





NIPORT, MOHFW  
Mitra and Associates

IDENTIFICATION	
DIVISION _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div> </div>
DISTRICT _____	
UPAZILA _____	
UNION/WARD _____	
VILLAGE/MOHALLA/BLOCK _____	
CLUSTER NUMBER .....	
HOUSEHOLD NUMBER .....	
RURAL=1, MUNICIPALITY=2, OTHER URBAN=3, SMA=4 .....	
HOUSEHOLD IN A SLUM (YES=1, NO=2) .....	
NAME OF THE SLUM _____	
NAME OF THE HOUSEHOLD HEAD _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
HOUSEHOLD SELECTED FOR MEN'S SURVEY (YES=1, NO=2) _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div> MONTH <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> YEAR <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</div> </div>
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
RESULT*	_____	_____	_____	RESULT <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
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 <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> TOTAL ELIGIBLE WOMEN <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> TOTAL ELIGIBLE MEN <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	DATE _____ <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>

## Introduction and Consent

Hello. My name is \_\_\_\_\_ and I am working with Mitra and Associates, a private research organization located in 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, men and children under the authority of NIPORT of Ministry of Health and Family Welfare. We would very much appreciate your participation in this survey. The survey usually takes between 10 and 15 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the 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

# HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 10 OR OLDER	ELIGIBILITY			IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS	IF AGE 8 OR OLDER
				Does (NAME) usually live here?	Did (NAME) stay here last night?			CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 10-49	CIRCLE LINE NUMBER OF ALL EVER-MARRIED MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	Has (NAME) ever attended school?	What is the level of schooling (NAME) has last attended?		
(1)														
01	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.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-15 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF AGE LESS THAN 1 YEAR WRITE 00.	What is (NAME'S) current marital status? 1 = CURRENTLY MARRIED 2 = DIVORCED/SEPARATED/DESERTED/WIDOWED 3 = NEVER-MARRIED							
02														
03														
04														
05														
06														
07														
08														

**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  
 09 = OTHER RELATIVE  
 10 = ADOPTED FOSTER/STEPCHILD  
 11 = NOT RELATED  
 98 = DON'T KNOW

**CODES FOR Qs. 13: EDUCATION**  
**LEVEL**  
 1 = PRIMARY  
 2 = SECONDARY  
 3 = COLLEGE AND HIGHER  
 98 = DON'T KNOW

**CLASS**  
 00 = LESS THAN 1 YEAR COMPLETED  
 01 = 1 YEAR COMPLETED  
 02 = 2 YEARS COMPLETED  
 03 = 3 YEARS COMPLETED  
 04 = 4 YEARS COMPLETED  
 05 = 5 YEARS COMPLETED  
 06 = 6 YEARS COMPLETED  
 07 = 7 YEARS COMPLETED  
 08 = 8 YEARS COMPLETED  
 09 = 9 YEARS COMPLETED  
 10 = 10 YEARS COMPLETED  
 11 = 11 YEARS COMPLETED  
 12 = 12 YEARS COMPLETED  
 13 = 13 YEARS COMPLETED  
 14 = 14 YEARS COMPLETED  
 15 = 15 YEARS COMPLETED  
 98 = DON'T KNOW

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
09		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2 3	09	09	09	1 2 ↓ GO TO 15	<input type="checkbox"/>	1 2	1 2
10		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2 3	10	10	10	1 2 ↓ GO TO 15	<input type="checkbox"/>	1 2	1 2
11		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2 3	11	11	11	1 2 ↓ GO TO 15	<input type="checkbox"/>	1 2	1 2
12		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2 3	12	12	12	1 2 ↓ GO TO 15	<input type="checkbox"/>	1 2	1 2
13		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2 3	13	13	13	1 2 ↓ GO TO 15	<input type="checkbox"/>	1 2	1 2
14		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2 3	14	14	14	1 2 ↓ GO TO 15	<input type="checkbox"/>	1 2	1 2
15		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2 3	15	15	15	1 2 ↓ GO TO 15	<input type="checkbox"/>	1 2	1 2
16		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2 3	16	16	16	1 2 ↓ GO TO 15	<input type="checkbox"/>	1 2	1 2
17		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2 3	17	17	17	1 2 ↓ GO TO 15	<input type="checkbox"/>	1 2	1 2
18		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2 3	18	18	18	1 2 ↓ GO TO 15	<input type="checkbox"/>	1 2	1 2
19		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2 3	19	19	19	1 2 ↓ GO TO 15	<input type="checkbox"/>	1 2	1 2
20		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	1 2 3	20	20	20	1 2 ↓ GO TO 15	<input type="checkbox"/>	1 2	1 2

TICK HERE IF CONTINUATION SHEET USED

☐

(2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?

YES ☐ ADD TO TABLE NO ☐

2B) 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 ☐ ADD TO TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES ☐ ADD TO TABLE NO ☐

## HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	Skip
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91  OTHER _____ 96 (SPECIFY)	<div style="position: relative; height: 200px;"> <span style="position: absolute; top: -50px; left: 0; right: 0; font-size: 2em;">}</span> <span style="position: absolute; bottom: -50px; left: 0; right: 0; font-size: 2em;">{</span> </div> <p style="text-align: center;">→ 104</p> <p style="text-align: center;">→ 104</p>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 OTHER _____ 96 (SPECIFY)	
104	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="position: relative; height: 40px;"> <span style="position: absolute; top: -10px; left: 0; right: 0; font-size: 2em;">}</span> </div> <p style="text-align: center;">→ 106</p>
105	What do you usually do to make the water safer to drink?   Anything else?  RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE/ USE PURIFY TABLET ..... B STRAIN THROUGH A CLOTH ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/etc.) ..... D LET IT STAND AND SETTLE ..... E  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
106	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE .... 14 FLUSH, DON'T KNOW WHERE ... 15 PIT LATRINE PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT ..... 23 BUCKET TOILET ..... 31 HANGING TOILET/HANGING LATRINE ..... 41 NO FACILITY/BUSH/FIELD ..... 51  OTHER _____ 96 (SPECIFY)	<div style="position: relative; height: 150px;"> <span style="position: absolute; bottom: -50px; left: 0; right: 0; font-size: 2em;">}</span> </div> <p style="text-align: center;">→ 109</p>
107	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	<div style="position: relative; height: 40px;"> <span style="position: absolute; bottom: -10px; left: 0; right: 0; font-size: 2em;">}</span> </div> <p style="text-align: center;">→ 109</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																			
108	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text" value="0"/> <input type="text" value=""/>  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98																																																				
109	Does your household have:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>Electricity?</td><td>ELECTRICITY ..... 1</td><td>2</td></tr> <tr><td>A radio?</td><td>RADIO ..... 1</td><td>2</td></tr> <tr><td>A television?</td><td>TELEVISION ..... 1</td><td>2</td></tr> <tr><td>A mobile telephone?</td><td>MOBILE TELEPHONE ..... 1</td><td>2</td></tr> <tr><td>A non-mobile telephone?</td><td>NON-MOBILE TELEPHONE ..... 1</td><td>2</td></tr> <tr><td>A refrigerator?</td><td>REFRIGERATOR ..... 1</td><td>2</td></tr> <tr><td>An almirah or wardrobe?</td><td>ALMIRAH ..... 1</td><td>2</td></tr> <tr><td>A table?</td><td>TABLE ..... 1</td><td>2</td></tr> <tr><td>A chair?</td><td>CHAIR ..... 1</td><td>2</td></tr> <tr><td>A watch?</td><td>WATCH ..... 1</td><td>2</td></tr> <tr><td>A bicycle?</td><td>BICYCLE ..... 1</td><td>2</td></tr> <tr><td>A motorcycle or motor scooter or tempo?</td><td>MOTORCYCLE ..... 1</td><td>2</td></tr> <tr><td>An animal-drawn cart?</td><td>ANIMAL-DRAWN CART ..... 1</td><td>2</td></tr> <tr><td>A car or truck?</td><td>CAR/TRUCK ..... 1</td><td>2</td></tr> <tr><td>A boat with a motor?</td><td>BOAT WITH MOTOF ..... 1</td><td>2</td></tr> <tr><td>A ricksha/van?</td><td>RICKSHA/VAN ..... 1</td><td>2</td></tr> </tbody> </table>		YES	NO	Electricity?	ELECTRICITY ..... 1	2	A radio?	RADIO ..... 1	2	A television?	TELEVISION ..... 1	2	A mobile telephone?	MOBILE TELEPHONE ..... 1	2	A non-mobile telephone?	NON-MOBILE TELEPHONE ..... 1	2	A refrigerator?	REFRIGERATOR ..... 1	2	An almirah or wardrobe?	ALMIRAH ..... 1	2	A table?	TABLE ..... 1	2	A chair?	CHAIR ..... 1	2	A watch?	WATCH ..... 1	2	A bicycle?	BICYCLE ..... 1	2	A motorcycle or motor scooter or tempo?	MOTORCYCLE ..... 1	2	An animal-drawn cart?	ANIMAL-DRAWN CART ..... 1	2	A car or truck?	CAR/TRUCK ..... 1	2	A boat with a motor?	BOAT WITH MOTOF ..... 1	2	A ricksha/van?	RICKSHA/VAN ..... 1	2	
	YES	NO																																																				
Electricity?	ELECTRICITY ..... 1	2																																																				
A radio?	RADIO ..... 1	2																																																				
A television?	TELEVISION ..... 1	2																																																				
A mobile telephone?	MOBILE TELEPHONE ..... 1	2																																																				
A non-mobile telephone?	NON-MOBILE TELEPHONE ..... 1	2																																																				
A refrigerator?	REFRIGERATOR ..... 1	2																																																				
An almirah or wardrobe?	ALMIRAH ..... 1	2																																																				
A table?	TABLE ..... 1	2																																																				
A chair?	CHAIR ..... 1	2																																																				
A watch?	WATCH ..... 1	2																																																				
A bicycle?	BICYCLE ..... 1	2																																																				
A motorcycle or motor scooter or tempo?	MOTORCYCLE ..... 1	2																																																				
An animal-drawn cart?	ANIMAL-DRAWN CART ..... 1	2																																																				
A car or truck?	CAR/TRUCK ..... 1	2																																																				
A boat with a motor?	BOAT WITH MOTOF ..... 1	2																																																				
A ricksha/van?	RICKSHA/VAN ..... 1	2																																																				
110	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 KEROSENE ..... 05 COAL, LIGNITE ..... 06 CHARCOAL ..... 07 WOOD ..... 08 STRAW/SHRUBS/GRASS ..... 09 AGRICULTURAL CROP ..... 10 ANIMAL DUNG ..... 11  OTHER ..... 96 (SPECIFY)																																																				
111	What type of cooking stove is mainly used in your house?	KEROSENE 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)																																																				
113	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)																																																				
115	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND ..... 11  RUDIMENTARY FLOOR WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER ..... 96 (SPECIFY)																																																				



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 THATCH/PALM LEAF ..... 12 RUDIMENTARY ROOFING BAMBOO ..... 23 WOOD PLANKS ..... 24 CARDBOARD ..... 25 FINISHED ROOFING TIN ..... 31 WOOD ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 ROOFING SHINGLES ..... 35  OTHER ..... 96 (SPECIFY)	
117	MAIN MATERIAL OF THE EXTERIOR WALLS.  RECORD OBSERVATION.	NATURAL WALLS NO WALLS ..... 11 CANE/PALM/TRUNKS ..... 12 DIRT ..... 13 RUDIMENTARY WALLS BAMBOO WITH MUD ..... 22 STONE WITH MUD ..... 23 PLYWOOD ..... 24 CARDBOARD ..... 25  FINISHED WALLS TIN ..... 31 CEMENT ..... 32 STONE WITH LIME/CEMENT ..... 33 BRICKS ..... 34 WOOD PLANKS/SHINGLES ..... 35  OTHER ..... 96 (SPECIFY)	
118	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>	
119	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 121
120	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.  Cows or bulls or buffalos?  Goats or sheep?  Chickens or ducks?	COWS/BULLS/BUFFALOS ..... <input type="text"/> <input type="text"/> GOATS/SHEEP ..... <input type="text"/> <input type="text"/> CHICKENS/DUCKS ..... <input type="text"/> <input type="text"/>	
121	Does your household own any homestead? IF 'NO' PROBE: Does your household own homestead in any other places?	YES ..... 1 NO ..... 2	
122	Does your household own any land (other than the homestead land)?	YES ..... 1 NO ..... 2	→ 501
123	How much land does your household own (other than the homestead land)?  AMOUNT ..... SPECIFY UNIT .....	ACRES DECIMALS <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

501	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 508.			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 11  NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2002 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 509)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 509)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 509)
505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 11  NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2002 OR LATER	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 509)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 509)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 509)
505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6

WEIGHT AND HEIGHT MEASUREMENT FOR EVER-MARRIED WOMEN AGE 10-49

509	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 510. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).  A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 513			
		WOMAN 1	WOMAN 2	WOMAN 3
510	LINE NUMBER (COLUMN 9)  NAME (COLUMN 2)	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....
511	WEIGHT IN KILOGRAMS	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
512	HEIGHT IN CENTIMETERS	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
513	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
		WOMAN 4	WOMAN 5	WOMAN 6
510	LINE NUMBER (COLUMN 9)  NAME (COLUMN 2)	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....
511	WEIGHT IN KILOGRAMS	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
512	HEIGHT IN CENTIMETERS	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
513	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6

### TABLE FOR SELECTION OF RESPONDENTS FOR SECTION ON DOMESTIC VIOLENCE

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE FEMALE AND MALE RESPONDENTS ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. FOR EACH NON-ZERO NUMBER, THIS IS THE COLUMN YOU SHOULD GO TO. THE CELL WHERE THE ROW AND THE COLUMN MEET IS THE NUMBER OF THE SELECTED WOMAN OR MAN FOR THE DOMESTIC VIOLENCE MODULE.

FOR EXAMPLE, IF THE HOUSEHOLD NUMBER IS '216', GO TO ROW '6'. IF THERE ARE THREE ELIGIBLE WOMEN AGE 10-49 IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE BOX ('2'). NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW. WRITE HER LINE NUMBER BELOW IN THE BOXES INDICATED. DO THE SAME FOR THE MEN.

LAST DIGIT OF THE HOUSEHOLD NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN 10-49/MEN 15-54 IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

Line number from household schedule of woman selected for domestic violence module

--	--

Line number from household schedule of man selected for domestic violence module

--	--

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2007  
WOMAN'S QUESTIONNAIRE

NIPORT, MOHFW  
Mitra and Associates

IDENTIFICATION													
<p>CLUSTER NUMBER .....</p> <p>HOUSEHOLD NUMBER .....</p> <p>NAME OF THE HOUSEHOLD HEAD _____</p> <p>NAME AND LINE NUMBER OF WOMAN _____</p> <p>WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE (YES=1, NO=2) _____</p>	<table border="1" style="margin: auto;"> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> </table>												
INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
DATE	_____	_____	_____	<p>DAY</p> <p>MONTH</p> <p>YEAR</p> <p>INT. NUMBER</p> <p>RESULT</p>									
INTERVIEWER'S NAME	_____	_____	_____	<table border="1" style="margin: auto;"> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> </table>									
RESULT*	_____	_____	_____	<table border="1" style="margin: auto;"> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> </table>									
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS									
TIME	_____	_____		_____									
<p>*RESULT CODES:</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">1 COMPLETED</td> <td style="width: 33%;">4 REFUSED</td> <td style="width: 33%;"></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>7 OTHER _____</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td align="right">(SPECIFY)</td> </tr> </table>					1 COMPLETED	4 REFUSED		2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____	3 POSTPONED	6 INCAPACITATED	(SPECIFY)
1 COMPLETED	4 REFUSED												
2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____											
3 POSTPONED	6 INCAPACITATED	(SPECIFY)											
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR									
NAME _____	_____	NAME _____	_____	_____									
DATE _____	_____	DATE _____	_____	_____									

## SECTION 1. RESPONDENT'S BACKGROUND

### INTRODUCTION AND CONSENT

#### INFORMED CONSENT

Hello. My name is \_\_\_\_\_ and I am working with Mitra and Associates, a private research organization located in 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, men 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 the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the 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.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the village?	CITY ..... 1 TOWN ..... 2 VILLAGE ..... 3	
104	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
105A	Are you now married, separated, deserted, widowed, divorced or have you never been married?	CURRENTLY MARRIED ..... 1 SEPARATED ..... 2 DESERTED ..... 3 DIVORCED ..... 4 WIDOWED ..... 5 NEVER MARRIED ..... 6	→ END
106	Have you ever attended school/madrasha?	YES, SCHOOL ..... 1 YES, MADRASHA ..... 2 YES, BOTH ..... 3 NO ..... 4	→ 107 → 110
106A	What type of school have you last attended?	SCHOOL ..... 1 MADRASHA ..... 2	
107	What is the highest level of school you attended: primary, secondary, or college and higher?	PRIMARY ..... 1 SECONDARY ..... 2 COLLEGE AND HIGHER ..... 3	
108	What is the highest class you completed at that level?	CLASS ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	CHECK 107:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> PRIMARY  <input type="checkbox"/>  ↓ </div> <div style="text-align: center;"> SECONDARY OR HIGHER  <input type="checkbox"/> </div> </div>		→ 112
110	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE. . 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
111	CHECK 110:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '2', '3' OR '4' CIRCLED  <input type="checkbox"/>  ↓ </div> <div style="text-align: center;"> CODE '1' OR '5' CIRCLED  <input type="checkbox"/> </div> </div>		→ 113
112	Do you read a newspaper or magazine?	YES ..... 1 NO ..... 2	→ 113
112A	How often do you read a newspaper or magazine almost every day, at least once a week, or less than once a week?	ALMOST 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	Do you listen to the radio almost every day, at least once a week, or less than once a week?	ALMOST 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	Do you watch television almost every day, at least once a week, or less than once a week?	ALMOST 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)	
116	Do you belong to any of the following organizations?  Grameen Bank? BRAC? BRDB? ASHA? PROSHIKA? Mother's Club? Any other organization (such as micro credit)?	<div style="display: flex; justify-content: space-between;"> <div></div> <div>YES</div> <div>NO</div> </div> GRAMEEN BANK ..... 1 2 BRAC ..... 1 2 BRDB ..... 1 2 ASHA ..... 1 2 PROSHIKA ..... 1 2 MOTHER'S CLUB ..... 1 2 OTHER ..... 1 2 (SPECIFY)	

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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>  DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>  DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>  GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 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. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.  
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	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), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	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), including any children who died after birth?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES ..... 1 NO ..... 2			
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH BIRTH SINCE JANUARY 2002: MONTH AND YEAR OF BIRTH ARE RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2002 OR LATER. IF NONE, RECORD '0'.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2002, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 228A
227	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/> <input type="text"/>	
228	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 LATER ..... 2 NOT AT ALL ..... 3	
228A	Have you ever heard of menstrual regulation (MR)? MR means when a woman's menstrual period does not come on time, she can go to a health centre or to the FWV or to another provider and have a tube put in her for a short while to regulate her periods.	YES ..... 1 NO ..... 2	→ 229
228B	Have you ever used MR (menstrual regulation)?	YES ..... 1 NO ..... 2	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO ..... 2	
229A	CHECK 228B AND 229:  YES TO 228B OR YES TO 229 <input type="checkbox"/> NO TO 228B AND NO TO 229 <input type="checkbox"/>		→ 237
230	When did the last such pregnancy/menstrual interruption occur?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230:  LAST PREGNANCY ENDED IN JAN. 2002 OR LATER <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE JAN. 2002 <input type="checkbox"/>		→ 237
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 THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/> <input type="text"/>	
233	Since January 2002, have you had any other pregnancies that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2002.  ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions, stillbirths or MR that ended before 2002?	YES ..... 1 NO ..... 2	→ 237
236	When did the last such pregnancy that terminated before 2002 end?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
237	<p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	<div> <div> DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4 </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH..... 995 NEVER MENSTRUATED..... 996 </div>	

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↘	Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↘	Have you ever had a partner who had an operation to avoid having any more children? YES ..... 1 NO ..... 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse/FWV.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
05	INJECTABLES Women can have an injection by a doctor or nurse/FWV which stops them from becoming pregnant for several months.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
06	IMPLANTS/NORPLANT Women can have several small rods placed in their upper arm by a doctor or nurse/FWV which can prevent pregnancy for several years.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2 ↘	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.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
09	WITHDRAWAL Men can be careful and pull out before climax	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
10	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1 _____ (SPECIFY) _____ (SPECIFY) NO ..... 2	YES ..... 1 NO ..... 2 YES ..... 1 NO ..... 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 THE CALENDAR IN EACH BLANK MONTH.		→ 322
306	What have you used or done?  CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.  How many living children did you have at that time, if any?  IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . . . <input type="text"/> <input type="text"/>	
308	CHECK 302 (01):  WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
308A	CHECK 105A:  CURRENTLY MARRIED <input type="checkbox"/> SEPARATED/ DESERTED/ DIVORCED/WIDOWED <input type="checkbox"/>		→ 319
309	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 319
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 319
311	Which method are you using?  CIRCLE ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTABLES ..... E IMPLANTS ..... F CONDOM ..... G SAFE PERIOD ..... H WITHDRAWAL ..... I  OTHER _____ X (SPECIFY)	→ 314 → 316A → 316A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	RECORD IF CODE 'C' FOR PILL IS CIRCLED IN 311.  YES (USING PILL) <input type="checkbox"/> NO (USING CONDOM BUT NOT PILL) <input type="checkbox"/>  May I see the package of pills you are using? May I see the package of condoms you are using?  RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN ..... 1 BRAND NAME _____ (SPECIFY)  PACKAGE NOT SEEN ..... 2	→ 313A
313	PLEASE SHOW THE BRAND CHART FOR PILLS AND CONDOMS Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME _____ (SPECIFY)  DON'T KNOW ..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
313A	Who obtained the (pills/condoms) the last time you got them?	RESPONDENT ..... 1 HUSBAND ..... 2 SON/DAUGHTER ..... 3 OTHER RELATIVE ..... 4  OTHER ..... 6 (SPECIFY)	→ 316A												
314	Where did the sterilization take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE ... 11 FAMILY WELFARE CENTRE (FWC) ... 12 THANA HEALTH COMPLEX ... 13 SATELLITE CLINIC/ EPI OUTREACH CENTER ..... 14 MATERNAL AND CHILD WELFARE CENTER (MCWC) ..... 15 OTHER ..... 16 (SPECIFY)  NGO SECTOR NGO STATIC CLINIC ..... 21 NGO SATELLITE CLINIC ..... 22 OTHER ..... 26 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 31 QUALIFIED DOCTOR ..... 32 OTHER PRIVATE MEDICAL ..... 36 (SPECIFY)  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98													
315	CHECK 311/311A:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">             CODE 'A' CIRCLED <input type="checkbox"/> ↓              Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?           </div> <div style="text-align: center;">             CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓              Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?           </div> </div>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8													
316	In what month and year was the sterilization performed?	MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>													
316A	Since what month and year have you been using (CURRENT METHOD) without stopping?  PROBE: For how long have you been using (CURRENT METHOD) now without stopping?														
317	CHECK 316/316A, 215 AND 230:  ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 316/316A YES <input type="checkbox"/> NO <input type="checkbox"/> GO BACK TO 316/316A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).														
318	CHECK 316/316A:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">             YEAR IS 2002 OR LATER <input type="checkbox"/> ↓              ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.           </div> <div style="text-align: center;">             YEAR IS 2001 OR EARLIER <input type="checkbox"/> ↓              ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2002.               THEN SKIP TO → 320           </div> </div>														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2002.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> <li>* When was the last time you used a method? Which method was that?</li> <li>* When did you start using that method? How long after the birth of (NAME)?</li> <li>* How long did you use the method then?</li> </ul>		
320	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED ..... 00</p> <p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTABLES ..... 05</p> <p>IMPLANTS ..... 06</p> <p>CONDOM ..... 07</p> <p>SAFE PERIOD ..... 08</p> <p>WITHDRAWAL ..... 09</p> <p>OTHER METHOD ..... 96</p>	<p>→ 322</p> <p>→ 324</p> <p>→ 324</p>
321	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/MEDICAL COLLEGE ... 11</p> <p>FAMILY WELFARE CENTRE .... 12</p> <p>UPAZILA HEALTH COMPLEX ... 13</p> <p>SATELLITE CLINIC/</p> <p>EPI OUTREACH ..... 14</p> <p>MATERNAL AND CHILD</p> <p>WELFARE CENTRE (MCWC) ... 15</p> <p>GOVT. FIELD WORKER (FWA) ... 16</p> <p>COMMUNITY CLINIC ..... 17</p> <p>OTHER ..... 18</p> <p>(SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC ..... 21</p> <p>NGO SATELLITE CLINIC ..... 22</p> <p>NGO DEPOT HOLDER ..... 23</p> <p>NGO FIELD WORKER (FWA) .... 24</p> <p>OTHER ..... 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 31</p> <p>QUALIFIED DOCTOR ..... 32</p> <p>TRADITIONAL DOCTOR ..... 33</p> <p>PHARMACY ..... 34</p> <p>OTHER PRIVATE</p> <p>MEDICAL ..... 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... 41</p> <p>FRIEND/RELATIVE ..... 42</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	<p>→ 324</p>
322	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 324</p>



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/MEDICAL COLLEGE . . . A</p> <p>FAMILY WELFARE CENTRE . . . B</p> <p>UPAZILA HEALTH COMPLEX . . . C</p> <p>SATELLITE CLINIC/</p> <p>EPI OUTREACH . . . . . D</p> <p>MATERNAL AND CHILD</p> <p>WELFARE CENTRE (MCWC) . . . E</p> <p>GOVT. FIELD WORKER (FWA) . . . F</p> <p>COMMUNITY CLINIC . . . . . G</p> <p>OTHER _____ H</p> <p>(SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC . . . . . I</p> <p>NGO SATELLITE CLINIC . . . . . J</p> <p>NGO DEPOT HOLDER . . . . . K</p> <p>NGO FIELD WORKER (FWA) . . . . L</p> <p>OTHER _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC . . . N</p> <p>QUALIFIED DOCTOR . . . . . O</p> <p>TRADITIONAL DOCTOR . . . . . P</p> <p>PHARMACY . . . . . Q</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ R</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP . . . . . S</p> <p>FRIEND/RELATIVE . . . . . T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
324	<p>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 three months, was there any such clinic in this village or mohalla?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>	<p>→ 327</p>
325	<p>Did you visit such a temporary health clinic in the last 3 months?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	<p>→ 327</p>
326	<p>What services did you receive?</p>	<p>FAMILY PLANNING METHODS . . . . A</p> <p>IMMUNIZATIONS . . . . . B</p> <p>CHILD GROWTH MONITORING . . . . C</p> <p>TETANUS TOXOID INJECTION . . . . D</p> <p>ANTENATAL CARE . . . . . E</p> <p>VITAMIN A FOR CHILDREN . . . . . F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW . . . . . Z</p>	
327	<p>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?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	<p>→ 401</p>
328	<p>Who visited you to talk about family planning or to give you family planning methods?</p> <p>Anyone else?</p> <p>_____</p> <p>NAME</p> <p>WRITE THE NAME OF THE FIELDWORKER</p> <p>Anyone else?</p> <p>_____</p> <p>NAME</p> <p>WRITE THE NAME OF THE FIELDWORKER</p>	<p>GOVT. FP WORKER . . . . . A</p> <p>GOVT. HEALTH WORKER . . . . . B</p> <p>NGO WORKER . . . . . C</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
329	During the last six months, how many times did a worker or workers visit you to talk about family planning or to give you family planning methods?	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
330	When was the last time you were visited by a fieldworker who talked to you about family planning? IF MORE THAN ONE WORKER VISITED: When did the last worker visit you? IF LESS THAN ONE MONTH AGO WRITE '0'	MONTHS AGO ..... <input type="text"/> DON'T KNOW ..... 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
401	CHECK 224:  <div style="display: flex; justify-content: space-around;"> <div>ONE OR MORE BIRTHS IN 2002 OR LATER</div> <div style="text-align: center;"> <input type="checkbox"/> ↓ </div> <div>NO BIRTHS IN 2002 OR LATER</div> <div style="text-align: center;"> <input type="checkbox"/> → </div> </div>				601	
402	<p>CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)</p>					
403	LINE NUMBER FROM 212	LAST BIRTH LINE NO. <input type="text"/>	NEXT-TO-LAST BIRTH LINE NO. <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NO. <input type="text"/>		
404	FROM 212 AND 216	NAME <input type="text"/> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME <input type="text"/> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME <input type="text"/> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 (SKIP TO 407) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 407) ←	THEN ..... 1 (SKIP TO 423) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 423) ←	THEN ..... 1 (SKIP TO 423) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 423) ←		
406	How much longer would you have liked to wait?	MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DON'T KNOW ... 998		
407	<p>When you were pregnant with (NAME), did you see anyone for a medical checkup?</p> <p>IF YES: Whom did you see? Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p> <p>IF CODE 'D' CIRCLED:</p> <p>_____ (WRITE NAME OF CSBA)</p> <p>_____ (WRITE NAME OF CSBA)</p>	HEALTH PERSONNEL QUAL. DOCTOR ... A NURSE/MIDWIFE/ PARAMEDIC ... B FAMILY WELFARE VISITOR ..... C COMMUNITY SKILLED BIRTH ATTENDANT ... D MA/SACMO ..... E HEALTH ASST. ... F FAMILY WELFARE ASSISTANT ..... G  OTHER PERSON TRAINED TBA ..... H UNTRAINED TBA ... I UNQUALIFIED DOCTOR ..... J  OTHER _____ X (SPECIFY) NO ONE ..... Y (SKIP TO 413A) ←				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>HOME OWN HOME . . . A OTHER HOME . . . B</p> <p>PUBLIC SECTOR HOSP./MEDICAL COLLEGE . . . C FAMILY WELFARE CENTRE . . . . . D THANA HEALTH COMPLEX . . . . . E SAT. CLINIC/EPI OUTREACH . . . F MAT. AND CHILD WELFARE CENTER . . . . . G COMM. CLINIC . . H</p> <p>OTHER _____ I (SPECIFY)</p> <p>NGO SECTOR NGO STATIC CLINIC . . . . . J NGO SAT CLINIC . . K</p> <p>OTHER _____ L (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . M QUAL. DOCTOR . . N TRAD. DOCTOR . . . O PHARMACY . . . . . P</p> <p>OTHER _____ X (SPECIFY)</p>		
409	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . . . 98</p>			
410	<p>How many times did you receive antenatal care during this pregnancy?</p> <p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . . . 98</p>			
411	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>YES NO</p> <p>Were you weighed? WEIGHT . . . 1 2</p> <p>Was your blood pressure measured? BP . . . . . 1 2</p> <p>Did you give a urine sample? URINE . . . . . 1 2</p> <p>Did you give a blood sample? BLOOD . . . 1 2</p> <p>Did you have an ultrasonography? ULTRASON 1 2</p>			
412	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p> <p>YES . . . . . 1 NO . . . . . 2 (SKIP TO 414) ← DON'T KNOW . . . . . 8</p>			
413	<p>Were you told where to go if you had any of these complications?</p> <p>YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8 (SKIP TO 414) ←</p>			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____		
413A	Why did you not see anyone for antenatal care?	TOO FAR ..... A INCONVENIENT SERVICE HOUR ... B UNPLEASANT STAFF ..... C LACK OF EXPER. STAFF ..... D LACK OF PRIVACY ... E INADEQUATE DRUG SUPPLY ..... F LONG WAITING TIME G SERVICE TOO EXPENSIVE ..... H RELIGIOUS REASON I NOT NEEDED ..... J DID NOT KNOW OF NEED FOR CARE ... K UNABLE TO GO/ NOT PERMITTED TO LEAVE HOUSE ... L DID NOT KNOW OF OF A PLACE ..... M  OTHER _____ X (SPECIFY)				
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ..... 1  NO ..... 2 (SKIP TO 417) ← DON'T KNOW ..... 8				
415	During this pregnancy, how many times did you get this tetanus toxoid injection?	TIMES ..... <input type="text"/>  DON'T KNOW ... 8				
416	CHECK 415:	2 OR MORE OTHER TIMES <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 421) ↓ ↓				
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES ..... 1 NO ..... 2 (SKIP TO 421) ← DON'T KNOW ..... 8				
418	Before this pregnancy, how many other times did you receive a tetanus injection?  IF 7 OR MORE TIMES, RECORD '7'.	TIMES ..... <input type="text"/>  DON'T KNOW ... 8				
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH ... <input type="text"/> <input type="text"/> DK MONTH ..... 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAR ..... 9998				
420	How many years ago did you receive that tetanus injection?	YEARS AGO ..... <input type="text"/> <input type="text"/>				

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
421	Did you take any iron tablet or iron syrup during this pregnancy?	YES ..... 1 NO ..... 2		
	SHOW TABLETS/SYRUP.	DON'T KNOW ..... 8		
422A	Around the time of the birth of (NAME), did you have any of the following problems:	YES NO DK		
	a) Long labor, that is, regular contractions that lasted more than 12 hours?	1 2 8		
	b) Excessive bleeding that was so much that you feared it was life threatening?	1 2 8		
	c) A high fever with bad smelling vaginal discharge?	1 2 8		
	d) Convulsions?	1 2 8		
	e) Baby's hands and feet came first during delivery?	1 2 8		
	f) Retained placenta?	1 2 8		
422B	CHECK 422A:	AT LEAST ONE YES' <input type="checkbox"/> NOT A SINGLE YES' <input type="checkbox"/> (SKIP TO 423)		
422C	Did you seek assistance for this complication?	HEALTH PERSONNEL QUAL. DOCTOR ... A NURSE/MIDWIFE/ PARAMEDIC ... B FAMILY WELFARE VISITOR ..... C COMMUNITY SKILLED BIRTH ATTENDANT . D MA/SACMO ..... E HEALTH ASST. F FAMILY WELFARE ASSISTANT ... G		
	IF YES: Whom did you see? Anyone else?	OTHER PERSON TRAINED TBA ..... H UNTRAINED TB/ . I UNQUALIFIED DOCTOR ..... J RELATIVES ..... K NEIGHBORS/ FRIENDS ..... L		
	PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	OTHER _____ X (SPECIFY)		
	IF CODE 'D' CIRCLED:	NO ONE ..... Y (SKIP TO 422G) ←		
	_____ (WRITE NAME OF CSBA)			
	_____ (WRITE NAME OF CSBA)			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
422D	<p>Where did you seek assistance for this complication?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>HOME OWN HOME . . . A OTHER HOME . . . B</p> <p>PUBLIC SECTOR HOSP./MEDICAL COLLEGE ..... C FAMILY WELFARE CENTRE ..... D THANA HEALTH COMPLEX ..... E SAT. CLINIC/EPI OUTREACH..... F MAT. AND CHILD WELFARE CENTER ..... G COMM. CLINIC . H</p> <p>OTHER_____ I (SPECIFY)</p> <p>NGO SECTOR NGO STATIC CLINIC ..... J NGO SAT CLINIC . K</p> <p>OTHER_____ L (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . M QUAL.DOCTOR . N TRAD. DOCTOR ... O PHARMACY ..... P</p> <p>OTHER_____ X (SPECIFY)</p>		
422E	CHECK 422D:	<p>MORE THAN ONE CODE CIRCLED <input type="checkbox"/> ↓ (SKIP TO 423)</p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/> ↓</p>		
422F	<p>Where did you first seek assistance for this complication?</p> <p>USE LETTER CODE FROM 422D.</p>	<p>FIRST PLACE . . . <input type="checkbox"/> (SKIP TO 423) ←</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
422G	Why did you not seek treatment for this complication?	NOT NECESSARY ... A NOT UNDERSTAND THAT SERVICE IS NEEDED ..... B NOT CUSTOMERY ... C COST TOO MUCH ... D LACK OF MONEY ... E TOO FAR ..... F TRANSPORT PROBLEM ..... G NO ONE TO ACCOMPANY ..... H POOR QUALITY SERVICE ..... I FAMILY DID NOT ALLOW ..... J BETTER CARE AT HOME ..... K NOT KNOWN HOW TO GO ..... L NO TIME TO GO ..... M NOT KNOWN WHERE TO GO ..... N NOT WANT SERVICE FROM MALE DOCTOR ..... O DID NOT THINK OF SERIOUSNESS OF COMPLICATION ... P OTHER _____ X (SPECIFY)		
423	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.  IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.  IF CODE 'D' CIRCLED: _____ (WRITE NAME OF CSBA)  _____ (WRITE NAME OF CSBA)	HEALTH PERSONNEL QUAL. DOCTOR ... A NURSE/MIDWIFE/ PARAMEDIC ... B FAMILY WELFARE VISITOR ..... C COMMUNITY SKILLED BIRTH ATTENDANT . D MA/SACMO ..... E HEALTH ASST. . F FAMILY WELFARE ASSISTANT ..... G  OTHER PERSON TRAINED TBA ..... H UNTRAINED TB/ ... I UNQUALIFIED DOCTOR ..... J RELATIVES ..... K NEIGHBORS/ FRIENDS ..... L  OTHER _____ X (SPECIFY) NO ONE ..... Y		



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
424	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>(SKIP TO 430A) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>UPAZILA HEALTH COMPLE: ... 22</p> <p>MATERNAL AND CHILD WELF. CENTER ..... 23</p> <p>OTHER _____ 26</p> <p>(SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC ..... 31</p> <p>OTHER _____ 36</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC ..... 41</p> <p>OTHER PRIVATE MED. _____ 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 430A) ←</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>(SKIP TO 443) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>UPAZILA HEALTH COMPLE: ... 22</p> <p>MATERNAL AND CHILD WELF. CENTER ..... 23</p> <p>OTHER _____ 26</p> <p>(SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC ..... 31</p> <p>OTHER _____ 36</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC ..... 41</p> <p>OTHER PRIVATE MED. _____ 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 443) ←</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>(SKIP TO 443) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>UPAZILA HEALTH COMPLE: ... 22</p> <p>MATERNAL AND CHILD WELF. CENTER ..... 23</p> <p>OTHER _____ 26</p> <p>(SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC ..... 31</p> <p>OTHER _____ 36</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC ..... 41</p> <p>OTHER PRIVATE MED. _____ 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 443) ←</p>
425	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . 998</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 998</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 998</p>
426	<p>Was (NAME) delivered by caesarean section?</p>	<p>YES ..... 1</p> <p>(SKIP TO 432) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>(SKIP TO 443) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>(SKIP TO 443) ←</p> <p>NO ..... 2</p>
430A	CHECK 215	<p>LAST BIRTH IN JAN 2004 OR LATER</p> <p><input type="checkbox"/></p> <p>LAST BIRTH BEFORE 2004 JAN</p> <p><input type="checkbox"/></p> <p>(SKIP TO 432)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____				
	Now I would like to ask you some specific questions about what was done with (NAME) immediately following delivery.							
430B	What was used to cut the cord?	BLADE FROM DELIVERY BAG ..... 1 BLADE FROM OTHER SOURCE ... 2 BAMBOO STRIPS ... 3 SCISSOR ..... 4  OTHER _____ 6 (SPECIFY)  CORD WAS NOT CUT 7 (SKIP TO 430G) ← DON'T KNOW ..... 8						
430C	Was the _____ (instrument) boiled before the cord was cut?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8						
430D	Was anything applied to the cord immediately after cutting and tying it?	YES ..... 1 NO ..... 2 (SKIP TO 430G) ← DON'T KNOW ..... 8						
430E	What was applied to the cord after it was cut and tied?  Anything else?	ANTIBIOTICS (POWDER/OINTM ... A ANTISEPTIC (DETOL/SAVLON HEXISOL) ..... B SPIRIT/ALCOHOL ... C MUSTARD OIL WITH GARLIC ..... D CHEWED RICE ..... E TUMERIC JUICE/POWDER ..... F GINGER JUICE ..... G SHIDUR ..... H BORIC POWDER ..... I GENTIAN VIOLET (BLUE INK) ..... J TALCOM POWDER ... K  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z						
430G	How long after (NAME) was born was the body wiped (dried)?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>  NOT WIPE ..... 95 DON'T KNOW ..... 98						
430H	How long after (NAME) was born was the body wrapped?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>  NOT WRAPPED ..... 95 DON'T KNOW ..... 98						
430J	How long after delivery was (NAME) bathed for the first time?  IF LESS THAN ONE DAY, RECORD IN HOURS IF LESS THAN ONE WEEK, RECORD IN DAYS	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>  NOT BATHED ..... 995 DON'T KNOW ..... 998						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
432	After (NAME) was born, did any medical persons check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 437) ←														
433	How long after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998														
434	Who checked on your health at that time?  IF CODE 'D' CIRCLED: _____ (WRITE NAME OF CSBA)  _____ (WRITE NAME OF CSBA)	HEALTH PERSONNEL QUAL. DOCTOR ... A NURSE/MIDWIFE/ PARAMEDIC ... B FAMILY WELFARE VISITOR ..... C COMMUNITY SKILLED BIRTH ATTENDANT ... D MA/SACMO ..... E HEALTH ASST. ... F FAMILY WELFARE ASSISTANT ..... G  OTHER PERSON TRAINED TBA ..... H UNTRAINED TB/... I TRADITIONAL DOCTOR ..... J  OTHER _____ X (SPECIFY)														
435	Where did this first check take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	HOME OWN HOME ... 01 OTHER HOME ... 02  PUBLIC SECTOR GOVT. HOSPITAL MEDICAL/COLLE 11 FAMILY WELFARE CENTER ..... 12 UPAZILA HEALTH COMPLE..... 13 SATELLITE CLINIC EPI OUTRICH SITE ..... 14 MATERNAL AND CHILD WELF. CENTER ..... 15 COMMUNITY CLINIC ..... 16 OTHER ..... 17 (SPECIFY)  NGO SECTOR NGO STATIC CLINIC ..... 21 NGO SATELLITE CLINIC ..... 22 OTHER ..... 26 (SPECIFY)  PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC..... 31 QUAL. DOCTOR . 32 TRADITIONAL DOC 33 PHARMACY ..... 34 OTHER ..... 36 (SPECIFY)  OTHER ..... 96 (SPECIFY)														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
437	After (NAME was born, did any medical persons check on your baby's health?	YES ..... 1 NO ..... 2 (SKIP TO 441) ← DON'T KNOW ..... 8														
438	How long after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998														
439	Who checked on your baby's health at that time?  IF CODE 'D' CIRCLED:  _____ (WRITE NAME OF CSBA)  _____ (WRITE NAME OF CSBA)	HEALTH PERSONNEL QUAL. DOCTOR ... A NURSE/MIDWIFE/ PARAMEDIC ... B FAMILY WELFARE VISITOR ..... C COMMUNITY SKILLED BIRTH ATTENDANT ... D MA/SACMO ..... E HEALTH ASST. . F FAMILY WELFARE ASSISTANT ..... G  OTHER PERSON TRAINED TBA ..... H UNTRAINED TBA. I UNQUALIFIED DOCTOR ..... J  OTHER _____ X (SPECIFY)														
440	Where did this first check take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	HOME OWN HOME ... 01 OTHER HOME ... 02  PUBLIC SECTOR GOVT. HOSPITAL MEDICAL/COLLE 11 FAMILY WELFARE CENTER ..... 12 UPAZILA HEALTH COMPLE. .... 13 SATELLITE CLINIC EPI OUTRICH SITE ..... 14 MATERNAL AND CHILD WELF. CENTER ..... 15 COMMUNITY CLINIC ..... 16 OTHER ..... 17 (SPECIFY)  NGO SECTOR NGO STATIC CLINIC ..... 21 NGO SATELLITE CLINIC ..... 22 OTHER ..... 26 (SPECIFY)  PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... 31 QUAL. DOCTOR 32 TRADITIONAL DOC 33 PHARMACY ..... 34 OTHER ..... 36 (SPECIFY)  OTHER ..... 96 (SPECIFY)														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
441	In the first two months after delivery, did you take a Vitamin A capsule like this? SHOW CAPSULE	YES ..... 1 NO ..... 2		
442	Has your menstrual period returned since the birth of (NAME)?	YES ..... 1 (SKIP TO 444) ← NO ..... 2 (SKIP TO 445) ←		
443	Did your period return between the birth of (NAME) and your next pregnancy?		YES ..... 1 NO ..... 2 (SKIP TO 447) ←	YES ..... 1 NO ..... 2 (SKIP TO 447) ←
444	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
445	CHECK 226: IS RESPONDENT PREGNANT?	NOT <input type="checkbox"/> PREG- OR <input type="checkbox"/> PREG- NANT UNSURE (SKIP TO 447) ←		
446	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 448) ←		
447	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
448	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 455A) ←	YES ..... 1 NO ..... 2 (SKIP TO 456) ←	YES ..... 1 NO ..... 2 (SKIP TO 456) ←
449	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000  HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
449A	Was (NAME) given colostrum immediately after his/her birth?	YES ..... 1 NO ..... 2		
450	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 452) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
451	What was (NAME) given to drink?  Anything else?  RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK ) . A PLAIN WATER . . . B SUGAR OR GLU- COSE WATER . . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION . . . . E FRUIT JUICE . . . . F INFANT FORMULA . G TEA/INFUSIONS . . H HONEY . . . . . I  OTHER _____ X (SPECIFY)		
452	CHECK 404:  CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 454) ←		
453	Are you still breastfeeding (NAME)?	YES . . . . . 1 (SKIP TO 455A) ← NO . . . . . 2	YES . . . . . 1 (SKIP TO 456) ← NO . . . . . 2	YES . . . . . 1 (SKIP TO 456) ← NO . . . . . 2
454	For how many months did you breastfeed (NAME)?	MONTHS . . . <input type="text"/> <input type="text"/>  DON'T KNOW . . . 98	MONTHS . . . <input type="text"/> <input type="text"/>  DON'T KNOW . . . 98	MONTHS . . . <input type="text"/> <input type="text"/>  DON'T KNOW . . . 98
455A	When you were pregnant with (NAME) did you live in a village, or in a town/city?	VILLAGE . . . . . 1 TOWN/CITY . . . . . 2 (SKIP TO 455C) ←		
455B	Did you deliver (NAME) in the same village where you lived, a different village, or in a town/city?	SAME VILLAGE . . . . . 1 DIFF. VILLAGE . . . . . 2 TOWN/CITY . . . . . 3 (SKIP TO 455D) ←		
455C	Did you deliver (NAME) in town/city where you lived, a different town/city, or in a village?	SAME TOWN/CITY . . . 1 DIFF. TOWN/CITY . . . 2 VILLAGE . . . . . 3		
455D	Write down the village/mohalla of the delivery place of (NAME).  Village _____	CLUSTER VILLAGE/ MOHALLA . . . . . 1 OTHER THAN CLUSTER VILL./MOHALLA . . . 2		
456		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

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

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).						
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER .....		NEXT-TO-LAST BIRTH LINE NUMBER .....		SECOND-FROM-LAST BIRTH LINE NUMBER .....	
503	FROM 212 AND 216	NAME _____  LIVING                  DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 531)		NAME _____  LIVING                  DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 531)		NAME _____  LIVING                  DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ (GO TO 503 IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 531)	
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3		YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3		YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3	
505	Did you ever have a vaccination card for (NAME)?	YES ..... 1 (SKIP TO 508) ← NO ..... 2		YES ..... 1 (SKIP TO 508) ← NO ..... 2		YES ..... 1 (SKIP TO 508) ← NO ..... 2	
506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.						
506A	(3) COPY DATE OF BIRTH IF WRITTEN ON CARD						
		DAY MONTH YEAR [ ][ ] [ ][ ] [ ][ ][ ][ ] LAST BIRTH DAY MONTH YEAR [ ][ ] [ ][ ] [ ][ ][ ][ ]		DAY MONTH YEAR [ ][ ] [ ][ ] [ ][ ][ ][ ] NEXT-TO-LAST BIRTH DAY MONTH YEAR [ ][ ] [ ][ ] [ ][ ][ ][ ]		DAY MONTH YEAR [ ][ ] [ ][ ] [ ][ ][ ][ ] SECOND-FROM-LAST BIRTH DAY MONTH YEAR [ ][ ] [ ][ ] [ ][ ][ ][ ]	
	BCG	[ ][ ] [ ][ ] [ ][ ][ ][ ]	BCG	[ ][ ] [ ][ ] [ ][ ][ ][ ]	BCG	[ ][ ] [ ][ ] [ ][ ][ ][ ]	
	POLIO 0 (POLIO GIVEN AT BIRTH)	[ ][ ] [ ][ ] [ ][ ][ ][ ]	P0	[ ][ ] [ ][ ] [ ][ ][ ][ ]	P0	[ ][ ] [ ][ ] [ ][ ][ ][ ]	
	POLIO 1	[ ][ ] [ ][ ] [ ][ ][ ][ ]	P1	[ ][ ] [ ][ ] [ ][ ][ ][ ]	P1	[ ][ ] [ ][ ] [ ][ ][ ][ ]	
	POLIO 2	[ ][ ] [ ][ ] [ ][ ][ ][ ]	P2	[ ][ ] [ ][ ] [ ][ ][ ][ ]	P2	[ ][ ] [ ][ ] [ ][ ][ ][ ]	
	POLIO 3	[ ][ ] [ ][ ] [ ][ ][ ][ ]	P3	[ ][ ] [ ][ ] [ ][ ][ ][ ]	P3	[ ][ ] [ ][ ] [ ][ ][ ][ ]	
	DPT 1	[ ][ ] [ ][ ] [ ][ ][ ][ ]	D1	[ ][ ] [ ][ ] [ ][ ][ ][ ]	D1	[ ][ ] [ ][ ] [ ][ ][ ][ ]	
	DPT 2	[ ][ ] [ ][ ] [ ][ ][ ][ ]	D2	[ ][ ] [ ][ ] [ ][ ][ ][ ]	D2	[ ][ ] [ ][ ] [ ][ ][ ][ ]	
	DPT 3	[ ][ ] [ ][ ] [ ][ ][ ][ ]	D3	[ ][ ] [ ][ ] [ ][ ][ ][ ]	D3	[ ][ ] [ ][ ] [ ][ ][ ][ ]	
	MEASLES	[ ][ ] [ ][ ] [ ][ ][ ][ ]	MEA	[ ][ ] [ ][ ] [ ][ ][ ][ ]	MEA	[ ][ ] [ ][ ] [ ][ ][ ][ ]	
	HEPATITIS B1	[ ][ ] [ ][ ] [ ][ ][ ][ ]	HB1	[ ][ ] [ ][ ] [ ][ ][ ][ ]	HB1	[ ][ ] [ ][ ] [ ][ ][ ][ ]	
	HEPATITIS B2	[ ][ ] [ ][ ] [ ][ ][ ][ ]	HB2	[ ][ ] [ ][ ] [ ][ ][ ][ ]	HB2	[ ][ ] [ ][ ] [ ][ ][ ][ ]	
	HEPATITIS B3	[ ][ ] [ ][ ] [ ][ ][ ][ ]	HB3	[ ][ ] [ ][ ] [ ][ ][ ][ ]	HB3	[ ][ ] [ ][ ] [ ][ ][ ][ ]	
506B	CHECK 506:	BCG TO HEPATITIS OTHER ALL RECORDED <input type="checkbox"/> <input type="checkbox"/> ↓                  ↓ (GO TO 510)		BCG TO HEPATITIS OTHER ALL RECORDED <input type="checkbox"/> <input type="checkbox"/> ↓                  ↓ (GO TO 510)		BCG TO HEPATITIS OTHER ALL RECORDED <input type="checkbox"/> <input type="checkbox"/> ↓                  ↓ (GO TO 510)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
507	Has (NAME) received any vaccinations that are not recorded on this card?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, MEASLES, AND/OR HEP B VACCINES.	YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) → (SKIP TO 510) → NO ..... 2 (SKIP TO 510) → DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) → (SKIP TO 510) → NO ..... 2 (SKIP TO 510) → DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) → (SKIP TO 510) → NO ..... 2 (SKIP TO 510) → DON'T KNOW ..... 8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES ..... 1 NO ..... 2 (SKIP TO 511) → DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 511) → DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 511) → DON'T KNOW ..... 8
509	Please tell me if (NAME) received any of the following vaccinations:			
509A	A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that usually causes a scar?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
509B	Polio vaccine, that is, drops in the mouth?	YES ..... 1 NO ..... 2 (SKIP TO 509E) → DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509E) → DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509E) → DON'T KNOW ..... 8
509C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER ..... 2	FIRST 2 WEEKS ... 1 LATER ..... 2	FIRST 2 WEEKS ... 1 LATER ..... 2
509D	How many times was the polio vaccine received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
509E	A 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 509G) → DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509G) → DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509G) → DON'T KNOW ..... 8
509F	How many times was a DPT vaccination received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
509G	A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
509H	A HEP.B vaccination, that is, an injection given in the right thigh, sometimes given at the same time as DPT?	YES ..... 1 NO ..... 2 (SKIP TO 510) → DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 510) → DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 510) → DON'T KNOW ..... 8
509J	How many times was a HEP B vaccination received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>



NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
510	Did (NAME) receive any polio vaccine from the National Immunization Days (NID) on March 3, 2007	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
511	Did (NAME) receive a vitamin A dose (like this/any of these) within the last six months?  SHOW COMMON TYPES OF CAPSULES.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
512	Has (NAME) had diarrhea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 521) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 521) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 521) ← DON'T KNOW ..... 8
513	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8
514	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8
515	Did you seek advice or treatment for the diarrhea from any source?	YES ..... 1 NO ..... 2 (SKIP TO 517) ←	YES ..... 1 NO ..... 2 (SKIP TO 517) ←	YES ..... 1 NO ..... 2 (SKIP TO 517) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
516	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>HOSP./MED. COLLEGE ..... A FAMILY WELFARE CENTER (FWC) B UPAZILA HEALTH COMPLI..... C SAT. CLINIC/EPI . OUTREACH ..... D MATERNAL AND CHILD WELFARE CENTER ..... E GOVT. FIELD WORKER (FWA) F COMM. CLINIC ..... G</p> <p>OTHER _____ H (SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC ..... I NGO SATELITE CLINIC ..... J NGO FIELDWKR . K OTHER _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC..... M QUAL. DOCTOR ... N TRAD. DOCTC... O PHARMACY ..... P</p> <p>OTHER PRIVATE MED. _____ Q (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... R TRADITIONAL PRACTITIONER S OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>HOSP./MED. COLLEGE ..... A FAMILY WELFARE CENTER (FWC) B UPAZILA HEALTH COMPLI..... C SAT. CLINIC/EPI . OUTREACH ..... D MATERNAL AND CHILD WELFARE CENTER ..... E GOVT. FIELD WORKER (FWA) F COMM. CLINIC ..... G</p> <p>OTHER _____ H (SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC ..... I NGO SATELITE CLINIC ..... J NGO FIELDWKR . K OTHER _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC..... M QUAL. DOCTOR ... N TRAD. DOCTC... O PHARMACY ..... P</p> <p>OTHER PRIVATE MED. _____ Q (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... R TRADITIONAL PRACTITIONER S OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>HOSP./MED. COLLEGE ..... A FAMILY WELFARE CENTER (FWC) B UPAZILA HEALTH COMPLI..... C SAT. CLINIC/EPI . OUTREACH ..... D MATERNAL AND CHILD WELFARE CENTER ..... E GOVT. FIELD WORKER (FWA) F COMM. CLINIC ..... G</p> <p>OTHER _____ H (SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC ..... I NGO SATELITE CLINIC ..... J NGO FIELDWKR . K OTHER _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC..... M QUAL. DOCTOR ... N TRAD. DOCTC... O PHARMACY ..... P</p> <p>OTHER PRIVATE MED. _____ Q (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... R TRADITIONAL PRACTITIONER S OTHER _____ X (SPECIFY)</p>
517	Does (NAME) still have diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
518	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a) A fluid made from a special saline packet</p> <p>b) Homemade sugar-salt-water solution (laban gur)?</p> <p>c) Zinc Syrup?</p> <p>d) Zinc tablets?</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT . . 1 2 8</p> <p>LABAN GUR 1 2 8</p> <p>ZINC SYRUF 1 2 8</p> <p>ZINC 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT . . 1 2 8</p> <p>LABAN GUR 1 2 8</p> <p>ZINC SYRUI 1 2 8</p> <p>ZINC 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT . . 1 2 8</p> <p>LABAN GUR 1 2 8</p> <p>ZINC SYRUI 1 2 8</p> <p>ZINC 1 2 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
519	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 521) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 521) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 521) ← DON'T KNOW ..... 8
520	What (else) was given to treat the diarrhea?  Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... C UNKNOWN PILL OR SYRUP ... D  INJECTION ANTIBIOTIC ..... E NON-ANTIBIOTIC. F UNKNOWN INJECTION ... G  (IV) INTRAVENOUS. H  HOME REMEDY/ HERBAL MEDICINE ..... I  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... C UNKNOWN PILL OR SYRUP ... D  INJECTION ANTIBIOTIC ..... E NON-ANTIBIOTIC. F UNKNOWN INJECTION ... G  (IV) INTRAVENOUS. H  HOME REMEDY/ HERBAL MEDICINE ..... I  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... C UNKNOWN PILL OR SYRUP ... D  INJECTION ANTIBIOTIC ..... E NON-ANTIBIOTIC. F UNKNOWN INJECTION ... G  (IV) INTRAVENOUS. H  HOME REMEDY/ HERBAL MEDICINE ..... I  OTHER _____ X (SPECIFY)
521	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
522	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 (SKIP TO 523) ← NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 (SKIP TO 523) ← NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 (SKIP TO 523) ← NO ..... 2 DON'T KNOW ..... 8
522A	CHECK 521  HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/>  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 525 TO 531)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/>  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 525 TO 531)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/>  (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 525 TO 531)
523	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8
524	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8
525	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2 (SKIP TO 527) ←	YES ..... 1 NO ..... 2 (SKIP TO 527) ←	YES ..... 1 NO ..... 2 (SKIP TO 527) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
526	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>HOSP./MED. COLLEGE ..... A FAMILY WELFARE CENTER (FWC) B UPAZILA HEALTH COMPLI..... C SAT. CLINIC/EPI . D OUTREACH . D MATERNAL AND CHILD WELF. CENTER ..... E GOVT. FIELD WORKER (FWA) F COMM. CLINIC . G</p> <p>OTHER _____ H (SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC ..... I NGO SATELITE CLINIC ..... J NGO FIELDWKR K OTHER _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC..... M QUAL. DOCTOR N TRAD. DOCTC... O PHARMACY . P</p> <p>OTHER PRIVATE MED. _____ Q (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... R TRADITIONAL PRACTITIONER S</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>HOSP./MED. COLLEGE ..... A FAMILY WELFARE CENTER (FWC) B UPAZILA HEALTH COMPLI..... C SAT. CLINIC/EPI . D OUTREACH . D MATERNAL AND CHILD WELF. CENTER ..... E GOVT. FIELD WORKER (FWA) F COMM. CLINIC . G</p> <p>OTHER _____ H (SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC ..... I NGO SATELITE CLINIC ..... J NGO FIELDWKR K OTHER _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC..... M QUAL. DOCTOR N TRAD. DOCTC... O PHARMACY . P</p> <p>OTHER PRIVATE MED. _____ Q (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... R TRADITIONAL PRACTITIONER S</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>HOSP./MED. COLLEGE ..... A FAMILY WELFARE CENTER (FWC) B UPAZILA HEALTH COMPLI..... C SAT. CLINIC/EPI . D OUTREACH . D MATERNAL AND CHILD WELF. CENTER ..... E GOVT. FIELD WORKER (FWA) F COMM. CLINIC . G</p> <p>OTHER _____ H (SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC ..... I NGO SATELITE CLINIC ..... J NGO FIELDWKR K OTHER _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC..... M QUAL. DOCTOR N TRAD. DOCTC... O PHARMACY . P</p> <p>OTHER PRIVATE MED. _____ Q (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... R TRADITIONAL PRACTITIONER S</p> <p>OTHER _____ X (SPECIFY)</p>
527	Is (NAME) still sick with a (fever/ cough)?	FEVER ONLY ..... 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW ... 8	FEVER ONLY ..... 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW ... 8	FEVER ONLY ..... 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW ... 8
530		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 531.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 531.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 531.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																				
531	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2004 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 532)</p> <p>_____</p> <p>(NAME)</p>		601																																																				
532	<p>Now I would like to ask you about liquids or foods (NAME FROM 531) had yesterday during the day or at night.</p> <p>Did (NAME FROM 531) (drink/eat):</p> <p>A. Plain water?</p> <p>B. Sugar Water/Honey/Juice</p> <p>C. Commercially produced infant formula/baby formula?</p> <p>D. Cow's or goat's milk or yoghurt?</p> <p>E. Other liquid?</p> <p>F. Papaya/mango?</p> <p>G. Green leafy vegetables?</p> <p>H. Other fruits and vegetables?</p> <p>I. Rice, wheat, porridge, bread?</p> <p>J. Meat/fish/eggs?</p> <p>K. Dal?</p> <p>X. Others solid or semi-solid?</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>A. PLAIN WATER . . . . .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>B. SUGAR WATER/HONEY/JUIC</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>C. FORMULA/BABY FORMULA</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>D. COW'S/GOAT MILK . . . . .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>E. OTHER LIQUIDS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>F. PAPAYA/MANGO . . . . .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>G. GREEN VEGETABLE . . . . .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>H. OTHER FRUITS AND ' . . . . .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>I. RICE, WHEAT . . . . .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>J. MEAT/FISH . . . . .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>K. DAL . . . . .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>X. OTHERS . . . . .</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	A. PLAIN WATER . . . . .	1	2	8	B. SUGAR WATER/HONEY/JUIC	1	2	8	C. FORMULA/BABY FORMULA	1	2	8	D. COW'S/GOAT MILK . . . . .	1	2	8	E. OTHER LIQUIDS	1	2	8	F. PAPAYA/MANGO . . . . .	1	2	8	G. GREEN VEGETABLE . . . . .	1	2	8	H. OTHER FRUITS AND ' . . . . .	1	2	8	I. RICE, WHEAT . . . . .	1	2	8	J. MEAT/FISH . . . . .	1	2	8	K. DAL . . . . .	1	2	8	X. OTHERS . . . . .	1	2	8	
	YES	NO	DK																																																				
A. PLAIN WATER . . . . .	1	2	8																																																				
B. SUGAR WATER/HONEY/JUIC	1	2	8																																																				
C. FORMULA/BABY FORMULA	1	2	8																																																				
D. COW'S/GOAT MILK . . . . .	1	2	8																																																				
E. OTHER LIQUIDS	1	2	8																																																				
F. PAPAYA/MANGO . . . . .	1	2	8																																																				
G. GREEN VEGETABLE . . . . .	1	2	8																																																				
H. OTHER FRUITS AND ' . . . . .	1	2	8																																																				
I. RICE, WHEAT . . . . .	1	2	8																																																				
J. MEAT/FISH . . . . .	1	2	8																																																				
K. DAL . . . . .	1	2	8																																																				
X. OTHERS . . . . .	1	2	8																																																				
532A	<p>CHECK 532 FOR CATEGORIES 'F' THROUGH 'X' :</p> <p>ATLEAST ONE <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p> <p>'YES' CIRCLED</p>		601																																																				
533	<p>How many times did (NAME FROM 531) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES . . . . . <input type="checkbox"/></p> <p>DON'T KNOW . . . . . 8</p>																																																					

SECTION 6. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 105A:  <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>↓</p> </div> <div> <p>NOT CURRENTLY MARRIED (SEPARATED/DESERTED DIVORCED/WIDOWED)</p> <p><input type="checkbox"/></p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <span></span> <span>→ 605</span> </div>	
602	Is your husband staying with you now or is he staying elsewhere?	STAYING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	→ 604
603	How long has your husband been staying away from you?	MONTHS ..... <input type="text"/> <input type="text"/>	
604	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME .....  LINE NO. .... <input type="text"/> <input type="text"/>	
605	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
606	CHECK 605:  <div style="display: flex; justify-content: space-around;"> <div> <p>MARRIED ONLY ONCE <input type="checkbox"/></p> <p>↓</p> <p>In what month and year did you start living with your husband?</p> </div> <div> <p>MARRIED MORE THAN ONCE <input type="checkbox"/></p> <p>↓</p> <p>Now I would like to ask about when you started living with your first husband. In what month and year was that?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p> </div> <div>→ 608</div> </div>	
607	How old were you when you started living with him?	AGE ..... <input type="text"/> <input type="text"/>	
608	How old was your husband when you started living with him?	AGE ..... <input type="text"/> <input type="text"/>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 105A:  CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED (SEPARATED/DESERTED/DIVORCED/WIDOWED) <input type="checkbox"/>		→ 713
701A	CHECK 311:  NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 713
702	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?  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 AND PREGNANT ..... 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE ..... 5	→ 704 → 713 → 709 → 708
703	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  How long would you like to wait from now before the birth of (a/another) child? 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	→ 708 → 713 → 708
704	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD?  NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 713
706	CHECK 703:  NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD</p> <p><input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE</p> <p><input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> </div> </div> <p style="text-align: center;">RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX ..... C</p> <p>MENOPAUSAL/HYSTERECTOMY . D</p> <p>SUBFECUND/INFECUND ..... E</p> <p>POSTPARTUM AMENORRHEIC... F</p> <p>BREASTFEEDING ..... G</p> <p>FATALISTIC ..... H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND/PARTNER OPPOSED . J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS ..... O</p> <p>FEAR OF SIDE EFFECTS ..... P</p> <p>LACK OF ACCESS/TOO FAR .... Q</p> <p>COSTS TOO MUCH ..... R</p> <p>INCONVENIENT TO USE ..... S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... T</p> <p>OTHER ..... X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> </div>		→ 713
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ 711</p> <p>→ 713</p>
710	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTABLES ..... 05</p> <p>IMPLANTS ..... 06</p> <p>CONDOM ..... 07</p> <p>SAFE PERIOD ..... 08</p> <p>WITHDRAWAL ..... 09</p> <p>OTHER ..... 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>UNSURE ..... 98</p>	→ 713



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX . . . 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECOND . . . . 24 WANTS AS MANY CHILDREN AS POSSIBLE . . . . . 26  OPPOSITION TO USE RESPONDENT OPPOSED . . . . 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED . . . . . 33 RELIGIOUS PROHIBITION . . . . 34  LACK OF KNOWLEDGE KNOWS NO METHOD . . . . . 41 KNOWS NO SOURCE . . . . . 42  METHOD-RELATED REASONS HEALTH CONCERNS . . . . . 51 FEAR OF SIDE EFFECTS . . . . 52 LACK OF ACCESS/TOO FAR . . . 53 COSTS TOO MUCH . . . . . 54 INCONVENIENT TO USE . . . . . 55 INTERFERES WITH BODY'S NORMAL PROCESSES . . . . 56  OTHER _____ 96 (SPECIFY) DON'T KNOW . . . . . 98	
713	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> <div style="text-align: center;">↓                                         ↓</div> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?      If you could choose exactly the number of children to have in your whole life, how many would that be?  PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 NUMBER . . . . . <input type="text"/> <input type="text"/>  OTHER _____ 96 (SPECIFY)	→ 715     → 715
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	<div style="text-align: right; margin-right: 20px;">BOYS      GIRLS      EITHER</div> NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  OTHER _____ 96 (SPECIFY)	
715	In the last month have you:	<div style="text-align: right; margin-right: 20px;">YES NO</div> Heard about family planning on the radio? RADIO . . . . . 1 2 Seen shows about family planning on the television? TELEVISION . . . . . 1 2 Read about family planning in a newspaper or magazine? NEWSPAPER OR MAGAZINE . . . 1 2 Read about family planning in a poster, billboard or leaflet? POSTER/BILLBOARD . . . . . 1 2 Heard about family planning from a community event? COMMUNITY EVENT . . . . . 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	<p>CHECK 105A:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>NOT CURRENTLY MARRIED (SEPARATED/DESERTED/DIVORCED/WIDOWED) <input type="checkbox"/></p>	<p>→ 801</p>	
722	Does your husband want the same number of children that you want, or does he want more or fewer than you want?	<p>SAME NUMBER ..... 1</p> <p>MORE CHILDREN ..... 2</p> <p>FEWER CHILDREN ..... 3</p> <p>DON'T KNOW ..... 8</p>	
723	How often have you talked to your husband about family planning in the last three months?	<p>NEVER ..... 1</p> <p>ONCE OR TWICE ..... 2</p> <p>MORE OFTEN ..... 3</p>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 105A:  CURRENTLY MARRIED <input type="checkbox"/> ↓  SEPARATED/ DESERTED/ DIVORCED/ WIDOWED <input type="checkbox"/>		→ 803
802	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) husband ever attend school or madrasha?	YES, SCHOOL ..... 1 YES, MADRASHA ..... 2 YES, BOTH ..... 3 NO ..... 4	→ 804 → 804 → 805
803A	What type of schooling did your husband last attend?	SCHOOL ..... 1 MADRASHA ..... 2	
804	What level of schooling did he last attend?	PRIMARY ..... 1 SECONDARY ..... 2 COLLEGE AND HIGHER ..... 3	
804A	What is the highest class he completed at that level?	CLASS ..... <input type="text"/> <input type="text"/>	
805	What kind of work does (did) your (last) husband mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	
806	Now I would like to ask you some questions about your work. Aside from your own housework, have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 810
807	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES ..... 1 NO ..... 2	→ 810
808	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES ..... 1 NO ..... 2	→ 810
809	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 814
810	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	
812	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	
813	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	CHECK 105A: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		822
818	CHECK 813: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		822
819	Who usually decides how the money you earn will be used: mainly you, mainly your husband, you and your husband jointly, or someone else?	RESPONDENT ..... 1 HUSBAND ..... 2 RESPONDENT AND HUSBAND JOINTLY ... 3 SOMEONE ELSE ..... 4 RESPONDENT AND SOMEONE ELSE JOINTLY ..... 5	
822	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT = 1 HUSBAND = 2 RESPONDENT & HUSBAND JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT AND SOMEONE ELSE JOINTLY = 5 1      2      3      4      5	
823	Who usually makes decisions about making major household purchases?	1      2      3      4      5	
824	Who usually makes decisions about making purchases for daily household needs?	1      2      3      4      5	
825	Who usually makes decisions about visits to your family or relatives?	1      2      3      4      5	
826	Who usually makes decisions about your child health care?	1      2      3      4      5	
826A	Do you go to a health centre or hospital alone or with your young children?	YES, ALONE ..... 1 YES, WITH CHILDREN ..... 2 NO ..... 3 OTHER ..... 6 (SPECIFY)	901
826B	Can you go to a health centre or hospital alone or with your young children?	YES, ALONE ..... 1 YES, WITH CHILDREN ..... 2 NO ..... 3 OTHER ..... 6 (SPECIFY)	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 913
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
903	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
906A	Can people get the AIDS virus by using unsterilized needle or syringe?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
906B	Can people get the AIDS virus through unsafe blood transfusion?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
913	CHECK 901:  HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?  NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	
914	Have you heard about:  a) Syphilis? b) Gonorrhea?	YES NO SYPHILIS 1 2 GONORRHEA 1 2	
915	CHECK 913/914: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?  YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> → 917		
916	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
917	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
918	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
919	CHECK 916, 917, AND 918: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 922
920	The last time you had (PROBLEM FROM 916/917/918), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 922
921	Where did you go?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE . . . A FAMILY WELFARE CENTRE . . . B UPAZILA HEALTH COMPLEX . . . C SATELLITE CLINIC/ EPI OUTREACH . . . . . D MATERNAL AND CHILD WELFARE CENTRE (MCWC) . . . E GOVT. FIELD WORKER (FWA) . . . F COMMUNITY CLINIC . . . . . G  OTHER _____ H (SPECIFY)  NGO SECTOR NGO STATIC CLINIC . . . . . I NGO SATELLITE CLINIC . . . . . J NGO DEPOT HOLDER . . . . . K NGO FIELD WORKER (FWA) . . . . L  OTHER _____ M (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . N QUALIFIED DOCTOR . . . . . O TRADITIONAL DOCTOR . . . . . P PHARMACY . . . . . Q  OTHER PRIVATE MEDICAL _____ R (SPECIFY)  OTHER SOURCE SHOP . . . . . S FRIEND/RELATIVE . . . . . T  OTHER _____ X (SPECIFY)	
922	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

## SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 1101A
1002	How does tuberculosis spread from one person to another?  PROBE: Any other ways?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
1003	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

SECTION 11: DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101A	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<div style="text-align: right;">PRES./ PRES.NOT LISTEN. NOTPRES. LISTEN.</div> <div> CHILDREN &lt; 10 ..... 1 2 3  HUSBAND ..... 1 2 3  OTHER MALES ..... 1 2 3  OTHER FEMALES ... 1 2 3 </div>	
1101B	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she does not obey elders in the family?</p>	<div style="text-align: right;">YES NO DK</div> <div> GOES OUT ..... 1 2 8  NEGL. CHILDREN ... 1 2 8  ARGUES ..... 1 2 8  REFUSES SEX ..... 1 2 8  DOESN.T OBEY ELDERS . 1 2 8 </div>	
1101C	<p>CHECK COVER PAGE:</p> <p>WOMAN SELECTED <input type="checkbox"/> FOR THIS SECTION</p> <p style="text-align: center;">WOMAN NOT SELECTED <input type="checkbox"/></p>		1113
1102	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED ..... 1</p> <p style="text-align: center;">PRIVACY NOT POSSIBLE ..... 2</p>		1113
1103	<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Bangladesh. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.</p>		
1104	As far as you know, did your father ever hit or beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	1106
1105	How often did your father hit or beat you mother: often, sometimes or rarely?	OFTEN ..... 1 SOMETIMES ..... 2 RARELY ..... 3 DON'T KNOW ..... 8	
1106	<p>CHECK 105A:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p style="text-align: center;">NOT CURRENTLY MARRIED (SEPARATED/DESERTED/ DIVORCED/WIDOWED) (READ IN PAST TENSE)</p> <p style="text-align: right;"><input type="checkbox"/></p>		



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																	
1107	<p>A (Does/did) your (last) husband/partner ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or any other weapon?</p> <p>h) physically force you to have sexual intercourse with him even when you did not want to?</p>	<p>B</p> <div style="border: 1px solid black; padding: 2px;">CHECK 105A: ASK ONLY IF RESPONDENT IS CURRENTLY MARRIED</div> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th><th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> </tbody> </table>			OFTEN	SOME-TIMES	NOT AT ALL	YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				
		OFTEN	SOME-TIMES	NOT AT ALL																																																																
YES	1 →	1	2	3																																																																
NO	2 ↓																																																																			
YES	1 →	1	2	3																																																																
NO	2 ↓																																																																			
YES	1 →	1	2	3																																																																
NO	2 ↓																																																																			
YES	1 →	1	2	3																																																																
NO	2 ↓																																																																			
YES	1 →	1	2	3																																																																
NO	2 ↓																																																																			
YES	1 →	1	2	3																																																																
NO	2 ↓																																																																			
1108	<p>CHECK 1107B:</p> <p>AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/></p> <p>'1' OR '2' CIRCLED '1' OR '2' CIRCLED</p> <p>FOR CATEGORIES FOR CATEGORIES</p> <p>'a' THROUGH 'g' 'a' THROUGH 'g'</p>		1113																																																																	
1109	<p>Why did your husband hurt you in the last 12 months?</p> <p>Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p>WITHOUT ANY REASON . . . . . A</p> <p>BECAUSE OF FINANCIAL CRISIS . . B</p> <p>BECAUSE HUSBAND UNEMPLOYED C</p> <p>BECAUSE OF FOOD CRISIS . . . . . D</p> <p>BECAUSE OF ENVY OR MALICE . . . . E</p> <p>BECAUSE I REFUSED SEX . . . . . F</p> <p>I DISOBEYED HUSBAND/ELDER . . . G</p> <p>NEGLECTED HOUSEHOLD CHORES H</p> <p>WENT OUT WITHOUT PERMISSION . I</p> <p>HUSBAND SUSPECTS INFIDELITY . . J</p> <p>WIFE SUSPECTS INFIDELITY . . . . . K</p> <p>DOWRY ISSUE . . . . . L</p> <p>DEMAND FOR MONEY/OTHER RESOURCES FROM MY FAMILY . . M</p> <p>HUSBAND DRUNK/HAD DRUGS . . . . N</p> <p>NEGLECTED CHILDREN . . . . . O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																																																																		
1109A	<p>CHECK 1109:</p> <p>L' NOT CIRCLED <input type="checkbox"/> L' CIRCLED <input type="checkbox"/></p>		1109C																																																																	
1109B	Is your husband hurting you related to demand for dowry?	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>																																																																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109C	CHECK 1109: M' NOT CIRCLED <input type="checkbox"/> M'CIRCLED <input type="checkbox"/>		1109E
1109D	Is your husband hurting you related to your inability to bring money/other resources from your family?	YES ..... 1 NO ..... 2	
1109E	CHECK 1109: N' NOT CIRCLED <input type="checkbox"/> N'CIRCLED <input type="checkbox"/>		1110
1109F	Is your husband hurting you related to his drinking alcohol or taking drugs?	YES ..... 1 NO ..... 2	
1110	Did you tell anyone about your husband hurting you?	YES ..... 1 NO ..... 2	1112
1111	Whom did you tell?  RECORD ALL MENTIONED.	FRIEND ..... A FATHER/MOTHER ..... B BROTHER/SISTER ..... C AUNT/UNCLE ..... D CHILDREN ..... E MOTHER-IN-LAW ..... F FATHER-IN-LAW ..... G OTHER RELATIVE ..... H POLICE ..... I DOCTOR/HEALTHWORKER ..... J MOULAVI/CLERIC ..... K COUNSELOR ..... L NGO/FEMALE ..... M LOCAL LEADER ..... N NEIGHBOUR ..... O  OTHER ..... X (SPECIFY)	
1112	Did anyone provide any assistance to protect you from being hurt by your husband?	YES ..... 1 NO ..... 2	1113
1112A	What type of assistance did you receive?	NEIGHBOURS TOOK AWAY HUSBAND ..... A ADVICE TO TELL POLICE BY NEIGHBOUR ..... B ADVICE TO FILE A CASE IN THE COURT AGAINST HUSBAND ..... C OTHER ..... X (SPECIFY)	
1113	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: \_\_\_\_\_

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

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

B	BIRTHS
P	PREGNANCIES
T	TERMINATIONS
0	NO METHOD
1	FEMALE STERILIZATION
2	MALE STERILIZATION
3	PILL
4	IUD
5	INJECTABLES
6	IMPLANTS
7	CONDOM
L	SAFE PERIOD/RHYTHM METHOD
M	WITHDRAWAL
X	OTHER _____
	(SPECIFY)

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

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEYS  
MAN'S QUESTIONNAIRE

NIPORT, MOHFW  
Mitra and Associates

IDENTIFICATION				
CLUSTER NUMBER ..... HOUSEHOLD NUMBER ..... NAME OF THE HOUSEHOLD HEAD _____ NAME AND LINE NUMBER OF MAN _____ MAN SELECTED FOR DOMESTIC VIOLENCE MODULE (YES=1, NO=2) _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> </div>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
RESULT*	_____	_____	_____	YEAR <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">0</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">0</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">7</div>
NEXT VISIT: DATE	_____	_____		INT. NUMBER <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
TIME	_____	_____		RESULT <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
*RESULT CODES: <div style="display: flex; justify-content: space-between;"> <div>                         1 COMPLETED                          2 NOT AT HOME                          3 POSTPONED                     </div> <div>                         4 REFUSED                          5 PARTLY COMPLETED                          6 INCAPACITATED                     </div> <div>                         7 OTHER _____                          (SPECIFY)                     </div> </div>				
SUPERVISOR NAME _____ DATE _____	FIELD EDITOR NAME _____ DATE _____		OFFICE EDITOR <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	KEYED BY <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>

## SECTION 1. RESPONDENT'S BACKGROUND

### INTRODUCTION AND CONSENT

INFORMED CONSENT
<p>Hello. My name is _____ and I am working with Mitra and Associates, a private research organization located in 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, men and children under the authority of NIPOPT 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. This information will help the government to plan health services. The survey usually takes between 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED ..... 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END</p> <p style="text-align: center;">↓</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> MINUTES ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> ALWAYS ..... 95 VISITOR ..... 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the village?	CITY ..... 1 TOWN ..... 2 VILLAGE ..... 3	
104	In what month and year were you born?	MONTH ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> DON'T KNOW YEAR ..... 9998	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
105A	Are you now married, separated, deserted, widowed, divorced or have you never been married?	CURRENTLY MARRIED ..... 1 SEPARATED ..... 2 DESERTED ..... 3 DIVORCED ..... 4 WIDOWED ..... 5 NEVER MARRIED ..... 6	→ END
106	Have you ever attended school/madrasha?	YES, SCHOOL ..... 1 YES, MADRASHA ..... 2 YES, BOTH ..... 3 NO ..... 4	→ 107 → 110
106A	What type of school have you last attended?	SCHOOL ..... 1 MADRASHA ..... 2	
107	What is the highest level of school you attended: primary, secondary, or college and higher?	PRIMARY ..... 1 SECONDARY ..... 2 COLLEGE AND HIGHER ..... 3	
108	What is the highest class you completed at that level?	CLASS ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	CHECK 107:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div>PRIMARY <input type="checkbox"/></div> <div>SECONDARY OR HIGHER <input type="checkbox"/></div> </div>		→ 112
110	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE.. 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
111	CHECK 110:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/></div> <div>CODE '1' OR '5' CIRCLED <input type="checkbox"/></div> </div>		→ 113
112	Do you read a newspaper or magazine?	YES ..... 1 NO ..... 2	→ 113
112A	How often do you read a newspaper or magazine almost every day, at least once a week, or less than once a week?	ALMOST 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	Do you listen to the radio almost every day, at least once a week, or less than once a week?	ALMOST 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	Do you watch television almost every day, at least once a week, or less than once a week?	ALMOST 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)	
116	Are you currently working?	YES ..... 1 NO ..... 2	→ 122
117	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="text"/> _____ _____	
119	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	→ 121
120	During the last 12 months, how many months did you work?	NUMBER OF MONTHS ..... <input type="text"/>	
121	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	→ 302
122	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 302
123	What have you been doing over the last 12 months?	GOING TO SCHOOL ..... 1 LOOKING FOR WORK ..... 2 INACTIVE ..... 3 COULD NOT WORK/HANDICAPPED 4 OTHER ..... 6 (SPECIFY)	

SECTION 3. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 105A: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED (SEPARATED/DESERTED DIVORCED/WIDOWED) <input type="checkbox"/>		→ 307
303	Is your wife staying with you now or is she staying elsewhere?	STAYING WITH HIM ..... 1 STAYING ELSEWHERE ..... 2	
304	Do you currently have one wife or more than one wife?	ONE WIFE ..... 1 MORE THAN ONE WIFE ..... 2	→ 306
305	Altogether, how many wives do you have?	TOTAL NUMBER OF WIVES <input type="text"/>	
306	CHECK 304:  ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/> Please tell me the name of your wife. Please tell me the name of each of your current wives.  RECORD THE WIFE'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME ..... LINE NO. .... <input type="text"/> NAME ..... LINE NO. .... <input type="text"/> NAME ..... LINE NO. .... <input type="text"/>	
306A	CHECK 304: CURRENTLY HAS ONE WIFE <input type="checkbox"/> CURRENTLY HAS MORE THAN ONE WIFE <input type="checkbox"/>		→ 308
307	Have you been married only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
308	CHECK 307: MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> In what month and year did you start living with your wife? Now I would like to ask about when you started living with your first wife. In what month and year was that?	MONTH ..... <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 310
309	How old were you when you started living with her?	AGE ..... <input type="text"/>	
310	CHECK FOR THE PRESENCE OF OTHERS.  BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
310A	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. Did you have sex before (first) marriage?	YES ..... 1 NO ..... 2	
311	How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE ..... 00 AGE IN YEARS ..... <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE ..... 95	



SECTION 4. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 306: ONE OR MORE WIVES <input type="checkbox"/> ↓	QUESTION NOT ASKED <input type="checkbox"/> → 408	
403	(Is your wife /Are any of your wives) currently pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
404	CHECK 403:  NO WIFE PREGNANT OR DON'T KNOW <input type="checkbox"/> ↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?  WIFE(WIVES) PREGNANT <input type="checkbox"/> ↓ Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s) 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 COUPLE INFECUND ..... 3 WIFE (WIVES) STERILIZED ..... 4 RESPONDENT STERILIZED ..... 5 UNDECIDED/DON'T KNOW ..... 8 → 408	
405	CHECK 306: ONE WIFE <input type="checkbox"/> ↓	MORE THAN ONE WIFE <input type="checkbox"/> → 407	
406	CHECK 403:  WIFE NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> ↓ How long would you like to wait from now before the birth of (a/another) child?  WIFE PREGNANT <input type="checkbox"/> ↓ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 <input type="text"/> YEARS ..... 2 <input type="text"/>  SOON/NOW ..... 993 COUPLE INFECUND ..... 994  OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998 → 408	
407	How long would you like to wait from now before the birth of (a/another) child?	MONTHS ..... 1 <input type="text"/> YEARS ..... 2 <input type="text"/>  SOON/NOW ..... 993 HE/ALL HIS WIVES ARE INFECUND ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	
408	Do you have any living children?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409	<p>CHECK 408:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER ..... 96 (SPECIFY)</p>	<p>→ 411</p> <p>→ 411</p>
410	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER ..... 96 (SPECIFY)</p>	
411	<p>In the last month have you:</p> <p>Heard about family planning on the radio?</p> <p>Seen shows about family planning on the television?</p> <p>Read about family planning in a newspaper or magazine?</p> <p>Read about family planning in a poster, billboard or leaflet?</p> <p>Heard about family planning from a community event?</p>	<p>YES NO</p> <p>RADIO ..... 1 2</p> <p>TELEVISION ..... 1 2</p> <p>NEWSPAPER OR MAGAZINE ... 1 2</p> <p>POSTER/BILLBOARD ..... 1 2</p> <p>COMMUNITY EVENT ..... 1 2</p>	
412	<p>I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.</p> <p>a) Contraception is women's business and a man should not have to worry about it.</p> <p>b) Women who use contraception may become promiscuous.</p>	<p>DIS- AGREE AGREE DK</p> <p>CONTRACEPTION</p> <p>WOMAN'S BUSINESS . 1 2 8</p> <p>WOMAN MAY BECOME</p> <p>PROMISCUOUS ... 1 2 8</p>	

SECTION 5. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
502	Do you think that women need to have a medical checkup when they are pregnant even if they are not sick?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 504
503	At what month of pregnancy do you think that women need to have their first checkup?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
504	During their pregnancy, do you think that women need to eat more, the same, or less than they did before their pregnancy?	MORE ..... 1 SAME ..... 2 LESS ..... 3 DON'T KNOW ..... 8	
505	CHECK 408:  HAS LIVING CHILDREN <input type="checkbox"/> DOES NOT HAVE LIVING CHILDREN <input type="checkbox"/>		→ 601
506	How many years old is your youngest child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
507	CHECK 506:  YOUNGEST CHILD IS 0-3 YEARS OLD <input type="checkbox"/> YOUNGEST CHILD 4 YEARS OR OLDER <input type="checkbox"/>		→ 601
508	What is the name of your youngest child?  WRITE NAME OF YOUNGEST CHILD  _____ (NAME OF YOUNGEST CHILD)		
509	Did your wife go to a health facility for antenatal care when she was pregnant with (NAME OF YOUNGEST CHILD)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 511
510	Did any medical persons such as a doctor, nurse, FWV or others visit your wife when she was pregnant with (NAME)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 512

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
511	Were you present during any of the antenatal care visits?	YES ..... 1 NO ..... 2	
512	At any time during this pregnancy, did any medical persons such as a doctor, nurse, FWV or others talk to you about this particular pregnancy?	YES ..... 1 NO ..... 2	
513	At any time during this pregnancy, did you ever talk with your wife about what the medical persons such as a doctor, nurse FWV or others told her about her own health or that of the baby's health?	YES ..... 1 NO ..... 2	
514	Where did your wife give birth to (NAME)?	HOME OWN HOME ..... 11 OTHER HOME ..... 12  PUBLIC SECTOR GOVT. HOSPITAL ..... 21 UPAZILA HEALTH COMPLEX ..... 22 MATERNAL AND CHILD CENTRE 23  OTHER ..... 26 (SPECIFY)  NGO SECTOR NGO STATIC CLINIC ..... 31  OTHER ..... 36 (SPECIFY)  PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC ..... 41 OTHER ..... 46 (SPECIFY)  OTHER PRIVATE ..... 96 (SPECIFY)	
515	Were you present at the birth of (NAME) in (NAME OF PLACE IN 514)?	YES ..... 1 NO ..... 2	
516	In the first two months after (NAME) was born, did your wife visit a health facility to have her own health or the baby's health checked?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 518
517	In the first two months after (NAME) was born, did a medical person such as a doctor, nurse, FWV or others make a visit to check on your wife's or baby's health?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 519
518	Were you present during any of the visits?	YES ..... 1 NO ..... 2	
519	Did (NAME OF THE YOUNGEST CHILD) ever receive any vaccinations to prevent him/her from getting diseases?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 601
520	Did you take (NAME) to be vaccinated at any time?	YES ..... 1 NO ..... 2	

SECTION 6. HIV/AIDS AND STI

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 613
602	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
603	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
604	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
605	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
606	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
606A	Can people get the AIDS virus by using unsterilized needle or syringe?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
606B	Can people get the AIDS virus through unsafe blood transfusions?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
608	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
613	CHECK 601: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">             HEARD ABOUT AIDS <input type="checkbox"/>              ↓              Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?           </div> <div style="border-left: 1px dashed black; padding-left: 10px; text-align: center;">             NOT HEARD ABOUT AIDS <input type="checkbox"/>              ↓              Have you heard about infections that can be transmitted through sexual contact?           </div> </div>	YES ..... 1 NO ..... 2	
614	Have you heard about:  a) Syphilis? b) Gonorrhea?	<div style="display: flex; justify-content: space-between;"> <div></div> <div>YES</div> <div>NO</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SYPHILIS</div> <div>1</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>GONORRHEA</div> <div>1</div> <div>2</div> </div>	
615	CHECK 613/614: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?  <div style="display: flex; justify-content: space-around; align-items: center;"> YES <input type="checkbox"/> ↓           </div> <div style="display: flex; justify-content: space-between; align-items: center;"> NO <input type="checkbox"/> <span>→ 617</span> </div>		
616	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
617	During the last 12 months, have you had a discharge from your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
618	Sometimes men experience a sore or ulcer on or near their penis? During the last 12 months, have you had a sore or ulcer on or near your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
618A	During the last 12 months, have you had pain or burning sensation during urination?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	CHECK 616, 617, 618 AND 618A HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>	<input type="checkbox"/> → 622	
620	The last time you had (PROBLEM FROM 616, 617, 618 and 618A), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 622
621	Where did you go? Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR HOSPITAL/MEDICAL COLLEGE ... A FAMILY WELFARE CENTRE ... B UPAZILA HEALTH COMPLEX ... C SATELLITE CLINIC/ EPI OUTREACH ..... D MATERNAL AND CHILD WELFARE CENTRE (MCWC) ... E GOVT. FIELD WORKER (FWA) ... F COMMUNITY CLINIC ..... G  OTHER _____ H (SPECIFY)  NGO SECTOR NGO STATIC CLINIC ..... I NGO SATELLITE CLINIC ..... J NGO DEPOT HOLDER ..... K NGO FIELD WORKER (FWA) ..... L  OTHER _____ M (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... N QUALIFIED DOCTOR ..... O TRADITIONAL DOCTOR ..... P PHARMACY ..... Q  OTHER PRIVATE MEDICAL _____ R (SPECIFY)  OTHER SOURCE SHOP ..... S FRIEND/RELATIVE ..... T  OTHER _____ X (SPECIFY)	
622	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

SECTION 7. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 705
702	How does tuberculosis spread from one person to another?  PROBE: Any other ways?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
703	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
705	At any time during the last three months, have you had any health problems or injury, that made it difficult for you to carry out your normal work or regular activities?  IF YES PROBE AND CIRCLE APPROPRIATE CODE.	YES, ILLNESS ..... A YES, INJURY ..... B NONE ..... Y	→ 709
706	For how many days in the last three months were you not able to do your normal work or regular activities due to this illness or injury?	NUMBER OF DAYS ..... <input type="text"/> <input type="text"/>	
707	CHECK 705:  YES, ILLNESS <input type="checkbox"/> A ' NOT CIRCLED <input type="checkbox"/> A' CIRCLED <input type="checkbox"/>		→ 709
708	What type of illness has prevented you from doing your normal work or regular activities?	TUBERCULOSIS ..... A ASTHMA ..... B DIABETES ..... C HIGH BLOOD PRESSURE ..... D HEART PROBLEM ..... E MALARIA/FEVER ..... F JAUNDICE/HEPATITIS ..... G  OTHER ..... X (SPECIFY)	
709	Do you currently smoke cigarettes/bidi?	YES ..... 1 NO ..... 2	→ 711
710	In the last 24 hours, how many cigarettes/bidi did you smoke?	CIGARETTES ..... <input type="text"/> <input type="text"/>  BIDI ..... <input type="text"/> <input type="text"/>	
711	Do you currently smoke or use any other type of tobacco?	YES ..... 1 NO ..... 2	→ 801
712	What (other) type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C  OTHER ..... X (SPECIFY)	

**SECTION 8: DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk with you about the relationship between married women and men. People have different opinions on this subject and we would like to know more about what you think.  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 DON'T KNOW ..... 8	
802	If for some reason the husband cannot make 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 DON'T KNOW ..... 8	
803	CHECK 105A: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		805
804	Who usually makes decisions about how to spend the cash that your wife earns?	RESPONDENT ..... 1 WIFE ..... 2 RESPONDENT AND WIFE JOINTLY ..... 3 SOMEONE ELSE ..... 4 RESPONDENT AND SOMEONE ELSE ..... 5 WIFE DOES NOT EARN CASH ..... 6	
805	Who usually makes decisions about health care for yourself: you, your wife, you and your wife jointly, or someone else?	RESPONDENT = 1 WIFE = 2 RESPONDENT & WIFE JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT AND SOMEONE ELSE JOINTLY = 5 1      2      3      4      5	
806	Who usually makes decisions about making major household purchases?	1      2      3      4      5	
807	Who usually makes decisions about making purchases for daily household needs?	1      2      3      4      5	
808	Who usually makes decisions about visits to your family or relatives?	1      2      3      4      5	
809	Who usually makes decisions about your child health care?	1      2      3      4      5	
809A	PRESENCE OF OTHERS AT THIS POINT.	CHILDREN UNDER 10 ..... 1 2 WIFE (S) ..... 1 2 OTHER MALES ..... 1 2 OTHER FEMALES ..... 1 2	
810	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:  If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she does not obey elders in the family?	YES NO DK GOES OUT ..... 1 2 8 NEGL. CHILDREN ..... 1 2 8 ARGUES ..... 1 2 8 REFUSES SEX ..... 1 2 8 DOESN'T OBEY ELDERS ..... 1 2 8	
811	CHECK COVER PAGE: MAN SELECTED FOR THIS SECTION <input type="checkbox"/> MAN NOT SELECTED <input type="checkbox"/>		820
812	CHECK FOR PRESENCE OF OTHERS:  DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.  PRIVACY OBTAINED ..... 1 PRIVACY NOT POSSIBLE ..... 2		821
813	READ TO THE RESPONDENT  Now I would like to ask you questions about some other important aspects of a couple's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of couples in Bangladesh. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.		
814	As far as you know, did your father ever hit or beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	816
815	How often did your father hit or beat you mother: often, sometimes or rarely?	OFTEN ..... 1 SOMETIMES ..... 2 RARELY ..... 3 DON'T KNOW ..... 8	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																													
816	CHECK 105A: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED (SEPARATED/DESERTED/DIVORCED/WIDOWED) (READ IN PAST TENSE) <input type="checkbox"/>																																															
817	<p>A At any time, were there any circumstances or family disagreements which caused you to:</p> <p>B CHECK 105A: ASK ONLY IF RESPONDENT IS CURRENTLY MARRIED How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th><th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>a) push, shake, or throw something at your wife?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) slap your wife?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) twist her arm or pull her hair?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>d) punch her with your fist or with something that could hurt her?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>e) kick her, drag her or beat her up?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>f) try to choke her or burn her on purpose?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>g) threaten or attack her with a knife, gun, or any other weapon?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>h) physically force her to have sexual intercourse with you even when she did not want to?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>			OFTEN	SOME-TIMES	NOT AT ALL	a) push, shake, or throw something at your wife?	YES 1 → NO 2 ↓	1	2	3	b) slap your wife?	YES 1 → NO 2 ↓	1	2	3	c) twist her arm or pull her hair?	YES 1 → NO 2 ↓	1	2	3	d) punch her with your fist or with something that could hurt her?	YES 1 → NO 2 ↓	1	2	3	e) kick her, drag her or beat her up?	YES 1 → NO 2 ↓	1	2	3	f) try to choke her or burn her on purpose?	YES 1 → NO 2 ↓	1	2	3	g) threaten or attack her with a knife, gun, or any other weapon?	YES 1 → NO 2 ↓	1	2	3	h) physically force her to have sexual intercourse with you even when she did not want to?	YES 1 → NO 2 ↓	1	2	3		
		OFTEN	SOME-TIMES	NOT AT ALL																																												
a) push, shake, or throw something at your wife?	YES 1 → NO 2 ↓	1	2	3																																												
b) slap your wife?	YES 1 → NO 2 ↓	1	2	3																																												
c) twist her arm or pull her hair?	YES 1 → NO 2 ↓	1	2	3																																												
d) punch her with your fist or with something that could hurt her?	YES 1 → NO 2 ↓	1	2	3																																												
e) kick her, drag her or beat her up?	YES 1 → NO 2 ↓	1	2	3																																												
f) try to choke her or burn her on purpose?	YES 1 → NO 2 ↓	1	2	3																																												
g) threaten or attack her with a knife, gun, or any other weapon?	YES 1 → NO 2 ↓	1	2	3																																												
h) physically force her to have sexual intercourse with you even when she did not want to?	YES 1 → NO 2 ↓	1	2	3																																												
818	CHECK 817B (a-g): AT LEAST ONE '1' OR '2' CIRCLED <input type="checkbox"/> FOR CATEGORIES 'a' THROUGH 'g' NOT A SINGLE '1' OR '2' CIRCLED <input type="checkbox"/> FOR CATEGORIES 'a' THROUGH 'g'		820																																													
819	<p>What is the reason for you to hurt your wife in the last 12 months?</p> <p>Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p>WITHOUT ANY REASON . . . . . A</p> <p>BECAUSE OF FINANCIAL CRISIS . . . B</p> <p>BECAUSE HUSBAND UNEMPLOYED . . C</p> <p>BECAUSE OF FOOD CRISIS . . . . . D</p> <p>BECAUSE OF ENVY OR MALICE . . . . E</p> <p>BECAUSE SHE REFUSED SEX . . . . . F</p> <p>WIFE DISOBEYED ME/ELDER . . . . G</p> <p>NEGLECTED HOUSEHOLD CHORES . . H</p> <p>WIFE WENT OUT WITHOUT PERMISSION . . . . . I</p> <p>HUSBAND SUSPECTS WIFE OF INFIDELITY . . . . . J</p> <p>MY WIFE SUSPECTS ME OF INFIDELITY . . . . . K</p> <p>DOWRY ISSUE . . . . . L</p> <p>DEMAND FOR MONEY/OTHER RESOURCES FROM HER FAMILY . . M</p> <p>HUSBAND DRUNK/HAD DRUGS . . . . N</p> <p>NEGLECTED CHILDREN . . . . . O</p> <p>OTHER . . . . . X</p> <p>(SPECIFY)</p>																																														
819A	CHECK 819: L' NOT CIRCLED <input type="checkbox"/> L' CIRCLED <input type="checkbox"/>		819C																																													
819B	Did you hurt your wife for your demand related to dowry?	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>																																														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819C	CHECK 819:  M' NOT CIRCLED <input type="checkbox"/> M'CIRCLED <input type="checkbox"/>		819E
819D	Did you hurt your wife for her inability to bring money/other resources from her family?	YES ..... 1 NO ..... 2	
819E	CHECK 819:  N' NOT CIRCLED <input type="checkbox"/> N'CIRCLED <input type="checkbox"/>		819G
819F	Did you hurt your wife for your being drunk or addicted to alcohol or taking drugs?	YES ..... 1 NO ..... 2	
819G	Did she tell anyone about your hurting her?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	819i
819H	Whom did she tell?  RECORD ALL MENTIONED.	FRIEND ..... A FATHER/MOTHER ..... B BROTHER/SISTER ..... C AUNT/UNCLE ..... D CHILDREN ..... E MOTHER-IN-LAW ..... F FATHER-IN-LAW ..... G OTHER RELATIVE ..... H POLICE ..... I DOCTOR/HEALTHWORKER ..... J MOULAVI/CLERIC ..... K COUNSELOR ..... L NGO/FEMALE ..... M LOCAL LEADER ..... N NEIGHBOUR ..... O  OTHER ..... X (SPECIFY)	
819I	Did anyone provide any assistance to protect her from being hurt by you?	YES ..... 1 NO ..... 2	820
819J	What type of assistance did she receive?	NEIGHBOURS PREVENT ME FROM HITTING HER ..... A ADVICE TO TELL POLICE BY NEIGHBOUR ..... B ADVICE TO FILE A CASE IN THE COURT AGAINST HUSBAND ..... C OTHER ..... X (SPECIFY)	
820	Now I would like to ask you about another personal question. The information you provide will be kept strictly confidential. Some people take such things as Ganja, Charas, Phensidle, Pethedine, Heroin, Morphine, or other drugs, or any injectable drug.  In the last three months, have you ever taken: Ganja? Charas? Phensidle? Pethedine? Heroin? Morphine? Injectable drugs?  Other drugs?	YES NO GHANJA ..... 1 2 CHARAS ..... 1 2 PHENSIDLE ..... 1 2 PETHEDINE ..... 1 2 HEROIN ..... 1 2 MORPHINE ..... 1 2 INJECTABLE DRUGS ..... 1 2  OTHER DRUG ..... 1 2 (SPECIFY)	
821	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: \_\_\_\_\_