QUESTIONNAIRES

APPENDIX *E*

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2004
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

DIVISION _____

DISTRICT _____

UPAZILA _____

UNION/WARD _____

VILLAGE/MOHALLA/BLOCK _____

CLUSTER NUMBER...

HOUSEHOLD NUMBER...

RURAL = 1, MUNICIPALITY = 2, OTHER URBAN = 3, SMA = 4 ....

IS HOUSEHOLD IN A SLUM? (YES = 1, NO = 2) _____

NAME OF THE SLUM _____

NAME OF HOUSEHOLD HEAD _____

IS HOUSEHOLD SELECTED FOR MEN'S SURVEY? (YES = 1, NO = 2) _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
INTERVIEWER'S NAME	_____	_____	_____	YEAR
RESULT*				INTV. CODE
				RESULT*
NEXT VISIT: DATE				TOTAL NO. OF VISITS
TIME				

*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 OF TIME
4. POSTPONED
5. REFUSED
6. DWELLING VACANT OR ADDRESS NOT A DWELLING
7. DWELLING DESTROYED
8. DWELLING NOT FOUND
9. OTHER _____
   (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

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	RELATION SHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY				EDUCATION — IF AGE 5 YEARS OR OLDER			EMPLOYMENT — IF AGE 8 YEARS OR OLDER	
	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?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF AGE IS LESS THAN 1 YEAR, WRITE '00'	FOR ALL AGED 10 OR ABOVE What is the current marital status of (NAME)?** Currently married=1 Formerly married=2 Never married=3	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN (Q8=1 OR 2) AGE 10-49	IF HOUSE-HOLD CHOSEN FOR MEN'S SURVEY, CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHIL-DREN UNDER 6	Record mother's line no. Of all children under 6 (RECORD '00' IF MOTHER OF CHILDREN NOT LISTED IN HOUSEHOLD)	Has (NAME) ever attended school?	What is the level of schooling (NAME) has last attended?*** What is the highest class (NAME) completed at that schooling?***	IF AGED LESS THAN 25 YEARS Is (NAME) currently attending school?	Is (NAME) currently working?	Does (NAME) receive wages or income in cash or kind? CASH ....1 KIND......2 BOTH ....3 NONE 4
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(16)	(17)	(18)	(19)	(20)
01		☐☐	M 1 F 2	YES 1 NO 2	YES 1 NO 2	IN YEARS ☐☐	CM 1 FM 2 NM 3	01	01	01	☐☐	YES.......1 NO.........2 → GO TO 19	LEVEL GRADE ☐ ☐☐	YES 1 NO 2	YES 1 NO 2 NEXT LINE	1 2 3 4
02		☐☐	1 2	1 2	1 2	☐☐	1 2 3	02	02	02	☐☐	YES.......1 NO.........2 → GO TO 19	LEVEL GRADE ☐ ☐☐	1 2	1 2 NEXT LINE	1 2 3 4
03		☐☐	1 2	1 2	1 2	☐☐	1 2 3	03	03	03	☐☐	YES.......1 NO.........2 → GO TO 19	LEVEL GRADE ☐ ☐☐	1 2	1 2 NEXT LINE	1 2 3 4
04		☐☐	1 2	1 2	1 2	☐☐	1 2 3	04	04	04	☐☐	YES.......1 NO.........2 → GO TO 19	LEVEL GRADE ☐ ☐☐	1 2	1 2 NEXT LINE	1 2 3 4
05		☐☐	1 2	1 2	1 2	☐☐	1 2 3	05	05	05	☐☐	YES.......1 NO.........2 → GO TO 19	LEVEL GRADE ☐ ☐☐	1 2	1 2 NEXT LINE	1 2 3 4
06		☐☐	1 2	1 2	1 2	☐☐	1 2 3	06	06	06	☐☐	YES.......1 NO.........2 → GO TO 19	LEVEL GRADE ☐ ☐☐	1 2	1 2 NEXT LINE	1 2 3 4
07		☐☐	1 2	1 2	1 2	☐☐	1 2 3	07	07	07	☐☐	YES.......1 NO.........2 → GO TO 19	LEVEL GRADE ☐ ☐☐	1 2	1 2 NEXT LINE	1 2 3 4
08		☐☐	1 2	1 2	1 2	☐☐	1 2 3	08	08	08	☐☐	YES.......1 NO.........2 → GO TO 19	LEVEL GRADE ☐ ☐☐	1 2	1 2 NEXT LINE	1 2 3 4

HOUSEHOLD CONTINUED

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY				EDUCATION IF AGE 5 YEARS OR OLDER			EMPLOYMENT IF AGE 8 YEARS OR OLDER	
	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?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF AGE IS LESS THAN 1 YEAR, WRITE '00'	FOR ALL AGED 10 OR ABOVE What is the current marital status of (NAME)?** Currently married=1 Formerly married=2 Never married=3	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN (Q8=1 OR 2) AGE 10-49	IF HOUSE-HOLD CHOSEN FOR MEN'S SURVEY, CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHIL-DREN UNDER 6	Record mother's line no. Of all children under 6 (RECORD '00' IF MOTHER OF CHILDREN NOT LISTED IN HOUSEHOLD)	Has (NAME) ever attended school?	What is the level of schooling (NAME) has last attended?*** What is the highest class (NAME) completed at that schooling?***	IF AGED LESS THAN 25 YEARS Is (NAME) currently attending school?	Is (NAME) currently working?	Does (NAME) receive wages or income in cash or kind? CASH ....1 KIND ......2 BOTH ....3 NONE 4
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(16)	(17)	(18)	(19)	(20)
09		☐ ☐	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS ☐ ☐	CM FM NM 1 2 3	09	09	09	☐ ☐	YES ....1 NO ....2 → GO TO 19	LEVEL GRADE ☐ ☐ ☐	YES NO 1 2	YES NO 1 2 NEXT LINE	1 2 3 4
10		☐ ☐	1 2	1 2	1 2	☐ ☐	1 2 3	10	10	10	☐ ☐	YES ....1 NO ....2 → GO TO 19	LEVEL GRADE ☐ ☐ ☐	1 2	1 2 NEXT LINE	1 2 3 4
11		☐ ☐	1 2	1 2	1 2	☐ ☐	1 2 3	11	11	11	☐ ☐	YES ....1 NO ....2 → GO TO 19	LEVEL GRADE ☐ ☐ ☐	1 2	1 2 NEXT LINE	1 2 3 4
12		☐ ☐	1 2	1 2	1 2	☐ ☐	1 2 3	12	12	12	☐ ☐	YES ....1 NO ....2 → GO TO 19	LEVEL GRADE ☐ ☐ ☐	1 2	1 2 NEXT LINE	1 2 3 4
13		☐ ☐	1 2	1 2	1 2	☐ ☐	1 2 3	13	13	13	☐ ☐	YES ....1 NO ....2 → GO TO 19	LEVEL GRADE ☐ ☐ ☐	1 2	1 2 NEXT LINE	1 2 3 4
14		☐ ☐	1 2	1 2	1 2	☐ ☐	1 2 3	14	14	14	☐ ☐	YES ....1 NO ....2 → GO TO 19	LEVEL GRADE ☐ ☐ ☐	1 2	1 2 NEXT LINE	1 2 3 4
15		☐ ☐	1 2	1 2	1 2	☐ ☐	1 2 3	15	15	15	☐ ☐	YES ....1 NO ....2 → GO TO 19	LEVEL GRADE ☐ ☐ ☐	1 2	1 2 NEXT LINE	1 2 3 4
16		☐ ☐	1 2	1 2	1 2	☐ ☐	1 2 3	16	16	16	☐ ☐	YES ....1 NO ....2 → GO TO 19	LEVEL GRADE ☐ ☐ ☐	1 2	1 2 NEXT LINE	1 2 3 4

HOUSEHOLD CONTINUED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(16)	(17)	(18)	(19)	(20)
			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS	CM FM NM 1 2 3					YES ....1 NO ....2 ↓ GO TO 19	LEVEL GRADE			
17		☐☐				☐☐		17	17	17	☐☐		☐ ☐☐	1 2	1 2 NEXT LINE ↵	1 2 3 4
18		☐☐	1 2	1 2	1 2	☐☐	1 2 3	18	18	18	☐☐	YES ....1 NO ....2 ↓ GO TO 19	☐ ☐☐	1 2	1 2 NEXT LINE ↵	1 2 3 4
19		☐☐	1 2	1 2	1 2	☐☐	1 2 3	19	19	19	☐☐	YES ....1 NO ....2 ↓ GO TO 19	☐ ☐☐	1 2	1 2 NEXT LINE ↵	1 2 3 4
20		☐☐	1 2	1 2	1 2	☐☐	1 2 3	20	20	20	☐☐	YES ....1 NO ....2 ↓ GO TO 19	☐ ☐☐	1 2	1 2 NEXT LINE ↵	1 2 3 4

TICK HERE IF CONTINUATION SHEET USED ☐

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ☐ → ENTER EACH IN TABLE NO ☐

2) 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 TABLE NO ☐

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ☐ → ENTER EACH IN TABLE NO ☐

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR
    DAUGHTER-IN-LAW
05 = GRANDCHILD
06=PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

** CODE FOR Q.8
MARITAL STATUS:

1 = CURRENTLY MARRIED
2 = FORMERLY MARRIED
(DIVORCED/WIDOWED/SEPARATED/DESERTED)
3 = NEVER MARRIED

***CODES FOR Q17
EDUCATION

LEVEL
SCHOOL
1 = PRIMARY
2 = SECONDARY
3 = COLLEGE AND HIGHER

GRADE:
00 = LESS THAN 1 YEAR
COMPLETED
98 = DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

21	What is the main source of water your household used for dishwashing?
	
	(PROBE IF TUBEWELL IS MENTIONED)
		PIPED WATER
		   PIPED INSIDE DWELLING..................11
		   PIPED OUTSIDE DWELLING 12
		WELL WATER
		   TUBEWELL 21
		   SHALLOW TUBEWELL 22
		   DEEP TUBEWELL 23
		   SURFACE WELL/OTHER WELL 24	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

		SURFACE WATER
		   POND/TANK/LAKE 31
		   RIVER/STREAM.................................32
		RAINWATER 41
		
		OTHER _____ 96
		           (SPECIFY)	

22	What is the main source of drinking water for members of your household?
	
	(PROBE IF TUBEWELL IS MENTIONED)
		PIPED WATER
		   PIPED INSIDE DWELLING..................11
		   PIPED OUTSIDE DWELLING 12
		WELL WATER
		   TUBEWELL 21
		   SHALLOW TUBEWELL 22
		   DEEP TUBEWELL 23
		   SURFACE WELL/OTHER WELL 24
		SURFACE WATER
		   POND/TANK/LAKE 31
		   RIVER/STREAM.................................32
		RAINWATER 41
		
		OTHER _____ 96
		           (SPECIFY)	

	WILL YOU PLEASE GIVE ME SOME DRINKING WATER. **INTERVIEWER: PLEASE PRESERVES THE DRINKING WATER FOR ARSENIC TEST.**		

23	What is the source of this drinking water?
	
	(PROBE IF TUBEWELL IS MENTIONED)
		PIPED WATER
		   PIPED INSIDE DWELLING..................11
		   PIPED OUTSIDE DWELLING 12
		WELL WATER
		   TUBEWELL 21
		   SHALLOW TUBEWELL 22
		   DEEP TUBEWELL 23
		   SURFACE WELL/OTHER WELL 24
		SURFACE WATER
		   POND/TANK/LAKE 31
		   RIVER/STREAM.................................32
		RAINWATER 41
		OTHER _____ 96
		           (SPECIFY)	

24	How long have you been using this source for drinking water?	YEARS .... ☐☐	
25	Have you heard of arsenic?	YES ....1 NO..2	
26	CHECK Q23: CIRCLED '21' OR '22' OR '23' YES: ☐	NO ☐	→ 29
27	Is the tube well marked red or green color from where you obtained this water for drinking?	RED...1 GREEN ....2 UNMARKED ....3 DK 8	→ 28B → 29
28A	Do you know the meaning of red color in the tube well?	ARSENIC IN THE WATER........................ A NOT SAFE TO DRINK............................... B OTHER_____X (SPECIFY) DK ....Z	→ 29

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
28B	Do you know the meaning of green color in the tube well?	NOT ARSENIC IN THE WATER .... A SAFE TO DRINK .... B OTHER_____X 　　　　　　　　(SPECIFY) DK ....Z	
29	What kind of toilet facility does your household have?	SEPTIC TANK/MODERN TOILET ....11 PIT TOILET/LATRINE 　WATER SEALED/SLAB LATRINE ......21 　PIT LATRINE ....22 　OPEN LATRINE ....23 　HANGING LATRINE..............................24 NO FACILITY/BUSH/FIELD ....31 OTHER _____ 96 　　　　　　　　(SPECIFY)	
31	Does your household (or any member of your household) have: 　Electricity? 　Almirah or wardrobe? 　A table? 　A chair or bench? 　A watch or clock? 　A cot or bed? 　A radio that is working? 　A television that is working? 　A bicycle? 　A Motorcycle? 　A Sewing machine? 　Telephone or mobile phone?	YES　NO ELECTRICITY............................... 1　　2 ALMIRAH .... 1　　2 TABLE... 1　　2 CHAIR/BENCH .... 1　　2 WATCH/CLOCK .... 1　　2 COT/BED .... 1　　2 RADIO... 1　　2 TELEVISION .... 1　　2 BICYCLE .... 1　　2 MOTORCYCLE............................. 1　　2 SEWING MACHINE .... 1　　2 TELEPHONE/MOBILE .... 1　　2	
32	MAIN MATERIAL OF THE ROOF. 　RECORD OBSERVATION.	NATURAL ROOF 　KATCHA (BAMBOO/THATCH)............11 RUDIMENTARY ROOF 　TIN ....21 FINISHED ROOF (PUKKA) 　CEMENT/CONCRETE/TILED..............31 OTHER _____ 96 　　　　　　　　(SPECIFY)	
33	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 _____ 96 　　　　　　　　(SPECIFY)	
34	MAIN MATERIAL OF THE FLOOR. 　RECORD OBSERVATION.	NATURAL FLOOR 　EARTH/BAMBOO (KATCHA) ....11 RUDIMENTARY FLOOR 　WOOD ....21 FINISHED FLOOR (PUKKA) 　CEMENT/CONCRETE ....31 OTHER _____ 96 　　　　　　　　(SPECIFY)	
35	Besides bathroom, how many rooms are there in your household?	ROOMS .... ☐☐	
36	How many rooms do you have for sleeping?	SLEEPING ROOMS .... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
38	What type of fuel does your household mainly use for cooking?	WOOD ....01 CROP RESIDUE/GRASS.........................02 DUNG CAKES ....03 COAL/COKE/LIGNITE..............................04 CHARCOAL..05 KEROSENE..06 ELECTRICITY...07 LIQUID GAS/GAS....................................08 BIO-GAS...09 OTHER _____ 96 (SPECIFY)	
39	What type of cooking stove is mainly used in your house?	KEROSINE STOVE ....1 GAS STOVE ....2 OPEN FIRE..3 OPEN FIRE OR STOVE WITH CHIMNEY OR HOOD ....4 CLOSED STOVE WITH CHIMNEY ....5 OTHER _____ 6 (SPECIFY)	

40	Where is cooking usually done?	IN A ROOM USED FOR LIVING
		  OR SLEEPING 1
		IN A SEPARATE ROOM IN SAME
		  BUILDING USED AS KITCHEN..............2
		IN A SEPARATE BUILDING USED
		  AS KITCHEN 3
		OUTDOORS 4
		OTHER _____ 6
		(SPECIFY)	

41	Does your household own any homestead? IF 'NO', PROBE: Does your household own homestead any other places?	YES ....1 NO...2	
42	Does your household own any land (other than the homestead land)?	YES ....1 NO...2	→ 44
43	How much land does your household own (other than the homestead land)? AMOUNT _____ SPECIFY UNIT_____	AMOUNT ACRES DECIMALS	
44	In terms of household food consumption, how do you classify your household: deficit in whole year; sometimes deficit; neither deficit nor surplus; surplus.	DEFICIT IN WHOLE YEAR........................1 SOMETIMES DEFICIT ....2 NEITHER DEFICIT NOT SURPLUS..........3 SURPLUS..4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
44A	USE ARSENIC TEST KIT TO TEST DRINKING WATER AND CIRCLED APPROPRIATE CODE.	0 ....01 10 ....02 10-25 ....03 25 ....04 25-50 ....05 50 ....06 50-100 ....07 100 ....08 100-250 ....09 250 ....10 250-500 ....11 500-1500 ....12 1500-4000 ....13 OTHERS _____ 96 (SPECIFY)	
44B	**IS THERE ANY SMELL OF ROTTEN EGG IN THE DRINKING WATER THAT WAS COLLECTED FOR TESTING?**	YES ....1 NO...2	

HEIGHT AND WEIGHT MEASUREMENT

CHECK COLUMNS (9) AND (11): RECORD THE LINE NUMBER, NAME AND AGE OF ALL EVER MARRIED WOMEN AGE 10-49 AND ALL CHILDREN UNDER 6 YEARS.

WOMEN 10-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 10-49			
LINE NO. FROM COL.(9)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)
☐☐		YEARS ☐☐		☐☐☐.☐	☐☐☐.☐		☐
☐☐		☐☐		☐☐☐.☐	☐☐☐.☐		☐
☐☐		☐☐		☐☐☐.☐	☐☐☐.☐		☐
☐☐		☐☐		☐☐☐.☐	☐☐☐.☐		☐

CHILDREN UNDER 6 YEARS [FROM FOL.(7)]				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN UNDER 6 YEARS			
LINE NO. FROM COL.(11)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
			DAY MONTH YEAR			LYING STAND.	
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0☐☐.☐	☐☐☐.☐	1 2	☐
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0☐☐.☐	☐☐☐.☐	1 2	☐
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0☐☐.☐	☐☐☐.☐	1 2	☐
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0☐☐.☐	☐☐☐.☐	1 2	☐
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0☐☐.☐	☐☐☐.☐	1 2	☐
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0☐☐.☐	☐☐☐.☐	1 2	☐

TICK HERE IF CONTINUATION SHEET USED ☐

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2004

WOMAN'S QUESTIONNAIRE

IDENTIFICATION	
DIVISION _____	
DISTRICT_____	
UPAZILA _____	
UNION/WARD _____	
VILLAGE/MOHALLA/BLOCK_____	
CLUSTER NUMBER...	
HOUSEHOLD NUMBER	
RURAL = 1, MUNICIPALITY = 2, OTHER URBAN = 3, SMA = 4	
NAME OF HOUSEHOLD HEAD _____	
NAME AND LINE NUMBER OF ELIGIBLE WOMAN _____	

INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	
				MONTH*	
				YEAR	
INTERVIEWER'S NAME	_____	_____	_____	CODE	
RESULT**				RESULT	
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS	
TIME	_____	_____			

**RESULT CODES:
1	COMPLETED	4	REFUSED	7	OTHER_____
2	NOT AT HOME	5	PARTLY COMPLETED		(SPECIFY)
3	POSTPONED	6	RESPONDENT INCAPACITATED		

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

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

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

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

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

Signature of interviewer: _____Date: _____

RESPONDENT AGREES TO BE INTERVIEWED....... 1   RESPONDENT DOES NOT AGREE TO BE
                                                  INTERVIEWED ....2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME STARTED.	HOUR .... ☐☐ MINUTES .... ☐☐	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	DHAKA/CHITTAGONG/ KHULNA/RAJSHAHI ....1 SMALL CITY ....2 TOWN ....3 VILLAGE 4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	NUMBER OF YEARS............... ☐☐ ALWAYS...95 VISITOR..96	→ 105
104	Just before you moved here, did you live in a city, a town, or in the countryside?	DHAKA/CHITTAGONG/ KHULNA/RAJSHAHI ....1 SMALL CITY ....2 TOWN ....3 VILLAGE 4	
105	In what month and year were you born?	MONTH.................................... ☐☐ DON'T KNOW MONTH ....98 YEAR .... ☐☐☐☐ DON'T KNOW YEAR 9998	
106	How old are you at your last birthday? COMPARE AND CORRECT 105 AND /OR 106 IF INCONSISTENT	AGE IN COMPLETED YEARS.. ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106A	Are you now married, separated, deserted, widowed, or divorced?	CURRENTLY MARRIED .... 1 SEPARATED .... 2 DESERTED... 3 DIVORCED .... 4 WIDOWED.. 5 NEVER MARRIED 6	→ END
106B	Do you have a marriage certificate/marriage registration?	YES... 1 NO... 2	
107	Have you ever attended school or madrasha?	YES, SCHOOL..1 YES, MADRASHA.................................2 YES, BOTH ....3 NO...4	→ 108B → 111
108A	What type of schooling (NAME) have you last attended?	SCHOOL ....1 MADRASHA..2	
108B	What level of schooling (NAME) have you last attended? What is the highest grade (NAME) completed at that schooling?	LEVEL.. ☐ GRADE .... ☐☐	
109	CHECK 108B: GRADE IS LESS THAN 6 ☐ ↓ GRADE IS 6 OR MORE THAN 6 ☐		→ 112
111	Can you read and write a letter in any language easily, with difficulty, or not at all?	EASILY .... 1 WITH DIFFICULTY................................... 2 NOT AT ALL 3	→ 113
112	Do you usually read a newspaper or magazine?	YES .... 1 NO 2	→ 113
112A	How often do you read newspaper or magazine: every day, at least once a week, or less than once a week?	EVERY DAY .... 1 AT LEAST ONCE A WEEK .... 2 LESS THAN ONCE A WEEK.................... 3	
113	Do you listen to the radio?	YES .... 1 NO 2	→ 114
113A	How often do you listen to the radio: every day, at least once a week, less than once a week?	EVERY DAY .... 1 AT LEAST ONCE A WEEK .... 2 LESS THAN ONCE A WEEK.................... 3	
114	Do you watch television?	YES .... 1 NO 2	→ 115
114A	How often do you watch television: every day, at least once a week, less than once a week?	EVERY DAY .... 1 AT LEAST ONCE A WEEK .... 2 LESS THAN ONCE A WEEK.................... 3	
115	What is your religion?	ISLAM... 1 HINDUISM.. 2 BUDDHISM... 3 CHRISTIANITY... 4 OTHER _____ 6 (SPECIFY)	
118	Do you belong to any of the following organizations? Grameen Bank? BRAC? BRDB? Mother's Club? Any other organization (such as micro credit)?	YES NO GRAMEEN BANK......................... 1 2 BRAC .... 1 2 BRDB .... 1 2 MOTHER'S CLUB........................ 1 2 OTHER _____ 1 2 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	CHECK Q. 5 IN THE HOUSEHOLD SECTION: THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT ☐	THE WOMAN INTERVIEWED IS A USUSAL RESIDENT ☐	▶ 201
120	Now I would like to ask about the place in which you usually live. Do you usually live in a city, in a town, or in a village? IF CITY: In which city do you live?	DHAKA/CHITTAGONG/ KHULNA/RAJSHAHI ....1 SMALL CITY ....2 TOWN...3 VILLAGE 4	▶ 122
121	In which division is that located?	RAJSHAHI ....1 DHAKA..2 CHITTAGONG ....3 KHULNA..4 BARISAL..5 SYLHET 6	

122	Now I would like to ask you some questions about your household where you usually live.
	What is the main source of water your household uses for dishwashing?
	
	(IF TUBEWELL, PROBE)
		PIPED WATER
		   PIPED INSIDE DWELLING 11
		   PIPED OUTSIDE DWELLING 12
		WELL WATER
		   TUBEWELL.......................................21
		   SHALLOW TUBEWELL 22
		   DEEP TUBEWELL 23
		   SURFACE WELL/OTHER WELL 24
		SURFACE WATER
		   POND/TANK/LAKE 31
		   RIVER/STREAM 32
		RAINWATER...41
		
		OTHER _____ 96
		          (SPECIFY)	

123	What is the main source of drinking water for members of your household?
	
	(IF TUBEWELL, PROBE)
		PIPED WATER
		   PIPED INSIDE DWELLING 11
		   PIPED OUTSIDE DWELLING 12
		WELL WATER
		   TUBEWELL.......................................21
		   SHALLOW TUBEWELL 22
		   DEEP TUBEWELL 23
		   SURFACE WELL/OTHER WELL 24
		SURFACE WATER
		   POND/TANK/LAKE 31
		   RIVER/STREAM 32
		RAINWATER...41
		
		OTHER _____ 96
		          (SPECIFY)	

124	What kind of toilet facility does your household have?	SEPTIC TANK/MODERN TOILET 11
		PIT TOILET/LATRINE
		   WATER SEALED/SLAB LATRINE.....21
		   PIT LATRINE 22
		   OPEN LATRINE................................23
		   HANGING LATRINE 24
		NO FACILITY/BUSH/FIELD..................31
		
		OTHER _____ 96
		          (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

126	Does your household (or any member of your household) have:
	    Electricity?
	    Almirah or wardrobe?
	    A table?
	    A chair or bench?
	    A watch or clock?
	    A cot or bed?
	    A radio that is working?
	    A television that is working?
	    A bicycle?
	    A Motorcycle?
	    A Sewing machine?
	    Telephone or mobile phone?
		YES NO
		ELECTRICITY 1 2
		ALMIRAH.................................... 1 2
		TABLE 1 2
		CHAIR/BENCH 1 2
		WATCH/CLOCK 1 2
		COT/BED.................................... 1 2
		RADIO 1 2
		TELEVISION............................... 1 2
		BICYCLE 1 2
		MOTORCYCLE........................... 1 2
		SEWING MACHINE.................... 1 2
		TELEPHONE/MOBILE................ 1 2	

127	What is the main material of the roof of your house?	NATURAL ROOF
		   KATCHA (BAMBOO/THATCH) 11
		RUDIMENTARY ROOF
		   TIN...................................... 21
		FINISHED ROOF (PUKKA)
		   CEMENT/CONCRETE/TILED............ 31
		
		OTHER _____ 96
		            (SPECIFY)	

128	What is the main material of the walls of your house?	NATURAL WALLS
		   JUTE/BAMBOO/MUD (KATCHA)....... 11
		RUDIMENTARY WALLS
		   WOOD................................ 21
		FINISHED WALLS
		   BRICK/CEMENT................................ 31
		   TIN...................................... 32
		OTHER _____ 96
		            (SPECIFY)	

129	What is the main material of the floor of your house?	NATURAL FLOOR
		   EARTH/BAMBOO (KATCHA) 11
		RUDIMENTARY FLOOR
		   WOOD................................ 21
		FINISHED FLOOR (PUKKA)
		   CEMENT/CONCRETE....................... 31
		OTHER _____ 96
		            (SPECIFY)	

130	Does your household own any homestead? IF 'NO', PROBE: Does your household own homestead any other places?	YES .... 1 NO 2	
130A	Does your household own any land (other than the homestead land)?	YES .... 1 NO .... 2 →	132
131	How much land does your household own (other than the homestead land)? AMOUNT _____ SPECIFY UNIT_____	AMOUNT ☐☐ ☐☐ ACRES DECIMALS	
132	In terms of household food consumption, how do you classify your household: deficit in whole year; sometimes deficit; neither deficit nor surplus; surplus.	DEFICIT IN WHOLE YEAR .... 1 SOMETIMES DEFICIT .... 2 NEITHER DEFICIT NOT SURPLUS .... 3 SURPLUS... 4	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES .... 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES .... 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME.......................... ☐☐ DAUGHTERS AT HOME .... ☐☐	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES .... 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE .... ☐☐ DAUGHTERS ELSEWHERE .... ☐☐	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES .... 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD .... ☐☐ GIRLS DEAD .... ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL .... ☐☐	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐↓ NO ☐→ PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208 ONE OR MORE BIRTHS ☐↓ NO BIRTHS ☐		→ 226

211. Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. IF NO NAME WAS GIVEN, RECORD 'NO NAME' IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212 What name was given to your (first /next) baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girls?	215 In what month and year was (NAME) born?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLE-TED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?	221A IF DEAD: RECORD LINE NUMBER OF CHILD AS IN Q212 IF CHILD WAS BORN SINCE JUNE 1998
01	SING.... 1 MULT... 2	BOY......1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐	YES......1 NO........2 ↓ 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ NEXT BIRTH	DAYS .... 1 ☐☐ MONTHS.. 2 YEARS..... 3		LINE NUMBER ☐☐ ↓ (NEXT BIRTH)
02	SING.... 1 MULT... 2	BOY......1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐	YES......1 NO........2 ↓ 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ 221	DAYS .... 1 ☐☐ MONTHS.. 2 YEARS..... 3	YES....1 NO......2	LINE NUMBER ☐☐ ↓ (NEXT BIRTH)
03	SING.... 1 MULT... 2	BOY......1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐	YES......1 NO........2 ↓ 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ 221	DAYS .... 1 ☐☐ MONTHS.. 2 YEARS..... 3	YES....1 NO......2	LINE NUMBER ☐☐ ↓ (NEXT BIRTH)
04	SING.... 1 MULT... 2	BOY......1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐	YES......1 NO........2 ↓ 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ 221	DAYS .... 1 ☐☐ MONTHS.. 2 YEARS..... 3	YES....1 NO......2	LINE NUMBER ☐☐ ↓ (NEXT BIRTH)
05	SING.... 1 MULT... 2	BOY......1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐	YES......1 NO........2 ↓ 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ 221	DAYS .... 1 ☐☐ MONTHS.. 2 YEARS..... 3	YES....1 NO......2	LINE NUMBER ☐☐ ↓ (NEXT BIRTH)
06	SING.... 1 MULT... 2	BOY......1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐	YES......1 NO........2 ↓ 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ 221	DAYS .... 1 ☐☐ MONTHS.. 2 YEARS..... 3	YES....1 NO......2	LINE NUMBER ☐☐ ↓ (NEXT BIRTH)

211.	Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212 . IF NO NAME WAS GIVEN, RECORD 'NO NAME' IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217	218	219	220	221	221A
What name was given to your (first /next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girls?	In what month and year was (NAME) born?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLE-TED YEARS.	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	IF DEAD: How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?	IF DEAD: RECORD LINE NUMBER OF CHILD AS IN Q212 IF CHILD WAS BORN SINCE JUNE 1998
07	SING.... 1 MULT... 2	BOY......1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐	YES......1 NO........2 → 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ → 221	DAYS .... 1 ☐☐ MONTHS.. 2 ☐☐ YEARS..... 3 ☐☐		LINE NUMBER ☐☐ → (NEXT BIRTH)
08	SING.... 1 MULT... 2	BOY......1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐	YES......1 NO........2 → 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ → 221	DAYS .... 1 ☐☐ MONTHS.. 2 ☐☐ YEARS..... 3 ☐☐	YES....1 NO......2	LINE NUMBER ☐☐ → (NEXT BIRTH)
09	SING.... 1 MULT... 2	BOY......1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐	YES......1 NO........2 → 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ → 221	DAYS .... 1 ☐☐ MONTHS.. 2 ☐☐ YEARS..... 3 ☐☐	YES....1 NO......2	LINE NUMBER ☐☐ → (NEXT BIRTH)
10	SING.... 1 MULT... 2	BOY......1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐	YES......1 NO........2 → 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ → 221	DAYS .... 1 ☐☐ MONTHS.. 2 ☐☐ YEARS..... 3 ☐☐	YES....1 NO......2	LINE NUMBER ☐☐ → (NEXT BIRTH)
11	SING.... 1 MULT... 2	BOY......1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐	YES......1 NO........2 → 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ → 221	DAYS .... 1 ☐☐ MONTHS.. 2 ☐☐ YEARS..... 3 ☐☐	YES....1 NO......2	LINE NUMBER ☐☐ → (NEXT BIRTH)
12	SING.... 1 MULT... 2	BOY......1 GIRL.....2	MONTH ☐☐ YEAR ☐☐☐	YES......1 NO........2 → 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ → 221	DAYS .... 1 ☐☐ MONTHS.. 2 ☐☐ YEARS..... 3 ☐☐	YES....1 NO......2	LINE NUMBER ☐☐ → (NEXT BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any pregnancy outcome since the birth of (NAME OF LAST BIRTH)?	YES ....1 NO 2	
223	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 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS		☐ ☐ ☐ ☐
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JUNE 1998. IF NONE, RECORD '0'.		☐
224A	CHECK 221A AND ENTER THE NUMBER OF BIRTH SINCE JUNE 1998 AND DEATHS OCCURED SINCE JUNE 1998 FOR VERBAL AUTOPSY. IF NONE, RECORD '0'.		☐
225	FOR EACH BIRTH SINCE JUNE 1998, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		
226	Are you pregnant now?	YES .... 1 NO.. 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS .... ☐☐	
228	At the time you became pregnant did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN... 1 LATER.. 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth or had a menstrual regulation?	YES .... 1 NO.. 2	→ 236
230	When did the last such pregnancy end?	MONTH .... ☐☐ YEAR................................... ☐☐☐☐	

231	CHECK 230:
	    LAST PREGNANCY LAST PREGNANCY ENDED
	    ENDED SINCE JUNE1998 ☐ BEFORE JUNE1998 ☐
	 ↓
			→ 235

231A	Was that a stillbirth, a miscarriage, a menstrual regulation, or an abortion?	STILLBIRTH... 1 MISCARRIAGE .... 2 MENSTRUAL REGULATION .... 3 ABORTION 4	
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS.. ☐☐	
233	Have you ever had any other pregnancies which did not result in a live birth?	YES..1 NO..2	→ 235

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JUNE 1998. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	IN THE BOXES AT THE BOTTOM OF THE CALENDAR, FILL IN THE MONTH AND YEAR OF TERMINATION OF THE LAST NON-LIVE BIRTH PREGNANCY PRIOR TO JUNE 1998.		
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO .... 1 ☐☐ WEEKS AGO .... 2 ☐☐ MONTHS AGO .... 3 ☐☐ YEARS AGO .... 4 ☐☐ IN MENOPAUSE/ HAS HAD HYSTERECTOMY.............994 BEFORE LAST BIRTH............................995 NEVER MENSTRUATED.........................996	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED IN 302. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.

301	Which ways or methods have you heard about?	SPONTANEOUS	302 Have you ever heard of (METHOD)? PROBED		303 Have you ever used (METHOD)?
		YES	YES	NO	
01	FEMALE STERILIZATION: Women can have an operation to avoid having any more children.	1	2	3 ⌐↓	Have you ever had an operation to avoid having any more children? YES .... 1 NO 2
02	MALE STERILIZATION (VASECTOMY): Men can have an operation to avoid having any more children.	1	2	3 ⌐↓	Has your husband ever had an operation to avoid having any more children? YES .... 1 NO 2
03	PILL: Women can take a pill every day	1	2	3 ⌐↓	YES .... 1 NO 2
04	IUD: Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	3 ⌐↓	YES .... 1 NO 2
05	INJECTIONS: Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	3 ⌐↓	YES .... 1 NO 2
06	IMPLANTS/NORPLANTS: Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2	3 ⌐↓	YES .... 1 NO 2
07	CONDOM: Men can put a rubber sheath on their penis before sexual intercourse.	1	2	3 ⌐↓	YES .... 1 NO 2
08	SAFE PERIOD (COUNTING DAYS, CALENDAR, RHYTHM METHOD: Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to get pregnant.	1	2	3 ⌐↓	YES .... 1 NO 2
09	WITHDRAWAL: Men can be careful and pull out before climax.	1	2	3 ⌐↓	YES .... 1 NO 2
10	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	2	3	YES .... 1 NO .... 2 YES .... 1 NO 2
			_____ (SPECIFY) _____ (SPECIFY)		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303A	CHECK 301: OTHER METHOD MR NOT MENTIONED ☐ MR MENTIONED ☐		►303D
303B	Have you ever heard of MR (Menstrual Regulation) (MR means when a woman's menstrual period does not come on time, she can go to a health centre or to the FWV/to another provider and have a tube put in her for a short while to regularize her periods.)	YES...1 NO...2	► 303D
303C	Have you ever used MR (Menstrual regulation)	YES...1 NO...2	
303D	CHECK 303: NOT A SINGLE 'YES' ☐ AT LEAST ONE 'YES' ☐ (NEVER USED) (EVER USED)		►306A
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES...1 NO...2	► 306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		► 328
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
306A	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. What was the first method that you ever used?	FEMALE STERILIZATION .... 01 MALE STERILIZATION.......................... 02 PILL... 03 IUD.. 04 INJECTIONS.. 05 IMPLANTS .... 06 CONDOM... 07 PERIODIC ABSTINENCE .... 08 WITHDRAWAL .... 09 OTHER METHOD_____10 (SPECIFY)	
307	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN............ ☐☐	
308	CHECK 303 (01): WOMAN NOT ☐ WOMAN ☐ STERILIZED STERILIZED		►311A
308A	CHECK 106A: CURRENTLY ☐ SEPARATED/ DESERTED ☐ MARRIED DIVORCED/ WIDOWED		► 319
309	CHECK 226: NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE		► 319
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES...1 NO...2	► 319
311	Which method are you using?	FEMALE STERILIZATION .... 01 MALE STERILIZATION........................... 02 PILL... 03 IUD.. 04 INJECTIONS.. 05 IMPLANTS .... 06 CONDOM... 07 PERIODIC ABSTINENCE .... 08 WITHDRAWAL .... 09 OTHER _____10 (SPECIFY)	► 313 ► 318 ► 312C ► 318
311A	CIRCLE '01' FOR FEMALE STERILIZATION.		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312A	May I see the package of pills that you are using now? RECORD NAME OF BRAND IF PACKAGE IS SEEN	PACKAGE SEEN .... 1 BRAND NAME .... ☐☐ PACKAGE NOT SEEN........................... 2	→ 318
312B	SHOW BRAND CHART FOR PILLS Please tell me which of these is the brand of pills that you are using.	BRAND NAME .... ☐☐ DOES NOT KNOW 98	→ 318
312C	May I see the package of condoms that you are using now? RECORD NAME OF BRAND IF PACKAGE IS SEEN	PACKAGE SEEN .... 1 BRAND NAME .... ☐☐ PACKAGE NOT SEEN........................... 2	→ 318
312D	SHOW BRAND CHART FOR CONDOMS Please tell me which of these is the brand of condoms that you are using.	BRAND NAME .... ☐☐ DOES NOT KNOW 98	→ 318

313	Where did the sterilization take place?
	
	(NAME OF PLACE)
		PUBLIC SECTOR
		  HOSPITAL/MEDICAL COLLEGE 11
		  FAMILY WELFARE CENTRE (FWC). 12
		  THANA HEALTH COMPLEX.............. 13
		  SATELLITE CLINIC/
		  EPI OUTREACH SITE 14
		  MATERNAL AND CHILD WELFARE
		  CENTER (MCWC) 15
		NGO SECTOR
		  NGO STATIC CLINIC......................... 21
		  NGO SATELLITE CLINIC 22
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC............. 31
		  QUALIFIED DOCTOR........................ 32
		OTHER _____ 96
		          (SPECIFY)
		DON'T KNOW 98	

314	CHECK 311:
	    CODE '1' ☐ CODE '2' ☐
	    CIRCLED CIRCLED
	    ↓ ↓
	Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? Before the sterilization operation, was your husband told that he would not be able to have any (more) children because of the operation?
		YES... 1
		NO.. 2
		CANNOT REMEMBER/DON'T KNOW.... 8	

315A	Do you regret that (you/your husband) had the operation not to have any more children?	YES... 1 NO.. 2	→ 316

315B	Why do you regret it?	RESPONDENT WANTS
		    ANOTHER CHILD 1
		PARTNER WANTS ANOTHER CHILD ... 2
		SIDE EFFECTS 3
		CHILD DIED... 4
		
		OTHER REASON _____ 6
		        (SPEC IFY)	

316	In what month and year was the sterilization operation performed?	MONTH .... ☐☐ YEAR .... ☐☐☐☐	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	**CHECK 311: IN CURRENT MONTH IN COLUMN 1 OF CALENDAR, ENTER CALENDAR METHOD CODE SHOWN TO THE LEFT OF THE CALENDAR FOR THE HIGHEST METHOD CIRCLED IN 311. THEN DETERMINE WHEN SHE STARTED USING METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE. IF CURRENT METHOD STARTED IN JUNE 1998 OR LATER, ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN THE SAME MONTH THAT USE OF CURRENT METHOD BEGAN.** **ILLUSTRATIVE QUESTIONS:** ■ When did you start using this method continuously? ■ How long have you been using this method continuously? ■ When you started using this method, where did you obtain it?		
319	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. **USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JUNE 1998.** **USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.** **IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.** **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? **IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.** **ILLUSTRATIVE QUESTIONS:** **COLUMN 2:** ■ Where did you obtain the method when you started using it? ■ Where did you get advice on how to use the method [for rhythm or withdrawal]? IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1. **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 3:** ■ Why did you stop using the (METHOD)? ■ Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? **IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:** ■ How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		
320	CHECK 311/311A: CIRCLE METHOD CODE:	NO CODE CIRCLED .... 00 FEMALE STERILIZATION .... 01 MALE STERILIZATION .... 02 PILL.. 03 IUD... 04 INJECTIONS .... 05 IMPLANTS .... 06 CONDOM.. 07 PERIODIC ABSTINENCE .... 08 WITHDRAWAL .... 09 OTHER METHOD 10	→ 328 → 325A → 325A
321	CHECK COLUMN 1 OF CALENDAR FOR MONTH STARTED USING CURRENT METHOD: STARTED USING SINCE [ ] STARTED USING [ ] JUNE 1998 ↓ BEFORE JUNE 1998		→ 326
322	You first obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?	YES... 1 NO... 2 DON'T KNOW 8	 → 325 → 325

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	Were you told what to do if you experienced side effects or problems?	YES...1 NO..2	
325	CHECK 320: ANY CODE '01' TO '06' CIRCLED At that time, were you told about other methods of family planning which you could use?	YES...1 NO..2	
325A	You had told me that you are currently using family planning. Would you say that using family planning is mainly your decision, mainly your husband's decision or did you both decide together?	MAINLY RESPONDENT ....1 MAINLY HUSBAND.................................2 JOINT DECISION...................................3 OTHER _____6 (SPECIFY)	
326	CHECK 311/311A: CIRCLE METHOD CODE:	FEMALE STERILIZATION ....01 → 327C MALE STERILIZATION ....02 → 330 PILL...03 IUD..04 INJECTIONS.......................................05 IMPLANTS ....06 CONDOM...07 PERIODIC ABSTINENCE ....08 WITHDRAWAL ....09 → 328 OTHER METHOD _____10 (SPECIFY)	

327	Where did you obtain (CURRENT METHOD) the last time?
	
	(NAME OF PLACE)
		PUBLIC SECTOR
		  HOSPITAL/MEDICAL COLLEGE 11
		  FAMILY WELFARE CENTRE 12
		  UPAZILA HEALTH COMPLEX 13
		  SATELLITE CLINIC/
		    EPI OUTREACH SITE 14
		  MATERNAL CHILD WELFARE
		    CENTER (MCWC) 15
		  GOVT. FIELD WORKER (FWA) 16
		  COMMUNITY CLINIC......................... 17
		NGO SECTOR
		  NGO STATIC CLINIC......................... 21
		  NGO SATELLITE CLINIC 22
		  NGO DEPOT HOLDER...................... 23
		  NGO FIELDWORKER........................ 24
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC............. 31
		  QUALIFIED DOCTOR........................ 32
		  TRADITIONAL DOCTOR 33
		  PHARMACY.................................... 34
		OTHER PRIVATE SECTOR
		  SHOP 41
		  FRIEND/RELATIVES 42
		
		OTHER _____96
		(SPECIFY)
		DON'T KNOW 98	

327A	CHECK 311/311A:
	  USING PILL OR CONDOMS USING ANOTHER
	                             METHOD
			→ 327C

327B	Who obtained the (pills/condoms) the last time you got them?	RESPONDENT ....1 HUSBAND...2 SON/DAUGHTER ....3 OTHER RELATIVE ....4 OTHER_____6 (SPECIFY)	
327C	Are you having any problems in using (CURRENT METHOD)?	YES...1 NO..2 → 330	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327D	What problems are you having with using (CURRENT METHOD)?	WEIGHT GAIN..A WEIGHT LOSS ....B TOO MUCH BLEEDING ....C HYPERTENSION ....D HEADACHE ....E NAUSEA ....F NO MENSTRUATION .... G WEAK/TIRED..H DIZZINESS .... I HUSBAND DISAPPROVES .... J OTHER RELATIVE DISAPPROVES ....K RELIGION DISAPPROVES.....................L ACCESS/AVAILABILITY .... M COSTS TOO MUCH...............................N INCONVENIENT TO USE .... O STERILIZED, WANTS CHILDREN..........P ABDOMINAL PAIN .... Q OTHER_____X (SPECIFY) DOES NOT KNOW ....Z	▶ **330**
328	Do you know of a place where you can obtain a method of family planning?	YES.. 1 NO.. 2	▶ 330

329	Where is that?
	
	(NAME OF PLACE)
	
	IF WOMAN SAYS MORE THAN ONE PLACE, ASK FOR THE PLACE SHE WOULD MOST LIKELY USE.
		PUBLIC SECTOR
		    HOSPITAL/MEDICAL COLLEGE 11
		    FAMILY WELFARE CENTRE............ 12
		    UPZILA HEALTH COMPLEX............. 13
		    SATELLITE CLINIC/
		    EPI OUTREACH SITE....................... 14
		    MATERNAL CHILD WELFARE
		    CENTER (MCWC)............................ 15
		    GOVT. FIELD WORKER (FWA)........ 16
		    COMMUNITY CLINIC....................... 17
		
		NGO SECTOR
		    NGO STATIC CLINIC........................ 21
		    NGO SATELLITE CLINIC.................. 22
		    NGO DEPOT HOLDER 23
		    NGO FIELDWORKER 24
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/CLINIC............ 31
		    QUALIFIED DOCTOR 32
		    TRADITIONAL DOCTOR 33
		    PHARMACY 34
		
		OTHER PRIVATE SECTOR
		    SHOP 41
		    FRIEND/RELATIVES 42
		
		OTHER _____96
		(SPECIFY)
		DON'T KNOW 98	

330	CHECK 327 AND 329: SATELLITE/EPI OUTREACH ☐ SATELLITE /EPI OUTREACH ☐ NOT MENTIONED MENTIONED ▼		▶ 332
331	In some places, there is a clinic set up for a day or part of a day in someone's house or in a school. During the past 3 months, was there any such clinic in this village or mohalla?	YES.. 1 NO.. 2 DOES NOT KNOW 8	▶334A
332	Did you visit such a temporary health clinic in the last 3 months?	YES.. 1 NO.. 2	▶334A

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
333	What services did you receive? CIRCLED ALL MENTIONED	FAMILY PLANNING METHODS.............. A IMMUNIZATION .... B CHILD GROWTH MONITORING .... C T.T. FOR PREGNANT WOMEN.............. D ANTENATAL CARE .... E TT VACCINE FOR WOMEN AGE BETWEEN 15-45 YEARS................F VITAMIN 'A' FOR CHILDREN .... G OTHER _____ X (SPECIFY) DOES NOT KNOW ....Z	
334A	During the last six months has anyone visited you in your house to talk to you about family planning or to give you any family planning method? IF YES, Who came? _____ NAME Anyone else? _____ NAME WRITE THE NAME OF THE FIELD WORKER.	GOVT. FP WORKER .... A GOVT. HEALTH WORKER .... B NGO WORKER....................................... C NO ONE.. Y →	335A
334B	How many times did a worker /workers visit you for the family planning in the last six months?	TIMES ....☐☐ DOES NOT KNOW 98	
334C	When was the last visit? IF MORE THAN ONE WORKER VISITED: When did the last worker visit you? IF LESS THAN ONE MONTH AGO, WRITE '0'.	MONTHS AGO....................................☐ DOES NOT KNOW 8	
335A	During the last six months has anyone visited you in your house to talk to you about your health or your child health or to give you any medicine such as vitamin A, ORS? IF YES, Who came? _____ NAME Anyone else? _____ NAME WRITE THE NAME OF THE FIELD WORKER.	GOVT. FP WORKER .... A GOVT. HEALTH WORKER .... B NGO WORKER....................................... C NO ONE.. Y →	336
335B	How many times did a worker visit you for the health services in the last six months?	TIMES ....☐☐ DOES NOT KNOW 98	
335C	When was the last visit? IF MORE THAN ONE WORKER VISITED (SEE 335A): When did the last worker visit you? IF LESS THAN ONE MONTH AGO, WRITE '0'.	MONTHS AGO....................................☐ DOES NOT KNOW 8	
336	CHECK 334A AND 335A: BOTH FP AND HEALTH WORKER ☐ OTHER RESPONSE ☐ i.e., 'Y's ARE NOTCIRCLED ↓		→ 401
337	Is he/she is the same person who talked to you about family planning or gave you family planning method and talked to you about health or provided health services?	SAME...1 DIFFERENT ....2 DOES NOT KNOW 8	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	ASK QUESTIONS SEPARATELY FOR PREGNANCY, DELIVERY AND AFTER DELIVERY BUT RECORD RESPONSES IN SAME CODING CATEGORY. What are the problems at the time of pregnancy that may cause death to the mother? Any other? What are the problems at the time of delivery that may cause death to the mother? Any other? What are the problems after the delivery that may cause death to the mother? Any other?	SEVERE HEADACHE ....A BLURRY VISION ....B HIGH BLOOD PRESSURE......................C PRE-ECLAMSIA ....D CONVULSION/ECLAMSIA ....E EXCESSIVE VAGINAL BLEEDING..........F FOUL-SMELLING DISCHARGE WITH HIGH FEVER ....G JAUNDICE ....H TETANUS..I BABY'S HAND OR FEET COME/ BABY IN BAD POSITION ....J PROLONG LABOR...................................K OBSTRUCTED LABOR ....L RETAINED PLACENTA........................... M TORNED UTEROUS ....N OTHER _____X (SPECIFY) DON'T KNOW ....Y	
402A	CHECK 215: ONE OR MORE BIRTHS SINCE JUNE 1998 ☐ NO BIRTHS SINCE JUNE 1998 ☐		→ 501
402B	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JUNE 1998. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about one child at a time.)		
403	LINE NUMBER FROM 212	**LAST BIRTH** LINE NUMBER_____	**NEXT-TO-LAST BIRTH** LINE NUMBER_____
404	FROM 212 AND 216	NAME_____ ALIVE ☐ DEAD ☐	NAME_____ ALIVE ☐ DEAD ☐
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, did you want not want to have any (more) children at all?	THEN ....1 (SKIP TO 407) ← LATER ....2 NO/NO MORE.........................3 (SKIP TO 407) ←	THEN ....1 (SKIP TO 417) ← LATER ....2 NO/NO MORE.........................3 (SKIP TO 417) ←
406	How much longer would you like to have waited?	MONTHS..............................1 ☐☐ YEARS..................................2 ☐☐ DON'T KNOW 998	MONTHS..............................1 ☐☐ YEARS..................................2 ☐☐ DON'T KNOW 998

407	When you were pregnant with (NAME), Did you see anyone for a medical checkup i.e., antenatal care for this pregnancy?
	
	 IF YES: Whom did you see? Anyone else?
	
	 PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.
		HEALTH PROFESSIONAL
		    QUALIFIED DOCTOR ....A
		    NURSE/MIDWIFE/PARAMEDIC ..... B
		    FAMILY WELFARE VISITOR..........C
		    MA/SACMO...................................D
		    HEALTH ASSISTANT (HA) ....E
		    FAMILY WELFARE ASST (FWA) ...F
		
		 OTHER PERSON
		    TRAINED TRADITIONAL BIRTH
		    ATTENDANT (TTBA) ....G
		    UNTRAINED TBA ....H
		    UNQUALIFIED DOCTOR I
		 OTHER _____X
		 (SPECIFY)
		 (SKIP TO 407B) ←
		 NO ONE .... Y	

		LAST BIRTH LINE NUMBER_____	NEXT-TO-LAST BIRTH LINE NUMBER_____

407A	Why did you not see anyone?
	
	Any other reason?
	
	RECORD ALL MENTIONED.
		TOO FAR .... A
		INCONVENIENT SERVICE HOUR ...... B
		UNPLEASANT STAFF BEHAVIOUR ... C
		LACK OF PROVIDER EXPERTISE .... D
		LACK OF PRIVACY .... E
		INADEQUATE DRUG SUPPLY.............F
		LONG WAITING TIME ....G
		SERVICE TOO EXPENSIVE................ H
		RELIGIOUS REASONS I
		NOT BENEFICIAL/NEEDED ....J
		DID NOT KNOW OF NEED FOR
		  SERVICE .... K
		WAS UNABLE /NOT PERMITTED
		  TO GO OUT OF THE HOUSE............L
		DID NOT KNOW OF EXISTENCE ....M
		
		OTHER _____ X
		(SPECIFY)
		(SKIP TO 412A)	

407B	When you were pregnant with (NAME), the first time you go for antenatal care because just to check everything was fine or you had a problem?	BECAUSE OF PROBLEM..................... 1 TO CHECK ONLY 2	
408	How many months pregnant were you when you first received medical checkup i.e., antenatal care for this pregnancy?	MONTHS................................. ☐☐ DON'T KNOW 98	
409	How many times did you receive medical checkup during this pregnancy?	NO. OF TIMES........................ ☐☐ DON'T KNOW 98	
410	CHECK 409: NUMBER OF TIMES RECEIVED MEDICAL CHECKUP (ANTENATAL CARE)	ONCE ☐ MORE THAN ☐ ONCE OR DK (SKIP TO 412A)	
411	How many months pregnant were you the last time your received medical checkup i.e., antenatal care?	MONTHS................................. ☐☐ DON'T KNOW 98	
412A	During this pregnancy, were you weighed at least once?	YES..1 NO...2 DON'T KNOW 8	
412B	During this pregnancy, was your height measured?	YES..1 NO...2 DON'T KNOW 8	
412C	During this pregnancy, did anyone take your blood pressure (put a cuff on your arm and pump air into it)?	YES..1 NO...2 DON'T KNOW 8	
412D	When you were pregnant with (NAME), did anyone take your urine for testing?	YES..1 NO...2 DON'T KNOW 8	
412E	When you were pregnant with (NAME), did anyone take your blood for testing?	YES..1 NO...2 DON'T KNOW 8	
412F	When you were pregnant with (NAME), did anyone check/exam your eye for anemia?	YES..1 NO...2 DON'T KNOW 8	
412G	When you were pregnant with (NAME), did you have an ultrasonography test?	YES..1 NO...2 DON'T KNOW 8	

		LAST BIRTH	NEXT-TO-LAST BIRTH
		LINE NUMBER_____	LINE NUMBER_____
413	When you were pregnant with (NAME) were you told about the signs of pregnancy complications?	YES ....1 NO..2 (SKIP TO 415) ◄ DON'T KNOW 8	
414	Were you told where to go if you had these complications?	YES...1 NO..2 DON'T KNOW 8	
415	During this pregnancy, were you given a TT Injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES...1 NO..2 (SKIP TO 416) ◄ DON'T KNOW 8	
415A	During this pregnancy, how many times did you get this injection?	TIMES ....☐ DON'T KNOW 8	
416	Did you take any iron tablet or iron syrup during this pregnancy? SHOW TABLET/SYRUP.	YES ....1 NO..2 DON'T KNOW 8	

417	Around the time of the birth (NAME), did you have any of the following problems:
	
	Long labor, that is, did your regular contractions last more than 12 hours?
	
	Excessive bleeding that was so much that you feared it was life threatening?
	
	A high fever with bad smelling vaginal discharge?
	
	Convulsions?
	
	Baby's hands and feet came first during delivery?
		YES NO DK
		LONG LABOR 1 2 8
		
		EXCESSIVE
		  BLEEDING 1 2 8
		
		HIGH FEVER 1 2 8
		
		CONVULSIONS 1 2 8
		
		HANDS AND FEET 1 2 8
			YES NO DK
			LONG LABOR 1 2 8
			
			EXCESSIVE
			  BLEEDING 1 2 8
			
			HIGH FEVER 1 2 8
			
			CONVULSIONS 1 2 8
			
			HANDS AND FEET 1 2 8

418	CHECK 417:	AT LEAST ☐ NOT A SINGLE ☐
		ONE 'YES' 'YES'
		     ▼ ▼
		             (SKIP TO 420)
			AT LEAST ☐ NOT A SINGLE ☐
			ONE 'YES' 'YES'
			     ▼ ▼
			             (SKIP TO 425)

419	Did you see seek any assistance for this complication?
	
	IF YES, Whom did you see?
	       Anyone else?
	
	PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.
		HEALTH PROFESSIONAL
		  QUALIFIED DOCTOR ....A
		  NURSE/MIDWIFE/PARAMEDIC .....B
		  FAMILY WELFARE VISITOR..........C
		  MA/SACMO...................................D
		  HEALTH ASSISTANT ....E
		  FAMILY WELFARE ASST (FWA) ...F
		OTHER PERSON
		  TRAINED TRADITIONAL BIRTH
		  ATTENDANT (TTBA) ....G
		  UNTRAINED TBA (DAI) ....H
		  UNQUALIFIED DOCTOR I
		  RELATIVES...................................J
		  NEIGHBOURS/FRIENDS...............K
		
		OTHER _____ X
		      (SPECIFY)
		NO ONE .... Z
			HEALTH PROFESSIONAL
			  QUALIFIED DOCTOR ....A
			  NURSE/MIDWIFE/PARAMEDIC .....B
			  FAMILY WELFARE VISITOR..........C
			  MA/SACMO...................................D
			  HEALTH ASSISTANT ....E
			  FAMILY WELFARE ASST (FWA) ...F
			OTHER PERSON
			  TRAINED TRADITIONAL BIRTH
			  ATTENDANT (TTBA) ....G
			  UNTRAINED TBA (DAI) ....H
			  UNQUALIFIED DOCTOR I
			  RELATIVES...................................J
			  NEIGHBOURS/FRIENDS...............K
			
			OTHER_____ X
			      (SPECIFY)
			NO ONE .... Z

420	During this pregnancy, did you suffer from night blindness (*ratkana*)?	YES...1 NO..2 DON'T KNOW 8	

		LAST BIRTH LINE NUMBER_____	NEXT-TO-LAST BIRTH LINE NUMBER_____
421	During this pregnancy, did you have difficulty with your vision during the daylight?	YES..1 NO..2 DON'T KNOW 8	

425	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.
		HEALTH PROFESSIONAL
		   QUALIFIED DOCTOR .... A
		   NURSE/MIDWIFE/PARAMEDIC ..... B
		   FAMILY WELFARE VISITOR.......... C
		   MA/SACMO.................................... D
		   HEALTH ASSISTANT .... E
		   FAMILY WELFARE ASST (FWA) ... F
		OTHER PERSON
		   TRAINED TRADITIONAL BIRTH
		   ATTENDANT (TTBA) ....G
		   UNTRAINED TBA (DAI) .... H
		   UNQUALIFIED DOCTOR I
		   RELATIVES ....J
		   NEIGHBOURS/FRIENDS.............. K
		
		OTHER _____ X
		         (SPECIFY)
		NO ONE .... Z
			HEALTH PROFESSIONAL
			   QUALIFIED DOCTOR .... A
			   NURSE/MIDWIFE/PARAMEDIC ..... B
			   FAMILY WELFARE VISITOR.......... C
			   MA/SACMO.................................... D
			   HEALTH ASSISTANT .... E
			   FAMILY WELFARE ASST (FWA) ... F
			OTHER PERSON
			   TRAINED TRADITIONAL BIRTH
			   ATTENDANT (TTBA) ....G
			   UNTRAINED TBA (DAI) .... H
			   UNQUALIFIED DOCTOR I
			   RELATIVES ....J
			   NEIGHBOURS/FRIENDS.............. K
			
			OTHER_____ X
			         (SPECIFY)
			NO ONE .... Z

426	Where did you give birth to (NAME)?	HOME
		   OWN HOME ....11⌐
		   OTHER HOME ....12⌐
		        (SKIP TO 428) ◄
		PUBLIC SECTOR
		   GOVT. HOSPITAL 21
		   UPAZILA HEALTH COMPLEX 22
		   MATERNAL AND CHILD
		     WELFARE CENTER (MCWC) 23
		NGO SECTOR
		  NGO STATIC CLINIC.......................31
		
		PRIVATE SECTOR
		   PVT. HOSPITAL/CLINIC...............41
		
		OTHER _____ 96⌐
		        (SPECIFY)
		    (SKIP TO 428) ◄
			HOME
			   OWN HOME ....11⌐
			   OTHER HOME ....12⌐
			        (SKIP TO 434) ◄
			PUBLIC SECTOR
			   GOVT. HOSPITAL 21
			   THANA HEALTH COMPLEX..........22
			   MATERNAL AND CHILD
			     WELFARE CENTER (MCWC) 23
			NGO SECTOR
			  NGO STATIC CLINIC.......................31
			
			PRIVATE SECTOR
			   PVT. HOSPITAL/CLINIC...............41
			
			OTHER _____ 96⌐
			        (SPECIFY)
			    (SKIP TO 434) ◄

427	Was (NAME) delivered by caesarian section?	YES..1⌐
		    (SKIP TO 432) ◄
		NO..2
			YES..1⌐
			    (SKIP TO 434) ◄
			NO..2

428	After (NAME) was born, did any medical persons check on your health?	YES..1 NO..2⌐ (SKIP TO 432) ◄	
429	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY	DAYS AFTER DEL.................1 ☐☐ WEEKS AFTER DEL ....2 ☐☐ DON'T KNOW 998	

		LAST BIRTH	NEXT-TO-LAST BIRTH
		LINE NUMBER_____	LINE NUMBER_____

430	Who checked on your health at that time?
	
	PROBE FOR THE MOST QUALIFIED PERSON.
		HEALTH PROFESSIONAL
		    QUALIFIED DOCTOR.....................A
		    NURSE/MIDWIFE/PARAMEDIC.....B
		    FAMILY WELFARE VISITOR..........C
		    MA/SACMO...................................D
		    HEALTH ASSISTANT ....E
		    FAMILY WELFARE ASST (FWA) ... F
		OTHER PERSON
		   TRAINED TRADITIONAL BIRTH
		   ATTENDANT (TTBA) ....G
		   UNTRAINED TBA (DAI) ....H
		   UNQUALIFIED DOCTOR I
		
		OTHER _____ X
		           (SPECIFY)
		NO ONE .... Z	

431	Where did this first check take place?	HOME
		    OWN HOME 01
		    OTHER HOME 02
		PUBLIC SECTOR
		   HOSPITAL/MEDICAL COLLEGE.....11
		   FAMILY WELFARE CENTRE 12
		   THANA HEALTH COMPLEX............13
		   SATELLITE CLINIC/
		      EPI OUTREACH SITE 14
		   MATERNAL AND CHILD WELFARE
		      CENTER (MCWC) 15
		   COMMUNITY CLINIC 16
		NGO SECTOR
		   NGO STATIC CLINIC.......................21
		   NGO SATELLITE CLINIC 22
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL /CLINIC 31
		   QUALIFIED DOCTOR.....................32
		   TRADITIONAL DOCTOR 33
		   PHARMACY...................................34
		
		OTHER_____ 96
		          (SPECIFY)	

432	In the first two months after delivery, did you take a Vitamin A capsule like this? SHOW CAPSULE	YES..1 NO..2	
432A	After (NAME) was born did any medical persons check on your baby's health?	YES..1 NO..2 (SKIP TO 433) ←	
432B	How many days or weeks after the delivery did the first check takes place? RECORD '00' DAYS IF SAME DAY	DAYS AFTER DELIVERY ......1 ☐☐ WEEKS AFTER DELIVERY...2 ☐☐ DON'T KNOW 998	

432C	Who checked on your baby's health at that time?	HEALTH PROFESSIONAL
		    QUALIFIED DOCTOR.....................A
		    NURSE/MIDWIFE/PARAMEDIC.....B
		    FAMILY WELFARE VISITOR..........C
		    MA/SACMO...................................D
		    HEALTH ASSISTANT ....E
		    FAMILY WELFARE ASST (FWA) ... F
		OTHER PERSON
		   TRAINED TRADITIONAL BIRTH
		   ATTENDANT (TTBA) ....G
		   UNTRAINED TBA (DAI) ....H
		   UNQUALIFIED DOCTOR................I
		
		OTHER _____ X
		           (SPECIFY)	

		LAST BIRTH LINE NUMBER_____	NEXT-TO-LAST BIRTH LINE NUMBER_____

432D	Where did this first check take place?	HOME
		  OWN HOME 01
		  OTHER HOME 02
		PUBLIC SECTOR
		  HOSPITAL/MEDICAL COLLEGE 11
		  FAMILY WELFARE CENTRE 12
		  UPAZILA HEALTH COMPLEX 13
		  SATELLITE CLINIC/
		    EPI OUTREACH SITE 14
		  MATERNAL AND CHILD WELFARE
		    CENTER (MCWC) 15
		  COMMUNITY CLINIC 16
		NGO SECTOR
		  NGO STATIC CLINIC....................... 21
		  NGO SATELLITE CLINIC 22
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL /CLINIC 31
		  QUALIFIED DOCTOR...................... 32
		  TRADITIONAL DOCTOR 33
		  PHARMACY................................... 34
		
		OTHER_____ 96
		            (SPECIFY)	

433	Has your period returned since the birth of (NAME)?	YES...1
		            (SKIP to 435)
		NO...2
		            (SKIP TO 436)	

434	Did your period return between the birth of (NAME) and your next pregnancy?		YES...1 NO..2 (SKIP TO 438)
435	For how many months after the birth of (NAME) did you not have your period?	MONTHS................................. ☐☐ DON'T KNOW 98	MONTHS................................. ☐☐ DON'T KNOW 98
436	CHECK 226: RESPONDENT PREGNANT?	NOT ☐ PREGNANT ☐ PREG- NANT OR UNSURE ↓ ↓ (SKIP TO 438)	
437	Have you resumed sexual relations since the birth of (NAME)?	YES...1 NO...2 (SKIP TO 439)	
438	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS................................. ☐☐ DON'T KNOW 98	MONTHS................................. ☐☐ DON'T KNOW 98

439	Did you ever breastfeed (NAME)?	YES...1
		NO...2
		            (SKIP TO 444)
			YES...1
			NO..2
			            (SKIP TO 444)

440	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD "00" HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY..................................000 HOURS ....1 ☐☐ DAYS ....2 ☐☐	IMMEDIATELY..................................000 HOURS ....1 ☐☐ DAYS ....2 ☐☐
440A	Was (NAME) given colostrum immediately after his/her birth?	YES...1 NO...2	YES...1 NO..2

441	CHECK 404:
	
	CHILD ALIVE?
		ALIVE ☐ DEAD ☐
		  ↓ ↓
		            (SKIP TO 443)
			ALIVE ☐ DEAD ☐
			  ↓ ↓
			            (SKIP TO 443)

		LAST BIRTH	NEXT-TO-LAST BIRTH
		LINE NUMBER_____	LINE NUMBER_____

		LAST BIRTH	NEXT-TO-LAST BIRTH
442	Are you still breastfeeding (NAME)?	YES...1 (SKIP TO 447) NO..2	YES...1 (SKIP TO 447) NO..2
443	For how many months did you breastfeed (NAME)?	MONTHS................................. ☐☐ DON'T KNOW 98	MONTHS................................. ☐☐ DON'T KNOW 98
444	CHECK 404:	ALIVE ☐ DEAD ☐ (SKIP TO 447) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 451)	ALIVE ☐ DEAD ☐ (SKIP TO 447) (GO BACK TO 405 AND USE LAST COLUMN OF ADDITIONAL SHEET, IF NO MORE BIRTHS, GO TO 451)
447	Did (NAME) drink anything from a bottle with a nipple last 24 hours?	YES...1 NO..2 DON'T KNOW 8	YES...1 NO..2 DON'T KNOW 8
447A	Do you give (NAME) anything else to eat solid/semi-solid beside breakstmilk?	YES...1 NO..2 (GO TO 449)	YES...1 NO..2 (GO TO 449)
448	How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids in last 24 hours? IF 7 OR MORE TIMES, RECORD '7'	NUMBER OF LAST 24 HOURS .... ☐	NUMBER OF LAST 24 HOURS .... ☐

449

At any time in 7 days was (NAME) given any of the following:

At any time yesterday (last 24 hours) was (NAME) given any of the following:

		ANY TIME IN 7 DAYS		YESTER DAY			ANY TIME IN 7 DAYS		YESTER DAY	
		YES	NO	YES	NO		YES	NO	YES	NO
Plain water?	PLAIN WATER	1	2	1	2	PLAIN WATER	1	2	1	2
Sugar water/ honey/juice?	SUGAR WATER	1	2	1	2	SUGAR WATER	1	2	1	2
Baby or infant formula?	BABY FORMULA	1	2	1	2	BABY FORMULA	1	2	1	2
Cow's or goat's milk?	COW'S/GOAT MILK	1	2	1	2	COW'S/GOAT MILK	1	2	1	2
Other liquids?	OTHER LIQUIDS	1	2	1	2	OTHER LIQUIDS	1	2	1	2
Banana/papaya/mango?	BANANA/PAPAYA	1	2	1	2	BANANA/PAPAYA	1	2	1	2
Green leafy vegetables?	GREEN VEGETABLE	1	2	1	2	GREEN VEGETABLE	1	2	1	2
Rice, wheat, porridge?	RICE, WHEAT	1	2	1	2	RICE, WHEAT	1	2	1	2
Meat/fish/eggs?	MEAT/FISH	1	2	1	2	MEAT/FISH	1	2	1	2
Dal?	DAL	1	2	1	2	DAL	1	2	1	2
Other _____? (SPECIFY)	OTHER	1	2	1	2	OTHER	1	2	1	2

450		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451.	GO BACK TO 405 AND USE LAST COLUMN OF ADDITIONAL SHEET, IF NO MORE BIRTHS, GO TO 451

SECTION 4B. IMMUNIZATION AND HEALTH

451	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JUNE 1998 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL FORM).		

452	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER _____ ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER _____ ☐☐
453	FROM 212 AND 216	NAME _____ ALIVE ☐ DEAD ☐ (GO TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	NAME _____ ALIVE ☐ DEAD ☐ (GO TO 453 AND USE LAST COLUMN OF ADDITIONAL SHEET; OR, IF NO MORE BIRTHS, GO TO 501)
454	Did (NAME) receive a Vitamin A dose like this during the last 6 months? SHOW CAPSULE	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8

455	Do you have a card where (NAME'S) vaccinations are written down?
	
	IF YES, May I see it please?
		YES, SEEN 1
		    (SKIP TO 457) ←
		YES, NOT SEEN 2
		    (SKIP TO 459) ←
		NO CARD 3
			YES, SEEN 1
			    (SKIP TO 457) ←
			YES, NOT SEEN 2
			    (SKIP TO 459) ←
			NO CARD 3

456	Did you ever have a vaccination card for (NAME)?	YES 1
		    (SKIP TO 459) ←
		NO 2
			YES 1
			    (SKIP TO 459) ←
			NO 2

457	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE "44" IN "DAY" COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED BCG POLIO 0 (POLIO GIVEN AT BIRTH) POLIO1 POLIO 2 POLIO 3 DPT 1 DPT 2 DPT 3 MEASLES VITAMIN A (MOST RECENT)	DAY MON YEAR BCG. ☐☐ ☐☐ ☐☐☐☐ P0 ... ☐☐ ☐☐ ☐☐☐☐ P1 ... ☐☐ ☐☐ ☐☐☐☐ P2 ... ☐☐ ☐☐ ☐☐☐☐ P3 ... ☐☐ ☐☐ ☐☐☐☐ D1 ... ☐☐ ☐☐ ☐☐☐☐ D2 ... ☐☐ ☐☐ ☐☐☐☐ D3 ... ☐☐ ☐☐ ☐☐☐☐ MEA.. ☐☐ ☐☐ ☐☐☐☐ VIT. A ☐☐ ☐☐ ☐☐☐☐	DAY MON YEAR BCG. ☐☐ ☐☐ ☐☐☐☐ P0 ... ☐☐ ☐☐ ☐☐☐☐ P1 ... ☐☐ ☐☐ ☐☐☐☐ P2 ... ☐☐ ☐☐ ☐☐☐☐ P3 ... ☐☐ ☐☐ ☐☐☐☐ D1 ... ☐☐ ☐☐ ☐☐☐☐ D2 ... ☐☐ ☐☐ ☐☐☐☐ D3 ... ☐☐ ☐☐ ☐☐☐☐ MEA... ☐☐ ☐☐ ☐☐☐☐ VIT. A ☐☐ ☐☐ ☐☐☐☐
457A	Did your child (NAME) receive any polio vaccine from National Immunization Day (NID)? IF YES, How many times did you receive from NID campaign? RECORD '0' IF NOT RECEIVED	TIMES .... ☐☐	TIMES .... ☐☐

		LAST BIRTH	NEXT-TO-LAST BIRTH
		LINE NUMBER _____	LINE NUMBER _____
458	Has (NAME) received any vaccinations that were not recorded on this card? RECORD "YES" ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S)	YES ....1 (PROBE FOR VACCINATIONS AND WRITE "66" IN THE CORRESPONDING DAY COLUMN IN 457) NO ....2 DON'T KNOW.....................................8 (SKIP TO 463) ◄	YES..1 (PROBE FOR VACCINATIONS AND WRITE "66" IN THE CORRESPONDING DAY COLUMN IN 457) NO ....2 DON'T KNOW.....................................8 (SKIP TO 463) ◄
459	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES ....1 NO ....2 (SKIP TO 463) ◄ DON'T KNOW.................................8	YES...1 NO ....2 (SKIP TO 463) ◄ DON'T KNOW.................................8
460	Please tell me if (NAME) received any of the following vaccinations:		
460A	A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?	YES ....1 NO 2	YES..1 NO 2
460B	Polio vaccine that is, drops in the mouth?	YES ....1 NO ....2 (SKIP TO 460E) ◄ DON'T KNOW.......................................8	YES..1 NO ....2 (SKIP TO 460E) ◄ DON'T KNOW.......................................8
460C	How many times did (NAME) receive polio vaccine: From clinic? From NID?	TIMES FROM CLINIC .... ☐ TIMES FROM NID .... ☐☐	TIMES FROM CLINIC .... ☐ TIMES FROM NID................... ☐☐
460D	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH.............................1 LATER 2	JUST AFTER BIRTH.............................1 LATER 2
460E	DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES ....1 NO ....2 (SKIP TO 460G) ◄ DON'T KNOW.......................................8	YES..1 NO ....2 (SKIP TO 460G) ◄ DON'T KNOW.......................................8
460F	How many times?	NUMBER OF TIMES........................ ☐	NUMBER OF TIMES........................ ☐
460G	An injection to prevent measles?	YES ....1 NO ....2 DON'T KNOW.................................8	YES..1 NO ....2 DON'T KNOW.................................8
463	Has (NAME) been ill with a fever at any time in the last two weeks?	YES ....1 NO ....2 DON'T KNOW.................................8	YES..1 NO ....2 DON'T KNOW.................................8
464	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES ....1 NO ....2 (SKIP TO 466) ◄ DON'T KNOW.......................................8	YES..1 NO ....2 (SKIP TO 466) ◄ DON'T KNOW.......................................8
465	In the last 2 weeks, did (NAME) had: Rapid breathing? Difficulty in breathing? Chest in drawing?	YES NO RAPID BREATHING .... 1 2 DIFFICULTY IN BREATHING ...... 1 2 CHEST IN DRAWING 1 2	YES NO RAPID BREATHING .... 1 2 DIFFICULTY IN BREATHING ...... 1 2 CHEST IN DRAWING 1 2

		LAST BIRTH	NEXT-TO-LAST BIRTH
		LINE NUMBER _____	LINE NUMBER _____
466	CHECK 463 AND 464: FEVER OR COUGHS?	"YES" IN 463 OR 464 ☐ OTHER ☐ ↓ ↓ (SKIP TO 472)	"YES" IN 463 OR 464 ☐ OTHER ☐ ↓ ↓ (SKIP TO 472)
467	Did you seek advice or treatment for (NAME) for the illness?	YES ....1 NO ....2 (SKIP TO 472) ◄	YES..1 NO ....2 (SKIP TO 472) ◄

468	Where did you seek advice or treatment?
	
	Anywhere else?
	
	RECORD ALL MENTIONED.
		PUBLIC SECTOR
		  HOSPITAL/MEDICAL COLLEGE.......A
		  FAMILY WELFARE CENTRE/FWV ...B
		  UPAZILA HEALTH COMPLEX.......... C
		  SATELLITE CLINIC/
		    EPI OUTREACH SITE .... D
		  MATERNAL AND CHILD WELFARE
		    CENTER (MCWC) ....E
		  GOVT. FIELD WORKER (FWA) ....F
		  COMMUNITY CLINIC .... G
		
		NGO SECTOR
		  NGO STATIC CLINIC .... H
		  NGO SATELLITE CLINIC I
		  NGO FIELDWORKER .... J
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC ....K
		  QUALIFIED DOCTOR.......................L
		  TRADITIONAL DOCTOR .... M
		  PHARMACY .... N
		
		OTHER _____X
		(SPECIFY)
			PUBLIC SECTOR
			  HOSPITAL/MEDICAL COLLEGE ...... A
			  FAMILY WELFARE CENTRE/FWV .. B
			  UPAZILA HEALTH COMPLEX.......... C
			  SATELLITE CLINIC/
			    EPI OUTREACH SITE .... D
			  MATERNAL AND CHILD WELFARE
			    CENTER (MCWC) .... E
			  GOVT. FIELD WORKER (FWA) ....F
			  COMMUNITY CLINIC .... G
			
			NGO SECTOR
			  NGO STATIC CLINIC .... H
			  NGO SATELLITE CLINIC I
			  NGO FIELDWORKER.......................J
			
			PRIVATE MEDICAL SECTOR
			  PRIVATE HOSPITAL/CLINIC .... K
			  QUALIFIED DOCTOR.......................L
			  TRADITIONAL DOCTOR .... M
			  PHARMACY................................... N
			
			OTHER _____X
			(SPECIFY)

472	Has (NAME) had diarrhea in the last 2 weeks?	YES ....1 NO ....2 (SKIP TO 480) ◄ DON'T KNOW......................................8	YES..1 NO ....2 (SKIP TO 480) ◄ DON'T KNOW 8
473	When (NAME) had diarrhea, was he/she offered the same amount to drink, more than usual to drink, or less than usual to drink?	SAME...1 MORE ....2 LESS..3 DON'T KNOW......................................8	SAME..1 MORE ....2 LESS..3 DON'T KNOW 8
474	Was he/she offered the same amount to eat, more than usual to eat or less than usual to eat?	SAME...1 MORE ....2 LESS..3 DON'T KNOW......................................8	SAME..1 MORE ....2 LESS..3 DON'T KNOW 8
475	When (NAME) had diarrhea, was he/she given any of the following to drink: A fluid made from a special saline packet? Homemade sugar-salt-water solution (laban gur)? Water? Any other liquids?	YES NO DK FLUID FROM PACKET .... 1 2 8 LABON GUR .... 1 2 8 WATER........................... 1 2 8 OTHER LIQUID............... 1 2 8	YES NO DK FLUID FROM PACKET .... 1 2 8 LABON GUR .... 1 2 8 WATER........................... 1 2 8 OTHER LIQUID............... 1 2 8
476	Was anything (else) given to treat the diarrhea?	YES ....1 NO ....2 (SKIP TO 478) ◄ DON'T KNOW......................................8	YES..1 NO ....2 (SKIP TO 478) ◄ DON'T KNOW 8

		LAST BIRTH LINE NUMBER _____	NEXT-TO-LAST BIRTH LINE NUMBER _____

477	What was given to treat the diarrhea?
	
	Anything else?
	
	RECORD ALL MENTIONED.
		PILL /CAPSULE OR SYRUP ....A
		INJECTION ....B
		(I.V.) INTRAVENOUS C
		HOME REMEDIES/
		   HERBAL MEDICINES .... D
		
		OTHER _____ X
		          (SPECIFY)
			PILL /CAPSULE OR SYRUP............... A
			INJECTION .... B
			(I.V.) INTRAVENOUS........................... C
			HOME REMEDIES/
			   HERBAL MEDICINES .... D
			
			OTHER _____ X
			          (SPECIFY)

478	Did you seek advice or treatment for the diarrhea?	YES 1
		NO 2
		    (SKIP TO 480) ←
			YES...1
			NO 2
			    (SKIP TO 480) ←

479	Where did you seek advice or treatment?
	
	Anywhere else?
	
	RECORD ALL MENTIONED.
		PUBLIC SECTOR
		   HOSPITAL/MEDICAL COLLEGE.......A
		   FAMILY WELFARE CENTRE/FWV ...B
		   UPAZILA HEALTH COMPLEX.......... C
		   SATELLITE CLINIC/
		      EPI OUTREACH SITE .... D
		   MATERNAL AND CHILD WELFARE
		      CENTER (MCWC) ....E
		   GOVT. FIELD WORKER (FWA) ....F
		   COMMUNITY CLINIC .... G
		NGO SECTOR
		   NGO STATIC CLINIC .... H
		   NGO SATELLITE CLINIC I
		   NGO FIELDWORKER ....J
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC ....K
		   QUALIFIED DOCTOR.......................L
		   TRADITIONAL DOCTOR .... M
		   PHARMACY .... N
		
		OTHER _____X
		          (SPECIFY)
			PUBLIC SECTOR
			   HOSPITAL/MEDICAL COLLEGE ...... A
			   FAMILY WELFARE CENTRE/FWV .. B
			   UPAZILA HEALTH COMPLEX.......... C
			   SATELLITE CLINIC/
			      EPI OUTREACH SITE .... D
			   MATERNAL AND CHILD WELFARE
			      CENTER (MCWC) .... E
			   GOVT. FIELD WORKER (FWA) ....F
			   COMMUNITY CLINIC ....G
			NGO SECTOR
			   NGO STATIC CLINIC .... H
			   NGO SATELLITE CLINIC I
			   NGO FIELDWORKER......................J
			PRIVATE MEDICAL SECTOR
			   PRIVATE HOSPITAL/CLINIC .... K
			   QUALIFIED DOCTOR.......................L
			   TRADITIONAL DOCTOR ....M
			   PHARMACY.................................... N
			
			OTHER _____X
			          (SPECIFY)

480		GO BACK TO 453 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501	GO BACK TO 453 AND USE LAST COLUMN OF ADDITIONAL SHHET; OR IF NO MORE BIRTHS, GO TO 501

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	PRESENCE OF OTHERS AT THIS POINT.	YES NO CHILDREN UNDER 10 .... 1 2 HUSBAND .... 1 2 OTHER MALES .... 1 2 OTHER FEMALES 1 2	
501A	CHECK 106A: CURRENTLY MARRIED ☐ NOT CURRENTLY MARRIED (WIDOWED, DIVORCED, DESERTED OR SEPARATED) ☐		➔ 507
505	Is your husband staying with you now or is he staying elsewhere?	STAYING WITH HER .... 1 STAYING ELSEWHERE 2	➔ 506
505A	How long he is not staying with you?	MONTHS .... ☐☐	
506	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'	NAM E_____ LINE NO. .... ☐☐	
507	Have you been married or lived with a man only once, or more than once?	ONCE .... 1 MORE THAN ONCE 2	
508	CHECK 507: MARRIED ONLY ONCE ☐ In what month and year did you start living with your husband? MARRIED MORE THAN ONCE ☐ Now we will talk about your first husband. In what month and year did you start living with him?	MONTH .... ☐☐ DON'T KNOW MONTH .... 98 .... YEAR .... ☐☐☐☐ DON'T KNOW YEAR........................9998	➔ 510
509	How old were you when you started living with him?	AGE.. ☐☐	
510	How old was your husband when you started living with him?	AGE.. ☐☐	
512	DETERMINE MONTHS MARRIED SINCE JUNE 1998. ENTER "X" IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JUNE 1998. FOR WOMEN WITH MORE THAN ONE MARRIAGE: PROBE FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY MARRIED: PROBE FOR DATE WHEN LAST MARRIAGE STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS MARRIAGES.		
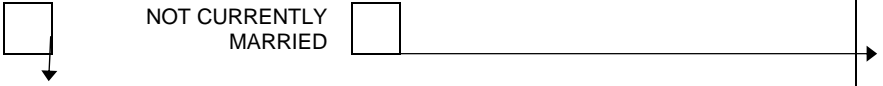
SECTION 6. FERTILITY PREFERENCES

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

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP

607	CHECK 602:
	
	WANTS A/ANOTHER CHILDREN
		CHECK 602:
		
		WANTS NO MORE CHILDREN
			FERTILITY-RELATED REASONS
			  NOT HAVING SEX........................... A
			  INFREQUENT SEX.......................... B
			  MENOPAUSAL/HYSTERECTOMY... C
			  SUBFECUND/INFECUND .... D
			  POSTPARTUM AMENORRHEIC...... E
			  FATALISTIC ....F
			
			OPPOSITION TO USE
			  RESPONDENT OPPOSED..............G
			  HUSBAND OPPOSED .... H
			  OTHERS OPPOSED I
			  RELIGIOUS PROHIBITION ....J
			
			LACK OF KNOWLEDGE
			  KNOWS NO METHOD..................... K
			  KNOWS NO SOURCE......................L
			
			METHOD-RELATED REASONS
			  HEALTH CONCERNS......................M
			  FEAR OF SIDE EFFECTS................ N
			  LACK OF ACCESS/TOO FAR ....O
			  COST TOO MUCH........................... P
			  INCONVENIENT TO USE................Q
			  INTERFERES WITH BODY'S
			    NORMAL PROCESSES.............. R
			
			OTHER _____ X
			         (SPECIFY)
			DON'T KNOW ....Z	

	You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why? RECORD ALL MENTIONED	You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?		

609	CHECK 310: USING A METHOD?
	
	     NOT ASKED NOT CURRENTLY CURRENTLY
	                                    USING USING
				614

610	Do you think you will use a method to delay or avoid pregnancy at any time in the future?		YES..1 NO..2 DON'T KNOW 8	612
611	Which method would you prefer to use?		FEMALE STERILIZATION ....01 MALE STERILIZATION ....02 PILL..03 IUD...04 INJECTIONS ....05 IMPLANTS ....06 CONDOM ....07 PERIODIC ABSTINENCE ....08 WITHDRAWAL......................................09 OTHER METHOD_____10 (SPECIFY) UNSURE 98	614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASONS NOT HAVING SEX...........................11 INFREQUENT SEX..........................12 MENOPAUSAL/HYSTERECTOMY..13 SUBFECUND/INFECUND ....14 POSTPARTUM AMENORRHEIC.....15 FATALISTIC ....16 OPPOSITION TO USE RESPONDENT OPPOSED..............21 HUSBAND OPPOSED.....................22 OTHERS OPPOSED ....23 RELIGIOUS PROHIBITION ....24 LACK OF KNOWLEDGE KNOWS NO METHOD.....................31 KNOWS NO SOURCE.....................32 METHOD-RELATED REASONS HEALTH CONCERNS......................41 FEAR OF SIDE EFFECTS...............42 LACK OF ACCESS/TOO FAR ....43 COST TOO MUCH...........................45 INCONVENIENT TO USE................46 INTERFERES WITH BODY'S NORMAL PROCESSES..................47 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
614	CHECK 216: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ If you could go back to the time you 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 the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER.................................... ☐☐ OTHER_____96 (SPECIFY)	619
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	NUMBER BOYS .... ☐☐ GIRLS .... ☐☐ EITHER....................................... ☐☐ OTHER _____96 (SPECIFY)	
619	In the last month have you heard about family planning:		

	OFTEN	SOME-TIMES	NEVER
On the radio? / RADIO.........................	1	2	3
On the television? / TELEVISION...............	1	2	3
In a newspaper or magazine? / NEWSPAPER	1	2	3
From a poster or billboard or leaflet? / POSTER/BILLBOARD.	1	2	3
From a community event? / COMMUNITY EVENT .	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619A	CHECK 106A: CURRENTLY ☐ NOT CURRENTLY ☐ MARRIED MARRIED ↓		➤ 701
621	How often have you talked to your husband about family planning in the last three months?	NEVER...1 ONCE OR TWICE ....2 MORE OFTEN 8	
622	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER.....................................1 MORE CHILDREN ....2 FEWER CHILDREN ....3 DON'T KNOW 8	

SECTION 7: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ....1 NO 2	709A
702	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO .... A TV... B NEWSPAPER/MAGAZINES....................C PAMPHLETS/POSTERS........................ D HEALTH WORKERS .... E MOSQUES/TEMPLES/CHURCES .... F SCHOOLS/TEACHERS...........................G COMMUNITY MEETINGS ....H FRIENDS/RELATIVES ....I WORK PLACE ....J BILL BOARD/SIGN BOARD .... K OTHER_____X (SPECIFY)	
703	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES ....1 NO...2 DON□T KNOW 8	705

704	What can a person do?
	
	Anything else?
	
	RECORD ALL MENTIONED.
		ABSTAIN FROM SEX.............................. A
		USE CONDOMS..................................... B
		LIMIT SEX WITHIN MARRIAGE..............C
		LIMIT SEX WITH TRUSTED PARTNER .D
		AVOID SEX WITH PROSTITUTES .... E
		AVOID SEX WITH PERSONS WHO
		   HAVE MANY PARTNERS................... F
		AVOID SEX WITH HOMOSEXUALS.......G
		AVOID SEX WITH PERSONS WHO
		   INJECT DRUGS INTRAVENOUSLY ..H
		AVOID UNSAFE BLOOD
		   TRANSFUSIONS I
		AVOID UNSTERILIZED
		   NEEDLE/SYRING ....J
		AVOID KISSING..................................... K
		AVOID MOSQUITO BITES......................L
		SEEK PROTECTION FROM
		   TRADITIONAL HEALER ....M
		AVOID SHARING RAZORS/BLADES .....N
		
		OTHER_____ W
		(SPECIFY)
		
		OTHER _____ X
		(SPECIFY)
		DON'T KNOW .... Z	

705	Is it possible for a healthy-looking person to have the AIDS virus?	YES ....1 NO...2 DON'T KNOW 8	
706	Can the virus that causes AIDS be transmitted from a mother to a child?	YES ....1 NO...2 DON'T KNOW 8	
707	CHECK 106A: CURRENTLY MARRIED □ NOT CURRENTLY MARRIED □		709A
708	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband?	YES ....1 NO...2	
709A	(Apart from AIDS), have you heard about (other) infection/disease that can be transmitted through sexual contact?	YES ....1 NO...2	710

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709B	Have you heard about ----------------------? a. Syphilis b. Gonorrhea	YES NO 1 2 1 2	
709C	CHECK 709B: AT LEAST ONE "YES" ☐ NOT A SINGLE "YES" ☐		▶ 712

710	In a man, what signs and symptoms would lead you to think that he has such a disease?
	
	Any others?
	
	RECORD ALL MENTIONED.
		LOWER ABDOMINAL PAIN .... A
		DISCHARGE FROM PENIS/DRIPPING .. B
		FOUL SMELLING DISCHARGE C
		BURNING PAIN ON URINATION .... D
		REDNESS/INFLAMMATION IN GENITAL
		  AREA .... E
		SWELLING IN GENITAL AREA .... F
		GENITAL SORES/ULCERS .... G
		GENITAL WARTS .... H
		BLOOD IN URINE I
		LOSS OF WEIGHT ....J
		IMPOTENCE .... K
		NO SYMPTOMS.....................................L
		OTHER _____ W
		              (SPECIFY)
		OTHER _____ X
		              (SPECIFY)
		DON⍰T KNOW .... Z	

711	In a woman, what signs and symptoms would lead you to think that she has such a disease?
	
	Any others?
	
	RECORD ALL MENTIONED.
		LOWER ABDOMINAL PAIN .... A
		GENITAL DISCHARGE .... B
		FOUL SMELLING DISCHARGE C
		BURNING PAIN ON URINATION .... D
		REDNESS/INFLAMMATION IN GENITAL
		  AREA .... E
		SWELLING IN GENITAL AREA .... F
		GENITAL SORES/ULCERS .... G
		GENITAL WARTS .... H
		BLOOD IN URINE I
		LOSS OF WEIGHT ....J
		INABILITY TO GIVE BIRTH .... K
		NO SYMPTOMS.....................................L
		OTHER _____ W
		              (SPECIFY)
		
		OTHER _____ X
		              (SPECIFY)
		DON⍰T KNOW .... Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	Now I would like to ask you about some health symptoms you yourself may have. During the past 6 months, have you had any of the following problems: 1. Any itching or irritation in vaginal area with a discharge? 2. A genital sore or ulcer? 3. A bad odour along with a discharge? 4. Severe lower abdominal pain with a discharge, not related with menstruation? 5. A fever along with a discharge? 6. Problem with pain or burning while urinating or more frequent or difficult urination? CHECK Q106A: IF NOT CURRENTLY MARRIED THEN SKIP TO ITEM 9 7. Pain in abdomen or vagina during intercourse? 8. Blood after having sex when you are not menstruating? 9. Any other problem with a discharge?_____ (SPECIFY)	YES NO ITCHING/IRRITATION ....1 2 GENITAL SORE.................1 2 BAD ODOUR......................1 2 ABDOMINAL PAIN..............1 2 FEVER ....1 2 URINATING PROBLEM .....1 2 PAIN INTERCOURSE........1 2 BLOOD AFTER SEX..........1 2 OTHER PROBLEM 1 2	
713	CHECK 712: AT LEAST ONE "YES" ☐ NOT A SINGLE "YES" ☐		▶ 801

714	Have you seen anyone for advice or treatment to help you with (this/these) problem (s)?
	
	IF YES, ASK: Whom did you see?
	
	Anyone else?
	
	RECORD ALL MENTIONED
		PUBLIC SECTOR
		   HOSPITAL/MEDICAL COLLEGE ....A
		   FAMILY WELFARE CENTRE/FWV .....B
		   THANA HEALTH COMPLEX................C
		   SATELLITE CLINIC/
		      EPI OUTREACH SITE ....D
		   MATERNAL AND CHILD WELFARE
		      CENTER (MCWC) ....E
		   GOVT. FIELD WORKER (FWA) ....F
		   COMMUNITY CLINIC.......................... G
		
		NGO SECTOR
		   NGO STATIC CLINIC...........................H
		   NGO SATELLITE CLINIC I
		   NGO FIELDWORKER.......................... J
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC...............K
		   QUALIFIED DOCTOR.......................... L
		   TRADITIONAL DOCTOR .... M
		   PHARMACY..N
		
		OTHER _____ X
		       (SPECIFY)
		NO ONE ....Z	

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

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

812	Who in you family usually has the final say on the following decisions:	RESPONDENT=1, HUSBAND=2, RESPONDENT & HUSBAND JOINTLY=3, SOMEONE ELSE=4, RESPONDENT & SOMEONE ELSE JOINTLY =5				
	Your own health care?	1	2	3	4	5
	Child health care?	1	2	3	4	5
	Making large household purchases?	1	2	3	4	5
	Making household purchases for daily needs?	1	2	3	4	5
	Visits to family, friends, or relatives?	1	2	3	4	5
	What food should be cooked each day?	1	2	3	4	5

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	How frequently do you go shopping/marketing?	ONCE A MONTH OR MORE .... 1 SEVERAL TIMES A YEAR .... 2 ONCE A YEAR OR LESS........................ 3 NEVER 4	815
814	Do you usually go by yourself or do you go with children or your husband or other relatives?	BY HERSELF .... 1 WITH CHILDREN .... 2 WITH HUSBAND.................................... 3 WITH RELATIVES.................................. 4	
815	Do you go outside the village/town/city alone (or with your young children)?	YES, ALONE .... 1 YES, WITH CHILDREN .... 2 NO .... 3 OTHER .... 6 (SPECIFY)	817 817
816	Can you go outside the village/town/city alone (or with your young children)?	YES, ALONE .... 1 YES, WITH CHILDREN .... 2 NO .... 3 OTHER .... 6 (SPECIFY)	818
817	How frequently do you go outside this village/town/city?	ONCE A MONTH OR MORE .... 1 SEVERAL TIMES A YEAR .... 2 ONCE A YEAR OR LESS........................ 3 NEVER 4	
818	Do you go to a health center or hospital alone (or with your young children)?	YES, ALONE .... 1 YES, WITH CHILDREN .... 2 YES, WITH HUSBAND............................ 3 NO .... 4 OTHER_____ 6 (SPECIFY)	820 820
819	Can you go to a health center or hospital alone (or with your young children)?	YES, ALONE .... 1 YES, WITH CHILDREN .... 2 YES, WITH HUSBAND............................ 3 NO .... 4 OTHER_____ 6 (SPECIFY)	
820	RECORD THE TIME.	HOUR .... ☐☐ MINUTES .... ☐☐	

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

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE
- B BIRTHS
- P PREGNANCIES
- H HYSTERECTOMY
- T TERMINATIONS

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

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

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

COL.4: MARRIAGE/UNION

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

TERMINATION OF LAST PREGNANCY PRIOR TO JUNE 1998

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

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

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

Comments About Respondent:

_____

_____

_____

_____

Comments on Specific Questions:

_____

_____

_____

Any Other Comments:

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

_____

NAME OF SUPERVISOR:_____ DATE:_____

EDITOR'S OBSERVATIONS

_____

_____

_____

NAME OF EDITOR:_____ DATE:_____

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2004
MAN'S QUESTIONNAIRE

IDENTIFICATION	
DIVISION _____	
DISTRICT _____	
UPAZILA _____	
UNION OR WARD _____	
VILLAGE OR MOHALLA OR BLOCK _____	
CLUSTER NUMBER	
HOUSEHOLD NUMBER	
RURAL=1, MUNICIPALITY=2, OTHER URBAN=3, SMA=4	
NAME OF THE HOUSEHOLD HEAD _____	
NAME AND LINE NUMBER OF MAN _____	

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH*
INTERVIEWER'S NAME	_____	_____	_____	YEAR
RESULT**				CODE
				RESULT**
NEXT VISIT: DATE				TOTAL NO. OF VISITS
TIME				

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

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

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

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

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

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

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED   1   RESPONDENT DOES NOT AGREE TO BE
                                        ↓   INTERVIEWED..2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME STARTED.	HOUR .... ☐☐ MINUTES .... ☐☐	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	DHAKA/CHITTAGONG/ KHULNA/RAJSHAHI............................. 1 SMALL CITY .... 2 TOWN .... 3 VILLAGE 4	
103A	Do you usually live in (THE CURRENT PLACE OF RESIDENCE)?	YES... 1 NO 2	→ 106
103B	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEAR.	NUMBER OF YEARS .... ☐☐ ALWAYS .... 95 VISITOR 96	→ 105
104	Just before you moved here, did you live in a city, a town, or in the countryside?	DHAKA/CHITTAGONG/ KHULNA/RAJSHAHI............................. 1 SMALL CITY .... 2 TOWN .... 3 VILLAGE 4	
105	In the last 1 year, have you ever lived away from your home community?	YES... 1 NO 2	→ 108
106	In the last 1 year, on how many occasions have you lived away from your home community?	NUMBER OF OCCASION .... ☐☐	
107	How many days altogether **(mentioned in 106)** did you spend away from your home community?	NUMBER OF TIMES............... ☐☐☐	
108	In what month and year were you born?	MONTH .... ☐☐ DON☐T KNOW MONTH .... 98 YEAR............................... ☐☐☐☐ DON☐T KNOW YEAR 9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	How old were you at your last birthday? COMPARE AND CORRECT 108 AND /OR 109 IF INCONSISTENT	AGE IN COMPLETED YEARS....... ☐☐ IF AGE IN NOT BETWEEN 15 AND 59	► END
110	Have you ever attended school or madrasha?	YES, SCHOOL..1 YES, MADRASHA ....2 YES, BOTH..3 NO..4	►111B ►113
111A	What type of schooling did you last attend?	SCHOOL..1 MADRASHA...2	
111B	What level of schooling have you last attended? What is the highest grade you completed at that schooling?	LEVEL................................ ☐ CLASS .... ☐☐	
112	CHECK 111B: CLASS IS LESS THAN 6 ☐ ↓ CLASS IS 6 OR MORE THAN 6 ☐		► 114
113	Can you read and write a letter in any language easily, with difficulty, or not at all?	EASILY.. 1 WITH DIFFICULTY .... 2 NOT AT ALL..► 3	115
114	Do you usually read a newspaper or magazine?	YES .... 1 NO ....► 2	115
114A	How often do you read newspaper or magazine: every day, at least once a week, or less than once a week?	EVERY DAY... 1 AT LEAST ONCE A WEEK .... 2 LESS THAN ONCE A WEEK 3	
115	Do you listen to the radio?	YES .... 1 NO ....► 2	116
115A	How often do you listen to the radio: every day, at least once a week, less than once a week?	EVERY DAY... 1 AT LEAST ONCE A WEEK .... 2 LESS THAN ONCE A WEEK 3	
116	Do you watch television?	YES .... 1 NO ....► 2	117
116A	How often do you watch television: every day, at least once a week, less than once a week?	EVERY DAY... 1 AT LEAST ONCE A WEEK .... 2 LESS THAN ONCE A WEEK 3	
117	What is your religion?	ISLAM .... 1 HINDUISM .... 2 BUDDHISM .... 3 CHRISTIANITY .... 4 OTHER _____ 6 (SPECIFY)	
119	Are you currently working?	YES ....1 NO...2	► 128
120	What is you occupation, that is, what kind of work do you mainly do?	.... ☐☐	
121	CHECK 120: WORKS IN AGRICUL_RE WORKS IN OTHER SECTORS ☐ ►		123
122	Do you work mainly on your own land or on family land, or do you rent land or work on someone else's land?	OWN LAND..1 FAMILY LAND ....2 RENTED LAND ....3 SOMEONE ELSE'S LAND...........................4	
123	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ....1 FOR SOMEONE ELSE ....2 SELF-EMPLOYED 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR .... 1 SEASONALLY/PART OF THE YEAR .... 2 ONCE IN A WHILE 3	126
125	During the last 1 year, how many months did you work?	NUMBER OF MONTHS................. ☐☐	
126	Do you think that your earning is sufficient, moderately sufficient or not sufficient to provide for your family's basic needs?	SUFFICIENT .... 1 MODERATELY SUFFICIENT .... 2 NOT SUFFICIENT 3	201
128	Have you done any work in the last 1 year?	YES .... 1 NO 2	201
129	What have you been doing over the last 1 year?	GOING TO SCHOOL/STUDYING .... 1 LOOKING FOR WORK................................ 2 INACTIVE.. 3 COULD NOT WORK/HANDICAPPED .... 4 OTHER _____ 6 (SPECIFY)	

SECTION 2. HEALTH AND LIFE STYLE

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	At any time during the last 3 months, for any health problem(s) or injury, did you have difficulty in doing your normal work, or in doing regular activities?	YES, ILLNESS .... A YES, INJURY .... B NONE .... Y	→207A
202	For how many days in the last 3 months were you unable to do your normal work or regular activities due to this (these) health problem(s) and/or injuries?	NUMBER OF DAYS .... ☐☐	
203	CHECK 201: CIRCLED 'A'(ILLNESS) ☐↓ DID NOT CIRCLE 'A' ☐		→207A
204	What type of illness prevents you from doing your work or other regular activities?	TUBERCULOSIS .... A ASTHMA .... B DIABETES .... C HIGH BLOOD PRESSURE .... D HEART PROBLEM .... E MALARIA/FEBER .... F JAUNDICE/HEPATITIS .... G OTHER _____ X (SPECIFY)	

207A	Do you smoke? Such as:		207B.In 24 hours usually how many times do you smoke/eat (NAME OF THE ITEM)?	207C. Have you ever smoked/eaten (NAME OF THE ITEM)?
1	Cigarette?	Yes .... 1 → No .... 2 ┐ SKIP 207C	Times .... ☐☐ GO TO NEXT ITEM	Yes ....1 No...............................2
2	Bidi?	Yes .... 1 → No .... 2 ┐ SKIP 207C	Times .... ☐☐ GO TO NEXT ITEM	Yes ....1 No...............................2
3	Hukka?	Yes .... 1 → No .... 2 ┐ SKIP 207C	Times .... ☐☐ GO TO NEXT ITEM	Yes ....1 No...............................2
4	Pipe?	Yes .... 1 → No .... 2 ┐ SKIP 207C	Times .... ☐☐ GO TO NEXT ITEM	Yes ....1 No...............................2
5	Anything else? _____ (Specify)	Yes .... 1 → No .... 2 ┐ SKIP 207C	Times .... ☐☐ GO TO NEXT ITEM	Yes ....1 No...............................2
6	Do you currently eat tobacco leaves or sada pata or gul?	Yes .... 1 → No .... 2 ┐ SKIP 207C	Times .... ☐☐ GO TO NEXT ITEM	Yes ....1 No...............................2
7	Do you currently eat pan with tobacco or zarda?	Yes .... 1 → No .... 2 ┐ SKIP 207C	Times .... ☐☐ GO TO 301	Yes ....1 No...............................2

SECTION 3. MARRIAGE AND SEXUAL ACTIVITY

Now, I would like to ask you some questions about your marriage life.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Are you currently married, widowed, divorced or separated?	MARRIED .... 1 WIDOWED .... 2 DIVORCED... 3 SEPARATED .... 4 NEVER MARRIED......................................5	→ 306 → 316A
305	Is your wife living with you now or is she staying elsewhere?	LIVING WITH HIM .... 1 STAYING ELSEWHERE 2	
306	Have you been married only once, or more than once?	ONCE.. 1 MORE THAN ONCE.................................... 2	
307A	CHECK 301: CURRENTLY MARRIED ☐ NOT CURRENTLY MARRIED ☐		→ 308
307B	RECORD THE WIFE'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. IF THERE ARE TWO WIVES IN THE HOUSEHOLD, RECORD THE NAME AND LINE NUMBERS OF BOTH.	NAME _____ LINE NO......................... ☐☐ NAME _____ LINE NO......................... ☐☐	
308	CHECK 306: MARRIED ☐ ONLY ONCE In what month and year did you start living with your wife? MARRIED ☐ MORE THAN ONCE Now, we will talk about your first wife. In what month and year did you start living with her?	MONTH............................... ☐☐ DON'T KNOW MONTH .... 98 YEAR .... ☐☐☐☐ DON'T KNOW YEAR 9998	→ 310
309	How old were you when you started living with her?	AGE .... ☐☐	
310	Did you have sex before (first) marriage?	YES .... 1 NO.. 2	→ 311
310A	How old were you when you first had sexual intercourse?	AGE IN YEARS .... ☐☐	
311	Now I would like to talk about sexual relationship after marriage. Sometimes, a man may seek for sexual relationship with women other than his wife. After marriage, have you ever had sex with any woman other than your wife?	YES .... 1 NO.. 2	→ 317
312	Beside your wife, with whom did you have sexual relationship? Any other?	GIRL FRIEND/FIANCEE ....A OTHER FRIEND...B CASUAL ACQUAINTANCE ....C COMMERCIAL SEX WORKER ....D RELATIVE ....E OTHER _____ X (SPECIFY)	
313A	In the last 1 year, did you have sexual intercourse with any women other than your wife?	YES .... 1 NO.. 2	→ 317

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313B	Beside your wife, with whom did you have sexual intercourse? Any other?	GIRL FRIEND/FIANCEE .... A OTHER FRIEND .... B CASUAL ACQUAINTANCE ....C COMMERCIAL SEX WORKER ....D RELATIVE .... E OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313C	In the last 1 year, with how many women did you have sexual intercourse other than your wife?	NUMBER .... ☐☐	
313D	CHECK 313B: MULTIPLE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐		▶ 315
314A	Beside your wife, with whom (among those mentioned in Q 313B) did you have last sexual intercourse?	GIRL FRIEND/FIANCEE .... 1 OTHER FRIEND .... 2 CASUAL ACQUAINTANCE .... 3 COMMERCIAL SEX WORKER .... 4 RELATIVE .... 5 OTHER _____ 6 (SPECIFY)	
314B	The last time you had sexual intercourse with (mentioned 314A), did you use a condom?	YES.. 1 ▶315A NO .... 2 ▶315B	
315	The last time you had sexual intercourse with (mentioned 313B), did you use a condom?	YES.. 1 NO .... 2 ▶315B	
315A	Why did you use condom?	TO PREVENT STD .... A TO PREVENT PREGNENCY .... B OTHER _____ X (SPECIFY)	

315B	CHECK 106:
	  RESPONSE GIVEN ☐ DID NOT GIVE ANY ANSWER ☐
	  (Lived outside in last 1 year) (Did not live outside in last 1 year)
			▶ 317

315C	In the last 1 year, did you have sexual intercourse with any woman other than your wife while travelling outside your home community?	YES.. 1 NO .... 2 ▶ 317	
315D	Did you have this sexual intercourse inside Bangladesh or outside Bangladesh?	INSIDE BANGLADESH................................ A OUTSIDE BANGLADESH .... B	
315E	INTERVIWER: CHECK 315D IF CODE 'A' CIRCLED THEN ASK, OTHERWISE SKIP TO 315F In the last 1 year with whom did you have sexual intercourse other than your wife while travelling inside Bangladesh? Any other?	GIRL FRIEND/FIANCEE .... A OTHER FRIEND .... B CASUAL ACQUAINTANCE ....C COMMERCIAL SEX WORKER ....D RELATIVE .... E OTHER _____ X (SPECIFY)	
315EA	Beside your wife, with how many women did you have sexual intercourse in the last 1 year?	NUMBER .... ☐☐	
315EB	The last time you had sexual intercourse with (among those mentioned in 315EA), did you use a condom?	YES.. 1 NO .... 2 ▶ 315F	
315EC	Why did you use condom?	TO PREVENT STD .... A TO PREVENT PREGNENCY .... B OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
315F	INTERVIWER: CHECK 315D IF CODE 'B' CIRCLED THEN ASK, OTHERWISE SKIP TO 317 In the last 1 year, with whom did you have sexual intercourse other than your wife while travelling outside Bangladesh? Any other?	GIRL FRIEND/FIANCEE ....A OTHER FRIEND..B CASUAL ACQUAINTANCE ....C COMMERCIAL SEX WORKER ....D RELATIVE ....E OTHER _____ X (SPECIFY)	
315FA	Beside your wife, with how many women did you have sexual intercourse in the last 1 year?	NUMBER .... ☐☐	
315FB	The last time you had sexual intercourse with (among those mentioned in 315FA), did you use a condom?	YES.. 1 NO...2	➤ 317
315FC	Why did you use condom?	TO PREVENT STD ....A TO PREVENT PREGNENCY......................B OTHER _____ X (SPECIFY)	➤ 317
316A	Some times men have sexual urge and have sex before marriage. Have you ever had sex with any woman?	YES.. 1 NO...2	➤ 317
316B	How old were you when you first had sexual intercourse?	AGE IN YEARS .... ☐☐	
316C	With whom did you have sexual intercourse? Any other?	GIRL FRIEND/FIANCEE ....A OTHER FRIEND..B CASUAL ACQUAINTANCE ....C COMMERCIAL SEX WORKER ....D RELATIVE ....E OTHER _____ X (SPECIFY)	
316D	In the last 1 year, did you have sexual intercourse with any women?	YES.. 1 NO...2	➤ 317
316E	With whom did you have sexual intercourse? Any other?	GIRL FRIEND/FIANCEE ....A OTHER FRIEND..B CASUAL ACQUAINTANCE ....C COMMERCIAL SEX WORKER ....D RELATIVE ....E OTHER _____ X (SPECIFY)	
316EA	With how many women did you have sexual intercourse in the last 1 year?	NUMBER .... ☐☐	
316EB	CHECK 316E : MULTIPLE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐		➤316H
316F	With whom (among those mentioned in Q 316E) did you have last sexual intercourse?	GIRL FRIEND/FIANCEE .... 1 OTHER FRIEND... 2 CASUAL ACQUAINTANCE .... 3 COMMERCIAL SEX WORKER .... 4 RELATIVE .... 5 OTHER _____ 7 (SPECIFY)	
316G	The last time you had sexual intercourse with (mentioned 316F), did you use a condom?	YES..1 NO...2	➤ 316I ➤ 316IA
316H	The last time you had sexual intercourse with (mentioned 316E), did you use a condom?	YES.. 1 NO...2	➤316IA
316I	Why did you use condom?	TO PREVENT STD ....A TO PREVENT PREGNANCY......................B OTHER _____ X (SPECIFY)	
316IA	CHECK 106: RESPONSE GIVEN ☐ DID NOT GIVE ANY RESPONSE ☐ (Lived outside in the last 1 year) (Did not live outside in the last 1 year)		➤ 317

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316J	In the last 1 year, did you have sexual intercourse with any women while travelling outside your home community?	YES.. 1 NO 2	▶ 317
316K	Was this sexual intercourse inside Bangladesh or outside Bangladesh?	INSIDE BANGLADESH................................. A OUTSIDE BANGLADESH .... B	
316L	INTERVIWER: CHECK 316K IF CODE 'A' CIRCLED THEN ASK, OTHERWISE SKIP TO 317. With whom did you have sexual intercourse? Any other?	GIRL FRIEND/FIANCEE .... A OTHER FRIEND .... B CASUAL ACQUAINTANCE ....C COMMERCIAL SEX WORKER ....D RELATIVE .... E OTHER _____ X (SPECIFY)	
316LA	With how many women did you have sexual intercourse in the last i year?	NUMBER .... ☐☐	
316LB	The last time you had sexual intercourse with (among those mentioned in 316LA), did you use a condom?	YES.. 1 NO 2	▶ 316M
316LC	Why did you use condom?	TO PREVENT STD .... A TO PREVENT PREGNANCY .... B OTHER _____ X (SPECIFY)	
316M	INTERVIWER: CHECK 316K IF CODE 'B' CIRCLED THEN ASK, OTHERWISE SKIP TO 317 With whom did you have sexual intercourse? Any other?	GIRL FRIEND/FIANCEE .... A OTHER FRIEND .... B CASUAL ACQUAINTANCE ....C COMMERCIAL SEX WORKER ....D RELATIVE .... E OTHER _____ X (SPECIFY)	
316MA	With how many women did you have sexual intercourse in the last 1 year?	NUMBER .... ☐☐	
316MB	The last time you had sexual intercourse with (among those mentioned in 316MA), did you use a condom?	YES.. 1 NO 2	▶ 317
316MC	Why did you use condom?	TO PREVENT STD .... A TO PREVENT PREGNANCY .... B OTHER _____ X (SPECIFY)	
317	Sometimes, some men may desire sexual pleasure from persons other than women. Have you ever had sex with any boys/men or transgender (hizra)?	YES, WITH A MAN/BOYS .... 1 YES, WITH A TRANSGENDER .... 2 YES, BOTH .... 3 NONE 4	▶ 321
318	In the last 1 year, did you have such sex?	YES, WITH A MAN .... 1 YES, WITH A TRANSGENDER .... 2 YES, BOTH .... 3 NONE 4	
319	The last time you had such sexual intercourse, did you or your partner use a condom?	YES.. 1 NO 2	▶ 321
320	Why did you use condom?	TO PREVENT STD .... A OTHER_____X (SPECIFY)	
321	Do you know of a place where you can obtain a condom?	YES.. 1 NO 2	▶ 401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

322	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
		  UPAZILA HEALTH COMPLEX 13
		  SATELLITE CLINIC/
		    EPI OUTREACH SITE 14
		  MATERNAL CHILD WELFARE
		    CENTER (MCWC) 15
		  GOVT. FIELD WORKER (FWA) 16
		  COMMUNITY CLINIC 17
		NGO SECTOR
		  NGO STATIC CLINIC 21
		  NGO SATELLITE CLINIC 22
		  NGO DEPOT HOLDER 23
		  NGO FIELDWORKER 24
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 31
		  QUALIFIED DOCTOR 32
		  TRADITIONAL DOCTOR 33
		  PHARMACY 34
		OTHER PRIVATE SECTOR
		  SHOP 41
		  FRIEND/RELATIVES 42
		
		OTHER _____ 96
		          (SPECIFY)
		DON'T KNOW 98	

SECTION 4. PARTICIPATION IN HEALTH CARE

Now, I would like to ask you some questions about the participation in healthcare.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	ASK QUESTIONS SEPARATELY FOR PREGNANCY, DELIVERY AND AFTER DELIVERY BUT RECORD RESPONSES IN SAME CODING CATEGORY. What are the problems at the time of pregnancy that may cause death to the mother? Any other? What are the problems at the time of delivery that may cause death to the mother? Any other? What are the problems after the delivery that may cause death to the mother? Any other? RECORD ALL MENTIONED	SEVERE HEADACHE ....A BLURRY VISION ....B HIGH BLOOD PRESSURE .... C PRE-ECLAMSIA .... D CONVULSION/ECLAMSIA...........................E EXCESSIVE VAGINAL BLEEDING ....F FOUL-SMELLING DISCHARGE WITH HIGH FEVER...................................... G JAUNDICE .... H TETANUS ....I BABY'S HAND OR FEET COME/ BABY IN BAD POSITION .... J PROLONG LABOR.......................................K OBSTRUCTED LABOR ....L RETAINED PLACENTA................................ M TORNED UTEROUS .... N OTHER _____ X (SPECIFY) DON'T KNOW ....Y	
402	Do you think that women should have a medical checkup when they are pregnant even if they are not sick?	YES ....1 NO ....2 DON'T KNOW...8	➤ 404
403	At what months of pregnancy do you think that women should have first check up for pregnancy?	MONTH .... ☐☐ DON'T KNOW...98	
404	During the pregnancy do you think women should eat more, same or less?	MORE..1 SAME ....2 LESS ....3 DON'T KNOW...8	
405A	In what year was you last child born? PROBE	YEAR................................. ☐☐☐☐ UNMARRIED/NO CHILDREN BORN 9996	➤ 419B
405B	CHECK 405A : CHILD BORN 1998 OR LATER ☐ CHILD BORN 1997 OR EARLIER ☐		➤ 418B
406	What is the name of your last born child?	_____ (NAME OF LAST CHILD)	
407	Did your wife go to a health facility to receive antenatal care when she was pregnant with (NAME OF LAST BORN CHILD)?	YES ....1 NO ....2 DON'T KNOW..8	➤ 409
408	Did any health professional such as doctor, nurse, FWV or others come for your wife's antenatal care when she was pregnant with (NAME OF LAST BORN CHILD)?	YES ....1 NO 2	➤ 412
409	Were you present anytime during the antenatal care visit?	YES ....1 NO 2	
410	At any time while she was pregnant with (NAME OF LAST BORN CHILD), did any health professional such as doctor, nurse, or FWV talk to you about this particular pregnancy?	YES ....1 NO 2	
411	During this pregnancy, did you ever talk with your wife about what the health professional such as doctor, nurse, or FWV told her about her own health or the baby's health?	YES ....1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

412	Where did your wife give birth to (NAME OF LAST BORN CHILD)?	HOME
		    OWN HOME...11
		    OTHER HOME.......................................12
		PUBLIC SECTOR
		    GOVT. HOSPITAL 21
		    UPAZILA HEALTH COMPLEX...............22
		    MATERNAL AND CHILD WELFARE
		    CENTER (MCWC) 23
		
		NGO SECTOR
		    NGO STATIC CLINIC 31
		
		PRIVATE SECTOR
		    PVT. HOSPITAL/CLINIC 41
		
		OTHER _____96
		             (SPECIFY)	

413	When she gave birth to (NAME OF LAST BORN CHILD), were you present (NAME OF THE PLACE IN 412) at that time?	YES.. 1 NO.. 2	
414	In the first two months after (NAME OF LAST BORN CHILD) was born, did your wife visit a health facility to have her own health or the child's health checked or did someone such as doctor, nurse or FWV from the health facility come to your place to check your wife's or child's health?	YES, VISITED.. 1 YES, CAME TO THEIR PLACE .... 2 NO.. 8	▶ 416
415	Were you present at that time?	YES.. 1 NO.. 2	
416	Where is your last child (alive or dead)?	ALIVE.. 1 DEAD... 2	▶ 418B
417	Did (NAME OF LAST BORN CHILD) ever receive any vaccinations to prevent him/her from getting diseases?	YES.. 1 NO.. 2 DON'T KNOW 8	▶ 418B
418A	When (NAME OF LAST BORN CHILD) was vaccinated in a health facility, did you take him/her anytime to the health facility?	YES.. 1 NO.. 2	
418B	How many living children do you have?	NUMBER .... ☐☐	
419	**419A** **419B** ☐ **CHECK 418B** ☐ HAS LIVING CHILDREN ▼ NO LIVING CHILDREN ▼ If you could go back to the time you 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? PROBE FOR A NUMERIC RESPONSE. If you could choose exactly the the number of children to have in your whole life, how many would that be?	NUMBER .... ☐☐ OTHER _____ 96 (SPECIFY)	▶ 501
420	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	NUMBER BOYS... ☐☐ GIRLS... ☐☐ EITHER... ☐☐ OTHER _____ 96 (SPECIFY)	

SECTION 5: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES..1 NO 2	▶ 509A
502	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO .... A TV .... B NEWSPAPER/MAGAZINES.....................C PAMPHLETS/POSTERS ....D HEALTH WORKERS .... E MOSQUES/TEMPLES/CHURCES........... F SCHOOLS/TEACHERS.............................G COMMUNITY MEETINGS ....H FRIENDS/RELATIVES................................I WORK PLACE ....J BILL BOARD/SIGN BOARD .... K OTHER _____ X (SPECIFY)	
503	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES...1 NO ....2 DON□T KNOW 8	▶ 505

504	What can a person do?
	
	Anything else?
	
	RECORD ALL MENTIONED.
		ABSTAIN FROM SEX .... A
		USE CONDOMS .... B
		LIMIT SEX WITHIN MARRIAGE C
		LIMIT SEX WITH TRUSTED PARTNER...D
		AVOID SEX WITH PROSTITUTES........... E
		AVOID SEX WITH PERSONS WHO HAVE
		   MANY PARTNERS .... F
		AVOID SEX WITH HOMOSEXUALS ....G
		AVOID SEX WITH PERSONS WHO INJECT
		   DRUGS INTRAVENOUSLY ....H
		AVOID UNSAFE BLOOD
		   TRANSFUSIONS I
		AVOID UNSTERILIZED
		   NEEDLE/SYRING ....J
		AVOID KISSING.. K
		AVOID MOSQUITO BITES.........................L
		SEEK PROTECTION FROM TRADITIONAL
		   HEALER..M
		AVOID SHARING RAZORS/BLADES.......N
		AVOID SEX WITH OTHER WOMEN ....O
		OTHER_____ W
		(SPECIFY)
		OTHER _____ X
		(SPECIFY)
		DON'T KNOW ....Z	

505	Is it possible for a healthy-looking person to have the AIDS virus?	YES...1 NO ....2 DON'T KNOW 8	
506	Can the virus that causes AIDS be transmitted from a mother to a child?	YES...1 NO ....2 DON'T KNOW 8	
507	CHECK 301: YES CURRENLY MARRIED ☐ NOT CURRENTLY MARRIED ☐		▶509A
508	Have you ever talked with your wife about ways to prevent getting the virus that causes AIDS?	YES...1 NO 2	
509A	(Apart from AIDS), have you heard about (other) infection or disease that can be transmitted through sexual contact?	YES...1 NO 2	▶ 510

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509B	Have you heard about _____? a. Syphilis? b. Gonorrhea?	YES NO 1 2 1 2	
509C	CHECK 509B: AT LEAST ONE 'YES' ☐ NOT A SINGLE 'YES' ☐		▶ 514

510	In a man, what signs and symptoms would lead you to think that he has diseases such as STD or syphilis or gonorrhea?
	
	Any others?
	
	RECORD ALL MENTIONED.
		LOWER ABDOMINAL PAIN ....A
		DISCHARGE FROM PENIS/DRIPPING....B
		FOUL SMELLING DISCHARGE C
		BURNING PAIN ON URINATION .... D
		REDNESS/INFLAMMATION IN GENITAL
		   AREA ....E
		SWELLING IN GENITAL AREA................F
		GENITAL SORES/ULCERS...................... G
		GENITAL WARTS .... H
		BLOOD IN URINE I
		LOSS OF WEIGHT .... J
		IMPOTENCE...K
		NO SYMPTOMS L
		OTHER_____ W
		          (SPECIFY)
		OTHER _____ X
		          (SPECIFY)
		DON'T KNOW ....Z	

511	In a woman, what signs and symptoms would lead you to think that she has such a disease STD/syphilis/gonorrhea?
	
	Any others?
	
	RECORD ALL MENTIONED.
		LOWER ABDOMINAL PAIN ....A
		GENITAL DISCHARGE..............................B
		FOUL SMELLING DISCHARGE C
		BURNING PAIN ON URINATION .... D
		REDNESS/INFLAMMATION IN GENITAL
		   AREA ....E
		SWELLING IN GENITAL AREA................F
		GENITAL SORES/ULCERS...................... G
		GENITAL WARTS .... H
		BLOOD IN URINE I
		LOSS OF WEIGHT .... J
		INABILITY TO GIVE BIRTH ....K
		NO SYMPTOMS L
		OTHER_____ W
		          (SPECIFY)
		OTHER_____ X
		          (SPECIFY)
		DON'T KNOW ....Z	

513	Now I would like to ask you some questions about your health in the last 1 year. During the last 1 year, have you had a sexually transmitted disease?	YES .... 1 NO... 2 DON'T KNOW 8	
514	During the last 1 year, have you had a discharge from your penis?	YES .... 1 NO... 2 DON'T KNOW 8	
515	Sometimes, men experience a sore or ulcer on or near their penis? During the last 1 year, have you had a sore or ulcer on or near your penis?	YES .... 1 NO... 2 DON'T KNOW 8	
516	During the last 1 year, have you had pain or burning sensation during urination?	YES .... 1 NO... 2 DON'T KNOW 8	
517	CHECK 513, 514, 515 OR 516: AT LEAST ONE 'YES' ☐ NOT A SINGLE 'YES' ☐		▶ 521

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
518	The last time you had (INFECTION/DISEASE FROM 513, 514, 515 OR 516), did you seek any kind of advice or treatment?	YES.. 1 NO 2	→ 520
519	The last time you had (INFECTION/DISEASE FROM 513, 514, 515 OR 516) did you do any of the following? Did you.... Seek advice from a health professional such as doctor, nurse in a clinic or hospital? Seek advice or medicine from a traditional healer? Seek advice or buy medicines in a shop or pharmacy? Seek treatment from a homeopath doctor? Ask for advice from friends or relatives?	YES NO HEALTH WORKER ....1 2 TRADITIONAL HEALER ....1 2 PHARMACY ....1 2 HOMEOPATH ....1 2 FRIENDS/RELATIVES.................1 2	
520	CHECK 301: CURRENTLY MARRIED ☐ CURRENTLY NOT MARRIED ☐		→ 520B
520A	The last time when you had (INFECTION/DISEASE FROM 513, 514, 515 OR 516), did you inform your wife?	YES.. 1 NO .... 2 SOME/NOT ALL.. 3	
520B	The last time when you had (INFECTION/DISEASE FROM 513, 514, 515 OR 516), did you have sex with anyone?	YES.. 1 NO 2	→ 521
520C	The last time when you had infection and had sexual intercourse with someone, did you use condom?	YES.. 1 NO 2	→ 521
520D	As long as you had the infection, did you use condom every time you had sexual intercourse or did you use condom occasionally?	AS LONG AS INFECTION .... 1 OCCASIONALLY 2	
520E	The last time why did you use condom?	TO PREVENT STD .... A TO PREVENT PREGNANCY .... B OTHER_____X (SPECIFY)	→ 601
521	If a woman's husband has a sexually transmitted disease? Would it be acceptable for her to ask him to use a condom?	YES.. 1 NO .... 2 DOES NOT KNOW 8	
521A	If a woman's husband has a sexually transmitted disease? Would it be acceptable for her to refuse to have sex with him?	YES.. 1 NO .... 2 DOES NOT KNOW 8	

SECTION 6. ATTITUDES TOWARDS WOMEN AND DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I would like to ask you a few questions regarding men and women in couples. People have many different opinions on this subject and we would like to know what it is that you think about it.		
601	If the husband is making enough money, do you believe that it is acceptable for married women to work outside the home to earn an income?	YES ....1 NO ....2 DK 8	
602	If for some reason the husband cannot making enough money for the family, do you believe that it is acceptable for married women to work outside the home to earn an income?	YES ....1 NO ....2 DK 8	
603	CHECK 301: YES CURRENLY MARRIED ☐ NOT CURRENTLY MARRIED ☐		▶ 612
606	Do you take your wife's opinion on: a. Large household expenses, that require a lot of money? b. Minor daily household expenses? C. When you wish visit family, friends or relatives?	NO YES NO OPINION 1 2 8 1 2 8 1 2 8	
606A	Does your wife own cash in her work?	YES ....1 NO ....2 ▶ 607	
606B	Who mainly decides how to spend the money that your own wife earn?	RESPONDENT ....1 WIFE ....2 HUSBAND AND WIFE TOGETHER ....3 SOMEONE ELSE ....4 RESPONDENT WITH SOMEONE ELSE ..5	
607	It is normal for couple to have quarrels and disagreements. During those quarrels some husbands occasionally severely reprimand or even beat their wives. In your opinion, do you think a man would be justified to beat his wife: If she neglects the children? If she argues with her husband? If she fails to provide food on time If she visit family or friend without her husband's permission?	NO YES NO OPINION 1 2 8 1 2 8 1 2 8 1 2 8	

610		Anytime, were there any circumstances or family disagreement which caused you to do?		In the last 1 year, were there any circumstances or family disagreement which caused you to do any of the following?	
		YES	NO	YES	NO
	A. Pushing or shaking your wife, or throwing something at her?	1 ⟶	2 ⌐	1	2
	B. Slapping her or twisting her arm?	1 ⟶	2 ⌐	1	2
	C. Punching her with your fist or with something that could hurt her?	1 ⟶	2 ⌐	1	2
	D. Kicking her or dragging her?	1 ⟶	2 ⌐	1	2
	E. Trying to strangle her or kill her or by burning her?	1 ⟶	2 ⌐	1	2
	H. Physically forcing her to have sexual intercourse with her even when she did not want to?	1 ⟶	2 ⌐	1	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Now I would now like to ask you a very personal question. Some people take such things as Ganja, Charas, Phensidle, Pethedine, Heroin, Morphine, etc. I would like to know if you have any such habits. The information you provide shall be kept confidential and be used only for research purposes like the other information. In the last 3 months, have you taken ....? (In addition to this/these), have you taken any injectable drug in the last three months?	YES NO GANJA .... 1 2 CHARAS .... 1 2 PHENSIDLE .... 1 2 PETHEDINE .... 1 2 HEROIN .... 1 2 MORPHINE .... 1 2 INJECTABLE DRUG.................. 1 OTHER _____ 1 2 (SPECIFY)	
613	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

_____

_____

_____

NAME OF EDITOR:_____ DATE:_____

Bangladesh Demographic and Health Survey 2003-04
COMMUNITY QUESTIONNAIRE

DIVISION

DISTRICT _____

THANA _____

UNION/WARD_____

VILLAGE/MOHALLA/BLOCK_____

PSU NUMBER _____

RESIDENCE: RURAL =1, MUNICIPALITY =3, OTHER URBAN =4, SMA =5 .....

GPS READING:

LATITUDE...................................... N | Degrees | Minutes | Thousandths

LONGITUDE .... E | Degrees | Minutes | Thousandths

WAYPOINT ....

DATE OF VISIT_____

DAY...

MONTH ....

YEAR ....

RESULTS OF THE INTERVIEW:
(COMPLETED =1, INCOMPLETE = 2, OTHER (SPECIFY) = 6)

RESULT ....

NAME OF INTERVIEWER_____

INTERVIEWER CODE...

POSITION OF PERSON INTERVIEWED

1 _____

2 _____

3 _____

4 _____

5 _____

SEX (Male =1; Female =2)

BEGINNING TIME:

HOUR ....

MINUTES...

1. Community information

AFTER ASSEMBLING THE INFORMANTS, READ THE FOLLOWING GREETING:
Hello. I am representing the NIPORT of Ministry of Health and Family Welfare. We are carrying out a survey of communities to get a picture of services available to the communities and to understand when and why people use health services. I would like to ask you some questions about your community and about sources of health care in it and around it as a way of better understanding how to serve the population. Please be assured that this discussion is strictly confidential and you may choose to stop the interview at any time. May I continue?

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
100	PERMISSION RECEIVED TO CONTINUE?	YES..1 NO 2	Stop
100A	CHECK: RURAL AREA ☐	URBAN AREA ☐	104
101	How far is the Thana Health Center? IF LESS THAN ONE MILE/KILOMETER, RECORD "00". RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE .... 1 KILOMETER .... 2 ☐☐	
102	Which is the most common type of transportation i.e, most of the people use to go to the Thana Health Center?	CAR/BUS/TEMPO ....01 MOTORCYCLE...................................02 MOTOR LAUNCH ....03 BICYCLE...04 ANIMAL CART ....05 BOAT ....06 PATH ....07 RICKSHAW/RICKSHAW VAN...........08 BABYTAXI/CNG.................................09 TRAIN...10 OTHER _____ 96 (SPECIFY)	
103	How long does it take to go to the Thana Health Center using the transportation (MENTIONED IN Q 102)?	MINUTES........................ ☐☐☐	
104	How far is the District Headquarters? IF LESS THAN ONE MILE/KILOMETER, RECORD "00". RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE .... 1 KILOMETER .... 2 ☐☐	
105	Which is the most common type of transportation i.e, most of the people use to go to the District Headquarters?	CAR/BUS/TEMPO ....01 MOTORCYCLE...................................02 MOTOR LAUNCH ....03 BICYCLE...04 ANIMAL CART ....05 BOAT ....06 PATH ....07 RICKSHAW/RICKSHAW VAN...........08 BABYTAXI/CNG.................................09 TRAIN...10 OTHER _____ 96 (SPECIFY)	
106	How long does it take to go to the District Headquarters using the transportation (MENTIONED IN Q 105)?	MINUTES.................... ☐☐☐	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
107	What is the main access road to this community?	ALL WEATHER ROAD........................1 SEASONAL ROAD ....2 WATERWAY.....................................3 PATH...4 OTHER _____ 6 (SPECIFY)	
108	What type of work usually done by most people of this community i.e what is the main economic activities of this community?	AGRICULTURE ....01 LIVESTOCK ....02 FISHING ....03 COMMERCE ....04 MANUFACTURING...........................05 LABOR..06 OTHER _____ 96 (SPECIFY)	
109	How far is the nearest daily market from this village/mohalla? IF LESS THAN ONE MILE/KILOMETER, RECORD "00". RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE ....1 KILOMETER 2	
109A	CHECK: RURAL AREA URBAN AREA		▶111a
110	How far is the nearest weekly market from this village/mohalla? IF LESS THAN ONE MILE/KILOMETER, RECORD "00". RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE ....1 KILOMETER 2	
111a	Is there any telephone service in this area?	YES...1 NO 2	▶ 112
111b	How far is the nearest telephone service (government or private) from this village? IF LESS THAN ONE MILE/KILOMETER, RECORD "00". RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS.	MILE ....1 KILOMETER 2	
112	Is electricity available here?	YES...1 NO 2	

113	What is the primary source of drinking water for the majority of people in this village?	PIPED WATER
		   PIPED INSIDE DWELLING............11
		   PIPED OUTSIDE DWELLING........12
		WELL WATER
		   TUBEWELL....................................21
		   DEEP TUBEWELL 22
		   SURFACE WELL/OTHER WELL ...23
		SURFACE WATER
		   POND/TANK/LAKE 31
		   RIVER/STREAM 32
		RAINWATER 41
		OTHER _____ 96
		(SPECIFY)
			▶ 116
			
			▶ 116

114	Is there any arsenic problem in the drinking water in your area?	YES...1 NO 2	
114A	Did you know whether the wells/tubewells in the water for arsenic?	YES...1 NO 2	▶ 116
115	Is there a red marker, a green marker on the well?	ALL RED MARK..................................1 ALL GREEN MARK.............................2 SOME RED AND SOME GREEN MARK....................................3 NO MARK 4	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

116	In this village/mohalla, are there any of the following :
	
	    MOTHER'S CLUB OR LADIES ASSOCIATIONS?
	    GRAMEEN BANK MEMBER?
	    VOLUNTARY ORGANIZATION MEMBER?
	    BRAC INCOME GENERATING ACTVITIES
	    PROSHIKA
	    ASHA
	    COTTAGE INDUSTRIES OF BSIC
	    COOPERATIVE SOCIETY
	    OTHER NGO INCOME GENERATING ACTIVITIES
		YES NO
		MOTHERS CLUB......................1 2
		GRAMEEN BANK 1 2
		V0 MEMBER............................1 2
		BRAC.......................................1 2
		PROSHIKA 1 2
		ASHA.......................................1 2
		BSIC 1 2
		COOPERATIVE SOCIETY........1 2
		NGOS 1 2	

121	In this village/mohalla, is there a television for the community?	YES...1 NO 2	
122	Please tell me if the following things are in this village/mohalla. IF LOCATED IN THE VILLAGE/MOHALLA, WRITE '00'. IF NO, ASK: How far is it? IF DO NOT KNOW, PUT '98'. A. How far is the madrasha from this village/mohalla?	MILE 1 KILOMETER 2	
	B. How far is the primary school from this village/mohalla?	MILE 1 KILOMETER 2	
	C. How far is the boy's high school from this viilage/mohalla?	MILE 1 KILOMETER 2	
	D. How far is the girl's high school from this village/mohalla?	MILE 1 KILOMETER 2	
	E. How far is the high school (co-education)?	MILE 1 KILOMETER 2	
	F. How far is the post office from this village/mohalla?	MILE 1 KILOMETER 2	
	G. Is there a cinema hall here?	MILE 1 KILOMETER 2	
123	Is there anyone in the village/mohalla who sells family planning methods from his or her house?	YES...1 NO 2	
124	Is there any shop in this village/mohalla, which sells family planning methods?	YES...1 NO 2	
125	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. It is called the satellite clinic. Is there a clinic like this held in this village/mohalla in the last 6 months?	YES...1 NO ....2 DOES NOT KNOW 8	→127
126	Was there a clinic like this held nearby to this village/mohalla in the last 6 months? IF YES; How far away is the place where they had the clinic?	YES...1 NO ....2 DOES NOT KNOW ....8 MILES................... 1 KM 2	→128

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
127	Does this outreach program /satellite clinic provide: A. Family Planning Education/ Counseling? B. Family Planning Services? if YES 　　I.　Pill? 　　II.　IUD Insertion? 　　III.　Injections? 　　IV.　Condoms? C. Menstrual Regulation (MR)? D. Antenatal Care? E. Delivery Care? F. Postpartum Care? G. Child Immunization? H. Growth Monitoring? I. Treatment of sick children? J. Oral Rehydration Therapy? K. Health Education? L. Vitamin A M. National Immunization Day (NID) N. Other_____ 　　　　　(Specify)	YES　　NO FP EDUCATION/COUNSELING .. 1　　2 FAMILY PLANNING SERVICES .. 1　　2 　　PILL .... 1　　2 　　IUD INSERTION .... 1　　2 　　INJECTIONS........................... 1　　2 　　CONDOMS .... 1　　2 MENSTRUAL REGULATION .... 1　　2 ANTENATAL CARE .... 1　　2 DELIVERY CARE .... 1　　2 POSTPARTUM CARE .... 1　　2 CHILD IMMUNIZATION .... 1　　2 GROWTH MONITORING.............. 1　　2 TREATMENT OF SICK CHILD..... 1　　2 ORAL REHYDRATION .... 1　　2 HEALTH EDUCATION .... 1　　2 VITAMIN A .... 1　　2 NID .... 1　　2 OTHER .... 1　　2	►127C
128	How far is it from here to the nearest place that provides: a)　　Child Immunization/EPI? b)　　ORS Packet? c)　　Condoms? d)　　Pill? e)　　Injectables? f)　　IUD? g)　　Vasectomy? h)　　Tubectomy? i)　　Other health service IF NEAREST PLACE IS IN VILLAGE/MOHALLA, RECORD '00'. IF DISTANCE DON'T KNOW, RECORD '98'.	 MILE .... 1　☐☐ KILOMETER .... 2 MILE .... 1　☐☐ KILOMETER .... 2 MILE .... 1　☐☐ KILOMETER .... 2 MILE .... 1　☐☐ KILOMETER .... 2 MILE .... 1　☐☐ KILOMETER .... 2 MILE .... 1　☐☐ KILOMETER .... 2 MILE .... 1　☐☐ KILOMETER .... 2 MILE .... 1　☐☐ KILOMETER .... 2 MILE .... 1　☐☐ KILOMETER 2	

2. Identification of Health facilities and Pharmacies

Now, I will ask you questions about health facilities that offer health services to the villagers. The purpose of this section is to identify the sources of health services available to the villagers. Please mention all facilities that offer services.

201. HEALTH FACILITY	202. Where is the HEALTH FACILITY located?	203. What is the HEALTH FACILITY's operating authority?	204. How far in miles/kilometers is the HEALTH FACILITY located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	204. How many minutes does it take to go to the FACILITY using the most common type of transportation?	206. When did FACILITY first open?	206A. For how long has HEALTH FACILITY been open?	207. Is HEALTH FACILITY in this District/ Thana/ union?
01A. HOSPITAL (Nearest) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01 NGO ....02 PRIVATE ....03 RELIGIOUS........04 OTHER...............96 DK 98	MILES ....1 ☐☐ KILOMETERS... 2 ☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES ☐☐☐☐ └─► 207 DON'T KNOW .... 9998 └─►206A	YEARS . ☐☐ DON'T KNOW.98	YES ....1→ 02A NO ......2→ 01B
01B. HOSPITAL (DISTRICT) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01 NGO ....02 PRIVATE ....03 RELIGIOUS........04 OTHER...............96 DK 98	MILES ....1 ☐☐ KILOMETERS... 2 ☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES ☐☐☐☐ └─► 207 DON'T KNOW .... 9998 └─►206A	YEARS . ☐☐ DON'T KNOW.98	
02A. MATERNAL AND CHILD WELFARE CENTER (MCWC) (nearest) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01	MILES ....1 ☐☐ KILOMETERS... 2 ☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES ☐☐☐☐ └─► 207 DON'T KNOW .... 9998 └─►206A	YEARS . ☐☐ DON'T KNOW.98	YES ....1→ 03A NO ......2→ 02B
02B. MATERNAL AND CHILD WELFARE CENTER (MCWC) (DISTRICT) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01	MILES ....1 ☐☐ KILOMETERS... 2 ☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES ☐☐☐☐ └─► 207 DON'T KNOW .... 9998 └─►206A	YEARS . ☐☐ DON'T KNOW.98	
03A. THANA HEALTH CENTER (THC) (nearest) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01	MILES ....1 ☐☐ KILOMETERS... 2 ☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES ☐☐☐☐ └─► 207 DON'T KNOW .... 9998 └─►206A	YEARS . ☐☐ DON'T KNOW.98	YES ....1→ 04A NO ......2→ 03B

201. HEALTH FACILITY	202. Where is the HEALTH FACILITY located?	203. What is the HEALTH FACILITY's operating authority?	204. How far in miles/kilometers is the HEALTH FACILITY located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	204. How many minutes does it take to go to the FACILITY using the most common type of transportation?	206. When did FACILITY first open?	206A. For how long has HEALTH FACILITY been open?	207. Is HEALTH FACILITY in this District/ Thana/ union?
03B. THANA HEALTH CENTER (THC) (THANA) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01	MILES .... 1 ☐☐ KILOMETERS... 2 ☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES ☐☐☐☐ └→207 DON'T KNOW .... 9998 └→206A	YEARS . ☐☐ DON'T KNOW. 98	
04A. FAMILY WELFARE CENTER (FWC) (nearest) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01	MILES .... 1 ☐☐ KILOMETERS... 2 ☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES ☐☐☐☐ └→207 DON'T KNOW .... 9998 └→206A	YEARS . ☐☐ DON'T KNOW. 98	YES ....1→ 05A NO ......2→ 04B
04B. FAMILY WELFARE CENTER (FWC) (UNION) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01	MILES .... 1 ☐☐ KILOMETERS... 2 ☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES ☐☐☐☐ └→207 DON'T KNOW .... 9998 └→206A	YEARS . ☐☐ DON'T KNOW. 98	
05A. RURAL DISPENSARY (RD) (nearest) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01	MILES .... 1 ☐☐ KILOMETERS... 2 ☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES ☐☐☐☐ └→207 DON'T KNOW .... 9998 └→206A	YEARS . ☐☐ DON'T KNOW. 98	YES ....1→ 05A NO ......2→ 04B
05B. RURAL DISPENSARY (RD) (UNION) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01	MILES .... 1 ☐☐ KILOMETERS... 2 ☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES ☐☐☐☐ └→207 DON'T KNOW .... 998 └→206A	YEARS . ☐☐ DON'T KNOW. 98	

201. HEALTH FACILITY	202. Where is the HEALTH FACILITY located?	203. What is the HEALTH FACILITY's operating authority?	204. How far in miles/kilometers is the HEALTH FACILITY located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	204. How many minutes does it take to go to the FACILITY using the most common type of transportation?	206. When did FACILITY first open?	206A. For how long has HEALTH FACILITY been open?	207. Is HEALTH FACILITY in this District/ Thana/ union?
06A. COMMUNITY CLINIC (nearest) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01	MILES .... 1☐☐ KILOMETERS... 2☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES☐☐☐☐ └─►207 DON'T KNOW .... 9998 └─►206A	YEARS .☐☐ DON'T KNOW.98	YES ....1→ 07A NO ......2→ 06B
06B. COMMUNITY CLINIC (UNION) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01	MILES .... 1☐☐ KILOMETERS... 2☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES☐☐☐☐ └─►207 DON'T KNOW .... 9998 └─►206A	YEARS .☐☐ DON'T KNOW.98	
07A. SATELLITE CLINIC (nearest) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01 NGO ....02 PRIVATE ....03 RELIGIOUS........04 OTHER...............96 DK 98	MILES .... 1☐☐ KILOMETERS... 2☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES☐☐☐☐ └─►207 DON'T KNOW .... 9998 └─►206A	YEARS .☐☐ DON'T KNOW.98	YES ....1→ 08A NO ......2→ 07B
07B. SATELLITE CLINIC (UNION) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01 NGO ....02 PRIVATE ....03 RELIGIOUS........04 OTHER...............96 DK 98	MILES .... 1☐☐ KILOMETERS... 2☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES☐☐☐☐ └─►207 DON'T KNOW .... 9998 └─►206A	YEARS .☐☐ DON'T KNOW.98	
08A. NGO CLINIC (nearest) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	NGO 02	MILES .... 1☐☐ KILOMETERS... 2☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES☐☐☐☐ └─►207 DON'T KNOW .... 9998 └─►206A	YEARS .☐☐ DON'T KNOW.98	YES ....1→ 09A NO ......2→ 08B
08B. NGO CLINIC (UNION) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	NGO 02	MILES .... 1☐☐ KILOMETERS... 2☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES☐☐☐☐ └─►207 DON'T KNOW .... 9998 └─►206A	YEARS .☐☐ DON'T KNOW.98	

201. HEALTH FACILITY	202. Where is the HEALTH FACILITY located?	203. What is the HEALTH FACILITY's operating authority?	204. How far in miles/kilometers is the HEALTH FACILITY located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	204. How many minutes does it take to go to the FACILITY using the most common type of transportation?	206. When did FACILITY first open?	206A. For how long has HEALTH FACILITY been open?	207. Is HEALTH FACILITY in this District/ Thana/ union?
09A. PRIVATE CLINIC (nearest) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	PRIVATE ....03 RELIGIOUS ....04 OTHER ....96 DK 98	MILES .... 1 ☐☐ KILOMETERS ... 2 ☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES ☐☐☐☐ └──► 207 DON'T KNOW .... 9998 └──►206A	YEARS . ☐☐ DON'T KNOW. 98	YES ....1→ 10A NO ......2→ 09B
09B. PRIVATE CLINIC (UNION) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	PRIVATE ....03 RELIGIOUS ....04 OTHER ....96 DK 98	MILES .... 1 ☐☐ KILOMETERS ... 2 ☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES ☐☐☐☐ └──► 207 DON'T KNOW .... 9998 └──►206A	YEARS . ☐☐ DON'T KNOW. 98	
10A. PHARMACY (nearest) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01 NGO ....02 PRIVATE ....03 RELIGIOUS ....04 OTHER ....96 DK 98	MILES .... 1 ☐☐ KILOMETERS ... 2 ☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES ☐☐☐☐ └──► 207 DON'T KNOW .... 9998 └──►206A	YEARS . ☐☐ DON'T KNOW. 98	YES ....1→ 11A NO ......2→ 10B
10B. PHARMACY (UNION) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01 NGO ....02 PRIVATE ....03 RELIGIOUS ....04 OTHER ....96 DK 98	MILES .... 1 ☐☐ KILOMETERS ... 2 ☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES ☐☐☐☐ └──► 207 DON'T KNOW .... 9998 └──►206A	YEARS . ☐☐ DON'T KNOW. 98	
11. OTHER HEALTH CENTER (UNION) NAME:_____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..01 NGO ....02 PRIVATE ....03 RELIGIOUS ....04 OTHER ....96 DK 98	MILES .... 1 ☐☐ KILOMETERS ... 2 ☐☐ DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW......... 998	MINUTES ☐☐☐☐ └──► 207 DON'T KNOW .... 9998 └──►206A	YEARS . ☐☐ DON'T KNOW. 98	

3: List of the Health and Family Planning Workers. Please provide us the name of all fieldworkers working in this cluster/village

Title and Name of the worker	301 What name he/she is known?	302: Does he/she live in this locality?	303a. Does he/she live?	303b. How frequent does he/she visit this village/mohalla?	304. What type of services does he/she provide?
01. Is there any a government family planning worker (FWA) in this village/mohalla? YES...................... 1 NAME: _____ NO........................ 2 → NEXT	Known as: _____	YES .... 1 (GO TO 304)◄┘ NO.................................... 2	DISTRICT _____ THANA _____ UNION_____ VILLAGE _____	ONCE A WEEK................1 ONCE IN 15 DAYS ....2 ONCE A MONTH ....3 LESS THAN A MONTH....4 ALMOST NEVER.............5 DON'T KNOW.................8	HEALTH ....1 FAMILY PLANNING ......2 BOTH ....3 DON'T KNOW 8
02. Is there any government health assistance (HA) in this village/mohalla? YES...................... 1 NAME: _____ NO........................ 2 → NEXT	Known as: _____	YES .... 1 (GO TO 304)◄┘ NO.................................... 2	DISTRICT _____ THANA _____ UNION_____ VILLAGE _____	ONCE A WEEK................1 ONCE IN 15 DAYS ....2 ONCE A MONTH ....3 LESS THAN A MONTH....4 ALMOST NEVER.............5 DON'T KNOW.................8	HEALTH ....1 FAMILY PLANNING ......2 BOTH ....3 DON'T KNOW 8
03A. Is there any non-government health/family planning worker in this village/mohalla? YES...................... 1 NAME: _____ NO........................ 2 → NEXT	Known as: _____	YES .... 1 (GO TO 304)◄┘ NO.................................... 2	DISTRICT _____ THANA _____ UNION_____ VILLAGE _____	ONCE A WEEK................1 ONCE IN 15 DAYS ....2 ONCE A MONTH ....3 LESS THAN A MONTH....4 ALMOST NEVER.............5 DON'T KNOW.................8	HEALTH ....1 FAMILY PLANNING ......2 BOTH ....3 DON'T KNOW 8
03B. Is there any other non-government health/family planning worker in this village/mohalla? YES...................... 1 NAME: _____ NO........................ 2 → 401	Known as: _____	YES .... 1 (GO TO 304)◄┘ NO.................................... 2	DISTRICT _____ THANA _____ UNION_____ VILLAGE _____	ONCE A WEEK................1 ONCE IN 15 DAYS ....2 ONCE A MONTH ....3 LESS THAN A MONTH....4 ALMOST NEVER.............5 DON'T KNOW.................8	HEALTH ....1 FAMILY PLANNING ......2 BOTH ....3 DON'T KNOW 8

4: Availability of Doctors (allopathic, homeopathic) and Pharmacies

Please tell us about the doctors and pharmacies working in this village/mohalla.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
401	Are there any allopathic/MBBS doctors in this village/mohalla?	YES ....1 NO 2	→ 403
402	How many allopathic/MBBS doctors are in this village/mohalla?	NUMBER .... ☐☐ DON'T KNOW...............................98 **PLEASE COMPLETE THE LIST OF DOCTORS IN NEXT PAGE**	
403	How far away is the nearest allopathic/MBBS doctor?	MILE ....1 KILOMETER ....2 ☐☐ DK ....998 ENTER 'OO' IF IN THIS VILLAGE/MOHALLA	
404	Are there any homeopathic doctors in this village/mohalla?	YES ....1 NO 2	→ 406
405	How many homeopathic doctors are in this village/mohalla?	NUMBER .... ☐☐ DON'T KNOW...............................98	
406	How far away is the nearest homeopathic doctor?	MILE ....1 KILOMETER ....2 ☐☐ DK ....998 ENTER 'OO' IF IN THIS VILLAGE/MOHALLA	
407	Are there any ayurvedic/unani doctors in this village/mohalla?	YES ....1 NO 2	→ 409
408	How many ayurvedic/unani doctors are in this village/mohalla?	NUMBER .... ☐☐ DON'T KNOW...............................98	
409	How far away is the nearest ayurvedic/unani doctor?	MILE ....1 KILOMETER ....2 ☐☐ DK ....998 ENTER 'OO' IF IN THIS VILLAGE/MOHALLA	
410	Are there any pharmacies in this village/mohalla?	YES ....1 NO 2	→ 412
411	How many pharmacies are in this village/mohalla?	NUMBER .... ☐☐ DON'T KNOW...............................98	
412	How far away is the nearest pharmacy?	MILE ....1 KILOMETER ....2 ☐☐ DK ....998 ENTER 'OO' IF IN THIS VILLAGE/MOHALLA	

5: List of doctors (allopathic).

501. Please provide us the name of all doctors working in this village/mohalla.

1 NAME OF DOCTOR (known as)	TYPE OF DOCTOR	Is the (NAME) qualified doctor?
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
NAME _____	ALLOPATHIC .... 1 HOMEOPATHIC............................ 2 AYURVEDIC/UNANI...................... 3	HAVE A CERTIFICATE ....1 HAVE A CERTIFICATE (PALLI DOCTOR) 2 NO CERTIFICATE 3
ENDING TIME		HOUR.................... ☐☐ MINUTES .... ☐☐

Bangladesh Demographic and Health Survey

Indicator	1993-1994	1996-1997	1999-2000	2004
Fertility				
Total fertility rate (TFR) 15-49	3.4	3.3	3.3	3.0
Contraceptive Prevalence Rate				
Any method	44.6	49.2	53.8	58.1
Any modern method	36.2	41.6	43.4	47.3
Pill	17.4	20.8	23.0	26.2
IUD	2.2	1.8	1.2	0.6
Injection	4.5	6.2	7.2	9.7
Condom	3.0	3.9	4.3	4.2
Female Sterilization	8.1	7.6	6.7	5.2
Male Sterilization	1.1	1.1	0.5	0.6
Norplant	-	0.1	0.5	0.8
Any traditional method	8.4	7.7	10.3	10.8
Contraceptive Use among Married Adolescent				
Percent of currently married adolescent girls using a modern contraceptive method				
Age 10-14	10.5	9.1	16.1	21.9
Age 15-19	19.6	27.8	31.2	34.1
Unmet Need for Family Planning				
Percentage of currently married women under age 50 with unmet need for family planning	19.4	15.8	15.3	11.3
Field worker visit				
Percentage of currently married women who reported having been visited by a family planning fieldworker in the six months prior to the survey	43.0	35.2	21.2	18.2
Antenatal Coverage Percentage of last live births in the five years preceding the survey for which women received at least one ANC from a medically trained provider	-	29.0	33.3	48.7
Skilled Assistance at Delivery Percentage of births in the five years preceding the survey attended by medically trained provider	9.5[1]	8.0	12.1	13.4
Postnatal Care Percentage of last live births where the mother received PNC from a trained provider within 42 days of delivery	-	-	13.7	17.8
Percentage of last live births in the five years preceding the survey where the child received PNC from a trained provider within 42 days of delivery	-	-	-	17.5

Childhood mortality				
Neonatal Mortality	52	48	42	41
Post-neonatal Mortality	35	34	24	24
Infant Mortality Rate	87	82	66	65
Child Mortality Rate	50	37	30	24
Under 5 Mortality Rate	133	116	94	88
Vaccination Coverage				
Percentage of children age 12-23 months who received specific vaccines at any time before the survey				
BCG				
DPT3	85.4	86.2	91.0	93.4
Polio3	66.0	69.3	72.1	81.0
Measles	66.8	62.3	70.8	82.3
All vaccines	68.9	69.9	70.8	75.7
	58.9	54.1	60.4	73.1
Vitamin A Supplementation				
Percentage of children (9-59 months) receiving vitamin-A capsules in the 6 months preceding the survey	-	-	80.4	81.8
Treatment for Diarrhea				
Percentage of children under five years of age with diarrhea s treated with				
ORT (ORS or home made solution)	58.3[2]	61.0	73.6	74.6
Increased Fluid intake	50.9[2]	55.7	49.7	52.3
Treatment for ARI Percentage of children under five years of age with symptoms of ARI seeking care from a trained provider	28.0[2]	32.9	27.2	20.3

Indicator	1993-1994	1996-1997	1999-2000	2004
Nutritional Status of Children				
Percentage of children under five years of age considered malnourished according to three anthropometric indices of nutritional status				
Height-for-age (stunting)				
Severe	-	28.0	18.3	16.9
Moderate or severe	-	54.6	44.7	43.0
Weight for-height (wasting)				
Severe	-	3.7	1.1	1.3
Moderate or severe	-	17.7	10.3	12.8
Weight-for-age (underweight)				
Severe	-	20.6	12.9	12.8
Moderate or severe	-	56.3	47.7	47.5
Knowledge of HIV/AIDS				
Percentage of women/men who have heard of HIV/AIDS	-			
Ever-married women	-	18.7	30.8	60.0
Currently married men	-	33.1-	50.2	78.0
Never married men	-		-	89.3
Percentage of women/men who know at least two correct ways to avoid HIV/AIDS				
Ever-married women	-	-	7.2	29.7
Currently married men	-	-	18.0	45.3
Never married men	-	-	-	58.8
Sanitary excreta disposal				
Percent of households with flush toilets, pit toilets/latrines	40.7	43.2	54.1	58.6
Education				
Percent of females 15-19 with completed primary education	33.1	51.6	62.9	70.4
Percent of males 15-19 with completed primary education	43.3	57.2	65.2	66.7
Percent of females 20-24 with completed secondary education	9.0	13.1	16.7	16.4
Percent of males 20-24 with completed secondary education	20.9	22.7	22.7	23.8

Breastfeeding Percent of children under 6 months who are exclusively breastfed (based on 24 hour recall)	45.9	45.1	46.1	42.2
Percent of children under 6 months who are exclusively breastfed (based on 7 days recall)	--	--	--	36.4
Percent of children age 6-9 months receiving breast milk and complementary food (based on 24 hour recall)	28.5	28.4	58.9	62.3
Percent of children age 6-9 months receiving breast milk and complementary food (based on 7 days recall)	--	--	--	69.2
Maternal nutrition Percent of mothers under age 50 who have children under 5 years with low BMI(<18.5)	--			
Percent of ever married women under age 50 with low BMI		52.0	45.4	37.9
	--	--	--	34.3

[1] Rate refer to births in the three years preceding the survey
[2] Rate refers to children under three years of age