

NATIONAL FAMILY HEALTH SURVEY, 1998-99 (NFHS-2)  
WOMAN'S QUESTIONNAIRE

CONFIDENTIAL  
For Research  
Purposes Only

INDIA

IDENTIFICATION																																																	
STATE _____	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																
DISTRICT _____																																																	
TEHSIL/TALUK _____																																																	
CITY/TOWN/VILLAGE _____																																																	
URBAN/RURAL (urban=1, rural=2).....																																																	
LARGE CITY/SMALL CITY/TOWN/RURAL AREA..... (large city=1, small city=2, town=3, rural area=4)																																																	
PSU NUMBER.....																																																	
HOUSEHOLD NUMBER.....																																																	
NAME AND LINE NUMBER OF WOMAN _____	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																
ADDRESS OF HOUSEHOLD _____																																																	

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1"><tr><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td>1</td><td>9</td></tr></table>					1	9
1	9									
INTERVIEWER'S NAME	_____	_____	_____	NAME CODE <table border="1"><tr><td></td><td></td></tr></table>						
RESULT*	_____	_____	_____	RESULT CODE <table border="1"><tr><td></td><td></td></tr></table>						
NEXT VISIT: DATE TIME	_____ _____	_____ _____	<table border="1"><tr><td></td><td></td></tr></table>			TOTAL NUMBER OF VISITS <table border="1"><tr><td></td><td></td></tr></table>				
*RESULT CODES: 1 COMPLETED      3 POSTPONED      5 PARTLY COMPLETED 2 NOT AT HOME      4 REFUSED      6 OTHER (SPECIFY) _____										
NATIVE LANGUAGE OF RESPONDENT**..... <table border="1"><tr><td></td><td></td></tr></table> **LANGUAGE CODES: 01 Assamese      05 Hindi      09 Manipuri      14 Konkani 02 Bengali      06 Kannada      10 Marathi      15 Sindhi 03 English      07 Kashmiri      11 Nepali      16 Tamil 04 Gujarati      08 Malayalam      12 Oriya      17 Telugu 19 Other (SPECIFY) _____      13 Punjabi      18 Urdu										

DATE	SUPERVISOR <table border="1"><tr><td></td><td></td></tr></table>			FIELD EDITOR <table border="1"><tr><td></td><td></td></tr></table>			OFFICE EDITOR <table border="1"><tr><td></td><td></td></tr></table>			KEYED BY <table border="1"><tr><td></td><td></td></tr></table>		
NAME	_____	_____	_____	_____								

## SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... MINUTES.....	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
	<p>Namaste. My name is _____ and I am working with (NAME OF THE ORGANISATION). We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey.</p> <p>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 amount of time needed will be less than one hour. Participation in this survey is voluntary. If you decide to participate, you may stop answering questions at any time. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>We hope that you will participate in the survey since your views are important. Do you want to ask me anything about the survey at this time?</p> <p>Signature of Interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES FOR INTERVIEW.....1            RESPONDENT DOES NOT AGREE FOR INTERVIEW.....2 → END</p>		
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, a town, or a village?	CITY/TOWN.....1 VILLAGE.....2	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... SINCE BIRTH.....95 VISITOR.....96	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">→105</div> </div>
104	Just before you moved here, did you live in a city, a town, or a village?	CITY/TOWN.....1 VILLAGE.....2	
105	In what month and year were you born?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....9998	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	What is your current marital status?	CURRENTLY MARRIED.....1 MARRIED BUT GAUNA NOT PERFORMED..2 SEPARATED.....3 DESERTED.....4 DIVORCED.....5 WIDOWED.....6 NEVER MARRIED.....7	>END >110 >END
108	Are you living with your husband now or is he staying elsewhere?	LIVING WITH HUSBAND.....1 STAYING ELSEWHERE.....2	>110
109	For how long have you and your husband not been living together?  IF LESS THAN 1 YEAR, RECORD MONTHS; OTHERWISE RECORD COMPLETED YEARS.	MONTHS.....1 YEARS.....2	<input type="text"/> <input type="text"/>
110	Now I would like to ask you some questions about your marriage.  Have you been married only once or more than once?	ONCE.....1 MORE THAN ONCE.....2	>114
111	How old were you at the time of your <u>first</u> marriage?	AGE IN COMPLETED YEARS.....	<input type="text"/> <input type="text"/>
112	How old were you when you started living with your <u>first</u> husband?	AGE IN COMPLETED YEARS..... GAUNA HAD NOT TAKEN PLACE..... 96	<input type="text"/> <input type="text"/>
113	How old were you when your <u>first</u> marriage dissolved?	AGE IN COMPLETED YEARS.....	<input type="text"/> <input type="text"/>
114	How old were you at the time of your (current) marriage?	AGE IN COMPLETED YEARS.....	<input type="text"/> <input type="text"/>
115	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																																								
116	Have you ever attended school?	YES.....1 NO.....2	→119																																								
117	What is the highest grade you completed?	GRADE.....																																									
118	CHECK 117: GRADE 0-5 <input type="checkbox"/> GRADE 6 AND ABOVE <input type="checkbox"/>		→120																																								
119	Can you read and write?	YES.....1 NO.....2	→121																																								
120	Do you usually read a newspaper or a magazine at least once a week?	YES.....1 NO.....2																																									
121	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2																																									
122	Do you usually watch television at least once a week?	YES.....1 NO.....2																																									
123	Do you usually go to a cinema hall or theatre to see a movie at least once a month?	YES.....1 NO.....2																																									
124	How often do you yourself consume the following items: daily, weekly, occasionally, or never:	<table border="1"> <thead> <tr> <th></th> <th>DAILY</th> <th>WEEKLY</th> <th>OCCASIONALLY</th> <th>NEVER</th> </tr> </thead> <tbody> <tr> <td>Milk or Curd?</td> <td>MILK OR CURD..1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Pulses or beans?</td> <td>PULSES/BEANS..1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Green leafy vegetables?</td> <td>GREEN LEAFY...1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Other vegetables?</td> <td>OTH. VEG.....1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Fruits?</td> <td>FRUITS.....1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Eggs?</td> <td>EGGS.....1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Chicken, meat, or fish?</td> <td>CHICKEN/MEAT/ FISH.....1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		DAILY	WEEKLY	OCCASIONALLY	NEVER	Milk or Curd?	MILK OR CURD..1	2	3	4	Pulses or beans?	PULSES/BEANS..1	2	3	4	Green leafy vegetables?	GREEN LEAFY...1	2	3	4	Other vegetables?	OTH. VEG.....1	2	3	4	Fruits?	FRUITS.....1	2	3	4	Eggs?	EGGS.....1	2	3	4	Chicken, meat, or fish?	CHICKEN/MEAT/ FISH.....1	2	3	4	
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# SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2→206					
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2→204					
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2→206					
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2→208					
207	In all, how many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	<table border="1"><tr><td></td><td></td></tr></table>				
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY V						
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →225 V						

211

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 LIVE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217	218	218A	219	220*
What name was given to your (first, next) baby?	Were any of these 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?	IF ALIVE:   How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	IF ALIVE:   Is (NAME) living with you?	IF ALIVE:  RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	IF DEAD:  How old was (NAME) when he/she died?  IF "1 YEAR", PROBE:  How many months old was (NAME)?  RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	Between (NAME OF PREVIOUS BIRTH) and (NAME OF THIS BIRTH) did you have any stillbirth, spontaneous abortion, or induced abortion?  (* FOR FIRST CHILD ASK: Before (NAME), did you have any stillbirth, spontaneous abortion, or induced abortion?)  IF NONE, RECORD '0'. FOR SECOND TWIN, RECORD '0' IN EACH BOX WITHOUT ASKING.
01   _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO....2 v 219	AGE IN YEARS   	YES.....1 NO.....2	LINE NUMBER     ↓ (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
02   _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO....2 v 219	AGE IN YEARS   	YES.....1 NO.....2	LINE NUMBER     ↓ (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
03   _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO....2 v 219	AGE IN YEARS   	YES.....1 NO.....2	LINE NUMBER     ↓ (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
04   _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO....2 v 219	AGE IN YEARS   	YES.....1 NO.....2	LINE NUMBER     ↓ (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....

212	213	214	215	216	217	218	218A	219	220*
05 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO...2 v 219	AGE IN YEARS  	YES.....1 NO.....2	LINE NUMBER  ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
06 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO...2 v 219	AGE IN YEARS  	YES.....1 NO.....2	LINE NUMBER  ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
07 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO...2 v 219	AGE IN YEARS  	YES.....1 NO.....2	LINE NUMBER  ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
08 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO...2 v 219	AGE IN YEARS  	YES.....1 NO.....2	LINE NUMBER  ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
09 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO...2 v 219	AGE IN YEARS  	YES.....1 NO.....2	LINE NUMBER  ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
10 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO...2 v 219	AGE IN YEARS  	YES.....1 NO.....2	LINE NUMBER  ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
11 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO...2 v 219	AGE IN YEARS  	YES.....1 NO.....2	LINE NUMBER  ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....

212	213	214	215	216	217	218	218A	219	220*
12 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH..... YEAR..	YES...1 NO...2 v 219	AGE IN YEARS  	YES.....1 NO.....2	LINE NUMBER  ↓ (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
221				After the last birth, did you have any stillbirth, spontaneous abortion, or induced abortion?  IF NONE, RECORD '0'			NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....		
222									
CHECK 220 AND 221:   Just to make sure that I have this right: you have had in TOTAL _____ STILLBIRTHS, _____ SPONTANEOUS ABORTIONS, and _____ INDUCED ABORTIONS during your life: Is that correct? YES, <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 220 - 221 AS NECESSARY									
223									
COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:  NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE) v 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 MORE YEARS: EXPLANATION IS GIVEN.									
224									
CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1995. IF NONE, RECORD '0'.									

☐ → 229



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	Have you ever had a stillbirth?	YES.....1 NO.....2	>227
226	How many stillbirths have you had?	NUMBER OF STILLBIRTHS.....	
227	Have you ever had an abortion? PROBE FOR SPONTANEOUS AND INDUCED ABORTIONS.	YES.....1 NO.....2	>229
228	How many abortions have you had? PROBE FOR NUMBER OF SPONTANEOUS AND INDUCED ABORTIONS. IF NONE, RECORD '0'.	NO. OF SPON. ABORTIONS..... NO. OF INDUCED ABORTIONS.....	
229	CHECK 107: CURRENTLY <input type="checkbox"/> MARRIED <input type="checkbox"/> v SEPARATED DESERTED DIVORCED WIDOWED		>301
230	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	>233
231	How many months pregnant are you?	MONTHS.....	
232	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 want <u>no (more)</u> children <u>at all</u> ?	THEN.....1 LATER.....2 NO MORE.....3	>301
233	When did your last menstrual period start?  (DATE, IF GIVEN)	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE/HYSTERECTOMY.....993 BEFORE LAST BIRTH.....994 NEVER MESTRUATED.....995	

**SECTION 3A. QUALITY OF CARE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	During the last 12 months, has a health or family planning worker visited you at home?	YES.....1 NO.....2	>308
302	How many times did a worker visit you in the last 12 months?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/>	
303	During these visits, what were the different matters talked about?  Anything  RECORD ALL MENTIONED.	FAMILY PLANNING.....A BREASTFEEDING.....B SUPPLEMENTARY FEEDING.....C IMMUNIZATION.....D NUTRITION.....E DISEASE PREVENTION.....F TREATMENT OF HEALTH PROBLEM...G ANTENATAL CARE.....H DELIVERY CARE.....I POSTPARTUM CARE.....J CHILD CARE.....K SANITATION/CLEANLINESS.....L ORAL REHYDRATION.....M  OTHER _____ X (SPECIFY)	
304	When was the last time a health or family planning worker visited you at home?  IF LESS THAN ONE MONTH, RECORD '00' MONTHS.	MONTHS AGO..... <input type="text"/> <input type="text"/>	
305	Who visited you at that time?	PUBLIC SECTOR WORKER GOVT. DOCTOR.....11 PUBLIC HEALTH NURSE.....12 ANM/LHV.....13 MALE MPW/SUPERVISOR.....14 ANGANWADI WORKER.....15 VILLAGE HEALTH GUIDE.....16 OTHER PUBLIC SECTOR HEALTH WORKER.....17  NGO DOCTOR.....21 NGO WORKER.....22  PRIVATE SECTOR WORKER PRIVATE DOCTOR.....31 PRIVATE NURSE.....32 COMPOUNDER.....33 TRADITIONAL HEALER.....34 DAI (TBA).....35 OTHER PRIVATE SECTOR HEALTH WORKER.....36  OTHER _____ 96 (SPECIFY)	
305A	What type of services did you receive during this visit?  Any other service?  RECORD ALL MENTIONED.	PILL SUPPLY.....A CONDOM SUPPLY.....B FOLLOW-UP FOR STERILIZATION...C FOLLOW-UP FOR IUD INSERTION...D FAMILY PLANNING ADVICE.....E OTHER FAMILY PLANNING SERVICE...F IMMUNIZATION.....G ANTENATAL CARE.....H DELIVERY CARE.....I POSTPARTUM CARE.....J DISEASE PREVENTION.....K MEDICAL TREATMENT FOR SELF.....L TREATMENT FOR SICK CHILD.....M TREATMENT FOR OTHER PERSON....N  OTHER _____ X (SPECIFY)	
306	Did she/he spend enough time with you?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
307	Did she/he talk to you nicely, somewhat nicely, or not nicely?	NICELY.....1 SOMEWHAT NICELY.....2 NOT NICELY.....3	
308	Have you visited a health facility or camp for any reason for yourself (or your children) in the last 12 months?	YES.....1 NO.....2	>317
309	During these visits in the last 12 months, what were the different matters talked about?  Anything  RECORD ALL MENTIONED.	FAMILY PLANNING.....A BREASTFEEDING.....B SUPPLEMENTARY FEEDING.....C IMMUNIZATION.....D NUTRITION.....E DISEASE PREVENTION.....F TREATMENT OF HEALTH PROBLEM.....G ANTENATAL CARE.....H DELIVERY CARE.....I POSTPARTUM CARE.....J CHILD CARE.....K SANITATION/CLEANLINESS.....L ORAL REHYDRATION.....M  OTHER.....X (SPECIFY)	
310	What type of health facility did you visit most recently for yourself (or your children)?	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL.....11 GOVT. DISPENSARY.....12 UHC/UHP/UFWC.....13 CHC/RURAL HOSPITAL/PHC.....14 SUB-CENTRE.....15 GOVT. MOBILE CLINIC.....16 CAMP.....17 OTHER PUBLIC SECTOR HEALTH FACILITY.....18  NGO/TRUST HOSPITAL/CLINIC.....21  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.....31 PVT. MOBILE CLINIC.....32 PHARMACY/DRUGSTORE.....33 OTHER PRIVATE SECTOR HEALTH FACILITY.....34  OTHER.....96 (SPECIFY)	
311	What service did you go for?  Any other service?  RECORD ALL MENTIONED.	PILL SUPPLY.....A CONDOM SUPPLY.....B IUD/LOOP INSERTION.....C STERILIZATION OPERATION.....D FOLLOW-UP FOR STERILIZATION.....E FOLLOW-UP FOR IUD INSERTION.....F FAMILY PLANNING ADVICE.....G OTHER FAMILY PLANNING SERVICE.....H IMMUNIZATION.....I ANTENATAL CARE.....J DELIVERY CARE.....K POSTPARTUM CARE.....L DISEASE PREVENTION.....M MEDICAL TREATMENT FOR SELF.....N TREATMENT FOR SICK CHILD.....O TREATMENT FOR OTHER PERSON.....P  OTHER.....X (SPECIFY)	
311A	Did you receive the service that you went for?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	<p>CHECK 311A:  RECEIVED SERVICE <input type="checkbox"/> DID NOT RECEIVE SERVICE <input type="checkbox"/>  <div style="display: flex; justify-content: space-around;"> <span>v</span> <span>v</span> </div> </p> <p>How long did you have to wait before being served?      How long did you have to wait before you learned that the service you went for would not be available?</p>	<p>MINUTES.....1 <input type="text"/> <input type="text"/></p> <p>HOURS.....2 <input type="text"/> <input type="text"/></p> <p>NO WAIT AT ALL.....995</p> <p>OTHER_____996 (SPECIFY)</p>	
313	<p>During this visit did the staff spend enough time with you?</p>	<p>YES.....1</p> <p>NO.....2</p>	
314	<p>Did the staff talk to you nicely, somewhat nicely, or not nicely?</p>	<p>NICELY.....1</p> <p>SOMEWHAT NICELY.....2</p> <p>NOT NICELY.....3</p>	
315	<p>Did the staff respect your need for privacy?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>SAYS PRIVACY NOT NEEDED.....3</p>	
316	<p>Would you say the health facility was very clean, somewhat clean, or not clean?</p>	<p>VERY CLEAN.....1</p> <p>SOMEWHAT CLEAN.....2</p> <p>NOT CLEAN.....3</p>	
317	<p>Now I would like to ask about all the contacts you have had with health or family planning workers at home or anywhere else in the last 12 months or ever before.</p> <p>During any of these contacts, which methods of delaying or avoiding pregnancy were discussed, if any?</p> <p>PROBE: Any other methods discussed?</p> <p>RECORD ALL MENTIONED.</p>	<p>PILL.....A</p> <p>CONDOM/NIRODH.....B</p> <p>IUD/LOOP.....C</p> <p>FEMALE STERILIZATION.....D</p> <p>MALE STERILIZATION.....E</p> <p>RHYTHM/SAFE PERIOD.....F</p> <p>WITHDRAWAL.....G</p> <p>OTHER_____X (SPECIFY)</p> <p>NONE/NEVER DISCUSSED.....Y</p>	

SECTION 3B. CONTRACEPTION

318.

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.

For each method I mention, please tell me if you have ever heard of the method and whether you have ever used the method at any time in your life?

01	<u>Pill</u> Women can take a pill daily or weekly.	HAS USED.....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3
02	<u>Condom or Nirodh</u> Men can use a rubber sheath during sexual intercourse.	HAS USED .....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3
03	<u>IUD or Loop</u> Women can have a loop or coil placed inside them by a doctor or a nurse.	HAS USED.....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3
04	<u>Female sterilization</u> Women can have an operation to avoid having any more children.	Have you ever heard of female sterilization? IF YES: Have you ever had an operation to avoid having any more children?  HAS USED.....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3
05	<u>Male sterilization</u> Men can have an operation to avoid having any more children.	Have you ever heard of male sterilization? IF YES: Has your husband ever had an operation to avoid having any more children?  HAS USED.....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3
06	<u>Rhythm or safe period method</u> Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	HAS USED.....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3
07	<u>Withdrawal</u> Men can be careful and pull out before climax.	HAS USED.....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3
08	Have you ever heard of any other ways or methods that women or men can use to delay or avoid pregnancy? IF YES: Have you ever used this method?  1 _____ (SPECIFY)  2 _____ (SPECIFY)	HAS USED.....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3  HAS USED.....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	CHECK 318: NOT A SINGLE CODE '1' (NEVER USED) <input type="checkbox"/> v	AT LEAST ONE CODE '1' (EVER USED) <input type="checkbox"/> → SKIP TO 322	
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2 → 356	
321	What have you used or done? CORRECT 318 AND 319.		
322	Now I would like to ask you about the time when you first did something or used a method to delay or 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"/>	
323	CHECK 107: CURRENTLY MARRIED <input type="checkbox"/> v	SEPARATED DESERTED DIVORCED WIDOWED <input type="checkbox"/> → 364	
324	CHECK 230: NOT PREGNANT OR UNSURE <input type="checkbox"/> v	PREGNANT <input type="checkbox"/> → 358	
325	CHECK 318: NEITHER STERILIZED <input type="checkbox"/> v	HE OR SHE STERILIZED <input type="checkbox"/> → 327A	
326	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2 → 355	
327	Which method are you using?	PILL.....01 CONDOM/NIRODH.....02 IUD/LOOP.....03 → 336 FEMALE STERILIZATION.....04 MALE STERILIZATION.....05 → 339 RHYTHM/SAFE PERIOD.....06 WITHDRAWAL.....07 → 350 OTHER.....96 (SPECIFY)	
327A	CIRCLE '04' FOR FEMALE STERILIZATION. CIRCLE '05' FOR MALE STERILIZATION.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
328	<p>For how many months have you been using pills/condoms continuously? IF LESS THAN 1 MONTH, RECORD '00'.</p>	<p>MONTHS..... <input type="text"/> <input type="text"/></p> <p>8 YEARS OR LONGER.....96</p>	
329	<p>Where did you obtain the pills/condoms the last time?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE IF HOSPITAL OR CLINIC)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL.....11</p> <p>GOVT. DISPENSARY.....12</p> <p>UHC/UHP/UFWC.....13</p> <p>CHC/RURAL HOSPITAL/PHC.....14</p> <p>SUB-CENTRE.....15</p> <p>GOVT. MOBILE CLINIC.....16</p> <p>GOVT. PARAMEDIC.....17</p> <p>CAMP.....18</p> <p>OTHER PUBLIC SECTOR</p> <p>HEALTH FACILITY.....19</p> <p>NGO/TRUST HOSPITAL/CLINIC.....21</p> <p>NGO WORKER.....22</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC.....31</p> <p>PVT. DOCTOR.....32</p> <p>PVT. MOBILE CLINIC.....33</p> <p>PVT. PARAMEDIC.....34</p> <p>VAIDYA/HAKIM/HOMEOPATH.....35</p> <p>TRADITIONAL HEALER.....36</p> <p>PHARMACY/DRUGSTORE.....37</p> <p>DAI (TBA).....38</p> <p>OTHER PRIVATE SECTOR</p> <p>HEALTH FACILITY.....39</p> <p>OTHER SOURCE</p> <p>SHOP.....41</p> <p>HUSBAND.....42</p> <p>FRIEND/OTHER RELATIVE.....43</p> <p>OTHER.....96</p> <p>(SPECIFY)</p>	<p>-&gt;331</p> <p>-&gt;331</p>
330	<p>Do you know where this person obtained the pills/condoms the last time?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE IF HOSPITAL OR CLINIC)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL.....11</p> <p>GOVT. DISPENSARY.....12</p> <p>UHC/UHP/UFWC.....13</p> <p>CHC/RURAL HOSPITAL/PHC.....14</p> <p>SUB-CENTRE.....15</p> <p>GOVT. MOBILE CLINIC.....16</p> <p>GOVT. PARAMEDIC.....17</p> <p>CAMP.....18</p> <p>OTHER PUBLIC SECTOR</p> <p>HEALTH FACILITY.....19</p> <p>NGO/TRUST HOSPITAL/CLINIC.....21</p> <p>NGO WORKER.....22</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC.....31</p> <p>PVT. DOCTOR.....32</p> <p>PVT. MOBILE CLINIC.....33</p> <p>PVT. PARAMEDIC.....34</p> <p>VAIDYA/HAKIM/HOMEOPATH.....35</p> <p>TRADITIONAL HEALER.....36</p> <p>PHARMACY/DRUGSTORE.....37</p> <p>DAI (TBA).....38</p> <p>OTHER PRIVATE SECTOR</p> <p>HEALTH FACILITY.....39</p> <p>OTHER SOURCE</p> <p>SHOP.....41</p> <p>OTHER.....96</p> <p>(SPECIFY)</p> <p>DK.....98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	May I see the packet of pills/condoms you are using now?  IF PACKET SEEN, RECORD BRAND NAME.	PACKET SEEN.....1 BRAND NAME _____ PACKET NOT SEEN.....2	→333
332	Do you know the brand name of the pills/condoms you are using now?	BRAND NAME _____ DK.....998	
333	How much does one packet of pills/condoms cost you?	COST Rs:..... FREE.....995 DK.....998	→335
334	For that cost how many condoms/pill cycles do you get?	NUMBER.....	
335	Have you been able to get the supply of pills/condoms whenever you need them?	YES.....1 NO.....2	→344
336	For how many months have you been using the IUD/LOOP continuously?  IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS..... 8 YEARS OR LONGER.....96	
337	Who inserted the IUD/LOOP?	GOVERNMENT DOCTOR.....01 GOVERNMENT NURSE/PARAMEDIC.....02 NGO DOCTOR.....03 NGO NURSE/PARAMEDIC.....04 PRIVATE DOCTOR.....05 PRIVATE NURSE/PARAMEDIC.....06 OTHER _____ 96 (SPECIFY)	
338	Where did you go to get the IUD/LOOP inserted?  (NAME OF PLACE IF HOSPITAL OR CLINIC)	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL.....11 GOVT. DISPENSARY.....12 UHC/UHP/UFWC.....13 CHC/RURAL HOSPITAL/PHC.....14 SUB-CENTRE.....15 GOVT. MOBILE CLINIC.....16 CAMP.....17 OTHER PUBLIC SECTOR HEALTH FACILITY.....18 NGO/TRUST HOSPITAL/CLINIC.....21 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.....31 PVT. DOCTOR.....32 PVT. MOBILE CLINIC.....33 OTHER PRIVATE SECTOR HEALTH FACILITY.....34 OTHER _____ 96 (SPECIFY)	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
338A	How much did the IUD/LOOP insertion cost you? IF NO CHARGE, RECORD '0000'.	COST Rs:..... DK.....9998	>342
339	In what month and year was your/your husband's sterilization operation performed?	MONTH..... YEAR.....	
340	Where did you/your husband get sterilized?  (NAME OF PLACE IF HOSPITAL OR CLINIC)	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL.....11 UHC/UHP/UFWC.....12 CHC/RURAL HOSPITAL/PHC.....13 GOVT. MOBILE CLINIC.....14 CAMP.....15 OTHER PUBLIC SECTOR HEALTH FACILITY.....16 NGO/TRUST HOSPITAL/CLINIC.....21 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.....31 PVT. DOCTOR.....32 PVT. MOBILE CLINIC.....33 OTHER PRIVATE SECTOR HEALTH FACILITY.....34 OTHER .....96 (SPECIFY)	
341	How much did the operation cost you? IF NO CHARGE, RECORD '0000'.	COST Rs:..... DK.....9998	
342	How would you rate the care you/your husband received during or immediately after the operation/IUD insertion: very good, all right, not so good, or bad?	VERY GOOD.....1 ALL RIGHT.....2 NOT SO GOOD.....3 BAD.....4	
343	What improvements would you suggest in the care you/your husband received during or immediately after the operation/IUD insertion?  Anything else?  RECORD ALL MENTIONED.	MORE CLEANLINESS.....A MORE PRIVACY.....B BETTER CARE BY THE DOCTOR.....C BETTER CARE BY THE OTHER STAFF...D SHORTER WAITING TIME.....E LOWER COST.....F OTHER .....X (SPECIFY) NONE.....Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
344	Who mainly motivated you to use (CURRENT METHOD)?	GOVT. DOCTOR.....01 PUBLIC HEALTH NURSE.....02 ANM/LHV.....03 MALE MPW/SUPERVISOR.....04 ANGANWADI WORKER.....05 OTHER GOVT. HEALTH WORKER.....06 NGO WORKER.....07 PRIVATE DOCTOR.....08 PRIVATE PARAMEDIC.....09 DAI (TBA).....10 TEACHER.....11 RELIGIOUS LEADER.....12 POLITICAL LEADER.....13 HUSBAND.....14 MOTHER/MOTHER-IN-LAW.....15 OTHER RELATIVE/FRIEND.....16 NO ONE/SELF.....17  OTHER _____ 96 (SPECIFY)	>347
345	Did he/she tell you about any other methods that you might use?	YES.....1 NO.....2	>347
346	Which other methods were you told about?  RECORD ALL MENTIONED.	PILL.....A CONDOM/NIRODH.....B IUD/LOOP.....C FEMALE STERILIZATION.....D MALE STERILIZATION.....E RHYTHM/SAFE PERIOD.....F WITHDRAWAL.....G  OTHER _____ X (SPECIFY)	
347	At the time when you accepted the (CURRENT METHOD) did any health or family planning worker tell you about side effects or other problems you might have using the (CURRENT METHOD)?	YES.....1 NO.....2	
348	Were you told what to do in case you experienced problems with the method?	YES.....1 NO.....2	
349	Did you receive any follow-up, either at home or in a health facility, after you accepted the (CURRENT METHOD)?  PROBE FOR TYPE OF VISIT.	AT HOME ONLY.....1 IN A FACILITY ONLY.....2 BOTH.....3 NEITHER.....4	>351
350	For how long have you been using this method continuously? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> 8 YEARS OR LONGER.....96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
351	Have you had any problems related to the use of (CURRENT METHOD)?	YES.....1 NO.....2	→362
352	What problems have you had related to the use of (CURRENT METHOD)?  PROBE: Any other problems?  RECORD ALL MENTIONED.	WEIGHT GAIN.....A WEIGHT LOSS.....B TOO MUCH BLEEDING.....C HYPERTENSION.....D HEADACHE/BODYACHE/BACKACHE.....E NAUSEA/VOMITING.....F NO MENSTRUATION.....G WEAKNESS/TIREDNESS.....H DIZZINESS.....I FEVER.....J CRAMPS.....K SPOTTING.....L INCONVENIENT TO USE.....M ABDOMINAL PAIN.....N WHITE DISCHARGE.....O IRREGULAR PERIODS.....P BREAST TENDERNESS.....Q ALLERGY.....R EXPULSION.....S REDUCED SEXUAL SATISFACTION.....T  OTHER.....X (SPECIFY)	
353	When you first started having these problems, did you talk to anyone about these problems?	YES.....1 NO.....2	→362
354	Who did you talk to about these problems?  Any other person?  RECORD ALL PERSONS TALKED TO.	GOVT. DOCTOR.....A PUBLIC HEALTH NURSE.....B ANM/LHV.....C ANGANWADI WORKER.....D OTHER GOVT. HEALTH WORKER.....E NGO DOCTOR.....F NGO WORKER.....G PRIVATE DOCTOR.....H PRIVATE PARAMEDIC.....I COMPOUNDER/PHARMACIST.....J TRADITIONAL HEALER.....K HUSBAND.....L FRIEND/OTHER RELATIVE.....M  OTHER.....X (SPECIFY)	→362
355	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 HUSBAND AWAY.....12 COST TOO MUCH.....13  OTHER.....96 (SPECIFY)	→358

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
356	CHECK 107: CURRENTLY MARRIED <input type="checkbox"/> v SEPARATED DESERTED <input type="checkbox"/> DIVORCED WIDOWED		>364
356A	CHECK 230: NOT PREGNANT OR UNSURE <input type="checkbox"/> v PREGNANT <input type="checkbox"/>		>358
357	What is the main reason you are not using a method of contraception to delay or avoid pregnancy?	HUSBAND AWAY.....11  FERTILITY-RELATED REASONS NOT HAVING SEX.....21 INFREQUENT SEX.....22 MENOPAUSAL/HAD HYSTERECTOMY..23 SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS MORE CHILDREN.....26  OPPOSITION TO USE OPPOSED TO FAMILY PLANNING...31 HUSBAND OPPOSED.....32 OTHER PEOPLE OPPOSED.....33 AGAINST RELIGION.....34  LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42  METHOD-RELATED REASONS HEALTH CONCERNS.....51 WORRY ABOUT SIDE EFFECTS.....52 HARD TO GET METHOD.....53 COSTS TOO MUCH.....54 INCONVENIENT.....55 AFRAID OF STERILIZATION.....56 DON'T LIKE EXISTING METHODS..57  OTHER.....96 (SPECIFY) DK.....98	>362
358	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DK.....8	>360
359	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	>361
360	Which method would you prefer to use?	PILL.....01 CONDOM/NIRODH.....02 IUD/LOOP.....03 FEMALE STERILIZATION.....04 MALE STERILIZATION.....05 RHYTHM/SAFE PERIOD.....06 WITHDRAWAL.....07  OTHER.....96 (SPECIFY) DK/UNSURE.....98	>362

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
361	<p>What is the main reason that you think you will not use a family planning method at any time in the future?</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....11</p> <p>INFREQUENT SEX.....12</p> <p>MENOPAUSAL/HAD HYSTERECTOMY..13</p> <p>SUBFECUND/INFECUND.....14</p> <p>WANTS AS MANY CHILDREN</p> <p>AS POSSIBLE.....15</p> <p>OPPOSITION TO USE</p> <p>OPPOSED TO FAMILY PLANNING..21</p> <p>HUSBAND OPPOSED.....22</p> <p>OTHER PEOPLE OPPOSED.....23</p> <p>AGAINST RELIGION.....24</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....31</p> <p>KNOWS NO SOURCE.....32</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....41</p> <p>WORRY ABOUT SIDE EFFECTS....42</p> <p>HARD TO GET METHOD.....43</p> <p>COSTS TOO MUCH.....44</p> <p>INCONVENIENT.....45</p> <p>AFRAID OF STERILIZATION.....46</p> <p>DON'T LIKE EXISTING METHODS..47</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DK.....98</p>	
362	<p>In the last few months, have you discussed the practice of family planning with your husband, friends, neighbours, or relatives?</p>	<p>YES.....1</p> <p>NO.....2</p>	>364
363	<p>With whom?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>HUSBAND.....A</p> <p>MOTHER.....B</p> <p>SISTER(S).....C</p> <p>DAUGHTER.....D</p> <p>MOTHER-IN-LAW.....E</p> <p>SISTER-IN-LAW.....F</p> <p>FRIEND/NEIGHBOUR.....G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
364	<p>In the last few months, have you heard or seen any message about family planning:</p> <p>on radio?</p> <p>on television?</p> <p>in a cinema or film show?</p> <p>in a newspaper or magazine?</p> <p>on a wall painting or hoarding?</p> <p>in a drama, folk dance, or street play?</p>	<p>YES NO</p> <p>RADIO..... 1 2</p> <p>TELEVISION..... 1 2</p> <p>CINEMA/FILM SHOW..... 1 2</p> <p>NEWSPAPER/MAGAZINE..... 1 2</p> <p>WALL PAINTING/HOARDING... 1 2</p> <p>DRAMA/FOLK DANCE/STREET PLAY..... 1 2</p>	

## SECTION 4A. ANTENATAL, NATAL, AND POSTNATAL CARE

401	CHECK 224 ONE OR MORE BIRTHS SINCE JAN. 1995 <input type="checkbox"/>	NO BIRTHS SINCE JAN. 1995 <input type="checkbox"/> → (SKIP TO 486)	
402	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF LAST TWO BIRTHS SINCE JANUARY 1995 IN THE TABLE. ASK THE QUESTIONS ABOUT THESE TWO BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, RECORD ONLY LAST TWO BIRTHS.)  Now I would like to ask you some questions about the health of your children born since January 1995. (We will talk about one child at a time.)		
	LINE NUMBER FROM Q. 212	LAST BIRTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 auto;"></div>	NEXT-TO-LAST BIRTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 auto;"></div>
	FROM Q. 212 AND Q. 216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ 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 <u>at all</u> ?	THEN.....1 (SKIP TO 405) < <input type="checkbox"/>  LATER.....2  NO MORE.....3 (SKIP TO 405) < <input type="checkbox"/>	THEN.....1 (SKIP TO 405) < <input type="checkbox"/>  LATER.....2  NO MORE.....3 (SKIP TO 405) < <input type="checkbox"/>
404	How much longer would you like to have waited?	MONTHS.....1 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 auto;"></div> YEARS.....2 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 auto;"></div> DK.....998	MONTHS.....1 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 auto;"></div> YEARS.....2 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 auto;"></div> DK.....998
405	When you were pregnant with (NAME), did you go for an antenatal check-up?	YES.....1  NO.....2 (SKIP TO 407) < <input type="checkbox"/>	YES.....1  NO.....2 (SKIP TO 407) < <input type="checkbox"/>
406	Whom did you see?  Anyone  RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A ANM/NURSE/MIDWIFE/LHV...B OTHER HEALTH PROFSSNL...C TRADITIONAL BIRTH ATTENDANT (DAI).....D OTHER _____ X (SPECIFY)	HEALTH PROFESSIONAL DOCTOR.....A ANM/NURSE/MIDWIFE/LHV...B OTHER HEALTH PROFSSNL...C TRADITIONAL BIRTH ATTENDANT (DAI).....D OTHER _____ X (SPECIFY)
407	When you were pregnant with (NAME), did any health worker visit you at home for an antenatal check-up?	YES.....1  NO.....2	YES.....1  NO.....2
408	CHECK 405 AND 407:	YES IN <input type="checkbox"/> EITHER NO IN <input type="checkbox"/> BOTH (SKIP TO 413)	YES IN <input type="checkbox"/> EITHER NO IN <input type="checkbox"/> BOTH (SKIP TO 413)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
409	How many months pregnant were you when you first received an antenatal check-up?	MONTHS..... <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>
410	How many times did you receive antenatal check-ups during this pregnancy?	NO. OF TIMES..... <input type="text"/> <input type="text"/>	NO. OF TIMES..... <input type="text"/> <input type="text"/>
411	<p>Did you have the following performed at least once during any of your antenatal check-ups for this pregnancy:</p> <p>YES NO</p> <p>Weight measured? WEIGHT..... 1 2</p> <p>Height measured? HEIGHT..... 1 2</p> <p>Blood pressure checked? BLOOD PRESSURE.... 1 2</p> <p>Blood BLOOD TEST..... 1 2</p> <p>Urine URINE TEST..... 1 2</p> <p>Abdomen examined? ABDOMEN EXAMINED.. 1 2</p> <p>Internal INTERNAL EXAM.... 1 2</p> <p>X-RAY..... 1 2</p> <p>Sonogram or ultrasound? SONOGRAM/ULTRAS... 1 2</p> <p>Amniocentesis? AMNIOCENTESIS..... 1 2</p>		
412	<p>Did you receive advice on any of the following during at least one of your antenatal check-ups for this pregnancy:</p> <p>YES NO</p> <p>Diet? DIET..... 1 2</p> <p>Danger signs of pregnancy? DANGER SIGNS..... 1 2</p> <p>Delivery care? DELIVERY CARE..... 1 2</p> <p>Newborn care? NEWBORN CARE..... 1 2</p> <p>Family planning? FAMILY PLANNING.... 1 2 (SKIP TO 414) &lt; <input type="text"/> <input type="text"/></p>		
413	What is the main reason you did not receive an antenatal check-up?	<p>NOT NECESSARY.....01</p> <p>NOT CUSTOMARY.....02</p> <p>COST TOO MUCH.....03</p> <p>TOO FAR/NO TRANSPORT...04</p> <p>POOR QUALITY SERVICE....05</p> <p>NO TIME TO GO.....06</p> <p>FAMILY DID NOT ALLOW....07</p> <p>LACK OF KNOWLEDGE.....08</p> <p>NO HEALTH WORKER VISITED.....09</p> <p>OTHER.....96 (SPECIFY)</p>	<p>NOT NECESSARY.....01</p> <p>NOT CUSTOMARY.....02</p> <p>COST TOO MUCH.....03</p> <p>TOO FAR/NO TRANSPORT...04</p> <p>POOR QUALITY SERVICE....05</p> <p>NO TIME TO GO.....06</p> <p>FAMILY DID NOT ALLOW....07</p> <p>LACK OF KNOWLEDGE.....08</p> <p>NO HEALTH WORKER VISITED.....09</p> <p>OTHER.....96 (SPECIFY)</p>

		NAME      LAST BIRTH	NAME      NEXT-TO-LAST BIRTH
414	<p>When you were pregnant with (NAME), did you experience any of the following problems at any time:</p> <p>Night blindness? (USE LOCAL TERM)</p> <p>Blurred vision?</p> <p>Convulsions not from fever?</p> <p>Swelling of the legs, body, or face?</p> <p>Excessive fatigue?</p> <p>Anaemia?</p> <p>Any vaginal bleeding?</p>	<p>YES NO</p> <p>NIGHT BLINDNESS.... 1 2</p> <p>BLURRED VISION..... 1 2</p> <p>CONVULSIONS..... 1 2</p> <p>SWELLING..... 1 2</p> <p>EXCESSIVE FATIGUE.. 1 2</p> <p>ANAEMIA..... 1 2</p> <p>VAGINAL BLEEDING... 1 2</p>	<p>YES NO</p> <p>NIGHT BLINDNESS.... 1 2</p> <p>BLURRED VISION..... 1 2</p> <p>CONVULSIONS..... 1 2</p> <p>SWELLING..... 1 2</p> <p>EXCESSIVE FATIGUE.. 1 2</p> <p>ANAEMIA..... 1 2</p> <p>VAGINAL BLEEDING... 1 2</p>
415	<p>When you were pregnant with (NAME), were you given any iron folic tablets or syrup?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 418) &lt;—</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 418) &lt;—</p>
416	<p>Did you receive enough iron folic tablets or syrup to last about three months or longer?</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>
417	<p>Did you consume all the iron folic tablets or syrup you were given ?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>YES.....1</p> <p>NO.....2</p>
418	<p>When you were pregnant with (NAME), were you given an injection in the arm to prevent you and the baby from getting tetanus (USE LOCAL TERM FOR TETANUS)?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>(SKIP TO 420) &lt;—</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>(SKIP TO 420) &lt;—</p>
419	<p>During this pregnancy, how many times did you get this injection?</p>	<p>TIMES..... <input type="text"/></p> <p>DK.....8</p>	<p>TIMES..... <input type="text"/></p> <p>DK.....8</p>



		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
420	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 PARENTS' HOME.....12 OTHER HOME.....13  PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP...21 GOVT. DISPENSARY.....22 UHC/UHP/UFWC.....23 CHC/RURAL HOSP./PHC...24 SUB-CENTRE.....25 OTHER PUBLIC SECTOR HEALTH FACILITY.....26  NGO/TRUST HOSP./CLINIC..31  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC/ MATERNITY HOME.....41 OTHER PRIVATE SECTOR HEALTH FACILITY.....42  OTHER _____ 96 (SPECIFY) (SKIP TO 422)<_____	HOME YOUR HOME.....11 PARENTS' HOME.....12 OTHER HOME.....13  PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP...21 GOVT. DISPENSARY.....22 UHC/UHP/UFWC.....23 CHC/RURAL HOSP./PHC...24 SUB-CENTRE.....25 OTHER PUBLIC SECTOR HEALTH FACILITY.....26  NGO/TRUST HOSP./CLINIC..31  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC/ MATERNITY HOME.....41 OTHER PRIVATE SECTOR HEALTH FACILITY.....42  OTHER _____ 96 (SPECIFY) (SKIP TO 422)<_____
421	What is the main reason you did not go to a health facility for delivery?	NOT NECESSARY.....01 NOT CUSTOMARY.....02 COST TOO MUCH.....03 TOO FAR/NO TRANSPORT...04 POOR QUALITY SERVICE...05 NO TIME TO GO.....06 FAMILY DID NOT ALLOW...07 BETTER CARE AT HOME...08 LACK OF KNOWLEDGE.....09  OTHER _____ 96 (SPECIFY)	NOT NECESSARY.....01 NOT CUSTOMARY.....02 COST TOO MUCH.....03 TOO FAR/NO TRANSPORT...04 POOR QUALITY SERVICE...05 NO TIME TO GO.....06 FAMILY DID NOT ALLOW...07 BETTER CARE AT HOME...08 LACK OF KNOWLEDGE.....09  OTHER _____ 96 (SPECIFY)
422	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS WHO ASSISTED.	HEALTH PROFESSIONAL DOCTOR.....A ANM/NURSE/MIDWIFE/LHV..B OTHER HEALTH PROFESSNL..C  OTHER PERSON DAI (TBA).....D FRIEND/RELATIVE.....E  OTHER _____ X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A ANM/NURSE/MIDWIFE/LHV..B OTHER HEALTH PROFESSNL..C  OTHER PERSON DAI (TBA).....D FRIEND/RELATIVE.....E  OTHER _____ X (SPECIFY) NO ONE.....Y
423	CHECK 422:	ANY <input type="checkbox"/> NO <input type="checkbox"/> CODE v CODE A, B, (SKIP TO A, B, OR C 425) OR C	ANY <input type="checkbox"/> NO <input type="checkbox"/> CODE v CODE A, B, (SKIP TO A, B, OR C 425) OR C
424	What is the main reason you did not take the help of a health professional?	NOT NECESSARY.....01 NOT CUSTOMARY.....02 COST TOO MUCH.....03 TOO FAR/NO TRANSPORT...04 PROFES. NOT AVAI'BLE...05 NO CONFIDENCE IN AVAILABLE PROFESSIONAL.06 NO TIME TO GET HELP...07 FAMILY DID NOT ALLOW...08 OTHER _____ 96 (SPECIFY) (SKIP TO 426)<_____	NOT NECESSARY.....01 NOT CUSTOMARY.....02 COST TOO MUCH.....03 TOO FAR/NO TRANSPORT...04 PROFES. NOT AVAI'BLE...05 NO CONFIDENCE IN AVAILABLE PROFESSIONAL.06 NO TIME TO GET HELP...07 FAMILY DID NOT ALLOW...08 OTHER _____ 96 (SPECIFY) (SKIP TO 426)<_____

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
425	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2
426	When (NAME) was born, was he/she: large, average, small, or very small?	LARGE.....1 AVERAGE.....2 SMALL .....3 VERY SMALL.....4	LARGE.....1 AVERAGE.....2 SMALL .....3 VERY SMALL.....4
427	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 429) < _____	YES.....1 NO.....2 (SKIP TO 429) < _____
428	How much did (NAME) weigh?	GRAMS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK.....9998	GRAMS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK.....9998
429	Now I would like to ask you about the 2-month period after the delivery of (NAME). During that period, did a doctor or other health professional check your health or the health of your baby?	YES.....1 NO.....2 (SKIP TO 433) < _____	YES.....1 NO.....2 (SKIP TO 433) < _____
430	How soon after the birth of (NAME) did you first get a check-up?	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/>	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/>
431	Where did you get the check-up?	HOME VISIT.....11 PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP....21 GOVT. DISPENSARY.....22 UHC/UHP/UFWC.....23 CHC/RURAL HOSP./PHC....24 SUB-CENTRE.....25 OTHER PUBLIC SECTOR HEALTH FACILITY.....26 NGO/TRUST HOSP./CLINIC...31 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC/ MATERNITY HOME.....41 OTHER PRIVATE SECTOR HEALTH FACILITY.....42 OTHER _____ 96 (SPECIFY)	HOME VISIT.....11 PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP....21 GOVT. DISPENSARY.....22 UHC/UHP/UFWC.....23 CHC/RURAL HOSP./PHC....24 SUB-CENTRE.....25 OTHER PUBLIC SECTOR HEALTH FACILITY.....26 NGO/TRUST HOSP./CLINIC...31 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC/ MATERNITY HOME.....41 OTHER PRIVATE SECTOR HEALTH FACILITY.....42 OTHER _____ 96 (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
432	<p>Did any of the following happen when you had the check-up:</p> <p>Was your abdomen examined?</p> <p>Did you receive advice on family planning?</p> <p>Did you receive advice on breastfeeding?</p> <p>Did you receive advice on baby care?</p>	<p>YES NO</p> <p>ABDOMEN EXAMINED... 1 2</p> <p>FAMILY PLANNING.... 1 2</p> <p>BREASTFEEDING..... 1 2</p> <p>BABY CARE..... 1 2</p>	<p>YES NO</p> <p>ABDOMEN EXAMINED... 1 2</p> <p>FAMILY PLANNING.... 1 2</p> <p>BREASTFEEDING..... 1 2</p> <p>BABY CARE..... 1 2</p>
433	<p>At any time during the two months after the delivery of (NAME), did you have any of the following:</p> <p>Massive vaginal bleeding?</p> <p>Very high fever?</p>	<p>YES NO</p> <p>VAGINAL BLEEDING... 1 2</p> <p>VERY HIGH FEVER.... 1 2</p>	<p>YES NO</p> <p>VAGINAL BLEEDING... 1 2</p> <p>VERY HIGH FEVER.... 1 2</p>
434	<p>Has your period returned since the birth of (NAME)?</p>	<p>YES .....1 (SKIP TO 436) &lt;-----</p> <p>NO.....2 (SKIP TO 437) &lt;-----</p>	
435	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES .....1</p> <p>NO.....2 (SKIP TO 439 ) &lt;-----</p>
436	<p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS..... <input type="text"/> <input type="text"/></p> <p>DK.....98</p>	<p>MONTHS..... <input type="text"/> <input type="text"/></p> <p>DK.....98</p>
437	<p>CHECK 230: RESPONDENT PREGNANT?</p>	<p>NOT PREGNANT OR Q230 NOT ASKED <input type="checkbox"/></p> <p>PREGNANT OR UNSURE <input type="checkbox"/></p> <p>(SKIP TO 439)</p>	
438	<p>Have you resumed sexual relations since the birth of (NAME)?</p>	<p>YES.....1</p> <p>NO.....2 (SKIP TO 440) &lt;-----</p>	

	NAME	LAST BIRTH	NAME	NEXT-TO-LAST BIRTH
439		<p>MONTHS..... <input type="text"/> <input type="text"/></p> <p>DK.....98</p> <p>For how many months after the birth of (NAME) did you not have sexual relations?</p>		<p>MONTHS..... <input type="text"/> <input type="text"/></p> <p>DK.....98</p>
440	Did you ever breastfeed (NAME)?	<p>YES.....1</p> <p>(SKIP TO 442) &lt; <input type="text"/></p> <p>NO.....2</p>		<p>YES.....1</p> <p>(SKIP TO 442) &lt; <input type="text"/></p> <p>NO.....2</p>
441	Why did you not breastfeed (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>OTHER.....96</p> <p>(SPECIFY)</p> <p>(SKIP TO 448) &lt; <input type="text"/></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>OTHER.....96</p> <p>(SPECIFY)</p> <p>(SKIP TO 448) &lt; <input type="text"/></p>
442	How long after birth did you first put (NAME) to the breast?	<p>IMMEDIATELY.....000</p> <p>HOURS.....1 <input type="text"/> <input type="text"/></p> <p>DAYS.....2 <input type="text"/> <input type="text"/></p> <p>IF LESS THAN 1 HOUR, RECORD '00' HOURS.</p> <p>IF LESS THAN 24 HOURS, RECORD HOURS.</p> <p>OTHERWISE, RECORD DAYS.</p>		<p>IMMEDIATELY.....000</p> <p>HOURS.....1 <input type="text"/> <input type="text"/></p> <p>DAYS.....2 <input type="text"/> <input type="text"/></p>
443	Did you squeeze out the milk from the breast before you first put (NAME) to the breast?	<p>YES.....1</p> <p>NO.....2</p>		<p>YES.....1</p> <p>NO.....2</p>
444	CHECK 216: CHILD ALIVE?	<p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 446)</p>		<p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 446)</p>
445	Are you still breastfeeding (NAME)?	<p>YES.....1</p> <p>(SKIP TO 449) &lt; <input type="text"/></p> <p>NO.....2</p>		<p>YES.....1</p> <p>(SKIP TO 449) &lt; <input type="text"/></p> <p>NO.....2</p>
446	For how many months did you breastfeed (NAME)?	<p>MONTHS..... <input type="text"/> <input type="text"/></p> <p>UNTIL DIED.....96</p> <p>(SKIP TO 452) &lt; <input type="text"/></p>		<p>MONTHS..... <input type="text"/> <input type="text"/></p> <p>UNTIL DIED.....96</p> <p>(SKIP TO 452) &lt; <input type="text"/></p>
447	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.....96</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.....96</p> <p>(SPECIFY)</p>

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME		NAME	
448	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/>	DEAD <input type="checkbox"/> v (SKIP TO 452)	ALIVE <input type="checkbox"/>	DEAD <input type="checkbox"/> v (SKIP TO 452)
449	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DK.....8		YES.....1 NO.....2 DK.....8	
450	At any time yesterday or last night, was (NAME) given any of the following:				
		YES NO DK		YES NO DK	
	Plain water?	PLAIN WATER..... 1 2 8		PLAIN WATER..... 1 2 8	
	Powdered milk?	POWDERED MILK.... 1 2 8		POWDERED MILK.... 1 2 8	
	Any other milk (other than breast milk)?	OTHER MILK..... 1 2 8		OTHER MILK..... 1 2 8	
	Any other liquid?	ANY OTHER LIQUID. 1 2 8		ANY OTHER LIQUID. 1 2 8	
	Green, leafy vegetables?	GREEN/LEAFY VEG.. 1 2 8		GREEN/LEAFY VEG.. 1 2 8	
	Fruits?	FRUITS..... 1 2 8		FRUITS..... 1 2 8	
	Any other solid or mushy food?	SOLID/MUSHY FOOD. 1 2 8		SOLID/MUSHY FOOD. 1 2 8	
451	How often during the last seven days was (NAME) given any of the following:	1 = EVERY DAY 2 = SOME DAYS 3 = NOT AT ALL 8 = DK		1 = EVERY DAY 2 = SOME DAYS 3 = NOT AT ALL 8 = DK	
	Plain water?	PLAIN WATER..... <input type="checkbox"/>		PLAIN WATER..... <input type="checkbox"/>	
	Powdered milk?	POWDERED MILK..... <input type="checkbox"/>		POWDERED MILK..... <input type="checkbox"/>	
	Any other milk (other than breast milk)?	OTHER MILK..... <input type="checkbox"/>		OTHER MILK..... <input type="checkbox"/>	
	Any other liquid?	OTHER LIQUID..... <input type="checkbox"/>		OTHER LIQUID..... <input type="checkbox"/>	
	Green, leafy vegetables?	GREEN/LEAFY VEG..... <input type="checkbox"/>		GREEN/LEAFY VEG..... <input type="checkbox"/>	
	Fruits?	FRUITS..... <input type="checkbox"/>		FRUITS..... <input type="checkbox"/>	
	Any other solid or mushy food?	SOLID/MUSHY FOOD..... <input type="checkbox"/>		SOLID/MUSHY FOOD..... <input type="checkbox"/>	
452	—————>	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 453		GO TO 453	

**SECTION 4B. IMMUNIZATION AND HEALTH**

453	ENTER THE LINE NUMBER AND NAME OF LAST TWO BIRTHS SINCE JANUARY 1995 IN THE TABLE. ASK THE QUESTIONS ABOUT THESE TWO BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, RECORD ONLY LAST TWO BIRTHS.)																																																																																		
	LINE NUMBER FROM Q. 212	LAST BIRTH <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	NEXT-TO-LAST BIRTH <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>																																																																																
	FROM Q. 212  AND Q. 216	NAME <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">                     ALIVE <input type="checkbox"/>  <div style="border-left: 1px solid black; height: 50px; margin: 0 auto;"></div> </div> <div style="text-align: center;">                     DEAD <input type="checkbox"/>                      v                      (GO TO NEXT COLUMN, OR IF NO MORE BIRTHS, GO TO 481)                 </div> </div>	NAME <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">                     ALIVE <input type="checkbox"/>  <div style="border-left: 1px solid black; height: 50px; margin: 0 auto;"></div> </div> <div style="text-align: center;">                     DEAD <input type="checkbox"/>                      v                      (GO TO 481)                 </div> </div>																																																																																
454	Do you have a card where (NAME'S) vaccinations are written down?  IF YES: May I see it, please?	YES, SEEN.....1 (SKIP TO 456) < <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div>  YES, NOT SEEN.....2 (SKIP TO 458) < <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div>  NO CARD.....3	YES, SEEN.....1 (SKIP TO 456) < <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div>  YES, NOT SEEN.....2 (SKIP TO 458) < <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div>  NO CARD.....3																																																																																
455	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 458) < <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> NO.....2	YES.....1 (SKIP TO 458) < <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> NO.....2																																																																																
456	(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 IS RECORDED.	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>DAY</td> <td>MO</td> <td>YEAR</td> </tr> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </table>		DAY	MO	YEAR	BCG				P0				D1				D2				D3				P1				P2				P3				MEA				<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>DAY</td> <td>MO</td> <td>YEAR</td> </tr> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </table>		DAY	MO	YEAR	BCG				P0				D1				D2				D3				P1				P2				P3				MEA			
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457	Has (NAME) received any vacci- nations that are not recorded on this card?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 0-3 AND/OR MEASLES VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 456) < <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> (SKIP TO 460) < <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> NO.....2 DK.....8 (SKIP TO 460) < <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div>	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 456) < <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> (SKIP TO 460) < <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> NO.....2 DK.....8 (SKIP TO 460) < <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div>																																																																																

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
458	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 462) <----- DK.....8	YES.....1 NO.....2 (SKIP TO 462) <----- DK.....8
459	Please tell me if (NAME) has received any of the following vaccinations:		
459A	A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
459B	A DPT vaccination against diphtheria, whooping cough, and tetanus given as an injection?	YES.....1 NO.....2 (SKIP TO 459D) <----- DK.....8	YES.....1 NO.....2 (SKIP TO 459D) <----- DK.....8
459C	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
459D	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 (SKIP TO 459G) <----- DK.....8	YES.....1 NO.....2 (SKIP TO 459G) <----- DK.....8
459E	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
459F	When was the first polio vaccine given -- just after birth or later?	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2
459G	An injection against measles?	YES.....1 NO.....2 DK.....8 (SKIP TO 461) <-----	YES.....1 NO.....2 DK.....8 (SKIP TO 461) <-----
460	CHECK 456: ANY VACCINATIONS RECEIVED?	YES <input type="checkbox"/> NO <input type="checkbox"/> v (SKIP TO 462)	YES <input type="checkbox"/> NO <input type="checkbox"/> v (SKIP TO 462)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
461	Where did (NAME) receive most of his/her vaccinations?	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP....11 GOVT. DISPENSARY.....12 UHC/UHP/UFWC.....13 CHC/RURAL HOSP./PHC....14 SUB-CENTRE.....15 GOVT. MOBILE CLINIC....16 CAMP.....17 PULSE POLIO LOCATION....18 OTHER PUBLIC SECTOR HEALTH FACILITY.....19  NGO/TRUST HOSP./CLINIC...21  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC....31 PVT. DOCTOR.....32 PVT. MOBILE CLINIC.....33 VAIDYA/HAKIM/HOMEOPATH..34 PHARMACY/DRUGSTORE.....35 OTHER PRIVATE SECTOR HEALTH FACILITY.....36  OTHER _____ 96 (SPECIFY)	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP....11 GOVT. DISPENSARY.....12 UHC/UHP/UFWC.....13 CHC/RURAL HOSP./PHC....14 SUB-CENTRE.....15 GOVT. MOBILE CLINIC....16 CAMP.....17 PULSE POLIO LOCATION....18 OTHER PUBLIC SECTOR HEALTH FACILITY.....19  NGO/TRUST HOSP./CLINIC...21  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC....31 PVT. DOCTOR.....32 PVT. MOBILE CLINIC.....33 VAIDYA/HAKIM/HOMEOPATH..34 PHARMACY/DRUGSTORE.....35 OTHER PRIVATE SECTOR HEALTH FACILITY.....36  OTHER _____ 96 (SPECIFY)
462	Was a dose of vitamin A liquid or capsule ever given to (NAME) to protect him/her from night blindness (USE LOCAL TERM)?	YES.....1 NO.....2 (SKIP TO 464) <----- DK.....8	YES.....1 NO.....2 (SKIP TO 464) <----- DK.....8
463	How many months ago did (NAME) receive the last dose of Vitamin A?	MONTHS AGO..... <input type="text"/> <input type="text"/>	MONTHS AGO..... <input type="text"/> <input type="text"/>
464	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
465	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 469) <----- DK.....8	YES.....1 NO.....2 (SKIP TO 469) <----- DK.....8
466	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
467	Did you seek advice or treatment for the cough?	YES.....1 NO.....2 (SKIP TO 469) <-----	YES.....1 NO.....2 (SKIP TO 469) <-----



		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
468	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSP.....A</p> <p>GOVT. DISPENSARY.....B</p> <p>UHC/UHP/UFWC.....C</p> <p>CHC/RURAL HOSP./PHC.....D</p> <p>SUB-CENTRE.....E</p> <p>GOVT. MOBILE CLINIC.....F</p> <p>GOVT. PARAMEDIC.....G</p> <p>CAMP.....H</p> <p>OTHER PUBLIC SECTOR HEALTH FACILITY.....I</p> <p>NGO/TRUST HOSP./CLINIC...J</p> <p>NGO WORKER.....K</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC....L</p> <p>PVT. DOCTOR.....M</p> <p>PVT. MOBILE CLINIC.....N</p> <p>PVT. PARAMEDIC.....O</p> <p>VAIDYA/HAKIM/HOMEOPATH...P</p> <p>TRADITIONAL HEALER.....Q</p> <p>PHARMACY/DRUGSTORE.....R</p> <p>OTHER PRIVATE SECTOR HEALTH FACILITY.....S</p> <p>OTHER SOURCE</p> <p>SHOP.....T</p> <p>FRIEND/RELATIVE.....U</p> <p>OTHER _____X</p> <p>(SPECIFY)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSP.....A</p> <p>GOVT. DISPENSARY.....B</p> <p>UHC/UHP/UFWC.....C</p> <p>CHC/RURAL HOSP./PHC.....D</p> <p>SUB-CENTRE.....E</p> <p>GOVT. MOBILE CLINIC.....F</p> <p>GOVT. PARAMEDIC.....G</p> <p>CAMP.....H</p> <p>OTHER PUBLIC SECTOR HEALTH FACILITY.....I</p> <p>NGO/TRUST HOSP./CLINIC...J</p> <p>NGO WORKER.....K</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC....L</p> <p>PVT. DOCTOR.....M</p> <p>PVT. MOBILE CLINIC.....N</p> <p>PVT. PARAMEDIC.....O</p> <p>VAIDYA/HAKIM/HOMEOPATH...P</p> <p>TRADITIONAL HEALER.....Q</p> <p>PHARMACY/DRUGSTORE.....R</p> <p>OTHER PRIVATE SECTOR HEALTH FACILITY.....S</p> <p>OTHER SOURCE</p> <p>SHOP.....T</p> <p>FRIEND/RELATIVE.....U</p> <p>OTHER _____X</p> <p>(SPECIFY)</p>
469	<p>Has (NAME) had diarrhoea in the last two weeks?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 480) &lt;-----</p> <p>DK.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 480) &lt;-----</p> <p>DK.....8</p>
470	<p>Was there any blood in the stools?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>YES.....1</p> <p>NO.....2</p>
471	<p>(Including breast milk)</p> <p>Was he/she given the same amount to drink as before the diarrhoea, or more, or less?</p>	<p>SAME.....1</p> <p>MORE.....2</p> <p>LESS.....3</p> <p>DK.....8</p>	<p>SAME.....1</p> <p>MORE.....2</p> <p>LESS.....3</p> <p>DK.....8</p>
472	<p>Was he/she given the same amount of food as before the diarrhoea, or more, or less?</p>	<p>SAME.....1</p> <p>MORE.....2</p> <p>LESS.....3</p> <p>STOPPED COMPLETELY.....4</p> <p>DK.....8</p>	<p>SAME.....1</p> <p>MORE.....2</p> <p>LESS.....3</p> <p>STOPPED COMPLETELY.....4</p> <p>DK.....8</p>
473	<p>Did you seek advice or treatment for the diarrhoea?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 475) &lt;-----</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 475) &lt;-----</p>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
474	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSP.....A</p> <p>GOVT. DISPENSARY.....B</p> <p>UHC/UHP/UFWC.....C</p> <p>CHC/RURAL HOSP./PHC.....D</p> <p>SUB-CENTRE.....E</p> <p>GOVT. MOBILE CLINIC.....F</p> <p>GOVT. PARAMEDIC.....G</p> <p>CAMP.....H</p> <p>OTHER PUBLIC SECTOR HEALTH FACILITY.....I</p> <p>NGO/TRUST HOSP./CLINIC....J</p> <p>NGO WORKER.....K</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC.....L</p> <p>PVT. DOCTOR.....M</p> <p>PVT. MOBILE CLINIC.....N</p> <p>PVT. PARAMEDIC.....O</p> <p>VAIDYA/HAKIM/HOMEOPATH...P</p> <p>TRADITIONAL HEALER.....Q</p> <p>PHARMACY/DRUGSTORE.....R</p> <p>OTHER PRIVATE SECTOR HEALTH FACILITY.....S</p> <p>OTHER SOURCE</p> <p>SHOP.....T</p> <p>FRIEND/RELATIVE.....U</p> <p>OTHER _____X</p> <p>(SPECIFY)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSP.....A</p> <p>GOVT. DISPENSARY.....B</p> <p>UHC/UHP/UFWC.....C</p> <p>CHC/RURAL HOSP./PHC.....D</p> <p>SUB-CENTRE.....E</p> <p>GOVT. MOBILE CLINIC.....F</p> <p>GOVT. PARAMEDIC.....G</p> <p>CAMP.....H</p> <p>OTHER PUBLIC SECTOR HEALTH FACILITY.....I</p> <p>NGO/TRUST HOSP./CLINIC....J</p> <p>NGO WORKER.....K</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC.....L</p> <p>PVT. DOCTOR.....M</p> <p>PVT. MOBILE CLINIC.....N</p> <p>PVT. PARAMEDIC.....O</p> <p>VAIDYA/HAKIM/HOMEOPATH...P</p> <p>TRADITIONAL HEALER.....Q</p> <p>PHARMACY/DRUGSTORE.....R</p> <p>OTHER PRIVATE SECTOR HEALTH FACILITY.....S</p> <p>OTHER SOURCE</p> <p>SHOP.....T</p> <p>FRIEND/RELATIVE.....U</p> <p>OTHER _____X</p> <p>(SPECIFY)</p>
475	<p>When (NAME) had diarrhoea, was he/she given any of the following to drink:</p> <p>A fluid made from a special packet called [LOCAL NAME]?</p> <p>Gruel made from rice [OR OTHER LOCAL GRAIN, TUBER, OR PLANTAIN]?</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PACKET..... 1 2 8</p> <p>GRUEL..... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PACKET..... 1 2 8</p> <p>GRUEL..... 1 2 8</p>
476	<p>CHECK 475:</p> <p>FLUID FROM ORS PACKET GIVEN?</p>	<p>YES <input type="checkbox"/> NO OR DK <input type="checkbox"/></p> <p>(SKIP TO 478)</p>	<p>YES <input type="checkbox"/> NO OR DK <input type="checkbox"/></p> <p>(SKIP TO 478)</p>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
477	Where did you obtain the ORS packet?	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP....11 GOVT. DISPENSARY.....12 UHC/UHP/UFWC.....13 CHC/RURAL HOSP./PHC....14 SUB-CENTRE.....15 GOVT. MOBILE CLINIC.....16 GOVT. PARAMEDIC.....17 OTHER PUBLIC SECTOR HEALTH FACILITY.....18  NGO/TRUST HOSP./CLINIC...21 NGO WORKER.....22  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC....31 PVT. DOCTOR.....32 PVT. MOBILE CLINIC.....33 PVT. PARAMEDIC.....35 VAIDYA/HAKIM/HOMEOPATH..34 PHARMACY/DRUGSTORE.....36 DAI (TBA).....37 OTHER PRIVATE SECTOR HEALTH FACILITY.....38  OTHER SOURCE SHOP.....41 HUSBAND.....42 FRIEND/OTHER RELATIVE...43  OTHER _____96 (SPECIFY)	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP....11 GOVT. DISPENSARY.....12 UHC/UHP/UFWC.....13 CHC/RURAL HOSP./PHC....14 SUB-CENTRE.....15 GOVT. MOBILE CLINIC.....16 GOVT. PARAMEDIC.....17 OTHER PUBLIC SECTOR HEALTH FACILITY.....18  NGO/TRUST HOSP./CLINIC...21 NGO WORKER.....22  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC....31 PVT. DOCTOR.....32 PVT. MOBILE CLINIC.....33 PVT. PARAMEDIC.....35 VAIDYA/HAKIM/HOMEOPATH..34 PHARMACY/DRUGSTORE.....36 DAI (TBA).....37 OTHER PRIVATE SECTOR HEALTH FACILITY.....38  OTHER SOURCE SHOP.....41 HUSBAND.....42 FRIEND/OTHER RELATIVE...43  OTHER _____96 (SPECIFY)
478	Was anything (else) given to treat the diarrhoea?	YES.....1 NO.....2 (SKIP TO 480) <_____ DK.....8	YES.....1 NO.....2 (SKIP TO 480) <_____ DK.....8
479	What was given to treat the diarrhoea?  Anything else?  RECORD ALL MENTIONED.	PILL OR SYRUP.....A INJECTION.....B INTRAVENOUS (I.V./DRIP/BOTTLE).....C HOMEMADE SUGAR-SALT-WATER SOLUTION.....D HOME REMEDY/HERBAL MEDICINE.....E  OTHER _____X (SPECIFY)	PILL OR SYRUP.....A INJECTION.....B INTRAVENOUS (I.V./DRIP/BOTTLE).....C HOMEMADE SUGAR-SALT-WATER SOLUTION.....D HOME REMEDY/HERBAL MEDICINE.....E  OTHER _____X (SPECIFY)
480	_____>	GO BACK TO 454 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481	GO TO 481

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
481	<p>CHECK 475 ALL COLUMNS:</p> <p>ORS FLUID FROM PACKET <input type="checkbox"/> _____</p> <p>GIVEN TO ANY CHILD      ORS FLUID FROM PACKET NOT GIVEN TO ANY CHILD <input type="checkbox"/></p> <p>OR</p> <p>475 NOT ASKED <input type="checkbox"/></p>		483
482	<p>Have you ever heard of a special product called [LOCAL TERM FOR ORS] you can get for the treatment of diarrhoea?</p> <p>IF SHE NEVER HEARD OF ORS, SHOW GOVERNMENT AND COMMERCIAL ORS PACKETS AND ASK:</p> <p>Have you ever seen a packet like one of these before?</p>	<p>YES, WITHOUT SHOWING PACKETS....1</p> <p>YES, AFTER SHOWING PACKETS.....2</p> <p>NO.....3</p>	
483	<p>When a child has diarrhoea, should he/she be given less to drink than usual, about the same amount, or more than usual?</p>	<p>LESS TO DRINK.....1</p> <p>ABOUT SAME AMOUNT TO DRINK.....2</p> <p>MORE TO DRINK.....3</p> <p>DK.....8</p>	
484	<p>When a child is sick with diarrhoea, what signs of illness would tell you that he or she should be taken to a health facility or health worker?</p> <p>Any other signs?</p> <p>RECORD ALL MENTIONED.</p>	<p>REPEATED WATERY STOOLS.....A</p> <p>ANY WATERY STOOLS.....B</p> <p>REPEATED VOMITING.....C</p> <p>ANY VOMITING.....D</p> <p>BLOOD IN STOOLS.....E</p> <p>FEVER.....F</p> <p>MARKED THIRST.....G</p> <p>NOT EATING/NOT DRINKING WELL.....H</p> <p>GETTING SICKER/VERY SICK.....I</p> <p>NOT GETTING BETTER.....J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DK.....Z</p>	
485	<p>When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker?</p> <p>Any other :</p> <p>RECORD ALL MENTIONED.</p>	<p>RAPID BREATHING.....A</p> <p>DIFFICULT BREATHING.....B</p> <p>NOISY BREATHING.....C</p> <p>FEVER.....D</p> <p>UNABLE TO DRINK.....E</p> <p>NOT EATING/NOT DRINKING WELL.....F</p> <p>GETTING SICKER/VERY SICK.....G</p> <p>NOT GETTING BETTER.....H</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DK.....Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
486	<p>Now I would like to ask you about some health symptoms you yourself may have.</p> <p>During the past three months, have you had any of the following problems with your vaginal discharge:</p> <p>Any itching or irritation in vaginal area with the discharge?</p> <p>A bad odour along with the discharge?</p> <p>Severe lower abdominal pain with the discharge, not related with menstruation?</p> <p>A fever along with the discharge?</p> <p>Any other problem with the discharge?</p>	<p>YES NO</p> <p>ITCHING/IRRITATION... 1 2</p> <p>BAD ODOUR..... 1 2</p> <p>ABDOMINAL PAIN..... 1 2</p> <p>FEVER..... 1 2</p> <p>OTHER PROBLEM..... 1 2</p>	
487	<p>During the past three months have you had a problem with pain or burning while urinating, or have you had more frequent or difficult urination?</p>	<p>YES.....1</p> <p>NO.....2</p>	
488	<p>CHECK 107:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/></p> <p><input type="checkbox"/> DESERTED <input type="checkbox"/></p> <p><input type="checkbox"/> DIVORCED <input type="checkbox"/></p> <p><input type="checkbox"/> WIDOWED <input type="checkbox"/></p> <p>v</p>		>491
489	<p>Another problem some women have is feeling pain in their abdomen or vagina during intercourse. Do you often experience this kind of pain?</p>	<p>YES.....1</p> <p>NO.....2</p>	
490	<p>Do you ever see blood after having sex, at times when you are not menstruating?</p>	<p>YES.....1</p> <p>NO.....2</p>	
491	<p>CHECK 486, 487, 489 and 490:</p> <p>YES TO ANY <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>v</p>		>501
492	<p>Have you seen anyone for advice or treatment to help you with (this problem/these problems)?</p> <p>IF YES, ASK:</p> <p>Whom did you see?</p> <p>Anyone else?</p> <p>RECORD ALL PERSONS SEEN.</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT. DOCTOR.....A</p> <p>PUBLIC HEALTH NURSE.....B</p> <p>ANM/LHV.....C</p> <p>MALE MPW/SUPERVISOR.....D</p> <p>ANGANWADI WORKER.....E</p> <p>VILLAGE HEALTH GUIDE.....F</p> <p>OTHER PUBLIC SECTOR</p> <p>HEALTH WORKER.....G</p> <p>NGO WORKER.....H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE DOCTOR.....I</p> <p>PRIVATE NURSE.....J</p> <p>COMPOUNDER/PHARMACIST.....K</p> <p>VAID/HAKIM/HOMEOPATH.....L</p> <p>DAI (TBA).....M</p> <p>TRADITIONAL HEALER.....N</p> <p>OTHER PRIVATE SECTOR</p> <p>HEALTH WORKER.....O</p> <p>OTHER.....X</p> <p>(SPECIFY)</p> <p>NO, NOBODY SEEN.....Y</p>	

SECTION 5A. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 107:  <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED</p> <input type="checkbox"/> </div> <div> <p>SEPARATED DESERTED DIVORCED WIDOWED</p> <input type="checkbox"/> </div> </div>		>507
502	CHECK 327/327A:  <div style="display: flex; justify-content: space-around;"> <div> <p>NEITHER STERILIZED</p> <input type="checkbox"/> </div> <div> <p>HE OR SHE STERILIZED</p> <input type="checkbox"/> </div> </div>		>507
503	CHECK 230:  <div style="display: flex; justify-content: space-around;"> <div> <p>NOT PREGNANT OR UNSURE</p> <input type="checkbox"/> </div> <div> <p>PREGNANT</p> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around;"> <div> <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> </div> <div> <p>Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?</p> </div> </div>	<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/DK.....8</p>	<p>&gt;506</p> <p>&gt;507</p> <p>&gt;506</p>
504	Would you prefer your next child to be a boy or a girl or doesn't it matter?	<p>BOY.....1</p> <p>GIRL.....2</p> <p>DOESN'T MATTER.....3</p> <p>UP TO GOD.....4</p>	
505	CHECK 230:  <div style="display: flex; justify-content: space-around;"> <div> <p>NOT PREGNANT OR UNSURE</p> <input type="checkbox"/> </div> <div> <p>PREGNANT</p> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around;"> <div> <p>How long would you like to wait from now before the birth of (a/another) child?</p> </div> <div> <p>How long would you like to wait after the birth of the child you are expecting before the birth of another child?</p> </div> </div>	<p>MONTHS.....1</p> <p>YEARS.....2</p> <p>SOON/NOW.....993</p> <p>SAYS SHE CAN'T GET PREGNANT...994</p> <p>OTHER.....996</p> <p>(SPECIFY)</p> <p>DK.....998</p>	<p>&gt;507</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
506	<p>CHECK 230:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>v v</p> <p>Do you think your husband would like to have (a/another) child or do you think he would prefer not have any (more) children?</p> <p>After the child you are expecting, do you think your husband would like to have another child or do you think he would prefer not have any more children?</p>	<p>HAVE A (ANOTHER) CHILD.....1  NO MORE/NONE.....2  UP TO GOD.....3  UNDECIDED.....4  DK.....8</p>	
507	<p>CHECK 216:</p> <p>HAS LIVING CHILD(REN) <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>v v</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>RECORD SINGLE NUMBER OR OTHER ANSWER.</p>	<p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER ANSWER _____ 96—&gt;509  (SPECIFY)</p>	
508	<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 _____ 999996  (SPECIFY)</p>	
509	<p>In your opinion, how much education should be given to <u>girls</u> these days?</p>	<p>NO EDUCATION.....01  LESS THAN PRIMARY.....02  PRIMARY.....03  MIDDLE.....04  HIGH SCHOOL.....05  HIGHER SECONDARY.....06  GRADUATE AND ABOVE.....07  PROFESSIONAL DEGREE.....08  AS MUCH AS SHE DESIRES.....09  DEPENDS.....10  DK.....98</p>	
510	<p>In your opinion, how much education should be given to <u>boys</u> these days?</p>	<p>NO EDUCATION.....01  LESS THAN PRIMARY.....02  PRIMARY.....03  MIDDLE.....04  HIGH SCHOOL.....05  HIGHER SECONDARY.....06  GRADUATE AND ABOVE.....07  PROFESSIONAL DEGREE.....08  AS MUCH AS HE DESIRES.....09  DEPENDS.....10  DK.....98</p>	

SECTION 5B. STATUS OF WOMAN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
511	<p>Who makes the following decisions in your household:</p> <p>What items to cook?</p> <p>Obtaining health care for yourself?</p> <p>Purchasing jewellery or other major household items?</p> <p>Your going and staying with parents or siblings?</p>	<p>1 = RESPONDENT 2 = HUSBAND 3 = JOINTLY WITH HUSBAND 4 = OTHERS IN HOUSEHOLD 5 = JOINTLY WITH OTHERS IN HOUSEHOLD</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>	
512	<p>Do you need permission to:</p> <p>go to the market?</p> <p>visit relatives or friends?</p>	<p>YES NO NOT ALLOWED TO GO</p> <p>GO TO THE MARKET....1 2 3</p> <p>VISIT RELATIVES/FRIENDS.....1 2 3</p>	
513	<p>Are you allowed to have some money set aside that you can use as you wish?</p>	<p>YES.....1</p> <p>NO.....2</p>	
514	<p>Sometimes a wife can do things that bother her husband. Please tell me if you think that a husband is justified in beating his wife in each of the following situations:</p> <p>If he suspects her of being unfaithful?</p> <p>If her natal family does not give expected money, jewellery, or other items?</p> <p>If she shows disrespect for in-laws?</p> <p>If she goes out without telling him?</p> <p>If she neglects the house or children?</p> <p>If she doesn't cook food properly?</p>	<p>YES NO DK</p> <p>UNFAITHFUL.....1 2 8</p> <p>MONEY/JEWELLERY/OTHER ITEMS.....1 2 8</p> <p>DISRESPECT.....1 2 8</p> <p>GOING WITHOUT TELLING.1 2 8</p> <p>NEGLECT.....1 2 8</p> <p>NOT COOK PROPERLY....1 2 8</p>	
515	<p>Since you completed 15 years of age, have you been beaten or mistreated physically by any person?</p>	<p>YES.....1</p> <p>NO.....2</p>	601



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	<p>Who has beaten you or mistreated you physically?</p> <p>Anyone else?</p> <p>RECORD ALL PERSONS MENTIONED.</p>	<p>MOTHER.....A</p> <p>FATHER.....B</p> <p>STEP MOTHER.....C</p> <p>STEP FATHER.....D</p> <p>SON.....E</p> <p>DAUGHTER.....F</p> <p>BROTHER/SISTER.....G</p> <p>BOYFRIEND.....H</p> <p>HUSBAND.....I</p> <p>EX-HUSBAND.....J</p> <p>SON-IN-LAW.....K</p> <p>DAUGHTER-IN-LAW.....L</p> <p>MOTHER-IN-LAW.....M</p> <p>FATHER-IN-LAW.....N</p> <p>BROTHER-IN-LAW.....O</p> <p>SISTER-IN-LAW.....P</p> <p>OTHER RELATIVE.....Q</p> <p>FRIEND/ACQUAINTANCE.....R</p> <p>TEACHER.....S</p> <p>EMPLOYER.....T</p> <p>STRANGER.....U</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
517	<p>How often have you been beaten or mistreated physically in the last 12 months: once, a few times, many times, or not at all?</p>	<p>ONCE.....1</p> <p>A FEW TIMES.....2</p> <p>MANY TIMES.....3</p> <p>NOT BEATEN.....4</p>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 107: CURRENTLY MARRIED <input type="checkbox"/> v SEPARATED DESERTED DIVORCED WIDOWED <input type="checkbox"/>		>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	CHECK 604: GRADE 0-5 <input type="checkbox"/> v GRADE 6 AND ABOVE <input type="checkbox"/>		>607
606	(Can/Could) he read and write?	YES.....1 NO.....2	
607	What kind of work (does/did) your (last) husband mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
608	CHECK 607: WORKS (WORKED) ON FARM <input type="checkbox"/> v DOES (DID) NOT WORK ON FARM <input type="checkbox"/>		>610
609	(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 LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4	
610	Aside from your own housework, are you currently working?	YES.....1 NO.....2	>613
611	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	>613

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Have you done any work in the last 12 months?	YES.....1 NO.....2	>701
613	What is your occupation, that is, what kind of work do/did you mainly do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
614	Do you do this work for your family's farm or business, for someone else, or are you self-employed?	FAMILY FARM/BUSINESS.....1 SOMEONE ELSE.....2 SELF-EMPLOYED.....3	
615	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	
616	Are you paid in cash or kind for this work, or are you not paid at all?	CASH ONLY.....1 CASH AND KIND.....2 KIND ONLY.....3 NOT PAID.....4	>619
617	Generally, how much do your earnings contribute to the total family earnings: almost none, less than half, about half, more than half, or all?	ALMOST NONE.....1 LESS THAN HALF.....2 ABOUT HALF.....3 MORE THAN HALF.....4 ALL.....5	
618	Who mainly decides how the money you earn will be used?	RESPONDENT DECIDES.....1 HUSBAND DECIDES.....2 JOINTLY WITH HUSBAND.....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	Do you usually work at home or away from home?	HOME.....1 AWAY.....2	>701
620	CHECK 215/218: HAS CHILD BORN SINCE JAN. 1995 AND LIVING AT HOME?  <div style="display: flex; justify-content: space-around;"> <span>YES <input type="checkbox"/></span> <span>NO <input type="checkbox"/></span> </div> <div style="text-align: center; margin-top: 5px;">v</div>		>701
621	While you are working, do you usually have (NAME OF YOUNGEST CHILD AT HOME) with you, sometimes have him/her with you, or never have him/her with you?	USUALLY.....1 SOMETIMES.....2 NEVER.....3	>701
622	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	HUSBAND.....01 OLDER BOYS.....02 OLDER GIRLS.....03 OTHER RELATIVES.....04 NEIGHBOURS.....05 FRIENDS.....06 SERVANTS/HIRED HELP.....07 CHILD IS IN SCHOOL.....08 INSTITUTIONAL CHILDCARE.....09  OTHER.....96 (SPECIFY)	

SECTION 7 - AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO								
701	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	→705								
702	From which sources of information have you learned about AIDS?  Any other source?  RECORD ALL MENTIONED.	RADIO.....A TELEVISION.....B CINEMA.....C NEWSPAPERS/MAGAZINES.....D POSTERS/HOARDINGS.....E EXHIBITION/MELA.....F HEALTH WORKERS.....G ADULT EDUCATION PROGRAMME.....H RELIGIOUS LEADERS.....I POLITICAL LEADERS.....J SCHOOLS/TEACHERS.....K COMMUNITY MEETINGS.....L FRIENDS/RELATIVES.....M WORK PLACE.....N  OTHER.....X (SPECIFY)									
703	Is there anything a person can do to avoid getting AIDS?	YES.....1 NO.....2 DK.....8	→705								
704	What can a person do?  Any other ways?  RECORD ALL MENTIONED.	ABSTAIN FROM SEX.....A USE CONDOMS.....B HAVE ONLY ONE SEX PARTNER.....C AVOID SEX WITH COMMERCIAL SEX WORKERS.....D AVOID SEX WITH HOMOSEXUALS.....E AVOID BLOOD TRANSFUSIONS.....F AVOID INJECTIONS/USE CLEAN NEEDLES.....G AVOID I.V. DRUG USE.....H AVOID KISSING.....I AVOID HUGGING.....J AVOID HAND SHAKING.....K AVOID SHARING CLOTHES.....L AVOID SHARING UTENSILS.....M AVOID SHARING SHAVING KITS/RAZORS.....N AVOID STEPPING ON URINE/STOOL.....O AVOID MOSQUITO BITES.....P  OTHER.....X (SPECIFY) DK.....Z									
705	RECORD THE TIME	HOUR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
706	PRESENCE OF OTHERS DURING MOST OF THE INTERVIEW TIME.	YES NO CHILDREN UNDER 10.....1 2 HUSBAND.....1 2 MOTHER-IN-LAW.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2									

HEALTH INVESTIGATOR VISITS												
	1	2	3	FINAL VISIT								
DATE				DAY <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
				MONTH <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
				YEAR <table border="1"><tr><td>1</td><td>9</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	1	9						
1	9											
INVESTIGATOR'S NAME				NAME CODE <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
RESULT*				RESULT CODE <table border="1"><tr><td></td></tr><tr><td></td></tr></table>								
NEXT VISIT:      DATE TIME				TOTAL NUMBER OF VISITS <table border="1"><tr><td></td></tr></table>								
*RESULT CODES: 1 COMPLETED      3 POSTPONED      5 PARTLY COMPLETED 2 NOT AT HOME      4 REFUSED      6 OTHER (SPECIFY) _____												

# SECTION 8: HEIGHT AND WEIGHT

INTERVIEWER: IN 801 (COLUMNS 2-3) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1995 AND STILL ALIVE.  
IN 802 AND 803 RECORD THE NAME OF THE RESPONDENT AND ALL HER LIVING CHILDREN BORN SINCE JANUARY 1995, AND THE DATE OF BIRTH OF THE CHILDREN.  
IN 804 AND 806 RECORD THE HEIGHT AND WEIGHT OF THE RESPONDENT AND LIVING CHILDREN.

(NOTE:IF THERE ARE MORE THAN 2 LIVING CHILDREN BORN SINCE JANUARY 1995, CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO-YOUNGEST LIVING CHILD
801 LINE NO. FROM Q.212			
802 NAME FROM Q.212 FOR CHILDREN	(NAME)	(NAME)	(NAME)
803 DATE OF BIRTH  FROM Q.215 FOR CHILDREN, COPY MONTH AND YEAR OF BIRTH AND ASK FOR DAY OF BIRTH		DAY..... MONTH..... YEAR. ....	DAY..... MONTH..... YEAR. ....
804 HEIGHT (in centimetres)			
805 WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
806 WEIGHT (in kilograms)		0 ....	0 ....
807 DATE WEIGHED AND MEASURED	DAY..... MONTH..... YEAR. ....	DAY..... MONTH..... YEAR. ....	DAY..... MONTH..... YEAR. ....
808 RESULT	COMPLETED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 (SPECIFY)	COMPLETED.....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD DID NOT ALLOW.....4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	COMPLETED.....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD DID NOT ALLOW.....4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)
809 NAME OF MEASURER:		NAME OF ASSISTANT:	

## SECTION 9. ANAEMIA

901

As a part of this survey, we are studying anaemia among women and children. We request your co-operation in this regard. This will assist the Government of India to develop programmes to prevent and treat anaemia.

Anaemia is a serious health problem in India, which results from poor nutrition. However, if a person is found to have anaemia, the person can be given iron folic tablets to cure the disease.

[We are also doing research on lead poisoning among children and we request your co-operation in this regard. This will assist the Government of India to develop programmes to prevent and treat lead poisoning. The benefit to you is that you will learn whether your child has a high lead exposure that needs to be addressed. If children are exposed to too much lead from the environment around them, it can harm their intelligence, growth and hearing and can contribute to anaemia. However, it is possible to take steps to decrease the amount of lead that a child is exposed to. Children with severe lead poisoning can get medical treatment.]

If you decide to be tested for anaemia, we will request that you give a drop of blood from your finger for the test. (Also, if you have a child under 3 years old, please allow me to take a (few) drop(s) of blood from him/her for anaemia [and lead] testing). We will use disposable sterile instruments that are clean and completely safe. Your child will feel a slight pinch when the blood is drawn. There is essentially no risk to your child from this procedure. The blood will be analyzed with new equipment provided by the United Nations. The result(s) of the test(s) will be given to you right after the blood is taken. The results of the tests will be kept confidential and will not be shown to other persons. Are there any questions about the blood testing that you would like to ask me now?

May I ask you now to give your consent to have the test(s) done. If you decide not to have the test(s), it is your right, and we will respect your decision. Now please tell me whether you agree to have the test(s) (and allow me to test your child).

AFTER EXPLAINING THE ABOVE, I HAVE FOUND THAT \_\_\_\_\_ AGREED TO GIVE  
(NAME OF RESPONDENT)

A (FEW) DROP(S) OF BLOOD FOR HERSELF [AND FOR HER CHILD(REN) NAMED \_\_\_\_\_]  
(NAME OF CHILD(REN))

Signature of  
Interviewer: \_\_\_\_\_ Date : \_\_\_\_\_

RESPONDENT AGREES TO TESTING OF  
HERSELF AND/OR HER CHILD(REN)...1

RESPONDENT DOES NOT AGREE  
TO TESTING.....2 —>SKIP TO  
914

Signature of  
Witness: \_\_\_\_\_ Date : \_\_\_\_\_

v

902

RESPONDENT'S HAEMOGLOBIN  
LEVEL (G/DL)

		.	
--	--	---	--

(Statements above in square brackets were added only for use in Delhi and Mumbai)



903	RESULT	MEASURED.....1 REFUSED.....2 OTHER.....6 (SPECIFY)
904	CHECK 215/216: <div style="display: flex; justify-content: space-between; align-items: center;"> <div>           ONE OR MORE LIVING CHILDREN            BORN SINCE JANUARY 1995         </div> <div style="text-align: center;"> <input type="checkbox"/>            ↓         </div> <div>           NO LIVING CHILDREN BORN            SINCE JANUARY 1995         </div> <div style="text-align: right;"> <input type="checkbox"/> → 910         </div> </div>	

IN 905 RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1995 AND STILL ALIVE.  
 IN 906 RECORD THE NAMES OF THE LIVING CHILDREN.  
 IN 907 RECORD THE HAEMOGLOBIN LEVEL IN THE BLOOD OF THE LIVING CHILDREN.

(NOTE: IF THERE ARE MORE THAN 2 LIVING CHILDREN BORN SINCE JANUARY 1995, CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

		YOUNGEST LIVING CHILD	NEXT-TO-YOUNGEST LIVING CHILD
905	LINE NUMBER FROM Q. 212	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
906	NAME FROM Q.212	NAME <input type="text"/>	NAME <input type="text"/>
907	HAEMOGLOBIN LEVEL IN THE BLOOD (G/DL)	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
907A	(DELHI AND MAHARASHTRA ONLY) CHECK SAMPLE: IS PSU IN LEAD TESTING SAMPLE?	YES.....1 NO.....2 → SKIP TO 908	
907B	(DELHI AND MAHARASHTRA ONLY) LEAD LEVEL IN THE BLOOD (µg/DL)	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
908	RESULT	MEASURED.....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD DID NOT ALLOW.....4 MOTHER REFUSED.....5 OTHER.....6 (SPECIFY)	MEASURED.....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD DID NOT ALLOW.....4 MOTHER REFUSED.....5 OTHER.....6 (SPECIFY)
909	NAME OF MEASURER <input type="text"/> <input type="text"/>		
910	CHECK 902 AND 907: <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div>NO VALUES BELOW 7 G/DL</div> <div> <input type="checkbox"/> → GIVE MOTHER RESULT OF HAEMOGLOBIN            MEASUREMENT AND SKIP TO 913A         </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div>ANY VALUE BELOW 7 G/DL FOR MOTHER AND/OR CHILD (REN)</div> <div> <input type="checkbox"/> → GIVE MOTHER RESULT OF HAEMOGLOBIN            MEASUREMENT AND CONTINUE WITH 911.         </div> </div>		

911	CHECK COLUMN (5) OF HOUSEHOLD SCHEDULE:  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">           RESPONDENT IS USUAL RESIDENT   <input type="checkbox"/> </div> <div style="text-align: center;">           RESPONDENT IS VISITOR   <input type="checkbox"/> &gt;END         </div> </div>
912	<p>We detected a low level of haemoglobin in your (your child's) blood. This indicates you (your child) have developed severe anaemia, which is a serious health problem. We would like to inform the doctor at _____ about your (your child's) condition. This will assist you to obtain appropriate treatment of your (your child's) condition.</p> <p>Do you agree that the information about the level of haemoglobin in your (your child's) blood may be given to the doctor.</p> <p>AFTER EXPLAINING THE ABOVE, I HAVE FOUND THAT _____ AGREED FOR (NAME OF RESPONDENT)</p> <p>REFERRAL FOR HERSELF [AND FOR HER CHILD(REN) NAMED _____] (NAME OF CHILD(REN) )</p> <p>Signature of Interviewer: _____ Date : _____</p> <div style="display: flex; justify-content: space-between;"> <p>RESPONDENT AGREES FOR REFERRAL FOR HERSELF AND/OR HER CHILD(REN)...1</p> <p>RESPONDENT DOES NOT AGREE FOR REFERRAL.....2 —&gt;SKIP TO 913A</p> </div>
913	RECORD NAMES OF WOMAN AND CHILD(REN) WITH HAEMOGLOBIN LEVEL LESS THAN 7 G/DL ON REFERRAL FORM.
913A	(DELHI AND MAHARASHTRA ONLY) CHECK 907B:  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>907B BLANK IN EVERY COLUMN</p> <p>NO VALUES OF 45 µg/dL OR ABOVE</p> <p>ANY VALUE OF 45 µg/dL OR ABOVE</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> &gt; SKIP TO 914</p> <p><input type="checkbox"/> &gt; GIVE MOTHER RESULT OF LEAD MEASUREMENT AND SKIP TO 914</p> <p><input type="checkbox"/> &gt; GIVE MOTHER RESULT OF LEAD MEASUREMENT AND CONTINUE WITH 913B</p> </div> </div>
913B	(DELHI AND MAHARASHTRA ONLY)  <p>We detected a high level of lead in your child's blood. This indicates your child has developed lead poisoning, which is a serious health problem. We would like to inform the doctor at _____ about your child's condition. This will assist you to obtain appropriate treatment of your child's condition.</p> <p>Do you agree that the information about the level of lead in your child's blood may be given to the doctor ?</p> <p>AFTER EXPLAINING THE ABOVE, I HAVE FOUND THAT _____ (NAME OF RESPONDENT)</p> <p>AGREED TO REFERRAL FOR HER CHILD(REN) NAMED _____ (NAME OF CHILD(REN) )</p> <p>Signature of the Investigator: _____ Date: _____</p> <div style="display: flex; justify-content: space-between;"> <p>RESPONDENT AGREES TO REFERRAL FOR HER CHILD(REN)...1</p> <p>RESPONDENT DOES NOT AGREE TO REFERRAL.....2</p> </div> <p>Signature of the Witness: _____ Date: _____</p>
914	(DELHI, MAHARASHTRA, AND TAMIL NADU ONLY) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Would you mind if we come again for a similar study at some future date after a year or so?</p> </div> <div style="width: 50%;"> <p>AGREES TO REVISIT.....1</p> <p>DOES NOT AGREE TO REVISIT.....2</p> </div> </div>

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

Comments About Respondent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments on Specific Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Other Comments: \_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR'S OBSERVATIONS/COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

EDITOR'S OBSERVATIONS/COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Editor: \_\_\_\_\_ Date: \_\_\_\_\_

**NATIONAL FAMILY HEALTH SURVEY, 1998-99 (NFHS-2)**

INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES, MUMBAI

RESULTS OF HAEMOGLOBIN MEASUREMENT IN THE BLOOD:

Date: \_\_\_\_\_

Haemoglobin level in the blood (G/DL)	<b>Woman</b>	<b>Child</b>	<b>Child</b>
	NAME _____	NAME _____	NAME _____
	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
You have	Your child has	Your child has	

  

<u>WHO CLASSIFICATION OF ANAEMIA</u>			
NORMAL LEVEL HB LEVEL ABOVE 11 G/DL	NORMAL LEVEL	NORMAL LEVEL	NORMAL LEVEL
MILD ANAEMIA HB (10-10.9 G/DL)	MILD ANAEMIA	MILD ANAEMIA	MILD ANAEMIA
MODERATE ANAEMIA HB (7-9.9 G/DL)	MODERATE ANAEMIA	MODERATE ANAEMIA	MODERATE ANAEMIA
SEVERE ANAEMIA HB (LESS THAN 7 G/DL)	SEVERE ANAEMIA	SEVERE ANAEMIA	SEVERE ANAEMIA

**In case of severe anaemia (Hb less than 7 G/DL), we recommend that you immediately contact your doctor.**

.....  
(DELHI AND MAHARASHTRA ONLY)

**NATIONAL FAMILY HEALTH SURVEY, 1998-99 (NFHS-2)**

INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES, MUMBAI

RESULTS OF LEAD MEASUREMENT IN THE BLOOD:

Date: \_\_\_\_\_

Lead level in the blood (µg/dL)	<b>Child</b>	<b>Child</b>
	NAME _____	NAME _____
	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
You child has	Your child has	

  

<u>CLASSIFICATION OF LEAD LEVELS*</u>		
CLASS I PB LEVEL BELOW 10 µg/DL	CLASS I	CLASS I
CLASS II PB LEVEL 10-19 µg/DL	CLASS II	CLASS II
CLASS III PB LEVEL 20-44 µg/DL	CLASS III	CLASS III
CLASS IV PB LEVEL 45-65 µg/DL	CLASS IV	CLASS IV
CLASS V PB LEVEL ABOVE 65 µg/DL	CLASS V	CLASS V

CLASS I indicates no exposure to lead or exposure below the level of concern.  
 CLASS II and CLASS III indicate some exposure to lead has occurred. Families should attempt to minimize exposure to lead.  
 CLASS IV and CLASS V indicate children should be referred to a clinician for confirmation of blood lead level, medical evaluation and treatment.

**In case of severe lead poisoning (Pb above 65 µg/DL, CLASS V), we recommend that you contact your doctor for immediate treatment.**

\* Based on classification system of Centre for Disease Control and Prevention of the United States.