

**NEPAL FAMILY HEALTH SURVEY
INDIVIDUAL QUESTIONNAIRE**

IDENTIFICATION	
DISTRICT NAME AND NUMBER _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
VILLAGE/MUNICIPALITY NAME AND NUMBER _____	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
WARD NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
CLUSTER NUMBER	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
HOUSEHOLD NUMBER	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
CITY/TOWN/COUNTRYSIDE (city=1, town=2, countryside=3)	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NAME OF HOUSEHOLD HEAD _____	
NAME AND LINE NUMBER OF WOMAN _____	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR
INTERVIEWER'S NAME				NAME
RESULT *				RESULT
NEXT VISIT: DATE TIME				TOTAL NO. OF VISITS
*RESULT CODES: <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED </div> <div> 7 OTHER _____ (SPECIFY) </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div> LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div> TRANSLATOR USED YES ... 1 NO 2 </div> </div> <div style="margin-top: 5px;"> **LANGUAGE CODES 1 NEPALI 2 BHOJPURI 3 MAITHILI 4 THARU 5 OTHER _____ (SPECIFY) </div>				

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	NAME _____ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
DATE _____	DATE _____ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	RECORD THE TIME.	HOUR MINUTES	
101	COLLECT ANY RELEVANT DOCUMENTS THAT MAY HAVE INFORMATION ON THE RESPONDENT'S AGE AND HER CHILDREN'S AGE AND IMMUNIZATION.		
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS ALWAYS (SINCE BIRTH) 95 VISITOR 96	→ 105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
105	In what month and year were you born?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
107	Have you ever attended school?	YES 1 NO 2	→ 113
108	What is the highest grade you completed?	GRADE	
109	CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		→ 112
110	Are you currently attending school?	YES 1 NO 2	→ 112
111	What was the main reason you stopped attending school?	GOT PREGNANT 01 GOT MARRIED 02 TO CARE FOR YOUNGER CHILDREN 03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS 04 COULD NOT PAY SCHOOL FEES 05 NEEDED TO EARN MONEY 06 GRADUATED/HAD ENOUGH SCHOOLING 07 FAILED SLC/DID NOT PASS ENTRANCE EXAMS 08 DID NOT LIKE SCHOOL 09 SCHOOL NOT ACCESSIBLE/ TOO FAR 10 OTHER 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	CHECK 108: GRADE 5 AND BELOW <input type="checkbox"/> GRADE 6 AND ABOVE <input type="checkbox"/>		→115
113	Can you read and understand a letter or newspaper?	YES 1 NO 2	→116
114	Can you read this sentence. (SHOW SENTENCE TO BE READ).	READS EASILY 1 READS WITH DIFFICULTY 2 IS NOT ABLE TO READ 3	→116
115	Do you usually read a newspaper or magazine at least once a week?	YES 1 NO 2	
116	Do you usually listen to a radio every day?	YES 1 NO 2	
117	Do you usually watch television at least once a week?	YES 1 NO 2	
118	What is your religion?	HINDU 01 BUDDHIST 02 MUSLIM 03 CHRISTIAN 04 OTHER 96 (SPECIFY)	
119	What is your caste? WRITE CASTE IN SPACE PROVIDED. CODE WILL BE ENTERED BY FIELD EDITOR.	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> CASTE	
120	What is your current marital status?	CURRENTLY MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4	→125
121	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
122	Does your husband have any other wives besides yourself?	YES 1 NO 2	→125
123	How many other wives does he have?	NUMBER <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DON'T KNOW 98	→125
124	Are you the first, second,.....wife?	RANK <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
125	Have you been married only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
126	How old were you when you (first) got married?	AGE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
127	CHECK 125: MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> In what month and year did you first start living with your husband? PROMPT: At gauna? Now we will talk about your first husband. In what month and year did you first start living with him?	MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DON'T KNOW MONTH 98 YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DON'T KNOW YEAR 98 HAS NOT STARTED LIVING WITH HUSBAND 95	→129 →END
128	How old were you when you first started living with him? PROMPT: At gauna?	AGE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
129	<p>CHECK COLUMN 6 OF THE INTERVIEWER'S ASSIGNMENT SHEET.</p> <p>THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/></p> <p>THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/></p>		→201																		
130	<p>Now I would like to ask about the place in which you usually live. What is the name of the place in which you usually live?</p> <p>(NAME OF PLACE)</p> <p>Is that a city, town, or countryside?</p>	<p>CITY 1</p> <p>TOWN 2</p> <p>COUNTRYSIDE 3</p>																			
131	<p>In which district is that located?</p> <p>(NAME OF DISTRICT)</p>	<p>DISTRICT <input type="text"/></p>																			
132	<p>Now I would like to ask about the household in which you usually live. What is the main source of drinking water for members of your household?</p>	<p>PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT ... 11 →134</p> <p>PUBLIC TAP 12</p> <p>WELL WATER WELL IN RESIDENCE/YARD/PLOT ... 21 →134</p> <p>PUBLIC WELL 22</p> <p>HAND PUMP RESIDENCE/YARD/PLOT 31 →134</p> <p>PUBLIC 32</p> <p>SURFACE WATER SPRING/KUWA 41</p> <p>RIVER/STREAM 42</p> <p>POND/LAKE 43</p> <p>STONE TAP (DHARA) 44</p> <p>OTHER 96</p> <p>(SPECIFY)</p>																			
133	<p>How long does it take to get there, get water, and come back?</p>	<p>MINUTES <input type="text"/></p> <p>ON PREMISES 996</p>																			
134	<p>What kind of toilet facility does your household have?</p>	<p>FLUSH TOILET 11</p> <p>PIT TOILET/LATRINE TRADITIONAL PIT TOILET 21</p> <p>VENTILATED IMPROVED PIT ... 22</p> <p>PAN 31</p> <p>NO FACILITY/BUSH/FIELD 41</p> <p>OTHER 96</p> <p>(SPECIFY)</p>																			
135	<p>Does your household have:</p> <p>Electricity?</p> <p>A radio?</p> <p>A television?</p> <p>A telephone?</p> <p>A bicycle?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEPHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	TELEPHONE	1	2	BICYCLE	1	2	
	YES	NO																			
ELECTRICITY	1	2																			
RADIO	1	2																			
TELEVISION	1	2																			
TELEPHONE	1	2																			
BICYCLE	1	2																			
136	<p>Could you describe the main material of the floor of your home?</p>	<p>NATURAL FLOOR MUD/DUNG 11</p> <p>RUDIMENTARY FLOOR WOOD PLANKS 21</p> <p>FINISHED FLOOR POLISHED WOOD 31</p> <p>CEMENT 32</p> <p>LINOLEUM 33</p> <p>MARBLE CHIPS 34</p> <p>CARPET 35</p> <p>OTHER 96</p> <p>(SPECIFY)</p>																			

SECTION 2. REPRODUCTION

	<p>Now I would like to talk to you about all the pregnancies that you have had in your lifetime. By this I mean all the children born to you, whether they were born alive or dead, whether still living or not, whether living with you or elsewhere, and all the pregnancies that you have had that did not result in a live birth. I understand that it is not easy to talk about children who have died, or pregnancies that have terminated before full term, but it is extremely important that you tell us about <u>all</u> of them, so that we can develop programs that would help the Government of Nepal improve children's health in the future.</p>										
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 living with you?	YES 1 NO 2	→204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES 1 NO 2	→208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end very early, in a miscarriage, or the child can be born dead. Have you had any such pregnancy that did not result in a live birth?	YES 1 NO 2	→210								
209	In all, how many such pregnancies have there been?	PREGNANCY LOSSES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
210	SUM ANSWERS TO 203, 205, 207 AND 209, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
211	Just to make sure that I have this right: you have had _____ children who are still living (CHECK 203 and 205) _____ children who have died (CHECK 207), and _____ pregnancies which did not result in a live birth (CHECK 209). Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-210 AS NECESSARY.										
212	CHECK 210: ONE OR MORE PREGNANCIES <input type="checkbox"/> NO PREGNANCIES <input type="checkbox"/>		→234								

213 Now I would like to ask you about all of your pregnancies, whether born alive, born dead, or lost before full term, starting with the first one you had.

RECORD ALL THE PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

214 Think back to the time of your (first/next) pregnancy	215 Was that a single or multiple pregnancy?	216 Was the baby born alive, born dead, or lost before full term?	217 Did that baby cry, move, or breathe when it was born?	218 What was the name given to that child?	219 Is (NAME) a boy or a girl?	220 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	221 Is (NAME) still alive?
01	SINGLE . . 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES . . 1 NO . . . 2 ↓ 225	(NAME)	BOY . 1 GIRL . 2	MONTH YEAR	YES . 1 NO . . 2 ↓ 224
02	SINGLE . . 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES . . 1 NO . . . 2 ↓ 225	(NAME)	BOY . 1 GIRL . 2	MONTH YEAR	YES . 1 NO . . 2 ↓ 224
03	SINGLE . . 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES . . 1 NO . . . 2 ↓ 225	(NAME)	BOY . 1 GIRL . 2	MONTH YEAR	YES . 1 NO . . 2 ↓ 224
04	SINGLE . . 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES . . 1 NO . . . 2 ↓ 225	(NAME)	BOY . 1 GIRL . 2	MONTH YEAR	YES . 1 NO . . 2 ↓ 224
05	SINGLE . . 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES . . 1 NO . . . 2 ↓ 225	(NAME)	BOY . 1 GIRL . 2	MONTH YEAR	YES . 1 NO . . 2 ↓ 224
06	SINGLE . . 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES . . 1 NO . . . 2 ↓ 225	(NAME)	BOY . 1 GIRL . 2	MONTH YEAR	YES . 1 NO . . 2 ↓ 224
07	SINGLE . . 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES . . 1 NO . . . 2 ↓ 225	(NAME)	BOY . 1 GIRL . 2	MONTH YEAR	YES . 1 NO . . 2 ↓ 224
08	SINGLE . . 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES . . 1 NO . . . 2 ↓ 225	(NAME)	BOY . 1 GIRL . 2	MONTH YEAR	YES . 1 NO . . 2 ↓ 224

IF BORN ALIVE AND STILL LIVING:		IF BORN ALIVE BUT NOW DEAD:	IF BORN DEAD OR LOST BEFORE FULL TERM:		LOST BEFORE FULL TERM		
222 How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	223 Is (NAME) living with you?	224 How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	225 In what year and month did this pregnancy end?	226 How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	227 Did you or a doctor or someone else do anything to end this pregnancy?	228 FROM YEAR OF THIS PREGNANCY SUBTRACT YEAR OF PREVIOUS PREGNANCY. IS THE DIFFERENCE 4 OR MORE YEARS?	229 Were there any other pregnancies between the previous pregnancy mentioned and this pregnancy?
01 AGE IN YEARS 	YES 1 NO 2 (NEXT PREG.)	DAYS 1 MONTHS 2 YEARS 3 (SKIP TO NEXT PREGNANCY)	MONTH .. YEAR	MONTHS 	YES1. NO2.		
02 AGE IN YEARS 	YES 1 NO 2 (GO TO 228)	DAYS 1 MONTHS 2 YEARS3 (SKIP TO 228)	MONTH .. YEAR	MONTHS 	YES1. NO2.		
03 AGE IN YEARS 	YES 1 NO 2 (GO TO 228)	DAYS 1 MONTHS 2 YEARS3 (SKIP TO 228)	MONTH .. YEAR	MONTHS 	YES1. NO2.	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
04 AGE IN YEARS 	YES 1 NO 2 (GO TO 228)	DAYS 1 MONTHS 2 YEARS3 (SKIP TO 228)	MONTH .. YEAR	MONTHS 	YES1. NO2.	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
05 AGE IN YEARS 	YES 1 NO 2 (GO TO 228)	DAYS 1 MONTHS 2 YEARS3 (SKIP TO 228)	MONTH .. YEAR	MONTHS 	YES1. NO2.	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
06 AGE IN YEARS 	YES 1 NO 2 (GO TO 228)	DAYS 1 MONTHS 2 YEARS3 (SKIP TO 228)	MONTH .. YEAR	MONTHS 	YES1. NO2.	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
07 AGE IN YEARS 	YES 1 NO 2 (GO TO 228)	DAYS 1 MONTHS 2 YEARS3 (SKIP TO 228)	MONTH .. YEAR	MONTHS 	YES1. NO2.	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
08 AGE IN YEARS 	YES 1 NO 2 (GO TO 228)	DAYS 1 MONTHS 2 YEARS3 (SKIP TO 228)	MONTH .. YEAR	MONTHS 	YES1. NO2.	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2

214	215	216	217	218	219	220	221
Think back to the time of your next pregnancy.	Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or lost before full term?	Did that baby cry, move, or breathe when it was born?	What was the name given to that child?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?
09	SINGLE . . 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES . . . 1 NO 2 ↓ 225	(NAME)	BOY . 1 GIRL . 2	MONTH YEAR <div><div></div><div></div><div></div><div></div></div>	YES . 1 NO . . 2 ↓ 224
10	SINGLE . . 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES . . . 1 NO 2 ↓ 225	(NAME)	BOY . 1 GIRL . 2	MONTH YEAR <div><div></div><div></div><div></div><div></div></div>	YES . 1 NO . . 2 ↓ 224
11	SINGLE . . 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES . . . 1 NO 2 ↓ 225	(NAME)	BOY . 1 GIRL . 2	MONTH YEAR <div><div></div><div></div><div></div><div></div></div>	YES . 1 NO . . 2 ↓ 224

IF BORN ALIVE AND STILL LIVING:		IF BORN ALIVE BUT NOW DEAD:	IF BORN DEAD OR LOST BEFORE FULL TERM:		LOST BEFORE FULL TERM		
222	223	224	225	226	227	228	229
How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	In what year and month did this pregnancy end?	How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	Did you or a doctor or someone else do anything to end this pregnancy?	FROM YEAR OF THIS PREGNANCY SUBTRACT YEAR OF PREVIOUS PREGNANCY. IS THE DIFFERENCE 4 OR MORE?	Were there any other pregnancies between the previous pregnancy mentioned and this pregnancy?
09 AGE IN YEARS <input type="text"/>	YES 1 NO 2 (GO TO 228)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (SKIP TO 228)	MONTH .. <input type="text"/> YEAR <input type="text"/>	MONTHS <input type="text"/>	YES1 NO2	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
10 AGE IN YEARS <input type="text"/>	YES 1 NO 2 (GO TO 228)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (SKIP TO 228)	MONTH .. <input type="text"/> YEAR <input type="text"/>	MONTHS <input type="text"/>	YES1 NO2	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
11 AGE IN YEARS <input type="text"/>	YES 1 NO 2 (GO TO 228)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> (SKIP TO 228)	MONTH .. <input type="text"/> YEAR <input type="text"/>	MONTHS <input type="text"/>	YES1 NO2	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
230	FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST PREGNANCY. IS THE DIFFERENCE 4 YEARS OR MORE?				YES 1 NO 2	→232	
231	Have you had any pregnancies since the last pregnancy mentioned?				YES 1 NO 2		
232	COMPARE 210 WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE) CHECK: FOR EACH PREGNANCY: YEAR IS RECORDED IN 220 AND 225. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN 222. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN 224. FOR EACH PREGNANCY LOSS: DURATION IS RECORDED IN 226. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.						
233	CHECK 220 AND ENTER THE NUMBER OF BIRTHS SINCE BAISAKH 2049. IF NONE, RECORD '0'.						<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
234	CHECK 120: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>		→301
235	Are you pregnant?	YES 1 NO 2 UNSURE 8	→238
236	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
237	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to become pregnant at all?	THEN 1 LATER 2 NOT AT ALL 3	
238	When did your last menstrual period start? (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	

SECTION 3. CONTRACEPTION

<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.</p>				
301	Which ways or methods have you heard about?	SPONTANEOUS YES	302 Have you ever heard of (METHOD)?	303 Have you ever used (METHOD)?
			PROBED YES NO	
01	PILL Women can take a pill every day.	1	2 3	YES 1 NO 2
02	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2 3	YES 1 NO 2
03	INJECTIONS Women can have an injection by a doctor, nurse or pharmacist, which stops them from becoming pregnant for several months.	1	2 3	YES 1 NO 2
04	NORPLANT Women can have several small rods placed in their upper arms by a doctor or nurse which can prevent pregnancy for several years.	1	2 3	YES 1 NO 2
05	DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2 3	YES 1 NO 2
06	CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	1	2 3	YES 1 NO 2
07	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2 3	Have you ever had an operation to avoid having any more children? YES 1 NO 2
08	MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2 3	Has your husband ever had an operation to avoid having children? YES 1 NO 2
09	RHYTHM, PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2 3	YES 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	1	2 3	YES 1 NO 2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	3	YES 1 NO 2 YES 1 NO 2
		(SPECIFY)		
		(SPECIFY)		
304	CHECK 303: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → SKIP TO 307A			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→326
306	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
307A	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. What was the first method you ever used?	PILL 01 IUD 02 INJECTIONS 03 NORPLANT 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHER 96 (SPECIFY)	
307B	What is the main reason you chose to use this method?	EASY TO OBTAIN 01 CONVENIENT TO USE 02 INEXPENSIVE METHOD 03 DON'T LIKE STERILIZATION 04 PERMANENT METHOD 05 TEMPORARY METHOD 06 EFFECTIVE METHOD 07 RECOMMENDED BY HEALTH WORKER 08 HEALTH REASONS 09 NO/LITTLE SIDE EFFECTS 10 OTHER 96 (SPECIFY)	
307C	Who advised you to first use this method?	HEALTH/SUB-HEALTH POST STAFF MCHW 11 VHW 12 AHW 13 NURSE/ANM 14 SENIOR AHW/HA 15 OTHER 16 NGOs (SPECIFY) FPAN 21 CHW 22 OTHER 26 OTHERS (SPECIFY) FCHV 31 HUSBAND 32 OTHER RELATIVE 33 FRIEND/NEIGHBOUR 34 OTHER 36 (SPECIFY) NOBODY 41	
308	How many living sons did you have at the time you first used contraception (family planning), if any? How many living daughters did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF SONS <input type="text"/> NUMBER OF DAUGHTERS ... <input type="text"/>	
309	When you first used family planning, did you want to have another child but at a later time, or did you not want to have another child at all?	WANTED CHILD LATER 1 DID NOT WANT ANOTHER CHILD ... 2 OTHER 6 (SPECIFY)	
310	CHECK 120: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>		→401
311	CHECK 303 WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→314A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	CHECK 235 NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/>		→327
313	Are you or your husband currently doing something or using any method to delay or avoid your getting pregnant?	YES 1 NO 2	→326
314	Which method are you using?	PILL 01 IUD 02 INJECTIONS 03 NORPLANT 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHER 96 (SPECIFY)	→321 →316 →320 →321
314A	CIRCLE '07' FOR FEMALE STERILIZATION.		
315A	At the time you first started using the pill, did you consult a doctor or a nurse or a health worker or not?	YES 1 NO 2	
315B	At the time you last got the pills, did you consult a doctor or a nurse or a health worker or not?	YES 1 NO 2	→321
316	Where did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/DISTRICT CLINIC ... 11 PRIMARY/ HEALTH CENTRE ... 12 MOBILE CAMP 13 OTHER PUBLIC 16 (SPECIFY) PRIVATE SECTOR HOSPITAL 21 CLINIC/NURSING HOME 22 FPAN 23 OTHER PRIVATE 26 (SPECIFY) OTHER 96 (SPECIFY) DON'T KNOW 98	
317	Do you regret that (you/your husband) had the operation not to have any (more) children?	YES 1 NO 2	→319
318	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD 01 SPOUSE WANTS ANOTHER CHILD . 02 SIDE EFFECTS 03 CHILD DIED 04 OTHER 96 (SPECIFY)	
319	In what month and year was the sterilization performed? IF DON'T KNOW YEAR PROBE: How many years ago?	MONTH <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> DON'T KNOW YEAR 98	→322
319A	How old were you at the time of sterilization?	AGE IN COMPLETED YEARS . <input type="text"/>	→322
320	How do you determine which days of your monthly cycle not to have sexual relations?	BASED ON CALENDAR 01 BASED ON BODY TEMPERATURE .. 02 BASED ON CERVICAL MUCUS (BILLINGS METHOD) 03 BASED ON BODY TEMPERATURE AND CERVICAL MUCUS 04 NO SPECIFIC SYSTEM 05 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	For how many months have you been using (METHOD) continuously? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS <input type="text"/> 8 YEARS OR LONGER 96	
322	CHECK 314: CIRCLE METHOD CODE:	PILL 01 IUD 02 INJECTIONS 03 NORPLANT 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 → 324A PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHER 96 → 327 (SPECIFY)	
323	Where did you obtain (METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/DISTRICT CLINIC ... 11 PRIMARY/ HEALTH CENTRE ... 12 FAMILY PLANNING CLINIC ... 13 HEALTH POST 14 SUB-HEALTH POST 15 MOBILE CLINIC 17 OTHER PUBLIC 16 (SPECIFY) PRIVATE SECTOR HOSPITAL 21 CLINIC/NURSING HOME 22 PHARMACY 23 CHW 24 FPAN 25 OTHER PRIVATE 26 (SPECIFY) OTHER SOURCE FCHV 31 SHOP 32 FRIEND/RELATIVE 33 OTHER 36 (SPECIFY)	
323A	How long does it usually take to travel from your home to this place?	MINUTES <input type="text"/> DON'T KNOW 998	
323B	Is it easy or difficult to get there?	EASY 1 DIFFICULT 2 DON'T KNOW 8	
324	Do you know another place where you could have obtained (METHOD) the last time?	YES 1 NO 2 → 329	
324A	At the time of the sterilization operation, did you know another place where you could have received the operation?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>People select the place where they get family planning services for various reasons.</p> <p>What was the <u>main</u> reason you went to (NAME OF PLACE IN Q.323 or Q.316) instead of the other place you know about?</p> <p>RECORD RESPONSE AND CIRCLE CODE.</p>	<p>ACCESS-RELATED REASONS</p> <p>CLOSER TO HOME 11</p> <p>CLOSER TO MARKET/WORK ... 12</p> <p>AVAILABILITY OF TRANSPORT . 13</p> <p>SERVICE-RELATED REASONS</p> <p>STAFF MORE COMPETENT/ FRIENDLY 21</p> <p>CLEANER FACILITY 22</p> <p>OFFERS MORE PRIVACY 23</p> <p>SHORTER WAITING TIME 24</p> <p>LONGER HRS OF SERVICE 25</p> <p>USE OTHER SERVICES AT THE FACILITY 26</p> <p>LOWER COST/CHEAPER 31</p> <p>WANTED ANONYMITY 41</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 329</p>
326	<p>What is the <u>main</u> reason you are not using a method of contraception to avoid pregnancy?</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX 21</p> <p>INFREQUENT SEX 22</p> <p>MENOPAUSAL/HYSTERECTOMY 23</p> <p>SUBFECUND/INFECUND 24</p> <p>POSTPARTUM/BREASTFEEDING 25</p> <p>WANTS (MORE) CHILDREN 26</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 31</p> <p>HUSBAND OPPOSED 32</p> <p>OTHERS OPPOSED 33</p> <p>RELIGIOUS PROHIBITION 34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD 41</p> <p>KNOWS NO SOURCE 42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS 51</p> <p>FEAR OF SIDE EFFECTS 52</p> <p>LACK OF ACCESS/TOO FAR ... 53</p> <p>COST TOO MUCH 54</p> <p>INCONVENIENT TO USE 55</p> <p>INTERFERES WITH BODY'S NATURAL PROCESS 56</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 329</p>
327	<p>Do you know of <u>a</u> place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 329</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
328	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/DISTRICT CLINIC ... 11</p> <p>PRIMARY/ HEALTH CENTRE ... 12</p> <p>FAMILY PLANNING CLINIC ... 13</p> <p>HEALTH POST ... 14</p> <p>SUB-HEALTH POST ... 15</p> <p>MOBILE CLINIC ... 17</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL ... 21</p> <p>CLINIC/NURSING HOME ... 22</p> <p>PHARMACY ... 23</p> <p>CHW ... 24</p> <p>FPAN ... 25</p> <p>OTHER PRIVATE _____ 26 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>FCHV ... 31</p> <p>SHOP ... 32</p> <p>FRIEND/RELATIVE ... 33</p> <p>OTHER _____ 36 (SPECIFY)</p>	
329	Were you visited by a family planning programme worker or health worker in the last 12 months?	<p>YES ... 1</p> <p>NO ... 2</p>	
330	Have you visited a health facility for any reason in the last 12 months?	<p>YES ... 1</p> <p>NO ... 2</p>	→332
331	Did any staff member at the health facility speak to you about family planning methods?	<p>YES ... 1</p> <p>NO ... 2</p>	
332	Do you think that breastfeeding can affect a woman's chance of becoming pregnant?	<p>YES ... 1</p> <p>NO ... 2</p> <p>DON'T KNOW ... 8</p>	→401
333	Do you think a woman's chance of becoming pregnant is increased or decreased by breastfeeding?	<p>INCREASED ... 1</p> <p>DECREASED ... 2</p> <p>DEPENDS ... 3</p> <p>DON'T KNOW ... 8</p>	→401
334	<p>CHECK 202, 204 AND 206:</p> <p>ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/></p>		→401
335	Have you ever relied on breastfeeding as a method of avoiding pregnancy?	<p>YES ... 1</p> <p>NO ... 2</p>	→401
336	<p>CHECK 235 AND 314:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> EITHER PREGNANT OR STERILIZED <input type="checkbox"/></p>		→401
337	Are you currently relying on breastfeeding to avoid getting pregnant?	<p>YES ... 1</p> <p>NO ... 2</p>	

SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 233: ONE OR MORE BIRTHS SINCE BAISA KH 2049 <input type="checkbox"/>	NO BIRTHS SINCE BAISA KH 2049 <input type="checkbox"/>	→ SKIP TO 465
402	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE BAISA KH 2049 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRES).		
	Now I would like to ask you some questions about the health of all your children born in the last three years. We will talk about one child at a time.		
403	LINE NUMBER FROM Q214	LAST BIRTH LINE NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/>
404	NAME FROM Q218 AND SURVIVAL STATUS FROM Q221	NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you want <u>no (more)</u> children at all?	THEN 1 (SKIP TO 407) ← LATER 2 NO MORE 3 (SKIP TO 407) ←	THEN 1 (SKIP TO 407) ← LATER 2 NO MORE 3 (SKIP TO 407) ←
406	At the time you became pregnant with (NAME) how much longer would you like to have waited?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998
407	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A NURSE/ANM B OTHER PERSON TRADITIONAL BIRTH ATTENDANT C MATERNAL AND CHILD HEALTH WORKER D OTHER X (SPECIFY) NO ONE Y (SKIP TO 410) ←	HEALTH PROFESSIONAL DOCTOR A NURSE/ANM B OTHER PERSON TRADITIONAL BIRTH ATTENDANT C MATERNAL AND CHILD HEALTH WORKER D OTHER X (SPECIFY) NO ONE Y (SKIP TO 410) ←
407A	How long did it take to get from your home to the nearest place where you saw a person?	MINUTES <input type="text"/> SEEN AT HOME 990	MINUTES <input type="text"/> SEEN AT HOME 990
408	How many months pregnant were you when you first received antenatal care?	MONTHS <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> DON'T KNOW 98
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES <input type="text"/> DON'T KNOW 98	NO. OF TIMES <input type="text"/> DON'T KNOW 98
410	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 412A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 412A) ← DON'T KNOW 8
411	During this pregnancy, how many times did you get this injection?	NO. OF TIMES <input type="text"/> DON'T KNOW 8	NO. OF TIMES <input type="text"/> DON'T KNOW 8

	NAME FROM Q218	LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME
412A	When you were pregnant with (NAME) did you receive any iron tablets? SHOW IRON TABLETS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
412B	When you were pregnant with (NAME) did you receive a combined iron and folic acid tablets? SHOW COMBINED IRON AND FOLIC ACID TABLETS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
412C	When you were pregnant with (NAME) did you suffer from [local term for night blindness]? IF 'NO' OR 'DON'T KNOW' PROBE: Did you have any difficulty seeing at dusk, at night, or in a room with poor light?	YES 1 RESPONDENT BLIND 2 NO 3 DON'T KNOW 8	YES 1 RESPONDENT BLIND 2 NO 3 DON'T KNOW 8
413	Where did you go to give birth to (NAME)?	HOME YOUR HOME 11 (GO TO 413B) ← OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 PRY./ HEALTH CENTRE .. 22 HEALTH POST 23 OTHER PUBLIC 26 (SPECIFY) PRIVATE SECTOR HOSPITAL 31 CLINIC/NURSING HOME .. 32 OTHER PRIVATE 36 (SPECIFY) OTHER 96 (SPECIFY)	HOME YOUR HOME 11 (GO TO 413B) ← OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 PRY./ HEALTH CENTRE .. 22 HEALTH POST 23 OTHER PUBLIC 26 (SPECIFY) PRIVATE SECTOR HOSPITAL 31 CLINIC/NURSING HOME .. 32 OTHER PRIVATE 36 (SPECIFY) OTHER 96 (SPECIFY)
413A		GO TO Q414.	GO TO Q414.
413B	Was a special safe delivery kit used? SHOW SAFE DELIVERY KIT THAT IS MARKETING BY CRS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

	NAME FROM Q218	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
414	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSONS AND RECORD ALL PERSONS ASSISTING.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE/ANM B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT C</p> <p>MATERNAL AND CHILD HEALTH WORKER D</p> <p>RELATIVE/FRIEND E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE/ANM B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT C</p> <p>MATERNAL AND CHILD HEALTH WORKER D</p> <p>RELATIVE/FRIEND E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p>
414A	<p>Did you receive a check-up (postpartum care) from anyone within 24 hours following the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSONS AND RECORD ALL PERSONS ASSISTING.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE/ANM B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT C</p> <p>MATERNAL AND CHILD HEALTH WORKER D</p> <p>RELATIVE/FRIEND E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE/ANM B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT C</p> <p>MATERNAL AND CHILD HEALTH WORKER D</p> <p>RELATIVE/FRIEND E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p>
415	<p>Around the time of the birth of (NAME), did you have any of the following problems:</p> <p>Long labour, that is, did your regular contractions last more than 12 hours?</p> <p>Excessive bleeding that was so much that you feared it was life threatening?</p> <p>A high fever with bad smelling vaginal discharge?</p> <p>Convulsions?</p>	<p>YES NO</p> <p>LABOUR MORE THAN 12 HOURS 1 2</p> <p>EXCESSIVE BLEEDING .. 1 2</p> <p>FEVER/BAD SMELLING VAG. DISCHARGE 1 2</p> <p>CONVULSIONS 1 2</p>	<p>YES NO</p> <p>LABOUR MORE THAN 12 HOURS 1 2</p> <p>EXCESSIVE BLEEDING .. 1 2</p> <p>FEVER/BAD SMELLING VAG. DISCHARGE 1 2</p> <p>CONVULSIONS 1 2</p>
416	Was (NAME) delivered by caesarian section?	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
417	When (NAME) was born, was he/she: very large, large, average, small, or very small?	<p>VERY LARGE 1</p> <p>LARGE 2</p> <p>AVERAGE 3</p> <p>SMALL 4</p> <p>VERY SMALL 5</p> <p>DON'T KNOW 8</p>	<p>VERY LARGE 1</p> <p>LARGE 2</p> <p>AVERAGE 3</p> <p>SMALL 4</p> <p>VERY SMALL 5</p> <p>DON'T KNOW 8</p>
418	Has your period returned since the birth of (NAME)?	<p>YES 1</p> <p>(SKIP TO 420) ←</p> <p>NO 2</p> <p>(SKIP TO 421) ←</p>	
419	Did your period return between the birth of (NAME) and your next pregnancy?		<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 423) ←</p>

	NAME FROM Q218	LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME
420	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
421	CHECK 235: RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT OR UNSURE (SKIP TO 423) ←	
422	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 424) ←	
423	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
424	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 430) ←	YES 1 NO 2 (SKIP TO 430) ←
425	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>
425A	Did you squeeze out the milk from the breast before you first put (NAME) to the breast?	YES 1 NO 2	YES 1 NO 2
426	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 428) ←	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 428) ←
427	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 431) ← NO 2	YES 1 (SKIP TO 431) ← NO 2
428	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
429	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE/AGE TO STOP 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER 96 (SPECIFY)	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE/AGE TO STOP 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER 96 (SPECIFY)
430	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 433) (GO BACK TO 405 IN NEXT COL. OR, IF NO MORE BIRTHS, GO TO 439)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 433) (GO BACK TO 405 IN NEXT COL. OR, IF NO MORE BIRTHS, GO TO 439)
431	How many times did you breastfeed (NAME) last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>
432	How many times did you breastfeed (NAME) yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>

	NAME FROM Q218	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
433	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
434	At any time yesterday or last night, was (NAME) given any of the following:	<div style="text-align: right;">YES NO DK</div> PLAIN WATER 1 2 8 SUGAR WATER 1 2 8 JUICE 1 2 8 TEA 1 2 8 BABY FORMULA 1 2 8 TINNED/ POWDERED MILK 1 2 8 FRESH MILK 1 2 8 OTHER LIQUIDS 1 2 8 FOOD MADE FROM GRAIN 1 2 8 FOOD MADE FROM TUBER 1 2 8 EGGS/FISH/POULTRY 1 2 8 MEAT 1 2 8 OTHER SOLID/SEMI- SOLID FOODS ... 1 2 8	<div style="text-align: right;">YES NO DK</div> PLAIN WATER 1 2 8 SUGAR WATER 1 2 8 JUICE 1 2 8 TEA 1 2 8 BABY FORMULA 1 2 8 TINNED/ POWDERED MILK 1 2 8 FRESH MILK 1 2 8 OTHER LIQUIDS 1 2 8 FOOD MADE FROM GRAIN 1 2 8 FOOD MADE FROM TUBER 1 2 8 EGGS/FISH/POULTRY 1 2 8 MEAT 1 2 8 OTHER SOLID/SEMI- SOLID FOODS ... 1 2 8
435	CHECK 434: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" <input type="checkbox"/> "NO/DK" <input type="checkbox"/> TO ONE/ TO ALL MORE <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 437)	"YES" <input type="checkbox"/> "NO/DK" <input type="checkbox"/> TO ONE/ TO ALL MORE <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 437)
436	(Aside from breastfeeding,) how many times did (NAME) eat yesterday, including both meals and snacks? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
437	On how many days during the last seven days was (NAME) given any of the following:	RECORD THE NUMBER OF DAYS. PLAIN WATER <input type="text"/> MILK <input type="text"/> OTHER LIQUIDS <input type="text"/> FOOD MADE FROM GRAIN <input type="text"/> FOOD MADE FROM TUBER <input type="text"/> EGGS/FISH/POULTRY <input type="text"/> MEAT <input type="text"/> OTHER SOLID/SEMI- SOLID FOODS <input type="text"/>	RECORD THE NUMBER OF DAYS. PLAIN WATER <input type="text"/> MILK <input type="text"/> OTHER LIQUIDS <input type="text"/> FOOD MADE FROM GRAIN <input type="text"/> FOOD MADE FROM TUBER <input type="text"/> EGGS/FISH/POULTRY <input type="text"/> MEAT <input type="text"/> OTHER SOLID/SEMI- SOLID FOODS <input type="text"/>
438		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 439.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 439.

SECTION 4B. IMMUNIZATION AND HEALTH

439	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE BAISAKH 2049 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRES).		
440	LINE NUMBER FROM Q214	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST LINE NUMBER <input type="text"/> <input type="text"/>
441	NAME FROM Q218 AND SURVIVAL STATUS FROM Q221	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 441 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.)	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 441 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.)
442	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 444) ← YES, NOT SEEN 2 (SKIP TO 446) ← NO CARD 3	YES, SEEN 1 (SKIP TO 444) ← YES, NOT SEEN 2 (SKIP TO 446) ← NO CARD 3
443	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 446) ← NO 2	YES 1 (SKIP TO 446) ← NO 2
444	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. BCG DPT 1 DPT 2 DPT 3 Polio 1 Polio 2 Polio 3 Measles	DAY MONTH YEAR BCG D1 D2 D3 P1 P2 P3 MEA	DAY MONTH YEAR BCG D1 D2 D3 P1 P2 P3 MEA
	NAME FROM Q218	LAST BIRTH NAME _____	NEXT-TO-LAST NAME _____
445	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) ← (SKIP TO 448A) ← NO 2 (SKIP TO 448A) ← DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) ← (SKIP TO 448A) ← NO 2 (SKIP TO 448A) ← DON'T KNOW 8

	NAME FROM Q218	LAST BIRTH NAME _____	NEXT-TO-LAST NAME _____
446	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1 NO 2 (SKIP TO 448A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 448A) ← DON'T KNOW 8
447	Please tell me if (NAME) received any of the following:		
447A	A BCG vaccination against tuberculosis, that is, an injection in the arm that caused a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
447B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 447D) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 447D) ← DON'T KNOW 8
447C	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
447D	DPT vaccination, that is, an injection usually given at the same time as polio drops?	YES 1 NO 2 (SKIP TO 447F) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 447F) ← DON'T KNOW 8
447E	How many times	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
447F	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
448A	Did (NAME) receive Vitamin A during the last 6 months? SHOW VITAMIN A CAPSULE.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
448B	Did (NAME) receive iodine capsules during the last 6 months? SHOW IODINE CAPSULES. IF YES: How many times?	YES 1 NO 2 NUMBER OF TIMES <input type="text"/>	YES 1 NO 2 NUMBER OF TIMES <input type="text"/>
448C	Does (NAME) suffer from (local term for night blindness)? IF NO OR DON'T KNOW PROBE: Does (NAME) have any difficulty (more difficulty than usual) seeing at dusk, at night, or in a room with poor light?	YES 1 CHILD BLIND 2 NO 3 DON'T KNOW 8	YES 1 CHILD BLIND 2 NO 3 DON'T KNOW 8
449	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
450	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 454) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 454) ← DON'T KNOW 8
451	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, fast breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
452	Did you seek advice or treatment for the cough or difficult breathing?	YES 1 NO 2 (SKIP TO 454) ←	YES 1 NO 2 (SKIP TO 454) ←

	NAME FROM Q218	LAST BIRTH NAME	NEXT-TO-LAST NAME
453	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR HOSP./DISTRICT CLINIC ... A PRY./HEALTH CENTRE ... B HEALTH/SUB-HEALTH POST ... C MOBILE CLINIC ... D FIELD WORKER ... E OTHER PUBLIC ... F (SPECIFY) PRIVATE SECTOR HOSPITAL ... G CLINIC/NURSING HOME ... H PHARMACY ... I MOBILE CLINIC ... J COMM. HEALTH WORKER ... K OTHER PRIVATE ... L (SPECIFY) OTHER SOURCE SHOP ... N TRAD. PRACTITIONER ... O OTHER ... X (SPECIFY)	PUBLIC SECTOR HOSP./DISTRICT CLINIC ... A PRY./HEALTH CENTRE ... B HEALTH/SUB-HEALTH POST ... C MOBILE CLINIC ... D FIELD WORKER ... E OTHER PUBLIC ... F (SPECIFY) PRIVATE SECTOR HOSPITAL ... G CLINIC/NURSING HOME ... H PHARMACY ... I MOBILE CLINIC ... J COMM. HEALTH WORKER ... K OTHER PRIVATE ... L (SPECIFY) OTHER SOURCE SHOP ... N TRAD. PRACTITIONER ... O OTHER ... X (SPECIFY)
454	Has (NAME) had diarrhoea, that is, loose or watery stool in the last 2 weeks?	YES ... 1 NO ... 2 (SKIP TO 464) ← DON'T KNOW ... 8	YES ... 1 NO ... 2 (SKIP TO 464) ← DON'T KNOW ... 8
455	Was there any blood in the stools?	YES ... 1 NO ... 2 DON'T KNOW ... 8	YES ... 1 NO ... 2 DON'T KNOW ... 8
456	On the worst day of the diarrhoea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS <input type="text"/> <input type="text"/> DON'T KNOW ... 98	NUMBER OF BOWEL MOVEMENTS <input type="text"/> <input type="text"/> DON'T KNOW ... 98
457	Was he/she given the same amount to drink as before the diarrhoea, or more, or less?	SAME ... 1 MORE ... 2 LESS ... 3 DON'T KNOW ... 8	SAME ... 1 MORE ... 2 LESS ... 3 DON'T KNOW ... 8
458	Was he/she given the same amount of food to eat as before the diarrhoea, or more, or less?	SAME ... 1 MORE ... 2 LESS ... 3 DON'T KNOW ... 8	SAME ... 1 MORE ... 2 LESS ... 3 DON'T KNOW ... 8
459	Was (NAME) given a fluid made from a special packet such as Jeevan Jal to drink?	YES ... 1 NO ... 2 DON'T KNOW ... 8	YES ... 1 NO ... 2 DON'T KNOW ... 8
460	Was anything (else) given to treat the diarrhoea?	YES ... 1 NO ... 2 (SKIP TO 464) ← DON'T KNOW ... 8	YES ... 1 NO ... 2 (SKIP TO 464) ← DON'T KNOW ... 8
461	What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.	RECOMMENDED HOME FLUID ... A PILL OR SYRUP ... B INJECTION ... C (I.V.) INTRAVENOUS ... D HOME REMEDIES/ HERBAL MEDICINES ... E OTHER ... X (SPECIFY)	RECOMMENDED HOME FLUID ... A PILL OR SYRUP ... B INJECTION ... C (I.V.) INTRAVENOUS ... D HOME REMEDIES/ HERBAL MEDICINES ... E OTHER ... X (SPECIFY)
462	Did you seek advice or treatment for the diarrhoea?	YES ... 1 NO ... 2 (SKIP TO 464) ←	YES ... 1 NO ... 2 (SKIP TO 464) ←

	NAME FROM Q218	LAST BIRTH NAME _____	NEXT-TO-LAST NAME _____
463	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR HOSP./DISTRICT CLINIC ... A PRY./ HEALTH CENTRE ... B HEALTH/SUB-HEALTH POST C MOBILE CLINIC D FIELD WORKER E OTHER PUBLIC F _____ (SPECIFY) PRIVATE SECTOR HOSPITAL G CLINIC/NURSING HOME ... H PHARMACY I MOBILE CLINIC J COMM. HEALTH WORKER . K OTHER PRIVATE L _____ (SPECIFY) OTHER SOURCE SHOP N TRAD. PRACTITIONER O OTHER X _____ (SPECIFY)	PUBLIC SECTOR HOSP./DISTRICT CLINIC ... A PRY./ HEALTH CENTRE ... B HEALTH/SUB-HEALTH POST C MOBILE CLINIC D FIELD WORKER E OTHER PUBLIC F _____ (SPECIFY) PRIVATE SECTOR HOSPITAL G CLINIC/NURSING HOME ... H PHARMACY I MOBILE CLINIC J COMM. HEALTH WORKER . K OTHER PRIVATE L _____ (SPECIFY) OTHER SOURCE SHOP N TRAD. PRACTITIONER O OTHER X _____ (SPECIFY)
464		GO BACK TO 441 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.	GO BACK TO 441 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.
465	When a child has diarrhoea, should he/she be given the same amount to drink, more or less than usual?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	
466	When a child has diarrhoea, should he/she be given the same amount to eat, more or less than usual?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	
467	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? RECORD ALL MENTIONED.	REPEATED WATERY STOOLS A ANY WATERY STOOLS B REPEATED VOMITING C ANY VOMITING D BLOOD IN STOOLS E FEVER F MARKED THIRST G NOT EATING/NOT DRINKING WELL .. H GETTING SICKER/VERY SICK I NOT GETTING BETTER J OTHER X _____ (SPECIFY) DON'T KNOW Z	
468	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? RECORD ALL MENTIONED.	FAST BREATHING A DIFFICULT BREATHING B NOISY BREATHING C FEVER D CHEST IN DRAWING E UNABLE TO DRINK F NOT EATING/NOT DRINKING WELL .. G GETTING SICKER/VERY SICK H NOT GETTING BETTER I OTHER X _____ (SPECIFY) DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
469	CHECK 459, ALL COLUMNS: NO CHILD RECEIVED ORS OR QUESTION NOT ASKED <input type="checkbox"/>	ANY CHILD RECEIVED ORS <input type="checkbox"/>	→470B																
470	Have you ever heard of a special product called ORS such as Jeevan Jal you can get for treatment of diarrhoea?	YES 1 NO 2	→470B																
470A	Have you ever seen (a) packet(s) like this? SHOW PACKET OF JEEVAN JAL OR OTHER ORS PACKETS LIKELY TO BE USED IN THE LOCALITY OF THE INTERVIEW.	YES 1 NO 2	→501																
470B	Have you ever prepared the contents of a packet of Jeevan Jal or a packet of any other ORS with water, either for yourself or for someone else?	YES, JEEVAN JAL 1 YES, OTHER ORS 2 NO 3	→472A																
471A	Did you prepare the whole packet at once or only part of the packet?	WHOLE PACKET AT ONCE 1 ONLY PART OF PACKET 2	→472A																
471B	How much water did you mix with a packet of Jeevan Jal?	LITRE 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MANA 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> TEA GLASS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> OTHER 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> (SPECIFY) DON'T KNOW 998																	
472A	Where can you buy or obtain a packet of ORS like Jeevan Jal? PROBE: Where else? RECORD ALL MENTIONED.	PUBLIC SECTOR HOSPITAL/DISTRICT CLINIC A PRY. /HEALTH CENTRE B HEALTH/SUB-HEALTH POST C MOBILE CLINIC D FIELD WORKER E OTHER PUBLIC F (SPECIFY) PRIVATE SECTOR HOSPITAL G CLINIC/NURSING HOME H PHARMACY I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PRIVATE L (SPECIFY) OTHER SOURCE SHOP N TRAD. PRACTITIONER O OTHER X (SPECIFY)																	
472B	How long does it take to get from your home to the nearest source of ORS?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table>																	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 120: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>		→512
502	CHECK 314: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→512
503	CHECK 235: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child would you or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, like to have another child or would you prefer not to have any more	HAVE (A/ANOTHER)CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→507 →505
504	CHECK 235: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→507
505	CHECK 235: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→508
506	If you became pregnant in the next few weeks, would you be <u>happy</u> , <u>unhappy</u> , or would it <u>not matter</u> very much?	HAPPY 1 UNHAPPY 2 WOULD NOT MATTER 3	
507	CHECK 313: USING A METHOD. NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→512
508	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES 1 NO 2 DON'T KNOW 8	→510
509	Do you think you will use a method of family planning at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→511
510	Which method would you prefer to use?	PILL 01 IUD 02 INJECTIONS 03 NORPLANT 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHER 96 (SPECIFY) UNSURE 98	→512

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
511	What is the main reason that you think you will never use a method?	FERTILITY-RELATED REASONS INFREQUENT SEX 11 MENOPAUSAL/HYSTERECTOMY 12 SUBFECUND/INFECUND 13 WANTS MORE CHILDREN 14 OPPOSITION TO USE RESPONDENT OPPOSED 21 HUSBAND OPPOSED 22 OTHERS OPPOSED 23 RELIGIOUS PROHIBITION 24 LACK OF KNOWLEDGE KNOWS NO METHOD 31 KNOWS NO SOURCE 32 METHOD-RELATED REASONS HEALTH CONCERNS 41 FEAR OF SIDE EFFECTS 42 LACK OF ACCESS/TOO FAR 43 COST TOO MUCH 44 INCONVENIENT TO USE 45 INTERFERES WITH BODY'S NORMAL PROCESSES 46 OTHER 96 (SPECIFY) DON'T KNOW 98	
512	CHECK 221: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number in your whole life, of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER <input type="text"/> OTHER 96 (SPECIFY)	→514
513	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	BOYS NUMBER <input type="text"/> OTHER 96 (SPECIFY) GIRLS NUMBER <input type="text"/> OTHER 96 (SPECIFY) EITHER NUMBER <input type="text"/> OTHER 96 (SPECIFY)	
514	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 NO OPINION 3	
515	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	NOT ACCEPT- ACCEPT- ABLE ABLE DK RADIO 1 2 8 TELEVISION 1 2 8	
516	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 POSTER 1 2 LEAFLETS OR BROCHURES 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516A	In the last few months have you heard the following programs on the radio: Jana Swastha Karyakram? Ghanti Heri Had Nilaun, the drama? Ghanti Heri Had Nilaun, the song? Shriman Shrimatile Pariwarbare Kurakani Gareko Chhoto Radio Natak?	<div style="text-align: right;">YES NO</div> JANA SWASTHA 1 2 GHANTI HERI DRAMA 1 2 GHANTI HERI SONG 1 2 SHRIMAN SHRIMATILE 1 2	
517	In the last few months have you discussed the practice of family planning with your friends, neighbours, or relatives?	YES 1 NO 2	→519
518	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F MOTHER-IN-LAW G FRIENDS/NEIGHBOURS H OTHER _____ X (SPECIFY)	
519	CHECK 120: <div style="display: flex; justify-content: space-around;"> <div>CURRENTLY MARRIED <input type="checkbox"/></div> <div>WIDOWED DIVORCED SEPARATED <input type="checkbox"/></div> </div>		→601
520	Spouses do not always agree on everything. Now I want to ask you about your husband's views on family planning. Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
521	How often have you talked to your husband about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
522	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 120: <div style="display: flex; justify-content: space-around;"> <div>CURRENTLY MARRIED <input type="checkbox"/></div> <div>WIDOWED DIVORCED SEPARATED <input type="checkbox"/></div> </div>		→603
602	How old was your husband on his last birthday?	AGE <input type="text"/> <input type="text"/>	
603	Did your (last) husband ever attend school?	YES 1 NO 2	→605
604	What was the highest grade he completed?	GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98	
605	What (is/was) your (last) husband's occupation? That is, what kind of work (does/did) he mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	
606	CHECK 605: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/>		→608
607	(Does/did) your husband work mainly on his own land or on family land, or (does/did) he rent land or does he work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
608	Aside from your own housework, are you currently working?	YES 1 NO 2	→611
609	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	→611
610	Have you done any work in the last 12 months?	YES 1 NO 2	→701
611	What is your occupation, that is what kind of work do you mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	
612	CHECK 611: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→614
613	Do you work mainly on your own land or on family land, or do you rent land or work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
614	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
615	Do you usually work throughout the year, or do you work seasonally/part of the year, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR .. 2 ONCE IN A WHILE 3	→617 →618

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
616	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="text"/>	
617	During the last 12 months (in the months you worked,) how many days a week did you usually work?	NUMBER OF DAYS <input type="text"/>	→619
618	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS <input type="text"/>	
619	Do you earn cash for your work? PROBE: Do you make money for working?	YES 1 NO 2	→622
620	How much do you usually earn for this work? PROBE: Is this by the day, by the week, or by the month?	PER HOUR 1 <input type="text"/> PER DAY 2 <input type="text"/> PER WEEK 3 <input type="text"/> PER MONTH 4 <input type="text"/> PER YEAR 5 <input type="text"/> OTHER 999996 (SPECIFY)	
621	CHECK 120: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED DIVORCED SEPARATED <input type="checkbox"/> Who mainly decides how the money you earn will be used: you, your husband, you and your husband jointly, or someone else? Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES 1 HUSBAND DECIDES 2 JOINTLY WITH HUSBAND 3 SOMEONE ELSE DECIDES 4 JOINTLY WITH SOMEONE ELSE 5	
622	Do you usually work at home or away from home?	HOME 1 AWAY 2	
623	CHECK 222 AND 223: HAS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→701
624	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT 01 HUSBAND 02 OLDER FEMALE CHILD 03 OLDER MALE CHILD 04 OTHER RELATIVES 05 NEIGHBOURS 06 FRIENDS 07 SERVANTS/HIRED HELP 08 CHILD IS IN SCHOOL 09 INSTITUTIONAL CHILD CARE 10 HAS NOT WORKED SINCE LAST BIRTH 95 OTHER 96 (SPECIFY)	

SECTION 7. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Have you ever heard of an illness called AIDS?	YES 1 NO 2	→711
702	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO A TELEVISION B NEWSPAPERS/MAGAZINES C PAMPHLETS/POSTERS D HEALTH WORKERS E TEMPLES/MOSQUES F SCHOOLS/TEACHERS G COMMUNITY MEETINGS H FRIENDS/RELATIVES I WORK PLACE J OTHER X (SPECIFY)	
703	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	→ 707
704	What can a person do? Any other ways? RECORD ALL MENTIONED.	SAFE SEX A ABSTAIN FROM SEX B USE CONDOMS C HAVE ONLY ONE SEX PARTNER D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH HOMOSEXUALS F AVOID BLOOD TRANSFUSIONS G AVOID INJECTIONS H AVOID KISSING I AVOID MOSQUITO BITES J SEEK PROTECTION FROM TRADITIONAL HEALER K OTHER W (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Z	
705	CHECK 704: MENTIONED SAFE SEX <input type="checkbox"/> DID NOT MENTION SAFE SEX <input type="checkbox"/>		→707
706	What does "safe sex" mean to you?	ABSTAIN FROM SEX B USE CONDOMS C HAVE ONLY ONE SEX PARTNER D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH HOMOSEXUALS F OTHER X (SPECIFY) DON'T KNOW Z	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
708	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease?	ALMOST NEVER 1 SOMETIMES 2 ALMOST ALWAYS 3 DON'T KNOW 8	
709	Do you think your chances of getting AIDS are small, moderate, great, or that you have no risk at all?	SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 HAS AIDS 5 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
710	<p>Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior?</p> <p>IF YES, PROBE: In what way?</p> <p>RECORD ALL MENTIONED.</p>	<p>STOPPED ALL SEX B</p> <p>STARTED USING CONDOMS C</p> <p>RESTRICTED SEX TO ONE PARTNER D</p> <p>REDUCED NUMBER OF PARTNERS E</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>NO CHANGE IN SEXUAL BEHAVIOR Y</p> <p>DON'T KNOW Z</p>	
711	<p>CHECK 120:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>WIDOWED <input type="checkbox"/></p> <p>DIVORCED <input type="checkbox"/></p> <p>SEPARATED <input type="checkbox"/></p>		→801
712	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues.</p> <p>When was the last time you had sexual intercourse?</p>	<p>NEVER 000</p> <p>DAYS AGO 1 <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/></p> <p>BEFORE LAST BIRTH 996</p>	→801
713	<p>CHECK 301 AND 302:</p> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>The last time you had sex, was a condom used?</p> <p>Some men use a which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
714	<p>Do you know of a place where you can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→716
715	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/DISTRICT CLINIC 11</p> <p>PRIMARY HEALTH CENTRE 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>HEALTH POST 14</p> <p>SUB-HEALTH POST 15</p> <p>MOBILE CLINIC 17</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL 21</p> <p>CLINIC/NURSING HOME 22</p> <p>PHARMACY 23</p> <p>CHW 24</p> <p>FPAN 25</p> <p>OTHER PRIVATE 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>FCHV 31</p> <p>SHOP 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER 36</p> <p>(SPECIFY)</p>	
716	<p>How old were you when you first had sexual intercourse?</p>	<p>AGE <input type="text"/></p> <p>FIRST TIME WHEN MARRIED 95</p> <p>FIRST TIME AT GAUNA 96</p>	
717	<p>PRESENCE OF OTHERS AT THIS POINT.</p>	<p>YES NO</p> <p>CHILDREN UNDER 10 1 2</p> <p>HUSBAND 1 2</p> <p>OTHER MALES 1 2</p> <p>OTHER FEMALES 1 2</p>	

804	What was the name given to your next oldest brother	[7]	[8]	[9]	[10]	[11]	[12]
805	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
806	Is (NAME) still alive?	YES 1 NO 2 GO TO 808 DK 8 GO TO [8]	YES 1 NO 2 GO TO 808 DK 8 GO TO [9]	YES 1 NO 2 GO TO 808 DK 8 GO TO [10]	YES 1 NO 2 GO TO 808 DK 8 GO TO [11]	YES 1 NO 2 GO TO 808 DK 8 GO TO [12]	YES 1 NO 2 GO TO 808 DK 8 GO TO [13]
807	How old is (NAME)?	<input type="text"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]
808	In what year did (NAME) die?	<input type="text"/> GO TO 810 DK 58	<input type="text"/> GO TO 810 DK 58	<input type="text"/> GO TO 810 DK 58	<input type="text"/> GO TO 810 DK 58	<input type="text"/> GO TO 810 DK 58	<input type="text"/> GO TO 810 DK 58
809	How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
810	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]
811	Was (NAME) pregnant when she died?	YES 1 GO TO 814 NO 2	YES 1 GO TO 814 NO 2	YES 1 GO TO 814 NO 2	YES 1 GO TO 814 NO 2	YES 1 GO TO 814 NO 2	YES 1 GO TO 814 NO 2
812	Did (NAME) die during childbirth?	YES 1 GO TO 815 NO 2	YES 1 GO TO 815 NO 2	YES 1 GO TO 815 NO 2	YES 1 GO TO 815 NO 2	YES 1 GO TO 815 NO 2	YES 1 GO TO 815 NO 2
813	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO 815	YES 1 NO 2 GO TO 815	YES 1 NO 2 GO TO 815	YES 1 NO 2 GO TO 815	YES 1 NO 2 GO TO 815	YES 1 NO 2 GO TO 815
814	Was her death due to complications of pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
815	How many children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]
IF NO MORE BROTHERS OR SISTERS, GO TO 816							
816	RECORD THE TIME.				HOUR <input type="text"/> MINUTES <input type="text"/>		

SECTION 9. HEIGHT AND WEIGHT

901	CHECK 233: ONE OR MORE BIRTHS SINCE BAISAKH 2049 <input type="checkbox"/>	NO BIRTHS SINCE BAISAKH 2049 <input type="checkbox"/>	→ END
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IN 902 (COLUMNS 2 AND 3) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE BAISAKH 2049 AND STILL ALIVE. IN 903 AND 904 RECORD THE NAME (ALL COLUMNS) AND BIRTH DATE (COLUMNS 2 AND 3) FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE BAISAKH 2049. IN 906 AND 908 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE BAISAKH 2049 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 2 LIVING CHILDREN SINCE BAISAKH 2049, USE ADDITIONAL QUESTIONNAIRES).

		RESPONDENT (1)	YOUNGEST LIVING CHILD (2)	NEXT-TO-YOUNGEST LIVING CHILD (3)
902	LINE NO. FROM Q214		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
903	NAME FROM Q218 FOR CHILDREN	(NAME)	(NAME)	(NAME)
904	DATE OF BIRTH FROM Q220, AND ASK FOR DAY OF BIRTH		DAY <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MONTH <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	DAY <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MONTH <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
905	BCG SCAR ON TOP OF SHOULDER		SCAR SEEN 1 NO SCAR 2	SCAR SEEN 1 NO SCAR 2
906	HEIGHT (In centimetres)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
907	WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING 1 STANDING 2	LYING 1 STANDING 2
908	WEIGHT (In kilograms)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
909	DATE WEIGHED AND MEASURED	DAY <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MONTH <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	DAY <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MONTH <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	DAY <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MONTH <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
910	RESULT	MEASURED 1 NOT PRESENT 3 REFUSED 4 OTHER 6 (SPECIFY)	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 (SPECIFY)	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 (SPECIFY)
911	NAME OF MEASURER: <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> NAME OF ASSISTANT: <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>			

INTERVIEWER'S OBSERVATIONS
To be filled in after completing interview

Comments
about Respondent

Comments on
Specific Questions

Any Other
Comments

SUPERVISOR'S OBSERVATIONS

Name of
Supervisor

_____ Date: _____

EDITOR'S OBSERVATIONS

Name of
Editor

_____ Date: _____