		
		(NEVER USED) 3	(EVER USED)		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES1 NO2	0306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		0328
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
306A	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?	FEMALE STERILIZATION01 MALE STERILIZATION.....02 PILL03 IUD04 INJECTIONS05 IMPLANTS06 CONDOM07 PERIODIC ABSTINENCE09 WITHDRAWAL.....10 LACTATIONAL AMEN. METHOD.....11 OTHER METHOD.....96 (SPECIFY)	
307	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN	
308	CHECK 303 (01): <div style="display: flex; justify-content: space-around;"> WOMAN NOT STERILIZED WOMAN STERILIZED </div> 3		0311A
308A	CHECK 106A: <div style="display: flex; justify-content: space-around;"> CURRENTLY MARRIED WIDOWED/DIVORCED </div> 3		0319
309	CHECK 226: <div style="display: flex; justify-content: space-around;"> NOT PREGNANT OR UNSURE PREGNANT </div> 3		0319
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES1 NO2	0319
311 311A	Which method are you using? CIRCLE '01' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION01 MALE STERILIZATION.....02 PILL03 IUD04 INJECTIONS05 IMPLANTS06 CONDOM07 PERIODIC ABSTINENCE09 WITHDRAWAL.....10 LACT. AMEN. METHOD11 OTHER96 (SPECIFY)	0313 0318
312A	May I see the package of pills that you are using now? RECORD NAME OF BRAND IF PACKAGE IS SEEN	PACKAGE SEEN1 BRAND NAME _____ PACKAGE NOT SEEN2	0318

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312B	SHOW BRAND CHART FOR PILLS Please tell me which of these is the brand of pills that you are using.	BRAND NAME _____ DOES NOT KNOW98	0318
312C	May I see the package of condoms that you are using now? RECORD NAME OF BRAND IF PACKAGE IS SEEN	PACKAGE SEEN1 BRAND NAME _____ PACKAGE NOT SEEN2	0318
312D	SHOW BRAND CHART FOR CONDOMS Please tell me which of these is the brand of condoms that you are using.	BRAND NAME _____ DOES NOT KNOW98	0318
313	Where did the sterilization take place? _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE11 FAMILY WELFARE CENTRE12 THANA HEALTH COMPLEX13 SATELLITE CLINIC/ EPI OUTREACH SITE14 MATERNAL AND CHILD WELFARE CENTER (MCWC)15 NGO SECTOR NGO STATIC CLINIC21 NGO SATELLITE CLINIC22 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC31 QUALIFIED DOCTOR32 OTHER _____ 96 (SPECIFY) DON'T KNOW98	
314	CHECK 311: CODE '1' <input type="checkbox"/> CIRCLED ê Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? CODE '2' <input type="checkbox"/> CIRCLED ê Before the sterilization operation, was your husband told that he would not be able to have any (more) children because of the operation?	YES1 NO2 CANNOT REMEMBER/DON'T KNOW8	
315A	Do you regret that (you/your husband) had the operation not to have any more children?	YES1 NO2	0316
315B	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD1 PARTNER WANTS ANOTHER CHILD2 SIDE EFFECTS3 CHILD DIED4 OTHER REASON _____ 6	
316	In what month and year was the sterilization operation performed?	MONTH YEAR.....	
317	CHECK 316: STERILIZED BEFORE APRIL 1994 (BAISHAK 1401)	STERILIZED AFTER APRIL 1994 (BAISHAK 1401)	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
	<p>3 ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO APRIL 1994 (BAISHAK 1401)</p> <p>THEN SKIP TO 0320</p>	<p>3 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>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH OF DATE OF OPERATION.</p> <p>THEN SKIP TO 0319</p>																									
318	<p>CHECK 311: IN CURRENT MONTH IN COLUMN 1 OF CALENDAR, ENTER CALENDAR METHOD CODE SHOWN TO THE LEFT OF THE CALENDAR FOR THE HIGHEST METHOD CIRCLED IN 311. THEN DETERMINE WHEN SHE STARTED USING METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE. IF CURRENT METHOD STARTED IN APRIL 1994 (BAISHAK 1401) OR LATER, ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN THE SAME MONTH THAT USE OF CURRENT METHOD BEGAN.</p> <p>ILLUSTRATIVE QUESTIONS: When did you start using this method continuously? How long have you been using this method continuously? When you started using this method, where did you obtain it?</p>																										
319	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO APRIL 1994 (BAISHAK 1401). USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 1: <input type="checkbox"/> When was the last time you used a method? Which method was that? <input type="checkbox"/> When did you start using that method? How long after the birth of (NAME)? <input type="checkbox"/> How long did you use the method then?</p> <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 2: <input type="checkbox"/> Where did you obtain the method when you started using it? <input type="checkbox"/> Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]?</p> <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 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: COLUMN 3: <input type="checkbox"/> Why did you stop using the (METHOD)? <input type="checkbox"/> 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><input type="checkbox"/> 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>																										
320	<p>CHECK 311/311A: CIRCLE METHOD CODE:</p>	<table border="0"> <tr><td>NO CODE CIRCLED.....</td><td>00</td></tr> <tr><td>FEMALE STERILIZATION.....</td><td>01</td></tr> <tr><td>MALE STERILIZATION.....</td><td>02</td></tr> <tr><td>PILL.....</td><td>03</td></tr> <tr><td>IUD.....</td><td>04</td></tr> <tr><td>INJECTIONS.....</td><td>05</td></tr> <tr><td>IMPLANTS.....</td><td>06</td></tr> <tr><td>CONDOM.....</td><td>07</td></tr> <tr><td>PERIODIC ABSTINENCE.....</td><td>09</td></tr> <tr><td>WITHDRAWAL.....</td><td>10</td></tr> <tr><td>LACTATIONAL AMEN. METHOD.....</td><td>11</td></tr> <tr><td>OTHER METHOD.....</td><td>96</td></tr> </table>	NO CODE CIRCLED.....	00	FEMALE STERILIZATION.....	01	MALE STERILIZATION.....	02	PILL.....	03	IUD.....	04	INJECTIONS.....	05	IMPLANTS.....	06	CONDOM.....	07	PERIODIC ABSTINENCE.....	09	WITHDRAWAL.....	10	LACTATIONAL AMEN. METHOD.....	11	OTHER METHOD.....	96	<p>0328 0325A 0325A 0325A 0324 0325A</p>
NO CODE CIRCLED.....	00																										
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WITHDRAWAL.....	10																										
LACTATIONAL AMEN. METHOD.....	11																										
OTHER METHOD.....	96																										

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	CHECK COLUMN 1 OF CALENDAR FOR MONTH STARTED USING CURRENT METHOD: STARTED USING AFTER APRIL 1994 (BAISHAK 1401) STARTED USING BEFORE APRIL 1994 (BAISHAK 1401) 3 3		0326
322	You first obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?	YES1 NO2 DON'T KNOW8	0325 0325
323	Were you told what to do if you experienced side effects or problems?	YES1 NO2	0325
324	CHECK COLUMN 1 OF CALENDAR FOR MONTH STARTED USING CURRENT METHOD: STARTED USING AFTER APRIL 1994 (BAISHAK 1401) STARTED USING BEFORE APRIL 1994 (BAISHAK 1401) 3 3		0326
325	CHECK 320: ANY CODE CODE '11' '01'-'06' CIRCLED CIRCLED 3 3 You first obtained advice for (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At that time, were you told about other methods of family planning which you could use? At that time, were you told about other methods of family planning which you could use?	YES1 NO2	
325A	You had told me that you are currently using family planning. Would you say that using family planning is mainly your decision, mainly your husband's decision or did you both decide together?	MAINLY RESPONDENT.....1 MAINLY HUSBAND.....2 JOINT DECISION.....3 OTHER.....6 (SPECIFY)	
326	CHECK 311/311A: CIRCLE METHOD CODE:	FEMALE STERILIZATION01 MALE STERILIZATION.....02 PILL.....03 IUD.....04 INJECTIONS.....05 IMPLANTS.....06 CONDOM.....07 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 LACTATIONAL AMEN. METHOD.....11 OTHER METHOD.....96	0327C 0330 0328 0328 0328 0328
327	Where did you obtain (CURRENT METHOD) the last time? _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE11 FAMILY WELFARE CENTRE12 THANA HEALTH COMPLEX.....13 SATELLITE CLINIC/ EPI OUTREACH SITE.....14 MATERNAL CHILD WELFARE CENTER (MCWC).....15 GOVT. FIELD WORKER (FWA).....16 NGO SECTOR NGO STATIC CLINIC.....21 NGO SATELLITE CLINIC.....22 NGO DEPOT HOLDER.....23 NGO FIELDWORKER.....24 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....31 QUALIFIED DOCTOR.....32 TRADITIONAL DOCTOR.....33	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		PHARMACY.....34 OTHER PRIVATE SECTOR SHOP.....41 FRIEND/RELATIVES.....42 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	
327A	CHECK 311/311A: USING PILL OR CONDOMS 3	USING ANOTHER METHOD	0327C
327B	Who obtained the (pills/condoms) the last time you got them?	RESPONDENT.....1 HUSBAND.....2 SON/DAUGHTER.....3 OTHER RELATIVE.....4 OTHER _____ 6 (SPECIFY)	
327C	Are you having any problems in using (CURRENT METHOD)?	YES.....1 NO.....2	0330
327D	What problems are you having with using (CURRENT METHOD)?	WEIGHT GAIN.....A WEIGHT LOSS.....B TOO MUCH BLEEDING.....C HYPERTENSION.....D HEADACHE.....E NAUSEA.....F NO MENSTRUATION.....G WEAK/TIRED.....H DIZZINESS.....I HUSBAND DISAPPROVES.....J OTHER RELATIVE DISAPPROVES.....K RELIGION DISAPPROVES.....L ACCESS/AVAILABILITY.....M COSTS TOO MUCH.....N INCONVENIENT TO USE.....O STERILIZED, WANTS CHILDREN.....P ABDOMINAL PAIN.....Q OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	0330
328	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	0330
329	Where is that? _____ (NAME OF PLACE) IF WOMAN SAYS MORE THAN ONE PLACE, ASK FOR THE PLACE SHE WOULD MOST LIKELY USE.	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE.....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX.....13 SATELLITE CLINIC/ EPI OUTREACH SITE.....14 MATERNAL CHILD WELFARE CENTER (MCWC).....15 GOVT. FIELD WORKER (FWA).....16 NGO SECTOR NGO STATIC CLINIC.....21 NGO SATELLITE CLINIC.....22 NGO DEPOT HOLDER.....23 NGO FIELDWORKER.....24 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....31 QUALIFIED DOCTOR.....32 TRADITIONAL DOCTOR.....33 PHARMACY.....34 OTHER PRIVATE SECTOR SHOP.....41	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		FRIEND/RELATIVES42 OTHER _____ 96 (SPECIFY) DON'T KNOW98	
330	CHECK 327 AND 329: SATELLITE/EPI OUTREACH NOT MENTIONED3 SATELLITE /EPI OUTREACH MENTIONED		0332
331	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?	YES1 NO2 DOES NOT KNOW8	0334A 0334A
332	Did you visit such a temporary health clinic in the last 3 months?	YES1 NO2	0334A
333	What services did you receive? CIRCLED 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	
334A	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? IF YES: Who came? _____ NAME IDENTIFICATION NUMBER Anyone else? _____ NAME IDENTIFICATION NUMBER WRITE THE NAME AND WORKER IDENTIFICATION NUMBER OF THE FIELD WORKER.	GOVT. FP WORKER A GOVT. HEALTH WORKER B NGO WORKER C NO ONE Y	0335A
334B	How many times did a worker /workers visit you for the family planning in the last six months?	TIMES DOES NOT KNOW98	
334C	When was the last visit? IF MORE THAN ONE WORKER VISITED: When did the last worker visit you? IF LESS THAN ONE MONTH AGO, WRITE '0'.	MONTHS AGO _____ DOES NOT KNOW8	
335A	During the last six months has anyone visited you in your house to talk to you about your health or your child health or to give you any medicine such as vitamin A, ORS? IF YES: Who came? _____ NAME IDENTIFICATION NUMBER Anyone else? _____ NAME IDENTIFICATION NUMBER WRITE THE NAME AND WORKER IDENTIFICATION NUMBER OF THE FIELD WORKER.	GOVT. FP WORKER A GOVT. HEALTH WORKER B NGO WORKER C NO ONE Y	0336
335B	How many times did a worker visit you for the health services in the last six months?	TIMES	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		DOES NOT KNOW98	
335C	When was the last visit? IF MORE THAN ONE WORKER VISITED: When did the last worker visit you? IF LESS THAN ONE MONTH AGO, WRITE '0'.	MONTHS AGO _____. DOES NOT KNOW8	
336	CHECK 334A AND 335A: BOTH FP AND HEALTH WORKER i.e., 'Y's ARE NOT CIRCLED. <input type="checkbox"/> ↓	NEITHER HEALTH NOR FP WORKER i.e., 'Y's ARE CIRCLED IN BOTH <input type="checkbox"/> → 338 EITHER HEALTH OR FP WORKER i.e., 'Y' IS CIRCLED EITHER IN Q334A OR IN Q335A <input type="checkbox"/> → 401	
337	Is he/she is the same person who talked to you about family planning or gave you family planning method and talked to you about health or provided health services?	SAME1 DIFFERENT2 DOES NOT KNOW8	<input type="checkbox"/> → 401
338	Did you discuss about family planning or health with a fieldworker in the last 6 months?	YES1 NO2	0401
338A	What did you discuss?	FAMILY PLANNING A HEALTH B	
339	When was the last time in the last 6 months you had contact with the fieldworker? IF LESS THAN ONE MONTH AGO, WRITE '0'.	MONTHS AGO _____. DOES NOT KNOW8	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
401	<p>Now we talk about possible problems that women might face when she is going to have a child.</p> <p>Please tell me what are the complications during pregnancy, childbirth and after delivery that needs medical treatment.</p> <p>1. SEVERE HEADACHE / BLURRY VISION / SWOLLEN ARMS AND LEGS</p> <p>2. VAGINAL BLEEDING DURING PREGNANCY</p> <p>3. LABOR FOR MORE THAN 18 HOURS</p> <p>4. EXCESSIVE BLEEDING DURING/AFTER DELIVERY</p> <p>5. CONVULSION</p> <p>6. FEVER FOR MORE THAN 3 DAYS DURING PREGNANCY OR AFTER DELIVERY</p> <p>7. BAD SMELLING VAGINAL DISCHARGE</p> <p>8. OTHERS: _____ (SPECIFY)</p>	<p>SPONTANEOUS</p> <p>YES</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>401A: Have you ever heard of (PROBLEMS)?</p> <p>PROBED</p> <p>YES NO</p> <p>2 3</p> <p>2 3</p> <p>2 3</p> <p>2 3</p> <p>2 3</p> <p>2 3</p> <p>2 3</p> <p>2 3</p> <p>2 3</p>	
401B	<p>CHECK 401 AND 401A:</p> <p>ATLEAST ONE '1' OR '2' CIRCLED <input type="checkbox"/> NOT A SINGLE '1' OR '2' CIRCLED <input type="checkbox"/></p>			402A
401C	<p>Where can someone go to seek medical services for this (these) problem(s)?</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/MEDICAL COLLEGE A</p> <p>FAMILY WELFARE CENTRE/FWV B</p> <p>THANA HEALTH COMPLEX C</p> <p>SATELLITE CLINIC/ EPI OUTREACH SITE D</p> <p>MATERNAL AND CHILD WELFARE CENTER (MCWC) E</p> <p>GOVT. FIELD WORKER (FWA) F</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC..... G</p> <p>NGO SATELLITE CLINIC H</p> <p>NGO FIELDWORKER..... I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC J</p> <p>QUALIFIED DOCTOR..... K</p> <p>TRADITIONAL DOCTOR L</p> <p>PHARMACY M</p> <p>OTHER _____ X (SPECIFY)</p>		

402A	CHECK 215: ONE OR MORE BIRTHS SINCE APRIL 1994 (BAISHAK 1401)	<input type="checkbox"/> NO BIRTHS SINCE APRIL 1994 (BAISHAK 1401)	<input type="checkbox"/> 480A
402B	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE APRIL 1994 OR BAISHAK 1401. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about one child at a time.)		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME..... ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME..... ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , did you want <u>not want</u> to have any (more) children at all?	THEN.....1 (SKIP TO 406A) ← LATER.....2 NO/NO MORE.....3 (SKIP TO 406A) ←	THEN.....1 (SKIP TO 420) ← LATER.....2 NO/NO MORE.....3 (SKIP TO 420) ←
406	How much longer would you like to have waited?	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998
406A	During the time you were pregnant with (NAME) did you receive any TT injection?	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 406C) ←	
406B	How many TT injections did you receive during the pregnancy with (NAME OF LAST CHILD)	NUMBER..... <input type="text"/>	
406C	Before the pregnancy with (NAME OF LAST CHILD) did you receive any TT injection?	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 406E) ←	
406D	How many TT injections did you have before this pregnancy?	NUMBER..... <input type="text"/>	
406E	CHECK 406A AND 406C 'YES' IN EITHER 406A OR 406C <input type="checkbox"/> 'YES' NEITHER IN 406A NOR 406C <input type="checkbox"/> (SKIP TO 407)		
406F	Do you have an immunization card where TT injections are recorded? IF YES: May I see it, please?	YES, SEEN.....1 YES, NOT SEEN.....2 NO CARD.....3 (SKIP TO 406H) ←	

		LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>																																								
406G	I) COPY TT INJECTIONS DATE FOR EACH INJECTION FROM THE CARD. a. First TT Injection? b. Second TT Injection? c. Third TT Injection? d. Four TT Injection? e. Fifth TT Injection? II) SUM ANSWER TO 406B AND 406D AND COMPARE WITH NUMBER OF TT INJECTION IN CARD. IF NUMBER ARE DIFFERENT, PROBE AND RECONCILE. (SKIP TO 407)	DAY MONTH YEAR <table border="1" style="width: 100%; height: 100%;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																									
406H	You have mentioned that you received (NUMBER OF TT INJECTION IN Q406B) TT injection during pregnancy with (NAME OF LAST CHILD). In what month(s) of pregnancy did you receive this (these) injections? CODE 1 TO 9 FOR EACH INJECTION GIVEN, '0' FOR MONTH NOT KNOWN.	MONTH OF PREGNANCY 1ST INJECTION..... <input type="text"/> 2ND INJECTION <input type="text"/> NOT APPLICABLE 98																																									
407	When you were pregnant with (NAME), Did you see anyone for a medical checkup i.e., antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL QUALIFIED DOCTOR A NURSE/MIDWIFE B FAMILY WELFARE VISITOR C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) D UNTRAINED TBA E UNQUALIFIED DOCTOR F OTHER X (SPECIFY) _____ (SKIP TO 408) NO ONE Y																																									
407A	Why did you not see anyone? Any other reason? RECORD ALL MENTIONED.	TOO FAR A INCONVENIENT SERVICE HOUR B UNPLEASANT STAFF BEHAVIOUR C LACK OF PROVIDER EXPERTISE D LACK OF PRIVACY E INADEQUATE DRUG SUPPLY F LONG WAITING TIME G SERVICE TOO EXPENSIVE H RELIGIOUS REASONS I NOT BENEFICIAL/NEEDED J DID NOT KNOW OF NEED FOR SERVICE K WAS UNABLE /NOT PERMITTED TO GO OUT OF THE HOUSE L DID NOT KNOW OF EXISTENCE M OTHER X (SPECIFY) _____ (SKIP TO 412A)																																									

		LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>																																																
408	How many months pregnant were you when you first received medical checkup i.e., antenatal care for this pregnancy?	MONTHS..... <input type="text"/> DON'T KNOW.....8																																																	
409	How many times did you receive medical checkup during this pregnancy?	NO. OF TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW.....98																																																	
410	CHECK 409: NUMBER OF TIMES RECEIVED MEDICAL CHECKUP (ANTENATAL CARE)	ONCE <input type="text"/> MORE THAN <input type="text"/> ONCE OR DK (SKIP TO 412A)																																																	
411	How many months pregnant were you the last time you received medical checkup i.e., antenatal care?	MONTHS..... <input type="text"/> DON'T KNOW.....8																																																	
412A	During this pregnancy, were you weighed at least once?	YES.....1 NO.....2 DON'T KNOW.....8																																																	
412B	During this pregnancy, was your height measured?	YES.....1 NO.....2 DON'T KNOW.....8																																																	
412C	During this pregnancy, did anyone take your blood pressure (put a cuff on your arm and pump air into it)?	YES.....1 NO.....2 DON'T KNOW.....8																																																	
412D	When you were pregnant with (NAME), did anyone take your urine for testing?	YES.....1 NO.....2 DON'T KNOW.....8																																																	
412E	When you were pregnant with (NAME), did anyone take your blood for testing?	YES.....1 NO.....2 DON'T KNOW.....8																																																	
412F	When you were pregnant with (NAME), did anyone check/exam your eye for anemia?	YES.....1 NO.....2 DON'T KNOW.....8																																																	
413	When you were pregnant with (NAME) were you told about the signs of pregnancy complications?	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 416) ←																																																	
414	Were you told where to go if you had these complications?	YES.....1 NO.....2 DON'T KNOW.....8																																																	
416	Did you take any iron tablet or iron syrup during this pregnancy? SHOW TABLET/SYRUP.	YES.....1 NO.....2 DON'T KNOW.....8																																																	
420	Around the time of the birth (NAME), did you have any of the following problems:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>LONG LABOR.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>EXCESSIVE BLEEDING.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HIGH FEVER.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CONVULSIONS.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HANDS AND FEET.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	LONG LABOR.....1	1	2	8	EXCESSIVE BLEEDING.....1	1	2	8	HIGH FEVER.....1	1	2	8	CONVULSIONS.....1	1	2	8	HANDS AND FEET.....1	1	2	8	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>LONG LABOR.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>EXCESSIVE BLEEDING.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HIGH FEVER.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CONVULSIONS.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HANDS AND FEET.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	LONG LABOR.....1	1	2	8	EXCESSIVE BLEEDING.....1	1	2	8	HIGH FEVER.....1	1	2	8	CONVULSIONS.....1	1	2	8	HANDS AND FEET.....1	1	2	8
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		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
420A	CHECK 420:	ATLEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/> (SKIP TO 422)	ATLEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/> (SKIP TO 422)
421	Did you see seek any assistance for this complication? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL QUALIFIED DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR.....C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA).....D UNTRAINED TBA.....E UNQUALIFIED DOCTOR.....F OTHER.....X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL QUALIFIED DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR.....C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA).....D UNTRAINED TBA.....E UNQUALIFIED DOCTOR.....F OTHER.....X (SPECIFY) NO ONE.....Y
421A	When you had this complication, did your husband become concerned?	YES.....1 NO.....2	YES.....1 NO.....2
421B	When you had this complication, did your mother-in-law become concerned?	YES.....1 NO.....2 NOT APPLICABLE.....8	YES.....1 NO.....2 NOT APPLICABLE.....8
422	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DON'T KNOW.....8
423	When (NAME) was born, was your husband around?	YES.....1 NO.....2	YES.....1 NO.....2
425	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL QUALIFIED DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR.....C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA).....D UNTRAINED TBA (DAI).....E UNQUALIFIED DOCTOR.....F RELATIVES.....G OTHER.....X (SPECIFY) NO ONE.....Z	HEALTH PROFESSIONAL QUALIFIED DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR.....C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA).....D UNTRAINED TBA (DAI).....E UNQUALIFIED DOCTOR.....F RELATIVES.....G OTHER.....X (SPECIFY) NO ONE.....Z
426	Where did you give birth to (NAME)?	HOME OWN HOME.....11 OTHER HOME.....12 (SKIP TO 428) ← PUBLIC SECTOR GOVT. HOSPITAL.....21 THANA HEALTH COMPLEX.....22 MATERNAL AND CHILD WELFARE CENTER (MCWC).....23 NGO SECTOR NGO STATIC CLINIC.....31 PRIVATE SECTOR PVT. HOSPITAL/CLINIC.....41 OTHER.....96 (SPECIFY) (SKIP TO 428)	HOME OWN HOME.....11 OTHER HOME.....12 (SKIP TO 428) ← PUBLIC SECTOR GOVT. HOSPITAL.....21 THANA HEALTH COMPLEX.....22 MATERNAL AND CHILD WELFARE CENTER (MCWC).....23 NGO SECTOR NGO STATIC CLINIC.....31 PRIVATE SECTOR PVT. HOSPITAL/CLINIC.....41 OTHER.....96 (SPECIFY) (SKIP TO 434)
		LAST BIRTH	NEXT-TO-LAST BIRTH

		NAME _____	NAME _____
427	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2 (SKIP TO 432) ←	YES.....1 NO.....2 (SKIP TO 434) ←
428	After (NAME) was born, did any medical persons check on your health?	YES.....1 NO.....2 (SKIP TO 432) ←	
429	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY	DAYS AFTER DEL.....1 <input type="text"/> <input type="text"/> WEEKS AFTER DEL.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998	
430	Who checked on your health at that time? PROBE FOR THE MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL QUALIFIED DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR.....C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA).....D UNTRAINED TBA (DAI).....E UNQUALIFIED DOCTOR.....F OTHER.....X (SPECIFY)	
431	Where did this first check take place?	HOME OWN HOME.....01 OTHER HOME.....02 PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE.....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX.....13 SATELLITE CLINIC/ EPI OUTREACH SITE.....14 MATERNAL AND CHILD WELFARE CENTER (MCWC).....15 NGO SECTOR NGO STATIC CLINIC.....21 NGO SATELLITE CLINIC.....22 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL /CLINIC.....31 QUALIFIED DOCTOR.....32 TRADITIONAL DOCTOR.....33 PHARMACY.....34 OTHER.....96 (SPECIFY)	
432	In the first two months after delivery, did you take a Vitamin A capsule like this? SHOW CAPSULE	YES.....1 NO.....2	
433	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP to 435) ← NO.....2 (SKIP TO 436) ←	
434	Did your period return between the birth of (NAME) and your next pregnancy?		YES.....1 NO.....2 (SKIP TO 438) ←
435	For how many months after the birth of (NAME) did you <u>not</u> have your period?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
436	CHECK 226: RESPONDENT PREGNANT?	NOT PREG- NANT OR UNSURE <input type="checkbox"/> ↓ PREGNANT <input type="checkbox"/> ↓ (SKIP TO 438)	
437	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 439) ←	
438	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
439	Did you ever breastfeed (NAME)?	YES.....1 NO.....2 (SKIP TO 444) ←	YES.....1 NO.....2 (SKIP TO 444) ←
440	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"/>	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>
441	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (SKIP TO 443)	ALIVE <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (SKIP TO 443)
442	Are you still breastfeeding (NAME)?	YES.....1 NO.....2 (SKIP TO 445) ←	YES.....1 NO.....2 (SKIP TO 445) ←
443	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
444	CHECK 404:	ALIVE <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (SKIP TO 447) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 451)	ALIVE <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (SKIP TO 447) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 451)
445	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"/>	
446	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYTIME FEEDINGS..... <input type="text"/> <input type="text"/>	
447	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

		LAST BIRTH	NEXT-TO-LAST BIRTH																																																																								
		NAME _____	NAME _____																																																																								
448	At any time yesterday or last night was (NAME) given any of the following: Plain water? Sugar water/ honey/juice? Baby or infant formula? Cow's or goat's milk? Other liquids? Banana/papaya/mango? Green leafy vegetables? Rice, wheat, porridge? Meat/fish/eggs? Dal? Other _____? (SPECIFY)	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SUGAR WATER, HONEY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BABY FORMULA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL MILK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER LIQUID.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BANANA/MANGO/PAPAYA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>GREEN VEGETABLES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RICE/WHEAT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MEAT/FISH/EGGS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>DAL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	PLAIN WATER.....	1	2	SUGAR WATER, HONEY.....	1	2	BABY FORMULA.....	1	2	ANIMAL MILK.....	1	2	OTHER LIQUID.....	1	2	BANANA/MANGO/PAPAYA.....	1	2	GREEN VEGETABLES.....	1	2	RICE/WHEAT.....	1	2	MEAT/FISH/EGGS.....	1	2	DAL.....	1	2	OTHER.....	1	2	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SUGAR WATER, HONEY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BABY FORMULA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL MILK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER LIQUID.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BANANA/MANGO/PAPAYA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>GREEN VEGETABLES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RICE/WHEAT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MEAT/FISH/EGGS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>DAL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	PLAIN WATER.....	1	2	SUGAR WATER, HONEY.....	1	2	BABY FORMULA.....	1	2	ANIMAL MILK.....	1	2	OTHER LIQUID.....	1	2	BANANA/MANGO/PAPAYA.....	1	2	GREEN VEGETABLES.....	1	2	RICE/WHEAT.....	1	2	MEAT/FISH/EGGS.....	1	2	DAL.....	1	2	OTHER.....	1	2
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450		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451.																																																																								

SECTION 4B. IMMUNIZATION AND HEALTH

451	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE APRIL 1994 (BAISHAK 1401) IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRE).																																																																																		
452	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>																																																																																
453	FROM 212 AND 216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 480)	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 480)																																																																																
454	Did (NAME) receive a Vitamin A dose like this during the last 6 months? SHOW CAPSULE	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8																																																																																
455	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN.....1 (SKIP TO 457) ← YES, NOT SEEN.....2 (SKIP TO 459) ← NO CARD.....3	YES, SEEN.....1 (SKIP TO 457) ← YES, NOT SEEN.....2 (SKIP TO 459) ← NO CARD.....3																																																																																
456	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 459) ← NO.....2	YES.....1 (SKIP TO 459) ← NO.....2																																																																																
457	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE "44" IN "DAY" COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED	<table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MON</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG.....</td><td></td><td></td><td></td></tr> <tr><td>P1.....</td><td></td><td></td><td></td></tr> <tr><td>P2.....</td><td></td><td></td><td></td></tr> <tr><td>P3.....</td><td></td><td></td><td></td></tr> <tr><td>D1.....</td><td></td><td></td><td></td></tr> <tr><td>D2.....</td><td></td><td></td><td></td></tr> <tr><td>D3.....</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td></tr> <tr><td>VIT. A....</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MON	YEAR	BCG.....				P1.....				P2.....				P3.....				D1.....				D2.....				D3.....				MEASLES				VIT. A....				<table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MON</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG.....</td><td></td><td></td><td></td></tr> <tr><td>P1.....</td><td></td><td></td><td></td></tr> <tr><td>P2.....</td><td></td><td></td><td></td></tr> <tr><td>P3.....</td><td></td><td></td><td></td></tr> <tr><td>D1.....</td><td></td><td></td><td></td></tr> <tr><td>D2.....</td><td></td><td></td><td></td></tr> <tr><td>D3.....</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td></tr> <tr><td>VIT. A....</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MON	YEAR	BCG.....				P1.....				P2.....				P3.....				D1.....				D2.....				D3.....				MEASLES				VIT. A....			
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457A	Did your child (NAME) receive any polio vaccine from National Immunization Day (NID)? IF YES, How many times did you receive from NID campaign? RECORD '0' IF NOT RECEIVED	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>																																																																																

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
458	Has (NAME) received any vaccinations that were not recorded on this card? RECORD "YES" ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, AND/OR MEASLES VACCINE(S)	YES.....1 (PROBE FOR VACCINATIONS AND WRITE "66" IN THE CORRESPONDING DAY COLUMN IN 457) NO.....2 DON'T KNOW.....8 (SKIP TO 463) ←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE "66" IN THE CORRESPONDING DAY COLUMN IN 457) NO.....2 DON'T KNOW.....8 (SKIP TO 463) ←
459	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 463) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 463) ← DON'T KNOW.....8
460	Please tell me if (NAME) received any of the following vaccinations:		
460A	A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?	YES.....1 NO.....2	YES.....1 NO.....2
460B	Polio vaccine that is, drops in the mouth?	YES.....1 NO.....2 (SKIP TO 460E) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 460E) ← DON'T KNOW.....8
460C	How many times did (NAME) receive polio vaccine: From clinic? From NID?	TIMES FROM CLINIC..... <input type="text"/> TIMES FROM NID..... <input type="text"/>	TIMES FROM CLINIC..... <input type="text"/> TIMES FROM NID..... <input type="text"/>
460D	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2
460E	DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES.....1 NO.....2 (SKIP TO 460G) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 460G) ← DON'T KNOW.....8
460F	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
460G	An injection to prevent measles?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
463	Has (NAME) been ill with a fever at any time in the last two weeks?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
464	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 466) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 466) ← DON'T KNOW.....8

		LAST BIRTH	NEXT-TO-LAST BIRTH																																								
		NAME _____	NAME _____																																								
465	In the last 2 weeks, did (NAME) had:	<table> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Cough?</td> <td>COUGH.....1</td> <td>2</td> </tr> <tr> <td>Rapid breathing?</td> <td>RAPID BREATHING.....1</td> <td>2</td> </tr> <tr> <td>Difficulty in breathing?</td> <td>DIFFICULTY IN BREATHING.....1</td> <td>2</td> </tr> <tr> <td>Chest in drawing?</td> <td>CHEST IN DRAWING.....1</td> <td>2</td> </tr> <tr> <td>Fever?</td> <td>FEVER.....1</td> <td>2</td> </tr> </table>		YES	NO	Cough?	COUGH.....1	2	Rapid breathing?	RAPID BREATHING.....1	2	Difficulty in breathing?	DIFFICULTY IN BREATHING.....1	2	Chest in drawing?	CHEST IN DRAWING.....1	2	Fever?	FEVER.....1	2	<table> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Cough?</td> <td>COUGH.....1</td> <td>2</td> </tr> <tr> <td>Rapid breathing?</td> <td>RAPID BREATHING.....1</td> <td>2</td> </tr> <tr> <td>Difficulty in breathing?</td> <td>DIFFICULTY IN BREATHING.....1</td> <td>2</td> </tr> <tr> <td>Chest in drawing?</td> <td>CHEST IN DRAWING.....1</td> <td>2</td> </tr> <tr> <td>Fever?</td> <td>FEVER.....1</td> <td>2</td> </tr> </table>		YES	NO	Cough?	COUGH.....1	2	Rapid breathing?	RAPID BREATHING.....1	2	Difficulty in breathing?	DIFFICULTY IN BREATHING.....1	2	Chest in drawing?	CHEST IN DRAWING.....1	2	Fever?	FEVER.....1	2				
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Fever?	FEVER.....1	2																																									
466	CHECK 463 AND 464: FEVER OR COUGHS?	"YES" IN <input type="checkbox"/> 463 OR <input type="checkbox"/> 464 OTHER <input type="checkbox"/> (SKIP TO 472)	"YES" IN <input type="checkbox"/> 463 OR <input type="checkbox"/> 464 OTHER <input type="checkbox"/> (SKIP TO 472)																																								
467	Did you seek advice or treatment for (NAME) for the illness?	YES.....1 NO.....2 (SKIP TO 472) ←	YES.....1 NO.....2 (SKIP TO 472) ←																																								
468	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE A FAMILY WELFARE CENTRE/FWV B THANA HEALTH COMPLEX C SATELLITE CLINIC/ EPI OUTREACH SITE D MATERNAL AND CHILD WELFARE CENTER (MCWC) E GOVT. FIELD WORKER (FWA) F NGO SECTOR NGO STATIC CLINIC G NGO SATELLITE CLINIC H NGO FIELDWORKER I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC J QUALIFIED DOCTOR K TRADITIONAL DOCTOR L PHARMACY M OTHER _____ X (SPECIFY)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE A FAMILY WELFARE CENTRE/FWV B THANA HEALTH COMPLEX C SATELLITE CLINIC/ EPI OUTREACH SITE D MATERNAL AND CHILD WELFARE CENTER (MCWC) E GOVT. FIELD WORKER (FWA) F NGO SECTOR NGO STATIC CLINIC G NGO SATELLITE CLINIC H NGO FIELDWORKER I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC J QUALIFIED DOCTOR K TRADITIONAL DOCTOR L PHARMACY M OTHER _____ X (SPECIFY)																																								
472	Has (NAME) had diarrhea in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 480) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 480) ← DON'T KNOW.....8																																								
473	When (NAME) had diarrhea, was he/she offered the same amount to drink, more than usual to drink, or less than usual to drink?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8																																								
474	Was he/she offered the same amount to eat, more than usual to eat or less than usual to eat?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8																																								
475	When (NAME) had diarrhea, was he/she given any of the following to drink: A fluid made from a special saline packet? Home-made sugar-salt-water solution (labon gur)? Water? Any other liquids?	<table> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>FLUID FROM PACKET.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>LABON GUR.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WATER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER LIQUID.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	FLUID FROM PACKET.....	1	2	8	LABON GUR.....	1	2	8	WATER.....	1	2	8	OTHER LIQUID.....	1	2	8	<table> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>FLUID FROM PACKET.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>LABON GUR.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WATER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER LIQUID.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	FLUID FROM PACKET.....	1	2	8	LABON GUR.....	1	2	8	WATER.....	1	2	8	OTHER LIQUID.....	1	2	8
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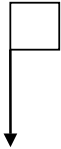




		NAME _____	NAME _____
476	Was anything (else) given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 478) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 478) ← DON'T KNOW.....8
477	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	PILL /CAPSULE OR SYRUP.....A INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES.....D OTHER _____ X (SPECIFY)	PILL/CAPSULE OR SYRUP.....A INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES.....D OTHER _____ X (SPECIFY)
478	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 480) ←	YES.....1 NO.....2 (SKIP TO 480) ←
479	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE.....A FAMILY WELFARE CENTRE/FWV.....B THANA HEALTH COMPLEX.....C SATELLITE CLINIC/ EPI OUTREACH SITE.....D MATERNAL AND CHILD WELFARE CENTER (MCWC).....E GOVT. FIELD WORKER (FWA).....F NGO SECTOR NGO STATIC CLINIC.....G NGO SATELLITE CLINIC.....H NGO FIELDWORKER.....I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....J QUALIFIED DOCTOR.....K TRADITIONAL DOCTOR.....L PHARMACY.....M OTHER _____ X (SPECIFY)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE.....A FAMILY WELFARE CENTRE/FWV.....B THANA HEALTH COMPLEX.....C SATELLITE CLINIC/ EPI OUTREACH SITE.....D MATERNAL AND CHILD WELFARE CENTER (MCWC).....E GOVT. FIELD WORKER (FWA).....F NGO SECTOR NGO STATIC CLINIC.....G NGO SATELLITE CLINIC.....H NGO FIELDWORKER.....I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....J QUALIFIED DOCTOR.....K TRADITIONAL DOCTOR.....L PHARMACY.....M OTHER _____ X (SPECIFY)
480		GO BACK TO 453 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 480A	GO BACK TO 453 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 480A
480A	CHECK 208 AND 226: HAS ONE OR MORE CHILDREN AND /OR CURRENTLY PREGNANT <input type="checkbox"/>	NEITHER HAS ANY LIVING CHILDREN NOR CURRENTLY PREGNANT <input type="checkbox"/> → 501	
480B	Many different factors can prevent women getting medical attention during the pregnancy and child birth. Sometimes women might have life threatening or serious situation during the pregnancy and childbirth. When you need medical advice or treatment for such situation, is each of the following a problem or no problem for you?	PROBLEM	NO PROBLEM
	Knowing where to go.	1	2
	Not having a health facility nearby.	1	2
	Going to health center.	1	2
	Lack of confidence on source of services.	1	2
	Getting permission to go.	1	2
	Getting money needed for treatment.	1	2
	Getting someone to accompany.	1	2

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
501	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>HUSBAND.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>OTHER MALES.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td align="right">1</td> <td align="right">2</td> </tr> </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																
501A	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		507															
505	Is your husband staying with you now or is he staying elsewhere?	STAYING WITH HER.....1 STAYING ELSEWHERE.....2																
506	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'	NAME _____ LINE NO. _____ <input type="text"/> <input type="text"/>																
507	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2																
508	CHECK 507: <table border="0"> <tr> <td align="center">MARRIED ONLY ONCE</td> <td align="center">MARRIED MORE THAN ONCE</td> </tr> <tr> <td align="center">3</td> <td align="center">3</td> </tr> </table> In what month and year did you start living with your husband? Now we will talk about your first husband. In what month and year did you start living with him?	MARRIED ONLY ONCE	MARRIED MORE THAN ONCE	3	3	MONTH DON'T KNOW MONTH 98 YEAR..... DON'T KNOW YEAR..... 9998	0510											
MARRIED ONLY ONCE	MARRIED MORE THAN ONCE																	
3	3																	
509	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>																
510	DETERMINE MONTHS MARRIED SINCE APRIL 1994 OR BAISHAK 1401. ENTER "X" IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE APRIL 1994 (BAISHAK 1401). FOR WOMEN WITH MORE THAN ONE MARRIAGE: PROBE FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. 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.																	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601A	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/> ↓	→ 614	→ 614
601B	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/> ↓	→ 614	→ 614
602	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> ↓ Now I have some questions about the future. 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? After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED/DON'T KNOW.....8	→ 604 → 609 → 609
603	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> ↓ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> SOON/NOW.....993 SAYS SHE CAN'T GET PREGNANT.....994 OTHER.....996 (SPECIFY) DON'T KNOW.....998	→ 609
604	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> ↓	→ 610	→ 610
605	CHECK 310: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> ↓	→ 614	→ 614
606	CHECK 603: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/> ↓	→ 610	→ 610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602: CHECK 602:</p> <p>WANTS A/ANOTHER CHILDREN <input type="checkbox"/> WANTS NO MORE CHILDREN <input type="checkbox"/></p>   <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why? You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>RECORD ALL MENTIONED RECORD ALL MENTIONED</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....A</p> <p>INFREQUENT SEX.....B</p> <p>MENOPAUSAL/HYSTERECTOMY...C</p> <p>SUBFECUND/INFECUND.....D</p> <p>POSTPARTUM AMENORRHEIC.....E</p> <p>BREASTFEEDING.....F</p> <p>FATALISTIC.....G</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....H</p> <p>HUSBAND OPPOSED.....I</p> <p>OTHERS OPPOSED.....J</p> <p>RELIGIOUS PROHIBITION.....K</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....L</p> <p>KNOWS NO SOURCE.....M</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....N</p> <p>FEAR OF SIDE EFFECTS.....O</p> <p>LACK OF ACCESS/TOO FAR.....P</p> <p>COST TOO MUCH.....Q</p> <p>INCONVENIENT TO USE.....R</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES.....S</p> <p>OTHER.....X (SPECIFY)</p> <p>DON'T KNOW.....Z</p>	
609	<p>CHECK 310: USING A METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/></p>   		614
610	<p>Do you think you will use a method to delay or avoid pregnancy at any time in the future?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	612
611	<p>Which method would you prefer to use?</p>	<p>FEMALE STERILIZATION.....01</p> <p>MALE STERILIZATION.....02</p> <p>PILL.....03</p> <p>IUD.....04</p> <p>INJECTIONS.....05</p> <p>IMPLANTS.....06</p> <p>CONDOM.....07</p> <p>LACTATIONAL AMEN. METHOD.....09</p> <p>PERIODIC ABSTINENCE.....10</p> <p>WITHDRAWAL.....11</p> <p>OTHER METHOD.....96 (SPECIFY)</p> <p>UNSURE.....98</p>	614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASONS NOT HAVING SEX11 INFREQUENT SEX.....12 MENOPAUSAL/HYSTERECTOMY..13 SUBFECUND/INFECUND.....14 POSTPARTUM AMENORRHEIC...15 BREASTFEEDING.....16 FATALISTIC.....17 OPPOSITION TO USE RESPONDENT OPPOSED.....21 HUSBAND OPPOSED.....22 OTHERS OPPOSED.....23 RELIGIOUS PROHIBITION.....24 LACK OF KNOWLEDGE KNOWS NO METHOD.....31 KNOWS NO SOURCE.....32 METHOD-RELATED REASONS HEALTH CONCERNS.....41 FEAR OF SIDE EFFECTS.....42 LACK OF ACCESS/TOO FAR.....43 COST TOO MUCH.....45 INCONVENIENT TO USE.....46 INTERFERES WITH BODY'S NORMAL PROCESSES.....47 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
614	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <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> </div> <div style="text-align: center;"> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p>PROBE FOR A NUMERIC RESPONSE.</p>	NUMBER..... <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> OTHER.....96 → (SPECIFY)	616
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	BOYS GIRLS EITHER NUMBER.... OTHER.....96 (SPECIFY)	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 DON'T KNOW/UNSURE.....8	
617	Have you ever seen or heard of the Green Umbrella logo?	YES.....1 NO.....2 DON'T KNOW.....8	→ 619

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
618	What does the Green Umbrella logo mean to you? CIRCLE ALL MENTIONED	FAMILY PLANNING RELATED.....A NOT FAMILY PLANNING RELATED....B HEALTH SERVICE RELATED.....C DON'T KNOW/UNSURE.....D	
619	In the last month have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a poster or billboard? From a leaflet? From a community event?	SOME- OFTEN TIMES NEVER RADIO..... 1 2 3 TELEVISION..... 1 2 3 NEWSPAPER..... 1 2 3 POSTER..... 1 2 3 LEAFLET..... 1 2 3 COMMUNITY EVENT.. 1 2 3	
619A	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		701
620	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	
621	How often have you talked to your husband about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....8	
622	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	

SECTION 7: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES.....1 NO2	0718
701A	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO A TV B NEWSPAPER/MAGAZINES..... C PAMPHLETS/POSTERS..... D HEALTH WORKERS..... E MOSQUES/TEMPLES/CHURCES..... F SCHOOLS/TEACHERS..... G COMMUNITY MEETINGS..... H FRIENDS/RELATIVES I WORK PLACE..... J OTHER_____ X (SPECIFY)	
702	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO2 DON'T KNOW.....8	0710
703	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX..... A USE CONDOMS..... B LIMIT SEX WITHIN MARRIAGE C LIMIT SEX WITH TRUSTED PARTNER.. D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS..... F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID UNSAFE BLOOD TRANSFUSIONS..... I AVOID UNSTERILIZED INJECTIONS/ USE DISPOSABLE INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES..... L SEEK PROTECTION FROM TRADITIONAL HEALER M AVOID SHARING RAZORS/BLADES..... N OTHER_____ W (SPECIFY) OTHER_____ X (SPECIFY) DON'T KNOW..... Z	
704	CHECK 703: NEITHER CODE 'C' NOR CODE 'D' CIRCLED 3 CODE 'C' AND/OR CODE 'D' CIRCLED		0707
705	In your opinion, is there any chance of getting AIDS for a person with multiple sexual partners?	YES.....1 NO2 DON'T KNOW.....8	707
706	If a person has sex with only one partner, does this person have a greater or a lesser chance of getting AIDS than a person who has sex with many partners?	GREATER CHANCE OF AIDS.....1 LESSER CHANCE OF AIDS2 DON'T KNOW.....8	
707	CHECK 703: DID NOT MENTION USE OF CONDOMS DURING SEX (CODE 'B' NOT CIRCLED) 3 MENTIONED USE OF CONDOMS DURING SEX (CODE 'B' CIRCLED)		0710
709	If a person uses a condom every time he or she has sexual intercourse, does this person have a greater or a lesser chance of getting AIDS than someone who does not use a condom?	GREATER CHANCE OF AIDS.....1 LESSER CHANCE OF AIDS2 DON'T KNOW.....8	
710	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO2 DON'T KNOW.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	CHECK 106A: YES, CURRENTLY MARRIED NOT CURRENTLY MARRIED 3		0718
715	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband?	YES 1 NO 2	
718	(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?	YES 1 NO 2	0721
719	In a man, what signs and symptoms would lead you to think that he has such an infection? Any others? RECORD ALL MENTIONED.	LOWER ABDOMINAL PAIN A DISCHARGE FROM PENIS/DIPPING .. B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J IMPOTENCE K NO SYMPTOMS L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
720	In a woman, what signs and symptoms would lead you to think that she has such an infection? Any others? RECORD ALL MENTIONED.	LOWER ABDOMINAL PAIN A GENITAL DISCHARGE B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J INABILITY TO GIVE BIRTH K NO SYMPTOMS L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
721	Now I would like to ask you about some health symptoms you yourself may have. During the past 6 months, have you had any of the following problems:		
		YES NO	
	1. Any itching or irritation in vaginal area with a discharge?	ITCHING/IRRITATION 1 2	
	2. A genital sore or ulcer?	GENITAL SORE 1 2	
	3. A bad odour along with a discharge?	BAD ODOUR 1 2	
	4. Severe lower abdominal pain with a discharge, not related with menstruation?	ABDOMINAL PAIN 1 2	
	5. A fever along with a discharge?	FEVER 1 2	
	6. Problem with pain or burning while urinating or more frequent or difficult urination?	URINATING PROBLEM 1 2	
	FOR CURRENTLY MARRIED: 7. Pain in abdomen or vagina during intercourse?	PAIN INTERCOURSE 1 2	
	FOR CURRENTLY MARRIED: 8. Blood after having sex when you are not menstruating?	BLOOD AFTER SEX 1 2	
	9. Any other problem with a discharge?	OTHER PROBLEM 1 2	



AT LEAST ONE "YES"

NOT A SINGLE "YES"

801



727

Have you seen anyone for advice or treatment to help you with (this/these) problem (s)?

IF YES, ASK: Whom did you see?

Anyone else?

RECORD ALL MENTIONED

PUBLIC SECTOR

- HOSPITAL/MEDICAL COLLEGE.....A
- FAMILY WELFARE CENTRE/FWVB
- THANA HEALTH COMPLEXC
- SATELLITE CLINIC/
EPI OUTREACH SITED
- MATERNAL AND CHILD WELFARE
CENTER (MCWC).....E
- GOVT. FIELD WORKER (FWA)F

NGO SECTOR

- NGO STATIC CLINIC..... G
- NGO SATELLITE CLINICH
- NGO FIELDWORKER.....I

PRIVATE MEDICAL SECTOR

- PRIVATE HOSPITAL/CLINIC J
- QUALIFIED DOCTOR.....K
- TRADITIONAL DOCTOR..... L
- PHARMACY M

OTHER _____ X
(SPECIFY)

NO ONE Z

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812A	Do you think, if a woman faces complications during pregnancy, does her husband become concerned?	YES1 NO.....2 DON'T KNOW.....8	
813	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	→ 815
814	Do you usually go by yourself or do you go with children or your husband or other relatives?	BY HERSELF1 WITH CHILDREN.....2 WITH HUSBAND.....3 WITH RELATIVES.....4	
815	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)	→ 817 → 817 → 817
816	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 (SPECIFY)	→ 818
817	How frequently do you go outside this village/town/city?	ONCE A MONTH OR MORE.....1 SEVERAL TIMES A YEAR.....2 ONCE A YEAR OR LESS.....3 NEVER.....4	
818	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)	→ 820 → 820
819	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 (SPECIFY)	
820	RECORD THE TIME.	HOUR MINUTES.....	

SECTION 9. HEIGHT AND WEIGHT

901	CHECK 215:	ONE OR MORE BIRTHS SINCE APRIL 1994 (BAISHAK 1401) <input style="width:30px; height:20px;" type="checkbox"/>	NO BIRTH SINCE APRIL 1994 (BAISHAK 1401) <input style="width:30px; height:20px;" type="checkbox"/>	END
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IN 902 (COLUMNS 2 AND 3) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE APRIL 1994 OR BAISHAK 1401 AND STILL ALIVE. IN 903 AND 904 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE APRIL 1994 (BAISHAK 1401). IN 906 AND 908 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN.

(NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE APRIL 1994 OR BAISHAK 1401 SHOULD BE WEIGHED AND MEASURED. IF THERE ARE MORE THAN 2 LIVING CHILDREN BORN SINCE APRIL 1994 OR BAISHAK 1401, USE ADDITIONAL QUESTIONNAIRES).

		1) RESPONDENT	2) YOUNGEST LIVING CHILD	3) NEXT-TO- YOUNGEST LIVING CHILD
902	LINE NO. FROM Q212			
903	NAME FROM Q212 FOR CHILDREN	(NAME)	(NAME)	(NAME)
904	DATE OF BIRTH FROM Q215, AND ASK FOR DAY OF BIRTH		DAY..... MONTH..... YR	DAY..... MONTH..... YR
905	BCG SCAR ON TOP OF LEFT SHOULDER ²		SCAR SEEN1 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 STANDING2	LYING..... 1 STANDING..... 2
908	WEIGHT (In kilograms)		0	0
909	DATE WEIGHED AND MEASURED	DAY..... MONTH..... YR	DAY..... MONTH..... YR	DAY..... MONTH..... YR
910	RESULT	MEASURED 1 NOT PRESENT 3 REFUSED 4 OTHER 6 (SPECIFY)	MEASURED 1 CHILD SICK2 CHILD NOT PRESENT 3 CHILD REFUSED4 MOTHER REFUSED ...5 OTHER 6 (SPECIFY)	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:	

05 BADHRA 0	56					56	08 AUG	9
04 SRABAN 2	57					57	07 JUL	5
03 ASHAR	58					58	06 JUN	
02 JAISTHA	59					59	05 MAY	
01 BAISHAK	60					60	04 APR	
12 CHOITRA	61					61	03 MAR	
11 FALGUN	62					62	02 FEB	
10 MAGH	63					63	01 JAN	
09 POUSH	64					64	12 DEC	
08 AGRAHAYAN	65					65	11 NOV	
07 KARTIK 1	66					66	10 OCT	1
06 VASHWIN 4	67					67	09 SEP	9
05 BADHRA 0	68					68	08 AUG	9
04 SRABAN 1	69					69	07 JUL	4
03 ASHAR	70					70	06 JUN	
02 JAISTHA	71					71	05 MAY	
01 BAISHAK	72					72	04 APR	

INTERVIEWER'S OBSERVATIONS
(To be filled in after completing interview)

Comments About Respondent:

Comments on Specific Questions:

Any Other Comments:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____
DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____
DATE: _____