

NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2006
WOMAN'S QUESTIONNAIRE

| IDENTIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME AND CODE OF DISTRICT _____ | <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td></tr> <tr><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td></tr> <tr><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td></tr> <tr><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td></tr> <tr><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td></tr> <tr><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td></tr> <tr><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td></tr> <tr><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td><td style="width:25%; height:25px;"></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME AND CODE OF VILLAGE/MUNICIPALITY _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WARD NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLUSTER NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOUSEHOLD NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY/TOWN/RURAL (CITY=1, TOWN=2, RURAL=3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME AND LINE NUMBER OF WOMAN _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF HOUSEHOLD HEAD _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WOMAN ELIGIBLE FOR VERBAL AUTOPSY QUESTIONNAIRE (YES=1; NO=2) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INTERVIEWER VISITS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | FINAL VISIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE | _____ | _____ | _____ | DAY <table border="1" style="width:30px; height:20px;"></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INTERVIEWER'S NAME | _____ | _____ | _____ | MONTH <table border="1" style="width:30px; height:20px;"></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESULT* | _____ | _____ | _____ | YEAR <table border="1" style="width:30px; height:20px; text-align:center;">2 0 6</table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEXT VISIT: DATE | _____ | _____ | | INT. NUMBER <table border="1" style="width:30px; height:20px;"></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME | _____ | _____ | | RESULT <table border="1" style="width:30px; height:20px;"></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | TOTAL NUMBER OF VISITS <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *RESULT CODES: 1 COMPLETED 5 PARTLY COMPLETED 2 NOT AT HOME 6 INCAPACITATED 3 POSTPONED 7 OTHER _____ 4 REFUSED (SPECIFY) _____ | | | | NUMBER OF STILLBIRTHS <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | NUMBER OF NEONATAL DEATHS <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | NUMBER OF CHILD DEATHS <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE <u>ENGLISH</u> <table border="1" style="width:30px; height:20px; float:right;">5</table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LANGUAGE OF INTERVIEW _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NATIVE LANGUAGE OF RESPONDENT _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRANSLATOR USED (YES=1; NO=2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LANGUAGE CODES: NEPALI=1; BHOJPURI=2; MAITHILI=3; THARU=4; OTHER=5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUPERVISOR | FIELD EDITOR | | OFFICE EDITOR | KEYED BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME _____ | NAME _____ | | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE _____ | DATE _____ | | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

| |
|---|
| <p>INFORMED CONSENT</p> <p>Hello. My name is _____ and I am working with the MINISTRY OF HEALTH AND POPULATION. We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes about 1 hour 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 if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. 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> <p align="center">↓</p> |
|---|

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|------|---|--|-------|--|-------|--|--|--|--|--|--|
| 101 | RECORD THE TIME. | HOUR <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| 101A | COLLECT ANY RELEVANT DOCUMENTS THAT MAY HAVE INFORMATION ON THE RESPONDENT'S AGE AND HER CHILDREN'S AGE AND IMMUNISATIONS. | | | | | | | | | | |
| 102 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS. | YEARS <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> ALWAYS 95 VISITOR 96 | | | → 104 | | | | | | |
| | | | | | | | | | | | |
| 103 | Just before you moved here, did you live in a city, in a town, or in the countryside? | CITY 1 TOWN 2 COUNTRYSIDE 3 | | | | | | | | | |
| 104 | Have you travelled away from your home community at any time in the last 12 months? | YES 1 NO 2 | → 107 | | | | | | | | |
| 105 | How many months in total have you been away in the last 12 months? IF LESS THAN 1 MONTH RECORD '00'. | NUMBER OF MONTHS <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 106 | Where have you travelled in the last 12 months? PROBE: Anywhere else? RECORD ALL PLACES MENTIONED. IF INDIA, WRITE NAME OF STATE/CITY. IF OTHER THAN INDIA AND NEPAL, WRITE NAME OF THE COUNTRY. | NEPAL A INDIA B (SPECIFY CITY/STATE) OTHER X (SPECIFY COUNTRY) | | | | | | | | | |
| 107 | In what month and year were you born? | MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> DON'T KNOW YEAR 9998 | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 108 | How old were you at your last birthday? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT. | AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 109 | Have you ever attended school? | YES 1 NO 2 | → 112 | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 110 | What is the highest grade you completed? | GRADE <input type="text"/> <input type="text"/> | |
| 111 | CHECK 110: GRADE 5 OR LOWER <input type="checkbox"/> GRADE 6 OR HIGHER <input type="checkbox"/> | → 115 | |
| 112 | Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me? | CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE. . . 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5 | |
| 113 | Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)? | YES 1 NO 2 | |
| 114 | CHECK 112: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/> | → 116 | |
| 115 | Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |
| 116 | Do you listen to the radio almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |
| 117 | Do you watch television almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |
| 118 | What is your religion? | HINDU 1 BUDDHIST 2 MUSLIM 3 KIRAT 4 CHRISTIAN 5 OTHER 6 (SPECIFY)(SPECIFY) | |
| 119 | What is your caste/ethnicity? WRITE CASTE/ETHNICITY ON LINE PROVIDED. LEAVE BOX BLANK. CODE WILL BE FILLED BY FIELD EDITOR. | <input type="text"/> <input type="text"/> _____ (CASTE/ETHNICITY) | |

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 201 | Now I would like to ask you about all the pregnancies that you have had during your life. By this I mean all the children born to you whether they were born alive or dead, whether they are still living or not, whether they live with you or somewhere else, and all the pregnancies that you have had that did not result in a live birth. I understand that it is not easy to talk about children who have died, or pregnancies that ended before full term, but it is important that you tell us about all of them, so that the government can develop programs to improve children's health. | | |
| 202 | First I would like to ask about all the births you have had during your life. Have you ever given birth? | YES 1 NO 2 | → 207 |
| 203 | Do you have any sons or daughters to whom you have given birth who are now living with you? | YES 1 NO 2 | → 205 |
| 204 | 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"/> | |
| 205 | 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 | → 207 |
| 206 | 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"/> | |
| 207 | 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 | → 209 |
| 208 | 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"/> | |
| 209 | Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end in a miscarriage, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth? | YES 1 NO 2 | → 211 |
| 210 | How many pregnancies have you had that did not end in a live birth? | PREGNANCY LOSSES <input type="text"/> <input type="text"/> | |
| 211 | SUM ANSWERS TO 204, 206, 208 AND 210 AND ENTER TOTAL. IF NONE, RECORD '00'. | TOTAL <input type="text"/> <input type="text"/> | |
| 212 | CHECK 211: Just to make sure that I have this right: you have had in TOTAL _____ pregnancies during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 202-211 AS NECESSARY. | | |
| 213 | CHECK 211: ONE OR MORE PREGNANCIES <input type="checkbox"/> NO PREGNANCIES <input type="checkbox"/> → | | → 236 |

| | | | | | | | | | | |
|-----|---|--|---|-----------------------------------|----------------------------|---|-----------------------------------|--|----------------------------|---|
| 214 | Now I would like to record all your pregnancies, whether born alive, born dead, or lost before full term, starting with the first one you had. RECORD ALL THE PREGNANCIES IN 216. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 10 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW). | | | | | | | | | |
| 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 IF BORN ALIVE AND STILL LIVING: | 224 | 225 |
| | Think back to your first pregnancy. Was that a single or multiple pregnancy? | Was the baby born alive, born dead, or lost before birth? | Did that baby cry, move, or breathe when it was born? | What name was given to the child? | Is (NAME) a boy or a girl? | In what month and year was name born? | Is (NAME) still alive? | How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). |
| 01 | SING ... 1 MULT ... 2 | BORN ALIVE ... 1 (SKIP TO 219) ← BORN DEAD ... 2 LOST BEFORE FULL TERM ... 3 (SKIP TO 228) ← | YES ... 1 NO ... 2 ↓ 228 | NAME | 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 ↓ 226 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT PREGNANCY) |
| 02 | SING ... 1 MULT ... 2 | BORN ALIVE ... 1 (SKIP TO 219) ← BORN DEAD ... 2 LOST BEFORE FULL TERM ... 3 (SKIP TO 228) ← | YES ... 1 NO ... 2 ↓ 228 | NAME | 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 ↓ 226 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 231) |
| 03 | SING ... 1 MULT ... 2 | BORN ALIVE ... 1 (SKIP TO 219) ← BORN DEAD ... 2 LOST BEFORE FULL TERM ... 3 (SKIP TO 228) ← | YES ... 1 NO ... 2 ↓ 228 | NAME | 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 ↓ 226 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 231) |
| 04 | SING ... 1 MULT ... 2 | BORN ALIVE ... 1 (SKIP TO 219) ← BORN DEAD ... 2 LOST BEFORE FULL TERM ... 3 (SKIP TO 228) ← | YES ... 1 NO ... 2 ↓ 228 | NAME | 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 ↓ 226 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 231) |
| 05 | SING ... 1 MULT ... 2 | BORN ALIVE ... 1 (SKIP TO 219) ← BORN DEAD ... 2 LOST BEFORE FULL TERM ... 3 (SKIP TO 228) ← | YES ... 1 NO ... 2 ↓ 228 | NAME | 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 ↓ 226 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 231) |
| 06 | SING ... 1 MULT ... 2 | BORN ALIVE ... 1 (SKIP TO 219) ← BORN DEAD ... 2 LOST BEFORE FULL TERM ... 3 (SKIP TO 228) ← | YES ... 1 NO ... 2 ↓ 228 | NAME | 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 ↓ 226 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 231) |

| 226 | 226A IF BORN ALIVE BUT NOW DEAD | 227 | 228 IF BORN DEAD OR LOST | 229 BEFORE BIRTH | 230 | 231 |
|--|---|---|---|---|---|---|
| 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. | IF AGE AT DEATH IS REPORTED AS 5 YEARS OR LESS PROBE FOR EXACT NUMBER OF MONTHS AT DEATH FOR AGE AT DEATH MORE THAN 5 YEARS FOLLOW SKIP AS SHOWN | In what month and year did (NAME) die? | In what month and year did this pregnancy end? | How many months did this pregnancy last? RECORD IN COMPLETED MONTHS. | Did you or someone else do something to end this pregnancy? | Were there any other pregnancies between the previous pregnancy and this pregnancy? |
| DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> (SKIP TO 227) YEARS ... 3 <input type="text"/> <input type="text"/> | MONTH <input type="text"/> <input type="text"/> (NEXT PREGNANCY) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (NEXT PREGNANCY) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | |
| DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> (SKIP TO 227) YEARS ... 3 <input type="text"/> <input type="text"/> | MONTH <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | YES ... 1 ADD ↙ PREG. NO ... 2 NEXT ↙ PREG. |
| DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> (SKIP TO 227) YEARS ... 3 <input type="text"/> <input type="text"/> | MONTH <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | YES ... 1 ADD ↙ PREG. NO ... 2 NEXT ↙ PREG. |
| DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> (SKIP TO 227) YEARS ... 3 <input type="text"/> <input type="text"/> | MONTH <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | YES ... 1 ADD ↙ PREG. NO ... 2 NEXT ↙ PREG. |
| DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> (SKIP TO 227) YEARS ... 3 <input type="text"/> <input type="text"/> | MONTH <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | YES ... 1 ADD ↙ PREG. NO ... 2 NEXT ↙ PREG. |
| DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> (SKIP TO 227) YEARS ... 3 <input type="text"/> <input type="text"/> | MONTH <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | YES ... 1 ADD ↙ PREG. NO ... 2 NEXT ↙ PREG. |

| 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 IF BORN ALIVE AND STILL LIVING: | 224 | 225 |
|-----|---|--|---|-----------------------------------|----------------------------|---|---------------------------------------|--|----------------------------|---|
| | Think back to your first pregnancy. Was that a single or multiple pregnancy? | Was the baby born alive, born dead, or lost before birth? | Did that baby cry, move, or breathe when it was born? | What name was given to the child? | Is (NAME) a boy or a girl? | In what month and year was name born? | Is (NAME) still alive? | How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD). |
| 07 | SING 1 MULT 2 | BORN ALIVE 1 1 SKIP TO 219) ← BORN DEAD 2 2 LOST BEFORE FULL TERM 3 (SKIP TO 228) ← | YES . . . 1 NO . . . 2 ↓ 228 | NAME | 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 ↓ 226 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES . . . 1 NO . . . 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 231) |
| 08 | SING 1 MULT 2 | BORN ALIVE 1 1 SKIP TO 219) ← BORN DEAD 2 2 LOST BEFORE FULL TERM 3 (SKIP TO 228) ← | YES . . . 1 NO . . . 2 ↓ 228 | NAME | 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 ↓ 226 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES . . . 1 NO . . . 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 231) |
| 09 | SING 1 MULT 2 | BORN ALIVE 1 1 SKIP TO 219) ← BORN DEAD 2 2 LOST BEFORE FULL TERM 3 (SKIP TO 228) ← | YES . . . 1 NO . . . 2 ↓ 228 | NAME | 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 ↓ 226 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES . . . 1 NO . . . 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 231) |
| 10 | SING 1 MULT 2 | BORN ALIVE 1 1 SKIP TO 219) ← BORN DEAD 2 2 LOST BEFORE FULL TERM 3 (SKIP TO 228) ← | YES . . . 1 NO . . . 2 ↓ 228 | NAME | 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 ↓ 226 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES . . . 1 NO . . . 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 231) |

| | | |
|-----|---|---------------------------|
| 232 | Have you had any pregnancy since the last pregnancy mentioned? IF YES, RECORD PREGNANCY(S) IN TABLE. | YES 1 NO 2 |
|-----|---|---------------------------|

| | | |
|------|---|--|
| 233 | <p>COMPARE 211 WITH NUMBER OF PREGNANCIES 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 PREGNANCY: YEAR OF IS RECORDED IN 221, 227 AND 228. FOR EACH BIRTH SINCE BAISAKH 2057: MONTH AND YEAR OF BIRTH ARE RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN 223. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN 226. FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT</p> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 233A | CHECK 228 AND 229 AND ENTER THE NUMBER OF STILLBIRTHS IN 2057 OR LATER AND THE PREGNANCY LASTED FOR 7 MONTHS OR MORE. IF NONE, RECORD '0'. | <input type="text"/> |
| 233B | CHECK 226, 226A AND 227 AND ENTER THE NUMBER OF DEATHS AT AGE 0-59 MONTHS IN 2057 OR LATER. IF NONE, RECORD '0'. | <input type="text"/> |
| 233C | CHECK 233A AND 233B. IF ONE OR MORE READ THE FOLLOWING STATEMENT: We would like to get more information on the circumstances around the deaths of young children so that the government can provide services to help reduce these deaths. We would like to come back and talk with you about your child(ren)'s death. Is this okay? | <input type="text"/> |
| 234 | CHECK 221 AND ENTER THE NUMBER OF BIRTHS IN 2057 OR LATER. IF NONE, RECORD '0'. | <input type="text"/> |

| 226 | 226A | 227 | 228 | 229 | 230 | 231 |
|--|---|--|---|---|---|---|
| IF BORN ALIVE BUT NOW DEAD | | IF BORN DEAD OR LOST BEFORE BIRTH | | | | |
| 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. | IF AGE AT DEATH IS REPORTED AS 5 YEARS OR LESS PROBE FOR EXACT NUMBER OF MONTHS AT DEATH FOR AGE AT DEATH MORE THAN 5 YEARS FOLLOW SKIP AS SHOWN | In what month and year did (NAME) die? | In what month and year did this pregnancy end? | How many months did this pregnancy last? RECORD IN COMPLETED MONTHS. | Did you or someone else do something to end this pregnancy? | Were there any other pregnancies between the previous pregnancy and this pregnancy? |
| DAYS . . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> (SKIP TO 227) YEARS . . 3 <input type="text"/> <input type="text"/> | MONTH <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES . . . 1 NO 2 | YES 1 ADD ↵ PREG. NO 2 NEXT ↵ PREG. |
| DAYS . . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> (SKIP TO 227) YEARS . . 3 <input type="text"/> <input type="text"/> | MONTH <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES . . . 1 NO 2 | YES 1 ADD ↵ PREG. NO 2 NEXT ↵ PREG. |
| DAYS . . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> (SKIP TO 227) YEARS . . 3 <input type="text"/> <input type="text"/> | MONTH <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES . . . 1 NO 2 | YES 1 ADD ↵ PREG. NO 2 NEXT ↵ PREG. |
| DAYS . . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> (SKIP TO 227) YEARS . . 3 <input type="text"/> <input type="text"/> | MONTH <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 231) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES . . . 1 NO 2 | YES 1 ADD ↵ PREG. NO 2 NEXT ↵ PREG. |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|---------------------------------|
| 235 | FOR EACH BIRTH SINCE BAISAKH 2057, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE RIGHT OF THE 'B' CODE. 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.) CHECK 228 FOR EACH PREGNANCY THAT DID NOT END IN A LIFE BIRTH. CHECK 230. IF YES (CODE '1' CIRCLED), ENTER 'A' FOR ABORTION OR 'T' (IF CODE '2' CIRCLED) FOR MISCARRIAGE OR STILLBIRTH, IN CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. | | |
| 236 | Are you pregnant now? | YES 1 NO 2 UNSURE 8 | <input type="checkbox"/> → 238A |
| 237 | How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. | MONTHS <input type="text"/> <input type="text"/> | |
| 238 | 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 | |
| 238A | CHECK 228: WOMAN HAVING MISCARRIAGE/ABORTION <input type="checkbox"/> | WOMAN NOT HAVING MISCARRIAGE/ABORTION <input type="checkbox"/> | <input type="checkbox"/> → 239 |
| 238B | Did you suffer any complications from your last miscarriage/abortion? | YES 1 NO 2 | |
| 238C | Did you have your uterus cleaned at a health facility? | YES 1 NO 2 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|------|--|---|--------|--|--|--|--|--|--|--|--|
| 239 | When did your last menstrual period start? _____ (DATE, IF GIVEN) | DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996 | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 240 | From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations? | YES 1 NO 2 DON'T KNOW 8 | ↘ 241A | | | | | | | | |
| 241 | Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods? | JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8 | | | | | | | | | |
| 241A | Is abortion legal in Nepal? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | |
| 241B | Do you know of a place where a woman can go to get an abortion? | YES 1 NO 2 DON'T KNOW 8 | ↘ 301 | | | | | | | | |
| 241C | Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) | PUBLIC SECTOR GOVT. HOSPITAL/CLINIC A PHC CENTER B HEALTH POST C SUB-HEALTH POST D PHC OUTREACH E FCHV F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECTOR FPAN H MARIE STOPES I ADRA J NEPAL RED CROSS K UMN L OTHER NGO _____ M (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC N NURSING HOME O PHARMACY P PRIVATE DOCTOR Q OTHER PRIVATE MEDICAL _____ R (SPECIFY) OTHER SOURCE TBA S OTHER _____ X (SPECIFY) | | | | | | | | | |

SECTION 3A. MARRIAGE AND COHABITATION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|-------------------------|
| 301 | What is your current marital status? | CURRENTLY MARRIED 1 MARRIED, GAUNA NOT PERFORMED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED 6 | → 305 → 307 → 312 |
| 302 | Are you living with your husband now or is he staying elsewhere? | LIVING WITH HUSBAND 1 STAYING ELSEWHERE 2 | → 304 |
| 303 | For how long have you and your husband not been living together? IF LESS THAN 1 YEAR, RECORD MONTHS, OTHERWISE RECORD IN COMPLETED YEARS. | MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> | |
| 304 | 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"/> | |
| 305 | Besides yourself, does your husband have other wives? | YES 1 NO 2 DON'T KNOW 8 | → 307 |
| 306 | How many other wives does your husband have? | NUMBER OF OTHER WIVES <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 307 | Have you been married only once or more than once? | ONLY ONCE 1 MORE THAN ONCE 2 | → 308A |
| 308 | In what month and year did you get married? | 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 | → 310 |
| 308A | Now I would like to ask about when you married your first husband. In what month and year was that? | | |
| 309 | How old were you when you (first) got married? | AGE <input type="text"/> <input type="text"/> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|---|---------------------------|
| 310 | <p>CHECK 307:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED ONLY ONCE</p> <p>↓</p> <p>In what month and year did you start living with your husband?</p> </div> <div style="text-align: center;"> <p>MARRIED MORE THAN ONCE</p> <p>↓</p> <p>Now I would like to ask about when you started living with your first husband. In what month and year was that?</p> </div> </div> | <p>MONTH <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW YEAR 9998</p> <p>HAS NOT STARTED LIVING WITH HIM 9996</p> | <p>→ 312</p> <p>→ 312</p> |
| 311 | <p>How old were you when you first started living with him?</p> <p>PROMPT: At gauna?</p> | <p>AGE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> | |
| 312 | CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. | | |
| 313 | <p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p> | <p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND 95</p> | <p>→ 314</p> <p>→ 314</p> |
| 313A | <p>Do you intend to wait until you get married or until gauna has taken place to have sexual intercourse for the first time?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p> | |

SECTION 3B. CONTRACEPTION

| | | |
|-----|---|---|
| 314 | <p>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.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 314 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 314, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. PERFORM THE CHECK IN 315. IF '00' IS NOT CIRCLED IN 313, THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 314, ASK 316.</p> | 316 Have you ever used (METHOD)? |
| 01 | <p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p> | <p>YES 1 NO 2 ↘</p> <p>Have you ever had an operation to avoid having any more children? YES 1 NO 2</p> |
| 02 | <p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p> | <p>YES 1 NO 2 ↘</p> <p>Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2</p> |
| 03 | <p>PILL Women can take a pill every day to avoid becoming pregnant.</p> | <p>YES 1 NO 2 ↘</p> <p>YES 1 NO 2</p> |
| 04 | <p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p> | <p>YES 1 NO 2 ↘</p> <p>YES 1 NO 2</p> |
| 05 | <p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p> | <p>YES 1 NO 2 ↘</p> <p>YES 1 NO 2</p> |
| 06 | <p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p> | <p>YES 1 NO 2 ↘</p> <p>YES 1 NO 2</p> |
| 07 | <p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p> | <p>YES 1 NO 2 ↘</p> <p>YES 1 NO 2</p> |
| 08 | <p>RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.</p> | <p>YES 1 NO 2 ↘</p> <p>YES 1 NO 2</p> |
| 09 | <p>WITHDRAWAL Men can be careful and pull out before climax.</p> | <p>YES 1 NO 2 ↘</p> <p>YES 1 NO 2</p> |
| 10 | <p>EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within three days to prevent pregnancy.</p> | <p>YES 1 NO 2 ↘</p> <p>YES 1 NO 2</p> |
| 11 | <p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p> | <p>YES 1 _____ (SPECIFY) NO 2</p> <p>YES 1 _____ (SPECIFY) NO 2</p> |
| 315 | <p>CHECK 313:</p> <p>CODE '00' CIRCLED CODE '00' NOT CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>↓ ↓</p> <p>SKIP TO 319 GO TO 316 FOR KNOWN METHODS</p> | |
| 317 | <p>CHECK 316:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → 321</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|----------|
| 318 | Have you ever used anything or tried in any way to delay or avoid getting pregnant? | YES 1 NO 2 | → 320 |
| 319 | ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH. | | → 345 |
| 320 | What have you used or done? CORRECT 316 AND 317 (AND 314 IF NECESSARY). | | |
| 321 | Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. 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"/> | |
| 322 | CHECK 316 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/> | | → 325A |
| 323 | CHECK 236: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | → 334 |
| 324 | Are you currently doing something or using any method to delay or avoid getting pregnant? | YES 1 NO 2 | → 334 |
| 325 | Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. | FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G DIAPHRAGM I FOAM/JELLY J RHYTHM METHOD L WITHDRAWAL M OTHER X (SPECIFY) | } → 331A |
| 325A | CIRCLE 'A' FOR FEMALE STERILIZATION. | | |
| 326 | The last time you obtained (HIGHEST METHOD ON LIST IN 325), how much did you pay in total, including the cost of the method and any consultation you may have had? | COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 9995 DON'T KNOW 9998 | |
| 326A | CHECK 325/325A: WOMAN/MAN STERILIZED (CODE 'A' OR 'B' CIRCLED) <input type="checkbox"/> WOMAN/MAN NOT STERILIZED (CODE 'A' OR 'B' NOT CIRCLED) <input type="checkbox"/> | | → 331A |
| 327 | In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) | PUBLIC SECTOR GOVT. HOSPITAL/CLINIC 11 PHC CENTER 12 MOBILE CLINIC 13 OTHER GOVT. 16 (SPECIFY) NON-GOVT (NGO) SECTOR FPAN 21 MARIE STOPES 22 ADRA 23 NEPAL RED CROSS 24 UMN 25 OTHER NGO 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ NURSING HOME 31 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY) DON'T KNOW 98 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|--|--|
| 328 | <p>CHECK 325/325A:</p> <p style="text-align: center;"> CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> </p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | | | | | | | | | |
| 329 | Do you regret that you/your husband had the operation? | <p>YES 1</p> <p>NO 2</p> | → 331 | | | | | | | | |
| 330 | Why do you regret the operation? | <p>RESPONDENT WANTS ANOTHER CHILD 1</p> <p>HUSBAND WANTS ANOTHER CHILD 2</p> <p>SIDE EFFECTS 3</p> <p>MARITAL STATUS HAS CHANGED 4</p> <p>OPERATION FAILED 5</p> <p>CHILD DIED 7</p> <p>OTHER _____ 6 (SPECIFY)</p> | | | | | | | | | |
| 331 | In what month and year was the sterilization performed? | | | | | | | | | | |
| 331A | <p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p> | <p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 332 | <p>CHECK 331/331A, 221 AND 228:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 331/331A</p> <p style="text-align: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </p> <p>GO BACK TO 331/331A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p> | | | | | | | | | | |
| 333 | <p>CHECK 331/331A:</p> <p style="text-align: center;"> YEAR IS 2057 OR LATER <input type="checkbox"/> YEAR IS 2056 OR EARLIER <input type="checkbox"/> </p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE WITH 334.</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO BAISAKH 2057.</p> <p>THEN SKIP TO → 343</p> | | | | | | | | | | |
| 334 | <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 BAISAKH 2057.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</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? | | | | | | | | | | |
| 335 | <p>CHECK 325/325A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 325/325A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p> | <p>NO CODE CIRCLED 00</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p> | <p>→ 345</p> <p>→ 338</p> <p>→ 347</p> <p>→ 336A</p> <p>→ 347</p> <p>→ 347</p> | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|---|
| 336 | <p>Where did you obtain (CURRENT METHOD) when you started using it?</p> | <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC 11</p> <p>PHC CENTER 12</p> <p>HEALTH POST 13</p> <p>SUB-HEALTH POST 14</p> <p>PHC OUTREACH 15</p> <p>MOBILE CLINIC 17</p> <p>FCHV 18</p> <p>CONDOM BOX 19</p> <p>OTHER GOVT. _____ 16</p> <p>(SPECIFY)</p> <p>NON-GOVT. (NGO) SECTOR</p> <p>FPAN 21</p> <p>MARIE STOPES 22</p> <p>ADRA 23</p> <p>NEPAL RED CROSS 24</p> <p>UMN 25</p> <p>OTHER NGO. _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ NURSING HOME 31</p> <p>PHARMACY 32</p> <p>OTHER PRIVATE MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>FRIEND/RELATIVE 42</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | |
| 336A | <p>Where did you learn to use the rhythm method?</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | | |
| 337 | <p>CHECK 325/325A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 325/325A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p> | <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>RHYTHM METHOD 12</p> | <p>→ 344</p> <p>→ 341</p> <p>→ 341</p> <p>→ 347</p> |
| 338 | <p>You obtained (CURRENT METHOD FROM 335) from (SOURCE OF METHOD FROM 327 OR 336) in (DATE FROM 331/331A). 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</p> | <p>→ 340</p> |
| 339 | <p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p> | <p>YES 1</p> <p>NO 2</p> | <p>→ 341</p> |
| 340 | <p>Were you told what to do if you experienced side effects or problems?</p> | <p>YES 1</p> <p>NO 2</p> | |
| 341 | <p>CHECK 338:</p> <p>CODE '1' CIRCLED <input type="checkbox"/></p> <p>CODE '1' NOT CIRCLED <input type="checkbox"/></p> <p>At that time, were you told about other methods of family planning that you could use?</p> <p>When you obtained (CURRENT METHOD FROM 335) from (SOURCE OF METHOD FROM 327 OR 336) were you told about other methods of family planning that you could use?</p> | <p>YES 1</p> <p>NO 2</p> | <p>→ 343</p> |
| 342 | <p>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</p> | <p>YES 1</p> <p>NO 2</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|--|-------|
| 343 | CHECK 325/325A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 325/325A, CIRCLE CODE FOR HIGHEST METHOD IN LIST. | FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 DIAPHRAGM 09 FOAM/JELLY 10 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER METHOD 96 | → 347 → 347 | | | | | | | | |
| 344 | Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) | PUBLIC SECTOR GOVT. HOSPITAL/CLINIC 11 PHC CENTER 12 HEALTH POST 13 SUB-HEALTH POST 14 PHC OUTREACH 15 MOBILE CLINIC 17 FCHV 18 CONDOM BOX 19 OTHER GOVT. _____ 16 (SPECIFY) NON-GOVT. (NGO) SECTOR FPAN 21 MARIE STOPES 22 ADRA 23 NEPAL RED CROSS 24 UMN 25 OTHER NGO. _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ NURSING HOME 31 PHARMACY 32 PRIVATE DOCTOR 33 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER SOURCE SHOP 41 FRIEND/RELATIVE 42 OTHER _____ 96 (SPECIFY) | | | | | | | | | |
| 344A | How long did it take you to travel from your house to this place? | MINUTES 1 <table border="1" data-bbox="1096 1157 1169 1213"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> HOURS 2 <table border="1" data-bbox="1096 1213 1169 1270"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> DON'T KNOW 998 | | | | | | | | | → 347 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 345 | Do you know of a place where you can obtain a method of family planning? | YES 1 NO 2 | → 347 | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 346 | <p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC A</p> <p>PHC CENTER B</p> <p>HEALTH POST C</p> <p>SUB-HEALTH POST D</p> <p>PHC OUTREACH E</p> <p>MOBILE CLINIC F</p> <p>FCHV G</p> <p>CONDOM BOX H</p> <p>OTHER GOVT. _____ I</p> <p>(SPECIFY)</p> <p>NON-GOVT. (NGO) SECTOR</p> <p>FPAN J</p> <p>MARIE STOPES K</p> <p>ADRA L</p> <p>NEPAL RED CROSS M</p> <p>UMN N</p> <p>OTHER NGO. _____ O</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>NURSING HOME P</p> <p>PHARMACY Q</p> <p>PRIVATE DOCTOR R</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ S</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP T</p> <p>FRIEND/RELATIVE U</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> | |
| 347 | <p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?</p> | <p>YES 1</p> <p>NO 2</p> | |
| 348 | <p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p> | <p>YES 1</p> <p>NO 2</p> | → 401 |
| 349 | <p>Did any staff member at the health facility speak to you about family planning methods?</p> | <p>YES 1</p> <p>NO 2</p> | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| | | | | |
|------|---|--|---|---|
| 401 | CHECK 234: ONE OR MORE BIRTHS IN 2057 OR LATER <input type="checkbox"/> NO BIRTHS IN 2057 OR LATER <input type="checkbox"/> → 548 | | | |
| 402 | CHECK 221: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2057 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.) | | | |
| 403 | LINE NUMBER FROM 215 | LAST BIRTH LINE NO. <input type="text"/> <input type="text"/> | NEXT-TO-LAST BIRTH LINE NO. <input type="text"/> <input type="text"/> | SECOND-FROM-LAST BIRTH LINE NO. <input type="text"/> <input type="text"/> |
| 404 | FROM 219 AND 222 | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> |
| 405 | At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all? | THEN 1 (SKIP TO 407) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ← | THEN 1 (SKIP TO 414) ← LATER 2 NOT AT ALL 3 (SKIP TO 414) ← | THEN 1 (SKIP TO 414) ← LATER 2 NOT AT ALL 3 (SKIP TO 414) ← |
| 406 | How much longer would you have liked to wait? | MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 |
| 407 | Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. | HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B HEALTH ASST./ HLTH. WKR . C MCH WORKER . D VHW E OTHER PERSON TRADITIONAL BIRTH ATTENDANT . F FCHV G OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 413A) ← | | |
| 407A | CHECK 407: | <input type="checkbox"/> FCHV NOT CIRCLED <input type="checkbox"/> FCHV CIRCLED (SKIP TO 408) ← | | |
| 407B | Did you discuss your pregnancy with an FCHV? | YES 1 NO 2 | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | |
|------|--|--|--|
| 408 | <p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p> | <p>HOME YOUR HOME ... A OTHER HOME ... B</p> <p>GOVT. SECTOR GOVT. HOSPITAL C PHC CENTER . D HEALTH POST . E SUB-HEALTH . F PHC OUTREACH G OTHER GOVT. _____ H (SPECIFY)</p> <p>NON-GOVT. (NGO) UMN/RED CROSS HOSPITAL ... I OTHER NGO _____ J (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC/NURSING HOME K OTHER PRIVATE MED. _____ L (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> | |
| 409 | <p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p> | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW98</p> | |
| 410 | <p>How many times did you receive antenatal care during this pregnancy?</p> | <p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW98</p> | |
| 411 | <p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?</p> | <p>YES NO</p> <p>WEIGHT ... 1 2</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD ... 1 2</p> | |
| 412 | <p>During (any of) your antenatal care visit(s), were you advised to use a skilled birth attendant?</p> | <p>YES 1 NO 2 DON'T KNOW 8</p> | |
| 412A | <p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p> | <p>YES 1 NO 2 (SKIP TO 413B) ← DON'T KNOW 8</p> | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | | |
|------|--|---|--|--|
| 413 | Were you told where to go if you had any of these complications? | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 413B) ← | | |
| 413A | Did you discuss your pregnancy with an FCHV? | YES 1 NO 2 | | |
| 413B | What kind of preparation did you make beforehand for the delivery of (NAME)? Anything else? CIRCLE ALL MENTIONED | SAVED MONEY A ARRANGED FOR TRANSPORT B FOUND BLOOD DONOR C CONTACTED HLTH WKR TO HELP WITH DELIVERY D BOUGHT SAFE DELIVERY KIT E OTHER _____ X (SPECIFY) NO PREPARATION Y | | |
| 414 | During this pregnancy, were you given an injection in the arm to prevent you and the baby from getting tetanus? | YES 1 NO 2 (SKIP TO 416) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8 |
| 415 | During this pregnancy, how many times did you get this tetanus injection? IF MORE THAN 7, WRITE '7'. | TIMES <input type="text"/> DON'T KNOW 8 | TIMES <input type="text"/> DON'T KNOW 8 | TIMES <input type="text"/> DON'T KNOW 8 |
| 416 | During this pregnancy, were you given or did you buy any iron/folic acid tablets? SHOW TABLETS. | YES 1 NO 2 (SKIP TO 418) ← DON'T KNOW 8 | | |
| 417 | During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS. | DAYS . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | | |
| 418 | During this pregnancy, did you take any drug for intestinal worms? | YES 1 NO 2 DON'T KNOW 8 | | |
| 419 | During this pregnancy, did you have difficulty with your vision during daylight? | YES 1 NO 2 DON'T KNOW 8 | | |
| 420 | During this pregnancy, did you suffer from night blindness (ratandho) [USE LOCAL TERM]? | YES 1 NO 2 DON'T KNOW 8 | | |
| 421 | When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small? | VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8 | VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8 | VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8 |
| 422 | Was (NAME) weighed at birth? | YES 1 NO 2 (SKIP TO 424) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 424) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 424) ← DON'T KNOW 8 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|--|--|--|--|
| 423 | <p>How much did (NAME) weigh?</p> <p>RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.</p> | <p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/></p> <p>DON'T KNOW . 99.8</p> | <p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/></p> <p>DON'T KNOW . 99.8</p> | <p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/></p> <p>DON'T KNOW . 99.8</p> |
| 424 | <p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p> | <p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B HEALTH ASST./ HLTH. WRK..... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D FCHV E RELATIVE/FRIEND . F OTHER _____ X (SPECIFY) NO ONE Y</p> | <p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B HEALTH ASST./ HLTH. WRK..... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D FCHV E RELATIVE/FRIEND . F OTHER _____ X (SPECIFY) NO ONE Y</p> | <p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B HEALTH ASST./ HLTH. WRK..... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D FCHV E RELATIVE/FRIEND . F OTHER _____ X (SPECIFY) NO ONE Y</p> |
| 425 | <p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>HOME YOUR HOME ... 11 (SKIP TO 432) ←</p> <p>OTHER HOME ... 12</p> <p>GOVT. SECTOR GOVT. HOSPITAL 21 PHC CENTER 22 HEALTH POST 23 SUB-HEALTH POST 24 OTHER GOVT. _____ 26 (SPECIFY)</p> <p>NON-GOVT. SECTOR UMN/RED CROSS 31 OTHER GOVT. _____ 36 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 OTHER PRIVATE MED. _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 432) ←</p> | <p>HOME YOUR HOME ... 11 (SKIP TO 433) ←</p> <p>OTHER HOME ... 12</p> <p>GOVT. SECTOR GOVT. HOSPITAL 21 PHC CENTER 22 HEALTH POST 23 SUB-HEALTH POST 24 OTHER GOVT. _____ 26 (SPECIFY)</p> <p>NON-GOVT. SECTOR UMN/RED CROSS 31 OTHER GOVT. _____ 36 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 433) ←</p> | <p>HOME YOUR HOME ... 11 (SKIP TO 433) ←</p> <p>OTHER HOME ... 12</p> <p>GOVT. SECTOR GOVT. HOSPITAL 21 PHC CENTER 22 HEALTH POST 23 SUB-HEALTH POST 24 OTHER GOVT. _____ 26 (SPECIFY)</p> <p>NON-GOVT. SECTOR UMN/RED CROSS 31 OTHER GOVT. _____ 36 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 433) ←</p> |
| 425A | <p>Did you receive a blood transfusion at this facility when (NAME) was born?</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2</p> |
| 426 | <p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . 998</p> | <p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 998</p> | <p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 998</p> |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | | | | |
|------|---|---|--|--|--|--|--|--|--|--|--|
| 427 | Was (NAME) delivered by caesarean section? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | | | | | | | |
| 428 | Before you were discharged after (NAME) was born, did any health care provider check on your health? | YES 1 NO 2 (SKIP TO 431) ← | YES 1 (SKIP TO 444) ← NO 2 | YES 1 (SKIP TO 444) ← NO 2 | | | | | | | |
| 429 | How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW ... 998 | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 430 | Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 HEALTH ASST./ AHW 13 MCH WORKER ... 14 VHW 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 OTHER _____ 96 (SPECIFY) (SKIP TO 431A) ← | | | | | | | | | |
| 431 | After you were discharged, did any health care provider or a traditional birth attendant check on your health? | YES 1 (SKIP TO 434) ← NO 2 (SKIP TO 442) ← | YES 1 (SKIP TO 444) ← NO 2 | YES 1 (SKIP TO 444) ← NO 2 | | | | | | | |
| 431A | As part of your postnatal care, were you examined for pelvic discharge or normal involution of the uterus or abnormality of the lochia or bleeding? | YES 1 (SKIP TO 442) ← NO 2 (SKIP TO 442) ← | | | | | | | | | |
| 432 | Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED. | COST TOO MUCH . . A FACILITY NOT OPEN . B TOO FAR/NO TRANSPORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVIDER AT FACILITY . . E HUSBAND/FAMILY DID NOT ALLOW . . F SECURITY CONCERNS . . . G NOT NECESSARY . . H NOT CUSTOMARY . . I OTHER _____ X (SPECIFY) | | | | | | | | | |
| 432A | Was a special safe delivery kit used? SHOW SAFE DELIVERY KIT MARKETED BY CRS | YES 1 (SKIP TO 432C) ← NO 2 DON'T KNOW ... 8 | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | | | |
|------|---|--|----------------------------------|--------------------------------------|--|--|--|--|--|--|
| 432B | When (NAME) was born, what instrument was used to cut the umbilical cord? | NEW/BOILED BLADE 1 USED BLADE ... 2 KNIFE 3 HASIYA 4 KHUKURI 5 SCISSORS 7 OTHER 6 _____ (SPECIFY) DON'T KNOW ... 8 | | | | | | | | |
| 432C | Was anything placed on the stump after the umbilical cord was cut? | YES 1 NO 2 DON'T KNOW ... 8 | | | | | | | | |
| 432D | Was (NAME) dried before the placenta was delivered? | YES 1 NO 2 DON'T KNOW ... 8 | | | | | | | | |
| 432E | Was (NAME) wrapped in cloth before the placenta was delivered? | YES 1 NO 2 DON'T KNOW ... 8 | | | | | | | | |
| 432F | How long after delivery was (NAME) bathed for the first time? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS 1 <table border="1" data-bbox="816 768 899 814"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="816 821 899 867"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="816 873 899 919"><tr><td></td><td></td></tr></table> DON'T KNOW ... 998 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 433 | After (NAME) was born, did any health care provider or a traditional birth attendant check on your health? | YES 1 NO 2 (SKIP TO 438) ← | YES 1 NO 2 | YES 1 NO 2 | | | | | | |
| 434 | How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS 1 <table border="1" data-bbox="816 1098 899 1144"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="816 1150 899 1197"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="816 1203 899 1249"><tr><td></td><td></td></tr></table> DON'T KNOW ... 998 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 435 | Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 HEALTH ASST./ AHW 13 MCH WORKER ... 14 VHW 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 OTHER _____ 96 (SPECIFY) | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | | | |
|------|--|--|----------------------------------|--------------------------------------|--|--|--|--|--|--|
| 436 | <p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p> | <p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>GOVT. SECTOR GOVT. HOSPITAL 21 PHC CENTER 22 HEALTH POST 23 SUB-HEALTH 24 PHC OUTREACH 25 OTHER GOVT. _____ 26 (SPECIFY)</p> <p>NON-GOVT. SECTOR UMN/RED CROSS 31 OTHER GOVT. _____ 36 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 OTHER PRIVATE MED. _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> | | | | | | | | |
| 436A | <p>As part of your postnatal care, were you examined for pelvic discharge or normal involution of the uterus or abnormality of the lochia or bleeding?</p> | <p>YES 1 NO 2</p> | | | | | | | | |
| 437 | CHECK 431: | <p>YES NOT ASKED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 442)</p> | | | | | | | | |
| 438 | <p>In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?</p> | <p>YES 1 NO 2 (SKIP TO 442) ← DON'T KNOW 8</p> | | | | | | | | |
| 439 | <p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HRS AFTER BIRTH .. 1 DAYS AFTER BIRTH .. 2 WKS AFTER BIRTH .. 3</p> <table border="1" data-bbox="812 1270 901 1417"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>DON'T KNOW ... 998</p> | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 440 | <p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> | <p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 HEALTH ASST./ AHW 13 MCH WORKER ... 14 VHW 15</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. 21</p> <p>OTHER _____ 96 (SPECIFY)</p> | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|--|--|--|--|
| 441 | <p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p> | <p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>GOVT. SECTOR GOVT. HOSPITAL 21 PHC CENTER 22 HEALTH POST 23 SUB-HEALTH 24 PHC OUTREACH 25 OTHER GOVT. _____ 26 (SPECIFY)</p> <p>NON-GOVT. SECTOR UMN/RED CROSS 31 OTHER GOVT. _____ 36 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 OTHER PRIVATE MED. _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> | | |
| 442 | <p>In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | | |
| 442A | <p>After delivery were you given or did you buy any iron/folic acid tablets?</p> <p>SHOW TABLETS.</p> | <p>YES 1</p> <p>NO 2 (SKIP TO 443) ←</p> <p>DON'T KNOW 8</p> | | |
| 442B | <p>After delivery, for how many days did you take the tablets?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</p> | <p>DAYS . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 98</p> | | |
| 443 | <p>Has your menstrual period returned since the birth of (NAME)?</p> | <p>YES 1 (SKIP TO 445) ←</p> <p>NO 2 (SKIP TO 446) ←</p> | | |
| 444 | <p>Did your period return between the birth of (NAME) and your next pregnancy?</p> | | <p>YES 1</p> <p>NO 2 (SKIP TO 448) ←</p> | <p>YES 1</p> <p>NO 2 (SKIP TO 448) ←</p> |
| 445 | <p>For how many months after the birth of (NAME) did you <u>not</u> have a period?</p> | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | |
|-----|--|---|--|--|---|---|
| 446 | CHECK 236: IS RESPONDENT PREGNANT? | NOT PREG- NANT <input type="checkbox"/> PREGNANT OR <input type="checkbox"/> UNSURE (SKIP TO 448) ← | | | | |
| 447 | Have you begun to have sexual intercourse again since the birth of (NAME)? | YES 1 NO 2 (SKIP TO 449) ← | | | | |
| 448 | For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse? | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98 | | | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98 |
| 449 | Did you ever breastfeed (NAME)? | YES 1 NO 2 (SKIP TO 456) ← | YES 1 NO 2 (SKIP TO 456) ← | YES 1 NO 2 (SKIP TO 456) ← | | |
| 450 | 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"/> | | | | |
| 451 | In the first three days after delivery, was (NAME) given anything to drink other than breast milk? | YES 1 NO 2 (SKIP TO 453) ← | | | | |
| 452 | What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED. | MILK (OTHER THAN BREAST MILK) . . A PLAIN WATER B SUGAR OR GLU- COSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . . G TEA/INFUSIONS . . . H HONEY I OTHER _____ X (SPECIFY) | | | | |
| 453 | CHECK 404: IS CHILD LIVING? | LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 455) ← | | | | |
| 454 | Are you still breastfeeding (NAME)? | YES 1 (SKIP TO 457) ← NO 2 | | | | |
| 455 | 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"/> STILL BF 95 DON'T KNOW ... 98 | MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW ... 98 | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|---|---|---|--|
| 456 | CHECK 404: IS CHILD LIVING? | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 459) | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 459) | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 459) |
| 457 | How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. | NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/> | | |
| 458 | How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. | NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/> | | |
| 459 | Did (NAME) drink anything from a bottle with a nipple yesterday or last night? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 460 | | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501. | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501. | GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501. |

SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION

| | | | | | | | | | | | | |
|-----|---|---|---|--|-----|--------------------------|--------------------------|--------------------------|-----|--------------------------|--------------------------|--------------------------|
| 501 | ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2057 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). | | | | | | | | | | | |
| 502 | LINE NUMBER FROM 215 | LAST BIRTH LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | NEXT-TO-LAST BIRTH LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | SECOND-FROM-LAST BIRTH LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | | | | | | | | |
| 503 | FROM 219 AND 222 | NAME _____ LIVING <input style="width:20px;" type="checkbox"/> DEAD <input style="width:20px;" type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 545) | NAME _____ LIVING <input style="width:20px;" type="checkbox"/> DEAD <input style="width:20px;" type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 545) | NAME _____ LIVING <input style="width:20px;" type="checkbox"/> DEAD <input style="width:20px;" type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 545) | | | | | | | | |
| 504 | Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please? | YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3 | YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3 | YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3 | | | | | | | | |
| 505 | Did you ever have a vaccination card for (NAME)? | YES 1 (SKIP TO 508) ← NO 2 | YES 1 (SKIP TO 508) ← NO 2 | YES 1 (SKIP TO 508) ← NO 2 | | | | | | | | |
| 506 | (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. (3) IF HEP. B IS GIVEN IN COMBINATION WITH DPT, RECORD SEPARATELY FOR BOTH DPT AND HEP. B. | | | | | | | | | | | |
| | | LAST BIRTH DAY MONTH YEAR | NEXT-TO-LAST BIRTH DAY MONTH YEAR | SECOND-FROM-LAST BIRTH DAY MONTH YEAR | | | | | | | | |
| | BCG | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BCG | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BCG | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | POLIO 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | POLIO 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | POLIO 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | DPT 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | DPT 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | DPT 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | HEP. B 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | HEP. B 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | HEP. B 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | MEASLES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MEA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MEA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|--|--|--|--|
| 507 | Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, HEP. B 1-3 AND/OR MEASLES VACCINES. | YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) ← NO 2 (SKIP TO 510) ← DON'T KNOW 3 | YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) ← NO 2 (SKIP TO 510) ← DON'T KNOW 3 | YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) ← NO 2 (SKIP TO 510) ← DON'T KNOW 3 |
| 508 | Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign? | YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 3 | YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 3 | YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 3 |
| 509 | Please tell me if (NAME) received any of the following vaccinations: | | | |
| 509A | A BCG vaccination against tuberculosis, that is, an injection in the right arm that usually causes a scar? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 509B | Polio vaccine, that is, drops in the mouth? | YES 1 NO 2 (SKIP TO 509D) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509D) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509D) ← DON'T KNOW 8 |
| 509C | How many times was the polio vaccine received? | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 509D | A DPT vaccination, that is, an injection given in the left thigh, sometimes given at the same time as polio drops? | YES 1 NO 2 (SKIP TO 509F) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509F) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509F) ← DON'T KNOW 8 |
| 509E | How many times was a DPT vaccination received? | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 509F | A HEP.B vaccination, that is, an injection given in the right thigh, sometimes given at the same time as DPT? | YES 1 NO 2 (SKIP TO 509H) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509H) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509H) ← DON'T KNOW 8 |
| 509G | How many times was a HEP.B vaccination received? | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 509H | A measles injection, that is, a shot in the arm at the age of 9 months or older, to prevent him/her from getting measles? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 510 | Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign? | YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 (SKIP TO 512) ← | YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 (SKIP TO 512) ← | YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 (SKIP TO 512) ← |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH |
|------|---|---|---|---|
| | | NAME _____ | NAME _____ | NAME _____ |
| 511 | At which national immunization day campaigns did (NAME) receive the polio vaccinations? RECORD ALL CAMPAIGNS MENTIONED. | MARG 2061 A PAUSH 2061 B MOP-UP C NOT GIVEN D | MARG 2061 A PAUSH 2061 B MOP-UP C NOT GIVEN D | MARG 2061 A PAUSH 2061 B MOP-UP C NOT GIVEN D |
| 511A | At which national immunization day campaigns did (NAME) receive the measles injections? RECORD ALL CAMPAIGNS MENTIONED. | ASWIN 2061 A PAUSH 2061 B CHAITRA 2061 C NOT GIVEN D | ASWIN 2061 A PAUSH 2061 B CHAITRA 2061 C NOT GIVEN D | ASWIN 2061 A PAUSH 2061 B CHAITRA 2061 C NOT GIVEN D |
| 512 | Do you remember the recent vitamin A capsule distribution? IF NO, ASK: Does anyone in the household remember the event? SPEAK TO THAT PERSON. | YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8 |
| 513 | Did (NAME) receive a vitamin A capsule during the event in Kartik/Baisakh? IF THE INTERVIEW IS BEFORE BAISAKH, ASK ABOUT KARTIK. IF THE INTERVIEW IS AFTER BAISAKH, ASK ABOUT BAISAKH. | YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8 |
| 514 | Please tell me what happened when you took (NAME) for vitamin A? IF MENTIONS SPONTANEOUSLY, CIRCLE CODE '1'. FOR ALL NOT MENTIONED, PROBE AND CIRCLE '2' IF YES AND '8' IF NO OR DON'T KNOW. SHOW CAPSULE. | YES YES NO SPN. PF DK. RED CAPSULE 1 2 8 CAPSULE WAS CUT 1 2 8 CHILD'S NAME WRITTEN 1 2 8 CENTRAL SITE 1 2 8 | YES YES NO SPN. PF DK. RED CAPSULE 1 2 8 CAPSULE WAS CUT 1 2 8 CHILD'S NAME WRITTEN 1 2 8 CENTRAL SITE 1 2 8 | YES YES NO SPN. PF DK. RED CAPSULE 1 2 8 CAPSULE WAS CUT 1 2 8 CHILD'S NAME WRITTEN 1 2 8 CENTRAL SITE 1 2 8 |
| 515 | Has (NAME) taken any drug for intestinal worms in the last six months (including any deworming tablet given during the vitamin A distribution?) | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 516 | Has (NAME) had diarrhea in the last 2 weeks? | YES 1 NO 2 (SKIP TO 529) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 529) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 529) ← DON'T KNOW 8 |
| 517 | Was there any blood in the stools? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|---|--|--|--|
| 518 | <p>Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p> | <p>MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8</p> | <p>MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8</p> | <p>MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8</p> |
| 519 | <p>When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p> | <p>MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p> | <p>MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p> | <p>MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p> |
| 520 | <p>Did you seek advice or treatment for the diarrhea from any source?</p> | <p>YES 1 NO 2 (SKIP TO 524A) ←</p> | <p>YES 1 NO 2 (SKIP TO 524A) ←</p> | <p>YES 1 NO 2 (SKIP TO 524A) ←</p> |
| 521 | <p>Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))</p> | <p>GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER B HEALTH POST C SUB-HTH POST D PHC OUTREACH CLINIC E FCHV F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. UMN/RED CROSS H OTHER NGO. _____ I (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL J CLINIC/NURSING HOME K PHARMACY ... L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)</p> | <p>GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER B HEALTH POST C SUB-HTH POST D PHC OUTREACH CLINIC E FCHV F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. UMN/RED CROSS H OTHER NGO. _____ I (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL J CLINIC/NURSING HOME K PHARMACY ... L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)</p> | <p>GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER B HEALTH POST C SUB-HTH POST D PHC OUTREACH CLINIC E FCHV F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. UMN/RED CROSS H OTHER NGO. _____ I (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL J CLINIC/NURSING HOME K PHARMACY ... L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY)</p> |
| 521A | <p>CHECK 521:</p> | <p><input type="checkbox"/> FCHV <input type="checkbox"/> FCHV NOT NOT CIRCLED CIRCLED ↓ (SKIP TO 521C) ←</p> | <p><input type="checkbox"/> FCHV <input type="checkbox"/> FCHV NOT NOT CIRCLED CIRCLED ↓ (SKIP TO 521C) ←</p> | <p><input type="checkbox"/> FCHV <input type="checkbox"/> FCHV NOT NOT CIRCLED CIRCLED ↓ (SKIP TO 521C) ←</p> |
| 521B | <p>Did you seek advice or treatment from an FCHV?</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2</p> |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|---|---|---|---|
| 521C | CHECK 521: | <input type="checkbox"/> PHARM. <input type="checkbox"/> <input type="checkbox"/> PHARM. NOT <input type="checkbox"/> CIRCLED CIRCLED ↓ (SKIP TO 522) ← | <input type="checkbox"/> PHARM. <input type="checkbox"/> <input type="checkbox"/> PHARM. NOT <input type="checkbox"/> CIRCLED CIRCLED ↓ (SKIP TO 522) ← | <input type="checkbox"/> PHARM. <input type="checkbox"/> <input type="checkbox"/> PHARM. NOT <input type="checkbox"/> CIRCLED CIRCLED ↓ (SKIP TO 522) ← |
| 521D | At the pharmacy: a. Was (NAME) examined? b. Did you get advice on type of medication to buy? c. Did you know exactly what medication to buy and only went there to buy it? | YES NO DK 1 2 8 1 2 8 1 2 8 | YES NO DK 1 2 8 1 2 8 1 2 8 | YES NO DK 1 2 8 1 2 8 1 2 8 |
| 522 | CHECK 521: | TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED ↓ (SKIP TO 524) ← | TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED ↓ (SKIP TO 524) ← | TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED ↓ (SKIP TO 524) ← |
| 523 | Where did you first seek advice or treatment? USE LETTER CODE FROM 521. | FIRST PLACE ... <input type="checkbox"/> | FIRST PLACE ... <input type="checkbox"/> | FIRST PLACE ... <input type="checkbox"/> |
| 524 | How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'. | DAYS <input type="text"/> <input type="text"/> (SKIP TO 525) ← | DAYS <input type="text"/> <input type="text"/> (SKIP TO 525) ← | DAYS <input type="text"/> <input type="text"/> (SKIP TO 525) ← |
| 524A | Did you seek advice or treatment from an FCHV? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 |
| 525 | Does (NAME) still have diarrhea? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 526 | Was he/she given a fluid made from a special packet such as Jeevan Jal/Navajeevan to drink? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 527 | Was anything (else) given to treat the diarrhea? | YES 1 NO 2 (SKIP TO 529) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 529) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 529) ← DON'T KNOW 8 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|---|---|---|
| 528 | <p>What (else) was given to treat the diarrhea?</p> <p>Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p> | <p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY . B</p> <p>ZINC C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC . G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS . I</p> <p>HOME REMEDY/ HERBAL MEDICINE J</p> <p>OTHER _____ X (SPECIFY)</p> | <p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY . B</p> <p>ZINC C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC . G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS . I</p> <p>HOME REMEDY/ HERBAL MEDICINE J</p> <p>OTHER _____ X (SPECIFY)</p> | <p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY . B</p> <p>ZINC C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC . G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS . I</p> <p>HOME REMEDY/ HERBAL MEDICINE J</p> <p>OTHER _____ X (SPECIFY)</p> |
| 529 | Has (NAME) been ill with a fever at any time in the last 2 weeks? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> |
| 530 | Has (NAME) had an illness with a cough at any time in the last 2 weeks? | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 533) ←</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 533) ←</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 533) ←</p> <p>DON'T KNOW 8</p> |
| 531 | When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 534) ←</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 534) ←</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 534) ←</p> <p>DON'T KNOW 8</p> |
| 532 | Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose? | <p>CHEST ONLY ... 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 534) ←</p> | <p>CHEST ONLY ... 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 534) ←</p> | <p>CHEST ONLY ... 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 534) ←</p> |
| 533 | CHECK 529: HAD FEVER? | <p>YES <input type="checkbox"/></p> <p>NO OR DK <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 545)</p> | <p>YES <input type="checkbox"/></p> <p>NO OR DK <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 545)</p> | <p>YES <input type="checkbox"/></p> <p>NO OR DK <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE OR IF NO MORE BIRTHS, GO TO 545)</p> |
| 534 | <p>Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough).</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p> | <p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p> | <p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p> | <p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p> |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|--|--|--|--|
| 535 | When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less? | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8 | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8 | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8 |
| 536 | Did you seek advice or treatment for the illness from any source? | YES 1 NO 2 (SKIP TO 540A) ← | YES 1 NO 2 (SKIP TO 540A) ← | YES 1 NO 2 (SKIP TO 540A) ← |
| 537 | Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) | GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER ... B HEALTH POST ... C SUB-HTH POST . D PHC OUTREACH E FCHV F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. UMN/RED CROSS H OTHER GOVT. _____ I (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL J CLINIC/NURSING HOME K PHARMACY ... L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY) | GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER ... B HEALTH POST ... C SUB-HTH POST . D PHC OUTREACH E FCHV F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. UMN/RED CROSS H OTHER GOVT. _____ I (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL J CLINIC/NURSING HOME K PHARMACY ... L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY) | GOVT. SECTOR GOVT HOSPITAL/ CLINIC A PHC CENTER ... B HEALTH POST ... C SUB-HTH POST . D PHC OUTREACH E FCHV F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. UMN/RED CROSS H OTHER GOVT. _____ I (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL J CLINIC/NURSING HOME K PHARMACY ... L OTHER PRIVATE MED. _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O OTHER _____ X (SPECIFY) |
| 537A | CHECK 537: | <input type="checkbox"/> FCHV NOT FCHV CIRCLED CIRCLED ↓ (SKIP TO 537C) ← | <input type="checkbox"/> FCHV NOT FCHV CIRCLED CIRCLED ↓ (SKIP TO 537C) ← | <input type="checkbox"/> FCHV NOT FCHV CIRCLED CIRCLED ↓ (SKIP TO 537C) ← |
| 537B | Did you seek advice or treatment from an FCHV? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 |
| 537C | CHECK 537: | <input type="checkbox"/> PHARM. PHARM. NOT CIRCLED CIRCLED ↓ (SKIP TO 538) ← | <input type="checkbox"/> PHARM. PHARM. NOT CIRCLED CIRCLED ↓ (SKIP TO 538) ← | <input type="checkbox"/> PHARM. PHARM. NOT CIRCLED CIRCLED ↓ (SKIP TO 538) ← |
| 537D | At the pharmacy: a. Was (NAME) examined? b. Did you get advice on type of medication to buy? c. Did you know exactly what medication to buy and only went there to buy it? | YES NO DK 1 2 8 1 2 8 1 2 8 | YES NO DK 1 2 8 1 2 8 1 2 8 | YES NO DK 1 2 8 1 2 8 1 2 8 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|---|--|--|--|
| 538 | CHECK 537: | TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 540) ← | TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 540) ← | TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 540) ← |
| 539 | Where did you first seek advice or treatment? USE LETTER CODE FROM 537. | FIRST PLACE ... <input type="checkbox"/> | FIRST PLACE ... <input type="checkbox"/> | FIRST PLACE ... <input type="checkbox"/> |
| 540 | How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'. | DAYS <input type="text"/> <input type="text"/> (SKIP TO 541) ← | DAYS <input type="text"/> <input type="text"/> (SKIP TO 541) ← | DAYS <input type="text"/> <input type="text"/> (SKIP TO 541) ← |
| 540A | Did you seek advice or treatment from an FCHV? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 |
| 541 | Is (NAME) still sick with a (fever/ cough)? | FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW ... 8 | FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW ... 8 | FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW ... 8 |
| 542 | At any time during the illness, did (NAME) take any drugs for the illness? | YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 545) DON'T KNOW 8 | YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 545) DON'T KNOW 8 | YES 1 NO 2 (GO BACK TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE OR IF NO MORE BIRTHS, GO TO 545) |
| 543 | What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED. | ANTIMALARIAL DRUGS CHLOROQUINE A PRIMAQUINE ... B QUININE C OTHER D (SPECIFY) ANTIBIOTIC DRUGS COTRIMOXAZOLE E AMOXYCILLIN . F CIPROFLOXACIN G PROCAINE PENICILLIN INJECTION . H OTHER DRUGS PARACETAMOL . I IBUPROFEN ... J COUGH SYRUP K OTHER X (SPECIFY) DON'T KNOW Z | ANTIMALARIAL DRUGS CHLOROQUINE A PRIMAQUINE ... B QUININE C OTHER D (SPECIFY) ANTIBIOTIC DRUGS COTRIMOXAZOLE E AMOXYCILLIN . F CIPROFLOXACIN G PROCAINE PENICILLIN INJECTION . H OTHER DRUGS PARACETAMOL . I IBUPROFEN ... J COUGH SYRUP K OTHER X (SPECIFY) DON'T KNOW Z | ANTIMALARIAL DRUGS CHLOROQUINE A PRIMAQUINE ... B QUININE C OTHER D (SPECIFY) ANTIBIOTIC DRUGS COTRIMOXAZOLE E AMOXYCILLIN . F CIPROFLOXACIN G PROCAINE PENICILLIN INJECTION . H OTHER DRUGS PARACETAMOL . I IBUPROFEN ... J COUGH SYRUP K OTHER X (SPECIFY) DON'T KNOW Z |
| 544 | | GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 545. | GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 545. | (GO BACK TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE OR IF NO MORE BIRTHS, GO TO 545) |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|------|
| 545 | CHECK 221 AND 224, ALL ROWS: NUMBER OF CHILDREN BORN IN 2057 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> | | 548 |
| 546 | The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools? | CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY) | |
| 547 | CHECK 526, ALL COLUMNS: NO CHILD RECEIVED JEEVAN JAL OR NAVAJEEVAN OR OTHER ORS OR NOT ASKED <input type="checkbox"/> | ANY CHILD RECEIVED JEEVAN JAL OR NAVAJEEVAN OR OTHER ORS <input type="checkbox"/> | 549 |
| 548 | Have you ever heard of a special product called Jeevan Jal or Navajeevan you can get for the treatment of diarrhea? | YES 1 NO 2 | 549 |
| 548A | Have you ever seen a packet like this? SHOW PACKET OF JEEVAN JAL OR NAVAJEEVAN OR OTHER TYPES OF ORS. | YES 1 NO 2 | |
| 549 | CHECK 221 AND 224, ALL ROWS: HAS AT LEAST ONE CHILD BORN IN 2059 OR LATER AND LIVING WITH HER <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 550) _____ (NAME) | DOES NOT HAVE ANY CHILDREN BORN IN 2059 OR LATER AND LIVING WITH HER <input type="checkbox"/> | 601 |
| 550 | Now I would like to ask you about liquids or foods (NAME FROM 549) had yesterday during the day or at night. Did (NAME FROM 549) (drink/eat): Plain water? Commercially produced infant formula such as Lactogen? Any fortified baby food such as Cerelac, Nestum, Champion? Any (other) porridge or gruel, such as Lito, Sarbottam Pitho? | YES NO DK PLAIN WATER 1 2 8 FORMULA 1 2 8 BABY CEREAL 1 2 8 OTHER PORRIDGE/GRUEL . . 1 2 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|--|------|--------|----|----|--------|--|--|--|-----|----|----|-----|----|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| 551 | <p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 549)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.</p> <p>Did (NAME FROM 549)/you drink (eat):</p> <p>a. Milk such as tinned, powdered, or fresh animal milk?</p> <p>b. Tea or coffee?</p> <p>c. Any other liquids?</p> <p>d. Any food such as roti or porridge, made from grains, like rice, millet, wheat, maize, buckwheat or barley ?</p> <p>e. Pumpkin, carrots, squash or sweet potatoes (shakharkhanda) that are yellow or orange inside?</p> <p>f. White potatoes, white yams, colocasia, or any other foods made from roots?</p> <p>g. Any dark green, leafy vegetables such as colocasia leaves, spinach, amaranth leaves, mustard leaves, swiss chard?</p> <p>h. Ripe mangoes, papayas, apricot, persimmom?</p> <p>i. Any other fruits or vegetables such as banana, apple, guava, amala, orange, tomatoes?</p> <p>j. Liver, kidney, heart or other organ meats?</p> <p>k. Chicken, goat, lamb, buffalo, pork, duck or any other meat?</p> <p>l. Eggs?</p> <p>m. Fresh or dried fish or shellfish?</p> <p>n. Any foods made from beans, peas, lentils (daal) or nuts?</p> <p>o. Cheese, yogurt or other milk products?</p> <p>p. Any ghee, oil, fats, or butter, or foods made with any of these?</p> <p>q. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?</p> <p>r. Any other solid or semi-solid food?</p> | <table border="1"> <thead> <tr> <th></th> <th colspan="3">CHILD</th> <th colspan="3">MOTHER</th> </tr> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | CHILD | | | MOTHER | | | | YES | NO | DK | YES | NO | DK | a | 1 | 2 | 8 | 1 | 2 | 8 | b | 1 | 2 | 8 | 1 | 2 | 8 | c | 1 | 2 | 8 | 1 | 2 | 8 | d | 1 | 2 | 8 | 1 | 2 | 8 | e | 1 | 2 | 8 | 1 | 2 | 8 | f | 1 | 2 | 8 | 1 | 2 | 8 | g | 1 | 2 | 8 | 1 | 2 | 8 | h | 1 | 2 | 8 | 1 | 2 | 8 | i | 1 | 2 | 8 | 1 | 2 | 8 | j | 1 | 2 | 8 | 1 | 2 | 8 | k | 1 | 2 | 8 | 1 | 2 | 8 | l | 1 | 2 | 8 | 1 | 2 | 8 | m | 1 | 2 | 8 | 1 | 2 | 8 | n | 1 | 2 | 8 | 1 | 2 | 8 | o | 1 | 2 | 8 | 1 | 2 | 8 | p | 1 | 2 | 8 | 1 | 2 | 8 | q | 1 | 2 | 8 | 1 | 2 | 8 | r | 1 | 2 | 8 | 1 | 2 | 8 | |
| | CHILD | | | MOTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | YES | NO | DK | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| m | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| n | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| o | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| p | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| q | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| r | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 552 | <p>CHECK 550 (LAST 2 CATEGORIES: BABY CEREALS OR OTHER PORRIDGE/GRUEL) AND 551 (CATEGORIES d THROUGH r FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p> | <p>NOT A SINGLE "YES" <input type="checkbox"/> → 601</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 553 | <p>How many times did (NAME FROM 549) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p> | <p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 6. SEXUAL LIFE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|-----------------------|
| 601 | <p>CHECK 313:</p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> (313 = 00)</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> | | 617 |
| | <p>READ TO RESPONDENTS</p> <p>Now I need to ask you some more questions about relationships and sexual life. Once again, let me assure you that your answers are completely confidential. If we should come to any question that you don't want to answer, just let me know and I will skip to the next question.</p> | | |
| 602 | <p>CHECK 108:</p> <p>15-24 YEARS OLD <input type="checkbox"/></p> <p>25-49 YEARS OLD <input type="checkbox"/></p> | | 606 |
| 603 | <p>How old was the person you <u>first</u> had sexual intercourse with?</p> | <p>AGE OF PARTNER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | 604A |
| 604 | <p>Would you say this person was ten or more years older than you?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 604A | <p>What was this person's relationship to you?</p> | <p>HUSBAND 01</p> <p>LIVE-IN PARTNER 02</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 03</p> <p>RELATIVE 04</p> <p>CASUAL ACQUAINTANCE 05</p> <p>SEX WORKER 06</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> | |
| 605 | <p>The first time you had sexual intercourse, was a condom used?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p> | |
| 606 | <p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS, OR MONTHS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS AGO.</p> | <p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> | <p>608</p> <p>617</p> |

| NO. | QUESTIONS AND FILTERS | LAST SEXUAL PARTNER | SECOND-TO-LAST SEXUAL PARTNER |
|-----|---|--|--|
| 607 | When was the last time you had sexual intercourse with this other person? | | DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO ... 3 <input type="text"/> <input type="text"/> |
| 608 | The last time you had sexual intercourse (with this other person), was a condom used? | YES 1 NO 2 (SKIP TO 610) ← | YES 1 NO 2 (SKIP TO 610) ← |
| 609 | Did you use a condom every time you had sexual intercourse with this person in the last 12 months? | YES 1 NO 2 | YES 1 NO 2 |
| 610 | What was this person's relationship to you? | HUSBAND 01 (SKIP TO 615) ← LIVE-IN PARTNER 02 BOYFRIEND NOT LIVING WITH RESPONDENT 03 RELATIVE 04 CASUAL ACQUAINTANCE 05 SEX WORKER CLIENT 06 OTHER 96 (SPECIFY) | HUSBAND 01 (SKIP TO 616) ← LIVE-IN PARTNER 02 BOYFRIEND NOT LIVING WITH RESPONDENT 03 RELATIVE 04 CASUAL ACQUAINTANCE 05 SEX WORKER CLIENT 06 OTHER 96 (SPECIFY) |
| 611 | For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS. | DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> | DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> |
| 612 | CHECK 108: | 15-24 YEARS OLD <input type="text"/> 25-49 YEARS OLD <input type="text"/> (SKIP TO 615) ← | 15-24 YEARS OLD <input type="text"/> 25-49 YEARS OLD <input type="text"/> (SKIP TO 616) ← |
| 613 | How old is this person? | AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 615) ← DON'T KNOW 98 | AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 616) ← DON'T KNOW 98 |
| 614 | Would you say this person is ten or more years older than you? | YES 1 NO 2 DON'T KNOW ... 8 | YES 1 NO 2 DON'T KNOW ... 8 |
| 615 | Apart from this person, have you had sexual intercourse with any other person in the last 12 months? | YES 1 (GO BACK TO 607 IN NEXT COLUMN) NO 2 (SKIP TO 617) ← | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 616 | In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. | NUMBER OF PARTNERS IN LAST 12 MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 617 | Do you know of a place where a person can get condoms? | YES 1 NO 2 | → 701 |
| 618 | Where is that? Any other place? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S)) RECORD ALL SOURCES MENTIONED. | PUBLIC SECTOR GOVT. HOSPITAL/CLINIC A PHC Cē B HEALTH POST C SUB-HEALTH POST D PHC OUTREACH E MOBILE CLINIC F FCHV G OTHER GOVT. _____ H (SPECIFY) NON-GOVT. (NGO) SECTOR FPAN I MARIE STOPES J ADRA K NEPAL RED CROSS L UMN M OTHER NGO. _____ N (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ ... NURSING HOME O PHARMACY P OTHER PRIVATE MEDICAL _____ Q (SPECIFY) OTHER SOURCE SHOP R FRIEND/RELATIVE S OTHER _____ T (SPECIFY) OTHER _____ X (SPECIFY) | |
| 619 | If you wanted to, could you yourself get a condom? | YES 1 NO 2 DON'T KNOW/UNSURE 8 | |

SECTION 7. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|---|---|----------------------------------|--|--|--|--|--|--|--|-------------------------|
| 701 | CHECK 301: NEVER MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED OTHER <input type="checkbox"/> (CODE 1 AND 2) ↓ | | → 713 | | | | | | | | |
| 702 | CHECK 325/325A: CODE 'A' OR CODE 'B' <input type="checkbox"/> CIRCLED OTHER <input type="checkbox"/> ↓ | | → 713 | | | | | | | | |
| 703 | CHECK 236: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> NOT PREGNANT OR UNSURE <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? </div> <div style="text-align: center;"> PREGNANT <input type="checkbox"/> ↓ Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? </div> </div> | HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT ... 3 UNDECIDED/DON'T KNOW: AND PREGNANT 4 AND NOT PREGNANT OR UNSURE 5 | → 705 → 713 → 710 → 709 | | | | | | | | |
| 704 | CHECK 236: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ How long would you like to wait from now before the birth of (a/another) child? </div> <div style="text-align: center;"> PREGNANT <input type="checkbox"/> ↓ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? </div> </div> | MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER GAUNA 995 OTHER 996 (SPECIFY) DON'T KNOW 998 | | | | | | | | | → 709 → 713 → 709 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 705 | CHECK 236: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ | PREGNANT <input type="checkbox"/> → | → 709 | | | | | | | | |
| 706 | CHECK 324: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> ↓ | NOT CURRENTLY USING <input type="checkbox"/> ↓ CURRENTLY USING <input type="checkbox"/> → | → 713 | | | | | | | | |
| 707 | CHECK 704: 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"/> → | → 710 | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|----------------|
| 708 | <p>CHECK 703:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</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 you are not using a method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> | <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY . . . D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC ... F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC/UP TO GOD H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>DON'T LIKE EXISTING METHODS .. U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p> | |
| 709 | <p>CHECK 324: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> | | → 713 |
| 710 | <p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | → 712 → 713 |
| 711 | <p>Which contraceptive method would you prefer to use?</p> | <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD/LOOP 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>RHYTHM METHOD 11</p> <p>WITHDRAWAL 12</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p> | → 713 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | |
|----------------------------|--|--|------|-----|----|-------------|---|---|------------------|---|---|----------------------------|---|---|---------------------|---|---|---------------------|---|---|--|
| 715 | In the last few months have you heard or seen any message about family planning: a. On the radio? b. On the television? c. In a newspaper, magazine or brochure? d. On a poster, hoarding board or billboard? e. Street dramas? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER/MAG./BROCH.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER/HBOARD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STREET DRAMAS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | YES | NO | RADIO | 1 | 2 | TELEVISION | 1 | 2 | NEWSPAPER/MAG./BROCH. | 1 | 2 | POSTER/HBOARD | 1 | 2 | STREET DRAMAS | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | |
| RADIO | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| TELEVISION | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| NEWSPAPER/MAG./BROCH. | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| POSTER/HBOARD | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| STREET DRAMAS | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| 716 | CHECK 301: CURRENTLY MARRIED <input type="checkbox"/> ↓ | OTHER <input type="checkbox"/> → 801 | | | | | | | | | | | | | | | | | | | |
| 717 | CHECK 325/325A: CODE 'B' OR 'G' OR 'M' CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> ↓ | → 719 → 719A | | | | | | | | | | | | | | | | | | | |
| 718 | Does your husband know that you are using a method of family planning? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | |
| 719 | Would you say that using contraception 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 (SPECIFY)..... 6 | | | | | | | | | | | | | | | | | | | |
| 719A | Now I want to ask you about your husband's views on family planning. Do you think your husband approves or disapproves of couples using a method to avoid pregnancy? | APPROVES 1 DISAPPROVES 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | |
| 719B | How often have you talked to your husband about family planning in the past year? | NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3 | | | | | | | | | | | | | | | | | | | |
| 720 | CHECK 325/325A: CODE 'A' OR CODE 'B' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> ↓ | → 801 | | | | | | | | | | | | | | | | | | | |
| 721 | Does your husband want the same number of children that you want, or does he want more or fewer than you want? | SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | |

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

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|----------------|
| 801 | CHECK 301: CURRENTLY MARRIED/ <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/> | | → 806 → 803 |
| 802 | How old was your husband on his last birthday? | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> | |
| 803 | Did your (last) husband ever attend school? | YES 1 NO 2 | → 805 |
| 804 | What was the highest grade he completed? | GRADE <input type="text"/> <input type="text"/> DONT' KNOW 98 | |
| 805 | CHECK 801: CURRENTLY MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/> What is your husband's occupation? That is, what kind of work does he mainly do? What was your (last) husband's occupation? That is, what kind of work did he mainly do? | <input type="text"/> <input type="text"/> | |
| 806 | Aside from your own housework, have you done any work in the last seven days? | YES 1 NO 2 | → 810 |
| 807 | 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. In the last seven days, have you done any of these things or any other work? | YES 1 NO 2 | → 810 |
| 808 | Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason? | YES 1 NO 2 | → 810 |
| 809 | Have you done any work in the last 12 months? | YES 1 NO 2 | → 817 |
| 810 | What is your occupation, that is, what kind of work do you mainly do? | <input type="text"/> <input type="text"/> | |
| 811 | CHECK 810: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> | | → 813 |
| 812 | Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land? | OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 813 | Do you do this work for a member of your family, for someone else, or are you self-employed? | FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3 | |
| 814 | Do you usually work at home or away from home? | HOME 1 AWAY 2 | |
| 815 | 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 | |
| 816 | Are you paid in cash or kind for this work or are you not paid at all? | CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4 | |
| 817 | CHECK 301: CURRENTLY MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/> | | → 822 |
| 818 | CHECK 816: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> | | → 821 |
| 819 | Who usually decides how the money that you earn will be used: you, your husband, or you and your husband jointly? | RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER 6 SPECIFY | |
| 820 | Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same? | MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8 | → 822 |
| 821 | Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly? | RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 HUSBAND HAS NO EARNINGS 4 OTHER 6 SPECIFY | |
| 822 | Who usually makes decisions about health care for yourself? | SELF HUS- BOTH SOME- OTHER BAND ONE ELSE 1 2 3 4 6 | |
| 823 | Who usually makes decisions about making major household purchases? | 1 2 3 4 6 | |
| 824 | Who usually makes decisions about making purchases for daily household needs? | 1 2 3 4 6 | |
| 825 | Who usually makes decisions about visits to your family or relatives? | 1 2 3 4 6 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--------------|-------------------|--------------------------|--------------|---------------|---|---|---|----------------|---|---|---|-------------|---|---|---|---------------|---|---|---|------------|---|---|---|--|
| 826 | PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT) | <table border="1"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table> | | PRES./ LISTEN. | PRES./ NOT LISTEN. | NOT PRES. | CHILDREN < 10 | 1 | 2 | 3 | HUSBAND | 1 | 2 | 3 | OTHER MALES | 1 | 2 | 3 | OTHER FEMALES | 1 | 2 | 3 | | | | | |
| | PRES./ LISTEN. | PRES./ NOT LISTEN. | NOT PRES. | | | | | | | | | | | | | | | | | | | | | | | | |
| CHILDREN < 10 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| HUSBAND | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER MALES | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER FEMALES | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| 827 | <p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p> | <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | GOES OUT | 1 | 2 | 8 | NEGL. CHILDREN | 1 | 2 | 8 | ARGUES | 1 | 2 | 8 | REFUSES SEX | 1 | 2 | 8 | BURNS FOOD | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | |
| GOES OUT | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| NEGL. CHILDREN | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| ARGUES | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| REFUSES SEX | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| BURNS FOOD | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 9. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|-------|
| 901 | Now I would like to talk about something else. Have you ever heard of an illness called AIDS? | YES 1 NO 2 | → 915 |
| 902 | Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has sexual intercourse with no other partners? | YES 1 NO 2 DON'T KNOW 8 | |
| 903 | Can people get the AIDS virus from mosquito bites? | YES 1 NO 2 DON'T KNOW 8 | |
| 904 | Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex? | YES 1 NO 2 DON'T KNOW 8 | |
| 905 | Can people get the AIDS virus by sharing food with a person who has AIDS? | YES 1 NO 2 DON'T KNOW 8 | |
| 906 | Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all? | YES 1 NO 2 DON'T KNOW 8 | |
| 907 | Can people get the AIDS virus by touching someone who has AIDS? | YES 1 NO 2 DON'T KNOW 8 | |
| 908 | Is it possible for a healthy-looking person to have the AIDS virus? | YES 1 NO 2 DON'T KNOW 8 | |
| 908A | Have you ever been tested to see if you have the AIDS virus? | YES 1 NO 2 DON'T KNOW 8 | → 909 |
| 908B | Did you test positive for the AIDS virus? | YES 1 NO 2 DON'T KNOW 8 | |
| 909 | Do you know of a place where people can go to get tested for the AIDS virus? | YES 1 NO 2 | → 911 |
| 910 | Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) | GOVT. SECTOR GOVERNMENT HOSPITAL A VCT CENTER B OTHER GOVT. _____ C (SPECIFY) NON-GOVT. SECTOR FPAN D AMDA E INF F NEPAL RED CROSS G OTHER GOVT. _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER _____ X (SPECIFY) | |
| 911 | Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus? | YES 1 NO 2 DON'T KNOW 8 | |
| 912 | If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not? | YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 913 | If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 914 | In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school? | SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-------|
| 915 | <p>CHECK 901:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> | <p>YES 1</p> <p>NO 2</p> | |
| 916 | <p>CHECK 313:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> | | → 924 |
| 917 | <p>CHECK 915: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> | | → 919 |
| 918 | <p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 919 | <p>Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 920 | <p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 921 | <p>CHECK 918, 919, AND 920:</p> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p> | | → 924 |
| 922 | <p>The last time you had (PROBLEM FROM 918/919/920), did you seek any kind of advice or treatment?</p> | <p>YES 1</p> <p>NO 2</p> | → 924 |
| 923 | <p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | <p>GOVT. SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>PRIMARY HEALTH CARE B</p> <p>HEALTH POST C</p> <p>SUB-HEALTH POST D</p> <p>PHC OUTREACH E</p> <p>FAMILY PLANNING CLINIC F</p> <p>MOBILE CLINIC G</p> <p>FIELDWORKER H</p> <p>OTHER GOVT. _____ I</p> <p>(SPECIFY)</p> <p>NON-GOVT. SECTOR</p> <p>FPAN J</p> <p>AMDA K</p> <p>INF L</p> <p>NEPAL RED CROSS M</p> <p>UMN N</p> <p>OTHER NON-GOVT. _____ O</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR P</p> <p>OTHER PRIVATE MEDICAL _____ Q</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> | |
| 924 | <p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 925 | <p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 926 | <p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-------|---|--|--------|
| 1007 | In the last 24 hours, how many cigarettes did you smoke? | CIGARETTES <input type="text"/> <input type="text"/> | |
| 1008 | Do you currently smoke or use any other type of tobacco? | YES 1 NO 2 | → 1010 |
| 1009 | What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED. | PIPE A CHEWING TOBACCO B SNUFF C OTHER _____ X (SPECIFY) | |
| 1010 | Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not? | | |
| | | | |
| | Getting permission to go? | PERMISSION TO GO ... 1 2 | |
| | Getting money needed for treatment? | GETTING MONEY 1 2 | |
| | The distance to the health facility? | DISTANCE 1 2 | |
| | Having to take transport? | TAKING TRANSPORT ... 1 2 | |
| | Not wanting to go alone? | GO ALONE 1 2 | |
| | Concern about security? | SECURITY 1 2 | |
| | Concern that there may not be a female health provider? | NO FEMALE PROV. ... 1 2 | |
| | Concern that there may not be any health provider? | NO PROVIDER ... 1 2 | |
| | Concern that there may be no drugs available? | NO DRUGS ... 1 2 | |
| 1010A | In the last few months have you heard or seen the following programs on the radio and/or television: | | |
| | | YES NO | |
| | Jana Swastha Radio Karyakram? | JANA SWASTHA 1 2 | |
| | Sewa Nai Dharma Ho? | SEWA NAI DHARMA 1 2 | |
| | Gyan Nai Shakti Ho? | GYAN NAI SHAKTI 1 2 | |
| | Hamro Swastha Radio Karyakram? | HAMRO SWASTHA ... 1 2 | |
| | Jeevan Chakra? | JEEVAN CHAKRA 1 2 | |
| | Teli-Swastha Karyakram? | TELI-SWASTHA 1 2 | |
| | Ek Apaas Ka Kura? | EK APAAS KA KURA ... 1 2 | |
| | Sathi Sanga Manka Kura? | SATHI SANGA MANKA . 1 2 | |
| | Desh Pardesh? | DESH PARDESH 1 2 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|--------|
| 1011 | Did you use soap for any purpose yesterday? | YES 1 NO 2 | → 1101 |
| 1012 | For what purpose did you use soap? Any other purpose? RECORD ALL MENTIONED. | HANDWASHING A WASHING OWN BODY B WASHING CHILD'S HANDS C WASHING CHILD'S BODY D WASHING CLOTHES E OTHER X | |
| 1013 | CHECK 1012: CODE 'A' <input type="checkbox"/> CIRCLED ↓ | CODE 'A' <input type="checkbox"/> NOT CIRCLED | → 1101 |
| 1014 | How many times did you wash your hands with soap yesterday? IF MORE THAN 7 TIMES, RECORD '7.' | TIMES <input type="checkbox"/> DONT KNOW 8 | |

SECTION 11. MATERNAL MORTALITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | | | SKIP |
|---|---|--|--|--|--|--|--|------|
| 1101 | Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you? | NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/> | | | | | | |
| 1102 | CHECK 1101: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> → 1114 | | | | | | | |
| 1103 | How many of these births did your mother have before you were born? | NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/> | | | | | | |
| 1104 | What was the name given to your oldest (next oldest) brother or sister? | (1) _____ | (2) _____ | (3) _____ | (4) _____ | (5) _____ | (6) _____ | |
| 1105 | Is (NAME) male or female? | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | |
| 1106 | Is (NAME) still alive? | YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (2) | YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (3) | YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (4) | YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (5) | YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (6) | YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (7) | |
| 1107 | How old is (NAME)? | <input type="text"/> <input type="text"/> GO TO (2) | <input type="text"/> <input type="text"/> GO TO (3) | <input type="text"/> <input type="text"/> GO TO (4) | <input type="text"/> <input type="text"/> GO TO (5) | <input type="text"/> <input type="text"/> GO TO (6) | <input type="text"/> <input type="text"/> GO TO (7) | |
| 1108 | How many years ago did (NAME) die? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | |
| 1109 | How old was (NAME) when he/she died? | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7) | |
| 1110 | Was (NAME) pregnant when she died? | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | |
| 1111 | Did (NAME) die during childbirth? | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | |
| 1112 | Did (NAME) die within two months after the end of a pregnancy or childbirth? | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | |
| 1113 | How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | |
| IF NO MORE BROTHERS OR SISTERS, GO TO 1114. | | | | | | | | |

| | | | | | | | | |
|---|---|--|--|---|---|---|---|---|
| 1104 | What was the name given to your oldest (next oldest) brother or sister? | (7) _____ | (8) _____ | (9) _____ | (10) _____ | (11) _____ | (12) _____ | |
| 1105 | Is (NAME) male or female? | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | |
| 1106 | Is (NAME) still alive? | YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (8) | YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (9) | YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (10) | YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (11) | YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (12) | YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (13) | |
| 1107 | How old is (NAME)? | <input type="text"/> <input type="text"/> GO TO (8) | <input type="text"/> <input type="text"/> GO TO (9) | <input type="text"/> <input type="text"/> GO TO (10) | <input type="text"/> <input type="text"/> GO TO (11) | <input type="text"/> <input type="text"/> GO TO (12) | <input type="text"/> <input type="text"/> GO TO (13) | |
| 1108 | How many years ago did (NAME) die? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | |
| 1109 | How old was (NAME) when he/she died? | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13) | |
| 1110 | Was (NAME) pregnant when she died? | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | |
| 1111 | Did (NAME) die during childbirth? | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | YES ... 1 GO TO 1113 NO ... 2 | |
| 1112 | Did (NAME) die within two months after the end of a pregnancy or childbirth? | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | |
| 1113 | How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | |
| IF NO MORE BROTHERS OR SISTERS, GO TO 1114. | | | | | | | | |
| 1114 | RECORD THE TIME. | | | | | | HOUR <input type="text"/> <input type="text"/> | MINUTES <input type="text"/> <input type="text"/> |

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: _____

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE **

- B BIRTHS
- P PREGNANCIES
- A INDUCED ABORTIONS
- T STILLBIRTHS/MISCARRIAGE

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER

(SPECIFY)

1

| | | | |
|----|---------|---------|----|
| 12 | CHAITRA | 01 | |
| 11 | FALGUN | 02 | |
| 10 | MAGH | 03 | |
| 09 | POUSH | 04 | |
| 2 | 08 | MANGSIR | 05 |
| 0 | 07 | KARTIK | 06 |
| 6 | 06 | ASHWIN | 07 |
| 3 | 05 | BHADRA | 08 |
| 04 | SRAWAN | 09 | |
| 03 | ASHAR | 10 | |
| 02 | JAISTHA | 11 | |
| 01 | BAISHAK | 12 | |
| 12 | CHAITRA | 13 | |
| 11 | FALGUN | 14 | |
| 10 | MAGH | 15 | |
| 09 | POUSH | 16 | |
| 2 | 08 | MANGSIR | 17 |
| 0 | 07 | KARTIK | 18 |
| 6 | 06 | ASHWIN | 19 |
| 2 | 05 | BHADRA | 20 |
| 04 | SRAWAN | 21 | |
| 03 | ASHAR | 22 | |
| 02 | JAISTHA | 23 | |
| 01 | BAISHAK | 24 | |
| 12 | CHAITRA | 25 | |
| 11 | FALGUN | 26 | |
| 10 | MAGH | 27 | |
| 09 | POUSH | 28 | |
| 08 | MANGSIR | 29 | |
| 2 | 07 | KARTIK | 30 |
| 0 | 06 | ASHWIN | 31 |
| 6 | 05 | BHADRA | 32 |
| 1 | 04 | SRAWAN | 33 |
| 03 | ASHAR | 34 | |
| 02 | JAISTHA | 35 | |
| 01 | BAISHAK | 36 | |
| 12 | CHAITRA | 37 | |
| 11 | FALGUN | 38 | |
| 10 | MAGH | 39 | |
| 09 | POUSH | 40 | |
| 2 | 08 | MANGSIR | 41 |
| 0 | 07 | KARTIK | 42 |
| 6 | 06 | ASHWIN | 43 |
| 0 | 05 | BHADRA | 44 |
| 04 | SRAWAN | 45 | |
| 03 | ASHAR | 46 | |
| 02 | JAISTHA | 47 | |
| 01 | BAISHAK | 48 | |
| 12 | CHAITRA | 49 | |
| 11 | FALGUN | 50 | |
| 10 | MAGH | 51 | |
| 09 | POUSH | 52 | |
| 2 | 08 | MANGSIR | 53 |
| 0 | 07 | KARTIK | 54 |
| 5 | 06 | ASHWIN | 55 |
| 9 | 05 | BHADRA | 56 |
| 04 | SRAWAN | 57 | |
| 03 | ASHAR | 58 | |
| 02 | JAISTHA | 59 | |
| 01 | BAISHAK | 60 | |
| 12 | CHAITRA | 61 | |
| 11 | FALGUN | 62 | |
| 10 | MAGH | 63 | |
| 09 | POUSH | 64 | |
| 2 | 08 | MANGSIR | 65 |
| 0 | 07 | KARTIK | 66 |
| 5 | 06 | ASHWIN | 67 |
| 8 | 05 | BHADRA | 68 |
| 04 | SRAWAN | 69 | |
| 03 | ASHAR | 70 | |
| 02 | JAISTHA | 71 | |
| 01 | BAISHAK | 72 | |
| 12 | CHAITRA | 73 | |
| 11 | FALGUN | 74 | |
| 10 | MAGH | 75 | |
| 09 | POUSH | 76 | |
| 2 | 08 | MANGSIR | 77 |
| 0 | 07 | KARTIK | 78 |
| 5 | 06 | ASHWIN | 79 |
| 7 | 05 | BHADRA | 80 |
| 04 | SRAWAN | 81 | |
| 03 | ASHAR | 82 | |
| 02 | JAISTHA | 83 | |
| 01 | BAISHAK | 84 | |