

NATIONAL INSTITUTE OF POPULATION STUDIES
PAKISTAN DEMOGRAPHIC AND HEALTH SURVEY 2012-13

EVER-MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION																						
PROVINCE/REGION (PUNJAB=1; SINDH=2; KPK=3; BALOCHISTAN=4; GB=5; ICT=6) DISTRICT _____ TEHSIL _____ CLUSTER NUMBER HOUSEHOLD NUMBER LARGE CITY=1; SMALL CITY=2; TOWN=3; RURAL=4 NAME OF HOUSEHOLD HEAD _____ NAME AND LINE NUMBER OF WOMAN _____				<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																		
INTERVIEWER VISITS																						
	1	2	3	FINAL VISIT																		
DATE	_____	_____	_____	DAY MONTH YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>2</td><td>0</td><td>1</td></tr> </table>	2	0	1															
2	0	1																				
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> </table>																		
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table>																		
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td></tr> </table>																		
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)																						
LANGUAGE OF QUESTIONNAIRE: ENGLISH LANGUAGE OF INTERVIEW* LANGUAGE WOMAN SPEAKS AT HOME* * URDU = 1 SINDHI = 3 BALUCHI = 5 BARUHI = 7 OTHER = 9 _____ PUNJABI = 2 PUSHTO = 4 ENGLISH = 6 SARAIKI = 8 SPECIFY				<table border="1" style="margin: auto;"> <tr><td>6</td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>	6																	
6																						
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY																		
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> </table>				NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> </table>					<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table>			<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> </table>										

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	What is your current marital status? Are you married, divorced, widowed, or separated?	MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4 NEVER MARRIED 5	→ 110 → END
105	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
106	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"/>	
107	Does your husband have other wives?	YES 1 NO 2 DON'T KNOW 8	→ 110
108	Including yourself, in total, how many wives does he have?	TOTAL NUMBER OF WIVES <input type="text"/> DON'T KNOW 8	
109	Are you the first, second, ... wife?	RANK <input type="text"/> DON'T KNOW 8	
110	Is/was there a blood relationship between you and your husband?	YES 1 NO 2	→ 112
111	What type of relationship (is/was) it?	FIRST COUSIN ON FATHER'S SIDE . 1 FIRST COUSIN ON MOTHER'S SIDE . 2 SECOND COUSIN 3 OTHER RELATIONSHIP 6	
112	Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
113	While getting married, did you have a say in choosing your (first) husband?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	<p>CHECK 112:</p> <p>MARRIED <input type="checkbox"/> ONLY ONCE ↓</p> <p>In what month and year did you start living with your husband?</p> <p>MARRIED <input type="checkbox"/> MORE THAN ONCE ↓</p> <p>Now I would like to ask about your first husband. In what month and year did you start living with him?</p>	<p>MONTH <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 116
115	How old were you when you first started living with him?	AGE <input type="text"/>	
116	Have you ever attended school?	<p>YES 1</p> <p>NO 2</p>	→ 119
117	<p>What is the highest class you completed?</p> <p>IF COMPLETED LESS THAN CLASS ONE, WRITE '00'. IF MA, MPHIL, PHD, MBBS, OR BSC/4 YEARS, WRITE '16'.</p>	CLASS <input type="text"/>	
118	<p>CHECK 117:</p> <p>CLASS 00-08 <input type="checkbox"/> ↓</p> <p>CLASS 09 OR HIGHER <input type="checkbox"/></p>		→ 121
119	<p>Now I would like you to read this sentence.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE 4</p> <p>(SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
120	<p>CHECK 119:</p> <p>CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> ↓</p> <p>CODE '1' OR '5' CIRCLED <input type="checkbox"/></p>		→ 122
121	Do you read a newspaper or magazine daily, at least once a week, occasionally or not at all?	<p>DAILY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>OCCASIONALLY 3</p> <p>NOT AT ALL 4</p>	
122	Do you listen to the radio daily, at least once a week, occasionally or not at all?	<p>DAILY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>OCCASIONALLY 3</p> <p>NOT AT ALL 4</p>	
123	Do you watch television daily, at least once a week, occasionally or not at all?	<p>DAILY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>OCCASIONALLY 3</p> <p>NOT AT ALL 4</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	What is your mother tongue?	URDU 01 PUNJABI 02 SINDHI 03 PUSHTO 04 BALOCHI 05 ENGLISH 06 BARAUHI 07 SIRAIKI 08 HINDKO 09 KASHMIRI 10 SHINA 11 BRUSHASKI 12 WAKHI 13 CHITRALI/ KHWAR 14 BALTI 15 PAHARI 16 POTOWARI 17 MARWARI 18 FARSI 19 OTHER 96	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
200	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.										
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1238 551 1342 663"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1238 663 1342 775"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" data-bbox="1238 831 1342 943"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" data-bbox="1238 943 1342 1055"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1238 1198 1342 1310"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" data-bbox="1238 1310 1342 1422"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end in a miscarriage, aborted 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	→ 210								
209	How many pregnancies have you had that did not end in a live birth?	PREGNANCY LOSSES <table border="1" data-bbox="1238 1543 1342 1610"><tr><td></td><td></td></tr></table>									
210	SUM ANSWERS TO 203, 205, 207 AND 209, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCIES <table border="1" data-bbox="1238 1628 1342 1695"><tr><td></td><td></td></tr></table>									
211	CHECK 210: 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 201-210 AS NECESSARY.										
212	CHECK 210: ONE OR MORE PREGNANCIES <input type="checkbox"/> ↓ NO PREGNANCY <input type="checkbox"/> →	→ 234									

213								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 215. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW).
214	215	216	217	218	219	220	221	
PREGNANCY HISTORY NUMBER	Think back to your first pregnancy. The pregnancy which was the first after your (first) marriage? Was that a single or multiple pregnancy?	Was the baby born alive or born dead or lost before birth?	Did that baby cry, move, or breathe when it was born?	What name was given to the child? [RECORD BABY-1 BABY-2 ... IN CASE NO (NAME) WAS GIVEN]	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	
01	SING 1 MULT 2 DON'T KNOW . 8	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)	YES 1 NO 2 ↓ 226	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 ↓ 225	
02	SING 1 MULT 2 DON'T KNOW . 8	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)	YES 1 NO 2 ↓ 226	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 ↓ 225	
03	SING 1 MULT 2 DON'T KNOW . 8	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)	YES 1 NO 2 ↓ 226	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 ↓ 225	
04	SING 1 MULT 2 DON'T KNOW . 8	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)	YES 1 NO 2 ↓ 226	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 ↓ 225	
05	SING 1 MULT 2 DON'T KNOW . 8	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)	YES 1 NO 2 ↓ 226	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 ↓ 225	
06	SING 1 MULT 2 DON'T KNOW . 8	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)	YES 1 NO 2 ↓ 226	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 ↓ 225	
07	SING 1 MULT 2 DON'T KNOW . 8	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)	YES 1 NO 2 ↓ 226	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 ↓ 225	

214	215	216	217	218	219	220	221
PREGNANCY HISTORY NUMBER	Think back to your first pregnancy. The pregnancy which was the first after your (first) marriage? Was that a single or multiple pregnancy?	Was the baby born alive or born dead or lost before birth?	Did that baby cry, move, or breathe when it was born?	What name was given to the child? [RECORD BABY-1 BABY-2 IN CASE NO (NAME) WAS GIVEN]	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?
08	SING 1 MULT 2 DON'T KNOW . 8	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)←	YES 1 NO 2 ↓ 226	_____ 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 ↓ 225
09	SING 1 MULT 2 DON'T KNOW . 8	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)←	YES 1 NO 2 ↓ 226	_____ 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 ↓ 225
10	SING 1 MULT 2 DON'T KNOW . 8	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)←	YES 1 NO 2 ↓ 226	_____ 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 ↓ 225
11	SING 1 MULT 2 DON'T KNOW . 8	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)←	YES 1 NO 2 ↓ 226	_____ 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 ↓ 225
12	SING 1 MULT 2 DON'T KNOW . 8	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 226)←	YES 1 NO 2 ↓ 226	_____ 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 ↓ 225

222	223	224	225	226	227	228	229
IF BORN ALIVE AND STILL LIVING: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you? YES 1 NO 2	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT LINE)	IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	IF BORN DEAD OR LOST BEFORE BIRTH: In what month and year did this pregnancy end? MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	How many months did this pregnancy last? CHECK 217 IF CODE 2 SKIP 229 RECORD IN COMPLETED MONTHS.	Did you or someone else do something to end this pregnancy? YES 1 NO 2	Were there any other pregnancies between the previous pregnancy and this pregnancy?
AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT LINE)	DAYS . . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/> (NEXT LINE)	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	
AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 229)	DAYS . . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/> (GO TO 229)	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 ↙ PREGNANCY NO 2 NEXT ↙ PREGNANCY
AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 229)	DAYS . . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/> (GO TO 229)	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 ↙ PREGNANCY NO 2 NEXT ↙ PREGNANCY
AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 229)	DAYS . . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/> (GO TO 229)	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 ↙ PREGNANCY NO 2 NEXT ↙ PREGNANCY
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AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 229)	DAYS . . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/> (GO TO 229)	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 ↙ PREGNANCY NO 2 NEXT ↙ PREGNANCY
AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 229)	DAYS . . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/> (GO TO 229)	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 ↙ PREGNANCY NO 2 NEXT ↙ PREGNANCY

<p>222 IF BORN ALIVE AND STILL LIVING:</p> <p>How old was (NAME) at his/her last birthday?</p> <p>RECORD AGE IN COMPLETED YEARS.</p>	<p>223</p> <p>Is (NAME) living with you?</p>	<p>224</p> <p>RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).</p>	<p>225 IF DEAD:</p> <p>How old was (NAME) when he/she died?</p> <p>IF '1 YR', PROBE: How many months old was (NAME)?</p> <p>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.</p>	<p>226 IF BORN DEAD OR LOST BEFORE BIRTH:</p> <p>In what month and year did this pregnancy end?</p>	<p>227</p> <p>How many months did this pregnancy last?</p> <p>CHECK 217 IF CODE 2 SKIP 229 RECORD IN COMPLETED MONTHS.</p>	<p>228</p> <p>Did you or someone else do something to end this pregnancy?</p>	<p>229</p> <p>Were there any other pregnancies between the previous pregnancy and this pregnancy?</p>
<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p> <p>(GO TO 229)</p>	<p>DAYS ... 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS .. 3 <input type="text"/></p> <p>(GO TO 229)</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTHS</p> <p><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1 ADD ↙ PREGNANCY</p> <p>NO 2 NEXT ↙ PREGNANCY</p>
<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p> <p>(GO TO 229)</p>	<p>DAYS ... 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS .. 3 <input type="text"/></p> <p>(GO TO 229)</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTHS</p> <p><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1 ADD ↙ PREGNANCY</p> <p>NO 2 NEXT ↙ PREGNANCY</p>
<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p> <p>(GO TO 229)</p>	<p>DAYS ... 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS .. 3 <input type="text"/></p> <p>(GO TO 229)</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTHS</p> <p><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1 ADD ↙ PREGNANCY</p> <p>NO 2 NEXT ↙ PREGNANCY</p>
<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p> <p>(GO TO 229)</p>	<p>DAYS ... 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS .. 3 <input type="text"/></p> <p>(GO TO 229)</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTHS</p> <p><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1 ADD ↙ PREGNANCY</p> <p>NO 2 NEXT ↙ PREGNANCY</p>
<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p> <p>(GO TO 229)</p>	<p>DAYS ... 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS .. 3 <input type="text"/></p> <p>(GO TO 229)</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTHS</p> <p><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1 ADD ↙ PREGNANCY</p> <p>NO 2 NEXT ↙ PREGNANCY</p>
<p>230</p>	<p>Have you had any pregnancy since the last pregnancy mentioned? IF YES, RECORD PREGNANCY(S) IN TABLE.</p>			<p>YES</p> <p>NO</p>	<p>..... 1</p> <p>..... 2</p>		
<p>231</p>	<p>COMPARE 210 WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="text"/> NUMBERS ARE DIFFERENT <input type="text"/> (PROBE AND RECONCILE)</p>						
<p>232</p>	<p>CHECK 220 AND ENTER THE NUMBER OF BIRTHS IN 2007 OR LATER.</p> <p>NUMBER OF BIRTHS <input type="text"/></p> <p>NONE 0</p>						<p>→ 234</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
233	<p>C FOR EACH BIRTH SINCE JANUARY 2007, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT 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 227 FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH. CHECK 228. IF YES (CODE '1' CIRCLED), ENTER 'A' FOR ABORTION OR 'C' (IF CODE '2' CIRCLED) FOR MISCARRIAGE OR 'S' FOR STILLBIRTH, IN CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p>										
234	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 238								
235	<p>How many months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <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>									
236	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 238								
237	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2									
238	<p>When did your last menstrual period start?</p> <p>_____</p> <p style="text-align: center;">Date, If given</p>	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> </table> WEEKS AGO 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> MONTHS AGO 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> YEARS AGO 4 <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> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 301								
240	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 2 PERIODS ... 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									

SECTION 3. CONTRACEPTION

301	<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>Have you ever heard of (METHOD)?</p> <p>PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 301A.</p>	301A. Have you ever used (METHOD)?	
01	<p>Female Sterilization. PROBE: Women can have an operation to avoid having any more children.</p>	<p>YES 1</p> <p>NO 2 ↴</p>	<p>Have you ever had an operation to avoid having any more pregnancies?</p> <p>YES 1</p> <p>NO 2</p>
02	<p>Male Sterilization. PROBE: Men can have an operation to avoid having any more children.</p>	<p>YES 1</p> <p>NO 2 ↴</p>	<p>Has your husband ever had an operation to avoid having any more pregnancies?</p> <p>YES 1</p> <p>NO 2</p>
03	<p>IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES 1</p> <p>NO 2 ↴</p>	<p>YES 1</p> <p>NO 2</p>
04	<p>Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES 1</p> <p>NO 2 ↴</p>	<p>YES 1</p> <p>NO 2</p>
05	<p>Implants. PROBE: Women can have one or more 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</p> <p>NO 2 ↴</p>	<p>YES 1</p> <p>NO 2</p>
06	<p>Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES 1</p> <p>NO 2 ↴</p>	<p>YES 1</p> <p>NO 2</p>
07	<p>Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES 1</p> <p>NO 2 ↴</p>	<p>YES 1</p> <p>NO 2</p>
08	<p>Standard Days Method. PROBE: A Woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, they uses a condom or does not have sexual intercourse under 6-month and her monthly bleeding has not returned.</p>	<p>YES 1</p> <p>NO 2 ↴</p>	<p>YES 1</p> <p>NO 2</p>
09	<p>Lactational Amen. Method (LAM)</p>	<p>YES 1</p> <p>NO 2 ↴</p>	<p>YES 1</p> <p>NO 2</p>
10	<p>Rhythm Method. PROBE: 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</p> <p>NO 2 ↴</p>	<p>YES 1</p> <p>NO 2</p>
11	<p>Withdrawal, Azal. PROBE: Men can be careful and pull out before climax.</p>	<p>YES 1</p> <p>NO 2 ↴</p>	<p>YES 1</p> <p>NO 2</p>
12	<p>Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.</p>	<p>YES 1</p> <p>NO 2 ↴</p>	<p>YES 1</p> <p>NO 2</p>
13	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES 1</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>
302	<p>CHECK 301A:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/></p> <p>AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/></p>		<p align="right">→ 305</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	Have you ever used anything or tried in any way to delay or avoid getting pregnant? C ENTER '0' IN COLUMN 1 FOR NON USE AND PROCEED	YES 1 NO 2	→ 333
304	What have you used or done? CORRECT 301 AND 301A (AND 302 IF NECESSARY).		
305	CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED OR SEPARATED <input type="checkbox"/>		→ 316
306	CHECK 301A (01) WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 309
307	CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 316
308	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 316
309	Which method are you using? [CIRCLE ALL MENTIONED] IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G SDM H LACTATIONAL AMEN.METHOD I RHYTHM METHOD J WITHDRAWAL K OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 312 → 313A → 311 → 313A
310	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	NOVA PILLS 01 FAMILA 28 02 LO FEMENAL 03 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 313A

316

I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years.

USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2007.
USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.

C **IN COLUMN 1**, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.

ILLUSTRATIVE QUESTIONS:

- * 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?

IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE.
NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.

ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.

ILLUSTRATIVE QUESTIONS:

- * Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?
- * IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.

317

CHECK 309:

CIRCLE METHOD CODE:

**IF MORE THAN ONE METHOD CODE CIRCLED IN 309,
CIRCLE CODE FOR HIGHEST METHOD IN LIST.**

NO CODE CIRCLED	00	→ 333
FEMALE STERILIZATION	01	→ 320A
MALE STERILIZATION	02	→ 335
IUD	03	
INJECTABLES	04	
IMPLANTS	05	
PILL	06	
CONDOM	07	
SDM	08	
LACTATIONAL AMEN. METHOD (LAM)	09	→ 318A
RHYTHM METHOD	10	
WITHDRAWAL	11	
OTHER MODERN METHOD	95	→ 335
OTHER TRADITIONAL METHOD	96	

318	You first started using (CURRENT METHOD) in (DATE FROM 313/313A). Where did you get it at that time?	PUBLIC SECTOR GOVT. HOSPITAL/RHSA 11 RURAL HEALTH CENTRE 12 FAMILY WELFARE CENTRE/FWW 13 MCH 14 DISPENSORY 15 MOBILE SERVICE CAMP/ UNIT 16 LADY HEALTH WORKER 17 LH VISITOR 18 BASIC HEALTH UNIT 19 MALE MOBILIZER 20 FWA 21 OTHER PUBLIC 26 (SPECIFY)	
318A	Where did you learn about LAM being a method of contraception/ how to use the SDM/ rhythm method? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PRIVATE/NGO MEDICAL SECTOR PRIVATE/NGO HOSPITAL/CLINIC 31 PHARMACY, CHEMISTS 32 PRIVATE DOCTOR 33 HOMEOPATH 34 DISPENSER/COMPOUNDER 35 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER SOURCE SHOP (NOT PHARMACY/CHEMIST) .. 41 FRIEND/RELATIVE 42 HAKIM 43 DAI, TRAD. BIRTH ATTENDANT 44 OTHER 96 (SPECIFY) DON'T KNOW 98	
319	CHECK 309: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 309, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 SDM 08 LACTATIONAL AMEN. METHOD 09 RHYTHM METHOD 10	→ 332 → 335
320	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 322
320A	When you got sterilized, were you told about side effects or problems you might have with the method?		
321	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 323
322	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
323	Have you ever experienced side effects with your current family planning method?	YES 1 NO 2	→ 329

332	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/RHSC 11</p> <p>RURAL HEALTH CENTRE, MCH .. 12</p> <p>MCH 13</p> <p>FAMILY WELFARE CENTRE/FWW . 14</p> <p>MOBILE SERVICE CAMP 15</p> <p>LADY HEALTH WORKER 16</p> <p>LH VISITOR 17</p> <p>BASIC HEALTH UNIT 18</p> <p>MALE MOBILIZER 19</p> <p>FWA 20</p> <p>OTHER PUBLIC 21</p> <p>(SPECIFY)</p> <p>PRIVATE/NGO MEDICAL SECTOR</p> <p>PRIVATE/NGO HOSPITAL/CLINIC 22</p> <p>PHARMACY, CHEMISTS 23</p> <p>PRIVATE DOCTOR 24</p> <p>HOMEOPATH 25</p> <p>DISPENSER/COMPOUNDER 26</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP (NOT PHARMACY/CHEMIST) .. 31</p> <p>FRIEND/RELATIVE 32</p> <p>HAKIM 33</p> <p>DAI, TRAD. BIRTH ATTENDANT . 34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 335</p>
333	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 335</p>
334	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/RHSC A</p> <p>RURAL HEALTH CENTRE, MCH .. B</p> <p>MCH C</p> <p>FAMILY WELFARE CENTRE/FWW . D</p> <p>MOBILE SERVICE CAMP E</p> <p>LADY HEALTH WORKER F</p> <p>LH VISITOR G</p> <p>BASIC HEALTH UNIT H</p> <p>MALE MOBILIZER I</p> <p>FWA J</p> <p>OTHER PUBLIC K</p> <p>(SPECIFY)</p> <p>PRIVATE/NGO MEDICAL SECTOR</p> <p>PRIVATE/NGO HOSPITAL/CLINIC L</p> <p>PHARMACY, CHEMISTS M</p> <p>PRIVATE DOCTOR N</p> <p>HOMEOPATH O</p> <p>DISPENSER/COMPOUNDER P</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ Q</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP (NOT PHARMACY/CHEMIST) .. R</p> <p>FRIEND/RELATIVE S</p> <p>HAKIM T</p> <p>DAI, TRAD. BIRTH ATTENDANT ... U</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

335	Do you know that LHW is present in your area?	YES 1 NO 2 DON'T KNOW 8	→ 339																																																
336	In the last 12 months, were you visited by a LHW who talked to you about family planning?	YES 1 NO 2	→ 339																																																
337	Did you receive any care and help from this woman?	YES 1 NO 2	→ 339																																																
338	What type of help did you receive? [CIRCLE ALL MENTIONED]	INFORMATION ON MOTHER AND CHILD HEALTH A CONTRACEPTIVE SUPPLIES B REFERRED TO HEALTH/ FP FACILITY C TREATMENT OF SIDE EFFECTS D VACCINATION E TREATMENT OF MINOR AILMENT F TREATMENT FOR MOTHER AND CHILD G OTHERS X SPECIFY																																																	
339	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 341																																																
340	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2																																																	
341	Do you know of any service outlet that provide family planning services?	YES 1 NO 2	→ 401																																																
342	Have you ever visited any service outlet that provide family planning services?	YES 1 NO 2	→ 345																																																
343	Usually which service outlet do you visit?	GOVT. HOSPITAL/CLINIC/RHSC 1 PRIVATE/NGO HOSPITAL/CLINIC 2 OTHERS 6 (SPECIFY)																																																	
344	Are you satisfied with the following services of that service outlet? a) Provision of contraceptives? b) Follow-up care? c) Infection prevention? d) Counseling services? e) Timely treatment? f) Attitude of staff? g) Punctuality maintained by staff? h) Timely referring? i) Cooperative? j) Handle complications promptly? x) Others _____ SPECIFY	<table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PROVISION OF CONTRACEPTIVES .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FOLLOW-UP CARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>INFECTION PREVENTION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>COUNSELING SERVICES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TIMELY TREATMENT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ATTITUDE OF STAFF</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PUNCTUALITY MAINTAINED BY STAFF</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TIMELY REFERRING</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>COOPERATIVE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HANDLE COMPLICATIONS PROMPTLY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHERS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	PROVISION OF CONTRACEPTIVES .	1	2	8	FOLLOW-UP CARE	1	2	8	INFECTION PREVENTION	1	2	8	COUNSELING SERVICES	1	2	8	TIMELY TREATMENT	1	2	8	ATTITUDE OF STAFF	1	2	8	PUNCTUALITY MAINTAINED BY STAFF	1	2	8	TIMELY REFERRING	1	2	8	COOPERATIVE	1	2	8	HANDLE COMPLICATIONS PROMPTLY	1	2	8	OTHERS	1	2	8	→ 401
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345	What was reason for not visiting FP services outlets?	SERVICES PROVIDED AT THEIR DOOR STEPS A PREFERRED TO GO TO OTHER SERVICE PROVIDERS B DUE TO UNDESIRABLE LOCATION C NO NEED TO VISIT THE CENTRE D UNAWARE ABOUT THE SERVICE AVAILABLE AT THE CENTRE E WANTED MORE CHILDREN F OTHERS X SPECIFY																																																	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 232: ONE OR MORE <input type="checkbox"/> BIRTHS IN JANUARY 2007 OR LATER NO <input type="checkbox"/> BIRTHS IN JANUARY 2007 OR LATER → 601			
402	CHECK 214: ENTER IN THE TABLE THE PREGNANCY HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN JAN. 2007 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE MOST RECENT BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask some questions about your children born in January 2007 and later. (We will talk about each separately.)			
403	PREGNANCY HISTORY NUMBER FROM 214 IN PREGNANCY HISTORY	LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>
404	FROM 218 AND 221	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	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 424) ← NO 2	YES 1 (SKIP TO 424) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NO MORE 2 (SKIP TO 408) ←	LATER 1 NO MORE 2 (SKIP TO 424) ←	LATER 1 NO MORE 2 (SKIP TO 424) ←
407	How much longer did you want 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
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 415) ←		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/ LHV B OTHER PERSON DAI-TBA C LADY H. WORKER D HOMEOPATH ... E HAKIM F DISPENSER / COMPOUNDER .. G OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME</p> <p>YOUR HOME ... A</p> <p>OTHER HOME ... B</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL.. C</p> <p>RHC/MCH D</p> <p>BHU/FWC E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PVT. DOCTOR . H</p> <p>HOMEOPATH . I</p> <p>DISPENSER / COMPOUNDER .. J</p> <p>OTHER PRIVATE MED. _____ K</p> <p>(SPECIFY)</p> <p>HAKIM L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		
411	<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 KNOW 98</p>		
412	<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 KNOW 98</p>		
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>a) Was your blood pressure measured? BP 1</p> <p>b) Were you weighted? WEIGHTED . 1</p> <p>c) Did you give a urine sample? URINE 1</p> <p>d) Did you give a blood sample? BLOOD ... 1</p> <p>e) Did you have ultrasound exam? ULTRASOUND 1</p>	<p>YES NO</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>		
414	<p>During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
415	<p>During this pregnancy, were you given an injection in the buttocks or your arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 418) ←</p> <p>DON'T KNOW 8</p>		
416	<p>During this pregnancy, how many times did you get a tetanus injection?</p>	<p>TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____		
417	CHECK 416:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421)				
418	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW ... 8				
419	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, WRITE '7'	TIMES <input type="text"/> DON'T KNOW 8				
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>				
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8				
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> NOT TAKEN ... 997 DON'T KNOW ... 998				
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8				
424	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
425	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 427) ← DON'T KNOW 8			YES 1 NO 2 (SKIP TO 427) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 427) ← DON'T KNOW 8
426	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998			KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
427	<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 PERSON DOCTOR A NURSE/MIDWIFE/ LHV B</p> <p>OTHER PERSON DAI-TBA C FWW D LADY H. WORKER E HOMEOPATH ... F HAKIM G RELATIVE/FRIEND (NOT A DAI) ... H OTHER _____ X (SPECIFY) NO ONE Y</p>	<p>HEALTH PERSON DOCTOR A NURSE/MIDWIFE/ LHV B</p> <p>OTHER PERSON DAI-TBA C FWW D LADY H. WORKER E HOMEOPATH ... F HAKIM G RELATIVE/FRIEND (NOT A DAI) ... H OTHER _____ X (SPECIFY) NO ONE Y</p>	<p>HEALTH PERSON DOCTOR A NURSE/MIDWIFE/ LHV B</p> <p>OTHER PERSON DAI-TBA C FWW D LADY H. WORKER E HOMEOPATH ... F HAKIM G RELATIVE/FRIEND (NOT A DAI) ... H OTHER _____ X (SPECIFY) NO ONE Y</p>												
428	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 433) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 RHC/MCH 22 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 433) ←</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 442) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 RHC/MCH 22 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 442) ←</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 442) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 RHC/MCH 22 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 442) ←</p>												
429	<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. IF ONE WEEK OR MORE RECORD WEEKS</p>	<p>HOURS 1 <table border="1" data-bbox="750 1232 861 1299"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="750 1299 861 1366"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="750 1366 861 1433"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T REMEMBER/ DON'T KNOW . 998</p>														
430	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>												
431	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while <u>you were still in the facility</u>?</p>	<p>YES 1 (SKIP TO 434) ←</p> <p>NO 2</p>														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
432	Did anyone check on your health after you left the facility?	YES 1 (SKIP TO 434) ← NO 2 (SKIP TO 436) ←								
433	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES 1 NO 2 (SKIP TO 436) ←								
434	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE LHV 12 OTHER PERSON DAI- TBA 21 FWW 22 LADY H.WORKER 23 HOMEOPATH ... 24 HAKIM 25 DISPENSER / COMPOUNDER .. 26 OTHER _____ 96 (SPECIFY)								
435	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. IF ONE WEEK OR MORE RECORD WEEKS.	HOURS 1 <table border="1" data-bbox="751 1003 860 1055"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" data-bbox="751 1055 860 1106"><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" data-bbox="751 1106 860 1167"><tr><td> </td><td> </td></tr></table> DON'T REMEMBER/ DON'T KNOW . 998								
436	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 440) ← DON'T KNOW 8								
437	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. IF ONE WEEK OR MORE RECORD WEEKS.	HRS AFTER BIRTH .. 1 <table border="1" data-bbox="751 1476 860 1527"><tr><td> </td><td> </td></tr></table> DAYS AFTER BIRTH .. 2 <table border="1" data-bbox="751 1527 860 1579"><tr><td> </td><td> </td></tr></table> WKS AFTER BIRTH .. 3 <table border="1" data-bbox="751 1579 860 1639"><tr><td> </td><td> </td></tr></table> DON'T KNOW 998								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
438	<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 LHV 12</p> <p>OTHER PERSON DAI-TBA 21 FWW 22 LADY H.WORKER 23 HOMEOPATH ... 24 HAKIM 25 DISPENSER / COMPOUNDER .. 26 OTHER _____ 96 (SPECIFY)</p>								
439	<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 PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 RHC/MCH 22 BHU/FWC 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>								
440	<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 CAPSULES.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>								
441	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1 (SKIP TO 443) ←</p> <p>NO 2 (SKIP TO 444) ←</p>								
442	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>									
443	<p>For how many months after the birth of (NAME) did you not 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 _____		
444	CHECK 234: IS RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/> (SKIP TO 446) ←				
445	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 447) ←				
446	For how many months after the birth of (NAME) did you not 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		
447	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 449) ← NO 2	YES 1 NO 2	YES 1 NO 2		
448	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 454) (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)				
449	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"/>				
450	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 452) ←				
451	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . . . A PLAIN WATER B HONEY OR SUGAR WATER C GHEE, BUTTER D FRUIT JUICE E INFANT FORMULA F GHUTEE G GREEN TEA H GRUPE WATEF I OTHER _____ X (SPECIFY)				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
452	CHECK 404: IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
453	Are you still breastfeeding (NAME)?	YES 1 NO 2		
454	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
455		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, HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE PREGNANCY HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN JANUARY 200... 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	PREGNANCY HISTORY NUMBER FROM 214 IN BIRTH HISTORY	LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/>	SECOND-FROM-LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/>																																																																																																																																																																															
503	FROM 218 AND 221	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 536)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 536)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 536)																																																																																																																																																																															
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 509) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3																																																																																																																																																																															
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 509) ← NO 2	YES 1 (SKIP TO 509) ← NO 2	YES 1 (SKIP TO 509) ← NO 2																																																																																																																																																																															
506	<p>(1) COPY DATE OF BIRTH IF GIVEN. IF NOT ON CARD, LEAVE IT BLANK. (2) COPY DATES FROM THE CARD. (3) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1"> <thead> <tr> <th></th> <th colspan="3">LAST BIRTH</th> <th colspan="3">NEXT-TO-LAST BIRTH</th> <th colspan="3">SECOND-FROM-LAST BIRTH</th> </tr> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>BIRTH</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>BCG</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>POLIO 0 (POLIO GIVEN AT BIRTH)</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>POLIO 1</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>POLIO 2</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>POLIO 3</td> <td><input type="text"/></td><td><input type="text"/></td><td><input 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type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </tbody> </table> <p>Is COMBO or PENTA Circled</p> <table border="0"> <tr> <td><input type="checkbox"/> Yes → Go to Measles</td> <td><input type="checkbox"/> YES → Go to Measles</td> <td><input type="checkbox"/> YES → Go to Measles</td> </tr> <tr> <td><input type="checkbox"/> No → Continue with HBV 1</td> <td><input type="checkbox"/> NO → Continue with HBV 1</td> <td><input type="checkbox"/> NO → Continue with HBV 1</td> </tr> </table> <table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>HBV 1</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input 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NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder 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
510B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8
510C	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2
510D	How many times was the polio vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510E	A DPT/COMBO/PENTA vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8
510F	How many times was the DPT/COMBO/PENTA vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510G	A hepatitis HBV vaccination, that is an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 510I) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510I) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510I) ← DON'T KNOW 8
510H	How many times was an HBV vaccination received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510I	A measles injection or an MMR 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF CAPSULES.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
512	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
514	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 523) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 523) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 523) ← DON'T KNOW 8
515	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
516	Now I would like to know how much (NAME) was <u>given to drink</u> during the diarrhea (including breastmilk). 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?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
517	When (NAME) had diarrhea, was he/she <u>given less than usual to eat</u> , 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
518	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 520) ←	YES 1 NO 2 (SKIP TO 520) ←	YES 1 NO 2 (SKIP TO 520) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
519	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A RHC/MCH B BHU/FWC C LADY H.WORKER D OTHER PUBLIC _____ E (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC F CHEMIST G PVT. DOCTOR ... H HOMEOPATH ... I DISPENSER / COMPOUNDER ... J OTHER PRIVATE MED. _____ K (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L HAKIM M DAI, TBA N OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A RHC/MCH B BHU/FWC C LADY H.WORKER D OTHER PUBLIC _____ E (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC F CHEMIST G PVT. DOCTOR ... H HOMEOPATH ... I DISPENSER / COMPOUNDER ... J OTHER PRIVATE MED. _____ K (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L HAKIM M DAI, TBA N OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A RHC/MCH B BHU/FWC C LADY H.WORKER D OTHER PUBLIC _____ E (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC F CHEMIST G PVT. DOCTOR ... H HOMEOPATH ... I DISPENSER / COMPOUNDER ... J OTHER PRIVATE MED. _____ K (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L HAKIM M DAI, TBA N OTHER _____ X (SPECIFY)</p>
520	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a) A fluid made from a special packet called Nimkol/ ORS?</p> <p>b) A drink made at home with sugar, salt and water?</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>
521	<p>Was anything (else) given to treat the diarrhea?</p>	<p>YES 1 NO 2 (SKIP TO 523) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 523) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 523) ← DON'T KNOW 8</p>
522	<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 ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS I</p> <p>HOME REMEDY</p> <p>RICE STARCH . . K MINT EXTRACT . L</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS I</p> <p>HOME REMEDY</p> <p>RICE STARCH . . K MINT EXTRACT . L</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS I</p> <p>HOME REMEDY</p> <p>RICE STARCH . . K MINT EXTRACT . L</p> <p>OTHER _____ X (SPECIFY)</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
523	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
524	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
525	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 528) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 528) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 528) ← DON'T KNOW 8
526	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	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
527	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 529) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 529) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 529) ←
528	CHECK 523: HAD FEVER?	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 536)	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 536)	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 536)
529	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). 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?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
530	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
531	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 533) ←	YES 1 NO 2 (SKIP TO 533) ←	YES 1 NO 2 (SKIP TO 533) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
532	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>RHC/MCH B</p> <p>BHU/FWC C</p> <p>LADY H.WORKER D</p> <p>OTHER PUBLIC _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC F</p> <p>PHARMACY G</p> <p>PVT. DOCTOR... H</p> <p>HOMEOPATH ... I</p> <p>DISPENSER / COMPOUNDER ... J</p> <p>OTHER PRIVATE MED. _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>HAKIM M</p> <p>DAI, TBA N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>RHC/MCH B</p> <p>BHU/FWC C</p> <p>LADY H.WORKER D</p> <p>OTHER PUBLIC _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC F</p> <p>PHARMACY G</p> <p>PVT. DOCTOR... H</p> <p>HOMEOPATH ... I</p> <p>DISPENSER / COMPOUNDER ... J</p> <p>OTHER PRIVATE MED. _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>HAKIM M</p> <p>DAI, TBA N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>RHC/MCH B</p> <p>BHU/FWC C</p> <p>LADY H.WORKER D</p> <p>OTHER PUBLIC _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC F</p> <p>PHARMACY G</p> <p>PVT. DOCTOR... H</p> <p>HOMEOPATH ... I</p> <p>DISPENSER / COMPOUNDER ... J</p> <p>OTHER PRIVATE MED. _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>HAKIM M</p> <p>DAI, TBA N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
533	<p>At any time during the illness, did (NAME) take any drugs for the illness?</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 536)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 536)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 503 IN NEXT - TO - LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 536)</p> <p>DON'T KNOW 8</p>
534	<p>What drugs did (NAME) take?</p> <p>Any other drugs?</p> <p>[CIRCLE ALL MENTIONED]</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... A</p> <p>CHLOROQUINE B</p> <p>AMODIAQUINE C</p> <p>QUININE D</p> <p>ARTEMISININ COMBINATION E</p> <p>OTHER ANTI-MALARIAL _____ F</p> <p>(SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... G</p> <p>INJECTION ... H</p> <p>OTHER DRUGS</p> <p>PONSTAN I</p> <p>PARACETAMOL . J</p> <p>IBUPROFEN ... K</p> <p>COUGH SYRUP . L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... A</p> <p>CHLOROQUINE . B</p> <p>AMODIAQUINE C</p> <p>QUININE D</p> <p>ARTEMISININ COMBINATION E</p> <p>OTHER ANTI-MALARIAL _____ F</p> <p>(SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... G</p> <p>INJECTION ... H</p> <p>OTHER DRUGS</p> <p>PONSTAN I</p> <p>PARACETAMOL ... J</p> <p>IBUPROFEN..... K</p> <p>COUGH SYRUP ... L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... A</p> <p>CHLOROQUINE B</p> <p>AMODIAQUINE C</p> <p>QUININE D</p> <p>ARTEMISININ COMBINATION E</p> <p>OTHER ANTI-MALARIAL _____ F</p> <p>(SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... G</p> <p>INJECTION ... H</p> <p>OTHER DRUGS</p> <p>PONSTAN I</p> <p>PARACETAMOL ... J</p> <p>IBUPROFEN..... K</p> <p>COUGH SYRUP ... L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>
535		<p>GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 536.</p>	<p>GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 536.</p>	<p>GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 536.</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																				
536	<p>CHECK 220 AND 223, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2010 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 537</p> <p>_____</p> <p>(NAME)</p>		601																																																																																																				
537	<p>Now I would like to ask you about liquids or foods that (NAME FROM 536) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME FROM 536) (drink/eat):</p> <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) Plain water?</td> <td>a) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) Juice or juice drinks?</td> <td>b) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) Clear broth?</td> <td>c) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) Milk such as tinned, powdered, or fresh animal milk?</td> <td>d) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</td> <td>NUMBER OF TIMES DRANK MILK</td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>e) Infant formula?</td> <td>e) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</td> <td>NUMBER OF TIMES DRANK FORMULA</td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>f) Any other liquids?</td> <td>f) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) Yogurt?</td> <td>g) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</td> <td>NUMBER OF TIMES ATE YOGURT</td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>h) Any [Nestle Cerelac, Nestum, Farex]? ASK TO SEE PACKAGE</td> <td>h) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i) Bread, roti, rice, noodles, kichrei, daliya, sewaiyan, sagudana or other foods made from grains?</td> <td>i) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</td> <td>j) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k) White potatoes, white yams, cassava, arvi, kachalu or any other foods made from roots?</td> <td>k) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l) Any dark green, leafy vegetables, like kale, etc.? palik, sarsoon, bathu, chulai, kechanar, chana ka sag, phalian.</td> <td>l) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m) Ripe mangoes, papayas, peach, apricot?</td> <td>m) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n) Any other fruits or vegetables? Cabbage, cauli flower, brinjal, apple, banana, pomegravate, plum.</td> <td>n) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o) Liver, kidney, heart or other organ meats?</td> <td>o) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p) Any meat, such as beef, lamb, mutton, chicken, or duck?</td> <td>p) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q) Eggs?</td> <td>q) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r) Fresh or dried fish or shellfish?</td> <td>r) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>s) Any foods made from beans, peas, lentils, or nuts?</td> <td>s) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>t) Cheese or other food made from milk?</td> <td>t) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>u) Any other solid, semi-solid, or soft food?</td> <td>u) 1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) Plain water?	a) 1	2	8	b) Juice or juice drinks?	b) 1	2	8	c) Clear broth?	c) 1	2	8	d) Milk such as tinned, powdered, or fresh animal milk?	d) 1	2	8	IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK		<input type="text"/>	e) Infant formula?	e) 1	2	8	IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA		<input type="text"/>	f) Any other liquids?	f) 1	2	8	g) Yogurt?	g) 1	2	8	IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT		<input type="text"/>	h) Any [Nestle Cerelac, Nestum, Farex]? ASK TO SEE PACKAGE	h) 1	2	8	i) Bread, roti, rice, noodles, kichrei, daliya, sewaiyan, sagudana or other foods made from grains?	i) 1	2	8	j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	j) 1	2	8	k) White potatoes, white yams, cassava, arvi, kachalu or any other foods made from roots?	k) 1	2	8	l) Any dark green, leafy vegetables, like kale, etc.? palik, sarsoon, bathu, chulai, kechanar, chana ka sag, phalian.	l) 1	2	8	m) Ripe mangoes, papayas, peach, apricot?	m) 1	2	8	n) Any other fruits or vegetables? Cabbage, cauli flower, brinjal, apple, banana, pomegravate, plum.	n) 1	2	8	o) Liver, kidney, heart or other organ meats?	o) 1	2	8	p) Any meat, such as beef, lamb, mutton, chicken, or duck?	p) 1	2	8	q) Eggs?	q) 1	2	8	r) Fresh or dried fish or shellfish?	r) 1	2	8	s) Any foods made from beans, peas, lentils, or nuts?	s) 1	2	8	t) Cheese or other food made from milk?	t) 1	2	8	u) Any other solid, semi-solid, or soft food?	u) 1	2	8		
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
538	CHECK 537 (CATEGORIES "g" THROUGH "u"): NOT A SINGLE "YES" <input type="checkbox"/> ↓ AT LEAST ONE "YES" <input type="checkbox"/>	<input type="checkbox"/> → 540	
539	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 537 TO RECORD ← FOOD EATEN YESTERDAY) NO 2	<input type="checkbox"/> → 601
540	How many times did (NAME FROM 536) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
601	CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> ↓	WIDOWED, DIVORCED OR SEPARATED <input type="checkbox"/>	→ 613								
602	CHECK 309: NEITHER STERILIZED <input type="checkbox"/> ↓	HE OR SHE STERILIZED <input type="checkbox"/>	→ 613								
603	CHECK 234: PREGNANT <input type="checkbox"/> ↓	NOT PREGNANT OR UNSURE <input type="checkbox"/>	→ 605								
604	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?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 606 → 612								
605	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 608 → 613 → 611								
606	CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ PREGNANT <input type="checkbox"/> ↓ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	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 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 611 → 613 → 611
607	CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓	PREGNANT <input type="checkbox"/>	→ 612								
608	CHECK 308: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> ↓ NOT CURRENTLY USING <input type="checkbox"/> ↓	CURRENTLY USING <input type="checkbox"/>	→ 613								
609	CHECK 606: 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"/>	→ 612								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	<p>CHECK 604 AND 605:</p> <p>WANTS TO <input type="checkbox"/> HAVE A/ ANOTHER CHILD</p> <p>You have said that you do not want (a/another) child soon.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>You have said that you do not want any (more) children.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>[CIRCLE ALL MENTIONED]</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX A</p> <p>INFREQUENT SEX B</p> <p>MENOPAUSAL/HYSTERECTOMY C</p> <p>CAN'T GET PREGNANT D</p> <p>NOT MENSTRUATED SINCE LAST BIRTH E</p> <p>BREASTFEEDING F</p> <p>UP TO GOD/FATALISTIC G</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED H</p> <p>HUSBAND OPPOSED I</p> <p>OTHERS OPPOSED J</p> <p>RELIGIOUS PROHIBITION K</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD L</p> <p>KNOWS NO SOURCE M</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS N</p> <p>LACK OF ACCESS/TOO FAR O</p> <p>COSTS TOO MUCH P</p> <p>PREFERRED METHOD NOT AVAILABLE Q</p> <p>NO METHOD AVAILABLE R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
611	<p>CHECK 308: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		→ 613
611A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
612	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
613	<p>CHECK 221:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	→ 615 → 615

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/>		→ 703
702	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
703	Did your (last) husband ever attend school?	YES 1 NO 2	→ 705
704	What was the highest class he completed? IF COMPLETED LESS THAN CLASS ONE, WRITE '00'. IF MA, MPHIL, PHD, MBBS, OR BSC/4 YEARS, WRITE '16'.	CLASS <input type="text"/> <input type="text"/> DON'T KNOW 98	
705	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/> FORMERLY MARRIED <input type="checkbox"/> What is your husband's occupation? What was your (last) husband's occupation? That is, what kind of work does he mainly do? That is, what kind of work did he mainly do?	<input type="text"/> <input type="text"/> <hr/> <hr/> <hr/>	
705A	Aside from housework, women work for cash or kind, did you work for cash or kind at any time <u>before</u> you (first) got married?	YES 1 NO 2	
705B	Did you work <u>after</u> you (first) got married?	YES 1 NO 2	→ 706
705C	When did you start work after (first) marriage? IF LESS THAN ONE-YEAR WRITE '00'	YEARS <input type="text"/> <input type="text"/>	
706	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 710
707	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	→ 710
708	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	→ 710
709	Have you done any work in the last 12 months?	YES 1 NO 2	→ 715
710	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <hr/> <hr/>	
711	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	
712	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	Do you work at home or away from home?	AT HOME 1 AWAY FROM HOME 2	
714	Are you paid in cash or cash and kind both or kind only for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
715	CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/>		→ 723
716	CHECK 714: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 719
717	Who usually decides how the money you earn will be used: you, your husband, or you and your husband jointly or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 FAMILY ELDERS 4 SOMEONE ELSE 6	
718	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 HAS NO EARNINGS 4 DON'T KNOW 8	→ 720
719	Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 HUSBAND HAS NO EARNINGS 4 FAMILY ELDERS 5 SOMEONE ELSE 6	
720	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 FAMILY ELDERS 4 SOMEONE ELSE 6	
721	Who usually makes decisions about making major household purchases: you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 FAMILY ELDERS 4 SOMEONE ELSE 6	
722	Who usually makes decisions about visits to your family or relatives: you, your husband, you and your husband jointly, or someone else??	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 FAMILY ELDERS 4 SOMEONE ELSE 6	
723	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 725

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
724	Do you have the autonomy to sell the house you own?	YES 1 NO 2																																				
725	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 727																																			
726	Do you have the autonomy to sell the land you own?	YES 1 NO 2																																				
727	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <tr> <td></td> <td></td> <td>PRES./</td> <td>PRES./</td> <td>NOT</td> </tr> <tr> <td></td> <td></td> <td>LISTEN.</td> <td>NOT</td> <td>PRES.</td> </tr> <tr> <td></td> <td></td> <td></td> <td>LISTEN.</td> <td></td> </tr> <tr> <td>a)</td> <td>CHILDREN < 10</td> <td>..... 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b)</td> <td>HUSBAND</td> <td>..... 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c)</td> <td>OTHER MALES</td> <td>..... 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d)</td> <td>OTHER FEMALES</td> <td>... 1</td> <td>2</td> <td>3</td> </tr> </table>			PRES./	PRES./	NOT			LISTEN.	NOT	PRES.				LISTEN.		a)	CHILDREN < 10 1	2	3	b)	HUSBAND 1	2	3	c)	OTHER MALES 1	2	3	d)	OTHER FEMALES	... 1	2	3	
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728	In your opinion, is a husband justified in hitting or beating his wife in the following situations:	<table border="0"> <tr> <td></td> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a)</td> <td>If she goes out without telling him?</td> <td>GOES OUT 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b)</td> <td>If she neglects the children?</td> <td>NEGL. CHILDREN ... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c)</td> <td>If she argues with him?</td> <td>ARGUES 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d)</td> <td>If she burns the food?</td> <td>BURNS FOOD 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e)</td> <td>If she neglects the in-laws</td> <td>NEGL. IN-LAW? 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f)</td> <td>If she refuses to have sex with him?</td> <td>REFUSES SEX 1</td> <td>2</td> <td>8</td> </tr> </table>			YES	NO	DK	a)	If she goes out without telling him?	GOES OUT 1	2	8	b)	If she neglects the children?	NEGL. CHILDREN ... 1	2	8	c)	If she argues with him?	ARGUES 1	2	8	d)	If she burns the food?	BURNS FOOD 1	2	8	e)	If she neglects the in-laws	NEGL. IN-LAW? 1	2	8	f)	If she refuses to have sex with him?	REFUSES SEX 1	2	8	
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729	CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/>		→ 801																																			
730	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. When was the last time you had sexual intercourse? IF LESS THAN ONE WEEK RECORD DAYS IF LESS THAN ONE MONTH RECORD WEEKS IF LESS THAN 12-MONTHS RECORD MONTHS IF 12-MONTHS OR MORE RECORD YEARS	<table border="0"> <tr> <td>DAYS AGO</td> <td>..... 1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>WEEKS</td> <td>..... 2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MONTHS</td> <td>..... 3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEARS</td> <td>..... 4</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	DAYS AGO 1	<input type="text"/>	<input type="text"/>	WEEKS 2	<input type="text"/>	<input type="text"/>	MONTHS 3	<input type="text"/>	<input type="text"/>	YEARS 4	<input type="text"/>	<input type="text"/>																				
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
824	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>STAND-ALONE VCT CENTER C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE CLINIC E</p> <p>FIELDWORKER F</p> <p>OTHER PUBLIC SECTOR _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR H</p> <p>STAND-ALONE VCT CENTER I</p> <p>PHARMACY J</p> <p>MOBILE CLINIC K</p> <p>FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

SECTION 9. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 906
902	How does tuberculosis spread from one person to another? PROBE: Any other ways? [CIRCLE ALL MENTIONED]	THROUGH THE AIR WHEN COUGHING OR SNEEZING A BY SHARING UTENSILS B BY TOUCHING A PERSON WITH TB C THROUGH SHARING FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER _____ X SPECIFY DON'T KNOW Z	
903	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	→ 905
904	What is the duration of treatment of TB now a days? [IF MORE THAN 7 MONTHS, RECORD 7]	MONTHS <input type="text"/> DON'T KNOW 8	
905	Have you ever been told by a doctor or nurse or LHV that God forbid you have/ had tuberculosis?	YES 1 NO 2 DON'T KNOW 8	
906	Have you ever heard of an illness called Hepatitis B or C?	YES 1 NO 2 DON'T KNOW 8	→ 909
907	Is there anything a person can do to avoid getting Hepatitis B or C?	YES 1 NO 2 DON'T KNOW 8	→ 909
908	What can a person do to avoid getting Hepatitis B or C? PROBE: Any other ways? [CIRCLE ALL MENTIONED]	SAFE SEX A SAFE BLOOD TRANSFER B DISPOSABLE SYRINGE C AVOID CONTAMINATED FOOD/WATER ... D AVOID CONTACT WITH INFECTED PERSON E MAKING SURE THAT THE INSTRUMENTS OF DENTISTS ARE PROPERLY STERILIZED F OTHERS _____ X SPECIFY NO RESPONSE Y DON'T KNOW Z	
909	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> NONE 00	→ 912

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
910	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00 → 912</p>																			
911	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																			
912	<p>Do you presently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2 → 914</p>																			
913	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>																			
914	<p>Do you presently smoke or use any (other) type of tobacco?</p>	<p>YES 1</p> <p>NO 2 → 916</p>																			
915	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>[CIRCLE ALL MENTIONED]</p>	<p>PIPE A</p> <p>CHEWING TOBACCO/NUSWAR B</p> <p>SNUFF C</p> <p>HUKAA/SHEESHA D</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																			
916	<p>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?</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p> <p>e) Management of Transport</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">BIG PROB- LEM</th> <th style="text-align: center;">NOT A BIG PROB- LEM</th> </tr> </thead> <tbody> <tr> <td>PERMISSION TO GO ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GETTING MONEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DISTANCE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GO ALONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRANSPORT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO ...	1	2	GETTING MONEY	1	2	DISTANCE	1	2	GO ALONE	1	2	TRANSPORT	1	2	
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SECTION 10. DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1001	<p>CHECK HOUSEHOLD QUESTIONNAIRE, Q36 AND IDENTIFICATION SECTION OF WOMAN QUESTIONNAIRE.</p> <p>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/></p>		→ 1031																																			
1002	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1 <input type="checkbox"/> PRIVACY NOT POSSIBLE 2 <input type="checkbox"/></p>		→ 1030																																			
<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Pakistan. Let me assure you that your answers are completely confidential and will not be told to any one and no one else in your household will know that you were asked these questions.</p>																																						
1003	<p>CHECK 104:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> FORMERLY MARRIED (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND') <input type="checkbox"/></p>																																					
1004	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if:</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>LIMIT CONTACT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ...	1	2	8	LIMIT CONTACT	1	2	8	WHERE YOU ARE	1	2	8												
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LIMIT CONTACT	1	2	8																																			
WHERE YOU ARE	1	2	8																																			
1005	<p>Now I need to ask some more questions about your relationship with your (last) husband.</p> <p>A Did your (last) husband ever:</p> <p>a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>a) NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	a) NO	2				b) YES	1 →	1	2	3	b) NO	2				c) YES	1 →	1	2	3	c) NO	2				
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1006	<p>A Did your (last) husband:</p> <table border="1" data-bbox="722 237 1353 936"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> <th>NO RESPONSE</th> </tr> </thead> <tbody> <tr> <td>a) push you, shake you, or throw something at you?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> <td>7</td> </tr> <tr> <td>b) slap you?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> <td>7</td> </tr> <tr> <td>c) twist your arm or pull your hair?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> <td>7</td> </tr> <tr> <td>d) punch you with his fist or with something that could hurt you?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> <td>7</td> </tr> <tr> <td>e) kick you, drag you, or beat you up?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> <td>7</td> </tr> <tr> <td>f) try to choke you or burn you on purpose?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> <td>7</td> </tr> <tr> <td>g) threaten or attack you with a knife, gun, or other weapon?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> <td>7</td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	NO RESPONSE	a) push you, shake you, or throw something at you?	YES 1 → NO 2	1	2	3	7	b) slap you?	YES 1 → NO 2	1	2	3	7	c) twist your arm or pull your hair?	YES 1 → NO 2	1	2	3	7	d) punch you with his fist or with something that could hurt you?	YES 1 → NO 2	1	2	3	7	e) kick you, drag you, or beat you up?	YES 1 → NO 2	1	2	3	7	f) try to choke you or burn you on purpose?	YES 1 → NO 2	1	2	3	7	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 → NO 2	1	2	3	7	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	
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1007	<p>CHECK 1006A (a-g):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→ 1010</p>																																																	
1008	<p>How long after you first got married with your (last) husband did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p>																																																	
1009	<p>Did the following ever happen as a result of what your (last) husband did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>																																																	
1010	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?</p>	<p>YES 1 NO 2</p>	<p>→ 1012</p>																																																
1011	<p>In the last 12 months, how often have you done this to your (last) husband: often, only sometimes, or not at all?</p>	<p>OFTEN 1 SOMETIMES 2 NOT AT ALL 3</p>																																																	

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1021	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1023																				
1022	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? [CIRCLE ALL MENTIONED]	CURRENT HUSBAND A MOTHER B STEP-MOTHER C FATHER D STEP-FATHER E SISTER/BROTHER F DAUGHTER/SON G OTHER RELATIVE H FORMER HUSBAND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK N POLICE/SOLDIER O OTHER _____ X (SPECIFY)																					
1023	CHECK 1006A(a-g), 1016, 1017 AND 1021: AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/> 'YES' 'YES'		→ 1027																				
1024	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ 1026																				
1025	From whom have you sought help? Anyone else? [CIRCLE ALL MENTIONED]	OWN FAMILY A HUSBAND FAMILY B CURRENT/FORMER HUSBAND C FRIEND D NEIGHBOR E RELIGIOUS LEADER F DOCTOR/MEDICAL PERSONNEL G POLICE H LAWYER I SOCIAL SERVICE ORGANIZATION J OTHER _____ X (SPECIFY)	→ 1027																				
1026	Have you ever told any one about this?	YES 1 NO 2																					
1027	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																					
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																							
1028	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <tr> <td></td> <td>YES</td> <td>YES, MORE</td> <td></td> </tr> <tr> <td></td> <td>ONCE</td> <td>THAN ONCE</td> <td>NO</td> </tr> <tr> <td>a) HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) OTHER MALE ADULT .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) FEMALE ADULT . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		YES	YES, MORE			ONCE	THAN ONCE	NO	a) HUSBAND	1	2	3	b) OTHER MALE ADULT .	1	2	3	c) FEMALE ADULT . . .	1	2	3	
	YES	YES, MORE																					
	ONCE	THAN ONCE	NO																				
a) HUSBAND	1	2	3																				
b) OTHER MALE ADULT .	1	2	3																				
c) FEMALE ADULT . . .	1	2	3																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1029	INTERVIEWER'S COMMENTS ON COMPLETING THE DOMESTIC VIOLENCE MODULE <hr/> <hr/>		
1030	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE <hr/> <hr/>		
1031	RECORD THE END TIME.	HOUR MINUTES.....	<div data-bbox="1204 472 1305 589" style="border: 1px solid black; width: 63px; height: 52px; display: flex; flex-direction: column; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 31px; height: 26px; display: flex; align-items: center; justify-content: center;"> <input style="width: 100%; height: 100%;" type="text"/> </div> <div style="border: 1px solid black; width: 31px; height: 26px; display: flex; align-items: center; justify-content: center;"> <input style="width: 100%; height: 100%;" type="text"/> </div> </div>

INSTRUCTIONS:

**ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.**

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE**

- B BIRTHS
- P PREGNANCIES
- A ABORTION
- C MISCARRIAGE
- S STILL BIRTH

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 SDM
- 9 LACTATIONAL AMEN. METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

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

			1	2	
12	DEC	01			
11	NOV	02			
10	OCT	03			
09	SEP	04			
2	08	AUG	05		2
0	07	JUL	06		0
1	06	JUN	07		1
3	05	MAY	08		3
	04	APR	09		
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		
<hr/>					
12	DEC	13			
11	NOV	14			
10	OCT	15			
09	SEP	16			
2	08	AUG	17		2
0	07	JUL	18		0
1	06	JUN	19		1
2	05	MAY	20		2
	04	APR	21		
	03	MAR	22		
	02	FEB	23		
	01	JAN	24		
<hr/>					
12	DEC	25			
11	NOV	26			
10	OCT	27			
09	SEP	28			
2	08	AUG	29		2
0	07	JUL	30		0
1	06	JUN	31		1
1	05	MAY	32		1
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		
<hr/>					
12	DEC	37			
11	NOV	38			
10	OCT	39			
09	SEP	40			
2	08	AUG	41		2
0	07	JUL	42		0
1	06	JUN	43		1
0	05	MAY	44		0
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		
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11	NOV	50			
10	OCT	51			
09	SEP	52			
2	08	AUG	53		2
0	07	JUL	54		0
0	06	JUN	55		0
9	05	MAY	56		9
	04	APR	57		
	03	MAR	58		
	02	FEB	59		
	01	JAN	60		
<hr/>					
12	DEC	61			
11	NOV	62			
10	OCT	63			
09	SEP	64			
2	08	AUG	65		2
0	07	JUL	66		0
0	06	JUN	67		0
8	05	MAY	68		8
	04	APR	69		
	03	MAR	70		
	02	FEB	71		
	01	JAN	72		
<hr/>					
12	DEC	73			
11	NOV	74			
10	OCT	75			
09	SEP	76			
2	08	AUG	77		2
0	07	JUL	78		0
0	06	JUN	79		0
7	05	MAY	80		7
	04	APR	81		
	03	MAR	82		
	02	FEB	83		
	01	JAN	84		

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: _____