

**NATIONAL FAMILY, HEALTH SURVEY  
(MCH AND FAMILY PLANNING)  
WOMAN'S QUESTIONNAIRE**

**CONFIDENTIAL  
For Research  
Purposes Only**

INDIA 1992-1993

IDENTIFICATION																						
NAME OF STATE _____	<table border="1" style="width:100%; height: 100px; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																					
PSU NUMBER.....																						
NAME OF DISTRICT _____																						
NAME OF TEHSIL/TALUK _____																						
URBAN/RURAL (urban=1, rural=2).....																						
NAME OF TOWN AND TOWN BLOCK OR VILLAGE _____																						
LARGE CITY/SMALL CITY/TOWN/RURAL AREA..... (large city=1, small city=2, town=3, rural area=4)	<table border="1" style="width:100%; height: 40px; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> </table>																					
HOUSEHOLD NUMBER.....																						
NAME AND LINE NUMBER OF WOMAN _____	<table border="1" style="width:100%; height: 40px; border-collapse: collapse;"> <tr><td></td><td></td></tr> </table>																					
ADDRESS OF HOUSEHOLD _____																						

INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE				DAY <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
INTERVIEWER'S NAME				NAME <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
RESULT*				RESULT <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
NEXT VISIT:      DATE TIME			<table border="1" style="width: 40px; height: 40px; border-collapse: collapse;"> <tr><td></td></tr> </table>		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>

**\*RESULT CODES:**

1 COMPLETED      3 POSTPONED      5 PARTLY COMPLETED  
 2 NOT AT HOME      4 REFUSED      6 OTHER \_\_\_\_\_ (SPECIFY)

LANGUAGE OF QUESTIONNAIRE\*\*.....

LANGUAGE OF INTERVIEW\*\*.....

NATIVE LANGUAGE OF RESPONDENT\*\*.....

TRANSLATOR USED..... YES...1 NO...2

**\*\*LANGUAGE CODES:**

01 Assamese	05 Hindi	09 Marathi	13 Sindhi
02 Bengali	06 Kannada	10 Oriya	14 Tamil
03 English	07 Kashmiri	11 Punjabi	15 Telugu
04 Gujarati	08 Malayalam	12 Sanskrit	16 Urdu
17 Other (SPECIFY) _____		18 Konkani	

NAME	SPOT-CHECKED BY	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY		
DATE	_____	_____	_____	_____	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td></tr> </table>		

**SECTION 1. RESPONDENT'S BACKGROUND**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... MINUTES.....	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city or in a village?	CITY/TOWN.....1 VILLAGE.....2	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS.....95 VISITOR.....96	105 106
104	Just before you moved here, did you live in a city or in a village?	CITY/TOWN.....1 VILLAGE.....2	
105	In what month and year were you born?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	
107	What is your current marital status?	CURRENTLY MARRIED.....1 SEPARATED.....2 WIDOWED.....3 DIVORCED.....4 NEVER MARRIED.....5	111 END
108	Are you living with your husband now or is he staying elsewhere?	LIVING WITH HIM.....1 STAYING ELSEWHERE.....2	111

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
109	During the last four weeks, did you stay with your husband at any time?	YES.....1 NO.....2	→111				
110	For how long have you and your husband not been living together?  RECORD MONTHS OR YEARS.	MONTHS.....1 YEARS.....2	<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
111	Now I would like to ask you some questions on your marriage. Have you been married only once or more than once?	ONCE.....1 MORE THAN ONCE.....2	→115				
112	How old were you at the time of your <u>first</u> marriage?	AGE IN COMPLETED YEARS.....	<table><tr><td></td><td></td></tr></table>				
113	How old were you when you started living with your <u>first</u> husband?	AGE IN COMPLETED YEARS..... GAUNA HAD NOT TAKEN PLACE..... 96	<table><tr><td></td><td></td></tr></table>				
114	How old were you when your first marriage dissolved?	AGE IN COMPLETED YEARS.....	<table><tr><td></td><td></td></tr></table>				
115	How old were you at the time of your [current] marriage?	AGE IN COMPLETED YEARS.....	<table><tr><td></td><td></td></tr></table>				
116	How old were you when you started living with your [current] husband?	AGE IN COMPLETED YEARS..... GAUNA HAS NOT TAKEN PLACE.....96	→END				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
117	Before you got married, was your [current] husband related to you in any way?	YES.....1 NO.....2	119
118	What type of relationship was it?	FIRST COUSIN ON FATHER'S SIDE...1 FIRST COUSIN ON MOTHER'S SIDE...2 SECOND COUSIN.....3 UNCLE.....4 OTHER BLOOD RELATIVE.....5 BROTHER-IN-LAW.....6 OTHER NON-BLOOD RELATIVE.....7	
119	What is the minimum legal age at marriage for a girl in India?	AGE IN YEARS..... <input type="text"/> <input type="text"/> DK.....98	
120	What is the minimum legal age at marriage for a boy in India?	AGE IN YEARS..... <input type="text"/> <input type="text"/> DK.....98	
121	Have you ever attended school?	YES.....1 NO.....2	124
122	What is the highest grade you completed?	GRADE..... <input type="text"/> <input type="text"/>	
123	CHECK 122: GRADE 0-5 <input type="checkbox"/> GRADE 6-12 <input type="checkbox"/> GRADE 13+ <input type="checkbox"/>		126 125
124	Can you read and write?	YES.....1 NO.....2	126
125	What is the highest degree you have obtained?	DEGREE NOT COMPLETED.....01 NON-TECHNICAL DEGREE BACHELOR'S DEGREE.....02 MASTER'S DEGREE.....03 Ph.D.....04 TECHNICAL DEGREE BACHELOR'S DEGREE.....05 MASTER'S DEGREE.....06 TECHNICAL DIPLOMA/CERTIFICATE NOT EQUIVALENT TO DEGREE.....07 NON-TECHNICAL DIPLOMA/CERTIF. NOT EQUIVALENT TO DEGREE.....08 OTHER DEGREE.....09 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
126	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2							
127	Do you usually watch television at least once a week?	YES.....1 NO.....2							
128	Do you usually go to a Cinema Hall or Theatre to see a movie at least once a month?	YES.....1 NO.....2							
129	<p>CHECK Q.5 IN THE HOUSEHOLD SCHEDULE:</p> <p>THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/></p> <p>THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/></p>		201						
130	How long have you been visiting in this house?	DAYS.....1 MONTHS.....2 YEARS.....3	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
131	How much longer do you intend to stay here?	DAYS.....1 MONTHS.....2 YEARS.....3 DK.....998	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
132	What is the main reason for your visiting this household?	VISITING FOR DELIVERY PURPOSE..1 VISITING FOR OTHER PURPOSE.....2							
133	<p>Now I would like to ask about the place in which you usually live.</p> <p>Do you usually live in a city, in a town, or in a village?</p> <p>IF CITY:</p> <p>In which city do you live? _____</p>	LARGE CITY (1 MILLION +).....1 SMALL CITY.....2 TOWN.....3 VILLAGE.....4							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
134	In which state do you usually live?	ANDHRA PRADESH.....01 ARUNACHAL PRADESH.....02 ASSAM.....03 BIHAR.....04 GOA.....05 GUJARAT.....06 HARYANA.....07 HIMACHAL PRADESH.....08 JAMMU & KASHMIR.....09 KARNATAKA.....10 KERALA.....11 MADHYA PRADESH.....12 MAHARASHTRA.....13 MANIPUR.....14 MEGHALAYA.....15 MIZORAM.....16 NAGALAND.....17 ORISSA.....18 PUNJAB.....19 RAJASHTAN.....20 SIKKIM.....21 TAMIL NADU.....22 TRIPURA.....23 UTTAR PRADESH.....24 WEST BENGAL.....25 ANDMAN & NICOBAR ISLANDS.....26 CHANDIGARH.....27 DADRA & NAGAR HAVELI.....28 DAMAN & DIU.....29 DELHI.....30 LAKSHADWEEP.....31 PONDICHERRY.....32 OUTSIDE INDIA.....33	
135	<p>Now I would like to ask about the household in which you usually live.</p> <p>What is the main source of water your household uses for bathing and washing?</p>	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 → 137 PUBLIC TAP.....12  GROUND WATER HANDPUMP IN YARD/PLOT.....21 → 137 PUBLIC HANDPUMP.....22  WELL WATER WELL IN RESIDENCE/YARD/PLOT...23 → 137 PUBLIC WELL.....24  SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34  RAINWATER.....41 TANKER TRUCK.....51 OTHER.....81 (SPECIFY)	
136	How long does it take to go there, get water, and come back in one trip?	MINUTES..... <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div>	
137	Does your household get drinking water from this same source?	YES.....1 → 139 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
138	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 GROUND WATER HANDPUMP IN YARD/PLOT.....21 PUBLIC HANDPUMP.....22 WELL WATER WELL IN RESIDENCE/YARD/PLOT...23 PUBLIC WELL.....24 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 TANKER TRUCK.....51 BOTTLED WATER.....61 OTHER.....81 (SPECIFY)	
139	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PUBLIC FLUSH TOILET.....13 PIT TOILET/LATRINE OWN PIT TOILET/LATRINE.....21 SHARED PIT TOILET/LATRINE.....22 PUBLIC PIT TOILET/LATRINE.....23 NO FACILITY/BUSH/FIELD.....31 OTHER.....41 (SPECIFY)	
140	What is the main source of lighting for your household?	ELECTRICITY.....1 KEROSENE.....2 GAS.....3 OIL.....4 OTHER.....5 (SPECIFY)	
141	How many rooms are there in your household?	ROOMS.....	<input type="text"/>
142	Do you have a separate room which is used as a kitchen?	YES.....1 NO.....2	
143	What type of fuel does your household mainly use for cooking?	WOOD.....01 COW DUNG CAKES.....02 COAL/COKE/LIGNITE.....03 CHARCOAL.....04 KEROSENE.....05 ELECTRICITY.....06 LIQUID PETROLEUM GAS.....07 BIO-GAS.....08 OTHER.....09 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
144	<p>What materials have been used for the construction of roof, walls and floor of the house where you usually live?</p> <p>ROOF _____</p> <p>WALLS _____</p> <p>FLOOR _____</p>	<p>PUCCA.....1</p> <p>KACHHA.....2</p> <p>SEMI-PUCCA.....3</p>	
145	<p>What is the religion of the head of the household?</p>	<p>HINDU.....01</p> <p>SIKH.....02</p> <p>BUDDHIST/NEO BUDDHIST.....03</p> <p>CHRISTIAN.....04</p> <p>JAIN.....05</p> <p>JEWISH.....06</p> <p>MUSLIM.....07</p> <p>ZOROASTRIAN.....08</p> <p>NO RELIGION.....09</p> <p>OTHER.....10</p> <p>(SPECIFY)</p>	
146	<p>Does the head of the household belong to a scheduled tribe?</p>	<p>YES.....1</p> <p>NO.....2</p>	148
147	<p>What is the name of the tribe?</p>	<p>TRIBE _____</p> <p>(NAME)</p>	149
148	<p>To which caste does the head of the household belong?</p>	<p>CASTE _____</p> <p>(NAME)</p> <p>NO CASTE.....996</p>	
149	<p>Does your household own any agricultural land?</p>	<p>YES.....1</p> <p>NO.....2</p>	152
150	<p>What is the size of <u>non-irrigated</u> land under cultivation, in acres?</p>	<p>ACRES.....</p> <p>NONE.....000</p> <p>LESS THAN ONE.....996</p>	
151	<p>What is the size of <u>irrigated</u> land under cultivation, in acres?</p>	<p>ACRES.....</p> <p>NONE.....000</p> <p>LESS THAN ONE.....996</p>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
152	Does your household own any livestock?	YES.....1 NO.....2	155
153	What type of livestock do you own? RECORD ALL MENTIONED.	BULLOCK.....A COW.....B BUFFALO.....C GOAT.....D SHEEP.....E CAMEL.....F OTHER.....G (SPECIFY)	
154	Where do you usually keep the animals at night?	IN THE HOUSE.....1 OUTSIDE THE HOUSE.....2	
155	Does the household own any of the following?	YES NO	
	A sewing machine?	SEWING MACHINE.....1 2	
	A clock or watch?	CLOCK/WATCH.....1 2	
	A sofa set?	SOFA SET.....1 2	
	A fan?	FAN.....1 2	
	A radio or transistor?	RADIO/TRANSISTOR.....1 2	
	A refrigerator?	REFRIGERATOR.....1 2	
	A television?	TELEVISION.....1 2	
	A VCR or VCP?	VCR/VCP.....1 2	
	A bicycle?	BICYCLE.....1 2	
	A motorcycle or scooter?	MOTORCYCLE/SCOOTER.....1 2	
	A car?	CAR.....1 2	
	A bullock cart?	BULLOCK CART.....1 2	
	A tractor?	TRACTOR.....1 2	
	A thresher?	THRESHER.....1 2	
	A water pump?	WATER PUMP.....1 2	
156	How many people are there in your household?	NUMBER OF PERSONS.....	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206				
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204				
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<table border="1" 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..... 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 a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208				
207	In all, how many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	<table border="1" 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>				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
209	<p>CHECK 208:</p> <p>Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY</p>		
210	<p>Have you ever had a stillbirth?</p>	<p>YES.....1</p> <p>NO.....2 → 212</p>	
211	<p>How many stillbirths have you had?</p>	<p>NUMBER OF STILLBIRTHS..... <input type="text"/></p>	
212	<p>Have you ever had an abortion?</p> <p>PROBE FOR SPONTANEOUS AND INDUCED ABORTIONS.</p>	<p>YES.....1</p> <p>NO.....2 → 214</p>	
213	<p>How many abortions have you had?</p> <p>PROBE FOR NUMBER OF SPONTANEOUS AND INDUCED ABORTIONS. IF NONE, RECORD '0'.</p>	<p>SPONTANEOUS ABORTIONS..... <input type="text"/></p> <p>INDUCED ABORTIONS..... <input type="text"/></p>	
214	<p>CHECK 208:</p> <p>ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226</p>		

215

Now I would like to talk to you about all the births in your lifetime, whether currently alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 216. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

216	217	218	219	220	221 IF ALIVE:	222 IF ALIVE:	223 IF DEAD:
What name was given to your (first, next) baby?	RECORD SINGLE OR MULTIPLE BIRTH STATUS.	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE:  What is his/her birthday? OR:  In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was he/she when he/she died?  IF "1 YEAR", PROBE:  How many months old was (NAME)?  RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.

01 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 223	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 ↓ (GO TO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
02 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 223	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 ↓ (GO TO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
03 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 223	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 ↓ (GO TO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
04 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 223	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 ↓ (GO TO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
05 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 223	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 ↓ (GO TO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
06 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 223	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 ↓ (GO TO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
07 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 223	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 ↓ (GO TO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>

216	217	218	219	220	221 IF ALIVE:	222 IF ALIVE:	223 IF DEAD:
What name was given to your next baby?	RECORD SINGLE OR MULTIPLE BIRTH STATUS.	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE:  What is his/her birthday? OR:  In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was he/she when he/she died?  IF "1 YEAR", PROBE:  How many months old was (NAME)?  RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.

08 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 223	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 ↓ (GO TO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
09 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 223	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 ↓ (GO TO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
10 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 223	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 ↓ (GO TO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
11 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 223	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 ↓ (GO TO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
12 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 223	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 ↓ (GO TO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>

224	<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.  FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.  FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.  FOR AGE AT DEATH 12 MONTHS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.  FOR EACH CALENDAR BIRTH INTERVAL 4 OR 4+ YEARS: EXPLANATION IS GIVEN.</p> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
225	<p>CHECK 219 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1988.  IF NONE, RECORD '0'.</p> <div><div></div></div>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
226	CHECK 107: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>		232
227	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	230
228	How many months pregnant are you?	MONTHS..... <input type="text"/>	
229	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 become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	232
230	Are you currently menstruating?	YES .....1 NO IN MENOPAUSE.....2 NO IN AMENORRHOEA.....3 NEVER MENSTRUATED.....4	232 301
231	When did your last menstrual period start?	MONTH..... <input type="text"/> YEAR..... <input type="text"/>	
232	How old were you when you experienced your first monthly period?	AGE IN YEARS..... <input type="text"/>	

**SECTION 3. CONTRACEPTION**

301

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

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

	302	303	304
	Have you ever heard of (METHOD)?  READ DESCRIPTION OF EACH METHOD.	Have you ever used (METHOD)?	Do you know where a person could go to get (METHOD)?
01  <u>Pill</u> Women can take a pill every day.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02  <u>Loop or Copper I</u> Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03  <u>Injections</u> Women can have an injection given by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04  <u>Condom or Nirodh</u> Men can use a rubber sheath during sexual intercourse.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05  <u>Female sterilization</u> Women can have an operation to avoid having any more children.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2

15

	302	303	304
	Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	Have you ever used (METHOD)?	Do you know where a person could go to get (METHOD)?
06	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 <u>Male sterilization</u> Men can have an operation to avoid having any more children.	Has your husband ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
07	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 <u>Rhythm or Periodic abstinence</u> Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES.....1 NO.....2	Do you know where a person can obtain advice on how to practice periodic abstinence? YES.....1 NO.....2
08	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 <u>Withdrawal</u> Men can be careful and pull out before climax.	YES.....1 NO.....2	
09	YES/SPONTANEOUS.....1 NO.....3 Have you heard of any other ways or methods that women or men can use to avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2	
305	CHECK 303: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → SKIP TO 308		



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	→ 344
307	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).		
308	Now I would like to ask you about the time when you first 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"/>	
309	CHECK 107:		
	CURRENTLY MARRIED <input type="checkbox"/> ↓ WIDOWED <input type="checkbox"/> DIVORCED SEPARATED		→ 352
310	CHECK 227:		
	NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ PREGNANT <input type="checkbox"/>		→ 345
311	CHECK 303:		
	NEITHER STERILIZED <input type="checkbox"/> ↓ HE OR SHE STERILIZED <input type="checkbox"/>		→ 313A
312	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→ 342

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
313	Which method are you using?	PILL.....01 LOOP/COPPER T.....02 INJECTION.....03 CONDOM/NIRODH.....04 FEMALE STERILIZATION.....05 MALE STERILIZATION.....06 RHYTHM/PERIODIC ABSTINENCE.....07 WITHDRAWAL.....08 OTHER.....09 (SPECIFY)	321 328 330 332 341
313A	CIRCLE '05' FOR FEMALE STERILIZATION. CIRCLE '06' FOR MALE STERILIZATION.		
314	For how many months have you been using the pill continuously? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS..... 8 YEARS OR LONGER.....96	
315	At the time you first started using the pill, did you consult a doctor or a nurse ?	YES.....1 NO.....2	
316	Once you started using the pill, did a health worker come to visit you for a follow-up related to your use of the pill?	YES.....1 NO.....2	
317	Once you started using the pill, did you go to consult a medical or health person about your experience with the use of the pill?	YES.....1 NO.....2	
318	Have you had any problems with the use of the pill?	YES.....1 NO.....2	320
319	What problems have you had?  RECORD ALL PROBLEMS MENTIONED.	CRAMPS.....A WEIGHT GAIN.....B DIZZINESS.....C BODY ACHE.....D SPOTTING/BLEEDING.....E WHITE DISCHARGE.....F BREAST TENDERNESS.....G NAUSEA/VOMITING.....H CANCER.....I ALLERGY.....J HEADACHE.....K OTHER.....L (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
320	<p>Where did you obtain the pills the last time?</p> <p>_____ (NAME OF HOSPITAL IF CODE 11 OR 21)</p>	<p>PUBLIC SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL.....11</p> <p>PRIMARY HEALTH CENTRE.....12</p> <p>SUB-CENTRE.....13</p> <p>FAMILY PLANNING CLINIC.....14</p> <p>MOBILE CLINIC.....15</p> <p>GOVERNMENT PARAMEDIC.....16</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL OR CLINIC....21</p> <p>PHARMACY/DRUGSTORE.....22</p> <p>PRIVATE DOCTOR.....23</p> <p>MOBILE CLINIC.....24</p> <p>FIELD WORKER.....25</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>FRIENDS/RELATIVES.....32</p> <p>OTHER _____41</p> <p>(SPECIFY)</p>	352
321	<p>Who inserted the (LOOP/COPPER T)?</p>	<p>GOVERNMENT DOCTOR.....1</p> <p>GOVERNMENT PARAMEDIC.....2</p> <p>PRIVATE DOCTOR.....3</p> <p>PRIVATE NURSE.....4</p>	
322	<p>Where did you obtain the (LOOP/COPPER T)?</p> <p>_____ (NAME OF HOSPITAL IF CODE 11 OR 21)</p>	<p>PUBLIC SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL.....11</p> <p>PRIMARY HEALTH CENTRE.....12</p> <p>SUB-CENTRE.....13</p> <p>FAMILY PLANNING CLINIC.....14</p> <p>MOBILE CLINIC.....15</p> <p>GOVERNMENT PARAMEDIC.....16</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL OR CLINIC....21</p> <p>PRIVATE DOCTOR.....22</p> <p>MOBILE CLINIC.....23</p> <p>OTHER _____31</p> <p>(SPECIFY)</p>	
323	<p>For how many months have you been using the (LOOP/COPPER T) continuously?</p> <p>IF LESS THAN 1 MONTH, RECORD '00'.</p>	<p>MONTHS..... <input type="text"/> <input type="text"/></p> <p>8 YEARS OR LONGER.....96</p>	
324	<p>Since the (LOOP/COPPER T) was inserted, did any health worker visit you for follow-up related to use of the (LOOP/COPPER T)?</p>	<p>YES.....1</p> <p>NO.....2</p>	
325	<p>After the (LOOP/COPPER T) was inserted, did you go to consult a medical or health person about your experience with the use of the (LOOP/COPPER T)?</p>	<p>YES.....1</p> <p>NO.....2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
326	Have you had any problems with the use of the (LOOP/COPPER T)?	YES.....1 NO.....2	→352
327	What problems have you had? RECORD ALL PROBLEMS MENTIONED	CRAMPS.....A BACKACHE.....B IRREGULAR PERIODS.....C EXCESSIVE BLEEDING.....D WEAKNESS/INABILITY TO WORK.....E EXPULSION.....F OTHER.....G (SPECIFY)	→352
328	For how many months have you been using injections continuously? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS..... <input type="text"/> <input type="text"/> 8 YEARS OR LONGER.....96	
329	Where did you obtain the injection the last time? _____ (NAME OF HOSPITAL IF CODE 11 OR 21)	PUBLIC SECTOR GOVT./MUNICIPAL HOSPITAL.....11 PRIMARY HEALTH CENTRE.....12 SUB-CENTRE.....13 FAMILY PLANNING CLINIC.....14 MOBILE CLINIC.....15 GOVERNMENT PARAMEDIC.....16 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL OR CLINIC....21 PRIVATE DOCTOR.....22 MOBILE CLINIC.....23 OTHER.....31 (SPECIFY)	→352
330	For how many months have you been using (condoms/Nirodhs) continuously? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS..... <input type="text"/> <input type="text"/> 8 YEARS OR LONGER.....96	
331	Where did you obtain the (condoms/Nirodhs) the last time? _____ (NAME OF HOSPITAL IF CODE 11 OR 21)	PUBLIC SECTOR GOVT./MUNICIPAL HOSPITAL.....11 PRIMARY HEALTH CENTRE.....12 SUB-CENTRE.....13 FAMILY PLANNING CLINIC.....14 MOBILE CLINIC.....15 GOVERNMENT PARAMEDIC.....16 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL OR CLINIC....21 PHARMACY/DRUGSTORE.....22 PRIVATE DOCTOR.....23 MOBILE CLINIC.....24 FIELD WORKER.....25 OTHER PRIVATE SECTOR SHOP.....31 HUSBAND.....32 FRIENDS/RELATIVES.....33 OTHER.....41 (SPECIFY) DK.....98	→352

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
332	In what month and year was the sterilization operation performed?	MONTH..... YEAR..... DK.....9998	→334
333	How long ago were (you/your husband) sterilized?	MONTHS AGO.....1 YEARS AGO.....2	
334	Where did (you/your husband) obtain the sterilization?  _____ (NAME OF HOSPITAL IF CODE 11 OR 21)	PUBLIC SECTOR GOVT./MUNICIPAL HOSPITAL.....11 PRIMARY HEALTH CENTRE.....12 FAMILY PLANNING CLINIC.....14 MOBILE CLINIC.....15 CAMP.....16  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL OR CLINIC....21 PRIVATE DOCTOR.....22 MOBILE CLINIC.....23 OTHER.....31 (SPECIFY)	
335	How would you rate the care (you/he) received during or immediately after the operation: excellent, very good, alright, not so good, or very bad?	EXCELLENT.....1 VERY GOOD.....2 ALLRIGHT.....3 NOT SO GOOD.....4 VERY BAD.....5 DK.....8	
336	Since the sterilization, has any health worker come to visit (you/your husband) for follow-up related to the sterilization?	YES.....1 NO.....2 DK.....8	→338
337	How would you rate the follow-up care services for the sterilization: excellent, very good, alright, not so good, or very bad?	EXCELLENT.....1 VERY GOOD.....2 ALLRIGHT.....3 NOT SO GOOD.....4 VERY BAD.....5 DK.....8	
338	After the sterilization, did (you/your husband) go to consult a medical or health person about the sterilization?	YES.....1 NO.....2 DK.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
339	(Have you/Has your husband) had any problems as a result of the sterilization (operation)?	YES.....1 NO.....2	→352
340	What problems (have you/has he) had?  RECORD ALL PROBLEMS MENTIONED	FEVER.....A PAIN/BACKACHE.....B SEPSIS.....C WEAKNESS/INABILITY TO WORK.....D FAILURE/GOT PREGNANT.....E LOSS OF SEXUAL POWER.....F OTHER.....G (SPECIFY)	→352
341	For how many months have you been using (CURRENT METHOD) continuously?  IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS..... <input type="text"/> <input type="text"/> 8 YEARS OR LONGER.....96	→350
342	What is the main reason you stopped using family planning?	METHOD FAILED/GOT PREGNANT.....01 LACK OF SEXUAL SATISFACTION.....02 CREATED MENSTRUAL PROBLEM.....03 CREATED HEALTH PROBLEM.....04 INCONVENIENT TO USE.....05 HARD TO GET METHOD.....06 PUT ON WEIGHT.....07 DID NOT LIKE THE METHOD.....08 WANTED TO HAVE A CHILD.....09 WANTED TO REPLACE DEAD CHILD...10 LACK OF PRIVACY FOR USE.....11 OTHER.....12 (SPECIFY)	→345



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
349	<p>Where can you get (METHOD MENTIONED IN 348)?</p> <p>_____ (NAME OF HOSPITAL IF CODE 11 OR 21)</p>	<p>PUBLIC SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL.....11</p> <p>PRIMARY HEALTH CENTRE.....12</p> <p>SUB-CENTRE.....13</p> <p>FAMILY PLANNING CLINIC.....14</p> <p>MOBILE CLINIC.....15</p> <p>GOVERNMENT PARAMEDIC.....16</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL OR CLINIC....21</p> <p>PHARMACY/DRUGSTORE.....22</p> <p>PRIVATE DOCTOR.....23</p> <p>MOBILE CLINIC.....24</p> <p>FIELD WORKER.....25</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>FRIENDS/RELATIVES.....32</p> <p>OTHER.....41</p> <p>(SPECIFY)</p> <p>DK.....98</p>	352
350	<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>	352
351	<p>Where is that?</p> <p>_____ (NAME OF HOSPITAL IF CODE 11 OR 21)</p>	<p>PUBLIC SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL.....11</p> <p>PRIMARY HEALTH CENTRE.....12</p> <p>SUB-CENTRE.....13</p> <p>FAMILY PLANNING CLINIC.....14</p> <p>MOBILE CLINIC.....15</p> <p>GOVERNMENT PARAMEDIC.....16</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL OR CLINIC....21</p> <p>PHARMACY/DRUGSTORE.....22</p> <p>PRIVATE DOCTOR.....23</p> <p>MOBILE CLINIC.....24</p> <p>FIELD WORKER.....25</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>FRIENDS/RELATIVES.....32</p> <p>OTHER.....41</p> <p>(SPECIFY)</p>	
352	<p>In the last month, have you heard a message about family planning on:</p> <p>the radio?</p> <p>television?</p>	<p>YES NO</p> <p>RADIO.....1 2</p> <p>TELEVISION.....1 2</p>	
353	<p>Is it acceptable or not acceptable to you for family planning information to be provided on the radio or television?</p>	<p>ACCEPTABLE.....1</p> <p>NOT ACCEPTABLE.....2</p> <p>DK.....8</p>	



## SECTION 4A. PREGNANCY AND BREASTFEEDING

401 CHECK 225:  
ONE OR MORE BIRTHS SINCE JAN. 1988 ☐ NO BIRTHS SINCE JAN. 1988 ☐ (SKIP TO 501)

402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1988 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, RECORD ONLY THE LAST 3 BIRTHS).

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

LINE NUMBER	FROM Q. 216	NAME	LAST BIRTH	NAME	NEXT-TO-LAST BIRTH	NAME	SECOND-FROM-LAST BIRTH
	AND Q. 220	ALIVE <input type="checkbox"/>	DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/>	DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/>	DEAD <input type="checkbox"/>
403	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> or did you want <u>no (more)</u> children at all?	THEN.....1 (SKIP TO 405)←	THEN.....1 (SKIP TO 405)←	THEN.....1 (SKIP TO 405)←	THEN.....1 (SKIP TO 405)←	THEN.....1 (SKIP TO 405)←	THEN.....1 (SKIP TO 405)←
		LATER.....2	LATER.....2	LATER.....2	LATER.....2	LATER.....2	LATER.....2
		NO MORE.....3 (SKIP TO 405)←	NO MORE.....3 (SKIP TO 405)←	NO MORE.....3 (SKIP TO 405)←	NO MORE.....3 (SKIP TO 405)←	NO MORE.....3 (SKIP TO 405)←	NO MORE.....3 (SKIP TO 405)←
404	How much longer would you like to have waited?	MONTHS.....1 <input type="text"/>	MONTHS.....1 <input type="text"/>	MONTHS.....1 <input type="text"/>	MONTHS.....1 <input type="text"/>	MONTHS.....1 <input type="text"/>	MONTHS.....1 <input type="text"/>
		YEARS.....2 <input type="text"/>	YEARS.....2 <input type="text"/>	YEARS.....2 <input type="text"/>	YEARS.....2 <input type="text"/>	YEARS.....2 <input type="text"/>	YEARS.....2 <input type="text"/>
		DK.....998	DK.....998	DK.....998	DK.....998	DK.....998	DK.....998
405	When you were pregnant with (NAME), did any health worker visit you at home for an antenatal check-up?	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1
		NO.....2 (SKIP TO 408)←	NO.....2 (SKIP TO 408)←	NO.....2 (SKIP TO 408)←	NO.....2 (SKIP TO 408)←	NO.....2 (SKIP TO 408)←	NO.....2 (SKIP TO 408)←
406	How many months pregnant were you when a health worker first visited you?	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>

	NAME	LAST BIRTH	NAME	NEXT-TO-LAST BIRTH	NAME	SECOND-FROM-LAST BIRTH
407	How many times did she visit you?		NO. OF VISITS.....		NO. OF VISITS.....	
408	When you were pregnant with (NAME), did you go for an antenatal check-up?		YES.....1 NO.....2 (SKIP TO 412)←		YES.....1 NO.....2 (SKIP TO 412)←	
409	Whom did you see? Anyone else?  RECORD ALL PERSONS SEEN.		HEALTH PROFESSIONAL DOCTOR.....A AYURVEDIC DOCTOR/VAID...B HOMEOPATH.....C NURSE/MIDWIFE.....D OTHER HEALTH PROFSNL...E  OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....F TRADITIONAL BIRTH ATTENDANT.....G HAKIM.....H OTHER.....I (SPECIFY)		HEALTH PROFESSIONAL DOCTOR.....A AYURVEDIC DOCTOR/VAID...B HOMEOPATH.....C NURSE/MIDWIFE.....D OTHER HEALTH PROFSNL...E  OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....F TRADITIONAL BIRTH ATTENDANT.....G HAKIM.....H OTHER.....I (SPECIFY)	
410	How many months pregnant were you when you first went for an antenatal check-up?		MONTHS.....		MONTHS.....	
411	How many times did you go for an antenatal check-up?		NO. OF TIMES..... (SKIP TO 413)←		NO. OF TIMES..... (SKIP TO 413)←	
412	What is the main reason you did not go for an antenatal check-up?		LACK OF KNOWLEDGE OF SERVICES.....01 NOT NECESSARY.....02 NOT CUSTOMARY.....03 FINANCIAL COST.....04 INCONVENIENT.....05 POOR QUALITY SERVICE.....06 HEALTH STAFF VISIT AT HOME.....07 NO TIME TO GO.....08 NOT PERMITTED TO GO.....09 OTHER.....10 (SPECIFY)		LACK OF KNOWLEDGE OF SERVICES.....01 NOT NECESSARY.....02 NOT CUSTOMARY.....03 FINANCIAL COST.....04 INCONVENIENT.....05 POOR QUALITY SERVICE.....06 HEALTH STAFF VISIT AT HOME.....07 NO TIME TO GO.....08 NOT PERMITTED TO GO.....09 OTHER.....10 (SPECIFY)	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
413	Were you given any iron folate-tablets during this pregnancy?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
414	When you were pregnant with (NAME), were you given an injection in the arm to prevent you and the baby from getting tetanus, that is, convulsions?	YES.....1 NO.....2 (SKIP TO 416)← DK.....8	YES.....1 NO.....2 (SKIP TO 416)← DK.....8	YES.....1 NO.....2 (SKIP TO 416)← DK.....8
415	During this pregnancy how many times did you get this injection?	TIMES..... <input type="text"/> DK.....8	TIMES..... <input type="text"/> DK.....8	TIMES..... <input type="text"/> DK.....8
416	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 PARENTS' HOME.....12 OTHER HOME.....13  PUBLIC SECTOR GVT./MUNICIPAL HOSPITAL..21 PRIMARY HEALTH CENTRE..22 SUB-CENTRE.....23  PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC/MATERNITY HOME..31 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 PARENTS' HOME.....12 OTHER HOME.....13  PUBLIC SECTOR GVT./MUNICIPAL HOSPITAL..21 PRIMARY HEALTH CENTRE..22 SUB-CENTRE.....23  PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC/MATERNITY HOME..31 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 PARENTS' HOME.....12 OTHER HOME.....13  PUBLIC SECTOR GVT./MUNICIPAL HOSPITAL..21 PRIMARY HEALTH CENTRE..22 SUB-CENTRE.....23  PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC/MATERNITY HOME..31 OTHER.....41 (SPECIFY)

	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____	
417	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>AYURVEDIC DOCTOR/VAID...B</p> <p>NURSE/MIDWIFE.....C</p> <p>ANM/LHV.....D</p> <p>OTHER PERSON</p> <p>TRAINED (TRADITIONAL) BIRTH ATTENDANT.....E</p> <p>TRADITIONAL BIRTH ATTENDANT.....F</p> <p>RELATIVE/FRIEND.....G</p> <p>OTHER.....H</p> <p>(SPECIFY)</p> <p>NO ONE.....I</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>AYURVEDIC DOCTOR/VAID...B</p> <p>NURSE/MIDWIFE.....C</p> <p>ANM/LHV.....D</p> <p>OTHER PERSON</p> <p>TRAINED (TRADITIONAL) BIRTH ATTENDANT.....E</p> <p>TRADITIONAL BIRTH ATTENDANT.....F</p> <p>RELATIVE/FRIEND.....G</p> <p>OTHER.....H</p> <p>(SPECIFY)</p> <p>NO ONE.....I</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>AYURVEDIC DOCTOR/VAID...B</p> <p>NURSE/MIDWIFE.....C</p> <p>ANM/LHV.....D</p> <p>OTHER PERSON</p> <p>TRAINED (TRADITIONAL) BIRTH ATTENDANT.....E</p> <p>TRADITIONAL BIRTH ATTENDANT.....F</p> <p>RELATIVE/FRIEND.....G</p> <p>OTHER.....H</p> <p>(SPECIFY)</p> <p>NO ONE.....I</p>
418	<p>Was (NAME) born on time or prematurely?</p>	<p>ON TIME.....1</p> <p>PREMATURELY.....2</p> <p>DK.....8</p>	<p>ON TIME.....1</p> <p>PREMATURELY.....2</p> <p>DK.....8</p>	<p>ON TIME.....1</p> <p>PREMATURELY.....2</p> <p>DK.....8</p>
419	<p>Were there any complications in the delivery of (NAME)?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 421)←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 421)←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 421)←</p>
420	<p>What were the complications?</p> <p>RECORD ALL MENTIONED.</p>	<p>CAESARIAN SECTION.....A</p> <p>USE OF FORCEPS.....B</p> <p>EXCESSIVE BLEEDING.....C</p> <p>LONG PERIOD OF LABOR.....D</p> <p>DELAYED DELIVERY OF PLACENTA.....E</p> <p>OTHER.....F</p> <p>(SPECIFY)</p>	<p>CAESARIAN SECTION.....A</p> <p>USE OF FORCEPS.....B</p> <p>EXCESSIVE BLEEDING.....C</p> <p>LONG PERIOD OF LABOR.....D</p> <p>DELAYED DELIVERY OF PLACENTA.....E</p> <p>OTHER.....F</p> <p>(SPECIFY)</p>	<p>CAESARIAN SECTION.....A</p> <p>USE OF FORCEPS.....B</p> <p>EXCESSIVE BLEEDING.....C</p> <p>LONG PERIOD OF LABOR.....D</p> <p>DELAYED DELIVERY OF PLACENTA.....E</p> <p>OTHER.....F</p> <p>(SPECIFY)</p>
421	<p>When (NAME) was born, was he/she: large, average or small?</p>	<p>LARGE.....1</p> <p>AVERAGE.....2</p> <p>SMALL.....3</p> <p>DK.....8</p>	<p>LARGE.....1</p> <p>AVERAGE.....2</p> <p>SMALL.....3</p> <p>DK.....8</p>	<p>LARGE.....1</p> <p>AVERAGE.....2</p> <p>SMALL.....3</p> <p>DK.....8</p>
422	<p>Was (NAME) weighed at birth?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 424)←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 425)←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 425)←</p>

	NAME	LAST BIRTH	NAME	NEXT-TO-LAST BIRTH	NAME	SECOND-FROM-LAST BIRTH
423	How much did (NAME) weigh?  GRAMS.....1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POUNDS.....2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK.....99998		GRAMS.....1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POUNDS.....2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK.....99998		GRAMS.....1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POUNDS.....2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK.....99998	
424	Has your period returned since the birth of (NAME)? YES .....1 (SKIP TO 426) ← NO .....2 (SKIP TO 427) ←					
425	Did your period return between the birth of (NAME) and your next pregnancy? YES .....1 NO .....2 (SKIP TO 429) ←				YES .....1 NO .....2 (SKIP TO 429) ←	
426	For how many months after the birth of (NAME) did you <u>not</u> have a period? MONTHS..... <input type="text"/> <input type="text"/> DK.....98		MONTHS..... <input type="text"/> <input type="text"/> DK.....98		MONTHS..... <input type="text"/> <input type="text"/> DK.....98	
427	<b>CHECK 227:</b> <b>RESPONDENT PREGNANT?</b> NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 429)					
428	Have you resumed sexual relations since the birth of (NAME)? YES .....1 NO .....2 (SKIP TO 430) ←					
429	For how many months after the birth of (NAME) did you <u>not have</u> sexual relations? MONTHS..... <input type="text"/> <input type="text"/> DK.....98		MONTHS..... <input type="text"/> <input type="text"/> DK.....98		MONTHS..... <input type="text"/> <input type="text"/> DK.....98	

	NAME	LAST BIRTH	NAME	NEXT-TO-LAST BIRTH	NAME	SECOND-FROM-LAST BIRTH
430	Did you ever breastfeed (NAME)?	YES.....1 (SKIP TO 432)← NO.....2	YES.....1 (SKIP TO 440)← NO.....2	YES.....1 (SKIP TO 440)← NO.....2		
431	Why did you not breastfeed (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 442)←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 442)←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 442)←		
432	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"/>				
433	Did you squeeze out the milk from the breast before you first put (NAME) to the breast?	YES.....1 NO.....2				
434	CHECK 220: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 440)				
435	Are you still breastfeeding (NAME)?	YES.....1 NO.....2 (SKIP TO 440)←				
436	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE ANSWER.	NUMBER OF NIGHTTIME FEEDINGS ..... <input type="text"/>				
437	How many times did you breastfeed yesterday during the daylight hours?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE ANSWER.	NUMBER OF DAYTIME FEEDINGS ..... <input type="text"/>				

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
438	<p>At any time yesterday or last night, was (NAME) given any of the following?:</p> <p>Plain water? PLAIN WATER.....1 2</p> <p>Sugar/honey water? SUGAR/HONEY WATER....1 2</p> <p>Juice? JUICE.....1 2</p> <p>Tea? TEA.....1 2</p> <p>Baby formula? BABY FORMULA.....1 2</p> <p>Fresh milk? FRESH MILK.....1 2</p> <p>Tinned/powdered milk? TINNED/POWDERED MILK.1 2</p> <p>Other liquids? OTHER LIQUIDS.....1 2</p> <p>Any solid or mushy food? SOLID/MUSHY FOOD.....1 2</p>			
439	CHECK 438: FOOD OR LIQUID GIVEN YESTERDAY?	<p>"YES" TO ONE OR MORE <input type="checkbox"/></p> <p>↓</p> <p>(SKIP TO 444)</p>	<p>"NO" TO ALL <input type="checkbox"/></p> <p>↓</p> <p>(SKIP TO 443)</p>	
440	For how many months did you breastfeed (NAME)?	<p>MONTHS..... <input type="text"/></p> <p>UNTIL DIED.....96- (SKIP TO 443)←</p>	<p>MONTHS..... <input type="text"/></p> <p>STILL BREASTFEEDING.....95- (SKIP TO 442)←</p> <p>UNTIL DIED.....96- (SKIP TO 443)←</p>	<p>MONTHS..... <input type="text"/></p> <p>UNTIL DIED.....96- (SKIP TO 443)←</p>
441	Why did you stop breastfeeding (NAME)?	<p>MOTHER ILL/WEAK.....01</p> <p>CHILD ILL/WEAK.....02</p> <p>CHILD DIED.....03</p> <p>NIPPLE/BREAST PROBLEM...04</p> <p>INSUFFICIENT MILK.....05</p> <p>MOTHER WORKING.....06</p> <p>CHILD REFUSED.....07</p> <p>WEANING AGE.....08</p> <p>BECAME PREGNANT.....09</p> <p>STARTED USING CONTRACEPTION.....10</p> <p>OTHER.....11</p> <p>(SPECIFY)</p>	<p>MOTHER ILL/WEAK.....01</p> <p>CHILD ILL/WEAK.....02</p> <p>CHILD DIED.....03</p> <p>NIPPLE/BREAST PROBLEM...04</p> <p>INSUFFICIENT MILK.....05</p> <p>MOTHER WORKING.....06</p> <p>CHILD REFUSED.....07</p> <p>WEANING AGE.....08</p> <p>BECAME PREGNANT.....09</p> <p>STARTED USING CONTRACEPTION.....10</p> <p>OTHER.....11</p> <p>(SPECIFY)</p>	<p>MOTHER ILL/WEAK.....01</p> <p>CHILD ILL/WEAK.....02</p> <p>CHILD DIED.....03</p> <p>NIPPLE/BREAST PROBLEM...04</p> <p>INSUFFICIENT MILK.....05</p> <p>MOTHER WORKING.....06</p> <p>CHILD REFUSED.....07</p> <p>WEANING AGE.....08</p> <p>BECAME PREGNANT.....09</p> <p>STARTED USING CONTRACEPTION.....10</p> <p>OTHER.....11</p> <p>(SPECIFY)</p>
442	CHECK 220: CHILD ALIVE?	<p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>↓ ↓</p> <p>(SKIP TO 444)</p>	<p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>↓ ↓</p> <p>(SKIP TO 444)</p>	<p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>↓ ↓</p> <p>(SKIP TO 444)</p>

	NAME	LAST BIRTH	NAME	NEXT-TO-LAST BIRTH	NAME	SECOND-FROM-LAST BIRTH
443	Was (NAME) ever given water or anything else to drink or eat (other than breastmilk)?		YES.....1 NO.....2 (SKIP TO 447)←		YES.....1 NO.....2 (SKIP TO 447)←	
444	How many months old was (NAME) when you started giving the following on a regular basis?					
	Plain water?	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96		
	Formula or milk other than breastmilk?	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96		
	Other liquids?	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96		
	Any solid or mushy food?	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96		
	IF LESS THAN 1 MONTH, RECORD '00'.		(SKIP TO 447)	(SKIP TO 447)		
445	CHECK 220: CHILD ALIVE?	ALIVE <input type="checkbox"/> ↓ (SKIP TO 447)	DEAD <input type="checkbox"/> ↓ (SKIP TO 447)			
446	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DK.....8				
447	GO BACK TO 403 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO FIRST COLUMN OF 448.					



**SECTION 4B. IMMUNIZATION AND HEALTH**

**448** ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1988 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, RECORD ONLY THE LAST 3 BIRTHS).

LINE NUMBER FROM Q. 216	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
FROM Q. 216 AND Q. 220	<b>LAST BIRTH</b> NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	<b>NEXT-TO-LAST BIRTH</b> NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	<b>SECOND-FROM-LAST BIRTH</b> NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>

**449**

Do you have a card where (NAME'S) vaccinations are written down?

IF YES: May I see it, please?

YES, SEEN.....1  
(SKIP TO 451)←

YES, NOT SEEN.....2  
(SKIP TO 453)←

NO CARD.....3

YES, SEEN.....1  
(SKIP TO 451)←

YES, NOT SEEN.....2  
(SKIP TO 453)←

NO CARD.....3

YES, SEEN.....1  
(SKIP TO 451)←

YES, NOT SEEN.....2  
(SKIP TO 453)←

NO CARD.....3

**450**

Did you ever have a vaccination card for (NAME)?

YES.....1  
(SKIP TO 453)←

NO.....2

YES.....1  
(SKIP TO 453)←

NO.....2

YES.....1  
(SKIP TO 453)←

NO.....2

**451**

(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.

(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE RECORDED.

	DAY	MO	YR
BCG			
POLIO 0			
DPT 1			
DPT 2			
DPT 3			
POLIO 1			
POLIO 2			
POLIO 3			
MEASLES			

BCG			
P0			
D1			
D2			
D3			
P1			
P2			
P3			
MEA			

BCG			
P0			
D1			
D2			
D3			
P1			
P2			
P3			
MEA			

BCG			
P0			
D1			
D2			
D3			
P1			
P2			
P3			
MEA			

	NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ SECOND-FROM-LAST BIRTH
452	<p>Has (NAME) received any vaccinations that are not recorded on this card?</p> <p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 451) (SKIP TO 455) ←</p> <p>NO.....2</p> <p>DK.....8 (SKIP TO 455) ←</p> <p>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 0-3 AND/OR MEASLES VACCINE(S).</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 451) (SKIP TO 455) ←</p> <p>NO.....2</p> <p>DK.....8 (SKIP TO 455) ←</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 451) (SKIP TO 455) ←</p> <p>NO.....2</p> <p>DK.....8 (SKIP TO 455) ←</p>
453	<p>Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?</p> <p>YES.....1</p> <p>NO.....2 (SKIP TO 455) ←</p> <p>DK.....8</p>	<p>YES.....1</p> <p>NO.....2 (SKIP TO 455) ←</p> <p>DK.....8</p>	<p>YES.....1</p> <p>NO.....2 (SKIP TO 455) ←</p> <p>DK.....8</p>
454	<p>Please tell me if (NAME) (has) received any of the following vaccinations:</p> <p>A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>A vaccination against diphtheria, whooping cough and tetanus given as an injection?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>IF YES:</p> <p>How many times?</p> <p>NUMBER OF TIMES..... <input type="text"/></p> <p>Polio vaccine, that is, drops in the mouth?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>IF YES:</p> <p>How many times?</p> <p>NUMBER OF TIMES..... <input type="text"/></p> <p>IF YES:</p> <p>When was the first polio vaccine given -- just after birth or later?</p> <p>JUST AFTER BIRTH.....1</p> <p>LATER.....2</p> <p>DK.....8</p> <p>An injection against measles?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>IF YES:</p> <p>NUMBER OF TIMES..... <input type="text"/></p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>IF YES:</p> <p>NUMBER OF TIMES..... <input type="text"/></p> <p>JUST AFTER BIRTH.....1</p> <p>LATER.....2</p> <p>DK.....8</p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>IF YES:</p> <p>NUMBER OF TIMES..... <input type="text"/></p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>IF YES:</p> <p>NUMBER OF TIMES..... <input type="text"/></p> <p>JUST AFTER BIRTH.....1</p> <p>LATER.....2</p> <p>DK.....8</p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>

	NAME	LAST BIRTH	NAME	NEXT-TO-LAST BIRTH	NAME	SECOND-FROM-LAST BIRTH
455	Was a dose of vitamin A liquid ever given to (NAME) to protect him/her from night blindness?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
456	Did (NAME) ever have:	YES NO	YES NO	YES NO	YES NO	YES NO
	Whooping cough?	WHOOPING COUGH.... 1 2	WHOOPING COUGH.... 1 2	WHOOPING COUGH.... 1 2	WHOOPING COUGH.... 1 2	WHOOPING COUGH.... 1 2
	Measles?	MEASLES..... 1 2	MEASLES..... 1 2	MEASLES..... 1 2	MEASLES..... 1 2	MEASLES..... 1 2
	Polio?	POLIO..... 1 2	POLIO..... 1 2	POLIO..... 1 2	POLIO..... 1 2	POLIO..... 1 2
	Diphtheria?	DIPHTHERIA..... 1 2	DIPHTHERIA..... 1 2	DIPHTHERIA..... 1 2	DIPHTHERIA..... 1 2	DIPHTHERIA..... 1 2
	Chicken pox?	CHICKEN POX..... 1 2	CHICKEN POX..... 1 2	CHICKEN POX..... 1 2	CHICKEN POX..... 1 2	CHICKEN POX..... 1 2
	Rickets?	RICKETS..... 1 2	RICKETS..... 1 2	RICKETS..... 1 2	RICKETS..... 1 2	RICKETS..... 1 2
457	CHECK 220: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 459)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 459)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 459)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 459)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 459)
458	GO BACK TO 449 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 489.					
459	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
460	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 DK.....8 (SKIP TO 464)←	YES.....1 NO.....2 DK.....8 (SKIP TO 464)←	YES.....1 NO.....2 DK.....8 (SKIP TO 464)←	YES.....1 NO.....2 DK.....8 (SKIP TO 464)←	YES.....1 NO.....2 DK.....8 (SKIP TO 464)←
461	Has (NAME) been ill with a cough in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8

	NAME	LAST BIRTH	NAME	NEXT-TO-LAST BIRTH	NAME	SECOND-FROM-LAST BIRTH
462	For how many days (has the cough lasted/did the cough last)? IF LESS THAN 1 DAY, RECORD '00'		DAYS..... <input type="text"/> <input type="text"/>		DAYS..... <input type="text"/> <input type="text"/>	
463	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, rapid breaths?		YES.....1 NO.....2 DK.....8		YES.....1 NO.....2 DK.....8	
464	CHECK 459 AND 460: FEVER OR COUGH?	"YES" IN EITHER 459 OR 460 <input type="checkbox"/>	OTHER <input type="checkbox"/> (SKIP TO 469)	"YES" IN EITHER 459 OR 460 <input type="checkbox"/>	OTHER <input type="checkbox"/> (SKIP TO 469)	"YES" IN EITHER 459 OR 460 <input type="checkbox"/>
465	Did you seek advice or treatment for the fever/cough?	YES.....1 NO.....2 (SKIP TO 467)	YES.....1 NO.....2 (SKIP TO 467)	YES.....1 NO.....2 (SKIP TO 467)	YES.....1 NO.....2 (SKIP TO 467)	YES.....1 NO.....2 (SKIP TO 467)
466	Where did you seek advice or treatment?  Anywhere else?  RECORD ALL MENTIONED	PUBLIC SECTOR GVT/MUNICIPAL HOSPITAL...A PRIMARY HEALTH CENTRE...B SUB-CENTRE.....C MOBILE CLINIC.....D VILLAGE HEALTH GUIDE...E GOVERNMENT PARAMEDIC...F  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY/DRUGSTORE...H PRIVATE DOCTOR.....I MOBILE CLINIC.....J COMMUNITY HEALTH WORKER.K  OTHER PRIVATE SECTOR SHOP.....L TRADITIONAL PRACTITIONER.....M OTHER.....N (SPECIFY)	PUBLIC SECTOR GVT/MUNICIPAL HOSPITAL...A PRIMARY HEALTH CENTRE...B SUB-CENTRE.....C MOBILE CLINIC.....D VILLAGE HEALTH GUIDE...E GOVERNMENT PARAMEDIC...F  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY/DRUGSTORE...H PRIVATE DOCTOR.....I MOBILE CLINIC.....J COMMUNITY HEALTH WORKER.K  OTHER PRIVATE SECTOR SHOP.....L TRADITIONAL PRACTITIONER.....M OTHER.....N (SPECIFY)	PUBLIC SECTOR GVT/MUNICIPAL HOSPITAL...A PRIMARY HEALTH CENTRE...B SUB-CENTRE.....C MOBILE CLINIC.....D VILLAGE HEALTH GUIDE...E GOVERNMENT PARAMEDIC...F  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY/DRUGSTORE...H PRIVATE DOCTOR.....I MOBILE CLINIC.....J COMMUNITY HEALTH WORKER.K  OTHER PRIVATE SECTOR SHOP.....L TRADITIONAL PRACTITIONER.....M OTHER.....N (SPECIFY)		
467	Was anything given to treat the fever/cough?	YES.....1 NO.....2 (SKIP TO 469) DK.....8	YES.....1 NO.....2 (SKIP TO 469) DK.....8	YES.....1 NO.....2 (SKIP TO 469) DK.....8	YES.....1 NO.....2 (SKIP TO 469) DK.....8	YES.....1 NO.....2 (SKIP TO 469) DK.....8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
468	What was given to treat the fever/cough?  Anything else?  RECORD ALL MENTIONED.	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP....F HOME REMEDY/ HERBAL MEDICINE.....G OTHER.....H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP....F HOME REMEDY/ HERBAL MEDICINE.....G OTHER.....H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP....F HOME REMEDY/ HERBAL MEDICINE.....G OTHER.....H (SPECIFY)
469	Has (NAME) had diarrhoea in the last two weeks?	YES.....1 (SKIP TO 471)← NO.....2 DK.....8	YES.....1 (SKIP TO 471)← NO.....2 DK.....8	YES.....1 (SKIP TO 471)← NO.....2 DK.....8
470	→ GO BACK TO 449 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 489.			
471	Has (NAME) had diarrhoea in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
472	For how many days (has the diarrhoea lasted/did the diarrhoea last)?  IF LESS THAN 1 DAY, RECORD '00'	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>
473	Was there any blood in the stools?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 (SKIP TO 477)	YES.....1 NO.....2 DK.....8 (SKIP TO 477)
474	CHECK 430/435: LAST CHILD STILL BREASTFEEDING?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 477)	<div style="display: flex; justify-content: space-between; height: 100px;"> <div style="width: 45%;"></div> <div style="width: 45%;"></div> </div>	
475	During (NAME)'s diarrhoea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 477)←		
476	Did you <u>increase</u> the number of breastfeeds or <u>reduce</u> them, or did you <u>stop completely</u> ?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3		

	NAME	LAST BIRTH	NAME	NEXT-TO-LAST BIRTH	NAME	SECOND-FROM-LAST BIRTH
477	(Aside from breastmilk) Was he/she given the same amount of fluids to drink as before the diarrhoea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8
478	Did you seek advice or treatment for the diarrhoea?	YES.....1 NO.....2 (SKIP TO 480)←	YES.....1 NO.....2 (SKIP TO 480)←	YES.....1 NO.....2 (SKIP TO 480)←	YES.....1 NO.....2 (SKIP TO 480)←	YES.....1 NO.....2 (SKIP TO 480)←
479	Where did you seek advice or treatment?  Anywhere else?  RECORD ALL MENTIONED.	PUBLIC SECTOR GVT/MUNICIPAL HOSPITAL...A PRIMARY HEALTH CENTRE...B SUB-CENTRE.....C MOBILE CLINIC.....D VILLAGE HEALTH GUIDE...E GOVERNMENT PARAMEDIC....F  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC....G PHARMACY/DRUGSTORE.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J COMMUNITY HEALTH WORKER.K  OTHER PRIVATE SECTOR SHOP.....L TRADITIONAL PRACTITIONER.....M OTHER.....N (SPECIFY)	PUBLIC SECTOR GVT/MUNICIPAL HOSPITAL...A PRIMARY HEALTH CENTRE...B SUB-CENTRE.....C MOBILE CLINIC.....D VILLAGE HEALTH GUIDE...E GOVERNMENT PARAMEDIC....F  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC....G PHARMACY/DRUGSTORE.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J COMMUNITY HEALTH WORKER.K  OTHER PRIVATE SECTOR SHOP.....L TRADITIONAL PRACTITIONER.....M OTHER.....N (SPECIFY)	PUBLIC SECTOR GVT/MUNICIPAL HOSPITAL...A PRIMARY HEALTH CENTRE...B SUB-CENTRE.....C MOBILE CLINIC.....D VILLAGE HEALTH GUIDE...E GOVERNMENT PARAMEDIC....F  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC....G PHARMACY/DRUGSTORE.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J COMMUNITY HEALTH WORKER.K  OTHER PRIVATE SECTOR SHOP.....L TRADITIONAL PRACTITIONER.....M OTHER.....N (SPECIFY)		
480	Was anything given to treat the diarrhoea?	YES.....1 NO.....2 (SKIP TO 482)← DK.....8	YES.....1 NO.....2 (SKIP TO 482)← DK.....8	YES.....1 NO.....2 (SKIP TO 482)← DK.....8	YES.....1 NO.....2 (SKIP TO 482)← DK.....8	YES.....1 NO.....2 (SKIP TO 482)← DK.....8
481	What was given to treat the diarrhoea?  Anything else?  RECORD ALL MENTIONED.	ORS FLUID FROM PACKET...A RECOMMENDED HOME FLUID...B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	ORS FLUID FROM PACKET...A RECOMMENDED HOME FLUID...B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	ORS FLUID FROM PACKET...A RECOMMENDED HOME FLUID...B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)		

	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
482	<b>CHECK 481:</b>  <b>ORS FLUID FROM PACKET MENTIONED?</b>  <div style="display: flex; justify-content: space-around;"> <div>YES, ORS FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 484)</div> <div>NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> ↓</div> </div>	<div style="display: flex; justify-content: space-around;"> <div>YES, ORS FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 484)</div> <div>NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> ↓</div> </div>	<div style="display: flex; justify-content: space-around;"> <div>YES, ORS FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 484)</div> <div>NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> ↓</div> </div>
483	Was (NAME) given fluid made from an ORS packet when he/she had the diarrhoea?  YES.....1 NO.....2 (SKIP TO 485)← DK.....8	YES.....1 NO.....2 (SKIP TO 485)← DK.....8	YES.....1 NO.....2 (SKIP TO 485)← DK.....8
484	For how many days was (NAME) given the ORS fluid?  DAYS..... <input type="text"/> <input type="text"/> DK.....98 IF LESS THAN 1 DAY, RECORD '00'	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
485	<b>CHECK 481:</b>  <b>RECOMMENDED HOME FLUID MENTIONED?</b>  <div style="display: flex; justify-content: space-around;"> <div>YES, HOME FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 487)</div> <div>NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓</div> </div>	<div style="display: flex; justify-content: space-around;"> <div>YES, HOME FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 487)</div> <div>NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓</div> </div>	<div style="display: flex; justify-content: space-around;"> <div>YES, HOME FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 487)</div> <div>NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓</div> </div>
486	Was (NAME) given a recommended home fluid made from sugar, salt and water when he/she had the diarrhoea?  YES.....1 NO.....2 (SKIP TO 488)← DK.....8	YES.....1 NO.....2 (SKIP TO 488)← DK.....8	YES.....1 NO.....2 (SKIP TO 488)← DK.....8
487	For how many days was (NAME) given the fluid made from sugar, salt and water?  DAYS..... <input type="text"/> <input type="text"/> DK.....98 IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
488	GO BACK TO 449 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 489.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
489	CHECK 481 AND 483 (ALL COLUMNS):  <div style="display: flex; justify-content: space-between;"> <div> <p>ORS FLUID FROM PACKET GIVEN TO ANY CHILD</p> <p><input type="checkbox"/></p> </div> <div> <p>ORS FLUID FROM PACKET NOT GIVEN TO ANY CHILD OR 481 AND 483 NOT ASKED</p> <p><input type="checkbox"/></p> </div> </div>		492
490	Have you ever heard of a special product called ORS you can get for the treatment of diarrhoea?	<p>YES.....1</p> <p>NO.....2</p>	492
491	Have you ever seen a packet like one of these before?  SHOW BOTH THE W.H.O. AND A COMMERCIAL PACKET.	<p>YES.....1</p> <p>NO.....2</p>	496
492	Have you ever prepared a solution with one of these packets to treat diarrhoea for yourself or someone else?  SHOW BOTH THE W.H.O. AND A COMMERCIAL PACKET.	<p>YES.....1</p> <p>NO.....2</p>	495
493A	The last time you prepared the ORS, did you use the free W.H.O. packet(SHOW THE W.H.O. PACKET) or an alternative commercial packet (SHOW THE COMMERCIAL PACKET)?	<p>FREE WHO PACKET.....1</p> <p>ALTERNATIVE COMMERCIAL PACKET....2</p>	
493	The last time you prepared the ORS, did you prepare the whole packet at once or only part of the packet?	<p>WHOLE PACKET AT ONCE.....1</p> <p>PART OF PACKET.....2</p> <p>DK.....8</p>	495
494	How much water did you use to prepare ORS the last time you made it?	<p>200 ML. GLASSES.....1 <input type="checkbox"/></p> <p>1 1/2 LITER.....901</p> <p>1 LITER.....902</p> <p>1 1/2 LITERS.....903</p> <p>2 LITERS.....904</p> <p>FOLLOWED PACKAGE INSTRUCTIONS.905</p> <p>OTHER.....906</p> <p>(SPECIFY)</p> <p>DK.....998</p>	
495	Where can you get the ORS packet?  PROBE: Anywhere else?  RECORD ALL PLACES MENTIONED.	<p>PUBLIC SECTOR</p> <p>GVT/MUNICIPAL HOSPITAL.....A</p> <p>PRIMARY HEALTH CENTRE.....B</p> <p>SUB-CENTRE.....C</p> <p>MOBILE CLINIC.....D</p> <p>VILLAGE HEALTH GUIDE.....E</p> <p>GOVERNMENT PARAMEDIC .....F</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC.....G</p> <p>PHARMACY/DRUGSTORE.....H</p> <p>PRIVATE DOCTOR.....I</p> <p>MOBILE CLINIC.....J</p> <p>COMMUNITY HEALTH WORKER.....K</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....L</p> <p>TRADITIONAL PRACTITIONER.....M</p> <p>OTHER.....N</p> <p>(SPECIFY)</p>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
496	<p>CHECK 481 AND 486 (ALL COLUMNS):</p> <p>HOME-MADE FLUID GIVEN TO ANY CHILD <input type="checkbox"/></p> <p>HOME-MADE FLUID NOT GIVEN TO ANY CHILD OR 481 AND 486 NOT ASKED <input type="checkbox"/></p>		501
497	<p>Where did you learn to prepare the recommended home fluid made from sugar, salt and water given to (NAME) when he/she had diarrhoea?</p>	<p>PUBLIC SECTOR</p> <p>GVT/MUNICIPAL HOSPITAL.....11</p> <p>PRIMARY HEALTH CENTRE.....12</p> <p>SUB-CENTRE.....13</p> <p>MOBILE CLINIC.....14</p> <p>VILLAGE HEALTH GUIDE.....15</p> <p>GOVERNMENT PARAMEDIC .....16</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC.....21</p> <p>PHARMACY/DRUGSTORE.....22</p> <p>PRIVATE DOCTOR.....23</p> <p>MOBILE CLINIC.....24</p> <p>COMMUNITY HEALTH WORKER.....25</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>TRADITIONAL PRACTITIONER.....32</p> <p>MASS MEDIA</p> <p>TELEVISION.....41</p> <p>RADIO.....42</p> <p>PRINTED MATERIAL.....43</p> <p>OTHER.....51</p> <p>(SPECIFY)</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	<p>CHECK 107:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/></p> <p>DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/></p>		514
502	<p>CHECK 313:</p> <p>NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/></p>		508
503	<p>CHECK 227:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>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?</p>	<p>HAVE A (ANOTHER) CHILD.....1</p> <p>NO MORE/NONE.....2</p> <p>SAYS SHE CAN'T GET PREGNANT.....3</p> <p>UP TO GOD.....4</p> <p>UNDECIDED OR DK.....8</p>	510
504	<p>Would you prefer your next child to be a boy or a girl or doesn't it matter?</p>	<p>BOY.....1</p> <p>GIRL.....2</p> <p>DOESN'T MATTER.....3</p> <p>UP TO GOD.....4</p>	
505	<p>CHECK 227:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p>	<p>MONTHS.....1</p> <p>YEARS.....2</p> <p>SOON/NOW.....994</p> <p>SAYS SHE CAN'T GET PREGNANT...995</p> <p>OTHER.....996</p> <p>(SPECIFY)</p> <p>DK.....998</p>	510



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
513	Do you think your husband wants the <u>same</u> number of children that you want, or does he want <u>more</u> or <u>fewer</u> than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 OK.....8	
514	How long should a couple wait before starting sexual intercourse after the birth of a baby?	DAYS.....1 MONTHS.....2 YEARS.....3 UP TO COUPLE.....995 OTHER.....996 (SPECIFY)	
515	In general, do you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2	
516	CHECK 220: HAS LIVING CHILD(REN) <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> V If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER..... OTHER ANSWER.....96 (SPECIFY)	518
517	How many of these children would you like to be boys and how many would you like to be girls?	BOYS      GIRLS      EITHER NUMBER... OTHER.....999996 (SPECIFY)	
518	In your opinion, what is the ideal interval between the birth of one child and the birth of the next child?	MONTHS.....1 YEARS.....2 OTHER.....996 (SPECIFY)	

**SECTION 6. HUSBAND'S BACKGROUND AND WOMAN'S WORK**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	<p><b>CHECK 107:</b></p> <p>CURRENTLY MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>            DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/></p> <p>ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND.</p>		603
602	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS..... <input type="text"/>	
603	Did your (last) husband ever attend school?	YES.....1 NO.....2	606
604	What is the highest grade he completed?	GRADE..... <input type="text"/>	
605	<p><b>CHECK 604:</b></p> <p>GRADE 0-5 <input type="checkbox"/> GRADE 6-12 <input type="checkbox"/>            GRADE 13+ <input type="checkbox"/></p>		608 607
606	(Can/Could) he read and write?	YES.....1 NO.....2	608
607	What is the highest degree he obtained?	DEGREE NOT COMPLETED.....01 NON-TECHNICAL DEGREE BACHELOR'S DEGREE.....02 MASTER'S DEGREE.....03 Ph.D.....04 TECHNICAL DEGREE BACHELOR'S DEGREE.....05 MASTER'S DEGREE.....06 TECHNICAL DIPLOMA/CERTIFICATE NOT EQUIVALENT TO DEGREE.....07 NON-TECHNICAL DIPLOMA/CERTIF. NOT EQUIVALENT TO DEGREE.....08 OTHER DEGREE.....09 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
608	What kind of work does (did) your (last) husband mainly do?	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>   	
609	CHECK 608:  WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/>		→611
610	(Does/did) your husband work mainly on his own land or family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	
611	Aside from your own housework, are you currently working?	YES.....1 NO.....2	→613
612	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.  Are you currently doing any of these things or any other work?	YES.....1 NO.....2	→620
613	What is your occupation, that is, what kind of work do you do?	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>   	
614	In your current work, do you work on the family farm/business, are you employed by someone else, or are you self-employed?	FAMILY FARM/BUSINESS.....1 EMPLOYED BY SOMEONE ELSE.....2 SELF-EMPLOYED.....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																		
615	<p>Do you earn cash for this work?</p> <p>PROBE: Do you make money for working?</p>	<p>YES.....1</p> <p>NO.....2</p>																			
616	<p>Do you do this work at home or away from home?</p>	<p>HOME.....1</p> <p>AWAY.....2</p>																			
617	<p>CHECK 219/220/222: HAS CHILD BORN SINCE JAN. 1988 AND LIVING AT HOME?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: center;">↓</p>		620																		
618	<p>While you are working, do you <u>usually</u> have (NAME OF YOUNGEST CHILD AT HOME) with you, <u>sometimes</u> have him/her with you, or <u>never</u> have him/her with you?</p>	<p>USUALLY.....1</p> <p>SOMETIMES.....2</p> <p>NEVER.....3</p>	620																		
619	<p>Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?</p>	<p>HUSBAND.....01</p> <p>OLDER CHILD(REN).....02</p> <p>OTHER RELATIVES.....03</p> <p>NEIGHBORS.....04</p> <p>FRIENDS.....05</p> <p>SERVANTS/HIRED HELP.....06</p> <p>CHILD IS IN SCHOOL.....07</p> <p>INSTITUTIONAL CHILDCARE.....08</p> <p>OTHER.....09</p> <p style="text-align: center;">(SPECIFY)</p>																			
620	<p>RECORD THE TIME</p>	<p>HOUR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>																			
621	<p>PRESENCE OF OTHERS DURING MOST OF THE INTERVIEW TIME.</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....1</td> <td>2</td> <td></td> </tr> <tr> <td>HUSBAND.....1</td> <td>2</td> <td></td> </tr> <tr> <td>MOTHER-IN-LAW.....1</td> <td>2</td> <td></td> </tr> <tr> <td>OTHER MALES.....1</td> <td>2</td> <td></td> </tr> <tr> <td>OTHER FEMALES.....1</td> <td>2</td> <td></td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....1	2		HUSBAND.....1	2		MOTHER-IN-LAW.....1	2		OTHER MALES.....1	2		OTHER FEMALES.....1	2		
	YES	NO																			
CHILDREN UNDER 10.....1	2																				
HUSBAND.....1	2																				
MOTHER-IN-LAW.....1	2																				
OTHER MALES.....1	2																				
OTHER FEMALES.....1	2																				

SECTION 7. HEIGHT AND WEIGHT

701 CHECK 219/220:

ONE OR MORE LIVING CHILDREN  
BORN SINCE JAN. 1988 ☐

NO LIVING CHILDREN  
BORN SINCE JAN. 1988 ☐

END

INTERVIEWER: IN 702 (COLUMNS 1-3) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1988 AND STILL ALIVE.  
IN 703 AND 704 RECORD THE NAME AND BIRTH DATE FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1988.  
IN 705 AND 707 RECORD THE HEIGHT AND WEIGHT OF THE LIVING CHILDREN.  
(NOTE: IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1988, USE ADDITIONAL FORMS).

	1 YOUNGEST LIVING CHILD	2 NEXT-TO- YOUNGEST LIVING CHILD	3 SECOND-TO- YOUNGEST LIVING CHILD
702 LINE NO. FROM Q.216	<input type="text"/>	<input type="text"/>	<input type="text"/>
703 NAME FROM Q.216 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____
704 DATE OF BIRTH  FROM Q.219 FOR CHILDREN, COPY MONTH AND YEAR OF BIRTH AND ASK FOR DAY OF BIRTH	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR..... <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"/>	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>
705 HEIGHT (in centimeters)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
706 WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
707 WEIGHT (in kilograms)	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
708 DATE WEIGHED AND MEASURED	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR..... <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"/>	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>
709 RESULT	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6  (SPECIFY) _____	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6  (SPECIFY) _____	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6  (SPECIFY) _____
710 NAME OF MEASURER: _____	<input type="text"/>	NAME OF ASSISTANT: _____	<input type="text"/>



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

Comments About Respondent:

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Comments on Specific Questions:

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Any Other Comments:

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**SUPERVISOR'S OBSERVATIONS**

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Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**EDITOR'S OBSERVATIONS**

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