

APPENDIX D

QUESTIONNAIRES

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 1993-94
HOUSEHOLD SCHEDULE

DIVISION _____				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px; float: right;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px; float: right;"></div>
DISTRICT _____				
UPAZILA/THANA _____				
UNION _____				
VILLAGE/MOHALLA/BLOCK _____				
CLUSTER NUMBER.....				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px; float: right;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px; float: right;"></div>
HOUSEHOLD NUMBER.....				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px; float: right;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px; float: right;"></div>
DHAKA/CHITTAGONG=1, SMALL CITY=2, TOWN=3, VILLAGE=4.....				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px; float: right;"></div>
NAME OF HOUSEHOLD HEAD _____				
IS HOUSEHOLD SELECTED FOR HUSBAND SURVEY? (YES=1; NO=2).				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px; float: right;"></div>
INTERVIEWER VISITS	1	2	3	FINAL VISIT
DATE				DAY
				MONTH**
				YR
INTERVIEWER'S NAME				NAME
RESULT *				RESULT
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS
* RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>				TOTAL IN HOUSEHOLD TOTAL ELIGIBLE WOMEN TOTAL ELIGIBLE MEN LINE NO. OF RESP. TO HOUSE- HOLD SCHEDULE
NAME DATE	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY

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

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION			EMPLOYMENT	MARITAL STATUS	WOMAN ELIGIBILITY	HUSBAND'S LINE NUMBER	HUSBAND ELIGIBILITY
			Does (NAME) usually live here?	Did (NAME) sleep here last night?			IF AGED 6 YEARS OR OLDER							
							Has (NAME) ever been to school?	IF AGED LESS THAN 25 YEARS						
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?			Is (NAME) male or female?	How old is (NAME)?		What is the highest level of school (NAME) attended?	IF AGED LESS THAN 25 YEARS	Is (NAME) currently working for money?	FOR ALL AGED 10 YEARS OR ABOVE	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 10-49 YEARS.	WRITE THE LINE NUMBER OF THE HUSBAND OF THOSE IN (16). IF NOT MARRIED OR IF HUSBAND NOT IN HOUSEHOLD, WRITE '00'.	IF HOUSEHOLD CHOSEN FOR HUSBAND SURVEY, CIRCLE LINE NUMBER OF HUSBANDS OF ALL ELIGIBLE WOMEN.
(1)	(2)	(3)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
			YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL CLASS	YES NO	YES NO DK	YES NO			
01			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	01		01
02			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	02		02
03			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	03		03
04			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	04		04
05			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	05		05
06			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	06		06
07			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	07		07
08			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	08		08
09			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	09		09
10			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	10		10

HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
			YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL CLASS	YES NO	YES NO DK	YES NO			
11			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	11		11
12			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	12		12
13			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	13		13
14			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	14		14
15			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	15		15
16			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	16		16
17			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	17		17
18			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	18		18
19			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	19		19
20			1 2	1 2	1 2		1 2		1 2	1 2 8	1 2	20		20

TICK HERE IF CONTINUATION SHEET USED

☐

Just to make sure that I have a complete listing:

4) Are there any other persons such as small children or infants that we have not listed?

YES ☐ → ENTER EACH IN TABLENO ☐

5) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?

YES ☐ → ENTER EACH IN TABLENO ☐

6) Do you have any guests or temporary visitors staying here, or anyone else who slept here last night?

YES ☐ → ENTER EACH IN TABLENO ☐

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

01= HEAD

02= WIFE OR HUSBAND

03= SON OR DAUGHTER

04= SON OR DAUGHTER-IN-LAW

05= GRANDCHILD

06= PARENT

07= PARENT-IN-LAW

08= BROTHER OR SISTER

09= OTHER RELATIVE

10= ADOPTED/FOSTER CHILD

11= NOT RELATED

98= DOES NOT KNOW

** CODES FOR Q.12

LEVEL OF EDUCATION:

1= PRIMARY

2= SECONDARY

3= COLLEGE/UNIVERSITY

8= DOES NOT KNOW

CLASS:

00=LESS THAN 1 YEAR COMPLETED

98=DOES NOT KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																														
19	What is the source of water your household uses for dishwashing?	PIPED WATER PIPED INSIDE DWELLING.....11 PIPED OUTSIDE DWELLING.....12 WELL WATER TUBEWELL.....21 SURFACE WELL/OTHER WELL.....22 SURFACE WATER POND/TANK/LAKE.....31 RIVER/STREAM.....32 RAINWATER.....41 OTHER.....51 (SPECIFY)	21 21																														
20	How long does it take to go there?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																															
20A	How long do you usually wait to get water there?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/>																															
21	Does your household get drinking water from this same source?	YES.....1 NO.....2	24																														
22	What is the source of drinking water for members of your household?	PIPED WATER PIPED INSIDE DWELLING.....11 PIPED OUTSIDE DWELLING.....12 WELL WATER TUBEWELL.....21 SURFACE WELL/OTHER WELL.....22 SURFACE WATER POND/TANK/LAKE.....31 RIVER/STREAM.....32 RAINWATER.....41 OTHER.....51 (SPECIFY)																															
24	Where do adult women in your household usually defecate?	SEPTIC TANK/MODERN TOILET.....11 PIT TOILET/LATRINE WATER SEALED/SLAB LATRINE.....21 PIT LATRINE.....22 OPEN LATRINE.....23 HANGING LATRINE.....24 NO FACILITY/BUSH/FIELD.....31 OTHER.....41 (SPECIFY)																															
25	Where do children in your household usually defecate?	SEPTIC TANK/MODERN TOILET.....11 PIT TOILET/LATRINE WATER SEALED/SLAB LATRINE.....21 PIT LATRINE.....22 OPEN LATRINE.....23 HANGING LATRINE.....24 NO FACILITY/BUSH/FIELD.....31 OTHER.....41 (SPECIFY) NO CHILDREN.....51																															
26	Does your household have:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Almirah (wardrobe)?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A table, chair or bench?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A watch or clock?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A cot or bed?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Electricity?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A radio that is working?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A television that is working?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A bicycle?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Agricultural land?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Almirah (wardrobe)?	1	2	A table, chair or bench?	1	2	A watch or clock?	1	2	A cot or bed?	1	2	Electricity?	1	2	A radio that is working?	1	2	A television that is working?	1	2	A bicycle?	1	2	Agricultural land?	1	2	
	YES	NO																															
Almirah (wardrobe)?	1	2																															
A table, chair or bench?	1	2																															
A watch or clock?	1	2																															
A cot or bed?	1	2																															
Electricity?	1	2																															
A radio that is working?	1	2																															
A television that is working?	1	2																															
A bicycle?	1	2																															
Agricultural land?	1	2																															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
27	How many rooms in your household are used for sleeping? RECORD OBSERVATION.	ROOMS..... <input type="text"/> <input type="text"/>	
28	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOF KATCHA (BAMBOO/THATCH).....11 RUDIMENTARY ROOF TIN.....21 FINISHED ROOF CEMENT/CONCRETE.....31 OTHER.....41 (SPECIFY)	
29	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	NATURAL WALLS JUTE/BAMBOO/MUD (KATCHA).....11 RUDIMENTARY WALLS WOOD.....21 FINISHED WALLS BRICK/CEMENT.....31 TIN.....32 OTHER.....41 (SPECIFY)	
30	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/BAMBOO (KATCHA).....11 RUDIMENTARY FLOOR WOOD.....21 FINISHED FLOOR (PUKKA) CEMENT/CONCRETE.....31 OTHER.....41 (SPECIFY)	
31	IS THIS HOUSEHOLD IN A BOSTI (SLUM)? RECORD OBSERVATION.	YES.....1 NO.....2	

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 1993-94
WOMAN QUESTIONNAIRE

DIVISION _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
DISTRICT _____		
UPAZILA/THANA _____		
UNION _____		
VILLAGE/MOHALLA/BLOCK _____		
CLUSTER NUMBER.....	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD NUMBER.....		
DHAKA/CHITTAGONG=1, SMALL CITY=2, TOWN=3, VILLAGE=4.....		
NAME OF HOUSEHOLD HEAD _____		
NAME AND LINE NUMBER OF WOMAN _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
				MONTH** <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
				YR <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
INTERVIEWER'S NAME				NAME <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
RESULT *				RESULT <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
NEXT VISIT: DATE TIME			<div style="border: 1px solid black; width: 20px; height: 20px; background-color: #cccccc; margin: 0 auto;"></div>	TOTAL NUMBER OF VISITS <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
***RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED (SPECIFY) 3 POSTPONED 6 INCAPACITATED				

NAME DATE	FIELD EDITED BY _____ _____	OFFICE EDITED BY _____ _____	KEYED BY _____ _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
--------------	-----------------------------------	------------------------------------	----------------------------	---

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... MINUTES.....	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS..... VISITOR.....	95 96 → 103
102A	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY..... TOWN..... COUNTRYSIDE.....	1 2 3
103	In what month and year were you born? USE CODES BELOW FOR MONTHS. IF SHE DOES NOT KNOW, WRITE 'D K' IN BOXES.	BENGALI..... MONTH *..... YEAR..... ENGLISH..... MONTH**..... YEAR.....	1 2 3
104	How old are you? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS...	
104A	Are you now married, widowed, or divorced?	MARRIED..... WIDOWED..... DIVORCED/DESERTED.....	1 2 3
105	Have you ever attended school?	YES..... NO.....	1 2 → 109
106	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY..... SECONDARY..... COLLEGE/UNIVERSITY.....	1 2 3
107	What is the highest class you completed?	CLASS.....	
108	CHECK 106: PRIMARY <input type="checkbox"/> SECONDARY OR COLLEGE <input type="checkbox"/>		→ 110
109	Can you read and write a letter in any language easily, with difficulty, or not at all?	EASILY..... WITH DIFFICULTY..... NOT AT ALL.....	1 2 3 → 111
110	Do you usually read a newspaper or magazine at least once a week?	YES..... NO.....	1 2
111	Do you usually listen to the radio at least once a week?	YES..... NO.....	1 2

*** BENGALI MONTHS:**

01 BAISHAK	05 BADHRA	09 POUSH
02 JAISTHA	06 ASHWIN	10 MAGH
03 ASHAR	07 KARTIK	11 FALGUN
04 SRABAN	08 AGRAHAYAN	12 CHOITRA

**** ENGLISH MONTHS:**

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
112	Do you usually watch television at least once a week?	YES.....1 NO.....2	
113	What is your religion?	ISLAM.....1 CHRISTIANITY.....2 HINDUISM.....3 BUDDHISM.....4 OTHER.....5 (SPECIFY)	
114	Do you belong to any of the following organizations? Grameen Bank? BRAC? BRDP? Mother's club? Any other organization?	YES NO GRAMEEN BANK.....1 2 BRAC.....1 2 BRDP.....1 2 MOTHER'S CLUB.....1 2 OTHER.....1 2 (SPECIFY)	
115	CHECK Q.7 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/> V	THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/> → 201	
116	Now I would like to ask about the place in which you usually live. Do you usually live in a city, in a town, or in a village? IF CITY: In which city do you live?*	DHAKA/CHITTAGONG.....1 SMALL CITY.....2 TOWN.....3 VILLAGE.....4	
117	In which division is that located?	RAJSHAHI.....1 DHAKA.....2 CHITTAGONG.....3 KHULNA.....4 BARISHAL.....5	
118	Now I would like to ask about the household in which you usually live. What is the source of water your household uses for handwashing?	PIPED WATER PIPED INSIDE DWELLING.....11 → 120 PIPED OUTSIDE DWELLING.....12 WELL WATER TUBEWELL.....21 SURFACE WELL/OTHER WELL.....22 SURFACE WATER POND/TANK/LAKE.....31 RIVER/STREAM.....32 RAINWATER.....41 → 120 OTHER.....51 (SPECIFY)	
119	How long does it take to go there?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996	
119A	How long do you usually wait to get water?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/>	
120	Does your household get drinking water from this same source?	YES.....1 → 122 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO																														
121	What is the source of drinking water for members of your household?	PIPED WATER PIPED INSIDE DWELLING.....11 PIPED OUTSIDE DWELLING.....12 WELL WATER TUBEWELL.....21 SURFACE WELL/OTHER WELL.....22 SURFACE WATER POND/TANK/LAKE.....31 RIVER/STREAM.....32 RAINWATER.....41 OTHER.....51 (SPECIFY)																															
122	Where do adult women in your household usually defecate?	SEPTIC TANK/MODERN TOILET.....11 PIT TOILET/LATRINE WATER SEALED/SLAB LATRINE.....21 PIT LATRINE.....22 OPEN LATRINE.....23 HANGING LATRINE.....24 NO FACILITY/BUSH/FIELD.....31 OTHER.....41 (SPECIFY)																															
123	Where do children in your household usually defecate?	SEPTIC TANK/MODERN TOILET.....11 PIT TOILET/LATRINE WATER SEALED/SLAB LATRINE.....21 PIT LATRINE.....22 OPEN LATRINE.....23 HANGING LATRINE.....24 NO FACILITY/BUSH/FIELD.....31 OTHER.....41 (SPECIFY) NO CHILDREN.....51																															
124	Does your household have:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Almirah?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A table, chair or bench?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A watch or clock?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A cot or bed?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Electricity?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A radio that is working?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A television that is working?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A bicycle?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Agricultural land?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Almirah?	1	2	A table, chair or bench?	1	2	A watch or clock?	1	2	A cot or bed?	1	2	Electricity?	1	2	A radio that is working?	1	2	A television that is working?	1	2	A bicycle?	1	2	Agricultural land?	1	2	
	YES	NO																															
Almirah?	1	2																															
A table, chair or bench?	1	2																															
A watch or clock?	1	2																															
A cot or bed?	1	2																															
Electricity?	1	2																															
A radio that is working?	1	2																															
A television that is working?	1	2																															
A bicycle?	1	2																															
Agricultural land?	1	2																															
125	How many rooms in your household are used for sleeping?	ROOMS.....	<input type="text"/>																														
126	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOF KATCHA (BAMBOO/THATCH).....11 RUDIMENTARY ROOF TIN.....21 FINISHED ROOF CEMENT/CONCRETE.....31 OTHER.....41 (SPECIFY)																															
127	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	NATURAL WALLS JUTE/BAMBOO/MUD (KATCHA).....11 RUDIMENTARY WALLS WOOD.....21 FINISHED WALLS BRICK/CEMENT.....31 TIN.....32 OTHER.....41 (SPECIFY)																															
128	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/BAMBOO (KATCHA).....11 RUDIMENTARY FLOOR WOOD.....21 FINISHED FLOOR (PUKKA) CEMENT/CONCRETE.....31 OTHER.....41																															

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206				
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204				
203	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<table border="1"><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..... DAUGHTERS ELSEWHERE.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208				
207	In all, how many boys have died? And how many girls have died? IF NONE RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	<table border="1"><tr><td></td><td></td></tr></table>				
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY						
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →		→225				

211 Now I would like to talk to you about all of your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215		216	217 IF ALIVE:	218 IF ALIVE:	220 IF DEAD:
What name was given to your (first,next) baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? WRITE IN EITHER BENGALI OR ENGLISH DATES, BUT NOT BOTH. USE CODES AT BOTTOM OF PAGE FOR MONTHS.		Is (NAME) still alive?	How old was (NAME) at his or her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was he/she 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.
			BENGALI	ENGLISH				

01 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES...1 NO....2 v 220	AGE IN YEARS []	YES.....1 (GO TO NEXT BIRTH) NO.....2	DAYS....1 MONTHS..2 YEARS...3
02 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES...1 NO....2 v 220	AGE IN YEARS []	YES.....1 (GO TO NEXT BIRTH) NO.....2	DAYS....1 MONTHS..2 YEARS...3
03 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES...1 NO....2 v 220	AGE IN YEARS []	YES.....1 (GO TO NEXT BIRTH) NO.....2	DAYS....1 MONTHS..2 YEARS...3
04 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES...1 NO....2 v 220	AGE IN YEARS []	YES.....1 (GO TO NEXT BIRTH) NO.....2	DAYS....1 MONTHS..2 YEARS...3
05 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES...1 NO....2 v 220	AGE IN YEARS []	YES.....1 (GO TO NEXT BIRTH) NO.....2	DAYS....1 MONTHS..2 YEARS...3
06 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES...1 NO....2 v 220	AGE IN YEARS []	YES.....1 (GO TO NEXT BIRTH) NO.....2	DAYS....1 MONTHS..2 YEARS...3
07 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES...1 NO....2 v 220	AGE IN YEARS []	YES.....1 (GO TO NEXT BIRTH) NO.....2	DAYS....1 MONTHS..2 YEARS...3

212	213	214	215	216	217	218	220
What name was given to your (first,next) baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? WRITE IN EITHER BENGALI OR ENGLISH DATES. USE CODES AT BOTTOM OF PAGE FOR MONTHS.	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his or her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF DEAD: How old was he/she 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.
			BENGALI	ENGLISH			

08	SING..1 MULT..2 (NAME)	BOY...1 GIRL..2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES...1 NO....2 v 220	AGE IN YEARS []	YES.....1 (GO TO NEXT BIRTH)← NO.....2	DAYS....1 MONTHS..2 YEARS...3
09	SING..1 MULT..2 (NAME)	BOY...1 GIRL..2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES...1 NO....2 v 220	AGE IN YEARS []	YES.....1 (GO TO NEXT BIRTH)← NO.....2	DAYS....1 MONTHS..2 YEARS...3
10	SING..1 MULT..2 (NAME)	BOY...1 GIRL..2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES...1 NO....2 v 220	AGE IN YEARS []	YES.....1 (GO TO NEXT BIRTH)← NO.....2	DAYS....1 MONTHS..2 YEARS...3
11	SING..1 MULT..2 (NAME)	BOY...1 GIRL..2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES...1 NO....2 v 220	AGE IN YEARS []	YES.....1 (GO TO NEXT BIRTH)← NO.....2	DAYS....1 MONTHS..2 YEARS...3
12	SING..1 MULT..2 (NAME)	BOY...1 GIRL..2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES...1 NO....2 v 220	AGE IN YEARS []	YES.....1 (GO TO NEXT BIRTH)← NO.....2	DAYS....1 MONTHS..2 YEARS...3
13	SING..1 MULT..2 (NAME)	BOY...1 GIRL..2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES...1 NO....2 v 220	AGE IN YEARS []	YES.....1 (GO TO NEXT BIRTH)← NO.....2	DAYS....1 MONTHS..2 YEARS...3
14	SING..1 MULT..2 (NAME)	BOY...1 GIRL..2	MONTH 1 YR 1	MONTH 2 YR 1 9	YES...1 NO....2 v 220	AGE IN YEARS []	YES.....1 (GO TO NEXT BIRTH)← NO.....2	DAYS....1 MONTHS..2 YEARS...3

* BENGALI MONTHS:

01 BAISHAK	05 BADHRA	09 POUSH
02 JAISTHA	06 ASHWIN	10 MAGH
03 ASHAR	07 KARTIK	11 FALGUN
04 SRABAN	08 AGRAHAYAN	12 CHOITRA

** ENGLISH MONTHS:

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

221 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS
ARE SAME ☐

NUMBERS ARE
DIFFERENT ☐ (PROBE AND RECONCILE)

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.

FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.

FOR BIRTH INTERVALS OF FOUR YEARS OR MORE: PROBE FOR UNREPORTED BIRTHS.

223 FOR EACH BIRTH SINCE BAISHAK 1395 OR APRIL 1988, ENTER "B" IN MONTH OF BIRTH IN COLUMN 1 OF CALENDAR AND "P" IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME TO THE LEFT OF THE "B" CODE.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO												
225	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	228												
226	How many months pregnant are you? ENTER "P" IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT.	MONTHS..... <table border="1"><tr><td></td><td></td></tr></table>													
227	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not</u> want to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3													
228	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO.....2	233A												
229	When did the last such pregnancy end? USE CODES BELOW FOR MONTHS.	BENGALI.....1 MONTH *..... <table border="1"><tr><td></td><td></td></tr></table> YEAR..... <table border="1"><tr><td>1</td><td></td><td></td><td></td></tr></table> ENGLISH.....2 MONTH**..... <table border="1"><tr><td></td><td></td></tr></table> YEAR..... <table border="1"><tr><td>1</td><td>9</td><td></td><td></td></tr></table>			1						1	9			
1															
1	9														
230	CHECK 229: LAST PREGNANCY ENDED SINCE BAISHAK 1395 OR APRIL 1988 <input type="checkbox"/>	LAST PREGNANCY ENDED BEFORE BAISHAK 1395 OR APRIL 1988 <input type="checkbox"/>	233A												
231	How many months pregnant were you when the pregnancy ended? ENTER "T" IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.	MONTHS..... <table border="1"><tr><td></td><td></td></tr></table>													

* BENGALI MONTHS:

01 BAISHAK	05 BADHRA	09 POUSH
02 JAISTHA	06 ASHWIN	10 MAGH
03 ASHAR	07 KARTIK	11 FALGUN
04 SRABAN	08 AGRAHAYAN	12 CHOITRA

** ENGLISH MONTHS:

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
232	Did you ever have any other such pregnancies?	YES.....1 NO.....2	→233A
233	ASK FOR DATES AND DURATIONS OF ANY OTHER PREGNANCIES BACK TO BAISHAK 1395 OR APRIL 1988. ENTER "T" IN COLUMN 1 OF CALENDAR IN MONTH PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.		
233A	Have you ever become pregnant when you did not want to be?	YES.....1 NO.....2	→234
233B	Were any of those pregnancies ended by menstrual regulation or induced abortion?	YES.....1 NO.....2	→234
233C	The last time this happened, was the pregnancy ended by menstrual regulation or induced abortion?	MENSTRUAL REGULATION (MR).....1 INDUCED ABORTION/D & C.....2 OTHER.....3 (SPECIFY)	
233D	When did the last such pregnancy end? USE CODES BELOW FOR MONTHS.	BENGALI.....1 MONTH *..... YEAR..... 1 ENGLISH.....2 MONTH**..... YEAR..... 1 9 STILL PREGNANT.....6	
234	When did your last menstrual period start?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	

* BENGALI MONTHS:

01 BAISHAK	05 BADHRA	09 POUSH
02 JAISTHA	06 ASHWIN	10 MAGH
03 ASHAR	07 KARTIK	11 FALGUN
04 SRABAN	08 AGRAHAYAN	12 CHOITRA

** ENGLISH MONTHS:

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

SECTION 3: CONTRACEPTION

301 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. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.
CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-304 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD	303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
01] PILL, MAYA Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02] IUD, COPPER T Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03] INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04] CONDOM, RAJA Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05] FEMALE STERILIZATION, TUBAL LIGATION, TL Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
06] MALE STERILIZATION, VASECTOMY Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
07] SAFE PERIOD, COUNTING DAYS, CALENDAR, RHYTHM METHOD Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use the safe period? YES.....1 NO.....2
08] WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
09] Have you heard of any other ways or methods that women or men can use to avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES/SPONT.....1 NO.....3	YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2	

305 CHECK 303: NOT A SINGLE "YES" (NEVER USED) ☐

AT LEAST ONE "YES" (EVER USED) ☐

→ SKIP TO 309

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	308
307	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		328E
308	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).		
309	What was the first method you ever used?	PILL.....01 IUD.....02 INJECTIONS.....03 CONDOM.....04 FEMALE STERILIZATION.....05 MALE STERILIZATION.....06 SAFE PERIOD, COUNTING DAYS.....07 WITHDRAWAL.....08 OTHER.....09 (SPECIFY)	311
310	Where did you get this method the first time?	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE.....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX.....13 SATELLITE CLINIC.....14 MEDICAL PRIVATE SECTOR PRIVATE CLINIC/DOCTOR.....21 TRADITIONAL DOCTOR.....22 PHARMACY.....23 OTHER PRIVATE SECTOR SHOP.....31 FRIENDS/RELATIVES.....32 FIELDWORKER, FWA.....41 OTHER.....51 (SPECIFY) DOES NOT KNOW.....98	
311	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
311A	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		315A
312	CHECK 104A: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED <input type="checkbox"/>		322D
313	CHECK 225: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		322D
314	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	322D

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
315	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 CONDOM.....04 FEMALE STERILIZATION.....05 MALE STERILIZATION.....06 SAFE PERIOD, COUNTING DAYS.....07 WITHDRAWAL.....08 OTHER.....09 (SPECIFY)	321
315A	CIRCLE '05' FOR FEMALE STERILIZATION.		
316	At any time during the same month, do you regularly use any method other than (CURRENT METHOD)?	YES.....1 NO.....2	318
317	Which method is that?	PILL.....01 IUD.....02 INJECTIONS.....03 CONDOM.....04 SAFE PERIOD, COUNTING DAYS.....07 WITHDRAWAL.....08 OTHER.....09 (SPECIFY)	
318	CHECK 315: USING PILL <input type="checkbox"/>	USING INJECTION <input type="checkbox"/> USING CONDOM <input type="checkbox"/> USING IUD OR OTHER MODERN METHOD <input type="checkbox"/> USING SAFE PERIOD <input type="checkbox"/> USING WITHDRAWAL, OTHER <input type="checkbox"/>	319 320 323 322C 326
318A	May I see the package of pills you are using now? RECORD NAME OF BRAND.	PACKAGE SEEN.....1 BRAND NAME <input type="text"/> PACKAGE NOT SEEN.....2	318D
318B	CHECK PACKET FOR PILL USE AND MARK CORRECT CODE.	PILLS MISSING IN ORDER.....1 PILLS MISSING OUT OF ORDER.....2 NO PILLS MISSING.....3	318F
318C	Why is it that you have not taken the pills (in order)?	DOESN'T KNOW WHAT TO DO.....01 HEALTH REASONS.....02 FOLLOWING INSTRUCTIONS.....03 NEW PACKET.....04 MENSTRUATING.....05 OTHER.....06 (SPECIFY)	318F
318D	SHOW BRAND CHART FOR PILLS: Please tell me which of these is the brand of pills that you are now using.	BRAND NAME <input type="text"/> DOES NOT KNOW.....98	
318E	Why don't you have a package of pills available? CIRCLE ALL MENTIONED.	RAN OUT.....A COST TOO MUCH.....B HUSBAND AWAY.....C HAS MENSTRUAL PERIOD.....D NOT AVAILABLE AT HER SOURCE.....E FWA HAS NOT BROUGHT RESUPPLY.....F OTHER.....G (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
318F	When was the last time you took a pill?	DAYS AGO..... <input type="text"/> <input type="text"/> MORE THAN ONE MONTH AGO.....97	
318G	CHECK 318F: MORE THAN TWO DAYS AGO <input type="checkbox"/> TWO DAYS AGO OR LESS <input type="checkbox"/>		318I
318H	Why aren't you taking the pill these days?	HUSBAND AWAY.....A FORGOT.....B HEALTH REASONS.....C COST TOO MUCH.....D NO NEED TO TAKE EVERY DAY.....E RAN OUT.....F FWA HAS NOT BROUGHT RESUPPLY....G MENSTRUATING.....H OTHER.....I (SPECIFY)	
318I	After you finish taking one package of pills do you sometimes wait before starting the next package?	YES.....1 NO.....2	
318J	How much does one (packet/cycle) of pills cost you?	COST..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....9996 DK.....9998	
318K	Just about everyone forgets to take a pill sometime. What do you do when you forget to take a pill for two days in a row?	START TAKING AGAIN AS USUAL.....1 TAKE EXTRA/MISSED PILLS.....2 USE ANOTHER METHOD.....3 TAKE EXTRA PILL AND USE ANOTHER METHOD.....4 OTHER.....5 (SPECIFY) NEVER FORGOT.....6	323
319	When did you last have an injection?	MONTHS AGO..... <input type="text"/> <input type="text"/>	
319A	CHECK 319: MORE THAN 3 MONTHS AGO <input type="checkbox"/> THREE MONTHS AGO OR LESS <input type="checkbox"/>		323
319B	Why haven't you had an injection recently?	HUSBAND AWAY.....1 FORGOT.....2 HEALTH REASONS.....3 COST TOO MUCH.....4 NOT AVAILABLE AT PROVIDER.....5 OTHER.....6 (SPECIFY)	323
320	May I see the package of condoms that you are using? RECORD NAME OF BRAND.	PACKAGE SEEN.....1 BRAND NAME <input type="text"/> <input type="text"/> PACKAGE NOT SEEN.....2	320C
320A	Why can't you show me the package of condoms that you are using?	HUSBAND KEEPS.....1 RAN OUT.....2 OTHER.....3 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
323B	Did you pay for the service you received there?	YES.....1 NO.....2 DOES NOT KNOW.....8	
323C	CHECK 322D OR 315: <div style="display: flex; justify-content: space-between;"> <div> USING (USED) PILLS OR CONDOMS <input type="checkbox"/> </div> <div> USING (USED) OTHER METHOD <input type="checkbox"/> </div> </div>		325J
325	Who obtained the (pills/condoms) the last time you got them?	RESPONDENT.....1 HUSBAND.....2 SON/DAUGHTER.....3 OTHER RELATIVE.....4 OTHER.....5 (SPECIFY)	325B
325A	Have you yourself ever been to a health facility, a doctor, or a shop to get (pills, condoms)?	YES.....1 NO.....2	325J
325B	Did anyone there ever tell you about side effects or other problems that you might have using this method?	YES.....1 NO.....2 CANNOT REMEMBER.....8	
325C	Did anyone there ever tell you about other methods that you might use?	YES.....1 NO.....2 CANNOT REMEMBER.....8	325H
325E	Did the family welfare assistant (fieldworker) ever tell you about side effects or problems you might have with this (CURRENT METHOD)?	YES.....1 NO.....2 CANNOT REMEMBER.....8	
325G	Did the family welfare assistant (fieldworker) ever tell you about other methods that you might use?	YES.....1 NO.....2 CANNOT REMEMBER.....8	
325H	Did you get the method that you wanted?	YES.....1 NO.....2	325J
325I	Which method did you want?	PILL.....01 IUD.....02 INJECTIONS.....03 CONDOM.....04 FEMALE STERILIZATION.....05 MALE STERILIZATION.....06 SAFE PERIOD, COUNTING DAYS.....07 WITHDRAWAL.....08 OTHER.....09 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
325J	When a couple is making a decision, sometimes the husband has more influence, sometimes the wife has more influence and sometimes other people have more influence in your family, who had the most influence in deciding to use family planning the first time you used a method?	RESPONDENT HAD MORE INFLUENCE...1 HUSBAND HAD MORE INFLUENCE.....2 BOTH HUSBAND AND WIFE EQUAL.....3 OTHER RELATIVE.....4 OTHER.....5 (SPECIFY)	
325K	CHECK 315: CURRENTLY USING A METHOD <input type="checkbox"/> NOT USING A METHOD (BLANK) <input type="checkbox"/>		328E
326	What is the main reason you decided to use (CURRENT METHOD FROM 315) rather than some other method of family planning?	FAMILY PLAN. WORKER RECOMMEND...01 FRIEND/RELATIVE RECOMMENDED...02 SIDE EFFECTS OF OTHER METHODS...03 METHOD EASY TO USE.....04 ACCESS/AVAILABILITY.....05 COST.....06 WANTED PERMANENT METHOD.....07 HUSBAND PREFERRED.....08 WANTED MORE EFFECTIVE METHOD...09 OTHER.....10 (SPECIFY) DOES NOT KNOW.....98	
327	Are you having any health problems in using (CURRENT METHOD)?	YES.....1 NO.....2	328C
328	What health problems are you having with using (METHOD)? CIRCLE ALL MENTIONED.	WEIGHT GAIN.....A WEIGHT LOSS.....B TOO MUCH BLEEDING.....C HYPERTENSION.....D HEADACHE.....E NAUSEA.....F NO MENSTRUATION.....G WEAK/TIRED.....H DIZZINESS.....I OTHER.....J (SPECIFY) DOES NOT KNOW.....K	
328A	When you first started having these problems, did anyone talk to you about these problems?	YES.....1 NO.....2	328C
328B	Who talked to you about these problems?	FIELDWORKER, FWA.....1 STAFF AT SATELLITE CLINIC.....2 STAFF AT FAMILY WELFARE CLIC...3 RELATIVE, FRIEND.....4 OTHER.....5 (SPECIFY)	
328C	Are you having any other problems in using (CURRENT METHOD)?	YES.....1 NO.....2	329
328D	What other problems are you having? CIRCLE ALL MENTIONED.	HUSBAND DISAPPROVES.....A OTHER RELATIVE DISAPPROVES.....B RELIGION DISAPPROVES.....C ACCESS/AVAILABILITY.....D COSTS TOO MUCH.....E INCONVENIENT TO USE.....F STERILIZED, WANTS CHILDREN.....G OTHER.....H (SPECIFY) DOES NOT KNOW.....I	329
328E	CHECK 104A: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED <input type="checkbox"/>		328J
328F	CHECK 225: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		328J

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
328G	What is the main reason you are not using a method to delay or avoid pregnancy?	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX/HUSBAND AWAY.....12 DIFFICULT TO GET PREGNANT.....13 MENOPAUSAL/HAD HYSTERECTOMY.....14 INCONVENIENT.....15 MENSTRUATION NOT RETURNED.....16 BREASTFEEDING.....17 OTHER.....18 (SPECIFY) DK.....98	
328H	Do you know where you can obtain a method of family planning?	YES.....1 NO.....2	328J
328I	Where is that? _____ (NAME OF PLACE) IF WOMAN SAYS MORE THAN ONE PLACE, ASK FOR THE PLACE SHE WOULD MOST LIKELY USE.	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE.....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX.....13 SATELLITE CLINIC.....14 MEDICAL PRIVATE SECTOR PRIVATE CLINIC/DOCTOR.....21 TRADITIONAL DOCTOR.....22 PHARMACY.....23 OTHER PRIVATE SECTOR SHOP.....31 FRIENDS/RELATIVES.....32 FIELDWORKER, FWA.....41 OTHER.....51 (SPECIFY) DOES NOT KNOW.....98	
328J	CHECK 305 AND 306:		
	HAS USED A METHOD <input type="checkbox"/> v	HAS NEVER USED A METHOD <input type="checkbox"/>	347
329	CHECK 315 AND 321:	STERILIZED BEFORE BAISHAK 1395 <input type="checkbox"/>	347
	CURRENT USER OTHER THAN STERILIZATION <input type="checkbox"/> v	STERILIZED SINCE BAISHAK 1395 <input type="checkbox"/>	331
		NOT CURRENTLY USING <input type="checkbox"/>	331
330	ENTER METHOD CODE FROM 315 IN CURRENT MONTH IN COL.1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING THIS METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE. ILLUSTRATIVE QUESTIONS: - When did you start using this method continuously? - How long have you been using this method continuously?		

331

I would like to ask some questions about all of the (other) periods in the last few years during which you or your partner used a method to avoid getting pregnant.

USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO BAISHAK 1395*.

USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.

IN EACH MONTH, ENTER CODE FOR METHOD OR "0" FOR NONUSE IN COLUMN 1. IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE.

NUMBER OF CODES ENTERED IN COLUMN 2 MUST BE THE SAME AS THE NUMBER OF INTERRUPTIONS OF CONTRACEPTIVE 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:

COLUMN 1:

- 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?

COLUMN 2:

- Why did you stop using the (METHOD)?
- Did you become pregnant while using (METHOD), or did you stop to get pregnant, or 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.

347

CHECK 310, 323, AND 3281:

SATELLITE CLINIC
NOT MENTIONED ☐

SATELLITE CLINIC
MENTIONED ☐

→347B

347A

In some places, there is a clinic set up for a day or part of a day in someone's house or in a school. This is called a satellite clinic. During the past 3 months was there any such clinic in your village/mohalla?

YES.....1
NO.....2
DOES NOT KNOW.....8

→348

→348

347B

Did you ever visit such a clinic?

YES.....1
NO.....2

→348

347C

What services did they provide?

CIRCLE ALL MENTIONED.

FAMILY PLANNING METHODS.....A
IMMUNIZATION.....B
CHILD GROWTH MONITORING.....C
OTHER.....D
(SPECIFY)
DOES NOT KNOW.....E

348

In the last month, have you heard or seen a message about family planning on:

the radio?
television?
a billboard?
a poster?

	YES	NO
RADIO.....1	1	2
TELEVISION.....1	1	2
BILLBOARD.....1	1	2
POSTER.....1	1	2

349

Is it acceptable or not acceptable to you for information to be provided on the radio about:

the pill?
condoms?
injections?
IUDs (coil, loop)?
sterilization (TL)?

	YES	NO
PILLS.....1	1	2
CONDOMS.....1	1	2
INJECTIONS.....1	1	2
IUD.....1	1	2
STERILIZATION, TL.....1	1	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
350	During the last six months has anyone visited you in your house to talk to you about family planning or to give you any family planning method?	YES.....1 NO.....2 DOES NOT KNOW.....8	352
351	Has a family planning worker visited you in the last six months for another reason?	YES.....1 NO.....2 DOES NOT KNOW.....8	358
352	How many times did a family planning worker visit you in the last six months?	TIMES..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	
353	When was the last visit? IF LESS THAN ONE MONTH AGO, WRITE '00'.	MONTHS AGO..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	
354	Did you receive any family planning supplies from the fieldworker during the last visit?	YES.....1 NO.....2	357
355	What supplies did you receive?	PILLS.....1 CONDOMS.....2 INJECTION.....3 OTHER.....4 (SPECIFY)	357
356	How many cycles/condoms?	CYCLES/CONDOMS..... <input type="text"/> <input type="text"/>	
357	Thinking back to all the visits you have ever had from family planning workers, which methods of avoiding pregnancy did they discuss with you? CIRCLE ALL MENTIONED.	PILLS.....A IUD.....B INJECTION.....C CONDOMS.....D FEMALE STERILIZATION.....E MALE STERILIZATION.....F NEVER DISCUSSED.....G	
357A	Did the family planning worker who came to your house ever refer you to a clinic for any reason?	YES.....1 NO.....2 DOES NOT KNOW.....8	358
357B	Why did she refer you to a clinic?	FOR STERILIZATION.....1 TO GET AN IUD INSERTED.....2 TO GET INJECTION.....3 TO GET OTHER FP METHODS.....4 FOR TREATMENT OF SIDE EFFECTS.....5 FOR OTHER HEALTH REASONS.....6 OTHER.....7 (SPECIFY)	
358	Do you think that most of the women you know use some kind of family planning method?	YES.....1 NO.....2 DOES NOT KNOW.....8	
359	Have you ever recommended family planning to a friend, relative, or anyone else?	YES.....1 NO.....2	
360	In the past 12 months, have you visited a health facility for any reason?	YES.....1 NO.....2	401
361	Did anyone at the health facility speak to you about family planning methods during any of your visits this year?	YES.....1 NO.....2	

SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 215: ONE OR MORE BIRTHS SINCE BAISHAK 1397 (APRIL 1990) <input type="checkbox"/>	NO BIRTHS SINCE BAISHAK 1397 <input type="checkbox"/> → (SKIP TO 501)
-----	---	--

402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE BAISHAK 1397 OR APRIL 1990 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

Now I would like to ask you some more questions about the health of all your children born in the past 3 years. (We will talk about one child at a time.)

LINE NUMBER FROM Q. 212	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------------	----------------------	----------------------	----------------------	----------------------

FROM Q. 212 AND Q. 216	LAST BIRTH NAME <input type="text"/>	NEXT-TO-LAST BIRTH NAME <input type="text"/>	SECOND-FROM-LAST BIRTH NAME <input type="text"/>
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="display: flex; justify-content: space-around;">↓↓</div>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="display: flex; justify-content: space-around;">↓↓</div>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="display: flex; justify-content: space-around;">↓↓</div>

403 At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> or did you want <u>no (more)</u> children at all?	THEN.....1 LATER.....2 NO MORE.....3	THEN.....1 LATER.....2 NO MORE.....3	THEN.....1 LATER.....2 NO MORE.....3
--	--	--	--

405 When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?*	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR...C OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E OTHER.....F (SPECIFY) NO ONE.....G (SKIP TO 409) ←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR...C OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E OTHER.....F (SPECIFY) NO ONE.....G (SKIP TO 409) ←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR...C OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E OTHER.....F (SPECIFY) NO ONE.....G (SKIP TO 409) ←
IF YES, Whom did you see? Anyone else? RECORD ALL PERSONS SEEN.			

407 How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>
	DK.....98	DK.....98	DK.....98

408 How many antenatal visits did you have during this pregnancy?	NO. OF VISITS..... <input type="text"/>	NO. OF VISITS..... <input type="text"/>	NO. OF VISITS..... <input type="text"/>
	DK.....98	DK.....98	DK.....98

409 When you were pregnant with (NAME) were you given an injection in the arm*** to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 (SKIP TO 411) ← DK.....8	YES.....1 NO.....2 (SKIP TO 411) ← DK.....8	YES.....1 NO.....2 (SKIP TO 411) ← DK.....8
--	--	--	--

410 During this pregnancy how many times did you get this injection?	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>
	DK.....8	DK.....8	DK.....8

411 Where did you give birth to (NAME)?*	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 THANA HEALTH COMPLEX...22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 THANA HEALTH COMPLEX...22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 THANA HEALTH COMPLEX...22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER.....41 (SPECIFY)
--	---	---	---

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME	NAME	NAME
412	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR..C OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....H	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR..C OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....H	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B FAMILY WELFARE VISITOR..C OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....H
418	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 420)← NO.....2 (SKIP TO 421)←		
419	Did your period return between the birth of (NAME) and your next pregnancy?		YES1 NO.....2 (SKIP TO 423)←	YES1 NO.....2 (SKIP TO 423)←
420	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... DK.....98	MONTHS..... DK.....98	MONTHS..... DK.....98
421	CHECK 223: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 423)↓		
422	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 424)←		
423	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... DK.....98	MONTHS..... DK.....98	MONTHS..... DK.....98
424	Did you ever breastfeed (NAME)?	YES.....1 (SKIP TO 428)← NO.....2	YES.....1 (SKIP TO 431)← NO.....2	YES.....1 (SKIP TO 431)← NO.....2
425	Why did you not breastfeed (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM..04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 434A)←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM..04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 434A)←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM..04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 434A)←
428	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 DAYS.....2		

		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME		NAME		NAME	
429	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/>	DEAD <input type="checkbox"/> (GO TO 431)				
430	Are you still breast-feeding (NAME)?	YES.....1 (SKIP TO 432A)←					
		NO.....2					
431	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/>		MONTHS..... <input type="text"/>		MONTHS..... <input type="text"/>	
432	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY) (SKIP TO 434A)←		MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY) (SKIP TO 434A)←		MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY) (SKIP TO 434A)←	
432A	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/>					
433	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/>					
434	At any time yesterday or last night was (NAME) given any of the following?:						
	Plain water?	YES NO PLAIN WATER.....1 2					
	Sugar water or honey?	SUGAR WATER, HONEY...1 2					
	Juice?	JUICE.....1 2					
	Tea?	TEA.....1 2					
	Baby formula?	BABY FORMULA.....1 2					
	Cow's milk?	COW'S MILK.....1 2					
	Other liquids?	OTHER LIQUIDS.....1 2					
	Meat?	MEAT.....1 2					
	Other solid or mushy food?	SOLID/MUSHY FOOD.....1 2					
434A GO BACK TO 403 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 435.							
435	CHECK 215: LAST BIRTH WAS BORN SINCE BAISHAK 1399 (APRIL 1992)	<input type="checkbox"/>		NO BIRTH SINCE BAISHAK 1399 <input type="checkbox"/>		→442L	
436	CHECK 216: CHILD STILL ALIVE	<input type="checkbox"/>		CHILD DIED <input type="checkbox"/>		→442L	
437	CHECK 424: BREASTFED CHILD? YES	<input type="checkbox"/>		NO <input type="checkbox"/>		→442A	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
439	Did anyone talk to you and give you specific advice about how long to breastfeed (NAME OF YOUNGEST)?	YES.....1 NO.....2	442A
440	Among the persons with whom you talked about breast-feeding, who would you say helped you the most with your decision about how long to breastfeed?	DOCTOR.....01 NURSE/MIDWIFE.....02 PHARMACIST.....03 TRADITIONAL BIRTH ATTEND.....04 FIELDWORKER, FWA.....05 HUSBAND.....06 MOTHER.....07 SISTER.....08 MOTHER-IN-LAW.....09 SISTER-IN-LAW.....10 OTHER RELATIVE.....11 OTHER.....12	
441	For how long did he/she advise you to breastfeed?	MONTHS..... <input type="text"/> <input type="text"/> OTHER.....95 (SPECIFY) DID NOT DISCUSS.....96 DOES NOT KNOW/CANNOT REMEMBER..98	
442A	Since you became pregnant with (NAME OF BABY), did anyone give you specific advice about using family planning after (NAME OF BABY) was born?	YES.....1 NO.....2	442L

ASK QUESTION 442B AND ENTER THE NAME OF EACH PERSON GIVING ADVICE IN COLUMN 1. RECORD A CODE FOR EACH PERSON USING THE LIST AT THE BOTTOM OF THE GRID. THEN ASK QUESTIONS 442C-442F. GO TO QUESTION 442G AFTER COMPLETING FOR ALL PERSONS WHO GAVE ADVICE.

442B Who gave you specific advice about using family planning? PROBE: Anyone else?	442C Did he/she ask how you planned to feed your baby?	442D Which methods if any did he/she talk to you about? RECORD ALL MENTIONED.	442E Which method(s) did he/she recommend? RECORD METHOD NAME AND CODE FROM 442D FOR ALL MENTIONED.	442F How long after the birth of baby did he/she recommend you begin (METHOD IN 442E)? ASK FOR EACH METHOD RECORDED IN 442E.
---	--	--	--	---

NAME OF PERSON <input type="text"/> <input type="text"/>	YES.....1 NO.....2 DK.....8	PILL.....A IUD.....B INJECTIONS.....C CONDOM.....D FEMALE STERIL.....E MALE STERIL.....F CALENDAR,COUNTING..G WITHDRAWAL.....H PROLONGED BRSTFEED.I OTHER.....J (SPECIFY) NONE.....K	METHOD <input type="text"/> METHOD <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/> AFTER MENSTRUATION BEGINS.....95 NOT DISCUSSED....96 FORGOT/DK.....98 MONTHS..... <input type="text"/> <input type="text"/> AFTER MENSTRUATION BEGINS.....95 NOT DISCUSSED....96 FORGOT/DK.....98
NAME OF PERSON <input type="text"/> <input type="text"/>	YES.....1 NO.....2 DK.....8	PILL.....A IUD.....B INJECTIONS.....C CONDOM.....D FEMALE STERIL.....E MALE STERIL.....F CALENDAR,COUNTING..G WITHDRAWAL.....H PROLONGED BRSTFEED.I OTHER.....J (SPECIFY) NONE.....K	METHOD <input type="text"/> METHOD <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/> AFTER MENSTRUATION BEGINS.....95 NOT DISCUSSED....96 FORGOT/DK.....98 MONTHS..... <input type="text"/> <input type="text"/> AFTER MENSTRUATION BEGINS.....95 NOT DISCUSSED....96 FORGOT/DK.....98
NO ONE ELSE.....12 (SKIP TO 442G)				

CODES FOR 442B: 01 DOCTOR	04 TRAD. BIRTH ATTENDANT	07 MOTHER	10 SISTER-IN-LAW
02 NURSE/MIDWIFE/FWV	05 FIELDWORKER, FWA	08 SISTER	11 OTHER RELATIVE
03 PHARMACIST	06 HUSBAND	09 MOTHER-IN LAW	12 OTHER

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
442G	CHECK CALENDAR: USED CONTRACEPTION SINCE LAST BIRTH?	YES <input type="checkbox"/> NO <input type="checkbox"/>	442L
442H	Among the persons with whom you talked about family planning, who would you say helped you the most with your decision about when to begin using family planning after the birth of your baby?	DOCTOR.....01 NURSE/MIDWIFE.....02 PHARMACIST.....03 TRADITIONAL BIRTH ATTEND.....04 FIELDWORKER, FWA.....05 HUSBAND.....06 MOTHER.....07 SISTER.....08 MOTHER-IN-LAW.....09 SISTER-IN-LAW.....10 OTHER RELATIVE.....11 OTHER.....12 (SPECIFY)	
442I	What else influenced your decision about when to begin using family planning after the birth of your baby? CIRCLE ALL MENTIONED.	RESUMED SEXUAL RELATIONS.....A RESUMED MONTHLY PERIODS.....B BREASTFEEDING.....C CHILDBEARING DESIRES.....D RADIO/TV MESSAGES.....E OTHER.....F (SPECIFY) NOTHING ELSE.....G	
442J	Among the persons with whom you talked about family planning, who would you say helped you the most with your decision about which method to use?	DOCTOR.....01 NURSE/MIDWIFE.....02 PHARMACIST.....03 TRADITIONAL BIRTH ATTEND.....04 FIELDWORKER, FWA.....05 HUSBAND.....06 MOTHER.....07 SISTER.....08 MOTHER-IN-LAW.....09 SISTER-IN-LAW.....10 OTHER RELATIVE.....11 OTHER.....12 (SPECIFY)	
442K	What else influenced your decision about which method to use?	EFFICACY OF METHOD.....A PREVIOUS EXPERIENCE.....B SAFETY OF METHOD.....C COMFORT/DISCOMFORT.....D RADIO/TV MESSAGES.....E OTHER.....F (SPECIFY)	
442L	Are there any family planning methods that are not good for a woman who is breastfeeding to use?	YES.....1 NO.....2 DOES NOT KNOW.....3	442N 442N
442M	Which method(s) are not good for a breastfeeding woman to use? CIRCLE ALL MENTIONED.	PILL.....A IUD.....B INJECTIONS.....C CONDOM.....D FEMALE STERILIZATION.....E MALE STERILIZATION.....F SAFE PERIOD, COUNTING DAYS.....G WITHDRAWAL.....H OTHER.....I (SPECIFY)	
442N	After childbirth, if a woman is giving only breastmilk to her child and she has not resumed her periods, do you think she does not have any risk of getting pregnant?	NO RISK.....1 HAS RISK.....2 DOES NOT KNOW.....3	451 451
442O	For how many months would she be protected against pregnancy?	MONTHS.....	

SECTION 4B. IMMUNIZATION AND HEALTH

451 ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE BAISHAK 1397 (APRIL 1990) IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

LINE NUMBER FROM Q. 212

FROM Q. 212 AND 216	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
	NAME		NAME		NAME	
	ALIVE <input type="checkbox"/>	DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/>	DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/>	DEAD <input type="checkbox"/>
	(GO TO 451 FOR NEXT BIRTH; IF NO MORE, 501)		(GO TO 451 FOR NEXT BIRTH; IF NO MORE, 501)		(GO TO 451 FOR NEXT BIRTH; IF NO MORE, 501)	

452	Do you have a card where (NAME'S) vaccinations are written down?**	YES, SEEN.....1 (SKIP TO 454)←	YES, SEEN.....1 (SKIP TO 454)←	YES, SEEN.....1 (SKIP TO 454)←
		YES, NOT SEEN.....2 (SKIP TO 456)←	YES, NOT SEEN.....2 (SKIP TO 456)←	YES, NOT SEEN.....2 (SKIP TO 456)←
	IF YES: May I see it, please?	NO CARD.....3	NO CARD.....3	NO CARD.....3

453	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 456)←	YES.....1 (SKIP TO 456)←	YES.....1 (SKIP TO 456)←
		NO.....2	NO.....2	NO.....2

454 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD**
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE WAS RECORDED.

	DAY	MO	YR
BCG			
POLIO 1			
POLIO 2			
POLIO 3			
DPT 1			
DPT 2			
DPT 3			
MEASLES			

455	Has (NAME) received any vaccinations that are not recorded on this card?	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 454)	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 454)	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 454)
	RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 1-3 AND/OR MEASLES VACCINE(S).	NO.....2 DK.....8 (SKIP TO 461)	NO.....2 DK.....8 (SKIP TO 461)	NO.....2 DK.....8 (SKIP TO 461)

456	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 461)← DK.....8	YES.....1 NO.....2 (SKIP TO 461)← DK.....8	YES.....1 NO.....2 (SKIP TO 461)← DK.....8
-----	---	---	---	---

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
457	Has (NAME) received any of the following vaccinations:			
	A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?*	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
	DPT vaccination, that is, an injection, usually given at the same time as polio drops?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
	An injection to prevent measles?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
461	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 470)← DK.....8	YES.....1 NO.....2 (SKIP TO 470)← DK.....8	YES.....1 NO.....2 (SKIP TO 470)← DK.....8
464	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
468	Did you seek advice or treatment for the cough?	YES.....1 NO.....2 (SKIP TO 470)←	YES.....1 NO.....2 (SKIP TO 470)←	YES.....1 NO.....2 (SKIP TO 470)←
469	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A FAMILY WELFARE CENTER...B THANA HEALTH COMPLEX....C SATELLITE CLINIC.....D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....F PHARMACY.....G PRIVATE DOCTOR.....H OTHER PRIVATE SECTOR SHOP.....I TRADITIONAL DOCTOR.....J OTHER.....K (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A FAMILY WELFARE CENTER...B THANA HEALTH COMPLEX....C SATELLITE CLINIC.....D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....F PHARMACY.....G PRIVATE DOCTOR.....H OTHER PRIVATE SECTOR SHOP.....I TRADITIONAL DOCTOR.....J OTHER.....K (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A FAMILY WELFARE CENTER...B THANA HEALTH COMPLEX....C SATELLITE CLINIC.....D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....F PHARMACY.....G PRIVATE DOCTOR.....H OTHER PRIVATE SECTOR SHOP.....I TRADITIONAL DOCTOR.....J OTHER.....K (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
470	Has (NAME) had diarrhea in the last two weeks?	YES.....1 NO.....2 (SKIP TO 483)← DK.....8	YES.....1 NO.....2 (SKIP TO 483)← DK.....8	YES.....1 NO.....2 (SKIP TO 483)← DK.....8
474	Was there any blood in the stools?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
478	Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8
478A	Was (NAME) given khabar saline made from a special packet?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
479	Was anything (else) given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 481)← DK.....8	YES.....1 NO.....2 (SKIP TO 481)← DK.....8	YES.....1 NO.....2 (SKIP TO 481)← DK.....8
480	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	RECOMMENDED HOME FLUID...A PILL OR SYRUP.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/HERBS.....E OTHER.....F (SPECIFY)	RECOMMENDED HOME FLUID...A PILL OR SYRUP.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/HERBS.....E OTHER.....F (SPECIFY)	RECOMMENDED HOME FLUID...A PILL OR SYRUP.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/HERBS.....E OTHER.....F (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 483)←	YES.....1 NO.....2 (SKIP TO 483)←	YES.....1 NO.....2 (SKIP TO 483)←
482	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A FAMILY WELFARE CENTER...B THANA HEALTH COMPLEX...C SATELLITE CLINIC.....D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC...F PHARMACY.....G PRIVATE DOCTOR.....H OTHER PRIVATE SECTOR SHOP.....I TRADITIONAL DOCTOR.....J OTHER.....K (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A FAMILY WELFARE CENTER...B THANA HEALTH COMPLEX...C SATELLITE CLINIC.....D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC...F PHARMACY.....G PRIVATE DOCTOR.....H OTHER PRIVATE SECTOR SHOP.....I TRADITIONAL DOCTOR.....J OTHER.....K (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A FAMILY WELFARE CENTER...B THANA HEALTH COMPLEX...C SATELLITE CLINIC.....D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC...F PHARMACY.....G PRIVATE DOCTOR.....H OTHER PRIVATE SECTOR SHOP.....I TRADITIONAL DOCTOR.....J OTHER.....K (SPECIFY)
483	In the past 6 months, has (NAME) taken a Vitamin A capsule? SHOW CAPSULE.	YES.....1 NO.....2 NOT SURE/DK.....8	YES.....1 NO.....2 NOT SURE/DK.....8	YES.....1 NO.....2 NOT SURE/DK.....8
489	GO BACK TO 452 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 501			

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Have you been married only once or more than once?	ONCE.....1 MORE THAN ONCE.....2	
502	In what month and year did you start living with your (first) husband?	BENGALI.....1 MONTH *..... YEAR..... 1 3 ENGLISH.....2 MONTH**..... YEAR..... 1 9	504 504
503	How old were you when you started living with him?	AGE..... DOES NOT KNOW AGE.....98	
504	DETERMINE MONTHS MARRIED SINCE BAISHAK 1395. ENTER "X" IN COLUMN 3 OF CALENDAR FOR EACH MONTH MARRIED OR IN UNION, AND ENTER "0" FOR EACH MONTH NOT MARRIED/NOT IN UNION, SINCE BAISHAK 1395. FOR WOMEN NOT CURRENTLY MARRIED OR WITH MORE THAN ONE MARRIAGE, PROBE FOR DATE THAT THE COUPLE STOPPED LIVING TOGETHER OR DATE WIDOWED, AND FOR STARTING DATE OF ANY SUBSEQUENT MARRIAGE.		
505	CHECK 104A: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED <input type="checkbox"/>		
506	Now we need some details about your sexual activity in order to get a better understanding of family planning and fertility. When was the last time you had sexual intercourse?	NEVER.....000 DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....996	
507	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2	
508	PRESENCE OF OTHERS AT THIS POINT.	YES NO CHILDREN UNDER 10.....1 2 HUSBAND.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	

* BENGALI MONTHS:

01 BAISHAK	05 BADHRA	09 POUSH
02 JAISTHA	06 ASHWIN	10 MAGH
03 ASHAR	07 KARTIK	11 FALGUN
04 SRABAN	08 AGRAHAYAN	12 CHOITRA

** ENGLISH MONTHS:

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

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	CHECK 104A: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		619
602	CHECK 315: NEITHER STERILIZED <input type="checkbox"/> SHE OR HE STERILIZED <input type="checkbox"/>		611
603	CHECK 225: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED OR DK.....8	604A
604	CHECK 225: 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? How long would you like to wait after the birth of the child you are expecting before the birth of another child?	MONTHS.....1 YEARS.....2 SOON/NOW.....994 SAYS SHE CAN'T GET PREGNANT...995 OTHER.....996 (SPECIFY) DK.....998	
604A	If you became pregnant in the next few weeks, would you be happy, unhappy, or would it not matter very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	
605	CHECK 314: USING A METHOD? NO <input type="checkbox"/> YES <input type="checkbox"/>		611
606	Do you intend to use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DK.....8	608
607	Do you intend to use a method at any time in the future?	YES.....1 NO.....2 DK.....8	610
608	When you use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 CONDOM.....04 FEMALE STERILIZATION.....05 MALE STERILIZATION.....06 CALENDAR, COUNTING DAYS.....07 WITHDRAWAL.....08 OTHER.....09 (SPECIFY) UNSURE.....98	611

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
609	Where can you get (METHOD MENTIONED IN 608)? _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE.....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX.....13 SATELLITE CLINIC.....14 MEDICAL PRIVATE SECTOR TRADITIONAL DOCTOR.....21 QUALIFIED DOCTOR.....22 PHARMACY.....23 OTHER PRIVATE SECTOR SHOP.....31 FRIENDS/RELATIVES.....32 FIELDWORKER, FWA.....41 OTHER _____ 51 (SPECIFY) DOES NOT KNOW..... 98	611
610	What is the main reason you do not intend to use a method?	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING....09 FATALISTIC.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX.....12 DIFFICULT TO GET PREGNANT.....13 MENOPAUSAL/HAD HYSTERECTOMY...14 INCONVENIENT.....15 OTHER _____ 16 (SPECIFY) DK..... 98	
611	Do you think that your husband is in favor or not in favor of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DOES NOT KNOW.....8	
612	How often have you talked to your husband about family planning in the last year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	
613	Have you and your husband ever discussed the number of children you would like to have?	YES.....1 NO.....2	
614	Do you think your husband wants the <u>same</u> number of children that you want, or does he want <u>more</u> or <u>fewer</u> than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DK.....8	
615	Can you go outside the village/town/city alone (or with your young children)?	YES, ALONE.....1 YES, WITH CHILDREN.....2 NOT ALLOWED TO GO OUT.....3 OTHER _____ 4 (SPECIFY)	
616	Since you have been married, how frequently do you go to another part of your village/town/city?	ONCE A MONTH OR MORE.....1 SEVERAL TIMES A YEAR.....2 LESS THAN ONCE A YEAR.....3 NEVER.....4	
617	Since you have been married, how frequently do you go shopping/marketing?	ONCE A MONTH OR MORE.....1 SEVERAL TIMES A YEAR.....2 LESS THAN ONCE A YEAR.....3 NEVER.....4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
618	Can you go to a health center or hospital alone (or with your young children)?	YES, ALONE.....1 YES, WITH CHILDREN.....2 NOT ALLOWED TO GO OUT.....3 OTHER.....4 (SPECIFY)	
619	In general, do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2	
620	CHECK 216: HAS LIVING CHILD(REN) <input type="checkbox"/> NO LIVING CHILD(REN) <input type="checkbox"/> ↓ ↓ 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? RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER..... <input type="text"/> <input type="text"/> OTHER ANSWER.....96 (SPECIFY)	
621	How many of these would you like to be boys and how many would you like to be girls?	BOYS..... <input type="text"/> <input type="text"/> GIRLS..... <input type="text"/> <input type="text"/> EITHER..... <input type="text"/> <input type="text"/> UP TO GOD.....95 OTHER.....96 (SPECIFY)	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND.		
702	Now I have some questions about your (most recent) husband. Did your (last) husband ever attend school?	YES.....1 NO.....2	705
703	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY1 SECONDARY.....2 HIGHER.....3 DOES NOT KNOW.....8	705
704	What was the highest (grade/form/year) he completed?	GRADE..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	
705	What kind of work does (did) your (last) husband/partner mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	
706	CHECK 705: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> ↓ DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/>		708
707	(Does/did) your husband/partner work mainly on his own land or family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	
708	As you know, women do all kinds of work. Some work on farms, others sell things in a market, or work in a business, or for the government. Some women are paid in cash or in kind for their work; others are not paid. Are you currently doing any of these things or any other work?	YES.....1 NO.....2	719
709	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> _____ _____	
710	CHECK 709: WORKS IN AGRICULTURE <input type="checkbox"/> ↓ DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		712
711	Do you work mainly on your own land or family land, or do you rent land, or work on someone else's land?	OWN/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	
712	In your current work, do you 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
713	Do you earn cash for this work? PROBE: Do you make money for working?	YES.....1 NO.....2	715
714	Most of the time when you work for cash, do you decide how the money you earn will be used, or does someone else decide how your earnings are used?	RESPONDENT DECIDES.....1 SOMEONE ELSE DECIDES.....2 JOINTLY.....3	
715	Do you work all of the year or only during certain times of the year? PROBE: Is the work seasonal?	ALL OF THE YEAR.....1 ONLY SOME TIMES (SEASONAL).....2	
716	Do you work at home or away from home?	HOME.....1 AWAY.....2	
717	CHECK 215/216/218: HAS CHILD BORN SINCE BAISHAK 1395 AND LIVING AT HOME? YES <input type="checkbox"/> NO <input type="checkbox"/>		719
718	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT.....01 HUSBAND/PARTNER.....02 OLDER CHILD(REN).....03 OTHER RELATIVES.....04 NEIGHBORS.....05 FRIENDS.....06 SERVANTS/HIRED HELP.....07 CHILD IS IN SCHOOL.....08 INSTITUTIONAL CHILDCARE.....09 OTHER.....10 (SPECIFY)	
719	RECORD THE TIME	HOUR..... MINUTES.....	

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

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

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: Births, Pregnancies, Contraceptive Use

B BIRTHS
P PREGNANCIES
T TERMINATIONS

0 NO METHOD
1 PILL
2 IUD
3 INJECTIONS
4 CONDOM
5 FEMALE STERILIZATION
6 MALE STERILIZATION
7 PERIODIC ABSTINENCE
8 WITHDRAWAL
W OTHER _____

(SPECIFY)

COL.2: Discontinuation of Contraceptive Use

1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND DISAPPROVED
4 SIDE EFFECTS
5 HEALTH CONCERNS
6 ACCESS/AVAILABILITY
7 WANTED MORE EFFECTIVE METHOD
8 INCONVENIENT TO USE
9 INFREQUENT SEX/HUSBAND AWAY
C COST
F FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSE
D MARITAL DISSOLUTION/SEPARATION
W OTHER _____

(SPECIFY)

K DON'T KNOW

COL.3: Marriage

X MARRIED
0 NOT MARRIED

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

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 1993-94
HUSBAND QUESTIONNAIRE

DIVISION _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
DISTRICT _____		
UPAZILA/THANA _____		
UNION _____		
VILLAGE/MOHALLA/BLOCK _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
CLUSTER NUMBER.....		
HOUSEHOLD NUMBER.....		
DHAKA/CHITTAGONG=1, SMALL CITY=2, TOWN=3, VILLAGE=4.....		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME OF HOUSEHOLD HEAD _____		
NAME AND LINE NUMBER OF HUSBAND _____		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME AND LINE NUMBER OF WIFE _____		

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
				MONTH** <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
				YR <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
INTERVIEWER'S NAME				NAME <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
RESULT *				RESULT <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>

***RESULT CODES:

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

NAME DATE	FIELD EDITED BY _____ _____	OFFICE EDITED BY _____ _____	KEYED BY _____ _____	KEYED BY <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
--------------	-----------------------------------	------------------------------------	----------------------------	--

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
101	RECORD THE TIME.	HOUR..... MINUTES.....	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS..... VISITOR.....	95 96 → 103
102A	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY..... TOWN..... COUNTRYSIDE.....	1 2 3
103	In what month and year were you born? USE CODES BELOW FOR MONTHS. IF HE DOES NOT KNOW, WRITE 'D K' IN BOXES.	BENGALI MONTH *..... YEAR..... ENGLISH MONTH**..... YEAR.....	1 3 2 9
104	How old are you? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS...	
105	Have you ever attended school?	YES..... NO.....	1 2 → 109
106	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY..... SECONDARY..... COLLEGE/UNIVERSITY.....	1 2 3
107	What is the highest class you completed?	CLASS.....	
108	CHECK 106: PRIMARY <input type="checkbox"/> SECONDARY OR COLLEGE <input type="checkbox"/>		110
109	Can you read and write a letter in any language easily, with difficulty, or not at all?	EASILY..... WITH DIFFICULTY..... NOT AT ALL.....	1 2 3 → 111
110	Do you usually read a newspaper or magazine at least once a week?	YES..... NO.....	1 2
111	Do you usually listen to the radio at least once a week?	YES..... NO.....	1 2

* BENGALI MONTHS:

01 BAISHAK	05 BADHRA	09 POUSH
02 JAISTHA	06 ASHWIN	10 MAGH
03 ASHAR	07 KARTIK	11 FALGUN
04 SRABAN	08 AGRAHAYAN	12 CHOITRA

** ENGLISH MONTHS:

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
112	Do you usually watch television at least once a week?	YES.....1 NO.....2	
113	What is your religion?	ISLAM.....1 CHRISTIANITY.....2 HINDUISM.....3 BUDDHISM.....4 OTHER.....5 (SPECIFY)	
114	What kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> 	
115	CHECK 114: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		201
116	Do you work mainly on your own land, or do you rent land, or do you work on someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
201	Do you have any sons or daughters who are now living with you?	YES.....1 NO.....2	→203				
202	How many sons live with you? And how many daughters live with you? IF NONE ENTER '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
203	Do you have any sons or daughters who do not live with you?	YES.....1 NO.....2	→205				
204	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE ENTER '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
205	Have you ever had a son or daughter who was born alive but later died?	YES.....1 NO.....2	→207				
206	In all, how many boys have died? And how many girls have died? IF NONE ENTER '00'.	BOYS DEAD..... GIRLS DEAD.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
207	SUM ANSWERS TO 202, 204, AND 206, AND ENTER TOTAL. IF NONE ENTER '00'.	TOTAL.....	<table border="1"><tr><td></td><td></td></tr></table>				
208	CHECK 207: Just to make sure that I have this right: you have TOTAL ____ children born alive during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-206 AS NECESSARY						

H-4

SECTION 3: CONTRACEPTION

301 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. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.
CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-304 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD	303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
01 PILL, MAYA Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02 IUD, COPPER T Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04 CONDOM, RAJA Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05 FEMALE STERILIZATION, TUBAL LIGATION, TL Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Has your wife had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
06 MALE STERILIZATION, VASECTOMY Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
07 SAFE PERIOD, COUNTING DAYS, CALENDAR, RHYTHM METHOD Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use the safe period? YES.....1 NO.....2
08 WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
09 Have you heard of any other ways or methods that women or men can use to avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES/SPONT.....1 NO.....3	YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2	

305 CHECK 303: NOT A SINGLE "YES" (NEVER USED) ☐

AT LEAST ONE "YES" (EVER USED) ☐

SKIP TO 309

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you or your wife ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	386G
308	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).		
309	What was the first method you ever used?	PILL.....01 IUD.....02 INJECTIONS.....03 CONDOM.....04 FEMALE STERILIZATION.....05 MALE STERILIZATION.....06 SAFE PERIOD, COUNTING DAYS.....07 WITHDRAWAL.....08 OTHER.....09 (SPECIFY)	
311	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
311A	CHECK 303: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		315A
314	Are you or your wife currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	322C
315	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 CONDOM.....04 FEMALE STERILIZATION.....05 MALE STERILIZATION.....06 SAFE PERIOD, COUNTING DAYS.....07 WITHDRAWAL.....08 OTHER.....09 (SPECIFY)	321
315A	CIRCLE '06' FOR MALE STERILIZATION.		
316	At any time during the same month, do you regularly use any method other than (CURRENT METHOD)?	YES.....1 NO.....2	318
317	Which method is that?	PILL.....01 IUD.....02 INJECTIONS.....03 CONDOM.....04 SAFE PERIOD, COUNTING DAYS.....07 WITHDRAWAL.....08 OTHER.....09 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
318	CHECK 315: <div style="display: flex; justify-content: space-between;"> <div> USING PILL, IUD, OR INJECTION <input type="checkbox"/> </div> <div> USING SAFE PERIOD WITHDRAWAL, OR OTHER TRADITIONAL METHOD <input type="checkbox"/> </div> </div>		323 326
320	Please show me the package of condoms that you are using.	PACKAGE SEEN.....1 BRAND NAME <input type="text"/> PACKAGE NOT SEEN.....2	320C
320A	Why can't you show me the package of condoms that you are using?	WIFE KEEPS.....1 RAN OUT.....2 OTHER.....3 (SPECIFY)	
320B	SHOW BRAND CHART FOR CONDOMS: Please tell me which of these is the brand of condoms that you are using.	BRAND NAME <input type="text"/> DOES NOT KNOW.....98	
320C	How much did the condom you last used cost?	COST..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PARTNER OBTAINED.....9995 FREE.....9996 DOES NOT KNOW.....9998	
320D	Do you use a condom every time that you have sexual intercourse or only sometimes?	EVERY TIME.....1 ONLY SOMETIMES.....2	
320E	How many times have you used condoms during the last one month?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/>	323
321	In what month and year was the sterilization operation performed? USE CODES BELOW FOR MONTHS.	BENGALI MONTH *.....1 <input type="text"/> <input type="text"/> YEAR.....1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ENGLISH MONTH**.....2 <input type="text"/> <input type="text"/> YEAR.....1 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
322A	Do you regret that (you/your wife) had the operation not to have any more children?	YES.....1 NO.....2	323A
322B	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD..1 PARTNER WANTS ANOTHER CHILD....2 SIDE EFFECTS.....3 OTHER REASON.....4 (SPECIFY)	323A
322C	Which method of family planning did you use most recently?	PILL.....01 IUD.....02 INJECTIONS.....03 CONDOM.....04 SAFE PERIOD, COUNTING DAYS.....07 WITHDRAWAL.....08 OTHER.....09 (SPECIFY)	325J

* BENGALI MONTHS:

01 BAISHAK	05 BADHRA	09 POUSH
02 JAISTHA	06 ASHWIN	10 MAGH
03 ASHAR	07 KARTIK	11 FALGUN
04 SRABAN	08 AGRAHAYAN	12 CHOITRA

** ENGLISH MONTHS:

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
323	Where did you obtain (METHOD) the last time?	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE.....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX.....13 SATELLITE CLINIC.....14 MEDICAL PRIVATE SECTOR PRIVATE CLINIC, DOCTOR.....21 TRADITIONAL DOCTOR.....22 PHARMACY.....23 OTHER PRIVATE SECTOR SHOP.....31 FRIENDS/RELATIVES.....32 FIELDWORKER, FWA.....41 OTHER.....51 (SPECIFY) DOES NOT KNOW.....98	325A
323A	Where did the sterilization take place? _____ (NAME OF PLACE)		
323B	Did you pay for the service you received there?	YES.....1 NO.....2 DOES NOT KNOW.....8	
323C	CHECK 322C OR 315: USING (USED) <input type="checkbox"/> USING (USED) OTHER <input type="checkbox"/> PILLS OR CONDOMS METHOD		325J
325	Who obtained the (pills/condoms) the last time you got them?	RESPONDENT.....1 WIFE.....2 SON/DAUGHTER.....3 OTHER RELATIVE.....4 OTHER.....5 (SPECIFY)	325B
325A	Have you yourself ever been to a health facility, a doctor, or a shop to get (pills, condoms)?	YES.....1 NO.....2	325J
325B	Did anyone there ever tell you about side effects or other problems that you might have using this method?	YES.....1 NO.....2 CANNOT REMEMBER.....8	
325C	Did anyone there ever tell you about other methods that you might use?	YES.....1 NO.....2 CANNOT REMEMBER.....8	
325H	Did you get the method that you wanted?	YES.....1 NO.....2	325J
325I	Which method did you want?	PILL.....01 IUD.....02 INJECTIONS.....03 CONDOM.....04 FEMALE STERILIZATION.....05 MALE STERILIZATION.....06 SAFE PERIOD, COUNTING DAYS.....07 WITHDRAWAL.....08 OTHER.....09 (SPECIFY)	
325J	When a couple is making a decision, sometimes the husband has more influence, sometimes the wife has more influence and sometimes other people have more influence. In your family, who had the most influence in deciding to use family planning the first time you used a method?	RESPONDENT HAD MORE INFLUENCE...1 WIFE HAD MORE INFLUENCE.....2 BOTH HUSBAND AND WIFE EQUAL...3 OTHER RELATIVE.....4 OTHER.....5 (SPECIFY)	
325K	CHECK 314: CURRENTLY USING <input type="checkbox"/> NOT USING A METHOD <input type="checkbox"/> A METHOD (OR BLANK)		328G

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
326	What is the main reason you decided to use (CURRENT METHOD FROM 315) rather than some other method of family planning?	FAMILY PLAN. WORKER RECOMMEND...01 FRIEND/RELATIVE RECOMMENDED....02 SIDE EFFECTS OF OTHER METHODS..03 CONVENIENCE.....04 ACCESS/AVAILABILITY.....05 COST.....06 WANTED PERMANENT METHOD.....07 HUSBAND PREFERRED.....08 WANTED MORE EFFECTIVE METHOD...09 OTHER _____ 10 (SPECIFY) DOES NOT KNOW.....98	→347
328G	What is the main reason you are not using a method to delay or avoid pregnancy?	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING....09 FATALISTIC.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX/WIFE AWAY.....12 DIFFICULT TO GET PREGNANT.....13 MENOPAUSAL/HAD HYSTERECTOMY...14 INCONVENIENT.....15 MENSTRUATION NOT RETURNED.....16 BREASTFEEDING.....17 OTHER _____ 18 (SPECIFY) DK.....98	
328H	Do you know where you can obtain a method of family planning?	YES.....1 NO.....2	→347
328I	Where is that? _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE.....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX.....13 SATELLITE CLINIC.....14 MEDICAL PRIVATE SECTOR TRADITIONAL DOCTOR.....21 QUALIFIED DOCTOR.....22 PHARMACY.....23 OTHER PRIVATE SECTOR SHOP.....31 FRIENDS/RELATIVES.....32 FIELDWORKER, FWA.....41 OTHER _____ 51 DOES NOT KNOW.....98	
347	CHECK 310, 323, AND 328G: SATELLITE CLINIC SATELLITE CLINIC NOT MENTIONED MENTIONED		→348
347A	In some places, there is a clinic set up for a day or part of a day in someone's house or in a school. This is called a satellite clinic. During the past 3 months was there any such clinic in your village/mohalla?	YES.....1 NO.....2 DOES NOT KNOW.....8	→348
347B	Did you ever visit such a clinic?	YES.....1 NO.....2	→348
347C	What services did they provide? CIRCLE ALL MENTIONED.	FAMILY PLANNING METHODS.....A IMMUNIZATION.....B CHILD GROWTH MONITORING.....C OTHER _____ D DOES NOT KNOW.....E	
348	In the last month, have you heard or seen a message about family planning on: the radio? television? a billboard? a poster?	YES NO RADIO.....1 2 TELEVISION.....1 2 BILLBOARD.....1 2 POSTER.....1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																		
349	Is it acceptable or not acceptable to you for information to be provided on the radio about: the pill? condoms? injections? IUDs (coil, loop)? sterilization (TL)?	<table> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> <tr> <td>PILLS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CONDOMS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>INJECTIONS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>IUD.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>STERILIZATION, TL.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	PILLS.....	1	2	CONDOMS.....	1	2	INJECTIONS.....	1	2	IUD.....	1	2	STERILIZATION, TL.....	1	2	
	YES	NO																			
PILLS.....	1	2																			
CONDOMS.....	1	2																			
INJECTIONS.....	1	2																			
IUD.....	1	2																			
STERILIZATION, TL.....	1	2																			
350	During the last six months has anyone visited you in your house to talk to you about family planning or to give you any family planning method?	YES.....1 NO.....2 DOES NOT KNOW.....8																			
351	Has a family planning worker visited you in the last six months for another reason?	YES.....1 NO.....2 DOES NOT KNOW.....8	→ 358 → 358																		
352	How many times did a family planning worker visit you in the last six months?	TIMES..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98																			
353	When was the last visit? IF LESS THAN ONE MONTH AGO, WRITE '00'.	MONTHS AGO..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98																			
354	Did you receive any family planning supplies from the fieldworker during the last visit?	YES.....1 NO.....2	→ 357																		
355	What supplies did you receive?	PILLS.....1 CONDOMS.....2 WIFE GOT INJECTION.....3 OTHER.....4 (SPECIFY)	→ 357 → 357																		
356	How many cycles/condoms?	CYCLES/CONDOMS..... <input type="text"/> <input type="text"/>																			
357	Thinking back to all the visits you have ever had from family planning workers, which methods of avoiding pregnancy did they discuss with you? CIRCLE ALL MENTIONED.	PILLS.....A IUD, LOOP.....B INJECTION.....C CONDOMS.....D FEMALE STERILIZATION.....E MALE STERILIZATION.....F NEVER DISCUSSED.....G																			
358	Do you think that most of the men you know use some kind of family planning method?	YES.....1 NO.....2 DOES NOT KNOW.....8																			
359	Have you ever recommended family planning to a friend, relative, or anyone else?	YES.....1 NO.....2																			
360	In the past 12 months, have you visited a health facility for any reason?	YES.....1 NO.....2	→ 401																		
361	Did anyone at the health facility speak to you about family planning methods?	YES.....1 NO.....2																			

SECTION 4. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
401	Have you been married only once or more than once?	ONCE.....1 MORE THAN ONCE.....2																
402	In what month and year did you start living with your (first) wife?	BENGALI MONTH *.....1 <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> 1 <input type="text"/> 3 <input type="text"/> <input type="text"/> → 404 ENGLISH MONTH**.....2 <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> → 404																
403	How old were you when you started living with her?	AGE..... <input type="text"/> <input type="text"/> DOES NOT KNOW AGE.....98																
406	Now we need some details about your sexual activity in order to get a better understanding of family planning and fertility. When was the last time you had sexual intercourse?	NEVER.....000 DAYS AGO.....1 <input type="text"/> <input type="text"/> WEEKS AGO.....2 <input type="text"/> <input type="text"/> MONTHS AGO.....3 <input type="text"/> <input type="text"/> YEARS AGO.....4 <input type="text"/> <input type="text"/> BEFORE LAST BIRTH.....996																
408	PRESENCE OF OTHERS AT THIS POINT.	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>WIFE.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....1	1	2	WIFE.....1	1	2	OTHER MALES.....1	1	2	OTHER FEMALES.....1	1	2	
	YES	NO																
CHILDREN UNDER 10.....1	1	2																
WIFE.....1	1	2																
OTHER MALES.....1	1	2																
OTHER FEMALES.....1	1	2																

* BENGALI MONTHS:

01 BAISHAK	05 BADHRA	09 POUSH
02 JAISTHA	06 ASHWIN	10 MAGH
03 ASHAR	07 KARTIK	11 FALGUN
04 SRABAN	08 AGRAHAYAN	12 CHOITRA

** ENGLISH MONTHS:

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

H-11

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	CHECK 315: NEITHER STERILIZED <input type="checkbox"/> SHE OR HE STERILIZED <input type="checkbox"/>		510
502	Now I have some questions about the future. Would you like to have a (another) child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS WIFE CAN'T GET PREGNANT....3 UNDECIDED OR DK.....8	504
503	How long would you like to wait from now before the birth of a (another) child?	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> SOON/NOW.....995 OTHER.....996 (SPECIFY) DK.....998	
504	CHECK 314: USING A METHOD? NO <input type="checkbox"/> YES <input type="checkbox"/>		510
505	Do you intend to use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DK.....8	507
506	Do you intend to use a method at any time in the future?	YES.....1 NO.....2 DK.....8	509
507	When you use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 CONDOM.....04 FEMALE STERILIZATION.....05 MALE STERILIZATION.....06 CALENDAR, COUNTING DAYS.....07 WITHDRAWAL.....08 OTHER.....09 (SPECIFY) UNSURE.....98	510
508	Where can you get (METHOD MENTIONED IN 507)? (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE.....11 FAMILY WELFARE CENTRE.....12 THANA HEALTH COMPLEX.....13 SATELLITE CLINIC.....14 MEDICAL PRIVATE SECTOR TRADITIONAL DOCTOR.....21 QUALIFIED DOCTOR.....22 PHARMACY.....23 OTHER PRIVATE SECTOR SHOP.....31 FRIENDS/RELATIVES.....32 FIELDWORKER, FWA.....41 OTHER.....51 (SPECIFY) DOES NOT KNOW.....98	510

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
509	What is the main reason you do not intend to use a method?	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX.....12 DIFFICULT TO GET PREGNANT.....13 MENOPAUSAL/HAD HYSTERECTOMY.....14 INCONVENIENT.....15 OTHER.....16 (SPECIFY) DK.....98	
510	Do you think that your wife approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DOES NOT KNOW.....8	
511	How often have you talked to your wife about family planning in the last year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	
512	Have you and your wife ever discussed the number of children you would like to have?	YES.....1 NO.....2	
513	Do you think your wife wants the <u>same</u> number of children that you want, or does she want <u>more</u> or <u>fewer</u> than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DK.....8	
514	Do you allow your wife to go out alone (or with your children) to buy household items or visit relatives?	YES, ALONE.....1 YES, WITH CHILDREN.....2 NOT ALLOWED TO GO OUT.....3 OTHER.....4	
515	In general, do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2	
516	CHECK 216: HAS LIVING CHILD(REN) <input type="checkbox"/> NO LIVING CHILD(REN) <input type="checkbox"/> v v 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? If you could choose exactly the number of children to have in your whole life, how many would that be? RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER..... <input type="text"/> <input type="text"/> OTHER ANSWER.....96 (SPECIFY)	
517	How many of these would you like to be boys and how many would you like to be girls?	BOYS..... <input type="text"/> <input type="text"/> GIRLS..... <input type="text"/> <input type="text"/> EITHER..... <input type="text"/> <input type="text"/> UP TO GOD.....95 OTHER.....96 (SPECIFY)	
518	RECORD THE TIME	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	

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

Comments About Respondent:

Comments on Specific Questions:

Any Other Comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor:

Date:

EDITOR'S OBSERVATIONS

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 1993-94
SERVICES AVAILABILITY QUESTIONNAIRE

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

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

I. GENERAL DESCRIPTION

NO.	QUESTIONS	CODING CATEGORIES	SKIP TO
1	How far is it from here to the thana headquarters in miles? IF LESS THAN 1 MILE, WRITE '00'. IF 97 MILES OR MORE, WRITE 97 IF UNKNOWN RECORD '98' (BUT TRY TO GET AN ESTIMATE).	MILES..... <input type="text"/> <input type="text"/>	
2	How far is it from here to the district headquarters in miles IF LESS THAN 1 MILE, WRITE '00'. IF 97 MILES OR MORE, WRITE 97 IF UNKNOWN RECORD '98' (BUT TRY TO GET AN ESTIMATE).	MILES..... <input type="text"/> <input type="text"/>	
3	In this village/mohalla, are there any mother's clubs or ladies associations?	YES.....1 NO.....2	
4	In this village/mohalla, is there a Grameen Bank?	YES.....1 NO.....2	
5	In this village/mohalla, are there any cottage industries of BSIC?	YES.....1 NO.....2	
6	In this village/mohalla, is there any cooperative society?	YES.....1 NO.....2	
7	In this village/mohalla, are there any NGOs having income-generating activities?	YES.....1 NO.....2	
8	In this village/mohalla, is there a television for the community?	YES.....1 NO.....2	
9	What proportion of the households in this village/mohalla live in one room?	ALL/ALMOST ALL.....1 MOST/MORE THAN HALF.....2 LESS THAN HALF.....3 VERY FEW/NONE.....4	
10	What proportion of the households in this village/mohalla live in non-pukka houses?	ALL/ALMOST ALL.....1 MOST/MORE THAN HALF.....2 LESS THAN HALF.....3 VERY FEW/NONE.....4	
11	Please tell me if the following things are in this village/mohalla. Is there a Madrasha here? IF YES, WRITE "00". IF NO, ASK: How far is it to the nearest Madrasha? IF DON'T KNOW, PUT 98. Is there a primary school here? Is there a high school here? Is there a post office here? Is there a daily market here? Is there a weekly market here? Is there a cinema here? NOTE: FOR EACH, IF IN VILLAGE/MOHALLA, WRITE "00". IF NOT IN VILLAGE/MOHALLA, ASK HOW FAR. WRITE IN MILES. IF DO NOT KNOW, WRITE "98". IF MORE THAN 97, WRITE "97"	MILES MADRASHA SCHOOL..... <input type="text"/> <input type="text"/> PRIMARY SCHOOL..... <input type="text"/> <input type="text"/> HIGH SCHOOL..... <input type="text"/> <input type="text"/> POST OFFICE..... <input type="text"/> <input type="text"/> DAILY MARKET..... <input type="text"/> <input type="text"/> WEEKLY MARKET..... <input type="text"/> <input type="text"/> CINEMA..... <input type="text"/> <input type="text"/>	

II. COMMUNITY-BASED SERVICES

NO.	QUESTIONS	CODING CATEGORIES	SKIP TO
12	Is there a family planning worker who visits this village/mohalla? PROBE: Does a woman come to visit houses here to talk about family planning?	YES.....1 NO.....2	→ 7
13	What services does this family planning worker provide? a: Information about family planning? b: Family planning methods? c: Helps at the temporary clinic they have sometimes in someone's house (satellite clinic)? d: Takes women to clinic/hospital? e: Takes children for immunizations? f: Vitamin A capsules for children?	FAMILY PLANNING INFORMATION: YES.....1 NO.....2 DO NOT KNOW.....8 FAMILY PLANNING METHODS: YES.....1 NO.....2 DO NOT KNOW.....8 HELPS AT SATELLITE CLINIC YES.....1 NO.....2 DO NOT KNOW.....8 TAKES TO CLINIC/HOSPITAL YES.....1 NO.....2 DO NOT KNOW.....8 TAKES CHILDREN FOR IMMUNIZATION: YES.....1 NO.....2 DO NOT KNOW.....8 VITAMIN A CAPSULES: YES.....1 NO.....2 DO NOT KNOW.....8	
14	Where does the family planning worker live? IF OUTSIDE VILLAGE/MOHALLA, GET DIRECTIONS.	_____ _____ (NAME OF CBD WORKER)	
15	How long has this family planning worker been working in this village/mohalla? IF LESS THAN ONE YEAR, WRITE "00".	YEARS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	
16	Was there another family planning worker before the current one?	YES.....1 NO.....2	→ 7
17	How long ago did the first family planning worker start to work in this village/mohalla? IF LESS THAN ONE YEAR, WRITE "00".	YEARS AGO..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	
18	Is there any health worker working in this village/mohalla?	YES.....1 NO.....2	→ 10

NO.	QUESTIONS	CODING CATEGORIES	SKIP TO
19	<p>What services does this health worker provide?</p> <p>a: Health information/education?</p> <p>b: Immunizations for children?</p> <p>c: Oral rehydration packets (Orsaline)?</p> <p>d: Vitamin A capsules for children?</p>	<p>HEALTH INFORMATION:</p> <p>YES.....1</p> <p>NO.....2</p> <p>DO NOT KNOW.....8</p> <p>IMMUNIZATIONS:</p> <p>YES.....1</p> <p>NO.....2</p> <p>DO NOT KNOW.....8</p> <p>ORS PACKETS:</p> <p>YES.....1</p> <p>NO.....2</p> <p>DO NOT KNOW.....8</p> <p>VITAMIN A CAPSULES:</p> <p>YES.....1</p> <p>NO.....2</p> <p>DO NOT KNOW.....8</p>	
20	In addition to those you mentioned, is there any other family planning or health worker who works in this village/mohalla?	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	<p>→ 10</p> <p>→ 10</p>
21	What services does this person provide?	_____	
22	Is there anyone in this village/mohalla who sells family planning methods from his or her house?	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	<p>→ 10</p> <p>→ 10</p>
23	<p>Which methods does he/she sell?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>PILL.....A</p> <p>CONDOM.....B</p> <p>IUD.....C</p> <p>OTHER.....D</p> <p>(SPECIFY)</p>	
24	In some places, there is a clinic which is set up temporarily in someone's house or a school on certain days to provide health and family planning services to mothers and children. This is called a satellite clinic. Is there ever a clinic like this held in this village/mohalla?	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	<p>→ 10</p> <p>→ 10</p>
25	<p>Is there a clinic like this held nearby to this village/mohalla?</p> <p>IF YES: How far away is the place where they have the clinic?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p> <p>MILES..... <input type="text"/> <input type="text"/></p>	<p>→ 10</p> <p>→ 10</p>
26	<p>What services are available from this temporary satellite clinic?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>FAMILY PLANNING PILL.....A</p> <p>CONDOM.....B</p> <p>IUD INSERTIONS.....C</p> <p>FAMILY PLANNING INJECTIONS.....D</p> <p>IMMUNIZATIONS.....E</p> <p>ORAL REHYDRATION PACKETS.....F</p> <p>VITAMIN A CAPSULES.....G</p> <p>WEIGHING CHILDREN.....H</p> <p>CHECKING PREGNANT WOMEN.....I</p> <p>OTHER.....J</p> <p>(SPECIFY)</p>	
27	How frequently are these temporary clinics held?	NO.OF TIMES <input type="text"/> <input type="text"/> PER MONTH.1 YEAR..2	
28	How far away is the nearest Family Welfare Center?	MILES..... <input type="text"/> <input type="text"/>	
28	How far away is the nearest hospital or thana health complex?	MILES..... <input type="text"/> <input type="text"/>	

III. INTERVIEW WITH FAMILY WELFARE ASSISTANT

NO.	QUESTIONS	CODING CATEGORIES	SKIP TO																																								
1	WERE YOU ABLE TO INTERVIEW THE FWA IN THIS VILLAGE/MOHALLA?	YES.....1 NO.....2	→ 14																																								
2	WHY NOT?	NO FWA WORKS HERE.....1 NOT AT HOME.....2 OTHER.....3 (SPECIFY)																																									
3	We are doing a survey to determine the types of family planning and health services that are available in this area. I would like to ask you a few questions. Which organization do you work for?	BANGLADESH GOVERNMENT/MOHFW.....1 NON-GOVERNMENTAL ORGANIZATION...2 IF NGO, WRITE ORGANIZATION NAME: _____ _____																																									
4	Do you work full-time or part-time?	FULL TIME.....1 PART TIME.....2																																									
5	How long have you been working in this village/mohalla? IF LESS THAN 1 YEAR, WRITE "00".	YEARS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																																									
6	What services do you provide? FIRST CIRCLE "1" FOR ALL SERVICES SHE MENTIONS SPONTANEOUSLY. FOR THOSE SHE DOES NOT MENTION, PROBE AND CIRCLE EITHER "2" OR "3", AS APPROPRIATE.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES SPONT</th> <th style="text-align: center;">YES PROBED</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>FAMILY PLANNING</td> <td></td> <td></td> <td></td> </tr> <tr> <td>INFORMATION.....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">3</td> </tr> <tr> <td>FP METHODS.....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">3</td> </tr> <tr> <td>TAKES WOMEN TO CLINIC.1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">3</td> </tr> <tr> <td>TAKES CHILDREN TO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>GET IMMUNIZED.....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">3</td> </tr> <tr> <td>GIVES VITAMIN A.....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">3</td> </tr> <tr> <td>OTHER.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES SPONT	YES PROBED	NO	FAMILY PLANNING				INFORMATION.....1	2		3	FP METHODS.....1	2		3	TAKES WOMEN TO CLINIC.1	2		3	TAKES CHILDREN TO				GET IMMUNIZED.....1	2		3	GIVES VITAMIN A.....1	2		3	OTHER.....				(SPECIFY)				
	YES SPONT	YES PROBED	NO																																								
FAMILY PLANNING																																											
INFORMATION.....1	2		3																																								
FP METHODS.....1	2		3																																								
TAKES WOMEN TO CLINIC.1	2		3																																								
TAKES CHILDREN TO																																											
GET IMMUNIZED.....1	2		3																																								
GIVES VITAMIN A.....1	2		3																																								
OTHER.....																																											
(SPECIFY)																																											
7	Do you keep a list of all the households living in your assigned area?	YES.....1 NO.....2																																									
8	Did you receive any basic training before you started working as a family planning worker?	YES.....1 NO.....2																																									
9	How long did that basic training last? IF LESS THAN ONE WEEK, WRITE "00". IF SHE DOES NOT REMEMBER, WRITE "98".	WEEKS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																																									
10	What did the training cover? CIRCLE ALL MENTIONED.	SIDE EFFECTS OF METHODS.....A HOW METHODS WORK.....B INTERPERSONAL COMMUNICATIONS....C RECORD KEEPING.....D OTHER.....E (SPECIFY)																																									
11	Since that time, have you attended any refresher course or any other training related to your job?	YES.....1 NO.....2																																									

NO.	QUESTIONS	CODING CATEGORIES	SKIP TO
12	Do you go on household visitation every day?	YES.....1 NO.....2	
13	On the days that you go for household visitation, how many hours do you usually spend visiting households?	HOURS..... <input type="text"/> <input type="text"/>	
14	How many households do you usually visit on the days that you go on household visitation?	NUMBER OF HOUSEHOLDS.... <input type="text"/> <input type="text"/>	
15	When you visit in the households, do you explain about all family planning methods, or do you just discuss the pill and condom?	EXPLAINS ALL METHODS.....1 ONLY PILL AND CONDOM.....2	
16	If one of your clients has a problem with a method, what do you do? DO NOT READ CODES. CIRCLE ALL MENTIONED.	TRY TO HELP HER MYSELF.....A TELL HER TO GO TO CLINIC.....B DISCUSS WITH MY SUPERVISOR.....C OTHER.....D (SPECIFY)	
17	Can you please describe for me what are the possible side effects of using the pill?	_____ _____	
18	If a woman forgets to take a pill one day, what should she do?	_____ _____	
19	Can you please describe for me what are the possible side effects of using the injection?	_____ _____	
20	Do you have any problems with storage of the methods you distribute?	YES.....1 NO.....2	
21	How often do you run out of supplies of pills?	FREQUENTLY.....1 SOME TIMES.....2 ALMOST NEVER.....3	

IV. INTERVIEW WITH FAMILY WELFARE VISITOR

NO.	QUESTIONS	CODING CATEGORIES	SKIP TO																																				
1	WERE YOU ABLE TO INTERVIEW THE FWV THAT IS NEAREST TO THIS VILLAGE/MOHALLA?	YES.....1 NO.....2	→ 14																																				
2	WHY NOT?	FWC IS TOO FAR.....1 FWC HAS NO FWV.....2 FWV IS NOT AVAILABLE.....3 OTHER.....4 (SPECIFY)																																					
3	We are doing a survey to determine the types of family planning and health services that are available in this area. I would like to ask you a few questions. How long have you been working at this Family Welfare Center?	YEARS..... <input type="text"/> <input type="text"/>																																					
4	How long ago was this FWC established?	YEARS AGO..... <input type="text"/> <input type="text"/>																																					
5	What services are available at the FWC? CIRCLE ALL MENTIONED. YOU MAY READ CODES TO HER.	FAMILY PLANNING INFORMATION.....A FAMILY PLANNING METHODS.....B MENSTRUAL REGULATION.....C ANTENATAL CARE.....D CHILDREN'S IMMUNIZATIONS.....E ORAL REHYDRATION (ORS).....F GROWTH MONITORING.....G OTHER.....H (SPECIFY)																																					
6	What staff are working at this FWC? I mean how many medical officers and medical assistants, etc. work here?	MEDICAL OFFICERS..... <input type="checkbox"/> MEDICAL ASSISTANTS..... <input type="checkbox"/> FAMILY WELFARE VISITORS..... <input type="checkbox"/> PHARMACISTS..... <input type="checkbox"/> OTHER MEDICAL STAFF..... <input type="checkbox"/> (SPECIFY)																																					
7	Which of the following services do you yourself provide: family planning information? family planning services? Which ones: the pill? IUD insertions? injections? condoms? menstrual regulation? antenatal care? child immunisations? oral rehydration? growth monitoring?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>FAMILY PLAN. INFORMATION...</td> <td>1</td> <td>2</td> </tr> <tr> <td>FAMILY PLANNING SERVICES...</td> <td>1</td> <td>2</td> </tr> <tr> <td>PILL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>IUD INSERTIONS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>INJECTIONS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CONDOMS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MENSTRUAL REGULATION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANTENATAL CARE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CHILD IMMUNISATIONS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ORAL REHYDRATION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>GROWTH MONITORING.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	FAMILY PLAN. INFORMATION...	1	2	FAMILY PLANNING SERVICES...	1	2	PILL.....	1	2	IUD INSERTIONS.....	1	2	INJECTIONS.....	1	2	CONDOMS.....	1	2	MENSTRUAL REGULATION.....	1	2	ANTENATAL CARE.....	1	2	CHILD IMMUNISATIONS.....	1	2	ORAL REHYDRATION.....	1	2	GROWTH MONITORING.....	1	2	
	YES	NO																																					
FAMILY PLAN. INFORMATION...	1	2																																					
FAMILY PLANNING SERVICES...	1	2																																					
PILL.....	1	2																																					
IUD INSERTIONS.....	1	2																																					
INJECTIONS.....	1	2																																					
CONDOMS.....	1	2																																					
MENSTRUAL REGULATION.....	1	2																																					
ANTENATAL CARE.....	1	2																																					
CHILD IMMUNISATIONS.....	1	2																																					
ORAL REHYDRATION.....	1	2																																					
GROWTH MONITORING.....	1	2																																					
8	Do you organize satellite clinics?	YES.....1 NO.....2																																					

NO.	QUESTIONS	CODING CATEGORIES	SKIP TO																																				
9	How often do you hold satellite clinics?	NO.OF TIMES <input type="text"/> <input type="text"/> PER MONTH																																					
10	Which of the following services are usually offered at the satellite clinic: family planning information? family planning services? Which ones: the pill? IUD insertions? injections? condoms? menstrual regulation? antenatal care? child immunisations? oral rehydration? growth monitoring?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>FAMILY PLAN. INFORMATION...</td> <td>1</td> <td>2</td> </tr> <tr> <td>FAMILY PLANNING SERVICES...</td> <td>1</td> <td>2</td> </tr> <tr> <td>PILL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>IUD INSERTIONS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>INJECTIONS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CONDOMS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MENSTRUAL REGULATION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANTENATAL CARE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CHILD IMMUNISATIONS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ORAL REHYDRATION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>GROWTH MONITORING.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	FAMILY PLAN. INFORMATION...	1	2	FAMILY PLANNING SERVICES...	1	2	PILL.....	1	2	IUD INSERTIONS.....	1	2	INJECTIONS.....	1	2	CONDOMS.....	1	2	MENSTRUAL REGULATION.....	1	2	ANTENATAL CARE.....	1	2	CHILD IMMUNISATIONS.....	1	2	ORAL REHYDRATION.....	1	2	GROWTH MONITORING.....	1	2	
	YES	NO																																					
FAMILY PLAN. INFORMATION...	1	2																																					
FAMILY PLANNING SERVICES...	1	2																																					
PILL.....	1	2																																					
IUD INSERTIONS.....	1	2																																					
INJECTIONS.....	1	2																																					
CONDOMS.....	1	2																																					
MENSTRUAL REGULATION.....	1	2																																					
ANTENATAL CARE.....	1	2																																					
CHILD IMMUNISATIONS.....	1	2																																					
ORAL REHYDRATION.....	1	2																																					
GROWTH MONITORING.....	1	2																																					
11	Do you ever go to an individual client's house to insert IUDs?	YES.....1 NO.....2																																					
12	Do you ever go to an individual client's house to give her an injection?	YES.....1 NO.....2																																					
13	Do you have any problems in organizing satellite clinics?	YES.....1 NO.....2																																					
14	What problems do you have?	_____ _____																																					
15	Since you were first trained, did you attend any refresher course or any other training related to your job?	YES.....1 NO.....2																																					
16	Did you ever receive training on how to insert IUDs?	YES.....1 NO.....2																																					
17	Did you ever receive training on menstrual regulation?	YES.....1 NO.....2																																					
18	Did you ever receive training on how to deal with side effects of contraceptive methods?	YES.....1 NO.....2																																					
19	When a woman comes to you for family planning advice, do you explain about all family planning methods or do you only tell her about one or two methods?	EXPLAINS ALL METHODS.....1 ONLY ONE OR TWO.....2																																					
20	Can you please describe for me what are the possible side effects of using the pill?	_____ _____																																					
21	If a woman forgets to take a pill one day, what should she do?	_____ _____																																					
22	Can you please describe for me what are the possible side effects of using the injection?	_____ _____																																					
23	If a woman has an appointment to have her next injection on a certain day and she comes 3 or 4 days late, do you give her the injection or do you tell her to come back after her next menstrual period?	GIVE HER INJECTION THEN.....1 TELL HER TO WAIT UNTIL PERIOD...2																																					