

WOMAN'S QUESTIONNAIRE

IDENTIFICATION																						
DIVISION _____	<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>																					
DISTRICT _____																						
UPAZILA _____																						
UNION/WARD _____																						
VILLAGE/MOHALLA/BLOCK _____																						
CLUSTER NUMBER.....																						
HOUSEHOLD NUMBER.....																						
RURAL = 1, MUNICIPALITY = 2, OTHER URBAN = 3, SMA = 4																						
NAME OF HOUSEHOLD HEAD _____																						
NAME AND LINE NUMBER OF ELIGIBLE WOMAN _____																						

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH* <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>								
RESULT**	_____	_____	_____	YEAR <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>								
NEXT VISIT: DATE	_____	_____		CODE <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>								
TIME	_____	_____		RESULT <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>								
TOTAL NO. OF VISITS				<table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>								
**RESULT CODES: 1 COMPLETED 4 REFUSED 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 style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>			NAME _____ <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>				NAME _____ <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>			NAME _____ <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>		
DATE _____	DATE _____		DATE _____	DATE _____								

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>INFORMED CONSENT</p> <p>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.</p> <p>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.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p>
<p>RESPONDENT AGREES TO BE INTERVIEWED..... 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME STARTED.	HOUR <input type="text"/> <input type="text"/> 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?	DHAKA/CHITTAGONG/ KHULNA/RAJSHAHI 1 SMALL CITY 2 TOWN 3 VILLAGE 4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	NUMBER OF YEARS..... <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR..... 96	→ 105
104	Just before you moved here, did you live in a city, a town, or in the countryside?	DHAKA/CHITTAGONG/ KHULNA/RAJSHAHI 1 SMALL CITY 2 TOWN 3 VILLAGE 4	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
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, separated, deserted, widowed, or divorced?	CURRENTLY MARRIED 1 SEPARATED 2 DESERTED..... 3 DIVORCED 4 WIDOWED..... 5 NEVER MARRIED 6	→ END
106B	Do you have a marriage certificate/marriage registration?	YES.....1 NO.....2	
107	Have you ever attended school or madrasha?	YES, SCHOOL.....1 YES, MADRASHA.....2 YES, BOTH.....3 NO.....4	→ 108B → 111
108A	What type of schooling (NAME) have you last attended?	SCHOOL.....1 MADRASHA.....2	
108B	What level of schooling (NAME) have you last attended? What is the highest grade (NAME) completed at that schooling?	LEVEL..... <input type="checkbox"/> GRADE..... <input type="checkbox"/> <input type="checkbox"/>	
109	CHECK 108B: GRADE IS LESS THAN 6 <input type="checkbox"/> GRADE IS 6 OR MORE THAN 6 <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 (SPECIFY)	
118	Do you belong to any of the following organizations? Grameen Bank? BRAC? BRDB? Mother's Club? Any other organization (such as micro credit)?	YES NO GRAMEEN BANK..... 1 2 BRAC 1 2 BRDB 1 2 MOTHER'S CLUB..... 1 2 OTHER 1 2 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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
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/RAJSHAHI 1 SMALL CITY 2 TOWN 3 VILLAGE 4	122
121	In which division is that located?	RAJSHAHI 1 DHAKA 2 CHITTAGONG 3 KHULNA 4 BARISAL 5 SYLHET 6	
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? (IF TUBEWELL, PROBE)	PIPED WATER PIPED INSIDE DWELLING 11 PIPED OUTSIDE DWELLING 12 WELL WATER TUBEWELL 21 SHALLOW TUBEWELL 22 DEEP TUBEWELL 23 SURFACE WELL/OTHER WELL 24 SURFACE WATER POND/TANK/LAKE 31 RIVER/STREAM 32 RAINWATER 41 OTHER 96 (SPECIFY)	
123	What is the main source of drinking water for members of your household? (IF TUBEWELL, PROBE)	PIPED WATER PIPED INSIDE DWELLING 11 PIPED OUTSIDE DWELLING 12 WELL WATER TUBEWELL 21 SHALLOW TUBEWELL 22 DEEP TUBEWELL 23 SURFACE WELL/OTHER WELL 24 SURFACE WATER POND/TANK/LAKE 31 RIVER/STREAM 32 RAINWATER 41 OTHER 96 (SPECIFY)	
124	What kind of toilet facility does your household have?	SEPTIC TANK/MODERN TOILET 11 PIT TOILET/LATRINE WATER SEALED/SLAB LATRINE 21 PIT LATRINE 22 OPEN LATRINE 23 HANGING LATRINE 24 NO FACILITY/BUSH/FIELD 31 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
126	Does your household (or any member of your household) have: Electricity? Almirah or wardrobe? A table? A chair or bench? A watch or clock? A cot or bed? A radio that is working? A television that is working? A bicycle? A Motorcycle? A Sewing machine? Telephone or mobile phone?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ALMIRAH.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TABLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHAIR/BENCH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WATCH/CLOCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COT/BED.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEWING MACHINE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEPHONE/MOBILE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	ALMIRAH.....	1	2	TABLE	1	2	CHAIR/BENCH	1	2	WATCH/CLOCK	1	2	COT/BED.....	1	2	RADIO	1	2	TELEVISION.....	1	2	BICYCLE	1	2	MOTORCYCLE.....	1	2	SEWING MACHINE.....	1	2	TELEPHONE/MOBILE.....	1	2	
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127	What is the main 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 main 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 main 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	132																																							
131	How much land does your household own (other than the homestead land)? AMOUNT _____ SPECIFY UNIT _____	<table style="width: 100%; text-align: center;"> <tr> <td colspan="4">AMOUNT</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2">ACRES</td> <td colspan="2">DECIMALS</td> </tr> </table>	AMOUNT								ACRES		DECIMALS																													
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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																																								

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..... <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
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 <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
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 did not survive?	YES 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input type="text"/> <input type="text"/>	
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	218	219	220	221	221A
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?	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	IF DEAD: How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?	IF DEAD: RECORD LINE NUMBER OF CHILD AS IN Q212 IF CHILD WAS BORN SINCE JUNE 1998
01	SING.... 1 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"/>		LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)
02	SING.... 1 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"/> ↓ 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	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)
03	SING.... 1 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"/> ↓ 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	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)
04	SING.... 1 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"/> ↓ 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	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)
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06	SING.... 1 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"/> ↓ 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	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)

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07	SING.... 1 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"/> ↓ 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"/>		LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)
08	SING.... 1 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"/> ↓ 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	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)
09	SING.... 1 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"/> ↓ 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	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)
10	SING.... 1 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"/> ↓ 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	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)
11	SING.... 1 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"/> ↓ 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	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)
12	SING.... 1 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"/> ↓ 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	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any pregnancy outcome since the birth of (NAME OF LAST BIRTH)?	YES 1 NO 2	
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS</p>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JUNE 1998. IF NONE, RECORD '0'.		<input type="checkbox"/>
224A	CHECK 221A AND ENTER THE NUMBER OF BIRTH SINCE JUNE 1998 AND DEATHS OCCURED SINCE JUNE 1998 FOR VERBAL AUTOPSY. IF NONE, RECORD '0'.		<input type="checkbox"/>
225	FOR EACH BIRTH SINCE JUNE 1998, 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.		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229
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..... <input type="checkbox"/> <input type="checkbox"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN..... 1 LATER..... 2 NOT AT ALL..... 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth or had a menstrual regulation?	YES 1 NO 2	→ 236
230	When did the last such pregnancy end?	MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
231	CHECK 230: LAST PREGNANCY ENDED SINCE JUNE 1998 <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE JUNE 1998 <input type="checkbox"/>		→ 235
231A	Was that a stillbirth, a miscarriage, a menstrual regulation, or an abortion?	STILLBIRTH 1 MISCARRIAGE 2 MENSTRUAL REGULATION 3 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..... <input type="checkbox"/> <input type="checkbox"/>	
233	Have you ever had any other pregnancies which did not result in a live birth?	YES..... 1 NO..... 2	→ 235

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JUNE 1998. 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 JUNE 1998.		
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="checkbox"/> <input type="checkbox"/> WEEKS AGO 2 <input type="checkbox"/> <input type="checkbox"/> MONTHS AGO 3 <input type="checkbox"/> <input type="checkbox"/> YEARS AGO 4 <input type="checkbox"/> <input type="checkbox"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY994 BEFORE LAST BIRTH995 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	
01	FEMALE STERILIZATION: Women can have an operation to avoid having any more children.	1	2	3 ↓	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION (VASECTOMY): Men can have an operation to avoid having any more children.	1	2	3 ↓	Has your husband ever had an operation to avoid having any more children? YES 1 NO 2
03	PILL: Women can take a pill every day	1	2	3 ↓	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 ↓	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 ↓	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 ↓	YES 1 NO 2
07	CONDOM: Men can put a rubber sheath on their penis before sexual intercourse.	1	2	3 ↓	YES 1 NO 2
08	SAFE PERIOD (COUNTING DAYS, CALENDAR, RHYTHM METHOD): Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to get pregnant.	1	2	3 ↓	YES 1 NO 2
09	WITHDRAWAL: Men can be careful and pull out before climax.	1	2	3 ↓	YES 1 NO 2
10	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)		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303A	CHECK 301: OTHER METHOD MR NOT MENTIONED <input type="checkbox"/> MR MENTIONED <input type="checkbox"/>		303D
303B	Have you ever heard of MR (Menstrual Regulation) (MR means when a woman's menstrual period does not come on time, she can go to a health centre or to the FWV/to another provider and have a tube put in her for a short while to regularize her periods.)	YES..... 1 NO..... 2	303D
303C	Have you ever used MR (Menstrual regulation)	YES..... 1 NO..... 2	
303D	CHECK 303: NOT A SINGLE 'YES' (NEVER USED) <input type="checkbox"/> AT LEAST ONE 'YES' (EVER USED) <input type="checkbox"/>		306A
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... 1 NO..... 2	306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		328
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 STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTIONS 05 IMPLANTS 06 CONDOM 07 PERIODIC ABSTINENCE 08 WITHDRAWAL 09 OTHER METHOD _____ 10 (SPECIFY)	
307	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
308	CHECK 303 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		311A
308A	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> SEPARATED/ DESERTED/ DIVORCED/ WIDOWED <input type="checkbox"/>		319
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		319
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES..... 1 NO..... 2	319
311	Which method are you using?	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTIONS 05 IMPLANTS 06 CONDOM 07 PERIODIC ABSTINENCE 08 WITHDRAWAL 09 OTHER _____ 10 (SPECIFY)	313
311A	CIRCLE '01' FOR FEMALE STERILIZATION.	CONDOM 07 PERIODIC ABSTINENCE 08 WITHDRAWAL 09 OTHER _____ 10 (SPECIFY)	312C 318

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312A	May I see the package of pills that you are using now? RECORD NAME OF BRAND IF PACKAGE IS SEEN	PACKAGE SEEN 1 BRAND NAME <input type="checkbox"/> <input type="checkbox"/> PACKAGE NOT SEEN..... 2	→ 318
312B	SHOW BRAND CHART FOR PILLS Please tell me which of these is the brand of pills that you are using.	BRAND NAME <input type="checkbox"/> <input type="checkbox"/> DOES NOT KNOW 98	→ 318
312C	May I see the package of condoms that you are using now? RECORD NAME OF BRAND IF PACKAGE IS SEEN	PACKAGE SEEN 1 BRAND NAME <input type="checkbox"/> <input type="checkbox"/> PACKAGE NOT SEEN..... 2	→ 318
312D	SHOW BRAND CHART FOR CONDOMS Please tell me which of these is the brand of condoms that you are using.	BRAND NAME <input type="checkbox"/> <input type="checkbox"/> DOES NOT KNOW 98	→ 318
313	Where did the sterilization take place? (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE 11 FAMILY WELFARE CENTRE (FWC). 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 OTHER 96 (SPECIFY) DON'T KNOW 98	
314	CHECK 311: CODE '1' <input type="checkbox"/> CIRCLED 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 Before the sterilization operation, was your husband told that he would not be able to have any (more) children because of the operation?	YES..... 1 NO..... 2 CANNOT REMEMBER/DON'T KNOW 8	
315A	Do you regret that (you/your husband) had the operation not to have any more children?	YES..... 1 NO..... 2	→ 316
315B	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD 1 PARTNER WANTS ANOTHER CHILD ... 2 SIDE EFFECTS 3 CHILD DIED..... 4 OTHER REASON 6 (SPECIFY)	
316	In what month and year was the sterilization operation performed?	MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 JUNE 1998 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:</p> <ul style="list-style-type: none"> ■ 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? 		
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 JUNE 1998.</p> <p>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:</p> <p>COLUMN 1:</p> <ul style="list-style-type: none"> ■ When was the last time you used a method? Which method was that? ■ When did you start using that method? How long after the birth of (NAME)? ■ How long did you use the method then? <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 2:</p> <ul style="list-style-type: none"> ■ Where did you obtain the method when you started using it? ■ Where did you get advice on how to use the method [for rhythm or withdrawal]? <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:</p> <p>COLUMN 3:</p> <ul style="list-style-type: none"> ■ Why did you stop using the (METHOD)? ■ Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> ■ 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. 		
320	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p>	<p>NO CODE CIRCLED 00 → 328</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02 → 325A</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTIONS 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>PERIODIC ABSTINENCE 08 → 325A</p> <p>WITHDRAWAL 09</p> <p>OTHER METHOD 10</p>	
321	<p>CHECK COLUMN 1 OF CALENDAR FOR MONTH STARTED USING CURRENT METHOD:</p> <p>STARTED USING SINCE <input type="text"/> STARTED USING <input type="text"/></p> <p>JUNE 1998 BEFORE JUNE 1998</p>		→ 326
322	<p>You first obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE).</p> <p>At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2 → 325</p> <p>DON'T KNOW 8 → 325</p>	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	Were you told what to do if you experienced side effects or problems?	YES..... 1 NO..... 2	
325	CHECK 320: ANY CODE <input type="checkbox"/> '01' TO '06' CIRCLED		
	At that time, were you told about other methods of family planning which you could use?	YES..... 1 NO..... 2	
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 STERILIZATION 01 MALE STERILIZATION 02 PILL..... 03 IUD..... 04 INJECTIONS..... 05 IMPLANTS 06 CONDOM..... 07 PERIODIC ABSTINENCE 08 WITHDRAWAL 09 OTHER METHOD 10 (SPECIFY)	→ 327C → 330 → 328
327	Where did you obtain (CURRENT METHOD) the last time? (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE 11 FAMILY WELFARE CENTRE 12 UPAZILA HEALTH COMPLEX..... 13 SATELLITE CLINIC/ EPI OUTREACH SITE 14 MATERNAL CHILD WELFARE CENTER (MCWC) 15 GOVT. FIELD WORKER (FWA) 16 COMMUNITY CLINIC..... 17 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 FRIEND/RELATIVES 42 OTHER 96 (SPECIFY) DON'T KNOW 98	
327A	CHECK 311/311A: USING PILL OR CONDOMS <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/>		→ 327C
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	→ 330

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	330
328	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	330
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 UPZILA HEALTH COMPLEX 13 SATELLITE CLINIC/ EPI OUTREACH SITE 14 MATERNAL CHILD WELFARE CENTER (MCWC) 15 GOVT. FIELD WORKER (FWA) 16 COMMUNITY CLINIC 17 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 FRIEND/RELATIVES 42 OTHER 96 (SPECIFY) DON'T KNOW 98	
330	CHECK 327 AND 329: SATELLITE/EPI OUTREACH NOT MENTIONED <input type="checkbox"/> SATELLITE /EPI OUTREACH MENTIONED <input type="checkbox"/>		332
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 or mohalla?	YES 1 NO 2 DOES NOT KNOW 8	334A
332	Did you visit such a temporary health clinic in the last 3 months?	YES 1 NO 2	334A

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 TT VACCINE FOR WOMEN AGE BETWEEN 15-45 YEARS.....F VITAMIN 'A' FOR CHILDREN G 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 Anyone else? _____ NAME WRITE THE NAME OF THE FIELD WORKER.	GOVT. FP WORKER A GOVT. HEALTH WORKER B NGO WORKER..... C NO ONE Y → 335A	
334B	How many times did a worker /workers visit you for the family planning in the last six months?	TIMES <input type="text"/> <input type="text"/> DOES NOT KNOW 98	
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..... <input type="text"/> DOES NOT KNOW 8	
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 Anyone else? _____ NAME WRITE THE NAME OF THE FIELD WORKER.	GOVT. FP WORKER A GOVT. HEALTH WORKER B NGO WORKER..... C NO ONE Y → 336	
335B	How many times did a worker visit you for the health services in the last six months?	TIMES <input type="text"/> <input type="text"/> DOES NOT KNOW 98	
335C	When was the last visit? IF MORE THAN ONE WORKER VISITED (SEE 335A): When did the last worker visit you? IF LESS THAN ONE MONTH AGO, WRITE '0'.	MONTHS AGO..... <input type="text"/> DOES NOT KNOW 8	
336	CHECK 334A AND 335A: BOTH FP AND HEALTH WORKER <input type="checkbox"/> i.e., 'Y's ARE NOTCIRCLED	OTHER RESPONSE <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?	SAME 1 DIFFERENT 2 DOES NOT KNOW 8	

		LAST BIRTH LINE NUMBER _____	NEXT-TO-LAST BIRTH LINE NUMBER _____
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) ←	
407B	When you were pregnant with (NAME), the first time you go for antenatal care because just to check everything was fine or you had a problem?	BECAUSE OF PROBLEM 1 TO CHECK ONLY 2	
408	How many months pregnant were you when you first received medical checkup i.e., antenatal care for this pregnancy?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
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 your received medical checkup i.e., antenatal care?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
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	
412G	When you were pregnant with (NAME), did you have an ultrasonography test?	YES 1 NO 2 DON'T KNOW 8	

		LAST BIRTH LINE NUMBER _____	NEXT-TO-LAST BIRTH LINE NUMBER _____																																																
413	When you were pregnant with (NAME) were you told about the signs of pregnancy complications?	YES 1 NO.....2 (SKIP TO 415) ← DON'T KNOW8																																																	
414	Were you told where to go if you had these complications?	YES.....1 NO.....2 DON'T KNOW8																																																	
415	During this pregnancy, were you given a TT Injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 (SKIP TO 416) ← DON'T KNOW8																																																	
415A	During this pregnancy, how many times did you get this injection?	TIMES <input type="checkbox"/> DON'T KNOW8																																																	
416	Did you take any iron tablet or iron syrup during this pregnancy? SHOW TABLET/SYRUP.	YES 1 NO.....2 DON'T KNOW8																																																	
417	Around the time of the birth (NAME), did you have any of the following problems: Long labor, that is, did your regular contractions last more than 12 hours? Excessive bleeding that was so much that you feared it was life threatening? A high fever with bad smelling vaginal discharge? Convulsions? Baby's hands and feet came first during delivery?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>LONG LABOR.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>EXCESSIVE BLEEDING.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HIGH FEVER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CONVULSIONS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HANDS AND FEET.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	LONG LABOR.....	1	2	8	EXCESSIVE BLEEDING.....	1	2	8	HIGH FEVER.....	1	2	8	CONVULSIONS.....	1	2	8	HANDS AND FEET.....	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.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>EXCESSIVE BLEEDING.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HIGH FEVER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CONVULSIONS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HANDS AND FEET.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	LONG LABOR.....	1	2	8	EXCESSIVE BLEEDING.....	1	2	8	HIGH FEVER.....	1	2	8	CONVULSIONS.....	1	2	8	HANDS AND FEET.....	1	2	8
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418	CHECK 417:	AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/> (SKIP TO 420)	AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/> (SKIP TO 425)																																																
419	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/PARAMEDIC B FAMILY WELFARE VISITOR..... C MA/SACMO..... D HEALTH ASSISTANT E FAMILY WELFARE ASST (FWA) ... F OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) G UNTRAINED TBA (DAI) H UNQUALIFIED DOCTOR I RELATIVES..... J NEIGHBOURS/FRIENDS..... K OTHER _____ X (SPECIFY) NO ONE Z	HEALTH PROFESSIONAL QUALIFIED DOCTOR..... A NURSE/MIDWIFE/PARAMEDIC B FAMILY WELFARE VISITOR..... C MA/SACMO..... D HEALTH ASSISTANT E FAMILY WELFARE ASST (FWA) ... F OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) G UNTRAINED TBA (DAI) H UNQUALIFIED DOCTOR I RELATIVES..... J NEIGHBOURS/FRIENDS..... K OTHER _____ X (SPECIFY) NO ONE Z																																																
420	During this pregnancy, did you suffer from night blindness (ratkana)?	YES.....1 NO.....2 DON'T KNOW8																																																	

		LAST BIRTH LINE NUMBER _____	NEXT-TO-LAST BIRTH LINE NUMBER _____
421	During this pregnancy, did you have difficulty with your vision during the daylight?	YES.....1 NO.....2 DON'T KNOW.....8	
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/PARAMEDIC.....B FAMILY WELFARE VISITOR.....C MA/SACMO.....D HEALTH ASSISTANT.....E FAMILY WELFARE ASST (FWA) ...F OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA).....G UNTRAINED TBA (DAI).....H UNQUALIFIED DOCTOR.....I RELATIVES.....J NEIGHBOURS/FRIENDS.....K OTHER _____ X (SPECIFY) NO ONE.....Z	HEALTH PROFESSIONAL QUALIFIED DOCTOR.....A NURSE/MIDWIFE/PARAMEDIC.....B FAMILY WELFARE VISITOR.....C MA/SACMO.....D HEALTH ASSISTANT.....E FAMILY WELFARE ASST (FWA) ...F OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA).....G UNTRAINED TBA (DAI).....H UNQUALIFIED DOCTOR.....I RELATIVES.....J NEIGHBOURS/FRIENDS.....K 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 UPAZILA 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 434) ← 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) ←
427	Was (NAME) delivered by caesarian section?	YES.....1 (SKIP TO 432) ← NO.....2	YES.....1 (SKIP TO 434) ← NO.....2
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	

		LAST BIRTH LINE NUMBER _____	NEXT-TO-LAST BIRTH LINE NUMBER _____
430	Who checked on your health at that time? PROBE FOR THE MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC B FAMILY WELFARE VISITOR C MA/SACMO D HEALTH ASSISTANT E FAMILY WELFARE ASST (FWA) ... F OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) G UNTRAINED TBA (DAI) H UNQUALIFIED DOCTOR I OTHER _____ X (SPECIFY) NO ONE Z	
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 COMMUNITY CLINIC 16 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	
432A	After (NAME) was born did any medical persons check on your baby's health?	YES 1 NO 2 (SKIP TO 433) ←	
432B	How many days or weeks after the delivery did the first check takes place? RECORD '00' DAYS IF SAME DAY	DAYS AFTER DELIVERY 1 <input type="text"/> <input type="text"/> WEEKS AFTER DELIVERY ... 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	
432C	Who checked on your baby's health at that time?	HEALTH PROFESSIONAL QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC B FAMILY WELFARE VISITOR C MA/SACMO D HEALTH ASSISTANT E FAMILY WELFARE ASST (FWA) ... F OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) G UNTRAINED TBA (DAI) H UNQUALIFIED DOCTOR I OTHER _____ X (SPECIFY)	

		LAST BIRTH LINE NUMBER _____	NEXT-TO-LAST BIRTH LINE NUMBER _____
432D	Where did this first check take place?	HOME OWN HOME 01 OTHER HOME 02 PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE 11 FAMILY WELFARE CENTRE 12 UPAZILA HEALTH COMPLEX 13 SATELLITE CLINIC/ EPI OUTREACH SITE 14 MATERNAL AND CHILD WELFARE CENTER (MCWC) 15 COMMUNITY CLINIC 16 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)	
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
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"/>
440A	Was (NAME) given colostrum immediately after his/her birth?	YES 1 NO 2	YES 1 NO 2
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)

		LAST BIRTH				NEXT-TO-LAST BIRTH					
		LINE NUMBER _____				LINE NUMBER _____					
442	Are you still breastfeeding (NAME)?	YES.....1 (SKIP TO 447) ←				YES.....1 (SKIP TO 447) ←					
		NO.....2				NO.....2					
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 AND USE LAST COLUMN OF ADDITIONAL SHEET, IF NO MORE BIRTHS, GO TO 451)					
447	Did (NAME) drink anything from a bottle with a nipple last 24 hours?	YES.....1 NO.....2 DON'T KNOW.....8				YES.....1 NO.....2 DON'T KNOW.....8					
447A	Do you give (NAME) anything else to eat solid/semi-solid beside breastmilk?	YES.....1 NO.....2 (GO TO 449) ←				YES.....1 NO.....2 (GO TO 449) ←					
448	How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids in last 24 hours? IF 7 OR MORE TIMES, RECORD '7'	NUMBER OF LAST 24 HOURS <input type="text"/>				NUMBER OF LAST 24 HOURS <input type="text"/>					
449	At any time in 7 days was (NAME) given any of the following:		ANY TIME IN 7 DAYS		YESTER DAY			ANY TIME IN 7 DAYS		YESTER DAY	
	At any time yesterday (last 24 hours) was (NAME) given any of the following:		YES	NO	YES	NO		YES	NO	YES	NO
	Plain water?	PLAIN WATER	1	2	1	2	PLAIN WATER	1	2	1	2
	Sugar water/ honey/juice?	SUGAR WATER	1	2	1	2	SUGAR WATER	1	2	1	2
	Baby or infant formula?	BABY FORMULA	1	2	1	2	BABY FORMULA	1	2	1	2
	Cow's or goat's milk?	COW'S/GOAT MILK	1	2	1	2	COW'S/GOAT MILK	1	2	1	2
	Other liquids?	OTHER LIQUIDS	1	2	1	2	OTHER LIQUIDS	1	2	1	2
	Banana/papaya/mango?	BANANA/PAPAYA	1	2	1	2	BANANA/PAPAYA	1	2	1	2
	Green leafy vegetables?	GREEN VEGETABLE	1	2	1	2	GREEN VEGETABLE	1	2	1	2
	Rice, wheat, porridge?	RICE, WHEAT	1	2	1	2	RICE, WHEAT	1	2	1	2
	Meat/fish/eggs?	MEAT/FISH	1	2	1	2	MEAT/FISH	1	2	1	2
	Dal?	DAL	1	2	1	2	DAL	1	2	1	2
	Other _____? (SPECIFY)	OTHER	1	2	1	2	OTHER	1	2	1	2
450		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451.				GO BACK TO 405 AND USE LAST COLUMN OF ADDITIONAL SHEET, 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 JUNE 1998 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 FORM).		
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"/> <div style="text-align:center;"> (GO TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) </div>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align:center;"> (GO TO 453 AND USE LAST COLUMN OF ADDITIONAL SHEET; OR, IF NO MORE BIRTHS, GO TO 501) </div>
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 <div style="text-align:center;">(SKIP TO 457) ←</div> YES, NOT SEEN 2 <div style="text-align:center;">(SKIP TO 459) ←</div> NO CARD 3	YES, SEEN 1 <div style="text-align:center;">(SKIP TO 457) ←</div> YES, NOT SEEN 2 <div style="text-align:center;">(SKIP TO 459) ←</div> NO CARD 3
456	Did you ever have a vaccination card for (NAME)?	YES 1 <div style="text-align:center;">(SKIP TO 459) ←</div> NO 2	YES 1 <div style="text-align:center;">(SKIP TO 459) ←</div> 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 BCG POLIO 0 (POLIO GIVEN AT BIRTH) POLIO 1 POLIO 2 POLIO 3 DPT 1 DPT 2 DPT 3 MEASLES VITAMIN A (MOST RECENT)	DAY MON YEAR BCG. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> P0.... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> P1.... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> P2.... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> P3.... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D1.... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D2.... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D3.... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MEA... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> VIT. A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DAY MON YEAR BCG. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> P0.... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> P1.... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> P2.... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> P3.... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D1.... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D2.... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D3.... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MEA... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> VIT. A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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"/> <input type="text"/>	TIMES <input type="text"/> <input type="text"/>

		LAST BIRTH LINE NUMBER _____	NEXT-TO-LAST BIRTH LINE NUMBER _____
458	Has (NAME) received any vaccinations that were not recorded on this card? RECORD "YES" ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, 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="checkbox"/> TIMES FROM NID <input type="checkbox"/> <input type="checkbox"/>	TIMES FROM CLINIC <input type="checkbox"/> TIMES FROM NID <input type="checkbox"/> <input type="checkbox"/>
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="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>
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
465	In the last 2 weeks, did (NAME) had: Rapid breathing? Difficulty in breathing? Chest in drawing?	YES NO RAPID BREATHING 1 2 DIFFICULTY IN BREATHING 1 2 CHEST IN DRAWING 1 2	YES NO RAPID BREATHING 1 2 DIFFICULTY IN BREATHING 1 2 CHEST IN DRAWING 1 2

		LAST BIRTH			NEXT-TO-LAST BIRTH		
		LINE NUMBER _____			LINE NUMBER _____		
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 UPAZILA HEALTH COMPLEX C SATELLITE CLINIC/ EPI OUTREACH SITE D MATERNAL AND CHILD WELFARE CENTER (MCWC) E GOVT. FIELD WORKER (FWA) F COMMUNITY CLINIC G NGO SECTOR NGO STATIC CLINIC H NGO SATELLITE CLINIC I NGO FIELDWORKER J PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC K QUALIFIED DOCTOR L TRADITIONAL DOCTOR M PHARMACY N OTHER X (SPECIFY)			PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE A FAMILY WELFARE CENTRE/FWV .. B UPAZILA HEALTH COMPLEX C SATELLITE CLINIC/ EPI OUTREACH SITE D MATERNAL AND CHILD WELFARE CENTER (MCWC) E GOVT. FIELD WORKER (FWA) F COMMUNITY CLINIC G NGO SECTOR NGO STATIC CLINIC H NGO SATELLITE CLINIC I NGO FIELDWORKER J PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC K QUALIFIED DOCTOR L TRADITIONAL DOCTOR M PHARMACY N 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? Homemade sugar-salt-water solution (laban gur)? Water? Any other liquids?	YES NO DK FLUID FROM PACKET 1 2 8 LABON GUR 1 2 8 WATER 1 2 8 OTHER LIQUID 1 2 8			YES NO DK FLUID FROM PACKET 1 2 8 LABON GUR 1 2 8 WATER 1 2 8 OTHER LIQUID 1 2 8		
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		

		LAST BIRTH LINE NUMBER _____	NEXT-TO-LAST BIRTH LINE NUMBER _____
477	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	PILL /CAPSULE OR SYRUPA INJECTIONB (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 COLLEGEA FAMILY WELFARE CENTRE/FWV ...B UPAZILA HEALTH COMPLEX..... C SATELLITE CLINIC/ EPI OUTREACH SITE D MATERNAL AND CHILD WELFARE CENTER (MCWC)E GOVT. FIELD WORKER (FWA)F COMMUNITY CLINIC G NGO SECTOR NGO STATIC CLINIC H NGO SATELLITE CLINICI NGO FIELDWORKER J PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINICK QUALIFIED DOCTOR..... L TRADITIONAL DOCTOR M PHARMACY N OTHER _____ X (SPECIFY)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE A FAMILY WELFARE CENTRE/FWV .. B UPAZILA HEALTH COMPLEX..... C SATELLITE CLINIC/ EPI OUTREACH SITE D MATERNAL AND CHILD WELFARE CENTER (MCWC) E GOVT. FIELD WORKER (FWA)F COMMUNITY CLINIC G NGO SECTOR NGO STATIC CLINIC H NGO SATELLITE CLINICI NGO FIELDWORKER..... J PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC K QUALIFIED DOCTOR..... L TRADITIONAL DOCTOR M PHARMACY..... N OTHER _____ X (SPECIFY)
480		GO BACK TO 453 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501	GO BACK TO 453 AND USE LAST COLUMN OF ADDITIONAL SHHET; OR IF NO MORE BIRTHS, GO TO 501

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 (WIDOWED, DIVORCED, DESERTED OR SEPARATED) <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															
505A	How long he is not staying with you?	MONTHS <input type="text"/> <input type="text"/>																
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 <input type="checkbox"/></td> <td align="center">MARRIED MORE THAN ONCE <input type="checkbox"/></td> </tr> <tr> <td align="center">↓</td> <td align="center">↓</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 <input type="checkbox"/>	MARRIED MORE THAN ONCE <input type="checkbox"/>	↓	↓	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 510											
MARRIED ONLY ONCE <input type="checkbox"/>	MARRIED MORE THAN ONCE <input type="checkbox"/>																	
↓	↓																	
509	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>																
510	How old was your husband when you started living with him?	AGE <input type="text"/> <input type="text"/>																
512	DETERMINE MONTHS MARRIED SINCE JUNE 1998. ENTER "X" IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JUNE 1998. 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 (WIDOWED, DIVORCED, DESERTED OR SEPARATED) <input type="checkbox"/>	614
601B	CHECK 106A: NEITHER STERILIZED <input type="checkbox"/>	HE OR SHE STERILIZED <input type="checkbox"/>	614
602	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	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?	MONTHS 1 <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 (SPECIFY) 996 DON'T KNOW998	609
604	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		610
605	CHECK 310: USING A METHOD? NOT ASKED PREGNANT <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
607	<p>CHECK 602: CHECK 602:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>WANTS A/ANOTHER CHILDREN <input type="checkbox"/></p> <p style="text-align: center;">↓</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?</p> </td> <td style="width: 50%; vertical-align: top;"> <p>WANTS NO MORE CHILDREN <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>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> </td> </tr> </table> <p>RECORD ALL MENTIONED</p>	<p>WANTS A/ANOTHER CHILDREN <input type="checkbox"/></p> <p style="text-align: center;">↓</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?</p>	<p>WANTS NO MORE CHILDREN <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>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>FERTILITY-RELATED REASONS</p> <ul style="list-style-type: none"> NOT HAVING SEX..... A INFREQUENT SEX..... B MENOPAUSAL/HYSTERECTOMY... C SUBFECUND/INFECUND D POSTPARTUM AMENORRHEIC..... E FATALISTIC F <p>OPPOSITION TO USE</p> <ul style="list-style-type: none"> RESPONDENT OPPOSED..... G HUSBAND OPPOSED H OTHERS OPPOSED I RELIGIOUS PROHIBITION J <p>LACK OF KNOWLEDGE</p> <ul style="list-style-type: none"> KNOWS NO METHOD..... K KNOWS NO SOURCE L <p>METHOD-RELATED REASONS</p> <ul style="list-style-type: none"> HEALTH CONCERNS..... M FEAR OF SIDE EFFECTS N LACK OF ACCESS/TOO FAR O COST TOO MUCH..... P INCONVENIENT TO USE..... Q INTERFERES WITH BODY'S NORMAL PROCESSES R <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>							
<p>WANTS A/ANOTHER CHILDREN <input type="checkbox"/></p> <p style="text-align: center;">↓</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?</p>	<p>WANTS NO MORE CHILDREN <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>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>										
609	<p>CHECK 310: USING A METHOD?</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;"><input type="checkbox"/></td> </tr> <tr> <td>NOT ASKED</td> <td>NOT CURRENTLY USING</td> <td>CURRENTLY USING</td> <td>→ 614</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOT ASKED	NOT CURRENTLY USING	CURRENTLY USING	→ 614		614
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
NOT ASKED	NOT CURRENTLY USING	CURRENTLY USING	→ 614								
610	<p>Do you think you will use a method to delay or avoid pregnancy at any time in the future?</p>	<ul style="list-style-type: none"> YES 1 NO..... 2 DON'T KNOW 8 	612								
611	<p>Which method would you prefer to use?</p>	<ul style="list-style-type: none"> FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL..... 03 IUD..... 04 INJECTIONS 05 IMPLANTS 06 CONDOM..... 07 PERIODIC ABSTINENCE 08 WITHDRAWAL..... 09 OTHER METHOD _____ 10 (SPECIFY) UNSURE 98 	614								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	<p>What is the main reason that you think you will not use a method at any time in the future?</p>	<p>FERTILITY-RELATED REASONS NOT HAVING SEX..... 11 INFREQUENT SEX..... 12 MENOPAUSAL/HYSTERECTOMY.. 13 SUBFECUND/INFECUND 14 POSTPARTUM AMENORRHEIC..... 15 FATALISTIC 16</p> <p>OPPOSITION TO USE RESPONDENT OPPOSED.....21 HUSBAND OPPOSED22 OTHERS OPPOSED23 RELIGIOUS PROHIBITION24</p> <p>LACK OF KNOWLEDGE KNOWS NO METHOD.....31 KNOWS NO SOURCE32</p> <p>METHOD-RELATED REASONS HEALTH CONCERNS..... 41 FEAR OF SIDE EFFECTS42 LACK OF ACCESS/TOO FAR43 COST TOO MUCH.....45 INCONVENIENT TO USE.....46 INTERFERES WITH BODY'S NORMAL PROCESSES 47</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW98</p>	
614	<p>CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	619
615	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?</p>	<p>NUMBER</p> <p>BOYS <input type="text"/> <input type="text"/></p> <p>GIRLS <input type="text"/> <input type="text"/></p> <p>EITHER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	
619	<p>In the last month have you heard about family planning:</p> <p>On the radio?</p> <p>On the television?</p> <p>In a newspaper or magazine?</p> <p>From a poster or billboard or leaflet?</p> <p>From a community event?</p>	<p>SOME- OFTEN TIMES NEVER</p> <p>RADIO.....1 2 3</p> <p>TELEVISION1 2 3</p> <p>NEWSPAPER1 2 3</p> <p>POSTER/BILLBOARD.1 2 3</p> <p>COMMUNITY EVENT .1 2 3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619A	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		701
621	How often have you talked to your husband about family planning in the last three months?	NEVER.....1 ONCE OR TWICE2 MORE OFTEN8	
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 CHILDREN2 FEWER CHILDREN3 DON'T KNOW8	

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?	YES1 NO.....2	→709A
702	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 BILL BOARD/SIGN BOARD K OTHER _____ X (SPECIFY)	
703	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES1 NO.....2 DON'T KNOW8	→705
704	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 NEEDLE/SYRING 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	
705	Is it possible for a healthy-looking person to have the AIDS virus?	YES1 NO.....2 DON'T KNOW8	
706	Can the virus that causes AIDS be transmitted from a mother to a child?	YES1 NO.....2 DON'T KNOW8	
707	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		→709A
708	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband?	YES1 NO.....2	
709A	(Apart from AIDS), have you heard about (other) infection/disease that can be transmitted through sexual contact?	YES1 NO.....2	→710

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709B	Have you heard about -----? a. Syphilis b. Gonorrhea	YES NO 1 2 1 2	
709C	CHECK 709B: AT LEAST ONE "YES" <input type="checkbox"/> NOT A SINGLE "YES" <input type="checkbox"/>		712
710	In a man, what signs and symptoms would lead you to think that he has such a disease? Any others? RECORD ALL MENTIONED.	LOWER ABDOMINAL PAIN A DISCHARGE FROM PENIS/DRIPPING .. 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	
711	In a woman, what signs and symptoms would lead you to think that she has such a disease? 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
712	<p>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:</p> <p>1. Any itching or irritation in vaginal area with a discharge?</p> <p>2. A genital sore or ulcer?</p> <p>3. A bad odour along with a discharge?</p> <p>4. Severe lower abdominal pain with a discharge, not related with menstruation?</p> <p>5. A fever along with a discharge?</p> <p>6. Problem with pain or burning while urinating or more frequent or difficult urination?</p> <p>CHECK Q106A: IF NOT CURRENTLY MARRIED THEN SKIP TO ITEM 9</p> <p>7. Pain in abdomen or vagina during intercourse?</p> <p>8. Blood after having sex when you are not menstruating?</p> <p>9. Any other problem with a discharge? _____ (SPECIFY)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">YES</th> <th style="width: 20%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ITCHING/IRRITATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GENITAL SORE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BAD ODOUR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ABDOMINAL PAIN.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEVER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINATING PROBLEM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PAIN INTERCOURSE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD AFTER SEX.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER PROBLEM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ITCHING/IRRITATION	1	2	GENITAL SORE	1	2	BAD ODOUR.....	1	2	ABDOMINAL PAIN.....	1	2	FEVER	1	2	URINATING PROBLEM	1	2	PAIN INTERCOURSE	1	2	BLOOD AFTER SEX.....	1	2	OTHER PROBLEM	1	2	
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PAIN INTERCOURSE	1	2																															
BLOOD AFTER SEX.....	1	2																															
OTHER PROBLEM	1	2																															
713	<p>CHECK 712:</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p> <p style="text-align: center;">NOT A SINGLE "YES" <input type="checkbox"/></p>		801																														
714	<p>Have you seen anyone for advice or treatment to help you with (this/these) problem (s)?</p> <p>IF YES, ASK: Whom did you see?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/MEDICAL COLLEGEA</p> <p>FAMILY WELFARE CENTRE/FWVB</p> <p>THANA HEALTH COMPLEX.....C</p> <p>SATELLITE CLINIC/ EPI OUTREACH SITED</p> <p>MATERNAL AND CHILD WELFARE CENTER (MCWC)E</p> <p>GOVT. FIELD WORKER (FWA)F</p> <p>COMMUNITY CLINIC.....G</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC.....H</p> <p>NGO SATELLITE CLINICI</p> <p>NGO FIELDWORKER.....J</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....K</p> <p>QUALIFIED DOCTOR.....L</p> <p>TRADITIONAL DOCTORM</p> <p>PHARMACYN</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONEZ</p>																															

SECTION 8. HUSBAND'S BACKGROUND, WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> <div style="margin-left: 100px;">↓</div> WIDOWED/ DIVORCED/ DESERTED/ SEPARATED <input type="checkbox"/>	<input type="checkbox"/> → 803	
802	How old was your husband/partner on his last birthday?	AGE..... <input type="text"/> <input type="text"/>	
803	Have you husband ever attended school or madrasha?	YES, SCHOOL 1 → YES, MADRASHA 2 → YES, BOTH 3 NO 4 →	805 805 806
804	What type of schooling (NAME) has he last attended?	SCHOOL 1 MADRASHA 2	
805	What level of schooling has he last attended? What is the highest grade he completed at that schooling?	LEVEL <input type="text"/> GRADE <input type="text"/> <input type="text"/>	
806	What kind of work does did) your (last) husband mainly do?	_____ <input type="text"/> <input type="text"/> _____ _____	
807	Now I would like to ask you some questions about your work. Aside from your own housework, are you currently working?	YES 1 → NO 2	809
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES 1 NO 2 →	812
809	What is your occupation, that is, what kind of work do (did) you mainly do?	_____ <input type="text"/> <input type="text"/> _____ _____	
810	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
811A	Are you paid in cash or kind for this work or are you not paid?	CASH ONLY 1 KIND ONLY 2 → CASH AND KIND 3 NOT PAID 4 →	812 812
811B	Who mainly decides how the money you earn will be used?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
812	Who in you family usually has the final say on the following decisions: Your own health care? Child health care? Making large household purchases? Making household purchases for daily needs? Visits to family, friends, or relatives? What food should be cooked each day?	RESPONDENT=1, HUSBAND=2, RESPONDENT & HUSBAND JOINTLY=3, SOMEONE ELSE=4, RESPONDENT & SOMEONE ELSE JOINTLY =5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 HERSELF 1 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
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 <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	

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

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- H HYSTERECTOMY
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTIONS
- 6 IMPLANTS
- 7 CONDOM
- A PERIODIC ABSTINENCE
- W WITHDRAWAL
- X OTHER _____
(SPECIFY)

COL.2: SOURCE OF CONTRACEPTION

- 1 HOSPITAL/MEDICAL COLLEGE
- 2 FAMILY WELFARE CENTER
- 3 THANA HEALTH COMPLEX
- 4 SATELLITE/EPI CLINIC
- 5 COMMUNITY CLINIC
- 6 PVT. CLINIC/DOCTOR
- 7 TRADITIONAL DOCTOR
- 8 PHARMACY
- 9 SHOP
- A FRIENDS/RELATIVES
- B FIELDWORKER/FWA
- C NGO CLINIC
- X OTHER _____
(SPECIFY)

COL.3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COST TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSE
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____
(SPECIFY)
- Z DON'T KNOW

COL.4: MARRIAGE/UNION

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

TERMINATION OF LAST PREGNANCY PRIOR TO JUNE 1998

IF NO PREVIOUS PREGNANCY, RECORD '00' FOR MONTH AND '0000' FOR YEAR

MONTH.....
 YEAR

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

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: _____